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

**\*Andreacchi AT, Carnide N, Fuller A, Blair A, Siddiqi A, and Shahidi FV. Socioeconomic inequities in drug poisoning deaths in Canada. *Canadian Journal of Public Health*. 2026; [epub ahead of print].**

<https://doi.org/10.17269/s41997-026-01166-1>

**Abstract:** Background: Against the backdrop of a severe drug toxicity crisis, this study examined socioeconomic inequities in drug poisoning mortality among working-age adults in Canada. Methods: We conducted a population-based cohort study using the 2016 Canadian Census Health and Environment Cohort (n = 4,588,745). Census respondents aged 25-64 were linked to mortality records for the period 2016-2021. We used Poisson regression models to estimate rate ratios and rate differences in drug poisoning deaths by education, household income, and employment status. Analyses were conducted separately for women and men, adjusting for various sociodemographic factors. Results: The crude rate of drug poisoning mortality was 8.7 and 17.5 deaths per 100,000 person-years among women and men, respectively. We observed pronounced inequities in drug poisoning mortality according to education, household income, and employment status. For example, among women and men, respectively, rates of drug poisoning mortality were 7.55 (95% CI, 6.73-8.36) and 7.70 (95% CI, 7.01-8.39) times higher among individuals without a high school degree (compared to university graduates), 6.70 (95% CI, 5.96-7.44) and 4.60 (95% CI, 4.27-4.93) times higher among individuals in the lowest quintile of household income (compared to the highest earners), and 5.58 (95% CI, 4.94-6.22) and 3.56 (95% CI, 3.32-3.80) times higher among unemployed individuals (compared to full-time workers). Conclusion: The findings draw attention to persistent socioeconomic inequities in drug poisoning deaths among working-age adults in Canada. Interventions are urgently needed to address the growing drug toxicity crisis, as well as socioeconomic inequities therein.

**\*Dobson KG, Chien YC, Carnide N, Smith PM, and Mustard CA. Comparing profiles of mental illness and positive mental health between injured workers and the general working population in Ontario. *American Journal of Industrial Medicine*. 2026; [epub ahead of print].**

<https://doi.org/10.1002/ajim.70061> [open access]

Abstract: BACKGROUND: Mental illness (MI) is prevalent among workers with work-related injury. However, complete mental health includes both MI and positive mental health (PMH). To better understand differences in prevalence, this study compared MI and PMH profiles among injured Ontario workers to a representative sample of the general Ontario working population. METHODS: We studied 1132 Ontario workers with a physical work-related injury from the Ontario Life After Work Injury Study (OLAWIS) and 1652 general workers in compensation-covered industries from the 2012 Mental Health Canadian Community Health Survey (MH-CCHS). MI was self-reported 18 months post-injury as a mood or anxiety disorder diagnosed pre- or post-injury in OLAWIS and defined as a major depressive episode or generalized anxiety disorder in MH-CCHS. PMH was measured in both samples using the Mental Health Continuum Short Form. Latent class analysis in each sample identified MI and PMH profiles, and chi-square tests assessed within- and between-sample differences. RESULTS: Three MI and PMH classes were identified in the OLAWIS sample, whereas four MI and three PMH classes were identified in the MH-CCHS sample. Compared with general workers, more injured workers belonged to high-burden MI classes (19% vs. 9%) and the languishing PMH class (11% vs. 4%). Injured workers reported lower emotional and psychological well-being but higher belonging than general workers. CONCLUSIONS: Most workers showed low MI and flourishing PMH, but injured workers more often showed high MI and languishing PMH. Targeting aspects of psychological and emotional well-being may help improve overall mental health among injured workers

**\*Landsman V, Wang L, Carrillo-Garcia I, Mitani AA, Smith PM, Graubard BI, Bui T, Carnide N. Correction for participation bias in nonprobability samples using multiple reference surveys. *Statistics in Medicine*. 2026; 45(3-5):e70403.**

