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***Maas ET, Koehoorn M, and McLeod CB. Does gradually returning to work improve time to sustainable work after a work-acquired musculoskeletal disorder in British Columbia, Canada? A matched cohort effectiveness study. *Occupational & Environmental Medicine*. 2021; [epub ahead of print].**

<https://doi.org/10.1136/oemed-2020-107014>

Abstract: Objective: This study investigates if gradual return to work (GRTW) is associated with full sustainable return to work (RTW) for seriously injured workers with a musculoskeletal disorder (MSD), in British Columbia, Canada. Methods: This is an effectiveness study using a retrospective cohort study design. Accepted workers' compensation lost-time claims were extracted for workers with an MSD who were on full work disability for at least 30 days, between 2010 and 2015 (n=37 356). Coarsened exact matching yielded a final matched cohort of 12 494 workers who experienced GRTW at any point 30 days post-injury and 12 494 workers without any GRTW. The association between GRTW and sustainable RTW through to end of 12 months was estimated with multivariable quantile regression. Results: Workers who were provided with GRTW experienced more time-loss days until sustainable RTW between the 2nd and 5th



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months after the first time-loss day (<50th quantile of time loss), but less time-loss days until sustainable RTW between the 6th and 12th months of work disability (70th quantile of time loss), with the largest effect for women, workers with soft-tissue injuries and workers in the manufacturing or trades sector (all in the 60th and 70th percentile, after 6-7 months of time loss). Conclusions: For seriously injured workers with at least 30 days of disability due to a work-acquired MSD, the effect of GRTW becomes apparent at longer disability durations (more than 6 months), with larger beneficial effects for women, workers with soft-tissue injuries and for trade and manufacturing sectors.

***Macpherson RA, Koehoorn M, Neis B, and McLeod CB. Do differences in work disability duration by interjurisdictional claim status vary by industry and jurisdictional context? Occupational & Environmental Medicine. 2021; [epub ahead of print].**

<https://doi.org/10.1136/oemed-2020-106917>

Abstract: OBJECTIVES: To examine whether differences in work disability duration between out-of-province and within-province workers differed by industry and jurisdictional context. METHODS: Workers' compensation data were used to identify comparable lost time, work-related injury and musculoskeletal disorder claims accepted in six Canadian jurisdictions between 2006 and 2015. Out-of-province workers were identified as workers who filed claims in a different provincial jurisdiction to their province of residence. Coarsened exact matching was used to match out-of-province workers with within-province workers based on observable characteristics. Quantile regression models were used to estimate differences in cumulative disability days paid between out-of-province workers and within-province workers at different percentiles in the disability distribution, adjusting for confounders. RESULTS: Compared with within-province workers, out-of-province workers were paid more disability days even after matching and adjusting on observable characteristics. Differences between the two groups of workers were observed for short-duration, medium-duration and long-duration claims (differences of 1.57, 6.39, 21.42, 46.43 days at the 25th, 50th, 75th and 90th percentiles, respectively). Industry-specific models showed that differences were largest in construction,



transportation and warehousing, and mining, quarrying and oil and gas extraction. Jurisdiction-specific models showed that differences were largest in the western provinces where out-of-province workers were concentrated in those sectors. **CONCLUSIONS:** Out-of-province workers are a vulnerable group with respect to risk of longer work disability duration. Workers' compensation systems, employers and healthcare providers may need to tailor specific interventions for these types of workers, particularly those employed in resource economy-dependent regions that are far from their regions of residence

***Provost S, MacPhee M, Daniels MA, Naimi M, and McLeod C. A realist review of violence prevention education in healthcare. Healthcare. 2021; 9(3):339.**

<https://doi.org/10.3390/healthcare9030339> [open access]

