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

***Furlan AD and Irvin E. Conducting a systematic review and meta-analysis in rehabilitation. *American Journal of Physical Medicine and Rehabilitation*. 2021; [epub ahead of print].**

<https://doi.org/10.1097/PHM.0000000000001933>

Abstract: Systematic reviews (SRs) are reviews of the literature using a step-by-step approach in a systematic way. Meta-analyses (MAs) are SRs that employ statistical methods to combine the included studies to generate an effect estimate. In this paper, we summarize 10 steps for conducting SRs and MAs in the field of rehabilitation medicine: protocol, review team and funding, objectives and research question, literature search, study selection, risk of bias, data extraction, data analysis, reporting of results and conclusions, and publication and dissemination. There are currently 64,958 trials that contain the word "rehabilitation" in CENTRAL (the database of clinical trials in the Cochrane Library), and only 1,246 reviews and 237 protocols. There is an urgent need for rehabilitation physicians to engage and conduct systematic reviews and meta-analysis of a variety of rehabilitation interventions. Systematic reviews have become the foundation of clinical practice guidelines, health technology assessments, formulary inclusion decisions and to guide funding additional research in that area

***Kokorelias KM, Cronin SM, Munce SEP, Eftekhar P, McGilton KS, Vellani S, Colella TJF, Kontos P, Grigorovich A, Furlan A, et al. Conceptualization of frailty in rehabilitation interventions with adults: a scoping review. *Disability and Rehabilitation*. 2021; [epub ahead of print].**

<https://doi.org/10.1080/09638288.2021.2012844>

Abstract: Purpose: We aimed to synthesize the literature that considered frailty in the evaluation of rehabilitation interventions for adults (aged ≥18) by answering: (1) how is frailty defined in rehabilitation intervention research?; (2) how is frailty operationalized in rehabilitation intervention research?; (3) what are the characteristics of rehabilitation interventions for frail adults and what frailty related outcomes are assessed? Materials and methods: A scoping review was conducted. Data were analyzed using descriptive statistics and qualitative content analysis. Results: 53 articles met the inclusion criteria. Most studies were conducted in Europe and involved randomized control trials. The included studies reported on rehabilitation interventions that only included individuals aged 50 or older. Thirteen studies used Fried's definition of frailty, but most (n = 27) did not use any definition. Many studies did not differentiate between the conceptualization (e.g., definition) and operationalization (e.g., use of inclusion/exclusion criteria, outcome measures) of frailty. Most interventions focused on exercise. Instrumental activities of daily living reported most frequently as outcomes (n = 11). Conclusions: There is an absence of consistent definitions of frailty in rehabilitation interventions and current definitions tend to focus on physical functioning. The authors suggest rehabilitation researchers consider an expanded definition of frailty informed by the International Classification of Functioning, Disability and Health framework. **IMPLICATIONS FOR REHABILITATION** Rehabilitation professionals should use an expanded definition of frailty, informed by the International Classification of Functioning, Disability and Health framework, should include physical, mental, personal, environmental, and social factors to decrease, delay, or prevent frailty in adults. Rehabilitation professionals should consider a broader operationalization of frailty that is not dependent on age and physical functioning. Rehabilitation professionals that consider a broader conceptualization of frailty should tailor interventions to the specific needs of frail adults.

***Nadalin V, Mustard C, and Smith PM. The impact of adverse employment and working conditions on the risk of workplace injury in Canada. Safety and Health at Work. 2021; 12(4):471-478.**

<https://doi.org/10.1016/j.shaw.2021.07.002> [open access]

Abstract: BACKGROUND: Employment standards (ES) include having a regular payday, regular breaks, the right to paid sick or vacation time, and paid wages. Inadequate ES contribute to the labour market vulnerability of workers; however, they are not typically considered to be risk factors for workplace injury. In a sample of Canadian workers, we examine the risk of injury associated with inadequate ES, independent of, and combined with inadequate workplace protections from workplace hazards. METHODS: Data from 2,803 adults working 15 hours or more/week in workplaces with at least five employees were analysed. We explored associations between exposure to workplace hazards with inadequate protections [termed occupational health and safety (OHS) vulnerability] and inadequate ES on workplace injury (physical or mental injury; injury requiring time off). Additive interaction models were used to examine the independent and combined effects of these exposures. RESULTS:

