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

Akuhata T, Davie G, and Lilley R. Maori work-related fatal injury in Aotearoa-New Zealand, 2005-2014: a decade of continued inequities for Indigenous Maori. *Journal of Epidemiology & Community Health*. 2025; 79(8):594-599.

<https://doi.org/10.1136/jech-2024-222808>

Abstract: Objectives: Using Coronial data, this observational study describes and compares the characteristics of work-related fatal injury (WRFI) in Indigenous Maori and non-Maori workers to identify disparities in WRFI in Aotearoa New Zealand (NZ) for the period 2005-2014. Methods: A population-level WRFI dataset was created by coding Coronial case files for the period 1995-2014. WRFI frequencies and rates were calculated by age, sex, socioeconomic deprivation, occupation and industry, stratified for Maori and non-Maori. Standardisation of rates was used to examine possible reasons for differences. Results: The crude rate of WRFI in Maori workers was 7.6 fatalities per 100 000 workers over the decade: almost double that for non-Maori workers (incident rate ratio (IRR) 1.9, 95% CI 1.6, 2.3). Of variables considered in standardisation, occupation made the biggest difference to the crude IRR (SIRR 1.5, 95% CI 1.2, 1.7). The largest equity gaps occurred in the transport sector (IRR 2.1, 95% CI 1.6, 2.9) and for machinery operators (IRR 2.2, 95% CI 1.6, 3.2). Vehicle crashes accounted for 33% of Maori WRFI compared with 25% of non-Maori (difference 8%, 95% CI 2%, 16%).

Conclusions: WRFI continues to be a significant and systemic source of inequity for Indigenous Maori in NZ. Consistent with previous decades, Maori workers experience disproportionately higher rates of WRFI in NZ, largely explained by the higher representation of Maori workers in high-risk occupations and industries. Future efforts to address inequities in WRFI for Maori workers should focus on high-risk industries and occupations, as well as address the inequitable distribution of WRFI risks.

Chamberlain L, Hughes E, and Donnelly R. Bridging the gaps in work quality research: a multi-level interdisciplinary review. *Work, Employment and Society*. 2025; 39(4):949-971.

<https://doi.org/10.1177/09500170251325790> [open access]

Abstract: Experiences of work and employment continue to change but the concepts of job quality, job satisfaction and quality of working life remain compartmentalised and contextually disconnected due to entrenched disciplinary divisions, which hinder multi-level work quality theorisation. This article contributes to research on the sociology of work by integrating divergent streams of literature on these concepts with labour process theory to offer a more holistic and integrated perspective on work quality. Our multidisciplinary systematic review (n = 345) reveals the conceptual challenges and dynamics work quality researchers face within and between analytical levels, which we synthesise in this article in Figure 1. Three interrelated research agendas are proposed to bridge the gaps between different disciplines, work quality models and contexts. We argue that research combining objective and subjective features of work quality with wider labour process considerations can lead to richer interdisciplinary understandings and support improvements to working lives.

Darvishi S, Misasi P, and Cure L. Developing workload-informed crew configuration recommendations for emergency medical services. *International Journal of Industrial Ergonomics*. 2025; 108:103777.

<https://doi.org/10.1016/j.ergon.2025.103777>

Delaporte M. The predictive power of employment trajectories on cognition of older adults: evidence from Chile. *Social Science & Medicine*. 2025; 380:118281.

