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

***Regier C. Who benefits from right-to-disconnect legislation in Europe? Cross-national and gendered effects on employee wellbeing. *British Journal of Industrial Relations*. 2026; [epub ahead of print].**

<https://doi.org/10.1111/bjir.70048> [open access]

Abstract: The effectiveness of labour regulation depends not only on the formal articulation of rights, but on the institutional arrangements through which those rights are enforced and distributed across workers. This is particularly salient for regulations governing working time and employee availability, where outcomes are shaped by power relations in the workplace and persistent gendered divisions of paid and unpaid labour. The introduction of right-to-disconnect (R2D) legislation in several European countries provides a valuable opportunity to examine how procedural labour rights operate across different industrial relations systems and how they generate gender-differentiated outcomes. Rather than constituting a single policy model, R2D provisions vary substantially in their reliance on collective bargaining, firm-level discretion and individual characteristics. Using data from the European Social Survey between 2010 and 2022 and exploiting the staggered introduction of R2D policies in France, Belgium, Spain, Ireland and Portugal, this study estimates effects on subjective wellbeing among employees in teleworkable occupations. Applying a dynamic difference-in-differences approach, the analysis identifies modest average improvements in wellbeing in countries where R2D provisions are embedded within stronger industrial relations systems. Gendered analyses show that these benefits accrue more consistently to men than to women, highlighting how digital labour regulation may interact with unequal distributions of paid and unpaid work.

***St Cyr K, Kurdyak P, Smith PM, Aiken AB, Cramm H, and Mahar AL. Psychiatric hospitalizations among Canadian Armed Forces Veterans and former Royal Canadian Mounted Police members residing in Ontario: a retrospective cohort study. Canadian Journal of Public Health. 2026; [epub ahead of print].**

<https://doi.org/10.17269/s41997-026-01174-1>

Abstract: Objectives: Canadian Armed Forces (CAF) Veterans and former Royal Canadian Mounted Police (RCMP) members ("Veterans/former RCMP members") may be at increased risk of mental health disorders necessitating psychiatric hospitalization relative to non-Veterans. Differences in occupational experiences may further influence risk across subgroups of Veterans/former RCMP members. We compared the likelihood of a psychiatric hospitalization between Veterans/former RCMP members and non-Veterans residing in Ontario, Canada: (1) overall; by (2) sex and (3) length of service. Methods: This retrospective cohort study used administrative healthcare data to exact-match non-Veterans to Veterans/former RCMP members (4:1) residing in Ontario between March 18, 2002, and March 31, 2020, on age, sex, geography, and income. Sex-stratified Fine-Gray regression models were used to estimate the adjusted hazard ratio (aHR) of psychiatric hospitalizations within the first 10 years of follow-up. Results: In total, 2.5% of the 18,841 Veterans/former RCMP members (n = 476) and 0.9% of the 75,364 non-Veterans (n = 663) included in this study had a psychiatric hospitalization within the first 10 years of follow-up. Veterans/former RCMP members had a higher aHR of psychiatric hospitalizations than non-Veterans (aHR, 2.93; 95% CI, 2.61-3.29). Effects were stronger among females (aHR, 4.54; 95% CI, 3.34-6.17) and those with fewer years of service (e.g. 5-9 years aHR, 5.78; 95% CI, 4.27-7.83). Conclusion: The risk of psychiatric hospitalizations is almost three times higher among Veterans/former RCMP members compared to non-Veterans, with larger effects among females and individuals with fewer years of CAF/RCMP service. These occupational subgroups may benefit from targeted healthcare planning and resources.

Bisbey T, Linhardt RM, Woods Herron A, Kilcullen MP, and Salas E. How does training contribute to workplace safety? A meta-analysis examining the effects of safety training. Journal of Applied Psychology. 2026; 111(2):175-194.