Occupational health and safety vulnerability and inadequate ES were independently associated with increased injury outcomes. Adjusted models showed an additive relationship for all injury outcomes between OHS vulnerability and inadequate ES. Statistically significant superadditive relationships were observed for physical injury risk with policy and procedure vulnerability plus inadequate ES [synergy index (S) 1.50, 95% CI: 1.13-2.00] and for overall OHS vulnerability plus inadequate ES (S 1.53, 95% CI: 1.16-2.02), suggesting a combined effect greater than independent effects. CONCLUSION: Occupational health and safety vulnerability and inadequate ES are independently associated with workplace injury. For certain injury outcomes, the combined effect of OHS vulnerability and inadequate ES is greater than the independent effects of each individual exposure

Angelini A and Silvestri S. Asbestos removal acceleration for new jobs and fossil fuel use reduction for public health and climate readiness: a contribution to the revival of the Italian economy post-COVID-19. *New Solutions*. 2022; 31(4):434-440.

<https://doi.org/10.1177/10482911211052694>

Abstract: The Italian economy has been battered by the SARS-CoV-2/COVID-19 pandemic. European Union and Italian government economic recovery funds will provide special economic recovery loans aimed toward energy saving and the consequent reduction of greenhouse gas emissions (GHG) to meet the Paris Agreement climate goals. In Italy, millions of square meters of asbestos cement (AC) roofing cover industrial and civic buildings. Removal of this asbestos containing material (ACM) would contribute to three pandemic and economic recovery objectives: job creation, reduction of greenhouse gasses (thru energy savings), and public health improvements. Though asbestos was used for its excellent thermal insulation properties, we provide calculations that demonstrate that the cement binding in AC roofing negates the asbestos insulation function. Therefore, replacing AC roofing with roofs made with alternative materials with better thermal transmission coefficients can contribute significantly to energy savings, reduce the risk of asbestos-related morbidity and mortality, and establish substantial economic activity

Assuncao A, Moniz-Pereira V, Fujao C, Bernardes S, Veloso AP, and Carnide F. Predictive factors of short-term related musculoskeletal pain in the automotive industry.

***International Journal of Environmental Research and Public Health*. 2021; 18(24):13062.**

<https://doi.org/10.3390/ijerph182413062> [open access]

Abstract: To determine the short-term associations between biomechanical risk factors and musculoskeletal symptoms in the upper limbs and low back in an automotive company, a longitudinal study with a follow-up of 4 days was conducted in a sample of 228 workers of the assembly and paint areas. Data were analyzed using generalized estimating equations, calculating the crude and adjusted model for age, sex, seniority, and intensity of pain at baseline. The interactions found were the same for both models. Workers were divided in low-risk and high-risk group for posture, force, exposure, percentage of cycle time with the arm at/above shoulder level, and with the trunk flexed or/and strongly flexed. The predictive

factors showed by time \times group effect were found between pain intensity on the left shoulder for posture ($\beta = 0.221$, $p < 0.001$), percentage of time with the trunk flexed ($\beta = 0.136$, $p = 0.030$) and overall exposure ($\beta = 0.140$, $p = 0.013$). A time \times group interactions were observed, namely between neck pain and posture ($\beta = 0.218$, $p = 0.005$) and right wrist and force ($\beta = 0.107$, $p = 0.044$). Workers in the high-risk group were more prone to report unfavorable effects on their self-reported musculoskeletal pain, across a workweek when exposed to specific risk factor, being posture important to neck, right wrist and left shoulder pain.

Bratsberg B, Røgeberg O, and Skirbekk V. Technology-induced job loss risk, disability and all-cause mortality in Norway. *Occupational and Environmental Medicine*. 2022; 79(1):32-37.

<https://doi.org/10.1136/oemed-2021-107598> [open access]