<https://doi.org/10.1016/j.socscimed.2025.118281> [open access]

Abstract: Chile's population is rapidly aging, with a notable increase in the older population over recent decades. The growth in the proportion of older individuals has substantial implications for physical and cognitive health, healthcare expenditures and policies, given the escalating burden of age-related health conditions. Therefore, it is critical to have a deeper understanding of factors that predict healthy aging. This study explores the relationships between employment trajectories and later-life cognitive function among Chilean adults. Using data from a sample of Chilean adults aged 60-79, this study examines employment histories spanning 36 years (1980-2015) and their associations with cognitive outcomes assessed in 2019. Applying Group-Based Trajectory Modeling (GBTM), I identify distinct employment trajectories for women and men, which I then link to cognitive function through linear regressions. Findings suggest that individuals with more sustained labor-force participation exhibit better cognitive outcomes, particularly in memory and executive function domains, with notable differences by gender. Specifically, women entering the labor-force later in life display better cognitive performance compared to women with low participation in the labor-force throughout adulthood, while men with extended employment histories show positive associations with cognition regardless of whether they exit the labor-force around retirement age or not. These findings highlight the potential cognitive advantages of prolonged employment, contributing to research on social determinants of cognition in later life. This study offers a critical input for labor, health and old-age pension policies, in an aging population such as in Chile

Greiner F, Heidrich J, Keller H, Taeger D, Wiethage T, and Harth V. Evaluation of lung cancer early detection offered by the German Social Accident Insurance for formerly asbestos-exposed employees using low-dose computed tomography: setting and study design. Archives of Public Health. 2025; 83(1):198.

<https://doi.org/10.1186/s13690-025-01662-9> [open access]

Abstract: Background: Clinical trials have shown the benefits of lung cancer screening (LCS) in certain high-risk groups using low-dose high-resolution computed tomography (LDCT). Risk groups are usually defined by age and tobacco use. Exposure to asbestos dust is an important occupational risk factor for lung cancer. Since 2014, the German Social Accident Insurance (DGUV) has introduced annual LCS for high-risk groups (EVA-LCS). In addition to occupational asbestos dust exposure, the population at risk is defined by age (≥ 55 years) and tobacco consumption (≥ 30 pack-years). The health services research project EVALUNG aims to evaluate the EVA-LCS using a combination of quantitative and qualitative methods. Methods: The quantitative part will be based on a secondary data analysis of routine administrative and medical data from the EVA-LCS. The results of the individual screening rounds will be analysed in a cross-sectional design. Primary endpoints are participation patterns, the rate of findings requiring further diagnostic investigation, the detection of lung cancer including tumour stage and characteristics, and the notification and recognition of asbestos-related occupational diseases. Secondary endpoints include false-positive and false-negative findings, incidence of other cancers, and all-cause and cancer-related mortality. To avoid selection bias, a complete set of anonymised data (approximately 22,200 individuals as of 12/2021) from the EVA-LCS will be transmitted for use in EVALUNG. A sub-sample will be used to perform longitudinal analyses and explore a linkage with cancer registry data. Another component is the development and piloting of quality indicators. Qualitative interviews will be conducted to analyse the perceptions, satisfaction, and potential psychological effects of EVA-LCS participants. Interviews with participating physicians will focus on their attitudes and knowledge regarding LCS. A further aim is to develop an evidence-based decision aid. Discussion: The EVALUNG concept is based on various complementary approaches, enabling a comprehensive evaluation of the EVA-LCS and the identification of optimization potentials. The quality of the data is crucial for the validity of the quantitative analyses. One way to address potential limitations is to link the data with cancer registry data. The results may contribute to the planning and development of a national LDCT lung cancer screening programme in Germany.

Hosseini ZSJ, Mokhtarinia HR, Vahedi M, and Melloh M. Prevalence and multivariate analysis of risk factors associated with musculoskeletal disorders among automotive assembly workers: a cross-sectional study. BMC Public Health. 2025; 25(1):2710.

