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

***Fuller A, Siddiqi A, Shahidi FV, Anderson LN, Hildebrand V, Keown-Stoneman CDG, et al. Understanding income-related differences in distribution of child growth, behaviour and development using a cross-sectional sample of a clinical cohort study. *BMJ Open*. 2022; 12(2):e056991.**

<https://doi.org/10.1136/bmjopen-2021-056991> [open access]

Abstract: Objectives: Children from low-income households are at an increased risk of social, behavioural and physical health problems. Prior studies have generally relied on dichotomous outcome measures. However, inequities may exist along the range of outcome distribution. Our objective was to examine differences in distribution of three child health outcomes by income categories (high vs low): body mass index (BMI), behaviour difficulties and development. Design and setting: This was a cross-sectional study using data from a primary care-based research network with sites in three Canadian cities, and 15 practices enrolling participants. Participants, independent variable and outcomes: The independent variable was annual household income, dichotomised at the median income for Toronto (<\$C80 000 or = \$C80 000). Outcomes were: (1) growth (BMI z-score (zBMI) at 5 years, 1628 participants); (2) behaviour (Strengths and Difficulties Questionnaire (SDQ) at 3-5 years, 649 participants); (3) development (Infant Toddler Checklist (ITC) at 18 months, 1405 participants). We used distributional decomposition to compare distributions of these outcomes for each income group, and then to construct a counterfactual distribution that describes the hypothetical distribution of the low-income group with the predictor profile of the higher-income group. Results: We included data from 1628 (zBMI), 649 (SDQ) and 1405 (ITC) children. Children with

lower family income had a higher risk distribution for all outcomes. For all outcomes, the counterfactual distribution, which represented the distribution of children with lower-income who were assigned the predictor profile of the higher-income group, was more favourable than their observed distributions. Conclusion: Comparing the distributions of child health outcomes and understanding different risk profiles for children from higher-income and lower-income groups can offer a deeper understanding of inequities in child health outcomes. These methods may offer an approach that can be implemented in larger datasets to inform future interventions.

***Sharpe K, Afshar T, St-Hilaire F, and McLeod C. Return-to-work after work-related injury in the construction sector: a scoping review. Journal of Occupational Rehabilitation. 2022; [epub ahead of print].**

<https://doi.org/10.1007/s10926-022-10028-9>

Abstract: Purpose Construction remains one of the most hazardous and disabling industries worldwide. This scoping review was completed to identify barriers and facilitators related to return-to-work (RTW) after work injury in the construction industry and gaps in the literature. **Methods** We searched ten databases from 1990 to 2020 for academic and grey literature. Two independent reviewers screened citations for inclusion. One team member charted the data and a second team member reviewed the coding. Articles were included if they identified any barriers or facilitators to RTW in the construction industry. The findings were synthesized into overarching themes. **Results** Our search identified 6706 articles for screening, with 22 articles included in the final sample. Three articles used qualitative methods, while the remaining articles were quantitative. The majority of articles were from North America and published in academic journals. Overall, findings are organized under seven main themes: worker sociodemographic characteristics; injury characteristics; worker motivation; workplace goodwill; modified work and disability management; work disability systems; and access to healthcare. Some barriers and facilitators are more relevant to the construction industry compared with the general working population. **Conclusions:** The findings suggest that accommodations are possible for this industry but barriers still exist in identifying suitable work. More research is needed to investigate the role of union involvement, work disability management systems, gender, and organizational characteristics, such as multiple worksites, in relation to RTW in the construction industry

Anderson O, McLennan V, and Randall C. Treatment and provider choice in worker injury rehabilitation: a systematic literature review. Journal of Vocational Rehabilitation. 2022; 56(1):43-53.

<https://doi.org/10.3233/JVR-211171>

Canal-Rivero M, Armesto-Luque L, Rubio-Garcia A, Rodriguez-Menendez G, Garrido-Torres N, Capiton L, et al. Trauma and stressor-related disorders among health care workers during COVID-19 pandemic and the role of the gender: a prospective longitudinal survey. *Journal of Affective Disorders*. 2022; 302:110-122.