<https://doi.org/10.1002/sim.70403>

Abstract: Health researchers are increasingly adopting nonprobability sampling strategies in survey studies. However, the participation mechanism in such samples is unknown and estimated target parameters and exposure-outcome associations obtained from nonprobability samples can be biased. Current approaches developed to support statistical inference from nonprobability samples are unable to accommodate more than one reference sample. In this paper, we propose a general framework to address participation bias in nonprobability samples using multiple reference surveys. Previously published methods that use one reference survey are special cases within this framework. We focus primarily on the calibration estimators, another important special case in the proposed framework. These estimators have greater flexibility in situations with limited access to survey microdata and are straightforward for practical implementation. We describe two methods for variance estimation that account for all sources of variability of the proposed estimators: (1) the Taylor linearization method, which provides an analytic formula for the variance estimator, and (2) the leave-one-out jackknife method, a replication estimator. We assess the performance of the various methods through an extensive simulation study, which demonstrated satisfactory performance of the raking ratio calibration estimator in situations with highly dispersed participation probabilities in nonprobability samples and markedly smaller variance estimates for continuous

outcomes. Finally, we illustrate the application of these methods using data from a real-world study of working adults in Canada

**Billias N and MacEachen E. Capturing the perspectives of "laypeople" on policy effectiveness: employers' and precariously employed workers' suggested improvements for the workers' compensation system and work injury processes. *Journal of Occupational Rehabilitation*. 2026; 36(1):195-206.**

<https://doi.org/10.1007/s10926-025-10287-2>

**Abstract:** PURPOSE: Precarious employment rates are rising, which challenges the effectiveness of current workers' compensation systems. Precariously employed workers encounter problems related to short-term and/or temporary employment, and complicated employment relationships. Few voices are captured in the literature from precariously employed workers and employers of these workers regarding day-to-day experience of workers' compensation policies. This article describes employers' and precariously employed workers' suggested changes and improvements to a workers' compensation system and other processes related to work injury and return-to-work. METHODS: Semi-structured interviews were conducted in Ontario, Canada with 36 precariously employed workers and 15 employers of precariously employed workers who were recruited via social media, email lists, cold calling, word-of-mouth, and the "snowball" method. Thematic code summaries were analyzed to identify suggested workers' compensation system improvements that relate to precarious employment. RESULTS: Employers' and precariously employed workers' suggestions fell into the categories of (1) communication, (2) worker health and healthcare, and (3) worker and employer support. CONCLUSION: Identifying precariously employed workers and employers of precariously employed workers' suggestions enables a better understanding of areas of improvement for workers' compensation policy and how these policy changes could affect these interested parties with regards to managing workplace rehabilitation and disability

**Bonnet H, Higgins JPT, Chaimani A, Evrenoglou T, Ghosn L, Grana C, et al. Including nonrandomized evidence in living systematic reviews: lessons learned from the COVID-NMA initiative. *Journal of Clinical Epidemiology*. 2026; 190:112071.**

<https://doi.org/10.1016/j.jclinepi.2025.112071> [open access]

**Abstract:** BACKGROUND AND OBJECTIVES: Randomized controlled trials (RCTs) are more likely to be included in evidence syntheses of health interventions due to their methodological rigor. However, the integration of nonrandomized studies (NRSs) may be necessary, as was seen during the COVID-19 pandemic due to the emergence of variants of concern. We aimed to examine the body of evidence, randomized and nonrandomized, on COVID-19 vaccine effectiveness (VE) during the emergence of the Delta variant and to share lessons learned from including nonrandomized evidence alongside randomized evidence in the COVID-NMA living systematic review. STUDY DESIGN AND SETTING: The COVID-NMA initiative is an international, living systematic review and meta-analysis that continually synthesized evidence on COVID-19 interventions. For this study, we identified all RCTs and comparative NRSs reporting on VE against the Delta variant from December 2020 (its initial detection) through November 2021 (date of last COVID-NMA NRS search). We conducted two parallel systematic reviews: one focusing on RCTs and the other on NRSs to compare available evidence on VE against the Delta variant. We also compared the publication timelines of the included studies with the global prevalence of the Delta variant, and documented the specific methodological challenges and solutions