<https://doi.org/10.1037/apl0001309>

Abstract: Although workplace safety concerns are often addressed with employee safety training, organizational research has yet to provide a critical examination into the extent to which safety training impacts outcomes. This meta-analysis examines the training literature across industries to evaluate the effects of safety training on the antecedents and indicators of workplace safety. We extracted 666 effects from 157 independent studies and coded for the content of safety training (technical or nontechnical expertise), the motivational strategy employed (promotive or preventive focus), and the stakeholder of the intervention (employees/internal stakeholder or external stakeholder safety). Findings suggest that safety training has an overall positive effect on training outcomes ($\delta = 0.78$), demonstrating medium-to-large effects on trainee reactions ($\delta = 0.92$), learning ($\delta = 1.18$), and transfer ($\delta = 0.61$) and smaller effects on overall safety indicators ($\delta = 0.26$), including organizational safety ($\delta = 0.20$) and individual health and well-being outcomes ($\delta = 0.15$). Findings suggest that both technical and nontechnical training, as well as promotion- and prevention-focused training, contribute to improved safety via different mechanisms. Moreover, effect sizes appear generally weaker for training that is focused on improving the safety of external stakeholders compared to employee safety-based programs. We contribute an integrative framework for safety

training effectiveness and offer recommendations for future research to extend theory on workplace safety and safety training. (PsycInfo Database Record (c) 2026 APA, all rights reserved).

Blanck JM, Brzinsky-Fay C, and Powell JJW. Special NEETs: institutional influences on school-to-work transitions of young people with disabilities in Europe. *Work, Employment and Society*. 2026; 40(1):88-112.

<https://doi.org/10.1177/09500170251361814> [open access]

Abstract: Institutional arrangements and social background characteristics significantly influence school-to-work transitions (STWT). This study examines cross-national differences in the risk of being not in education, employment, or training among young people with and without disabilities and investigates how institutional contexts influence the duration of 'not in employment, education or training' (NEET) status among individuals with disabilities across 31 European countries. Using longitudinal data from the EU Statistics on Income and Living Conditions (EU-SILC), multilevel random slope regressions were employed with interactions between self-assessed 'limitations in activities because of health problems' and institutional indicators. The findings reveal that higher rates of vocational enrolment, tracking in special schools and increased incapacity spending effectively reduce NEET-length among individuals with disabilities. These results underscore the importance of institutional contexts in shaping STWT and highlight the need for more in-depth comparative research on the transitions of young people with disabilities.

Cardero Duran MLA, Espejo Antunez L, Fernandez Morales C, Albornoz CM, and Rodriguez Mansilla J. Workplace-based physiotherapy of elderly care workers with nonspecific chronic neck pain: a randomized controlled trial. *Journal of Occupational & Environmental Medicine*. 2026; 68(2):e172-e181.

<https://doi.org/10.1097/JOM.0000000000003566>

Abstract: Objective: The aim of the study was to analyze the clinical efficacy of a multimodal physical therapy program combined with pain neuroscience education (PNE) in elderly care workers with nonspecific chronic neck pain (NSCNP). Methods: A sample of 50 elderly care workers was randomly assigned to an intervention group (IG; n = 25), which received a multimodal physiotherapy program combined with PNE, and a control group (IG; n = 25). Self-reported pain intensity (visual analog scale), pressure pain threshold, cervical disability, active cervical range of motion, and health-related quality of life were analyzed. Results: Significant results were observed for IG in the variables analyzed $P < 0.001$. Improvements were maintained with large effect sizes ($d \geq 0.9$) after a 4-week follow up. Conclusions: Five weeks of workplace-based physiotherapy combined with PNE reduced self-reported pain intensity and increase pressure pain threshold and cervical range of motion in caregivers with NSCNP.

Gwini SM, Hoy RF, Hore-Lacy F, Tomic D, Glass DC, and Walker-Bone K. Occupational disease disparities by migration status: comparison of migrant and non-migrant workers in the Australian artificial stone benchtop industry. *Annals of Work Exposures and Health*. 2026; 70(1):wxaf063.

<https://doi.org/10.1093/annweh/wxaf063>

Abstract: OBJECTIVES: Studies addressing the epidemiology of silicosis in the artificial stone benchtop industry have shown that this industry includes a large number of migrant workers in Victoria, Australia. The objective of the current analyses was to compare characteristics of migrant workers in the industry with nonmigrant workers. METHODS: Data were derived from artificial stone benchtop

