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

**Bachmann A, Vincent GE, Thomas M, Ford A, and Sprajcer M. A systematic review of psychosocial hazard management across the emergency services sector. *Safety Science*. 2026; 195:107060.**

<https://doi.org/10.1016/j.ssci.2025.107060> [open access]

**Abstract:** Emergency Service workers face many challenges that impact their mental health and well-being. Of particular concern are psychosocial hazards (e.g., high job demands, exposure to traumatic events, low job control, poor supervisor support, violence, bullying, harassment). Research demonstrates psychosocial hazards are problematic, however, little is known about how they are currently managed in Emergency Services. This systematic review aimed to identify and evaluate (1) workplace psychosocial hazard management interventions, (2) intervention effectiveness, and (3) barriers to implementation in the Emergency Services sector. A search of five databases, CENTRAL, CINAHL, EMBASE, PsycINFO and PubMed, identified 13 studies that met inclusion criteria. Quality assessment involved Joanna Briggs Institute (JBI) appraisal tools. Findings revealed interventions were predominantly reactive (e.g., support provided post-incident) rather than proactive. Interventions included peer support, mental health programs, leadership training, and workplace adjustments (e.g., shift schedule changes, structured downtime). Peer support and leadership training improved mental health awareness and access to mental health resources. Proactive interventions (e.g., shift schedule changes) were associated with improved work-life balance, job satisfaction and improved psychosocial well-being (e.g., reduced burnout and job strain). However, barriers (e.g., stigma, resource constraints) adversely impacted successful implementation. Future research should explore the development of interventions that prioritise preventative factors (e.g., increasing supervisor support, workload adjustments) as part of daily operations. A psychosocial hazard and risk policy evaluation may inform practical interventions that support Emergency Service operational demands.

Development should prioritise co-designed interventions with Emergency Service workers to make sure they are relevant to their psychosocial needs

**Cho JK. Gender differences in work and well-being in later life. *Research on Aging*. 2026; 48(1):44-55.**

<https://doi.org/10.1177/01640275251353217> [open access]

Abstract: This study examines the longitudinal relationship between work status and subjective well-being (SWB) among older adults in South Korea, with a focus on the roles of gender and education. Using data from the Korean Longitudinal Study of Aging (2006-2020), this study employs fixed-effects regression models to examine within-person longitudinal associations between work and SWB, stratified by gender and educational level. Findings reveal a positive association between working status and SWB for men, but not for women. Both lower- and higher-educated individuals experience a positive SWB when they are working. While women in South Korea are more likely to have lower educational attainment, this does not fully explain the gender gap in the relationship between work status and SWB. Policies should address barriers preventing women from experiencing similar SWB benefits as men, ensuring work supports, rather than strains, their well-being

**Consonni D, Migliore E, Gangemi M, Cavone D, Vimercati L, Piro S, et al. Peritoneal mesothelioma and asbestos exposure: a population-based case-control study in Italy, 2000-2021. *Occupational and Environmental Medicine*. 2025; 82(10):495-503.**

<https://doi.org/10.1136/oemed-2025-110414> [open access]

Abstract: OBJECTIVES: Using a case-control design, we examined the association between occupational asbestos exposure and risk of peritoneal mesothelioma in the general population in Italy. METHODS: From the National Mesothelioma Registry, we selected cases (2000-2021) with life-time occupational history. Controls were 3045 from three case-control studies (region-sex-age-matched, performed in six regions), one in 2002-2004 (2116 population controls) and two in 2012-2016 (718 population and 211 hospital controls). For all subjects, exposure assignment was based on a quantitative job-exposure matrix (SYN-JEM). Qualitative expert-based evaluation was available for all cases, but only in 2012-2016 for 929 controls. We estimated ORs and 90% CIs using logistic regression models adjusted for residence, gender, period and age. RESULTS: In complete analyses (1591 cases, all years/regions), the OR for ever exposure was 3.66 (CI 3.21 to 4.18, 45.4% cases and 27.8% controls exposed). Among the exposed, median cumulative exposure (fibres/mL-years) was 1.4 (max 20.0) in cases and 1.1 (max 10.9) in controls. The OR was 1.55 (1.48 to 1.62) per log(10)-transformed cumulative exposure. In analyses restricted to 290 cases (same years/regions of controls), ORs were 3.35 (2.57 to 4.37, 43.8% cases exposed) for ever exposure and 1.52 (1.39 to 1.65) for cumulative exposure. ORs for ever asbestos exposure using expert-based evaluation were particularly high, 4.32 (3.50 to 5.34, 53.9% cases and 26.4% controls exposed) in complete analyses (778 cases) and 6.35 (4.58 to 8.81, 57.1% cases exposed) in restricted analyses (245 cases), but are known to be more prone to bias. CONCLUSIONS: Peritoneal mesothelioma showed clear associations with asbestos exposure using different exposure assessment methods