when including NRSs in living systematic reviews. RESULTS: From December 2020 to November 2021, only one RCT reported vaccine efficacy against Delta in a subgroup of 6325 participants, while, during the same period, 52 NRSs including 68,010,961 participants reported VE against this variant. Nevertheless, including NRSs in our living systematic review posed several challenges. We faced difficulties in identifying eligible studies, encountered overlapping studies (ie, NRSs using the same database), and inconsistent definitions of Delta variant cases. Moreover, multiple analyses and metrics for the same outcome were reported without a pre-specified primary analysis in a registry or protocol. In addition, assessing the risk of bias required expertise, standardization, and training. CONCLUSION: To remain responsive during public health emergencies, living systematic reviews should implement processes that enable the timely identification, evaluation, and integration of both randomized and nonrandomized evidence where appropriate. PLAIN LANGUAGE SUMMARY: When new health treatments are tested, the best way to see how well they work is through randomized controlled trials (RCTs). These are carefully designed studies that help reduce bias. However, during the COVID-19 pandemic, scientists also had to rely on other types of studies called nonrandomized studies (NRS) based on real-world data because the virus was changing quickly and required urgent action. Our living systematic review examined how effective COVID-19 vaccines were against the Delta variant, which spread widely from late 2020 to 2021. We wanted to understand what both RCTs and NRSs revealed about vaccine protection at that time. We also aimed to learn about the benefits and challenges of including different kinds of studies. From December 2020 to November 2021, we found that only one RCT reported results specifically for the Delta variant, including just over 6000 people. However, during the same period, 52 NRSs, involving over 68 million people, shared results about vaccine effectiveness against Delta in real-world settings. Including these NRSs were important for answering questions quickly, but it also created challenges. For instance, it was sometimes unclear how studies should be included, as many used the same data sources. Different studies defined "Delta cases" in various ways and often reported several kinds of results without stating which one was most significant. Evaluating the quality of these studies was complex and required special training. We developed rules to handle each of these challenges. In this study, we found that while RCTs remain the gold standard, NRSs provided crucial information during a fast-moving public health emergency. To help patients, doctors, and policymakers get timely answers in the future, living systematic reviews should be designed to include both types of evidence when appropriate, using clear methods to address challenges

**Carrière G, Stephenson E, VanSteelandt A, and Garner R. Risk factors for substance-related acute toxicity deaths in Canada from 2016 to 2021: findings from the 2016 Canadian Census Health and Environment Cohort. Health Reports. 2026; 37(2):16-29.**

<https://doi.org/10.25318/82-003-x202600200002-eng> [open access]

Abstract: Background Canada's drug toxicity crisis has burdened some populations disproportionately. This study identifies populations facing higher (or lower) rates of acute toxicity death (ATD) relative to a comparison group, using integrated Canadian Census Health and Environment Cohort data.

Methods This national prospective cohort study linked census long-form questionnaire respondents to Canadian Vital Statistics Deaths to identify ATDs occurring within five years of the 2016 Census (from May 10, 2016, to May 9, 2021). Age-standardized mortality rates (ASMRs) and ratios relative to a reference population group were compiled for Canada overall, by sex, and by select socioeconomic characteristics. Results Approximately 0.05% of Canada's household population experienced an ATD

during the follow-up period. The national ASMR of 10.7 per 100,000 person-years varied by population group. The highest ASMRs related to lowest educational attainment, household income quintile, and unemployment. Among employed people, highest ASMRs occurred for workers in trades, transport, equipment operators, and related occupations (19.0 per 100,000 person-years) or in occupations in manufacturing and utilities (15.3 per 100,000 person-years). People who spent between 50% to under 100% of their household total income on housing had the highest ASMR (27.9) compared with people spending less than 15% of their total household income on housing. Lower ASMRs also occurred for racialized people and immigrants. Conclusion This study's results generally align with previous studies, while also identifying new details about which disaggregated population groups experienced higher ATD rates. These findings can support intervention programs and policies tailored for populations facing greater ATD risk and enable future monitoring of progress towards equitable outcomes.

**Gwilliam MK, Socias-Morales CM, Hendricks SA, Innes KE, Reichard AA, Stallings HA, et al. Analysis of severity of finger, hand, and wrist injuries among department of air force workers. *Journal of Occupational & Environmental Medicine*. 2026; 68(2):169-180.**

<https://doi.org/10.1097/JOM.0000000000003553>

Abstract: OBJECTIVE: This study examined US Department of the Air Force (DAF) work-related finger, hand, and/or wrist (FHW) injuries and focused on injury characteristics, severity, and outcomes. METHODS: Characteristics, details, and severity of work-related, noncombat FHW injuries (2008-2018) were examined. Rates, patterns of severity, and identification of at-risk populations within DAF were calculated. RESULTS: Nearly a quarter of DAF injuries were FHW-related and decreased from 2008 to 2018. The highest rates were among males, younger workers, and enlisted workers. Odds of severe injury increased with age group. After adjustment, sex was not significantly different. Aircraft maintenance had the most severe injuries, whereas metal workers had the highest rate. CONCLUSIONS: Surveillance and focused interventions of high-risk groups, standardized codes, and regular updating of training and procedures contribute to continued reduction of FHW injuries