workers who had health assessments through a regulator-funded screening program between 2019 and 2024. Migrant workers were defined as workers born outside Australia or had used an interpreter during the assessment. Participant characteristics, lung function, and silicosis prevalence were summarized by migrant status and compared between groups. RESULTS: There were 1,040 workers (n = 536 migrant workers). Migrant workers were older at assessment than nonmigrant workers (median age 39 versus 33 years, $P < 0.001$). About 1 quarter of migrant workers used an interpreter (23.8%) and 52% spoke English at home. Silicosis prevalence was higher in migrant compared with nonmigrant workers (23% versus 15%, risk-ratio 1.54, and 95% confidence interval 1.16 to 2.04) and migrant workers who used an interpreter had double the risk of silicosis than those who did not (46% versus 18%, risk-ratio 2.24, 95% confidence interval 1.61 to 3.10). Prelegislative changes, experience of carrying out dry processing was reportedly higher in nonmigrant than migrant workers. Fewer jobs among migrant workers than nonmigrant workers were reported using recommended respirators (44 versus 53%) or ventilation (24% versus 30%). CONCLUSIONS: The risk of silicosis in the artificial stone benchtop industry differed by migration status and was higher among those with lower English language proficiency. As the use of appropriate respirators or ventilation was lower among migrant workers, this suggests the need for improved occupational health and safety practices among migrant workers, making sure the messages are communicated in a manner that is language and culturally appropriate

Herman E, Hebson G, and Rubery J. From precarious work to precarious lives: managing and navigating uncertainty at the intersections of employment, households and the state. *Work, Employment and Society*. 2026; 40(1):45-66.

<https://doi.org/10.1177/09500170251359125> [open access]

Abstract: This article investigates the intersection between precarious work and precarious lives through interviews with workers in the care, hospitality and art sectors. These revealed that workers experienced precarity as a double-edged sword of time and income uncertainty shaped by the context in which they were embedded – namely their employment, their household and their relations with state welfare and care systems. These three domains shaped both the constraints they faced and the buffers and resources available to them as they managed these time and income uncertainties. A dynamic work–life articulation framework is developed that embeds the strategies workers deploy to mitigate uncertainty within these three domains and their intersections. These strategies may still only result in the least bad and often far from sustainable outcome due to changing contexts and trade-offs between time and income uncertainty.

Hughes KD, Konnikov A, Denier N, and Hu Y. Problematizing the role of artificial intelligence in hiring and organizational inequalities: a multidisciplinary review. *Human Relations*. 2026; 79(2):246-278.

<https://doi.org/10.1177/00187267251403902> [open access]

Abstract: What are the implications of the growing use of artificial intelligence (AI) in recruitment and hiring for organizational inequalities? While advocates suggest that AI is a groundbreaking tool that can enhance hiring precision, efficiency, diversity and fit, critics raise serious concerns around bias, fairness, and privacy. This review article critically advances this debate by drawing on diverse scholarship across computing and data sciences; human resource, management, and organization studies; social sciences; and law. Using a hybrid review approach that combines scoping and

problematizing review methods, we examine the implications of algorithmic hiring for organizational inequalities. Our review identifies a multidisciplinary discussion marked by asymmetries in how key concerns are conceptualized; a clear and heightened potential for AI to conceal inequalities in hiring processes; and contestation over the regulation of algorithmic hiring. Building on Acker's (2006) framework of 'inequality regimes', we propose the concept of algorithmically-mediated inequality regimes to highlight AI's capacity for concealing and reproducing inequalities in hiring through enhanced algorithmic invisibility and the growing legitimacy of AI solutions. We propose an agenda for future research, policy, and practice, emphasizing the need for an interdisciplinary 'chain of knowledge' and a multi-stakeholder 'chain of responsibility' in AI application and regulation

Kikunaga K, Yokouchi N, Yokoyama K, and Nakata A. Self-endangering work behavior is enhanced by a poor psychosocial safety climate at the workplace among Japanese workers under flexible time arrangements: fixed effects model analysis in a longitudinal study. *American Journal of Industrial Medicine*. 2026; 69(3):177-184.