Abstract: BACKGROUND: Ongoing shifts in economic structure from automation and globalisation can affect employment and mortality, yet these relations are not well described. OBJECTIVE: We assess whether long-term employment and health outcomes relate systematically to structural change in the labour market, using the occupational Routine Task Intensity (RTI) score as indicator of exposure to risks of outsourcing and technology-induced job loss. METHODS: Using a cohort design and administrative data with national population coverage, we categorise all Norwegian employees in 2003 by the RTI score of their occupation and examine how this score correlates with employment and health outcomes measured in 2018 and 2019. The study sample counts 416 003 men and 376 413 women aged 33–52 in 2003. RESULTS: The occupational RTI score at baseline is robustly associated with long-term employment, disability and mortality outcomes. Raw correlations are reduced after adjustment for potential confounders, but associations remain substantial in models controlling for individual covariates and in sibling comparisons. Working in an occupation with RTI score 1 SD above the mean in 2003 is associated with a raised probability of being deceased in 2019 of 0.24 percentage points (95% CI: 0.18 to 0.30) for men and 0.13 percentage points (95% CI: 0.02 to 0.24) for women, corresponding to raised mortality rates of 6.7% and 5.5%. CONCLUSIONS: Individuals in occupations characterised by high routine intensity are less likely to remain employed in the long term, and have higher rates of disability and mortality

Davidson SRE, Kamper SJ, Haskins R, Robson E, Gleadhill C, da Silva PV, et al. Exercise interventions for low back pain are poorly reported: a systematic review. *Journal of Clinical Epidemiology*. 2021; 139:279-286.

<https://doi.org/10.1016/j.jclinepi.2021.05.020> [open access]

Abstract: OBJECTIVE: To assess the reporting quality of exercise interventions from clinical trials of low back pain (LBP). STUDY DESIGN AND SETTING: We conducted a systematic review to assess the reporting quality of randomised controlled trials (RCTs) that investigated the effectiveness of exercise interventions for patients with LBP. Five online databases and

Clinical Trial Registries were searched (October 2018). We included RCTs that reported interventions for LBP, containing at least 50% exercise. The Template for Intervention Description and Replication (TIDieR) and the Consensus on Exercise Reporting Template (CERT) reporting checklists were then used to assess quality of reporting. RESULTS: 582 trials were eligible for inclusion. Due to the large number of eligible studies, 100 studies were randomly selected for data extraction and coding with the TIDieR and CERT checklists. The random sample was representative of the 582 eligible trials. The overall completeness of reporting (median (IQR)) of TIDieR items was 59.2% (45.5%-72.7%) and CERT was 33.3% (22.2%-52.6%). CONCLUSIONS: We found poor overall reporting with both checklists, which has not improved over time or since the introduction of the checklists. More dedicated work is required to address poor reporting of exercise interventions in clinical trials

Golmohammadi R, Darvishi E, Shafiee MM, Faradmal J, Aliabadi M, and Rodrigues MA. Prediction of occupational exposure limits for noise-induced non-auditory effects. *Applied Ergonomics*. 2022; 99:103641.

<https://doi.org/10.1016/j.apergo.2021.103641>

Abstract: There is a recent trend to place more emphasis on noise non-auditory effects. Despite its implications on health, there is a lack of recommendations for noise in occupational settings. This study aimed to present occupational exposure limits for noise-induced non-auditory effects in healthy males using empirical exposure-response regression models based on the data of laboratory and field considering the effective variables. To this end, the equivalent noise level was measured and recorded in four working settings including closed offices, open-plan offices, control rooms, and industrial workplaces during a normal working day. They were 65, 68, 73, and 80dB(A), respectively. In the laboratory, 31 healthy males were exposed to five noise conditions (four noisy conditions and one quiet) during 8 h and they were asked to perform the cognitive tests. In the field phase, 124 healthy males were also examined from four working settings in their workstations for 8 h. The psychophysiological parameters of the participants were recorded in both lab and field. The results indicated variations in mental responses at levels above 55dBA, and psychophysiological variations at levels above 70dB(A) in both phases. The findings also showed that the developed regression models could plausibly predict the noise-induced psychophysiological responses during exposure to noise levels; thus, they can be presented the likely exposure limits. Based on the results of the models, the levels <55dB(A) are likelihood of the acoustic comfort limit, and the levels ranged from 55 to 65dB(A) are the acoustic safe limits. The acoustic caution limit is the likelihood of the levels ranged from 65 to 75dB(A). The levels ranged from 75 to 80dB(A) are likely the action levels or control limits, and the occupational exposure limit are the probability of levels > 80dB(A).

Goodbrand PT, Deng C, Turner N, Uggerslev KL, Gordon J, Martin K, et al. Exploring safety knowledge sharing among experienced and novice workers. *Journal of Safety Research*. 2021; 79:125-134.