**Hassani M and Karanikas N. Scoping review of studies on work-related musculoskeletal disorders: quality of evidence, coverage of risk factors and types of risk assessment tools used. *Work*. 2026; 83(2):271-289.**

<https://doi.org/10.1177/10519815251374641>

Abstract: Background Despite continual efforts globally in preventing work-related musculoskeletal disorders (WMSDs), they remain one of the most common occupational injuries with individual, organisational and societal impacts. Objective This scoping review analysed 265 studies on WMSDs published between January 2013 and December 2024, aiming to assess the quality of evidence, identify risk factors, and examine risk assessment tools used. Methods A systematic search in Embase, PubMed, Web of Science, EBSCO, and Scopus, including subscription-based and open-access journals identified relevant studies. Inclusion criteria focused on WMSD risk assessment in occupational settings. Data extraction covered study characteristics, risk factors, assessment tools, and methodological quality. Results The review revealed a significant increase in WMSD research in recent years, particularly from 2021 to 2024, possibly influenced by the COVID-19 pandemic's impact on work tasks and conditions. Lower back, neck, and shoulder pain were the most prevalent WMSDs reported. The review identified 79 risk factors across five categories. Physical task factors were most

frequently investigated, while psychosocial and environmental factors were underrepresented. Self-report tools, particularly the Nordic Questionnaire, were the most commonly used assessment methods. Our review also highlights the need for more comprehensive risk assessment approaches that consider the interconnected nature of WMSD risk factors. Additionally, about 28% of the reviewed studies did not meet adequate quality of evidence criteria, indicating a need for improved research methodologies. Conclusions This review provides valuable insights for researchers and practitioners in occupational health and safety, emphasising the importance of holistic approaches to WMSD risk assessment and management

**Iheozor-Ejiofor Z, Savovic J, Bowater RJ, and Higgins JPT. The application of ROBINS-I guidance in systematic reviews of non-randomised studies: a descriptive study. *Research Synthesis Methods*. 2026; 17(2):265-276.**

<https://doi.org/10.1017/rsm.2025.10048> [open access]

Abstract: The ROBINS-I tool is a commonly used tool to assess risk of bias in non-randomised studies of interventions (NRSI) included in systematic reviews. The reporting of ROBINS-I results is important for decision-makers using systematic reviews to understand the weaknesses of the evidence. In particular, systematic review authors should apply the tool according to the guidance provided. This study aims to describe how ROBINS-I guidance is currently applied by review authors. In January 2023, we undertook a citation search and screened titles and abstracts of records published in the previous 6 months. We included systematic reviews of non-randomised studies of intervention where ROBINS-I had been used for risk-of-bias assessment. Based on 10 criteria, we summarised the diverse ways in which reviews deviated from or reported the use of ROBINS-I. In total, 492 reviews met our inclusion criteria. Only one review met all the expectations of the ROBINS-I guidance. A small proportion of reviews deviated from the seven standard domains (3%), judgements (13%), or in other ways (1%). Of the 476 (97%) reviews that reported some ROBINS-I results, only 57 (12%) reviews reported ROBINS-I results at the outcome level compared with 203 reviews that reported ROBINS-I results at the study level alone. Most systematic reviews of NRSIs do not fully apply the ROBINS-I guidance. This raises concerns around the validity of the ROBINS-I results reported and the use of the evidence from these reviews in decision-making

**Kweon J and Robbins W. Revisiting occupational safety to protect workers exposed to antineoplastic drugs. *Workplace Health & Safety*. 2026; 74(2):98.**

<https://doi.org/10.1177/21650799251391835> [open access]

**Margheritti S, Corthesy-Blondin L, Vila Masse S, and Negrini A. Work-related psychosocial risk and protective factors influencing workplace sickness absence: a systematic literature review. *Journal of Occupational Rehabilitation*. 2026; 36(1):1-22.**