<https://doi.org/10.1186/s12889-025-23987-4> [open access]

Abstract: Background: Musculoskeletal disorders (MSDs) are a leading cause of occupational morbidity. This study investigates the prevalence and associated factors of MSDs across nine body regions among automotive parts assembly workers, considering demographic characteristics, mental workload, and Structured Multidisciplinary work Evaluation Tool (SMET) questionnaire components. Methods: The cross-sectional study included 211 workers (41.2% female; mean age 33.9 ± 6.9 years). Demographic data, mental workload National Aeronautics and Space Administration-Task Load Index (NASA-TLX), and SMET questionnaire components (physical, environmental, and psychosocial demands) were collected. The Extended Nordic Musculoskeletal Questionnaire was used to assess

MSD prevalence. Univariate and multivariate logistic regression analyses identified significant predictors. Results: The lifetime prevalence of MSDs was highest in the neck (44.5%) and lower back (44.1%), with the lowest rates in the elbow (6.8%) and hip/thigh (14.2%). Multivariate analyses revealed significant predictors of MSD prevalence. For neck disorders, male sex (OR = 0.361), smoking status (OR = 3.437), surgical history (OR = 2.800), total mental workload (OR = 1.032), and physical demand (OR = 1.396) were key contributors. Shoulder disorders were associated with smoking (OR = 2.542) and illness history (OR = 2.380), whereas upper back disorders were linked to illness history (OR = 3.287) and physical demand (OR = 1.663). Gender-specific vulnerabilities were evident in the hip/thigh and knee regions, with male gender being a significant predictor (hip/thigh: OR = 4.833; knee: OR = 2.711). Surgical history and psychosocial demands are critical factors for ankle/foot disorders. Conclusions: MSDs in assembly line workers result from the interaction of demographic, physical, and psychological factors.

Ioannou LG, Tsoutsoubi L, Mantzios K, Gkikas G, Agaliotis G, Koutedakis Y, et al. The impact of workplace heat and cold on work time loss. *Journal of Occupational & Environmental Medicine*. 2025; 67(6):393-399.

<https://doi.org/10.1097/JOM.0000000000003332> [open access]

Abstract: Objective: We investigated the impact of workplace heat and cold on work time loss. Methods: Field experiments in different industrial sectors were conducted in multiple countries across all seasons between 2016 and 2024. Hundreds of workers were video recorded, and their full shifts (n = 603) were analyzed on a second-by-second basis (n = 16,065,501 seconds). Environmental data were recorded using portable weather stations. The Workplace Environmental Labor Loss (WELL) functions were developed to describe work time loss due to workplace temperature. Results: The WELL functions revealed a U-shaped relationship whereby the least work time loss is observed at 18°C (64°F) and increases for every degree above or below this optimal temperature. Conclusions: The WELL functions quantify the impact of workplace temperature on work time loss, extending to temperatures previously believed to be unaffected.

Jorring L. Automatically prepared? How frontline workers cope in the face of automation. *Social Policy & Administration*. 2025; 59(5):962-971.

<https://doi.org/10.1111/spol.13105>

Lee N, Baernholdt M, Epstein B, Bissram J, Adapa K, and Mazur LM. Exploring well-being disparities: a comparative analysis of urban and rural clinicians using the NIOSH worker well-being questionnaire. *Workplace Health & Safety*. 2025; 73(8):409-420.

<https://doi.org/10.1177/21650799251319366> [open access]

Abstract: BACKGROUND: Clinician well-being is crucial to the healthcare system, particularly during the COVID-19 pandemic, which intensified psychological distress among clinicians. This study examines well-being disparities between rural and urban clinicians using the NIOSH Worker Well-Being Questionnaire (WellBQ). METHODS: A cross-sectional survey was conducted with 222 clinicians from one urban and three rural hospitals in North Carolina between September and December 2022. The WellBQ assessed well-being across five domains. Data analysis identified concerning thresholds based on positive and negative responses, with discrepancies resolved through independent reviews and focus group validation. FINDINGS: In the work evaluation and experience domain, rural hospitals reported concerns with time paucity and work overload, while urban hospitals focused on work-

related fatigue and job engagement. Rural hospitals noted issues with job benefits, health programs, and schedule flexibility, whereas urban hospitals emphasized the lack of supportive work culture and management trust. Both settings reported concerns in the physical environment and safety climate domain, including sexual harassment, physical violence, and bullying. Health status concerns in rural hospitals included overall stress and poor mental health, while urban hospitals highlighted chronic health conditions and risky drinking. **CONCLUSION:** This study identified significant well-being disparities between rural and urban clinicians, with urban hospitals showing higher concerning thresholds. Future research should refine these thresholds, explore workplace violence causes, and assess long-term impacts on clinician well-being. **Applications to Practice:** This study reveals significant well-being disparities between rural and urban clinicians, emphasizing the need for tailored occupational health interventions