<https://doi.org/10.1002/ajim.70051>

Abstract: BACKGROUND: This study examined the longitudinal influence of psychosocial safety climate (PSC) on self-endangering work behavior (SEWB), considering working time flexibility (fixed vs. flextime arrangement). METHODS: A two-wave web-based longitudinal survey was conducted in Japan in November 2021 and May 2022. Responses from 826 full-time workers were analyzed. Fixed-effects model analyses were used to examine the within-person effect of PSC on SEWB and test the moderation effect of working time flexibility. RESULTS: The decrease in PSC was significantly associated with the increase in SEWB under the flextime arrangement, but not under the fixed-time arrangement, presenting the significant moderation effect of working time flexibility. CONCLUSIONS: The findings highlight the heightened vulnerability of flextime workers to SEWB in a deterioration of PSC, emphasizing the need for organizations to maintain a healthy organizational climate when implementing flextime

Laberge M, Lett L, Fettah S, Webb J, Pastor-Bedard N, Labreche F, et al. Gender-inclusive ergonomics for sustainable cancer prevention: insights from self-reflection interviews with vulnerable young workers. *International Journal of Industrial Ergonomics*. 2026; 112:103893

<https://doi.org/10.1016/j.ergon.2026.103893> [open access]

Abstract: This article examines exposure to carcinogens in workplaces among vulnerable youth in a Co-op training program for adolescent and young adult trainees with low educational attainment. It explores how socio-environmental factors increase these risks. An ergonomic approach was used to understand real-world work situations, going beyond measuring exposure to understanding the mechanisms involved. The methodology includes self-reflection interviews (SRI) with eleven trainees, using video of their work situations to stimulate reflection. The analysis examines how gender, communication difficulties, and the gendered nature of trades influence the perception of risks, the understanding of exposure mechanisms, and knowledge of prevention measures. Key findings reveal that trainees often underestimate cancer-related risks, associating the absence of immediate discomfort with the absence of danger. Their understanding of exposure pathways is limited, with ingestion being the most recognized route. Trainees often recognize immediate effects over long-term health consequences. Gender plays a significant role, with young women in caregiving roles prioritizing the safety of others over their own. Trainees in masculine-typical jobs are more likely to

receive support and guidance from colleagues. Communication skills impact risk awareness, with trainees who struggle to articulate their thoughts having more difficulty in identifying and explaining hazards in interviews. The study highlights significant gaps in trainees' comprehension and application of occupational health and safety measures. This research advances efforts toward a sustainable and equitable approach to occupational cancer prevention.

Luna S, Douphrate D, Choi BY, Flores B, Patel R, and Pompeii L. Musculoskeletal symptoms, job-related stress, and burnout in nurses: a cross-sectional, observational study. *Workplace Health & Safety*. 2026; 74(2):54-66.

<https://doi.org/10.1177/21650799251374180>

Abstract: Background: Musculoskeletal symptoms, stress, and burnout contribute to nurse attrition. This study builds on previous research about physical strain in nurses by exploring the relationship between musculoskeletal symptoms and two occupational psychological factors: job-related stress and burnout. Methods: This cross-sectional, observational study utilized an online survey to assess musculoskeletal symptoms (Nordic Musculoskeletal Questionnaire), job-related stress (Job Content Questionnaire), and burnout (Oldenburg Burnout Inventory). The survey also included questions about sociodemographics, work information, COVID-19-related stress level, and likelihood of leaving current position. A logistic regression model assessed musculoskeletal symptoms for associations with Job Content Questionnaire and Oldenburg Burnout Inventory scores while controlling for personal and work-related factors. Findings: Fifty-three percent of nurses in the sample (N = 173) indicated limited functional activity due to musculoskeletal symptoms. High overall burnout approached a significant association with limited function (OR = 1.13, 95% CI [0.995, 1.28], p = .06). The odds of having limited function were 15.32 times higher (OR = 15.32, 95% CI [3.10, 75.82], p = .01) in nurses who were very likely to leave their job in the next year. Conclusions/Applications to Practice: Limited function due to musculoskeletal symptoms was significantly associated with nurse attrition and approached a significant association with high burnout. Nurse attrition is costly to healthcare organizations and compromises patient safety. Future interventions aimed at musculoskeletal health and attrition in nurses should reduce job-related stress and burnout, in addition to reducing physical strain.

De Matteis S, Consonni D, Espinosa A, de Cid R, Magrina NB, Castano-Vinyals G, et al. Occupational determinants of Long COVID in the population-based COVICAT cohort. *Occupational and Environmental Medicine*. 2026; 82(12):579-588.