<https://doi.org/10.1007/s10926-024-10265-0>

Abstract: PURPOSE: Employee sickness absence (SA) is a significant issue facing organizations and individuals worldwide, leading to multiple negative consequences, such as increased costs, early retirement, decreased productivity, and reduced quality of work. Therefore, within the occupational health and safety (OHS) framework, it is crucial to explore the factors that help workforces stay at work sustainably. This study investigates the role of work-related psychosocial factors (WRPFs) as predictors of SA and suggests proactive measures to prevent its occurrence. METHODS: A systematic literature review was conducted within the Job Demands-Resources Model framework. Following the

PRISMA Checklist, 1087 articles from PsycINFO, Medline, and Web of Science databases were screened, and 30 longitudinal studies were included. RESULTS: The findings describe SA as a multifaceted phenomenon influenced by risk (e.g., poor quality leadership, bullying, and violence) and protective WRPfFs (e.g., developmental opportunities and social support). These factors, spanning contextual, content-related, and relational dimensions, collectively influence workers' SA over time. CONCLUSIONS: These insights provide valuable guidance for researchers and OHS stakeholders, supporting the development of research and interventions aimed at preventing SA. This research contributes important knowledge to the field, paving the way for more targeted strategies that address the organizational causes of SA and promote healthier, more productive work environments

**Niesert S, Elschen L, Holzgreve F, Komanek-Prinz V, Golbach R, Wanke EM, et al. Musculoskeletal complaints and psychosocial stress factors in emergency medical services: a differentiated gender comparison. *Journal of Occupational Medicine and Toxicology*. 2026; 21(1):2.**

<https://doi.org/10.1186/s12995-025-00495-0> [open access]

Abstract: Background: Working in emergency medical services involves a high level of physical and psychological stress. The proportion of female professionals in the German emergency medical services has been steadily increasing in recent years. This gender-comparative study therefore aims to identify potential differences and similarities in the stress profiles of men and women across different age groups regarding physical and psychosocial complaints. Methods: A total of 201 employees (132 male, 69 female) from the emergency medical services in one German federal state (Hesse) voluntarily participated in this survey, which included the Nordic Musculoskeletal Questionnaire (NMQ), the Copenhagen Psychosocial Questionnaire (COPSOQ) and the Sources of Occupational Stress in Firefighters and Paramedics (SOOS-14) questionnaire. In addition to comparing all variables between genders and different age groups, a total score was calculated based on a Rasch model for the items of the COPSOQ and SOOS-14. Correlations were performed with sociodemographic data as well as well-being (total COPSOQ score) and individual stress levels (total SOOS-14 score). Results: The prevalence of physical complaints was highest in the cervical spine at 72.6%, with women affected significantly longer ( $p = 0.01$ ; female: 42% > 30 days/12 months vs. male: 16.7% > 30 days/12 months). This corresponded with the subjective perception of 74.1% of respondents who regularly had to perform heavy physical work. Overtime was worked regularly by 94.6%, and 51.2% perceived emotional stress to be above average. No significant differences were found in occupational stressors and psychosocial factors across all age and gender groups, except for the diversity evaluation between genders, with women reporting higher levels of variety in their work ( $p < 0.01$ ). Sleep interruptions and poor nutrition were the most important job-related stress factors for both genders. An above-average level of pride (74.6%) and meaningfulness (73.2%) compensated for this high workload. Correlations were particularly evident among female participants between higher weight ( $p < 0.01$ ;  $\rho = -0.39$ ), and higher body mass index ( $p < 0.01$ ;  $\rho = -0.37$ ) and health status. Men's well-being and occupational stress was more severely impaired by higher weekly working hours and larger amount of active service ( $p < 0.01$ ;  $\rho = 0.3$ ) in older men and high body mass index ( $p < 0.01$ ;  $\rho = 0.4$ ) in younger men. Conclusion: Women in particular rate their health as similar to that of their male colleagues despite higher physical stress - especially in younger women - with obesity negatively influencing their self-assessment. For older male employees, higher mental stress and strain at work is associated with long working hours. Psychosocial factors such as professional pride and meaningfulness appear to serve as important resilience resources for both genders. Future analyses

should therefore be multidimensional. Supplementary Information: The online version contains supplementary material available at [10.1186/s12995-025-00495-0](https://doi.org/10.1186/s12995-025-00495-0).

