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Journal articles marked with an asterisk indicate an IWH scientist or adjunct scientist is included in the list of authors.

Aegerter AM, Johnston V, Volken T, Sjogaard G, Ernst MJ, Luomajoki H, et al. A multi-component intervention (NEXpro) reduces neck pain: a randomized controlled trial among Swiss office workers. *Scandinavian Journal of Work, Environment & Health*. 2026; 52(1):51-62.

<https://doi.org/10.5271/sjweh.4254> [open access]

Abstract: OBJECTIVE: This study aimed to investigate the effect of a 12-week multi-component intervention on neck pain among Swiss office workers. METHODS: Between January 2020 and April 2021, we conducted a stepped-wedge cluster randomized controlled trial involving 120 office workers (18-65 years) without severe neck problems from two Swiss companies. Participants started in the control condition and sequentially transitioned to the intervention condition by their cluster. The 12-week intervention included neck exercises, health-promotion workshops, and workplace ergonomics. Neck pain was assessed by intensity [numeric rating scale (NRS) 0=no pain, 10=maximum pain], frequency (days with neck pain in the past 28 days), and disability [Neck Disability Index (NDI) 0%=no disability, 100%=maximum disability]. Mixed-effects models were used to assess the intervention's effect on neck pain intensity, frequency, and disability. RESULTS: This analysis includes 517 observations (295 control, 222 intervention). At baseline, the mean age was 43.7 years [standard deviation years (SD) 9.8], and 71.7% were female. The average neck pain intensity was NRS 2.4 (SD 2.0), frequency 6.8 days (SD 8.0), and disability 11.8% (SD 9.9). A statistically significant effect favoring the multi-component intervention was found for neck pain frequency, with a marginal predicted mean reduction of 1.55 days [95% confidence interval (CI) -2.84--0.26], and neck disability, with a marginal predicted mean reduction of NDI 2.23% (95% CI -2.96--1.68). CONCLUSIONS: This study provides evidence of the effectiveness of a 12-week multi-component intervention in reducing neck

pain among office workers. Specifically, office workers experienced neck pain less frequently and with a milder impact on daily activities. Further research is needed to investigate long-term effects

Botha F, Kabatek J, Meekes J, and Wilkins R. The effects of commuting and working from home arrangements on mental health. *Social Science & Medicine*. 2026; 389:118812.

<https://doi.org/10.1016/j.socscimed.2025.118812> [open access]

Abstract: In this study, we quantify the effects of commuting time and working from home (WFH) arrangements on the mental health of Australian men and women. Leveraging rich panel-data models together with home-job-spell fixed effects, we first show that adverse effects of commuting time are modest in magnitude and manifest only among men with poor levels of mental health (0.01 SD decrease per 10-min increase of commuting time). Second, we show that WFH arrangements have large positive effects on women's mental health, provided that the WFH component is large enough. The effects are once again concentrated among individuals with poor levels of mental health (0.2 SD increase corresponding to working from home 50-75% of the time). This uncovered contingency of effect sizes on the reported levels of mental health is novel and extends beyond Australia: we show that it also underlies the adverse effects of commuting time on the mental health of British women. Our findings highlight the importance of targeted interventions and support for individuals who are dealing with mental health problems

de Crom TOE, Scholten B, Traini E, van der Sanden K, Kingma B, Pekel F, et al. Exposure to heat at work: development of a quantitative European job exposure matrix (heat JEM). *Scandinavian Journal of Work, Environment & Health*. 2026; 52(1):7-18.