<https://doi.org/10.1136/oemed-2025-110398>

Abstract: Objectives: Occupational factors affect SARS-CoV-2 infection risk, but the occupational factors associated with Long COVID (LC) are unknown. We aimed to address this issue using individual data in a population-based cohort. Methods: In the prospective COVICAT study, 2020-2023, Catalonia, Spain, we examined the association between occupational determinants and LC. Among subjects with previous SARS-CoV-2 infection, those employed in the pandemic and with occupational information were analysed. Different metrics, including four job-exposure matrices, were used to evaluate individual occupational risk factors for LC (postinfection symptoms =3 months). Poisson models were used to estimate adjusted risk ratios (RRs) and 95% CIs. Results: Among 2054 workers (1308 women, 746 men) aged 40-69 years, 486 developed LC (23.7%). Workers in jobs at high COVID-19 risk according to all metrics including health/social care, education, retail, transport and security showed

higher LC risk. The main drivers of increased risk were close contact with colleagues and the public (RR up to 1.50; 95% CI 1.18 to 1.91), no social distance at workplace (up to 1.46; 95% CI 1.16 to 1.84), rare or no use of facemask (1.41; 95% CI 1.09 to 1.83) and commute by public transport (1.58; 95% CI 1.20 to 2.08). Working on-site during the pandemic was also associated with a higher LC risk compared with teleworking (1.57; 95% CI 1.19 to 2.09). Individual non-occupational risk factors for LC included female sex, comorbidities, obesity, number and severity of acute infections; vaccination and older age were protective. Conclusions: In a population-based cohort, several occupational factors increased LC risk. Focused preventive strategies are warranted to avoid the associated public health burden. LC should be recognised and compensated as an occupational disease.

Movsisyan A, Asres Ioab K, Himmels JW, Bantle GL, Dobrescu A, Flottorp S, et al. Conducting evidence synthesis and developing evidence-based advice in public health and beyond: a scoping review and map of methods guidance. *Research Synthesis Methods*. 2026; 17(2):240-264.

<https://doi.org/10.1017/rsm.2025.10051> [open access]

Abstract: Effective public health decision-making relies on rigorous evidence synthesis and transparent processes to facilitate its use. However, existing methods guidance has primarily been developed within clinical medicine and may not sufficiently address the complexities of public health, such as population-level considerations, multiple evidence streams, and time-sensitive decision-making. This work contributes to the European Centre for Disease Prevention and Control initiative on methods guidance development for evidence synthesis and evidence-based public health advice by systematically identifying and mapping guidance from health and health-related disciplines. Structured searches were conducted across multiple scientific databases and websites of key institutions, followed by screening and data coding. Of the 17,386 records identified, 247 documents were classified as 'guidance products' providing a set of principles or recommendations on the overall process of developing evidence synthesis and evidence-based advice. While many were classified as 'generic' in scope, a majority originated from clinical medicine and focused on systematic reviews of intervention effects. Only 41 documents explicitly addressed public health. Key gaps included approaches for rapid evidence synthesis and decision-making and methods for synthesising evidence from laboratory research, disease burden, and prevalence studies. The findings highlight a need for methodological development that aligns with the realities of public health practice, particularly in emergency contexts. This review provides a key repository for methodologists, researchers, and decision-makers in public health, as well as clinical medicine and health care in Europe and worldwide, supporting the evolution of more inclusive and adaptable approaches to public health evidence synthesis and decision-making

Nordling P, Staland-Nyman C, Nwaru C, Bjork L, Corin L, and Bertilsson M. Managers' support to employees with common mental disorders during the COVID-19 pandemic: the importance of staying in touch. *International Journal of Workplace Health Management*. 2026; 19(1):18-40.

<https://doi.org/10.1108/IJWHM-04-2024-0070> [open access]

Abstract: Purpose This study explores the importance of contextual and individual factors for managers' support to employees with common mental disorders (CMD) during the COVID-19 pandemic. Design/methodology/approach A web survey was sent to 5,646 Swedish private sector managers. Logistic regression was used to analyse data from 1,136 managers who had at least one subordinate with CMD in the last year. Findings Finding it harder to support employees with CMD

during the pandemic was strongly associated with pandemic-driven changes in the work organization. Managers who had less contact with subordinates were three times more likely to report difficulties. Managers whose subordinates worked from home were also more likely to report this, and the odds increased with a greater extent of remote work. Standard organizational factors and manager characteristics were less important. Practical implications Regardless of worksite, but particularly when working from home, it is essential that managers stay in touch with their employees. Managers are advised to prioritize regular face-to-face meetings (physical or digital) with employees. Employers should provide adequate digital communication tools and training, as well as manager training on mental health and remote work best practices. Originality/value The study addresses two major labour market trends: increases in CMD and remote work. It shows that how work is organized significantly affects managers' ability to support employees with CMD. By doing so, it expands the limited understanding of how workplace context influences leadership and offers insights into managing CMD in both traditional and remote work settings.