**Ogunsina K, Richardson KA, White A, Chang CJ, Sandler DP, and O'Brien KM. Occupational exposures among hairdressers and the occurrence of hormone-related conditions. *Occupational and Environmental Medicine*. 2026; 82(12):597-606.**

<https://doi.org/10.1136/oemed-2025-110207> [open access]

**Abstract:** Objective: To investigate the association between hairdresser exposures and hormone-related conditions. Methods: Using data from 50 800 eligible Sister Study participants (enrolled 2003-2009, aged 35-74 years), we estimated ORs and 95% CIs for associations between ever working as a hairdresser (n=1803) and prevalent fibroids, endometriosis, hysterectomy and oophorectomy. We estimated HRs and 95% CI for incident fibroids, endometriosis, breast, uterine and ovarian cancers among ever hairdressers versus never hairdressers. We also examined associations of hormone-related diseases and professional use of products such as bleach, perms, chemical straighteners, permanent hair colour, hairspray, barbicide, formaldehyde and alcohol, comparing data from 985 long-term hairdressers who worked ≥2 years to non-long-term hairdressers (never workers and those working <2 years). Results: Ever-hairdressers were more likely than never-hairdressers to have had a prebaseline hysterectomy (OR=1.23: 95% CI 1.11 to 1.36). Hysterectomies were more common among long-term hairdressers with more frequent applications of perms, chemical straighteners and permanent hair colour compared with less frequent applicators or never hairdressers. Ever-hairdressers had higher rates of incident endometriosis (477 cases, HR=1.61: 95% CI 1.08 to 2.38) compared with never-hairdressers, but there were no notable associations between working as a hairdresser and fibroids (1805 cases, HR=1.04: 95% CI 0.80 to 1.34), breast cancer (4628 cases, HR=0.98: 95% CI 0.83 to 1.16), ovarian cancer (300 cases, HR=1.33: 95% CI 0.77 to 2.29) or uterine cancer (447 cases, HR=1.04: 95% CI 0.60 to 1.77). In race-stratified analyses, Black hairdressers were more likely to be diagnosed with fibroids than Black never-hairdressers (201 cases, HR=1.56: 95% CI 0.93 to 2.62). Conclusions: Hairdresser occupation was associated with increased odds of hysterectomy and increased rates of incident endometriosis and possibly fibroids among Black women.

**Qian Y and Fan W. Did the COVID-19 pandemic make it worse? Working from home and affective well-being at the intersections of parental status and occupation. *ILR Review*. 2026; 79(2):310-332.**

<https://doi.org/10.1177/00197939251390748> [open access]

**Abstract:** The COVID-19 pandemic led to an unprecedented expansion of working from home. To capture the individual well-being implications of this profound social change, the authors examine how workers' affective well-being changed from pre-pandemic to the pandemic era and how such change varied at the intersections of work location, parental status, and occupational teleworkability. Data came from the American Time Use Survey (2003–2021), the American Community Survey, the Current Population Survey, and the Oxford COVID-19 Government Response Tracker. Ordinary Least Squares models show that the pandemic exacerbated negative affect the most for remote-working parents in less-teleworkable occupations. This pandemic impact was most pronounced during school closures, suggesting that rising challenges in balancing work–family demands heightened negative affect among remote-working parents with less-teleworkable occupations. Overall, this study reveals

the heterogeneous well-being impacts of working from home and highlights the adverse implications of weak care infrastructures and inadequate workplace support for parental well-being.

**Richard C, Corbiere M, Fiset-Renaud H, Caiada M, Lamontagne J, Diotte F, et al. Disclosure impact of mental health conditions in the workplace: a scoping review and a thematic analysis. *Journal of Occupational Rehabilitation*. 2026; 36(1):131-166.**

