

ABOUT RESEARCH ALERT

Research Alert is a service provided to you by the Institute for Work & Health (IWH) to help you keep abreast of recent literature in the areas of occupational health and safety, epidemiology, public health and others within the IWH mandate. Please note that these articles have not been reviewed by Institute scientists to assess the quality of the studies. Research Alerts should not be considered an endorsement of the findings. Readers are cautioned not to act on the results of single studies, but rather to seek bodies of evidence. It should also be noted that the Institute for Work & Health cannot provide full-text of articles listed in Research Alerts to individuals outside of the organization, as this violates copyright legislation.

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

***Jones AM, Koehoorn M, Bultmann U, and McLeod CB. Pre-existing anxiety and depression disorders and return to work after musculoskeletal strain or sprain: a phased-based approach. *Journal of Occupational Rehabilitation*. 2022; [epub ahead of print].**

<https://doi.org/10.1007/s10926-022-10047-6>

Abstract: Purpose: To examine the impact of pre-existing anxiety and depression disorders on return to work (RTW) using a phase-based approach. Methods: Accepted lost-time workers' compensation claims for upper limb or spine strain or sprain from 2009 to 2013 were extracted for workers in the Canadian province of British Columbia (n = 78,186). Pre-existing anxiety and depression disorders were identified using health claims data. Probability of RTW following a first or second work lost-time episode was analyzed using Prentice, Williams and Peterson models for recurrent events (common hazards ratios (cHR)). Probability of a first lost-time recurrence was analyzed using Cox models (HR). All models included two years of follow up and were stratified by gender. Results: For men, anxiety alone (cHR = 0.90, 95% CI: 0.85 to 0.94) or comorbid with depression (cHR = 0.95, 95% CI: 0.92 to 0.99) was significantly associated with a lower probability of RTW, and comorbid anxiety and depression with a higher probability of recurrence (HR = 1.29, 95% CI: 1.13 to 1.48). In women, comorbid anxiety and depression was significantly associated with a lower probability of RTW (cHR = 0.96, 95% CI: 0.93 to 0.99) and a higher probability of recurrence (HR = 1.15, 95% CI: 1.04 to 1.28); and anxiety alone with a higher probability of recurrence (HR = 1.25, 95% CI: 1.09 to 1.43). There was little evidence that depression alone was associated with RTW or

recurrence. Conclusions: Workers with a pre-existing anxiety disorder may require additional supports both during lost-time and after initial RTW.

***Smith P, Oudyk J, Cedillo L, Inouye K, Potter G, and Mustard C. The psychosocial work environment among educators during the COVID-19 pandemic. Occupational Medicine. 2022; [epub ahead of print].**

<https://doi.org/10.1093/occmed/kqac050> [open access]

Abstract: BACKGROUND: The education sector has been heavily impacted by COVID-19. While the impact on school-aged children has received much attention, less attention has focused on the experiences of educators. AIMS: To compare various dimensions of the psychosocial work environment and health outcomes between educators engaged in online learning to those engaged in in-person learning in the Canadian province of Ontario. METHODS: Responses from 5438 educators engaged in either online or in-person learning were collected between 23 November and 21 December 2020; three months after the start of the 2020/21 academic year in September 2020. Psychosocial outcomes included quantitative demands, work pace, predictability, role conflicts, and social support from supervisors and co-workers; assessed using an abbreviated version of the Copenhagen Psychosocial Questionnaire. Secondary outcomes included burnout and sleep troubles. Ordinary Least-Squares regression models examined adjusted mean differences in the levels of outcomes for respondents in in-person versus online learning, after adjustment for a variety of covariates. RESULTS: Compared to respondents engaged in in-person learning, respondents engaged in online learning reported less predictability, higher role conflicts and less support from supervisors and co-workers. Statistically significant differences in work pace, burnout and sleep troubles were also observed across learning modes, although these differences did not exceed previously suggested thresholds for minimum important differences. CONCLUSIONS: Important differences in the psychosocial work environment were observed between respondents engaged in in-person learning versus online learning. Addressing these differences is required, given the potential continued importance of online learning within the context of the COVID-19 pandemic and beyond

Addanki S, Macedo L, MacDermid J, and Moll S. Becoming peer educators in workplace mental health: qualitative exploration of challenges and opportunities. Work. 2022; 72(1):157-169.