Pickard S, Speach D, Hauber K, Edwards W, Baran A, and Fedorko A. Return to work rates of workers compensation patients with lumbar radiculopathy following epidural steroid injection. *Interventional Pain Medicine*. 2026; 5(1):100736.

<https://doi.org/10.1016/j.inpm.2026.100736> [open access]

Abstract: Background: Low back injury is one of the leading causes of work-related injuries, disability, and lost productivity. Patients with lumbar radiculopathy are a subgroup of patients within work related low back injury. To our knowledge, there are few studies that specifically assessed the relationship between treating radiculopathy with an epidural injection and return to duty for injured workers. Treatments such as lumbar epidural steroid injection (ESI) that potentially expedite safe return to work could have cost-saving benefits by reducing the need for spine surgery while ameliorating an injured worker's pain and suffering. Objective: The objective of the study is to estimate the return-to-work rate in worker's compensation patients treated at a single academic site who were diagnosed with work related low back injury with lumbar radicular pain and treated with lumbar ESI. Methods: Electronic medical record data was obtained from the University of Rochester Clinical & Translational Science Institute in a retrospective review. Patients evaluated in the departments of Physical Medicine and Rehabilitation or Orthopaedics at a tertiary care medical center from January 1, 2012 to October 31, 2023. with at least one visit for lumbar radiculopathy, lumbar spinal stenosis and lumbar disc herniation were included in the study. Return to work rates were estimated from all workers treated with a lumbar ESI. Patient age, gender and number of injections were evaluated for their effect on RTW rate. Results: 23 of 222 patients treated with a lumbar ESI returned to work, this totaled 10.4 % of the subgroup (95 % CI: 6.7 %-15.1 %). There was insufficient evidence of an association between gender and return to work following treatment with a lumbar ESI (OR for male = 1.09, 95 % CI 0.44-2.69, p = 0.86). Similarly, there was no association between the number of injections and return to work. (OR for 3+ injections compared to 1-2 injections 0.73, 95 % CI 0.30-1.80, p = 0.49). However, we observed a decrease in likelihood of returning to work as age increases in patients treated with ESI (OR per 10 years of age = 0.51, 95 % CI 0.36-0.73, p = 0.0002). Conclusion: Return to work rates in worker's compensation patients were 10.4 % after treatment with lumbar ESIs. It appears that even with treatment of lumbar ESIs, worker's compensation patients with lumbar radiculopathy had a low chance of returning to work.

Sanatkar S, Pritchard E, Callaway L, Cruickshank G, Grant G, Godic B, et al. Factors associated with negative experiences and mental ill health during a workers' compensation claim: a mixed methods study. *Journal of Occupational Rehabilitation*. 2026; [epub ahead of print].

<https://doi.org/10.1007/s10926-026-10364-0>

Abstract: Purpose: Prior studies demonstrate that many injured workers find involvement in workers' compensation processes complex and stressful. This study sought to identify experiences, events and interactions contributing to system-generated mental ill health. Methods: Mixed methods design utilising an online survey and follow-up interviews. Eligible participants were workers employed in Australia, at least 18 years of age, proficient in English, who had submitted a compensation claim. Survey items assessed demographic and claim information, claim experiences, and impacts of interactions with claim stakeholders and processes. Between September 2023 and July 2024, the survey was distributed through community organisations, worker support groups, and social media. Qualitative interviews took place between February and July 2024. Results: A total of 533 participants completed the survey, and 20 completed an interview. Most survey participants (n = 503, Median_{age} = 45-54 years, 59.2% women) reported negative mental health impacts. Of those, 279 reported negative experiences throughout the claim process, while the remainder reported more positive or mixed experiences. Hierarchical logistic regression indicated that negative interactions with insurers (OR = 5.22, 95%CI [1.89, 14.42]) and delays in claim approval (OR = 4.12, 95%CI [1.88, 8.99]) were significantly associated with negative claim experiences. The full logistic regression model accounted for 40% of the variation in claim experiences. Qualitative analysis of injured workers revealed themes around claim-related sources of stress and negative consequences from illness or injury. Conclusion: Findings provide insights into modifiable aspects of compensation claim processes that, if actioned, may improve worker experiences during their claim and reduce the risk of secondary psychological injury.