Lombardi B, Krueger DK, Gaiser MG, and Spence N. Retaining peers in the behavioral health workforce: factors associated with peer recovery support specialists intent to remain or leave current position. *Psychiatric Rehabilitation Journal*. 2025; 48(3):171-181.

<https://doi.org/10.1037/prj0000633>

Abstract: **OBJECTIVE:** Peer recovery support specialists (PRSS) are essential members of the behavioral health workforce. While factors contributing to PRSS job satisfaction and burnout have been examined, less is understood about why PRSS consider leaving or remaining in their roles. This study sought to identify personal, professional, and organizational factors related to PRSS' intentions to leave their current position. **METHOD:** A convenience sample of PRSS was recruited from a partnering organization's national listserv and digital newsletter. In collaboration with the same organization, we developed a survey using adaptations of validated instruments and electronically distributed it in June 2023. Bivariate analysis and hierarchical logistic regression were conducted to understand which factors may predict PRSS' intent to leave their current position. **RESULTS:** The total sample included 454 PRSS, with 42% considering leaving their current position, of which 44% reported intent to leave within the next year. The ability to meet financial needs (OR = 0.58, 95% CI [0.38, 0.90]), having to complete extra tasks outside of PRSS responsibilities (OR = 2.91, 95% CI [1.90, 4.44]), overall job satisfaction (OR = 0.46, 95% CI [0.25, 0.84]), and burnout (OR = 1.54, 95% CI [1.00, 2.36]) significantly predicted intent to leave. **CONCLUSIONS AND IMPLICATIONS FOR PRACTICE:** PRSS reported high job satisfaction; however, burnout experiences, inability to meet financial needs, and extra work tasks beyond their role significantly impacted intent to leave. Findings underscore the need for organizational and policy-level changes to address burnout, low pay, and workload issues to better support PRSS' well-being and retain this essential behavioral health workforce. (PsyInfo Database Record (c) 2025 APA, all rights reserved)

Margerison CE, Joachim GE, Michling TR, and Johnson CY. Platform-mediated gig work and health: a scoping review. *American Journal of Industrial Medicine*. 2025; 68(9):729-739.

<https://doi.org/10.1002/ajim.70007> [open access]

Abstract: **Background:** We sought to assess the size, depth, and rigor of empirical literature on platform-mediated gig work and health. **Methods:** We conducted a scoping review of peer-reviewed studies from January 1, 2000, through May 29, 2024, that examined platform-mediated gig work and any measure of physical or mental health. We abstracted country, study design, population, sample size, exposure measure, and health outcome. We assessed whether the study addressed any of three

potential mechanisms connecting gig work and health: occupational hazards, social determinants, or the specific nature of digital platforms. Results: We identified 45 total studies examining transportation safety (n = 12), work-related injuries (n = 4), other physical health outcomes (n = 5), COVID-19 vulnerabilities (n = 10), mental health (n = 10), mental well-being (n = 18), and safety (n = 12). These categories were not mutually exclusive. Cross-sectional and qualitative studies identified physical and mental health problems among gig workers, but the literature lacks study population-representative designs, prospective data, comparisons of gig workers to other similar non-gig workers (i.e., external comparison groups), and validated measures of physical health. Conclusions: Platform-mediated gig work may have unique impacts on health, but causal evidence is lacking. Future research should examine how the nature of digital platforms-specifically, algorithmic control, ratings, and surveillance-impacts health of workers.