<https://doi.org/10.5271/sjweh.4243> [open access]

Abstract: OBJECTIVE: With climate change exacerbating occupational heat stress, objective and systematic exposure assessment is essential for epidemiological studies. We developed a job exposure matrix (JEM) to assign occupational heat stress exposure across Europe. METHODS: Aligned with the International Organization for Standardization (ISO: 7243, 8996 and 9920), the heat JEM provides region- and year-specific estimates of annual heat stress hours by job title, using the International Standard Classification of Occupations 1988 for Europe [ISCO-88(COM)]. Heat stress was defined as wet bulb globe temperature effective (WBGT(eff)) exceeding WBGT reference (WBGT(ref)). Outdoor and indoor WBGT were determined using historical, region-specific hourly meteorological data (temperature, radiation, humidity, wind speed) across Europe, between 1970 and 2024. WBGT values were adjusted for job-specific clothing to obtain WBGT(eff). WBGT(ref) was based on metabolic rate, calculated using body surface area and job-specific physical activity, and adjusted for acclimatization status. Further adjustments were made for the job title-specific presence of local heat and cooling sources, time spent indoors versus outdoors, and working schedules. RESULTS: The number of annual hours workers experience heat stress is highest among jobs involving local heat sources and physical demanding tasks, especially when work clothing is mandatory. Southern Europe has a higher annual heat stress burden compared to other regions. Exposure varies across calendar years and is substantially higher among unacclimatized versus acclimatized workers. CONCLUSIONS: Incorporating job-, region-, and year-specific factors, the heat JEM provides a harmonized tool for studying occupational heat stress. Its transparent framework allows for updates with new data and extensions to other years and regions

Dupont A, Laberge M, Duval S, and Huynh O. Employment pathway for people with physical, sensory, or chronic pain disabilities. *Work*. 2026; 83(1):149-165.

<https://doi.org/10.1177/10519815251363489>

Abstract: Background Work is essential for social inclusion, yet individuals with physical, sensory, or chronic pain disabilities face unique barriers to employment despite existing laws and policies. This study aimed to model the different employment integration pathways for people with these disabilities. Objective The objective was to explore and categorize employment integration pathways for individuals with physical, sensory, or chronic pain disabilities, identifying key factors influencing their journey into the workforce. Methods A qualitative phenomenological approach was used, involving semi-structured interviews with 83 participants from urban, semi-urban, and rural areas, either employed or seeking employment. The interviews were analyzed thematically to identify patterns and construct a typology of pathways. Results Three distinct pathways emerged: linear, obstacle-ridden, and reorientation. All participants reported facing discrimination, with the obstacle-ridden pathway seeing the highest incidence. Many participants across all pathways were overqualified for their jobs. The integration of virtual platforms in the workplace was seen as beneficial, reducing barriers related to travel and communication. Conclusions This study enhances understanding of employment integration for people with physical disabilities in Quebec's workplace and educational systems. Despite laws and policies aimed at promoting inclusion, individuals with disabilities continue to encounter systemic barriers. These findings underscore the need for targeted interventions to address these challenges and improve employment outcomes for people with disabilities

Glass DC, Gwini SM, Del Monaco A, Fritschi L, Abramson MJ, Sim MR, et al. Does your job really matter? Job-specific cancer incidence among a cohort coal mine workers in Queensland, Australia. *International Archives of Occupational & Environmental Health*. 2026; 99(1):7.

<https://doi.org/10.1007/s00420-025-02188-x> [open access]

Abstract: PURPOSE: Globally, coal production exposes millions of workers to coal mine dust. This study aimed to measure overall and site specific cancer incidence among coal mine workers (CMW) who performed different types of work. METHODS: A retrospective cohort of CMW in Queensland, Australia, was assembled using health assessment records from 1992. CMW were grouped by job type and then into Work Categories and linked to the Australian Cancer Database up to 2016. Standardized cancer incidence ratios (SIR) and relative cancer incidence ratios (aRIR) within the cohort, adjusted for age, era, and smoking status, were calculated for men and women with Poisson regression. RESULTS: There were 5,568 cancers diagnosed among 146,553 men and 396 in 19,927 women. The overall cancer risk was comparable to that of the general population for most Work Categories. The risk of lung cancer was higher for male Production (SIR 123, 95% Confidence Interval [CI] 107-142; adjusted Relative incidence Ratio (aRIR) (adjusted for era, age and smoking status) 1.23, 95%CI 0.99-1.52) and Construction workers (SIR 189, 95%CI 31-272; aRIR 1.78, 95%CI 1.20-2.62) when compared with the Australian population and within the cohort after adjusting for smoking. Laryngeal cancer was increased in Production workers (SIR 145, 95%CI 100-212). CONCLUSIONS: Increased rates of lung and laryngeal cancers were identified for male Production workers and lung cancer for Construction workers. These could be related to mine workplace exposures such as silica and diesel engine exhaust