<https://doi.org/10.3233/WOR-205084>

Abstract: BACKGROUND: Peer-led workplace mental health training programs informed by the principles of contact-based education have shown promising results, but research evidence largely focuses on measuring outcomes for service recipients with little attention to the experiences of peer educators in delivering these interventions. OBJECTIVE: To gain in-depth knowledge about the opportunities and challenges experienced peer educators recruited to lead a mental health literacy training program for healthcare workers. METHODS: An interpretive description approach was used to explore the experiences of peer

educators in providing a structured two-day "Beyond Silence" workplace mental health training program. Peer educators were healthcare workers with personal mental health experience, who completed an additional leadership training. Semi-structured telephone interviews were conducted with seven peer educators. Data collection and analysis was concurrent and iterative, employing inductive analysis. RESULTS: Four overarching themes captured the key opportunities and challenges faced by peer educators: 1) the art and science of providing mental health literacy training, 2) power of personal stories, 3) competence as a journey or a destination and 4) the dual role of educator and advocate. CONCLUSIONS: Recommendations are provided for recruitment, training, and support for peer educators. Future research could focus on longitudinal evaluation of engagement and sustainability of peer educators in this role

Campanini MZ, Gonzalez AD, Andrade SM, Giroto E, Cabrera MAS, Guidoni CM, et al. Bidirectional associations between chronic low back pain and sleep quality: a cohort study with schoolteachers. *Physiology and Behavior*. 2022; [epub ahead of print]. <https://doi.org/10.1016/j.physbeh.2022.113880>

Abstract: Aims: Although both chronic low back pain (cLBP) and sleep problems are prevalent among active workers, the relation between these variables is not well established. This study aimed to examine the bidirectional association between cLBP and sleep in schoolteachers. Methods: The Pittsburgh Sleep Quality Index (PSQI) and cLBP were self-reported by 530 schoolteachers in Londrina, Brazil, at baseline and after 2 years of follow-up. Generalized estimating equations were adjusted for sociodemographic, lifestyle and mental health variables. Results: Poor sleep quality at baseline was associated with cLBP at follow-up after adjusting for sociodemographic and lifestyle variables (OR=1.61; 95% confidence interval [95% CI]=1.06, 2.47). Changes in the PSQI score over time were also associated with a higher likelihood of cLBP at follow-up (OR=1.13; 95% CI=1.07, 1.20 for each 1-point increase in the PSQI score), regardless of mental health condition. cLBP at baseline was associated with worse sleep quality at follow-up after adjusting for sociodemographic and lifestyle variables (OR=1.56; 95% CI=1.02, 2.37). The presence of cLBP also changed the PSQI score over time (β coefficient=1.153; 95% CI=0.493, 1.814). Conclusions: Worse sleep quality was prospectively and bidirectionally associated with cLBP. Concretely, changes in PSQI values after 2 years of follow-up increased the likelihood of reporting cLBP, and baseline cLBP was associated with sleep quality worsening (i.e., higher score in the PSQI). Mental health conditions such as self-rated health, depression and anxiety play a relevant confounding role in the bidirectional associations between sleep and chronic low back pain.

Demir B, Sahin SK, Atalay UM, Aslan E, Elboga G, and Altindag A. How did the psychological impact of COVID-19 change healthcare workers in times of fighting the pandemic? Work. 2022; 72(1):19-26.