**Gerber GE, Bazzi AR, Beletsky L, Pitpitan EV, Reed MB, and Smith LR. Occupational stress and substance use-related stigma among criminal attorneys. *Social Science & Medicine*. 2026; 388:118757.**

<https://doi.org/10.1016/j.socscimed.2025.118757> [open access]

**Abstract:** Problematic substance use is a national crisis in the United States. While criminalization of substance use places the criminal legal system (CLS) on the front lines of this crisis, little is known about how this impacts the CLS workforce. From October 2022 to March 2023, informed by the Health Stigma and Discrimination Framework, we conducted qualitative interviews with practicing criminal attorneys using a semi-structured interview guide focused on drivers, facilitators, and practices of substance use-related stigma. Stigma toward individuals with substance use disorders (SUD) has been shown to influence professional behavior, treatment access and outcomes. Inductive and deductive thematic analysis explored experiences of occupational stressors, personal substance use, and attitudes toward defendants in substance use-related cases. Interviews with 17 participants (7 women, 10 men; 88 % White; mean years of legal experience: 13.4, standard deviation: 7.8) revealed a demanding work environment characterized by severe pressures, high-volume caseloads, and the pervasive role of substance use in many cases. Occupational stressors diminished CLS attorneys' empathy towards defendants and minimized their attention to their own behavioral health. CLS work environments normalized substance use among attorneys (i.e., alcohol), fueling challenges faced by professionals and those encountered by defendants. Respondents lacked evidence-based SUD resources, resulting in ineffective case resolution and increased occupational stress. A sense of futility and emotional exhaustion was expressed about defendants with recurrent substance use-related cases. Overall, we found that failure to effectively address substance use-related harms drives occupational stress and stigma among CLS professionals. Further research is necessary to inform CLS-focused interventions

**Hoffman D, Wu AY, and O'Leary P. Employment outcomes for Social Security Disability Insurance applicants who use opioids. *Journal of Disability Policy Studies*. 2025; 36(3):154-164.**

<https://doi.org/10.1177/10442073241304108>

**Hurtado DA, Madjlesi R, and Boyd J. Occupational injuries during the first month of tenure among teen workers in Oregon: a 10-year examination of workers' compensation claims. *Workplace Health & Safety*. 2026; 74(1):10-20.**

<https://doi.org/10.1177/21650799251363262>

**Abstract:** Background: Teenage workers have unique occupational injury risks, raising the need to evaluate preventive training programs. This study examines the risk of occupational injury for workers under 19 before and after the release of Oregon Young Employee Safety Coalition (O[yes]) online safety awareness training in 2017. Methods: The Employed Labor Force tool was used to estimate the annual size of the teen workforce from 2013 to 2022 in Oregon. The count and share of first-month injuries (N = 18,694) among all worker compensation claims (N = 166,594) were also examined. General linear models estimated first-month injury risk by age group, controlling for sex, occupation, and insurer. Findings: Teenage workers' first-month injury risk per 1,000 workers was similar before (2013-2016) and after (2017-2022) the O[yes] training (7.8 vs. 7.6). However, compared with older workers, the share of first-month injuries among all claims for teen workers decreased (RR: 0.88,  $p < .001$ ), with no significant change for other ages. Conclusions: After the introduction of O[yes] training,

the estimated injury risk did not change. However, the relative proportion of first-month injuries among teenage workers was lower than before. Further research is needed to evaluate training effectiveness and additional contributing factors.