Paul-Cole K, Labreche F, Goldberg MS, Westra S, and Ho V. Occupational exposure to combustion by-products and breast cancer risk in postmenopausal women. *Annals of Work Exposures and Health*. 2025; 69(7):693-707.

<https://doi.org/10.1093/annweh/wxaf035> [open access]

Abstract: OBJECTIVE: To estimate the association between lifetime occupational exposure to select combustion by-products and postmenopausal breast cancer (BC) risk. MATERIALS AND METHODS: Data from a population-based case-control study among postmenopausal women residing in Montreal, Quebec were used. Cases included 661 women aged between 47 and 75 yr, diagnosed with incident malignant BC between 2008 and 2011. Controls comprised 587 women randomly selected from the Quebec Electoral List, frequency-matched to cases by 5-year age groups. Information on risk factors and lifetime occupational histories was collected by interview. Two industrial hygienists used job histories to assign exposure to 293 agents, including 6 combustion by-products (cooking fumes, diesel engine emissions, leaded and unleaded engine emissions, natural gas combustion products, and polycyclic aromatic hydrocarbons [PAHs]). Unconditional logistic regression was used to estimate adjusted odds ratios (ORs) and 95% confidence intervals (CIs) for BC risk, both for all tumours and by tumour molecular subtypes, in relation to occupational exposure to the 6 selected combustion by-products. RESULTS: No association was observed between occupational exposure to the 6 selected combustion by-products and postmenopausal BC. However, when considering molecular subtypes, women ever occupationally exposed to PAHs had a suggestive higher risk of Luminal B tumours (OR_{model6} = 2.09, 95% CI: 0.87 to 4.60) compared with those never exposed. Additionally, women ever occupationally exposed to cooking fumes compared with those never exposed had a suggestive higher risk of HER2-enriched tumours (OR_{model6} = 2.63, 95% CI: 0.98 to 6.40). CONCLUSION: Occupational exposure to the 6 selected combustion by-products was not associated with postmenopausal BC. Suggestive higher risks of certain molecular subtypes of BC were observed with exposure to PAHs and cooking fumes. Future larger studies should consider the role of occupational exposures in the aetiology of BC across different molecular subtypes

Rast E, Lau K, Lin RC, Loganathan T, Hargreaves S, and Zimmerman C. Healthcare services for low-wage migrant workers: a systematic review. *Social Science & Medicine*. 2025; 380:118176.

<https://doi.org/10.1016/j.socscimed.2025.118176> [open access]

Abstract: Low-wage labour migrants often face health-damaging living and working conditions, but are frequently excluded from healthcare. The othering of migrants, bordering of healthcare and

simple oversight and negligence create widening health inequalities for a society's essential workers. This review aimed to identify the forms and effectiveness of healthcare services designed to make healthcare accessible for migrant workers. We searched for literature through Medline, Embase, Global Health, Web of Science, and Global Index Medicus (from 1 January 2000 till 9 June 2023), focussing on selected work sectors (domestic work, construction, manufacturing, agriculture, mining). Primary research, reports, and grey literature from 2000 onwards containing descriptions or evaluations of healthcare services exclusively targeting low-wage migrant workers and their families were included. We excluded services focussing only on specific health conditions or disease screening. Quality appraisal was based on tools from the Joanna Briggs Institute. We narratively synthesised service characteristics and effects. This review follows the PRISMA reporting guidelines for systematic reviews and is registered with PROSPERO (CRD42023459360). Identified studies included 21 healthcare services targeting low-wage migrant workers in six countries (China, Dominican Republic, Italy, Qatar, South Africa, USA) in three sectors (agriculture, manufacturing, domestic work). Services included established medical facilities (e.g., general hospital care, semi-permanent primary healthcare (PHC) services); mobile clinics for PHC; and telehealth services. The healthcare services were provided by governmental, non-governmental, academic, and private actors. Most targeted migrant farmworkers and were primarily located in the United States. Common healthcare barriers were addressed, for example, via free care, outreach, or non-traditional hours. However, service effects on health, access and uptake, patient satisfaction, and acceptability were largely unclear, as only six studies offered some fragmentary evaluative evidence. Few healthcare services targeting migrant workers have been documented and evaluated, especially in LMICs. Although migrant workers are deemed to be mobile populations, once in the destination location, many are quite immobile when it comes to accessing healthcare. Thus, in the face of persistent exclusion of migrant workers, health systems cannot simply rely on the ability of this vital workforce to seek and use preventative or curative care, but healthcare services must be actively designed to be accessible to this mobile population in order to ensure health as a human right