<https://doi.org/10.1016/j.jad.2022.01.021> [open access]

Abstract: INTRODUCTION: Health-care Workers (HCW) are facing a critical situation caused by Coronavirus Disease 2019 (COVID-19) which could impact on their mental health status. In addition, HCW women have been identified as a group at high-risk of developing psychological distress, although no previous longitudinal studies have explored this issue in a sample of HCW. AIMS: The main aim of the study was to observe the temporal pattern of the stress reactions among HCW as well as to explore its potential predictors of poor outcome. Moreover, we analyzed possible gender differences in stress reaction responses. METHODS: One thousand for hundred and thirty-two HCW responded an online survey including sociodemographic, clinical, and psychometric tests in May 2020 while 251 HCW answered in November 2020. Bivariate and multivariate analyses as well as repeated measures analyses were used to achieve the aims of the study. RESULTS: The proportion of HCW who fulfilled Acute Stress Disorder criteria did not change over the follow-up period, although we observed a significant improvement in stress reactions responses among HCW. Proximal factors were the most salient predictors of traumatic reactions. Repeated analyses revealed significant gender differences in acute stress reactions. In addition, women showed significantly greater improvement than men in re-experiencing the traumatic event and hyperarousal dimensions. CONCLUSIONS: Monitoring of working conditions as well as emotional reactions in HCW facing major disasters should be carried out to prevent the development of peritraumatic stress reactions. In addition, HCW women are characterized by a different pattern of progression in stress responses

Carlesso LC, Tousignant-Laflamme Y, Shaw W, Lariviere C, and Choiniere M. Exploring pain phenotypes in workers with chronic low back pain: application of IMMPACT recommendations. *Canadian Journal of Pain*. 2021; 5(1):43-55.

<https://doi.org/10.1080/24740527.2020.1870103> [open access]

Abstract: Background: Chronic low back pain (CLBP) is a major cause of disability globally. Stratified care has been proposed as a means to improve prognosis and treatment but is generally based on limited aspects of pain, including biopsychosocial drivers. Aims: Following Initiative on Methods, Measurement, and Pain Assessment in Clinical Trials (IMMPACT) recommendations, the present study explored pain phenotypes with a sample of workers with CLBP, a population for which no pain phenotypes have been derived to date. Methods: A cross-sectional design was used with a sample of 154 workers with CLBP attending a rehabilitation clinic, recruited in person and from social media. Latent class analysis was used to identify subgroups of patients with different pain profiles based on ten pain indicators (pain variability, pain intensity, pain quality, somatization, sleep quality, depression, fatigue, pain catastrophizing, neuropathic pain, and central sensitization). Results: The majority of the

sample (85%) were recruited through social media. Both the two-class and three-class solutions were found to be satisfactory in distinguishing phenotypes of workers with CLBP. Three variables proved particularly important in distinguishing between the pain phenotypes- pain quality, fatigue, and central sensitization-with higher scores on these indicators associated with pain phenotypes with higher pain burden. Increased chronic pain self-efficacy, work-related support, and perceived work abilities were protective risk factors for being in a higher pain burden class. Conclusions: The present study is the first to explore IMMPACT recommendations for pain phenotyping with workers with CLBP. Future prospective research will be needed to validate the proposed pain phenotypes

Dennerlein JT, Cavallari JM, Kim JHJ, and Green NH. The effects of a new seat suspension system on whole body vibration exposure and driver low back pain and disability: results from a randomized controlled trial in truck drivers. *Applied Ergonomics*. 2022; 98:103588. <https://doi.org/10.1016/j.apergo.2021.103588>