Abstract: Violence from patients and visitors towards healthcare workers is an international concern affecting the safety and health of workers, quality of care, and healthcare system sustainability. Although the predominant intervention has been violence prevention (VP) education for healthcare workers, evaluating its effectiveness is challenging due to underreporting of violence and the inherent complexity of both violence and the health care environment. This review utilized a theory-driven, realist approach to synthesize and analyze a wide range of academic and grey literature to identify explanations of how and why VP education makes a difference in preventing violence and associated physical and psychological injury to workers. The review confirmed the importance of positioning VP education as part of a VP strategy, and consideration of the contexts that influence successful application of VP knowledge and skills. Synthesis and analysis of patterns of evidence across 64 documents resulted in 11 realist explanations of VP education effectiveness. Examples include education specific to clinical settings, unit-level modeling and mentoring support, and support of peers and supervisors during violent incidents. This review informs practical program and policy decisions to enhance VP education effectiveness in healthcare settings

***Quinn TD, Yorio PL, Smith PM, Seo Y, Whitfield GP, and Gibbs BB. Occupational physical activity and cardiovascular disease in**



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the United States. Occupational & Environmental Medicine. 2021; [epub ahead of print].

<https://doi.org/10.1136/oemed-2020-106948>

Abstract: Background Emerging evidence, predominately from European and Asian countries, describes opposing effects of occupational physical activity (OPA) and leisure-time physical activity (LTPA) on cardiovascular health. This analysis examined cardiovascular disease (CVD) prevalence associated with OPA and LTPA. Methods This cross-sectional analysis of 2015 National Health Interview Survey data (n=16 974) employed logistic regression to estimate odds (OR) of self-reported CVD (coronary heart disease, heart attack, stroke or angina) with self-reported total occupational activity (TOA), occupational exertion (OE), occupational standing and walking (OSW) and LTPA. OPA was measured using two questions: 'How often does your job involve...' (1) 'repeated lifting, pushing, pulling or bending?' (OE) and (2) 'standing or walking around?' (OSW) with responses on a 5-item Likert scale (0=never, 4=always). TOA was categorised similarly after summing OE and OSW scores. LTPA was defined as 0, 1-149 or ≥150 min/week of moderate-to-vigorous activity. All models adjusted for common socioeconomic variables and additional analyses were stratified by sex, smoking status and LTPA. Results Odds for CVD were higher when 'always' performing TOA (OR 1.99 95% CI 1.12 to 3.53), OE (OR 2.15, 95% CI 1.45 to 3.19) or OSW (OR 1.84, 95% CI 1.07 to 3.17) compared with 'never'. When restricting to never-smokers, odds for CVD were higher when 'always' performing TOA (OR 3.00, 95% CI 1.38 to 6.51) and OE (OR 3.00, 95% CI 1.80 to 5.02) versus 'never'. Conclusion Associations of high OPA with CVD were equally apparent across sexes, stronger in lower LTPA levels and stronger in never-smokers. While uncontrolled confounding is still possible, even after extensive adjustment, the seemingly paradoxical adverse associations with OPA and CVD should be investigated further.

Abrams R, Park S, Wong G, Rastogi J, Boylan AM, Tierney S, et al. Lost in reviews: looking for the involvement of stakeholders, patients, public and other non-researcher contributors in realist reviews. Research Synthesis Methods. 2021; 12(2):239-247.

<https://doi.org/10.1002/jrsm.1459>

Abstract: The involvement of non-researcher contributors (eg,



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stakeholders, patients and the public, decision and policy makers, experts, lay contributors) has taken a variety of forms within evidence syntheses. Realist reviews are a form of evidence synthesis that involves non-researcher contributors yet this practice has received little attention. In particular, the role of patient and public involvement (PPI) has not been clearly documented. This review of reviews describes the ways in which contributor involvement, including PPI, is documented within healthcare realist reviews published over the last five years. A total of 448 papers published between 2014 and 2019 were screened, yielding 71 full-text papers included in this review. Statements about contributor involvement were synthesized across each review using framework analysis. Three themes are described in this article including nomenclature, nature of involvement, and reporting impact. Papers indicate that contributor involvement in realist reviews refers to stakeholders, experts, or advisory groups (ie, professionals, clinicians, or academics). Patients and the public are occasionally subsumed into these groups and in doing so, the nature and impact of their involvement become challenging to identify and at times, is lost completely. Our review findings indicate a need for the realist review community to develop guidance to support researchers in their future collaboration with contributors, including patients and the public

Ahmed I and Faheem A. How effectively safety incentives work? A randomized experimental investigation. *Safety and Health at Work*. 2021; 12(1):20-27.