Spick M, Onoja A, Harrison C, Stender S, Byrne J, and Geifman N. Quantifying new threats to health and biomedical literature integrity from rapidly scaled publications and problematic research. *Journal of Clinical Epidemiology*. 2026; 112203.

<https://doi.org/10.1016/j.jclinepi.2026.112203> [open access]

Abstract: Background and Objectives The last three years have seen an explosion in published manuscripts analysing open-access health datasets, in many cases presenting misleading or biologically implausible findings. There is a growing evidence base to suggest that this is due in part to AI-assisted and formulaic workflows, and publishers are responding by discouraging submissions employing open-access health datasets. Methods Here we employ a scientometric analysis to investigate which datasets have seen publication rates deviate from previous trends, especially where this coincides with changes to author geographical origins and increases in formulaic titles. Results Across 36 datasets we identify nine showing hallmarks of paper mill exploitation (FAERS, NHANES, UK Biobank, FinnGen, the Global Burden of Disease Study, MIMIC, CHARLS, CDC WONDER, and TriNetX). These nine datasets had, in 2025, a combined publication count of 23,005 indexed in the OpenAlex database. This represents an excess of 11,577 publications above the AutoRegressive Integrated Moving Average (ARIMA) forecast trend, and is a 3.0x fold change on the 7,655 publication count for these nine datasets in 2022. We also identified a notable difference in the fold change for China (4.2x) versus the rest of the world (1.9x) and an increase in formulaic titles. Conclusions These findings highlight potential risks to research integrity in areas such as public health and drug safety, and

especially to the accessibility and interoperability principles central to Open Science and FAIR data practices. We argue that permissive open-access data policies naturally facilitate exploitative workflows, and that these findings add to the case for the safeguarding mechanisms to preserve the goals of Open Science

Tanriverdi D and Ozguc S. The effect on quality of working life of psychological resilience levels of firefighters. *Work*. 2026; 83(2):551-559.

<https://doi.org/10.1177/10519815251377960>

Abstract: Background Since the firefighting profession requires exposure to high levels of stress and traumatic events, the psychological resilience levels of individuals working in this field are an important factor that directly affects their quality of work life. Objective This research aims to examine the effects of firefighters' psychological resilience levels on their quality of work life. Method This study was conducted with a descriptive and correlational design. The sample of the research consisted of 229 firefighters working in the Gaziantep metropolitan municipality department. Research data was obtained through a personal information form, the Connor-Davidson Psychological Resilience Scale, and the Professional Quality of Life Scale. Results Firefighters' CD-RISC total score is 79.60 ± 15.50 , Compassion Satisfaction (CS) total is 39.76 ± 9.09 , Burnout levels are 11.73 ± 7.255 , and Compassion Fatigue (CF) score average is 14.04 ± 10.29 . There is a significant positive relationship between CD-RISC Total and CS ($p < 0.001$). A significant negative correlation exists between CD-RISC Total score and Burnout ($p < 0.001$). As a result, it was determined that the model was significant $F(1227) = 34.885$, $P = 0.000$, and explained 13% of the variance in the dependent variable ($R^2 = 0.133$). Conclusion As a result of the research; the psychological endurance and compassion satisfaction of firefighters are high. Their compassion fatigue and burnout levels are low. As the psychological endurance of firefighters increases, compassion satisfaction also increases. As the psychological endurance of firefighters increases, their burnout levels decrease. As compassion satisfaction increases, compassion fatigue decreases. In addition, as compassion fatigue increases, their burnout increases.

Touhami D, Ryan R, Engeda EH, Arienti C, Atkinson-Graham M, Bakaa N, et al. Implementation strategies for rehabilitation services in health systems: an overview of systematic reviews.