**Ikeda H, Kubo T, Matsumoto S, Izawa S, Nishimura Y, and Liu X. Association between daily long working hours and actigraphic sleep, vigilance, blood pressure and psychological responses: a 10-day observational study among Japanese daytime workers. Occupational and Environmental Medicine. 2025; 82(10):476-484.**

<https://doi.org/10.1136/oemed-2025-110524> [open access]

**Abstract:** Objectives: This study examined the association between daily long working hours (LWHs) and diverse health-related outcomes, using objective and subjective measures. It further evaluated the specific durations of daily LWHs that may be considered inappropriate in cases with adverse health effects. Methods: 98 employees participated in a 10-day observational study. Participants self-reported their daily working hours, subjective states and performed the measurement of blood pressure (BP) and psychomotor vigilance test (PVT) immediately on waking and before bedtime. Objective sleep was recorded nightly using actigraphy. Linear mixed model (LMM) analysis was performed. Results: LWHs were significantly associated with higher systolic BP ( $\beta=0.65$ ), greater fatigue ( $\beta=1.79$ ) before bedtime, shorter total sleep time (TST;  $\beta=-0.09$ ) and higher systolic BP ( $\beta=0.76$ ) on waking (all  $p<0.05$ ). Reduced TST was significantly linked to slower PVT reciprocal response time ( $\beta=0.03$ ), higher lapse ( $\beta=-1.10$ ) and greater sleepiness ( $\beta=-0.20$ ) after waking (all  $p<0.05$ ). Categorical LMM analysis revealed that working  $>12$  hours was significantly associated with increased fatigue before bedtime, whereas working  $>13$  hours significantly reduced TST compared to working  $=9$  hours. Sleeping  $<6$  hours caused significantly poorer PVT outcomes, and sleeping  $<5$  hours caused significantly stronger sleepiness after waking than sleeping  $=7$  hours. Conclusions: Daily LWHs and consequent reductions in sleep duration were associated with adverse outcomes. These findings underscore the importance of daily management of work hours and adequate sleep duration to prevent excessive workload and promote recovery from occupational demands.

**Klingler C and Mertz M. Towards (more) evidence-based ethics guidelines: devising the REIGN framework. Evidence and Policy. 2025; 21(4):555-577.**

<https://doi.org/10.1332/17442648Y2025D000000049>

**Abstract:** BACKGROUND: While the last decade has seen the increasing refinement of methods for evidence collection and synthesis for clinical guidelines or health policy decision-making, no similar methodological advances can be observed for ethics guidelines. Accordingly, the evidence base of ethics recommendations often remains opaque. The 'REIGN' framework fills this gap by addressing how evidence can (and possibly should) be used to develop ethics guidance. METHODS: A review of the academic and grey literature was conducted. To this end, PubMed and the websites of selected institutions engaged in ethics guideline development and/or health technology assessment were searched. The literature found was read and summarised. Through further conceptual analysis of the arguments, terminology and ideas provided in the literature the REIGN framework was developed. FINDINGS: The framework consists of two parts. First, it provides a definition of evidence that is productive for the field of ethics while incorporating key ideas behind the evidence-based medicine movement. It also introduces 'normative evidence' in contrast to empirical evidence. Second, it identifies five 'evidential support components' (ESCs) as aspects of developing normative

recommendations in the health context that can/should be substantiated by evidence. It also provides guidance regarding possible sources of evidence as well as quality appraisal of normative evidence.