<https://doi.org/10.3233/WOR-210896>

Abstract: Background: This study is the second leg of a two-leg project. In the first leg, the effect of the COVID-19 pandemic on healthcare workers (HCWs) was investigated in the period between the first case in Turkey and the arrival of the first case in the hospital. Objective: In this second leg, three months after the first evaluation, we aimed to investigate whether psychological effects of COVID-19 such as stress, anxiety, depression, and sleep quality have been changed on HCWs. Methods: This was a 3-month observational study. 169 hospital staff who participated in the first leg of the study were reached and asked to participate in the second leg evaluation in Gaziantep University Medical Faculty Hospital. 110 HCWs accepted to participate. Impact of Event Scale (EIS-R), Depression Anxiety Stress Scale (DASS-21), and Pittsburgh Sleep Quality Index (PSQI) were used to assess in both two legs. Paired Sample T-test was used for comparison of normally distributed variables. Wilcoxon test was used for the comparison of abnormally distributed variables. SPSS 22.0 software was used in the analysis of variables. Results: Of the HCWs with an average age of 33.9 ± 6.6 years, 59% (65) were males. There was no significant difference between the two legs in terms of IES-R, DASS-21, and PSQI scales. Conclusion: This study suggests that the psychological effects of the COVID-19 pandemic on HCWs started with the pandemic, before the arrival of the first case in the hospital. Also, these psychological effects continued similarly without significant change after the initiation of direct contact with COVID-19 patients and even after the increase in COVID-19 patients in a hospital which in they work.

Dyrborg J, Lipscomb HJ, Nielsen K, Torner M, Rasmussen K, Frydendall KB, et al. Safety interventions for the prevention of accidents at work: a systematic review. Campbell Systematic Reviews. 2022; 18(2):e1234.

<https://doi.org/10.1002/cl2.1234> [open access]

Abstract: Background Limited knowledge regarding the relative effectiveness of workplace accident prevention approaches creates barriers to informed decision-making by policy makers, public health practitioners, workplace, and worker advocates. Objectives The objective of this review was to assess the effectiveness of broad categories of safety interventions in preventing accidents at work. The review aims to compare effects of safety interventions to no intervention, usual activities, or alternative intervention, and if possible, to examine which constituent components of safety intervention programs contribute more strongly to preventing accidents at work in a given setting or context. Date Sources Studies were identified through electronic bibliographic searches, government policy databanks, and Internet search engines. The last search was carried out on July 9, 2015. Gray literature were identified by searching OSH ROM and Google. No language or date restrictions were applied. Searches done between February and July of 2015 included PubMed (1966), Embase (1980), CINAHL (1981), OSH ROM (NIOSTIC 1977, HSELINE 1977, CIS-DOC 1974), PsycINFO (1806),

EconLit (1969), Web of Science (1969), and ProQuest (1861); dates represent initial availability of each database. Websites of pertinent institutions (NIOSH, Perosh) were also searched. Study Eligibility Criteria, Participants, and Interventions Included studies had to focus on accidents at work, include an evaluation of a safety intervention, and have used injuries at work, or a relevant proxy, as an outcome measure. Experimental, quasi-experimental, and observational study designs were utilized, including randomized controlled trials (RCTs), controlled before and after (CBA) studies, and observational designs using serial measures (interrupted time series, retrospective cohort designs, and before and after studies using multiple measures). Interventions were classified by approach at the individual or group level, and broad categories based on the prevention approach including modification of: Attitudes (through information and persuasive campaign messaging). Behaviors (through training, incentives, goal setting, feedback/coaching). Physiological condition (by physical training). Climate/norms/culture (by coaching, feedback, modification of safety management/leadership). Structural conditions (including physical environment, engineering, legislation and enforcement, sectorial-level norms). When combined approaches were used, interventions were termed "multifaceted," and when an approach(es) is applied to more than one organizational level (e.g., individual, group, and/or organization), it is termed "across levels." Study Appraisal and Synthesis Methods Narrative report review captured industry (NACE), work setting, participant characteristics, theoretical basis for approach, intervention fidelity, research design, risk of bias, contextual detail, outcomes measures and results. Additional items were extracted for studies with serial measures including approaches to improve internal validity, assessments of reasonable statistical approaches (Effective Practice of Organization of Care [EPOC] criteria) and overall inference. Random-effects inverse variance weighted meta-analytic methods were used to synthesize odds ratios, rate ratios, or standardized mean differences for the outcomes for RCT and CBA studies with low or moderate levels of heterogeneity. For studies with greater heterogeneity and those using serial measures, we relied on narrative analyses to synthesize findings. Results In total 100 original studies were included for synthesis analysis, including 16 RCT study designs, 30 CBA study designs, and 54 studies using serial measures (ITS study designs). These studies represented 120 cases of safety interventions. The number of participants included 31,971,908 individuals in 59 safety interventions, 417,693 groups/firms in 35 safety interventions, and 15,505 injuries in 17 safety interventions. Out of the 59 safety interventions, two were evaluating national prevention measures, which alone accounted for 31,667,110 individuals. The remaining nine safety interventions used other types of measures, such as safety exposure, safety observations, gloves or claim rates. Strong evidence supports greater effects being achieved with safety interventions directed toward the group or organization level rather than individual behavior change. Engineering controls are more effective at reducing injuries than other approaches, particularly when engineered changes can be introduced without requiring "decision-to-use" by workplaces. Multifaceted approaches combining intervention elements on the organizational level, or across levels, provided moderate to strong effects, in particular when engineering controls were included.