***Cochrane Database of Systematic Reviews*. 2026; 2(2):CD016324.**

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Abstract: Background: Cochrane Rehabilitation and the World Health Organization (WHO) Rehabilitation Programme have collaborated to produce four Cochrane overviews of systematic reviews that synthesize current available evidence from health policy and systems research (HPSR) in rehabilitation. Each overview focuses on one of the four pillars of HPSR as identified by the Cochrane Effective Practice and Organisation of Care (EPOC) taxonomy: delivery arrangements, financial arrangements, governance arrangements, and implementation strategies. This overview examined implementation strategies, defined by EPOC as interventions designed to bring about changes in healthcare organizations, the behavior of healthcare professionals, or the use of health services by healthcare recipients. Objectives: This overview aimed to synthesize current evidence on implementation strategies in rehabilitation from a health policy and systems research (HPSR) perspective. Our series of four overviews have the following overarching objectives. • To offer a broad synthesis of the existing evidence on health policy and systems interventions' effects. • To direct end-

users, including policymakers, towards systematic reviews that may address their health policy questions. • To identify current research gaps and set priorities for future primary HPSR. • To pinpoint the needs and priorities for new evidence syntheses where no reliable, up-to-date systematic reviews currently exist. Methods: We searched the Epistemonikos database, the Health Systems Evidence database, and EPOC Group systematic reviews to identify reviews published between 1 January 2015 and 17 November 2024. We applied no language limitations. We included Cochrane and non-Cochrane systematic reviews of randomized controlled trials (RCTs) and non-randomized studies of interventions (NRSIs) that evaluated the effectiveness of health policy and systems interventions for rehabilitation in health systems, specifically related to implementation strategies as defined in the EPOC taxonomy. All four overview teams collaborated to screen reviews and extract data. We used AMSTAR 2 to critically appraise the quality of the reviews. Results were analyzed descriptively and are based on reviews with ratings of high-to-moderate confidence, with low-confidence reviews reported separately. Main results: We identified 7882 systematic reviews, of which 15 met our inclusion criteria. Three reviews overlapped substantially with other reviews, and eight received low- or critically low-confidence ratings. Ultimately, four moderate- to high-confidence reviews contributed to the synthesis; two were Cochrane systematic reviews. Most primary studies were from high-income countries; none were from low-income countries. Most strategies targeting healthcare professionals (e.g. guideline dissemination, interactive workshops, opinion leaders, audit and feedback) or healthcare recipients (e.g. structured monitoring, telehealth support, counseling, motivational interviewing) included more than one component. Strategies targeting healthcare recipients' use of health services in cardiac rehabilitation may show small benefits in terms of participation (enrollment, adherence, completion), but effects on other outcomes are uncertain. The effects of strategies targeting older healthcare recipients via telehealth are uncertain. Strategies targeting healthcare professionals may have little to no effect on professional or patient and carer outcomes in stroke rehabilitation. For musculoskeletal conditions, there were no evidence-certainty ratings, so intervention effects are unclear. We found no reviews of strategies targeting health service organizations or specific types of rehabilitation practice. The evidence certainty was generally low; evidence of adverse events was missing or uncertain; and reporting on organizational, implementation, economic, and equity outcomes was scarce. Authors' conclusions: Current evidence on implementation strategies in rehabilitation is limited, mostly of low certainty, and derived from high-income countries. Multicomponent, patient-targeted strategies may modestly improve cardiac rehabilitation participation, but effects in other areas remain uncertain. Further high-quality research using well-defined frameworks is needed, especially in low- and middle-income countries, to identify effective strategies and evaluate organizational, implementation, and equity outcomes. Future Cochrane overviews of reviews in HPSR should consider including a broader range of study designs, such as observational, qualitative, and mixed-methods evidence, to better capture evidence on implementation strategies in rehabilitation. Funding: This Cochrane review was funded by the Italian Ministry of Health (Ricerca Corrente). The funder played no role in the study design, data collection and analysis, decision to publish, or preparation of the manuscript. Registration: The protocol was first published in the European Journal of Physical and Rehabilitation Medicine online on 27 January 2025. The manuscript was received on 11 November 2024 and was accepted on 26 November 2024. Protocol: DOI 10.23736/S1973-9087.24.08833-6.

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