Abstract: Through a randomized controlled trial, we evaluated the effects of an electro-magnetic active seat suspension that reduces exposure of a long-haul truck driver to whole body vibration (WBV) on low back pain (LBP) and disability. Among 276 drivers recruited from six trucking terminals of a major US trucking company, 135 eligible drivers were assigned to either having an Active Seat (Intervention: n = 70) - the BoseRide® electro-magnetic active seat - or Passive Seat (reference: n = 65) - a new version of their current seat (passive air suspension seat) - installed in their truck via block (terminal) randomization. Low back pain (LBP) severity, on a 0-10 scale and the Oswestry LBP Disability Index were collected before and 3-, 6-, 12-, 18-, and 24-months post seat installation. LBP severity and LBP disability scores were significantly lower post seat installation in both groups. At 3 months, LBP severity decreased -1.4 [95% CI: -2.1 to -0.7; n = 46] for drivers in the Active Seat arm, and -1.5 [95% CI: -2.3 to -0.8; n = 41] for drivers in the Passive Seat arm. In a subset of drivers, WBV exposures were collected before and after the seat installation. WBV exposures significantly decreased post seat installation for Active Seat ($p < 0.01$) but not for Passive Seat ($p = 0.15$). While the new seat-suspension technology reduced WBV exposures, LBP appeared to be improved by multiple factors. These results were limited by the secondary prevention approach and the longer-term loss to follow up due to large rates of driver turnover typical for the industry.

Friedenberg R, Kalichman L, Ezra D, Wacht O, and Alperovitch-Najenson D. Work-related musculoskeletal disorders and injuries among emergency medical technicians and paramedics: a comprehensive narrative review. *Archives of Environmental & Occupational Health*. 2022; 77(1):9-17. <https://doi.org/10.1080/19338244.2020.1832038>

Abstract: The aim of this article was to review the current knowledge relating to work-related musculoskeletal disorders (WRMDs) and non-fatal injuries in emergency medical technicians and paramedics (EMTs-Ps). A literature search was conducted in PubMed, Google Scholar,

and Clinical Key. The annual prevalence of back pain ranged from 30% to 66%, and back injuries and contusions from 4% to 43%. Falls, slips, trips, and overexertion while lifting or carrying patients or instruments ranged from 10% to 56%, with overexertion being the most common injury. Risk factors were predominantly lifting, working in awkward postures, loading patients into the ambulance, and cardiopulmonary resuscitation procedures. Lack of job satisfaction and social support was associated with WRMDs and injuries. EMTs-Ps had the highest rate of worker compensation claim rates compared to other healthcare professionals. Positive ergonomic intervention results included electrically powered stretchers, backboard wheeler, descent control system, and the transfer sling

Herttua K, Ahrenfeldt LJ, and Paljarvi T. Risk of major chronic diseases in transport, rescue and security industries: a longitudinal register-based study. Occupational and Environmental Medicine. 2022; 79(3):162-168.

<https://doi.org/10.1136/oemed-2021-107764>

Abstract: Objective: To investigate the risk of hospitalisation for major chronic diseases across representative transport, rescue and security industries. Methods: We performed a register-based study of 624 571 workers from six industries in Denmark between 2000 and 2005, followed up hospitalisation for chronic diseases up to 17 years, and compared with a 20% random sample of the economically active population. Results: HR from the Cox regression models showed that seafarers had higher risk of lung cancer (men: 1.54, 95% CI 1.31 to 1.81; women: 1.63, 95% CI 1.13 to 2.36), and male seafarers had higher risk of diabetes (1.32, 95% CI 1.21 to 1.43) and oral cancer (1.51, 95% CI 1.21 to 1.88). Men and women in land transport had increased risk of diabetes (men: 1.68, 95% CI 1.63 to 1.73; women 1.55, 95% CI 1.40 to 1.71) and chronic respiratory disease (men: 1.21, 95% CI 1.16 to 1.25; women 1.42, 95% CI 1.32 to 1.53). Among women, a higher risk of gastrointestinal cancer was observed in aviation (1.53, 95% CI 1.23 to 1.89) and police force (1.29, 95% CI 1.01 to 1.65), oral cancer in defence forces (1.83, 95% CI 1.20 to 2.79), and chronic respiratory disease in rescue service (1.47, 95% CI 1.21 to 1.77), while men in defence forces, police force and rescue service had mainly lower risk of these chronic diseases. Conclusions: We observed considerable health disparities from chronic diseases across transport, rescue and security industries, with workers in seafaring and land transport generally bearing the greatest relative burden.