<https://doi.org/10.1016/j.jsr.2021.08.013>

Abstract: INTRODUCTION: This paper investigates how members of a culinary and hospitality arts program generate, share, and learn safety knowledge via social and identity mechanisms. **METHOD:** We conducted semi-structured interviews with 20 participants of varying roles and experience (i.e., students, culinary instructors, and restaurant chefs) in the culinary and hospitality arts program at a large polytechnic in western Canada. **RESULTS:** The emergent themes from these interviews indicated that the circulation of safety knowledge relied on the interaction among individuals with various levels of experience, such that those who were more experienced in the culinary arts were able to share safety knowledge with novices, who had less experience. Comparing safety knowledge gleaned from within the school against that gleaned from within the industry highlighted differences between the construction of safety in the two contexts. Notably, many aspects of safety knowledge are not learned in school and those that are may not apply in the industry context. We found that safety knowledge was shared through informal means such as storytelling, a process that allowed members to come to a deep, collective understanding of what safety meant, which they often labeled "common sense." **CONCLUSION:** We found that safety knowledge was a currency through which participants achieved legitimacy, generated through continual practical accomplishment of the work in interaction with others. **Practical Applications:** Our findings provide novel insights into how safety knowledge is shared, and we discuss the implications of these findings for classroom, work-based learning, and other forms of curricula

Gray BJ, Kyle RG, Song J, and Davies AR. Characteristics of those most vulnerable to employment changes during the COVID-19 pandemic: a nationally representative cross-sectional study in Wales. *Journal of Epidemiology and Community Health*. 2022; 76(1):8-15.

<https://doi.org/10.1136/jech-2020-216030> [open access]

Abstract: **BACKGROUND:** The public health response to the SARS-CoV-2 (COVID-19) pandemic has had a detrimental impact on employment and there are concerns the impact may be greatest among the most vulnerable. We examined the characteristics of those who experienced changes in employment status during the early months of the pandemic. **METHODS:** Data were collected from a cross-sectional, nationally representative household survey of the working age population (18-64 years) in Wales in May/June 2020 (n=1379). We looked at changes in employment and being placed on furlough since February 2020 across demographics, contract type, job skill level, health status and household factors. X² or Fisher's exact test and multinomial logistic regression models examined associations between demographics, subgroups and employment outcomes. **RESULTS:** Of our respondents, 91.0% remained in the same job in May/June 2020 as they were in February 2020, 5.7% were now in a new job and 3.3% experienced unemployment. In addition, 24% of our respondents

reported being placed on furlough. Non-permanent contract types, individuals who reported low mental well-being and household financial difficulties were all significant factors in experiencing unemployment. Being placed on 'furlough' was more likely in younger (18-29 years) and older (60-64 years) workers, those in lower skilled jobs and from households with less financial security. CONCLUSION: A number of vulnerable population groups were observed to experience detrimental employment outcomes during the initial stage of the COVID-19 pandemic. Targeted support is needed to mitigate against both the direct impacts on employment, and indirect impacts on financial insecurity and health

Kreshpaj B, Bodin T, Wegman DH, Matilla-Santander N, Burstrom B, Kjellberg K, et al. Under-reporting of non-fatal occupational injuries among precarious and non-precarious workers in Sweden. Occupational and Environmental Medicine. 2022; 79(1):3-9.

<https://doi.org/10.1136/oemed-2021-107856> [open access]

Abstract: Background: Under-reporting of occupational injuries (OIs) among precariously employed workers in Sweden challenges effective surveillance of OIs and targeted preventive measures. Objective: To estimate the magnitude of under-reporting of OIs among precarious and non-precarious workers in Sweden in 2013. Methods: Capture-recapture methods were applied using the national OIs register and records from a labour market insurance company. Employed workers 18-65 resident in Sweden in 2013 were included in the study (n=82 949 OIs). Precarious employment was operationalised using the national labour market register, while injury severity was constructed from the National Patient Register. Under-reporting estimates were computed stratifying by OIs severity and by sociodemographic characteristics, occupations and precarious employment. Results: Under-reporting of OIs followed a dose-response pattern according to the levels of precariousness (the higher the precarious level, the higher the under-reporting) being for the precarious group (22.6%, 95% CI 21.3% to 23.8%), followed by the borderline precarious (17.6%, 95% CI 17.1% to 18.2%) and lastly the non-precarious (15.0%, 95% CI 14.7% to 15.3%). Under-reporting of OIs, decreased as the injury severity increased and was higher with highest level of precariousness in all groups of severity. We also observed higher under-reporting estimates among all occupations in the precarious and borderline precarious groups as compared with the non-precarious ones. Conclusions: This is the first register-based study to empirically demonstrate in Sweden that under-reporting of OIs is 50% higher among precariously employed workers. OIs under-reporting may represent unrecognised injuries that especially burden precariously employed workers as financial, health and social consequences shift from the employer to the employee.