Jordán de Urríes FDB, Sánchez B, Verdugo M, Orgaz B, and Abena CDJ. Work ability decline through aging and disability in workers with intellectual disabilities: validation of the PROLAB Tool. *Journal of Vocational Rehabilitation*. 2025; 64(1):3-13.

<https://doi.org/10.1177/10522263251394332>

Knutsen RH, Nielsen MB, Fostervold KI, and Johannessen HA. Associations between workplace aggression and subsequent mental distress and sick leave among home care workers. *International Archives of Occupational & Environmental Health*. 2025; 98(9-10):899-911.

<https://doi.org/10.1007/s00420-025-02183-2> [open access]

Abstract: Objective: The Norwegian home care sector faces staff shortages and high sick leave due to common mental disorders, often linked to work-related stress. This study examined associations between workplace aggression (threats/violence, bullying, and unwanted sexual attention) and subsequent mental distress and sick leave among home care workers. Methods: A total of 1426 employees (baseline n = 2591) from 130 randomly selected home care services completed surveys on workplace aggression and mental distress (HSCL-5 > 2) at baseline, 8 months, and 14 months. Registry data on medically certified sick leave (with diagnostic codes) were obtained for 1819 participants over 26 months. Mixed-effects lagged logistic regression estimated odds of mental distress, and negative binomial regression calculated incidence risk ratios (IRRs) for sick leave due to mental disorders. Results: All types of workplace aggression were associated with increased risk of clinically relevant mental distress. Only colleague-perpetrated bullying significantly predicted sick leave for mental disorders (IRR 1.62, 95% CI 1.17–2.23). Conclusion: Workplace aggression was common and associated with poorer mental health and increased absenteeism. Targeted, multicomponent interventions are needed to prevent aggression and reduce its mental health impact.

Larrosa M, Iguacel I, Bazas T, Braeckman L, Bulat P, Eglite M, et al. Systematic review on occupational medicine training in European medical schools. *Occupational Medicine*. 2025; 75(9):589-595.

<https://doi.org/10.1093/occmed/kqaf055> [open access]

Abstract: BACKGROUND: Occupational medicine (OM) plays a pivotal role in the prevention of work-related diseases, re-integration, and health promotion. However, the field faces significant challenges, including a shortage of specialists, a lack of appeal to medical graduates, and lack of visibility and support from authorities. We approached the need to enhance pre-graduate training of future doctors, which could address these challenges but is currently deemed suboptimal. AIMS: This systematic review aims to evaluate the status, trends, and future perspectives of undergraduate OM education in Europe. METHODS: A systematic review was conducted using the PubMed, Scopus, and ScienceDirect databases up to July 2024. The review includes studies on OM undergraduate training from Europe. Using the PRISMA flow diagram, from an initial finding of 589 studies, this systematic review analysed 22 studies. RESULTS: The analysis showed wide variability in OM education across Europe, with a declining trend in training over time. Most studies (54%) focused on the UK, and 74% collected data from students. Common methods included e-case learning, team-based learning and workplace visits. While students' knowledge and attitudes improved, interest in OM careers remained unchanged. CONCLUSIONS: Improvements in OM education are necessary to address its precarious status. A shared framework could be a promising starting point. Effective strategies, funding, support, and investment are needed

Lunny C, Jain N, Nazari T, Kosaner-Klieb M, Santos L, Goodman I, et al. Exploring the methodological quality and risk of bias in 200 systematic reviews: a comparative study of ROBIS and AMSTAR-2 tools. *Research Synthesis Methods*. 2026; 17(1):63-92.