<https://doi.org/10.1016/j.shaw.2020.08.001> [open access]

Abstract: BACKGROUND: Incentive and penalty (I/P) programs are commonly used to increase employees' safety outcomes, but its influence on employees' safety outcomes is under-investigated. Moreover, under developed economies lack safety culture and there is dearth of literature focusing on empirical studies over there [1]. Based on these gaps, this study attempts to see the impact of I/P programs on safety outcomes in a developing country. METHODS: The study was carried out in three stages, where Stage I revealed that selected 45 organizations were deficit of safety culture and practices, while only three firms were found good at safety practices. At Stage II, these three firms were divided in two clusters (groups), and were probed further at Stage III. At this stage group, one was



manipulated by providing incentives (experimental group) and employees' responses in terms of safety motivation and performance were noticed. RESULTS: It was observed that the experimental group's safety motivation and performance had improved (both for immediate and 1-month later performance). The results were further probed at Phase 3 (after 3 months), where it was found that the benefits of I/P programs were not long lasting and started replenishing. CONCLUSION: Findings of the study helped researchers conclude that safety incentives have only short-term influence on safety outcomes, while a long-term and permanent solution should be found

Bashir R, Dunn AG, and Surian D. A rule-based approach for automatically extracting data from systematic reviews and their updates to model the risk of conclusion change. Research Synthesis Methods. 2021; 12(2):216-225.

<https://doi.org/10.1002/jrsm.1473>

Abstract: Few data-driven approaches are available to estimate the risk of conclusion change in systematic review updates. We developed a rule-based approach to automatically extract information from reviews and updates to be used as features for modelling conclusion change risk. Rules were developed to extract relevant information from published Cochrane reviews and used to construct four features: the number of included trials and participants in the reviews, a measure based on the number of participants, and the time elapsed between the search dates. We compared the performance of random forest, decision tree, and logistic regression to predict the conclusion change risk. The performance was measured by accuracy, precision, recall, F(1) -score, and area under ROC (AU-ROC). One rule was developed to extract the conclusion change information (96% accuracy, 100 reviews), one for the search date (100% accuracy, 100 reviews), one for the number of included clinical trials (100% accuracy, 100 reviews), and 22 for the number of participants (97.3% accuracy, 200 reviews). For unseen reviews, the random forest classifier showed the highest accuracy (80.8%) and AU-ROC (0.80). All classifiers showed relatively similar performance with overlapping 95% confidence interval (CI). The coverage score was shown to be the most useful feature for predicting the conclusion change risk. Features mined from Cochrane reviews and updates can



estimate conclusion change risk. If data from more published reviews and updates were made accessible, data-driven methods to predict the conclusion change risk may be a feasible way to support decisions about updating reviews

Beland D, Dinan S, Rocco P, and Waddan A. Social policy responses to COVID-19 in Canada and the United States: explaining policy variations between two liberal welfare state regimes. *Social Policy & Administration*. 2021; 55(2):280-294. <https://doi.org/10.1111/spol.12656> [open access]

Abstract: Abstract Canada and the United States are often grouped together as liberal welfare-state regimes, with broadly similar levels of social spending. Yet, as the COVID-19 pandemic reveals, the two countries engage in highly divergent approaches to social policymaking during a massive public health emergency. Drawing on evidence from the first 5 months of the pandemic, this article compares social policy measures taken by the United States and Canadian governments in response to COVID-19. In general, we show that Canadian responses were both more rapid and comprehensive than those of the United States. This variation, we argue, can be explained by analysing the divergent political institutions, pre-existing policy legacies, and variations in cross-partisan consensus, which have all shaped national decision-making in the middle of the crisis

Berkovic D, Briggs AM, Ayton D, Parker C, and Ackerman I. Arthritis-related work outcomes experienced by younger to middle-aged adults: a systematic review. *Occupational & Environmental Medicine*. 2021; 78(4):225-236.