Interventions based on firm epidemiologic evidence of causality and a strong conceptual approach were more effective. Effects that are more modest were observed (in short follow-up) for safety climate interventions, using techniques such as feedback or leadership training to improve safety communication. There was limited evidence for a strong effect at medium-term with more intense counseling approaches. Evidence supports regulation/legislation as contributing to the prevention of accidents at work, but with lower effect sizes. Enforcement appears to work more consistently, but with smaller effects. In general, the results were consistent with previous systematic reviews of specific types of safety interventions, although the effectiveness of economic incentives to prevent accidents at work was not consistent with our results, and effectiveness of physiological safety intervention was only consistent to some extent. Limitations Acute musculoskeletal injuries and injuries from more long-time workplace exposures were not always clearly distinguished in research reports. In some studies acute and chronic exposures were mixed, resulting in inevitable misclassification. Of note, the classification of these events also remains problematic in clinical medicine. It was not possible to conduct meta-analyses on all types of interventions (due to variability in approach, context, and participants). The findings presented for most intervention types are from limited sources, and assessment of publication bias was not possible. These issues are not surprising, given the breadth of the field of occupational safety. To incorporate studies using serial measures, which provide the only source of information for some safety interventions such as legislation, we took a systematic, grounded approach to their review. Rather than requiring more stringent, specific criteria for inclusion of ITS studies, we chose to assess how investigators justified their approach to design and analyses, based on the context in which they were working. We sought to identify measures taken to improve external validity of studies, reasonable statistical inference, as well as an overall appropriate inferential process. We found the process useful and enlightening. Given the new approach, we may have failed to extract points others may find relevant. Similarly, to facilitate the broad nature of this review, we used a novel categorization of safety interventions, which is likely to evolve with additional use. The broad scope of this review and the time and resources available did not allow for contacting authors of original papers or seeking translation of non-English manuscripts, resulting in a few cases where we did not have sufficient information that may have been possible to obtain from the authors. Conclusions and Implications of Key Findings Our synthesis of the relative effectiveness of workplace safety interventions is in accordance with the Public Health Hierarchy of Hazard Control. Specifically, more effective interventions eliminate risk at the source of the hazard through engineering solutions or the separation of workers from hazards; effects were greater when these control measures worked independently of worker "decision-to-use" at the worksite. Interventions based on firm epidemiological evidence of causality and clear theoretical bases for the intervention approach were more effective in preventing injuries. Less effective behavioral approaches were often directed at the prevention of all workplace injuries through a common pathway, such as introducing safety training, without explicitly addressing specific hazards. We caution that this does not mean that training does not play an essential

function in worker safety, but rather that it is not effective in the absence of other efforts. Due to the potential to reach large groups of workers through regulation and enforcement, these interventions with relatively modest effects, could have large population-based effects.