Martell J and Guidotti TL. Trading one risk for another: consequences of the unauthenticated treatment and prevention of silicosis in Ontario miners in the mcintyre powder aluminum inhalation program. New Solutions. 2022; 31(4):422-433.

<https://doi.org/10.1177/10482911211037007> [open access]

Abstract: From 1943 to 1979, miners and factory workers in more than two hundred work

sites globally were subjected to mandatory medical treatments by their employers as an unproven, and ultimately ineffective, treatment to prevent the lung disease silicosis. The treatments involved inhaling finely ground aluminum dust known as McIntyre Powder, blown into miners' change rooms each shift using compressed air systems. Tens of thousands of industrial laborers were exposed to McIntyre Powder, yet their story is scarcely known, and the possible health impacts of their aluminum treatments were rarely studied. This paper integrates the history of the aluminum prophylaxis program and its control by the northern Ontario mining industry with the lived experience of one of the affected miners, whose daughter created a voluntary registry which documents health issues in exposed miners, and stimulated research that found a link to her father's Parkinson disease

Nowak K and Lukomska B. The impact of shift work on the well-being and subjective levels of alertness and sleepiness in firefighters and rescue service workers. *International Journal of Occupational Safety and Ergonomics*. 2021; 27(4):1056-1063.

<https://doi.org/10.1080/10803548.2021.1933320>

Abstract: Shift work can be associated with health and sleep problems, which may lead to cognitive impairment. This study investigated the effects of shift work on sleep, health behaviours and cognitive functions of Polish rescue service workers. We tested 18 paramedics working 12-h shifts, 15 firefighters working 24-h shifts and 17 daytime workers. We measured general sleepiness, workload during shifts and the occurrence of health behaviours. Additionally, we measured attention, executive function and subjective alertness. Paramedics showed lower average sleep duration and quality, and fewer health behaviours than firefighters and the control group. However, no differences were found in performance on cognitive tests between the groups and between the measures. The results indicate that the differences in job specificity may contribute to the effects of shift work on the sleep and health of the workers

Pauwels S, Boets I, Polli A, Mylle G, De Raeve H, and Godderis L. Return to work after long COVID: evidence at 8th March 2021. Report no: ER003 (2021). Health and Safety Executive:2021.

<https://www.som.org.uk/return-work-after-long-covid-evidence-review>

Staples JA, Erdelyi S, Moe J, Khan M, Chan H, and Brubacher JR. Prescription opioid use among drivers in British Columbia, 1997-2016. *Injury Prevention*. 2021; 27(6):527-534.

<https://doi.org/10.1136/injuryprev-2020-043989>

Abstract: BACKGROUND: Opioids increase the risk of traffic crash by limiting coordination, slowing reflexes, impairing concentration and producing drowsiness. The epidemiology of prescription opioid use among drivers remains uncertain. We aimed to examine population-based trends and geographical variation in drivers' prescription opioid consumption. METHODS: We linked 20 years of province-wide driving records to comprehensive population-based prescription data for all drivers in British Columbia (Canada). We calculated

age- and sex-standardised rates of prescription opioid consumption. We assessed temporal trends using segmented linear regression and examined regional variation in prescription opioid use using maps and graphical techniques. RESULTS: A total of 46 million opioid prescriptions were filled by 3.0 million licensed drivers between 1997 and 2016. In 2016 alone, 14.7% of all drivers filled at least one opioid prescription. Prescription opioid use increased from 238 morphine milligram equivalents per driver year (MMEs/DY) in 1997 to a peak of 834 MMEs/DY in 2011. Increases in MMEs/DY were greatest for higher potency and long-acting prescription opioids. The interquartile range of prescription opioid dispensation by geographical region increased from 97 (Q1=220, Q3=317) to 416 (Q1=591, Q3=1007) MMEs/DY over the study interval. IMPLICATIONS: Patterns of prescription opioid consumption among drivers demonstrate substantial temporal and geographical variation, suggesting they may be modified by clinical and policy interventions. Interventions to curtail use of potentially impairing prescription medications might prevent impaired driving

Sun F, Zhou Y, Dong L, and Qin H. Relationship between the use and type of eye protection and work-related corneal and conjunctival foreign body injuries. *Injury Prevention*. 2021; 27(6):521-526.