<https://doi.org/10.1136/oemed-2020-106640>

Abstract: OBJECTIVE: The aim of this review was to systematically identify, appraise and synthesise evidence on work-related outcomes experienced by younger to middle-aged adults (aged 16-50 years) with arthritis. METHODS: Eligible studies were identified in Medline, PsycINFO, Embase and CINAHL in January 2020. Quantitative and qualitative studies containing self-reported data on work-related outcomes on younger/middle-aged adults with arthritis were included. Quality assessment was undertaken using validated quality appraisal tools from the Joanna Briggs Institute. RESULTS: Thirty-four studies



were identified for inclusion. Work outcomes were organised around five themes: (1) arthritis-related work productivity outcomes, (2) arthritis-related work participation outcomes, (3) other arthritis-related workplace outcomes, (4) barriers to work participation associated with arthritis and (5) enablers to work participation associated with arthritis. Arthritis was associated with work limitations on the Workplace Activity Limitations Scale (average scores ranging from 5.9 (indicating moderate workplace difficulty) to 9.8 (considerable workplace difficulty)), and higher work disability prevalence rates (range: 6%-80%) relative to healthy populations. Arthritis was not associated with decreased absenteeism on the Work Productivity and Activity Impairment Questionnaire (mean (SD) 7.9% (14.0%)), indicating low levels of absenteeism, similar to healthy populations. As work outcomes were commonly binary, person-centred (qualitative) perspectives on barriers and enablers augmented the quantitative findings. **CONCLUSION:** Arthritis is commonly associated with poorer work outcomes for younger/middle-aged adults relative to healthy populations. Additional research focusing solely on the workplace needs of younger/middle-aged population groups is required to inform tailored interventions and workplace support initiatives to maximise productive working years

Davison C, Cotrim TP, and Goncalves S. Ergonomic assessment of musculoskeletal risk among a sample of Portuguese emergency medical technicians. International Journal of Industrial Ergonomics. 2021; 82:103077.

<https://doi.org/10.1016/j.ergon.2020.103077>

Gross DP, Rachor GS, Yamamoto SS, Dick BD, Brown C, Senthilselvan A, et al. Characteristics and prognostic factors for return to work in public safety personnel with work-related posttraumatic stress injury undergoing rehabilitation. Journal of Occupational Rehabilitation. 2021; [epub ahead of print].

<https://doi.org/10.1007/s10926-021-09963-w>

Abstract: Public safety personnel (PSP) are at risk of developing posttraumatic stress injury (PTSI) due to exposure to traumatic experiences and accidents. Rehabilitation programs are available, but their success varies. We studied: (1) characteristics of PSP undergoing PTSI rehabilitation in comparison to non-PSP workers;



and (2) predictive value of various factors for return to work. Methods A population-based cohort study was conducted using data on injured workers undergoing PTSl rehabilitation. Of the 488 workers included, 131 were PSP. Outcome measures were: (1) return to pre-accident work at rehabilitation discharge; (2) days receiving wage replacement benefits in the year following rehabilitation. Results PSP were mainly employed (90.8%), male (59.5%), paramedics/ambulance workers (58.0%); a minority (43.5%) returned to pre-accident work after rehabilitation. Compared to non-PSP workers, PSP were more likely to initially be diagnosed with psychological injuries (94.7% versus 59.4%, $p < 0.001$) rather than musculoskeletal injuries. Return to pre-accident work was predicted by shorter injury duration, having a primary mental health diagnosis, working at time of admission, and not having symptoms requiring treatment in a complex rehabilitation program. PSPs were slower to experience full recovery in the year after rehabilitation. Factors predicting fewer benefit days included not having a secondary psychological injury, being employed, and working at time of admission. Conclusions Most PSP did not return to work in full after PTSl rehabilitation. Outcomes are likely to improve by starting treatment earlier and maintaining connections with the workplace

Huot S, Elliott P, and Fells L. Navigating intersecting forms of oppression in the search for employment. OTJR: Occupation, Participation and Health. 2021; 41(2):132-139.