Igarashi Y, Tateishi S, Harada A, Hino A, Tsuji M, Ogami A, et al. Relationship between support for workers with illness and work functioning impairment in Japan during the COVID-19 pandemic. *Journal of Occupational & Environmental Medicine*. 2022; 64(5):e279-e283.

<https://doi.org/10.1097/JOM.0000000000002500>

Abstract: Objective: This study examined the relationship between job accommodations for workers with poor health and work functioning impairment during the COVID-19 pandemic. **Methods:** An internet survey was conducted in December 2020. We included 24,429 subjects for analysis. One question was used to determine whether subjects needed job accommodations from their company to continue working in their current health condition. The odds ratios (ORs) of the necessity of job accommodations for sick workers associated with work functioning impairment were estimated using multilevel logistic regression analysis. **Results:** The OR of work functioning impairment among sick workers not receiving job accommodations was 5.75 (95% confidence interval (CI): 5.34 to 6.20, $P < 0.001$) and those receiving job accommodations was 1.88 (95% CI: 1.69 to 2.08, $P < 0.001$) compared to healthy workers. **Conclusions:** This study suggests that providing job accommodations to workers with poor health may improve their work functioning impairment.

Macdonald W and Oakman J. The problem with "ergonomics injuries": what can ergonomists do? *Applied Ergonomics*. 2022; 103:103774.

<https://doi.org/10.1016/j.apergo.2022.103774> [open access]

Abstract: Effects of psychosocial hazards on risk of musculoskeletal disorders (MSDs) are often very substantial, but workplace risk management practices focus largely on biomechanical hazards, as do the risk assessment methods used by ergonomists. Translation of research evidence into more effective workplace practices demands a more holistic risk management framework that encompasses both types of hazard. In this context, we evaluate the validity of different MSD risk assessment methods for different purposes, focusing particularly on requirements for routine workplace risk management. These include choice of fit-for-purpose assessment methods, prioritisation of hazards that are most affecting risk, and control actions as high as possible in the risk control hierarchy. Ergonomists could facilitate more effective workplace risk management by promoting: awareness of the need for change; improvements to guidance from OHS regulators; research on MSD-related workplace management issues; and professional development programs on this topic for ergonomists and other OHS practitioners

Maphong R, Nakhonket K, and Sukhonthasab S. The effectiveness of two levels of active office interventions to reduce sedentary behavior in office workers: a mixed-method approach. Archives of Environmental & Occupational Health. 2022; 77(6):504-513.

<https://doi.org/10.1080/19338244.2021.1940074>

Abstract: Sedentary behavior (SB) rates are rising globally, especially during working hours. This research focused on the effectiveness of two levels of active office interventions to reduce SB in office workers. Participants were 78 nonacademic university employees divided into a control (CON) group and an intervention (INT) group. At the organizational level, it was found that the organizational health culture, the physical and social environment, and the organizational health behavior were dramatically changed. At the individual level, compared with the CON group, the INT group was significantly higher in the METs rate; light-intensity physical activity (LPA); and moderate-to-vigorous-intensity physical activity, and was lower in SB (CON, 397.30 ± 39.33 minutes vs. INT, 389.09 ± 37.59 minutes), all $p < .05$. The intervention was effective in changing health behavior related to SB of office workers in both organization and individual levels.

Mirzaian M, Sanderson W, Browning S, and Bunn T. Workers' compensation reported injuries among distillery industry workers, 2010-2019. American Journal of Industrial Medicine. 2022; 65(6):483-491.