<https://doi.org/10.1017/rsm.2025.10032> [open access]

Abstract: AMSTAR-2 (A Measurement Tool to Assess Systematic Reviews, version 2) and ROBIS are tools used to assess the methodological quality and the risk of bias in a systematic review (SR). We applied AMSTAR-2 and ROBIS to a sample of 200 published SRs. We investigated the overlap in their methodological constructs, responses by item, and overall, percentage agreement, direction of effect, and timing of assessments. AMSTAR-2 contains 16 items and ROBIS 24 items. Three items in AMSTAR-2 and nine in ROBIS did not overlap in construct. Of the 200 SRs, 73% were low or critically low quality using AMSTAR-2, and 81% had a high risk of bias using ROBIS. The median time to complete AMSTAR-2 and ROBIS was 51 and 64 minutes, respectively. When assessment times were calibrated to the number of items in each tool, each item took an average of 3.2 minutes per item for AMSTAR-2 compared to 2.7 minutes for ROBIS. Nine percent of SRs had opposing ratings (i.e., AMSTAR-2 was high quality while ROBIS was high risk). In both tools, three-quarters of items showed more than 70% agreement between raters after extensive training and piloting. AMSTAR-2 and ROBIS provide complementary rather than interchangeable assessments of systematic reviews. AMSTAR-2 may be preferable when efficiency is prioritized and methodological rigour is the focus, whereas ROBIS offers a deeper examination of potential biases and external validity. Given the widespread reliance on systematic reviews for policy and practice, selecting the appropriate appraisal tool remains crucial. Future research should explore strategies to integrate the strengths of both instruments while minimizing the burden on assessors.

Mori T, Nagata T, Odagami K, and Mori K. Supervisors' health-promoting behaviors and employee health in corporate health and productivity management: a cross-sectional study of large Japanese companies. *Journal of Occupational & Environmental Medicine*. 2026; 68(1):9-15.

<https://doi.org/10.1097/JOM.0000000000003549>

Abstract: OBJECTIVE: This study examined associations between 2 types of supervisors' health-promoting behaviors-informing employees about the corporate health and productivity management initiatives and actively practicing them-and employee health outcomes in large Japanese companies. METHODS: A cross-sectional survey was conducted among 11,484 employees. Supervisor behaviors were grouped by combinations of informing and practicing. Associations with psychological distress, work engagement, and self-rated health were analyzed using multivariable regression. RESULTS: Practicing alone was consistently associated with better outcomes, while informing alone showed limited effects. The combination of both yielded the most favorable outcomes (psychological distress: $B = -0.78$, work engagement: $B = 1.70$, self-rated health: $B = 0.49$) and demonstrated a significant interaction effect. CONCLUSIONS: Supervisors who both inform and practice are associated with better employee health. These findings suggest the importance of consistent communication and practices in health leadership

Song M, Jeong J, and Kumi L. Quantitative risk evaluation for construction methods using accident rate analysis based on working days by occupation. *Safety Science*. 2026; 196:107094.

<https://doi.org/10.1016/j.ssci.2025.107094>

Strauser D, Price RA, Brehmer CE, and Strauser DR. Exploring employer's successful hiring and retention practices of individuals with disabilities. *Rehabilitation Counseling Bulletin*. 2026; 69(2):109-119.

<https://doi.org/10.1177/00343552241265319>

Thern E, Jonsson E, Elling DL, and Almroth M. Job strain, social support, and alcohol-related health problems: a register-based cohort study. *Scandinavian Journal of Work, Environment & Health*. 2026; 52(1):31-40.