Huang CY and Liu YC. Influence of need for cognition and psychological safety climate on information elaboration and team creativity. European Journal of Work and Organizational Psychology. 2022; 31(1):102-116.

<https://doi.org/10.1080/1359432X.2021.1932815>

Jacobsen PA, Andersen MP, Gislason G, Phelps M, Butt JH, Kober L, et al. Return to work after COVID-19 infection: a Danish nationwide registry study. *Public Health*. 2022; 203:116-122.

<https://doi.org/10.1016/j.puhe.2021.12.012> [open access]

Abstract: OBJECTIVES: This study aimed to explore return to work after COVID-19 and how disease severity affects this. STUDY DESIGN: This is a Nationwide Danish registry-based cohort study using a retrospective follow-up design. METHODS: Patients with a first-time positive SARS-CoV-2 polymerase chain reaction test between 1 January 2020 and 30 May 2020, including 18-64 years old, 30-day survivors, and available to the workforce at the time of the first positive test were included. Admission types (i.e. no admission, admission to non-intensive care unit [ICU] department and admission to ICU) and return to work was investigated using Cox regression standardised to the age, sex, comorbidity and education-level distribution of all included subjects with estimates at 3 months from positive test displayed. RESULTS: Among the 7466 patients included in the study, 81.9% (6119/7466) and 98.4% (7344/7466) returned to work within 4 weeks and 6 months, respectively, with 1.5% (109/7466) not returning. Of the patients admitted, 72.1% (627/870) and 92.6% (805/870) returned 1 month and 6 months after admission to the hospital, with 6.6% (58/870) not returning within 6 months. Of patients admitted to the ICU, 36% (9/25) did not return within 6 months. Patients with an admission had a lower chance of return to work 3 months from positive test (relative risk [RR] 0.95, 95% confidence interval [CI] 0.94-0.96), with the lowest chance in patients admitted to an ICU department (RR 0.54, 95% CI 0.35-0.72). Female sex, older age, and comorbidity were associated with a lower chance of returning to work. CONCLUSION: Hospitalised patients with COVID-19 infection have a lower chance of returning to work with potential implications for postinfection follow-up and rehabilitation

Jansen J, Boot CRL, Alma MA, and Brouwer S. Exploring employer perspectives on their supportive role in accommodating workers with disabilities to promote sustainable RTW: a qualitative study. *Journal of Occupational Rehabilitation*. 2022; 32(1):1-12.

<https://doi.org/10.1007/s10926-021-10019-2>

Abstract: PURPOSE: Employers play an important role in facilitating sustainable return to work (RTW) by workers with disabilities. The aim of this qualitative study was to explore how employers who were successful in retaining workers with disabilities at work fulfilled their supportive role, and which facilitators were essential to support these workers throughout the RTW process. METHODS: We conducted a semi-structured interview study among 27 employers who had experience in retaining workers with disabilities within their organization. We explored the different phases of RTW, from the onset of sick leave until the period, after 2-years of sick-leave, and when they can apply for disability benefit. We analyzed data by means of thematic analysis. RESULTS: We identified three types of employer support: (1) instrumental (offering work accommodations), (2) emotional (encouragement, empathy, understanding) and (3) informational (providing information, setting boundaries). We identified three facilitators of employer support (at organizational and supervisor levels):