<https://doi.org/10.1002/ajim.23350>

Abstract: BACKGROUND: The objective of this study was to identify the most frequent type, nature, and cause of work-related injuries among distillery workers and the contributing factors for these events to target interventions to reduce injuries. METHODS: Workers' compensation first reports of injury (FROI) from the years 2010 through 2019 were obtained. Variables were created for "occupational category and "cause of injury" for evaluation of the injurious events. The ratchet circular scan test was used to assess seasonal variation in injury, and kernel density estimation to assess rates of injury by calendar year. RESULTS: A total of 974 FROIs were recorded over these 10 years; 908 of the injuries resulted in lost time, 65 resulted in no lost time, and 1 resulted in a fatality. The most common injuries reported were strains or tears, lacerations, and contusions (33.4%, 14.7%, and 13.5%, respectively). The most frequent anatomical sites of injury were the shoulders, fingers, and low back area (11.8%, 11.4%, and 8.9%, respectively). Barreling operation activities experienced the greatest frequency of work-related injury at 28.5% of all FROIs. A seasonal peak of injuries was observed during May and June. CONCLUSIONS: Implementing ergonomic and safety solutions for transportation and work tasks associated with barreling operations may significantly reduce the rate of work-related injuries in distillery workers. Injury prevention interventions should particularly target strain or tear injuries caused by repetitive motion or bodily reaction and overexertion. Contact with objects or machinery accounted for one-third of distillery industry FROIs

Paulikova A, Chovancova J, and Blahova J. Cluster modeling of environmental and occupational health and safety management systems for integration support. *International Journal of Environmental Research and Public Health*. 2022; 19(11):6588.

<https://doi.org/10.3390/ijerph19116588> [open access]

Abstract: Many organizations around the world recognize the complementarity of public and environmental health and focus their attention on the effective management of both health and environmental risks. For this purpose, they often use the international standards ISO 14001 and ISO 45001. However, when a company intends to implement multiple standards simultaneously, the challenge of overlapping increases. Therefore, the objective of article is to analyze the requirements and documented information of two management system standards: environmental management systems (EMS), according to ISO 14001, and occupational health and safety management systems (OH&S), according to ISO 45001. A combination of content analysis and clustering methods was used to conduct the research. Visualization of the interrelationships between the requirements of the standards was done using TouchGraph Navigator. The outputs of the analysis can serve managers in the integrated implementation of these management systems as well as auditors during the review and check process when formulating recommendations for the improvement of management systems. Integrated implementation comes with multiple benefits, including reduced bureaucracy and management costs, a simplified certification process, improved internal management, and facilitation of continuous improvement

Persaud E, Weinstock D, and Landsbergis P. Opioids and the workplace prevention and response train-the-trainer and leadership training mixed methods follow-up evaluation. *Annals of Work Exposures and Health*. 2022; 66(5):591-601.

<https://doi.org/10.1093/annweh/wxab112> [open access]

Abstract: OBJECTIVES: This study was designed to evaluate the outcomes of a national summer 2020 'Opioids and the Workplace' Prevention and Response (OWPR) Train-the-Trainer (TTT) and Leadership training tool and program at 6-month follow-up. The TTT program goal is to help instructors plan and conduct education and training on opioids and the workplace awareness. The Leadership program goal is to help trainees, who are in a position to take organizational level actions, implement policies, and programs related to opioid and substance use and injury prevention. METHODS: Trainees were from various backgrounds, such as labor unions, academic consortiums, health and safety professionals, government, and community organizations. About 6 months following each individual course date a follow-up survey was sent to each available participants' e-mail (n = 53 TTT, n = 28 Leadership) with a response rate of 47.2% for the TTT (n = 25) and 63.2% for Leadership (n = 12). Trainees were asked about individual or workplace level actions taken; any obstacles that prevented them or their coworkers from being involved in or conducting activities; if the OWPR training tool was used in their workplace for a training program; and whether the pandemic impacted their ability to address opioids in the workplace. RESULTS: Among TTT trainees, about half of follow-up survey respondents from the 2020 training reported

planning and conducting training and education, reaching out to coworkers to see how they are doing, sharing factsheets and information from the opioid training with coworkers, and re-focusing on self-care. Among Leadership trainees, about two-fifths of follow-up survey respondents from the 2020 training reported sharing factsheets and information from the opioid training. Some trainees described the COVID-19 pandemic as limiting their ability to take actions in addressing opioids and the workplace. CONCLUSIONS: Evidence supports that the 'Opioids and the Workplace' Train-the-Trainer program and materials have contributed to helping trainees plan and conduct opioids awareness training at their organizations. Evidence supports that the Opioids in the Workplace Leadership program helped contribute to trainees taking workplace level actions to implement policies and programs

Rumrill P, Sheppard-Jones K, Collett JW, and McCurry S. RETAIN Kentucky: a return-to-work and stay-at-work program for people with disabilities grounded in the conservation of resources theory. *Work*. 2022; 72(1):3-8.