<https://doi.org/10.1136/injuryprev-2020-043958>

Abstract: OBJECTIVE: This study was designed to reveal the relationship between the use and type of eye protection and the occurrence of work-related corneal and conjunctival foreign body injuries. METHODS: This is a retrospective cohort study of patients with work-related corneal and/or conjunctival foreign body injuries between 1 August 2017 and 31 July 2018. They were all diagnosed and treated at Jia Ding Hospital affiliated to the Shanghai University of Medicine and Health Sciences in Shanghai, China. All patients received a comprehensive eye examination and a face-to-face interview using a structured questionnaire by ophthalmologists. RESULTS: A total of 426 consecutive patients were included in the study. The majority of work-related eye injuries occurred in men (94.17%). Summer was the season that had the highest incidence of eye injuries, especially in July and August (38.03%). There were 290 patients (68.08%) that were injured more than once. The ratio of eye protection use to non-protection was 1:7 at the first time of eye injury. The ratio improved to 1:3 on subsequent injury. A majority of employers (79.11%) provided eye protection to employees. However, 19.95% of the workers were injured despite wearing a pair of protective spectacles. The causes of work-related eye injury were as follows: no eye protections provided (20.89%); unawareness of work safety (30.99%); defect of spectacles (47.18%). CONCLUSIONS: Protection use at work effectively prevents work-related eye injuries. Both employers and employees require improved awareness of workplace hazards and personal protection. Eye protection should be selected appropriately according to the work environment

Turjeman A, Poran I, Daitch V, Tau N, Ayalon-Dangur I, Nashashibi J, et al. Inadequate reporting of participants eligible for randomized controlled trials: a systematic review and meta-analysis. *Journal of Clinical Epidemiology*. 2021; 140:125-134.

<https://doi.org/10.1016/j.jclinepi.2021.09.006>

Abstract: OBJECTIVE: to characterize randomized controlled trials (RCTs) that did not report the overall number of participants assessed for eligibility and to identify factors associated with higher enrollment rates. STUDY DESIGN AND SETTING: Systematic review and meta-analysis of RCTs in several pre-defined fields in internal medicine. We randomly extracted 360 articles that were published in 2017. Trials that reported numbers of assessed for eligibility patients were compared with those who did not. Recruitment rates were calculated in order to investigate whether they were associated with trial characteristics. RESULTS: A total of 360 RCTs were included. Only 2-thirds of the trials (242/360) reported the number of patients assessed for eligibility. Trials reporting eligibility data had better methodology, reported on the tested hypothesis, included a placebo arm, evaluated soft outcomes, published their findings in higher impact journals and recruited a higher number of randomized patients than those who did not. Recruitment rates in 225 (62.5%) trials enabling their calculation, were significantly higher in trials sponsored by industry, conducted in multiple centers and countries, including inpatients, tested non-inferiority hypothesis, included a placebo arm, and evaluated surrogate outcomes. CONCLUSIONS: Reporting of participant eligibility continues to be scarce. Inadequate reporting was associated with poor methodological characteristics in trials

Williams Veazey L, Broom A, Kenny K, Degeling C, Hor S, Broom J, et al. Entanglements of affect, space, and evidence in pandemic healthcare: an analysis of Australian healthcare workers' experiences of COVID-19. *Health and Place*. 2021; 72:102693.

<https://doi.org/10.1016/j.healthplace.2021.102693>

Abstract: The COVID-19 pandemic continues to highlight both global interconnectedness and schisms across place, context and peoples. While countries such as Australia have securitised their borders in response to the global spread of disease, flows of information and collective affect continue to permeate these boundaries. Drawing on interviews with Australian healthcare workers, we examine how their experiences of the pandemic are shaped by affect and evidence 'traveling' across time and space. Our analysis points to the limitations of global health crisis responses that focus solely on material risk and spatial separation. Institutional responses must, we suggest, also consider the affective and discursive dimensions of health-related risk environments

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