(1) good collaboration, including (in)formal contact and (in)formal networks; (2) employer characteristics, including supportive organizational culture and leadership skills; and (3) worker characteristics, including flexibility and self-control. CONCLUSIONS: Employers described three different possible types of support for the worker with disabilities: instrumental, emotional, and informational. The type and intensity of employer support varies during the different phases, which is a finding that should be further investigated. Good collaboration and flexibility of both employer and worker were reported as facilitators of optimal supervisor/worker interaction during the RTW process, which may show that sick-listed workers and their supervisors have a joint responsibility for the RTW process. More insight is needed on how this supervisor/worker interaction develops during the RTW process

Leger KA, Lee S, Chandler KD, and Almeida DM. Effects of a workplace intervention on daily stressor reactivity. *Journal of Occupational Health Psychology*. 2022; 27(1):152-163.

<https://doi.org/10.1037/ocp0000297>

Abstract: Heightened affective and physical reactions to daily stressful events predict poor long-term physical and mental health outcomes. It is unknown, however, if an experimental manipulation designed to increase interpersonal resources at work can reduce associations between daily stressors and physical and affective well-being. The present study tests the effects of a workplace intervention designed to increase supervisor support for family and personal life and schedule control on employees' affective and physical reactivity to daily stressors in different domains (i.e., work, home, interpersonal, and noninterpersonal stressors). Participants were 102 employed parents with adolescent children from an information technology (IT) division of a large U.S. firm who participated in the Work, Family, and Health Study. Participants provided 8-day daily diary data at baseline and again at a 12-month follow-up after the implementation of a workplace intervention. Multilevel models revealed that the intervention significantly reduced employees' negative affect reactivity to work stressors and noninterpersonal stressors, compared to the usual practice condition. Negative reactivity did not decrease for nonwork or interpersonal stressors. The intervention also did not significantly reduce positive affect reactivity or physical symptom reactivity to any stressor type. Results demonstrate that making positive changes in work environments, including increasing supervisor support and flexible scheduling, may promote employee health and well-being through better affective responses to common daily stressors at work. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Lin SL. Generalized anxiety disorder during COVID-19 in Canada: gender-specific association of COVID-19 misinformation exposure, precarious employment, and health behavior change. *Journal of Affective Disorders*. 2022; 302:280-292.

<https://doi.org/10.1016/j.jad.2022.01.100> [open access]

Abstract: Background: Growing evidence has demonstrated the mental health sequelae of the COVID-19 pandemic. Few studies have examined how pandemic-related stressors and resilience factors of anxiety affect women and men differently in Canada. Methods:

Population-based data from the Canadian Perspective Survey Series (CPSS-4: July 20 to 26, 2020) were analyzed to examine the relationship between Generalized Anxiety Disorder-7 scale (GAD-7) with COVID-19 misinformation exposure, precarious employment, and health behavior changes, after adjusting for socio-demographic variables. Stratified by gender, two multinomial logistic regression were conducted to calculate the likelihood of having minimal-mild anxiety (1= GAD score <10) and moderate-severe anxiety (GAD score =10), compared to no anxiety symptoms (GAD=0). Results: Overall, respondents (n = 3,779) were mainly Canadian-born (76.3%), aged >25 years (85.4%) and high school graduate (87.9%). The population prevalence of moderate-severe GAD was 13.6%, with women significantly higher than men (17.2% vs. 9.9%, $p < 0.001$). For women (n = 2,016), GAD was associated with being absent from work due to COVID-19 reasons (OR=3.52, 99% CI:1.12-11.04), younger age (ORs range from 2.19 to 11.01, p 's<0.01), being single/widowed (OR=2.26, 99% CI 1.18-4.33), no past-week contacts outside household (OR=2.81, 99% CI:1.24-6.37), no outdoor exercise (OR=1.86, 99% CI:1.13-3.07). For men (n = 1,753), GAD was associated with frequent fake news exposure (dose-response relations: ORs range from 3.14 to 6.55, p 's<0.01), increased time of watching TV (OR=2.62, 99% CI: 1.31 - 5.27), no indoor exercise (OR=1.91, 99% CI:1.07-3.42). For both genders, GAD was associated with increased intake of alcohol, cannabis, and junk/sweet food (p 's<0.01). Limitations: Cross-sectional data prohibits causal inferences; self-reporting biases of GAD symptoms requires confirmation with diagnostic records. Conclusion: The gendered impact of the COVID-19 pandemic was observed in the associations between clinically significant anxiety with COVID-19 misinformation exposure, job precarity, and addictive behaviors in Canada. Mental health interventions need to be gender responsive and should tackle upstream social determinants of health in this public health emergency.