<https://doi.org/10.5271/sjweh.4257> [open access]

Abstract: OBJECTIVE: This study aimed to examine the association between job strain (combination of job demands and job control) and alcohol-related health problems among men and women and the extent to which workplace social support moderates this association. METHODS: This study used information from the register-based Swedish Work, Illness, and Labor-market Participation (SWIP) cohort, focusing on working individuals born 1945-1975, who were registered in Sweden in 2005 (N=2 822 462). Job demands, control and workplace social support were measured using job exposure matrices (JEM). Information on alcohol-related health problems (morbidity, mortality, medication prescription, sickness absence and disability pension) was obtained from multiple registers between 2006 and 2020. Cox regression models were employed to estimate associations between job strain and alcohol-related health problems, adjusting for sociodemographic background and previous health. The modifying effect of social support was assessed using relative excess risk due to interactions (RERI). RESULTS: High-strain and passive jobs were related to an increased risk of alcohol-related health problems among both men [hazard ratios (HR) 1.28 and 1.32] and women (HR 1.06 and 1.05), after adjusting for important individual and parental covariates. Weak social support had diverging associations with the outcome for men and women. Strong social support appeared to buffer the risk in passive jobs but only among women (RERI=0.08). CONCLUSIONS: In Sweden, job strain seems to influence alcohol-related health problems, particularly among men. Women, however, appear to experience the protective effects of strong work-related social support measured at the occupational level

Ulstein J, Lyngroth CA, and Hermansen A. Job exposures, employer characteristics, and risk of reduced work capacity: a 10-year cohort study of Norwegian workers. *International Archives of Occupational & Environmental Health*. 2026; 99(1):6.

<https://doi.org/10.1007/s00420-025-02195-y> [open access]

Abstract: OBJECTIVE: This study investigates the impact of biomechanical and psychosocial job exposures on risk of reduced work capacity in a complete cohort of Norwegian workers, and examines whether this impact varies by employer sector, size, and organizational policies. METHODS: Using high-quality Norwegian registry data, we followed a cohort of workers from age 40 over a ten-year period. Biomechanical and psychosocial job exposures were estimated using two validated job exposure matrices. Individuals with a prior history of reduced work capacity were excluded to limit confounding. Using Cox proportional hazard models, we assessed the association between levels of job exposure and risk of reduced work capacity, including moderation analyses by employer characteristics. RESULTS: Both biomechanical and psychosocial job exposures were significantly associated with reduced work capacity, particularly among the top 60% of exposed workers. While employer size and organizational policies somewhat moderated this impact, their influence was

inconsistent. Notably, policies aimed at retaining workers with reduced capacity did not appear to mitigate the impact of the job exposures, while there was no variation in impact according to employer sector. **CONCLUSION:** Biomechanical and psychosocial job exposures are associated with an increased risk of reduced work capacity, with some variation in impact according to employer characteristics. These results indicate the importance of exposure-reducing interventions in the workplace, especially in occupations with high levels of biomechanical and psychosocial exposures. **SUPPLEMENTARY INFORMATION:** The online version contains supplementary material available at [10.1007/s00420-025-02195-y](https://doi.org/10.1007/s00420-025-02195-y)

Wall G, Gustafsson L, Pearce C, and Isbel S. Impact of occupation-based groups on occupational performance and satisfaction outcomes: pilot study. OTJR. 2026; 46(1):50-59.

<https://doi.org/10.1177/15394492241300606> [open access]

Abstract: Occupation-based groups can be used to improve occupational performance outcomes in the inpatient rehabilitation setting. It remains unclear whether they offer comparable outcomes to occupation-based interventions delivered individually. This study aims to pilot an occupation-based group intervention and compare occupational performance, satisfaction, and goal attainment outcomes with usual care. Twenty-one participants (15 women, 6 men, aged 34-85) were allocated to control (n = 11) and intervention (n = 10) groups. The control group received usual care (individual occupation-based interventions), while the intervention group received usual care plus an occupation-based group intervention. The method used a pilot quasi-experimental pre- to post-intervention design with a nonequivalent control group. The primary outcome measures were the Canadian Occupational Performance Measure (COPM) and the Goal Attainment Scale (GAS). No significant between-group differences were found; both groups reported statistically significant improvements with medium to large effect sizes. Pilot data suggests that occupation-based groups offered comparable outcomes to individual treatment; a larger sample size is required to draw conclusions on their impact. Australian New Zealand Clinical Trials Registry (<https://uat.anzctr.org.au/Default.aspx>) was accessed on November 20, 2023. Registration number: ACTRN12623001196639

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