<https://doi.org/10.3233/WOR-223633>

Abstract: This article, the first in the Return-to-Work (RTW) Corner series, summarizes a comprehensive RTW and Stay-at-Work (SAW) program in Kentucky, which is funded by the United States Department of Labor. The program, Retaining Employment and Talent After Injury/Illness Network: Kentucky (RETAIN Kentucky), focuses on RTW and SAW strategies, depending upon participants' employment status at the time of enrollment in the project. RETAIN Kentucky services are implemented by RTW Coordinators (RTWCs) who help people with non-work-related injuries and illnesses continue in the workforce. The first Phase of RETAIN Kentucky, which lasted for nearly 3 years, is now informing the Phase 2 intervention, which began in October 2021 and will enroll participants for 30 months. In this article, we outline the employment retention problem that RETAIN Kentucky addresses, describe the key features and services of the program, summarize our findings so far, and present future directions for Phase 2

Ward JA, Stone EM, Mui P, and Resnick B. Pandemic-related workplace violence and its impact on public health officials, March 2020- January 2021. *American Journal of Public Health*. 2022; 112(5):736-746.

<https://doi.org/10.2105/AJPH.2021.306649>

Abstract: Objectives. To characterize the experience and impact of pandemic-related workplace violence in the form of harassment and threats against public health officials. Methods. We used a mixed methods approach, combining media content and a national survey of local health departments (LHDs) in the United States, to identify harassment against public health officials from March 2020 to January 2021. We compared media-portrayed experiences, survey-reported experiences, and publicly reported position departures. Results. At least 1499 harassment experiences were identified by LHD survey respondents, representing 57% of responding departments. We also identified 222 position departures by public health officials nationally, 36% alongside reports of harassment. Public health officials

described experiencing structural and political undermining of their professional duties, marginalization of their expertise, social villainization, and disillusionment. Many affected leaders remain in their positions. Conclusions. Interventions to reduce undermining, ostracizing, and intimidating acts against health officials are needed for a sustainable public health system. We recommend training leaders to respond to political conflict, improving colleague support networks, providing trauma-informed worker support, investing in long-term public health staffing and infrastructure, and establishing workplace violence reporting systems and legal protections. (Am J Public Health. 2022;112(5):736-746. <https://doi.org/10.2105/AJPH.2021.306649>)

Yang CC, Watanabe K, and Kawakami N. The associations between job strain, workplace PERMA profiler, and work engagement. Journal of Occupational & Environmental Medicine. 2022; 64(5):409-415.

<https://doi.org/10.1097/JOM.0000000000002455>

Abstract: OBJECTIVE: Our purpose was to examine the relationship between job strain, work engagement, and the dimensions of well-being according to the workplace PERMA (Positive Emotion, Engagement, Relationships, Meaning, Accomplishment) model. METHODS: Three hundred ten workers completed a web-based questionnaire, namely, the Brief Job Stress Questionnaire, Utrecht Work Engagement scale, and the workplace PERMA profiler. Regression analyses were conducted on well-being and each scale of job strain, including job demands, job control, supervisor support, and coworker support. RESULTS: Job control, supervisor support, and coworker support were significantly correlated with the scores of five dimensions, and happiness of the PERMA profiler (except for between supervisor support and Accomplishment). Job demands was only significantly correlated with Engagement and Meaning. CONCLUSIONS: All well-being dimensions were commonly influenced by job control and workplace support, while Engagement and Meaning were also facilitated by challenging job demands

Missed an issue? Catch up on previous Research Alerts available on the IWH website www.iwh.on.ca/journal-articles/research-alerts