Motreff Y, Pirard P, Vuillermoz C, Rabet G, Petitclerc M, Stene LE, et al. Mental health care utilization by first responders after Paris attacks. *Occupational Medicine*. 2022; 72(2):81-90. <https://doi.org/10.1093/occmed/kqab150> [open access]

Abstract: BACKGROUND: First responders (FRs) are frequently exposed to potentially traumatic events, including terror attacks, and may consequently be at risk of developing mental health disorders. Prior research suggests that FRs with mental health disorders often do not receive appropriate treatment. More knowledge is needed about their use of mental health care (MHC). AIMS: This study aimed to identify factors associated with receiving immediate support, post-immediate support and engagement in MHC among FRs of the November 2015 terror attacks in Paris. METHODS: A web-based study was conducted 8-12 months after the attacks on 663 FRs who were mobilized during the night and/or the aftermath of the attacks. Logistic regression was performed to analyse factors associated with MHC. RESULTS: Overall, 44 FRs sought MHC. Among FRs with post-traumatic stress disorder (PTSD), partial PTSD or depression (n = 60), 38% sought MHC (n = 23). Post-immediate support was associated with immediate support, and both were associated with knowing someone who could help regarding the potential psychological risks following a traumatic event. MHC engagement was associated with a history of MHC, post-immediate

support and the presence of PTSD, partial PTSD or depression. CONCLUSIONS: Among FRs with PTSD, partial PTSD or depression, few sought MHC. Improved access to MHC for FRs after terror attacks is essential. Knowing someone who could help regarding potential psychological risks may facilitate immediate and/or post-immediate support. Furthermore, post-immediate support could encourage engagement in MHC. Efforts should be made before and after potentially traumatic events to ensure mental health education for FR

Pleban D, Radosz J, Kryst L, and Surgiewicz J. Assessment of working conditions in medical facilities due to noise. *International Journal of Occupational Safety & Ergonomics*. 2021; 27(4):1199-1206.

<https://doi.org/10.1080/10803548.2021.1987692>

Abstract: Factors related to the working environment (e.g. inadequate lighting, excessive noise, poor condition of premises) contribute to neglect in the work of medical personnel, while also causing health effects in their body. This article presents the results of the assessment of working conditions in workplaces at selected medical facilities in Poland. This assessment was based on survey results. The survey was conducted by means of a questionnaire among more than 300 physicians, nurses and diagnostic laboratory staff. The average grading of noise annoyance in workplaces on a scale from 0 to 10 was 2.77, and therefore noise was assessed as a slight inconvenience

Ravinskaya M, Verbeek JH, Langendam M, Daams JG, Hulshof CTJ, Madan I, et al. Extensive variability of work participation outcomes measured in randomized controlled trials: a systematic review. *Journal of Clinical Epidemiology*. 2022; 142:60-99.

<https://doi.org/10.1016/j.jclinepi.2021.10.013> [open access]