<https://doi.org/10.1177/1539449220960062>

Abstract: Opportunities for refugees to engage in occupations within host countries can be constrained by factors such as governmental policies or language barriers (Smith). Female refugees with physical disabilities may experience compounding barriers to participation related to their identity markers. The main aim of this study is to understand the experiences of female refugees with physical disabilities in seeking, preparing for, and obtaining employment. This study used an instrumental case study using semistructured interviews with five primary participants and four caregivers. Thematic analysis (Clarke & Braun) identified five key barriers to securing employment: (a) stigma and discrimination, (b) restrictive traditional labor market, (c) inaccessible and inadequate housing, (d) lack of cohesion and information across services, and (e) English language



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predominance. Findings highlight complex challenges experienced by the women who faced intersecting systems of oppression and can enable occupational therapists to address barriers associated with occupational injustice by improving services to better meet their needs

Intayoung U, Wunnapuk K, Kohsuwan K, Sapbamrer R, and Khacha-Ananda S. Effect of occupational exposure to herbicides on oxidative stress in sprayers. *Safety and Health at Work*. 2021; 12(1):127-132.

<https://doi.org/10.1016/j.shaw.2020.09.011> [open access]

Abstract: Background: Herbicides such as glyphosate, paraquat, and 2,4-dichlorophenoxyacetic acid have been reported to cause adverse side effects through production of reactive oxygen species. However, there were no data representing the adverse effects of a mixture herbicide usage in farmers, especially the changes in oxidative marker and antioxidant defense. This study aimed to determine the urinary malondialdehyde (MDA) and glutathione (GSH) level in farmers using mixed herbicides. Methods: Ninety-three farmers were recruited, and two spot urine samples (before and after work) were collected. The urinary MDA level was evaluated by thiobarbituric acid reactive substance assay, and the urinary GSH level was determined using the enzymatic recycling method. Results: Sixty-two percent of the participants were men, and 59% of the participants worked in a farm for 20-40 years. The common combinations of herbicide usage were glyphosate with 2,4-dichlorophenoxyacetic acid (36.5%). There was no significant difference between pre- and post-work urinary MDA and GSH levels among the 3 groups of herbicides. However, the urinary MDA levels in farmers using the combination of glyphosate and paraquat were significantly higher than those found in farmers using glyphosate alone. The associated factors with changes in MDA levels found that the exposure intensity index ($B = 0.154$), the cumulative exposure intensity index ($B = 0.023$), and wearing gloves while working ($B = -2.347$) were found to be significantly associated with MDA level. Conclusion: The results suggest that the combined use of glyphosate and paraquat caused a significant increase in urinary MDA levels. Moreover, intensity of exposure to herbicide and wearing gloves were associated with the level of MDA.



Lan FY, Suharlim C, Kales SN, and Yang J. Association between SARS-CoV-2 infection, exposure risk and mental health among a cohort of essential retail workers in the USA. Occupational & Environmental Medicine. 2021; 78(4):237-243.

<https://doi.org/10.1136/oemed-2020-106774> [open access]