<https://doi.org/10.1007/s10926-025-10288-1>

**Abstract:** OBJECTIVE: Disclosing one's mental health conditions in the workplace is essential for accessing accommodations, but it can also bring negative consequences. This scoping review aims at collecting positive and negative impacts of disclosing mental health conditions in the workplace, with the hope of better supporting employees and organizations facing mental health disclosure at work. METHOD: We conducted a synthesis of studies published between March 2000 and February 2025. Selected articles needed to address disclosure and mental health conditions in the workplace, from the perspective of employees, managers or organizations. Study biases were assessed using the Cochrane Risk of Bias Comparison. Articles were reviewed following principles of thematic analysis. RESULTS: The 71 included studies reflect the range of impacts of mental health conditions disclosure. In total, 5 overarching themes and 12 themes were generated for the positive outcomes, whereas 6 overarching themes and 19 themes were identified for the negative outcomes. Those themes reflected both individual and organizational perspectives. Positive responses include receiving accommodations, advocacy engagement, improvement in self-image, and better relationships within the work environment. Negative repercussions include unmet needs, refusal of assistance, diminished self-perception, regret over disclosure, and negative/discriminatory behavior from colleagues or managers, particularly in highly stereotyped jobs (e.g., Law enforcement). CONCLUSION: The scoping review highlights the repercussions of disclosing mental health conditions in the workplace and their specific implications for organizations, managers and employees. Recommendations for improving the impact of mental health conditions disclosure in the workplace are proposed

**Sarabia J, Arroyo-Rojas F, and Kieninger K. Firefighters' perspectives on critical incident stress debriefing as a post-critical incident intervention. *International Journal of Workplace Health Management*. 2026; 19(1):1-17.**

<https://doi.org/10.1108/IJWHM-08-2024-0160> [open access]

**Abstract:** Purpose The purpose of this study was to understand perspectives on critical incident stress debriefing (CISD) as a post-critical incident intervention among firefighters who have participated in the intervention. Design/methodology/approach Data were collected during January and February 2022 through open-ended survey questions about firefighters' CISD experience and perceived impact via an online platform. A total of 191 firefighters in a major Midwestern city in the United States responded to all open-ended questions. Data were coded using structural and thematic coding. Findings We developed four themes related to CISD as a post-critical incident that firefighters commented on: environment, intervention design, intervention usefulness and the short- and long-term impact. Originality/value Our findings highlight the influence of intervention characteristics and implementation on firefighters' perceptions of CISD, which may have implications for future research and practice. We also found an array of perceptions regarding CISD that suggests offering multiple intervention types may be necessary to meet the firefighters' individual needs. Understanding the

CISD intervention elements as described by firefighters, from their perspectives, may guide the refinement of CISD in the future and/or development of new interventions.

**Tiwari P, Zhu W, and McSweeney K. Comparison of crane safety standards: a human factors perspective. ISE Transactions on Occupational Ergonomics and Human Factors. 2026; 14(1):90-101. <https://doi.org/10.1080/24725838.2025.2612656>**

**Abstract:** OCCUPATIONAL APPLICATIONS We compared offshore crane safety standards in the United States, United Kingdom, and Norway, focusing on human factors contributing to incidents. High similarity was found in maintenance procedures, hand signals, and communication, reflecting shared priorities like adhering to manufacturer recommendations and enforcing substance abuse policies. Moderate alignment was observed in inspection intervals, personal protective equipment requirements, and personnel roles, with some variation in specific practices. Notable gaps were identified in training, lift categorization, and personnel qualifications, with the United States emphasizing certification timelines, while the United Kingdom and Norway focus on ongoing competence. These findings highlight strengths in each standard and offer a roadmap for harmonizing global practices. Practitioners can use these results to benchmark current practices, address gaps, and reduce human error. By aligning international standards, practitioners can develop more effective training, improve communication protocols, and implement consistent safety measures, ultimately enhancing the reliability and safety of offshore lifting operations

**Yokouchi N, Ikeda M, Fujisawa R, Ishiyama N, and Takao Y. Workplace inclusion and its associations with psychological distress and work engagement among Japanese employees: the moderating role of work arrangement in a prospective study. Journal of Occupational & Environmental Medicine. 2026; 68(2):e155-e162. <https://doi.org/10.1097/JOM.0000000000003559> [open access]**

**Abstract:** OBJECTIVE: This study examined the prospective associations of workplace inclusion with psychological distress and work engagement, and assessed whether work arrangements moderate these associations among Japanese employees. METHODS: A web-based longitudinal survey was conducted in February and November 2024. Linear regression models were used to analyze 3851 responses, stratified by gender. RESULTS: Greater workplace inclusion was significantly associated with lower psychological distress and higher work engagement in both men and women. Among women, work arrangement moderated the effect of inclusion on work engagement, with significant positive effects observed only among office workers. CONCLUSIONS: Workplace inclusion contributes to employee well-being and motivation over time. However, its effect on work engagement may differ by work arrangement, particularly among women, underscoring the need for tailored inclusion strategies in remote and hybrid settings

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