Abstract: OBJECTIVE: To investigate how work participation outcomes in randomized controlled trials are measured internationally and across disciplines. STUDY DESIGN AND SETTING: We identified trials that reported on work participation in Medline, Embase, PsycINFO and Cochrane Central published between 2014 and 2019. Screening, selection, and data extraction were done by two authors independently. We grouped outcomes into four categories ("employment status", "absence from work", "at-work productivity loss," and "employability") and created subcategories according to how the outcome was measured. RESULTS: From 10,022 database hits we selected 269 trials reporting on 435 work participation outcomes. Authors used inconsistent outcome terminology to describe the measured constructs. Grouped in four main categories we identified 70 outcomes that reported on "employment status", 196 on "absence from work" and return-to-work, 132 on "at-work productivity loss," and 37 on "employability" outcomes. Variability in measurement methods existed across all categories. Employment status and absenteeism measures consisted mostly of clinimetrically unvalidated tools. "At-work productivity loss" and "employability" were measured by at least 41 different questionnaires. CONCLUSION: Extensive variability exists among trials in the measurement of outcomes, measurement

methods and measurement instruments that focus on work participation. This study is a first step towards the development of a Core Outcome Set for work participation

Shaikh A, Mohapatra S, and Chandrasekaran B. "Occupational sitting kills; but who cares?": quantitative analysis of barriers and facilitators of sedentary behavior in Indian white-collar workers. *Archives of Environmental & Occupational Health*. 2022; 77(2):96-108.

<https://doi.org/10.1080/19338244.2020.1853018>

Abstract: The knowledge, attitude and practices of employees and employers toward reducing sedentary behavior (SB) and improving physical activity (PA) at Indian workplaces remain unclear. A bespoke questionnaire assessing barriers and facilitators of occupational SB and PA practices as informed by the theoretical framework and behavioral change wheel model was adapted. Two hundred and three white-collar workers (both employees and managers) from eight corporate sectors were inquired about the SB, and PA practices at workplaces. The dichotomous variables of barriers and facilitators were analyzed by nonparametric tests. Excessive sitters had good knowledge (>75%), good attitude (>85%) but poor workplace SB and PA practice (>90%). Workplace SB, or PA practices differed between employers and employees. Low practice of workplace PA or SB interventions may be due to lack of workplace policies for SB interventions

Sojourner A and Yang J. Effects of union certification on workplace-safety enforcement: regression-discontinuity evidence. *ILR Review*. 2020; 75(2):373-401.

<https://doi.org/10.1177/0019793920953089>

Somaraju AV, Griffin DJ, Olenick J, Chang CD, and Kozlowski SWJ. The dynamic nature of interpersonal conflict and psychological strain in extreme work settings. *Journal of Occupational Health Psychology*. 2022; 27(1):53-73.

<https://doi.org/10.1037/ocp0000290>

Abstract: Humanity will mount interplanetary exploration missions within the next two decades, supported by a growing workforce operating in isolated, confined, and extreme (ICE) conditions of space. How will future space workers fare in a closed social world while subjected to persistent stressors? Using a sample of 32 participants operating in ICE conditions over the course of 30-45 days, we developed and tested a dynamic model of conflict and strain. Drawing on conservation of resources (COR) theory, we investigated reciprocal relationships between different forms (i.e., task and relationship) of conflict, and between conflict and strain. Results demonstrated evidence for a resource threat feedback loop as current-day task conflict predicted next-day relationship conflict and current-day relationship conflict predicted next-day task conflict. Additionally, results indicated support for a resource loss feedback loop as current-day relationship conflict predicted next-day strain, and current-day strain predicted next-day relationship conflict. Moreover, we found that job conditions affected these associations as current-day relationship conflict was more associated with next-day task conflict when next-day workload was high, but not when next-

day workload was low. Similarly, current-day relationship conflict was more associated with next-day strain when next-day workload was high; however, this association decreased when next-day workload was low. Therefore, the results suggest that workload plays a critical role in weakening the effect of these spirals over time, and suggests that targeted interventions (e.g., recovery days) can help buffer against the negative impact of relationship conflict on strain and decrease the extent that relationship conflict spills over into task disputes. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Wainwright E, Bevan S, Blyth FM, Khalatbari-Soltani S, Sullivan MJL, Walker-Bone K, et al. Pain, work, and the workplace: a topical review. *Pain*. 2022; 163(3):408-414.
<https://doi.org/10.1097/j.pain.0000000000002413>

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