Abstract: OBJECTIVES: To investigate SARS-CoV-2 (the virus causing COVID-19) infection and exposure risks among grocery retail workers, and to investigate their mental health state during the pandemic. METHODS: This cross-sectional study was conducted in May 2020 in a single grocery retail store in Massachusetts, USA. We assessed workers' personal/occupational history and perception of COVID-19 by questionnaire. The health outcomes were measured by nasopharyngeal SARS-CoV-2 reverse transcriptase PCR (RT-PCR) results, General Anxiety Disorder-7 (GAD-7) and Patient Health Questionnaire-9 (PHQ-9). RESULTS: Among 104 workers tested, 21 (20%) had positive viral assays. Seventy-six per cent positive cases were asymptomatic. Employees with direct customer exposure had an odds of 5.1 (95% CI 1.1 to 24.8) being tested positive for SARS-CoV-2 after adjustments. As to mental health, the prevalence of anxiety and depression (ie, GAD-7 score >4 or PHQ-9 score >4) was 24% and 8%, respectively. After adjusting for potential confounders, those able to practice social distancing consistently at work had odds of 0.3 (95% CI 0.1 to 0.9) and 0.2 (95% CI 0.03 to 0.99) screening positive for anxiety and depression, respectively. Workers commuting by foot, bike or private cars were less likely to screen positive for depression (OR 0.1, 95% CI 0.02 to 0.7). CONCLUSIONS: In this single store sample, we found a considerable asymptomatic SARS-CoV-2 infection rate among grocery workers. Employees with direct customer exposure were five times more likely to test positive for SARS-CoV-2. Those able to practice social distancing consistently at work had significantly lower risk of anxiety or depression

Mathur MB and VanderWeele TJ. Estimating publication bias in meta-analyses of peer-reviewed studies: a meta-meta-analysis across disciplines and journal tiers. Research Synthesis Methods. 2021; 12(2):176-191.

<https://doi.org/10.1002/jrsm.1464> [open access]

Abstract: Selective publication and reporting in individual papers compromise the scientific record, but are meta-analyses as



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compromised as their constituent studies? We systematically sampled 63 meta-analyses (each comprising at least 40 studies) in PLoS One, top medical journals, top psychology journals, and Metalab, an online, open-data database of developmental psychology meta-analyses. We empirically estimated publication bias in each, including only the peer-reviewed studies. Across all meta-analyses, we estimated that "statistically significant" results in the expected direction were only 1.17 times more likely to be published than "nonsignificant" results or those in the unexpected direction (95% CI: [0.93, 1.47]), with a confidence interval substantially overlapping the null. Comparable estimates were 0.83 for meta-analyses in PLoS One, 1.02 for top medical journals, 1.54 for top psychology journals, and 4.70 for Metalab. The severity of publication bias did differ across individual meta-analyses; in a small minority (10%; 95% CI: [2%, 21%]), publication bias appeared to favor "significant" results in the expected direction by more than threefold. We estimated that for 89% of meta-analyses, the amount of publication bias that would be required to attenuate the point estimate to the null exceeded the amount of publication bias estimated to be actually present in the vast majority of meta-analyses from the relevant scientific discipline (exceeding the 95th percentile of publication bias). Study-level measures ("statistical significance" with a point estimate in the expected direction and point estimate size) did not indicate more publication bias in higher-tier versus lower-tier journals, nor in the earliest studies published on a topic versus later studies. Overall, we conclude that the mere act of performing a meta-analysis with a large number of studies (at least 40) and that includes non-headline results may largely mitigate publication bias in meta-analyses, suggesting optimism about the validity of meta-analytic results

Page MJ, Sterne JAC, Higgins JPT, and Egger M. Investigating and dealing with publication bias and other reporting biases in meta-analyses of health research: a review. Research Synthesis Methods. 2021; 12(2):248-259.

<https://doi.org/10.1002/jrsm.1468>

Abstract: A P value, or the magnitude or direction of results can influence decisions about whether, when, and how research findings are disseminated. Regardless of whether an entire study or a particular study result is unavailable because investigators



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considered the results to be unfavorable, bias in a meta-analysis may occur when available results differ systematically from missing results. In this article, we summarize the empirical evidence for various reporting biases that lead to study results being unavailable for inclusion in systematic reviews, with a focus on health research. These biases include publication bias and selective nonreporting bias. We describe processes that systematic reviewers can use to minimize the risk of bias due to missing results in meta-analyses of health research, such as comprehensive searches and prospective approaches to meta-analysis. We also outline methods that have been designed for assessing risk of bias due to missing results in meta-analyses of health research, including using tools to assess selective nonreporting of results, ascertaining qualitative signals that suggest not all studies were identified, and generating funnel plots to identify small-study effects, one cause of which is reporting bias.