Rodriguez JK, Ridgway M, Oldridge L, and Edwards M. Technologies of self-care in precarious neoliberal academia: women academics' craftwork as strategies of coping and complicity. *Work, Employment and Society*. 2025; 39(4):836-858.

<https://doi.org/10.1177/09500170241297523> [open access]

Abstract: This article explores the use of craftwork as a technology of self-care by women academics to cope with work demands and commodified narratives in academia. It combines discussions about work pressures in academia and technologies of the self to theorise self-care strategies used to navigate academic demands and identify new research avenues. Through the memory work of the four women academic authors, the article shows craftwork as a strategy of self-care to achieve self-control, self-preservation and self-(re)positioning. The article extends the theorisation of self-care, showing its simultaneous function as a coping and complicity mechanism that responds to and engages with individualised well-being narratives in academia. It also advances and complicates understanding of how technologies of self-care sustain the power structures of the academic labour process, showing the visceral and emotional dimensions of these technologies. The article outlines the contours of a research agenda to interrogate ethical self-care in academia

Senanayake S, Duff J, Jeffries L, Griffiths J, Hettiarachchi R, Sharma P, et al. Preferences of healthcare workers for security personnel to prevent occupational violence: a discrete choice experiment. *Work*. 2025; 81(4):3285-3293.

<https://doi.org/10.1177/10519815251330539> [open access]

Abstract: Background Occupational violence against healthcare workers is increasing worldwide. The role of security personnel in healthcare settings is critical, yet little is known about the attributes of security personnel that are most important to healthcare workers. Objective This study seeks to identify the preferred attributes of security personnel from the healthcare professional's perspective. Methods An online survey was administered to a representative sample of healthcare staff including health service managers, clinicians, and nurses at Metro North Hospital and Health Service in Queensland, Australia. We employed a convenience sampling method where the survey link was emailed to 780 healthcare staff members, and 179 participants responded. Using the Discrete Choice Experiment methodology, this study quantified individuals' preferences. It explored several attributes of security personnel, including skills, uniform presence, coverage location, availability, level of professional development, and whether the security personnel are integrated within the clinical team. Results Healthcare workers showed a strong preference for security personnel possessing interpersonal skills. They favoured personnel located within specific wards or units, available round-the-clock (24/7), and being embedded within the clinical team. Further, they strongly preferred personnel who have undergone extended training in professional development. Interestingly, the presence or absence of a security uniform did not have an impact on their preferences. Conclusion The results of this study offer insights into the optimal attributes of security personnel from a healthcare workers' perspective. Future violence prevention strategies can be designed taking into consideration these preferred attributes of security personnel, thus increasing the likelihood of their acceptance and success among healthcare professionals

Straub J, Ardelt M, Gerhardinger K, Klute L, Krueckel J, Rupp M, et al. The burden of back pain on hospital staff in a maximum care facility in Germany: a survey. *Brain & Spine*. 2025; 5:104338.