HIGHLIGHTS: Bias in a meta-analysis may occur when available results differ systematically from missing results. Several different tools, plots, and statistical methods have been designed for assessing risk of bias due to missing results in meta-analyses. These include comparison of prespecified analysis plans with completed reports to detect selective nonreporting of results, consideration of qualitative signals that suggest not all studies were identified, and the use of funnel plots to identify small-study effects, for which reporting bias is one of several causes. Information from approaches such as funnel plots and selection models is more difficult to interpret than from less subjective approaches such as detection of incompletely reported results in studies for which prespecified analysis plans were available

Peng CY, Hsieh HM, Li MY, Liaw LJ, Wang CL, Pan CH, et al. Gender differences and site-specific incident risks of musculoskeletal disorders among 224 506 workers in the food and beverage service industry in Taiwan: a 15-year Nationwide Population-Based Cohort Study. Journal of Occupational Health. 2021; 63(1):e12214.

<https://doi.org/10.1002/1348-9585.12214> [open access]

Abstract: Objectives: Occupational characteristics in the food and beverage service industry (FBSI) have been found to be associated with musculoskeletal disorders (MSDs). This study aimed to examine



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gender and site-specific incident risks of MSDs among FBSI workers in Taiwan using a national population-based database. Methods: We conducted a 15-year population-based cohort study among 224 506 FBSI workers in Taiwan using data from five large nationwide databases to estimate direct standardized incidence ratios (SIRs) for identifying specific MSDs related to overexertion and repetitiveness during work. Overall, MSDs risks were also investigated by gender, sub-industrial categories, and certificate types. Results: We found SIRs for overall MSDs for male and female workers of 1.706 (95% CI, 1.688-1.724) and 2.198 (95% CI, 2.177-2.219), respectively. Our findings indicate significantly increased WMSD risk for both men and women, including median/ulnar nerve disorders (ICD-9 354.0-354.2); spondylosis and allied disorders (ICD-9 721); intervertebral disc disorders (ICD-9 722); disorders of the back (ICD-9 724); peripheral enthesopathies and allied syndromes (ICD-9 726); synovium, tendon, and bursa disorders (ICD-9 727); and soft tissues of the peripheral system disorders (ICD-9 729). Food stall workers and workers with Chinese cuisine or baking licenses were at higher risk among sub-industrial categories and certificate types. Conclusion: This large-scale study revealed that FBSI workers were at higher risk for several MSDs than the general population. This information could help prioritize MSD problems and identify a high-risk population. Relevant policy and ergonomic improvements and interventions could be implemented for health promotion in this industry.

Sandal A and Yildiz AN. COVID-19 as a recognized work-related disease: the current situation worldwide. Safety and Health at Work. 2021; 12(1):136-138.

<https://doi.org/10.1016/j.shaw.2021.01.001> [open access]

Abstract: Coronavirus disease 2019 (COVID-19), which is a newly emerging infectious disease worldwide, can be categorized as an occupational disease, because employees, particularly in the healthcare system, can be infected at the workplace. As of December 15, 2020, we summarized the occupational safety and health practices in selected countries on the recognition of COVID-19 as one of the occupational risks. The situation has differed among countries, including the recognition status and whether a specific regulation existed. International organizations, namely the International Labour Organization, World Health Organization, and



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European Union, should plan and conduct studies on the work-relatedness of COVID-19, propose criteria for recognition, and add the infection to the occupational disease list to provide a basis for specific country regulations. Stakeholders should also act to adjust country-level legislation

Thomas F and Morgan B. Evidence-based job retention interventions for people with disabilities: a narrative literature review. Journal of Vocational Rehabilitation. 2021; 54(2):89-101. <https://doi.org/10.3233/JVR-201122>

***IWH Authored publications.**



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