<https://doi.org/10.1016/j.bas.2025.104338> [open access]

Abstract: Purpose: Back pain is a prevalent musculoskeletal condition affecting individuals across various professions. It is a significant cause of disability and reduced quality of life. The aim of this study was to determinate the prevalence of back pain and identify its associated risk factors among clinical staff members. Methods: This study examines back pain among hospital-staff at a maximum-care hospital in Germany through a questionnaire distributed to all employees at a University Hospital between September and December 2023. Results: A total of 739 employee questionnaires were returned and evaluated, comprising 508 fully completed and 231 partially completed questionnaires. Seventy-seven percent of participants were female, and the average age was 40.5 years. Back pain-related reduced work performance was reported by 57.5 %. Lifetime lower back pain was indicated by 72.1 %. Mean pain ratings on the VAS were 7.5 ± 2.2 for lifetime pain and 6.2 ± 2.2 for the last 12 months. Female gender (OR = 1.5; $p = 0.003$), living in a partnership (OR = 1.4; $p = 0.02$), chronic illnesses (OR = 6.4; $p = 0.01$) and excessive workload (OR = 3.0; $p = 0.05$) were identified as risk factors, whereas membership in a sports club (OR = 0.55; $p = 0.05$) was identified as preventive factor. Participants that reported an aggravation of their back pain the COVID-19 pandemic were 6.4 times likely to report back pain during the last 12 months ($p = 0.01$). Conclusion: Back pain is a widespread condition among healthcare workers, leading to reduced performance and significant healthcare

utilization. Employers should prioritize preventive measures and workplace ergonomics to mitigate this burden and enhance employee well-being and productivity. Level of evidence: III, survey.

Yoshino A, Ushio K, Nakamura R, Shiota S, Katagiri T, Nishihara K, et al. Multifaceted analysis of presenteeism: contributions of pain, psychological factors and daily functioning: a cross-sectional study in Japan. *BMJ Open*. 2025; 15(8):e100243.

<https://doi.org/10.1136/bmjopen-2025-100243> [open access]

Abstract: OBJECTIVE: Presenteeism, defined as reduced work efficiency due to health issues despite attending work, accounts for a substantial proportion of labour productivity loss. Although pain significantly impacts presenteeism, the relationship between pain and presenteeism remains poorly understood due to the multifaceted nature of pain, encompassing psychosocial factors and daily functioning. This study aimed to identify which of these factors are significantly associated with presenteeism among employees. DESIGN: Cross-sectional study using self-administered questionnaires and generalised additive model analysis. SETTING: Multiple workplaces (including a university and hospitals) in Japan. PARTICIPANTS: Employed individuals (n=212, age range: 20-65 years; 59 males and 153 females) participated. They were recruited through workplace bulletin boards, email announcements and direct invitations. Participants with and without chronic pain were included. PRIMARY AND SECONDARY OUTCOME MEASURES: Participants completed self-report measures, including the Health and Work Performance Questionnaire (HPQ), Short-Form McGill Pain Questionnaire (SF-MPQ), Pain Catastrophising Scale (PCS), Beck Depression Inventory-second edition (BDI-II), State-Trait Anxiety Inventory (STAI) and WHO Disability Assessment Schedule 2.0 (WHODAS 2.0). RESULTS: The results indicated that absolute HPQ was significantly associated with BDI-II scores ($F=4.51$, $p=0.035$). On the other hand, relative HPQ was influenced by SF-MPQ ($F=3.76$, $p=0.005$), PCS ($F=4.16$, $p=0.014$), STAI ($F=5.62$, $p=0.019$) and limited daily activities ($F=13.25$, $p=0.00035$). CONCLUSIONS: These findings suggest that presenteeism is multifactorial, with pain, psychosocial factors and daily functioning playing critical roles. Moreover, the impact of depression on presenteeism differs from that of pain and anxiety. Therefore, tailored intervention approaches may be required for each factor, ultimately improving workplace productivity. TRIAL REGISTRATION NUMBER: This study was preregistered at UMIN-CTR (UMIN000054797)

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