**CONCLUSIONS:** By structuring the dispersed discourses on the topic, the REIGN framework allows ethics guideline developers to think more coherently through the questions of whether, for what area and in what manner evidence should be sought

**Kotherova Z, Dobiasova K, Tesinova JK, and Tulupova E. Health and care workforce preparedness in response to the influx of Ukrainian refugees: a qualitative study from the Czech Republic. Health Policy. 2026; 163:105495.**

<https://doi.org/10.1016/j.healthpol.2025.105495> [open access]

**Abstract:** BACKGROUND: Health and care workforces across Europe face overlapping crises that test their resilience and governance capacities. In the Czech Republic, the COVID-19 pandemic was swiftly followed by a major influx of Ukrainian refugees, creating new pressures on both frontline healthcare workers and intercultural care workers. **OBJECTIVE:** To explore, from the perspectives of frontline healthcare workers and intercultural care workers, how governance capacities and gaps shaped workforce functioning, adaptation, and resilience during the refugee response in the CR, and what lessons this experience offers for strengthening workforce governance in times of multiple crises. **METHODS:** Thirty semi-structured interviews with frontline healthcare workers and three focus groups with 20 intercultural care workers (September 2022-June 2023) were analysed thematically within a multi-level governance framework. **RESULTS:** Fragmented coordination, lack of intercultural training, and limited psychosocial and managerial support undermined resilience. Intercultural care workers played critical but unrecognised roles bridging linguistic and cultural gaps, while refugee health workers remained underused due to rigid qualification rules and limited pathways for integration. Despite strong moral commitment and informal collaboration, reliance on individual initiative rather than structured governance weakened equity and preparedness. **CONCLUSIONS:** Preparedness depends on governance that sustains the human and cultural dimensions of care. Strengthening coordination across levels, formally recognising intercultural roles within health organisations, and enabling refugee health worker integration through flexible qualification procedures are timely and achievable governance priorities for building resilient and inclusive health workforces across Europe

**Lafuente E and Murrell-Blanco M. Beyond economic figures: analysis of economic and work safety efficiency in U.S. industries using the by-production approach. Journal of Safety Research. 2025; 95:25-35.**

<https://doi.org/10.1016/j.jsr.2025.08.011>

**Abstract:** INTRODUCTION: This study evaluates the economic and safety efficiency of U.S. industries during 2003-2018 using a model that considers work accidents as a by-product of economic activity. **METHOD:** By employing efficiency techniques rooted in non-parametric methods, namely the by-production approach, the proposed analysis accurately models U.S. industries' technology as the composition of two sub-technologies: one producing the economic output and a work-accident generating sub-technology. **RESULTS:** The core findings reveal marked differences in industries' economic efficiency as well as potential reductions in work accidents. Despite the reported overall fall in work accident rates, it was found that due to the specific characteristics of their operational processes, some industries were consistently more accident prone than others during the 2003-2018

period (agriculture, mining, construction, manufacturing, and transportation and warehousing). Also, results are in line with the notion that economic production is positively correlated with work accident figures, and this relationship becomes evident in periods of economic slowdown (in our case, from 2008 to 2012) and growth (in our case, during 2003-2007 and 2013-2018). PRACTICAL APPLICATIONS: Policy implications and opportunities for future research are discussed

**Larsson R, Guta E, Ang B, and LoMartire R. Risk factors for long-term sickness absence in patients with high-impact chronic pain: a scoping review and Swedish register-based cohort study. *Journal of Pain*. 2025; 37:105570.**

<https://doi.org/10.1016/j.jpain.2025.105570> [open access]

**Abstract:** High-impact chronic pain (HICP) affects 8% of individuals worldwide. Beyond its direct consequences, HICP increases the risk of long-term sickness absence (LTSA), leading to income loss and increased societal costs. Prevention is essential and understanding risk factors for LTSA is a critical first step. We conducted a joint scoping review and Swedish register-based cohort study, to first identify and subsequently analyze potential risk factors. A multivariable logistic regression model estimated the association between the risk factors and LTSA, defined as >180 sickness absence days in the third year after specialist healthcare entry. The likelihood ratio chi-square test determined each factor's contribution to model fit. Associations were reported as marginal risk ratios (mRR) with 95% confidence intervals (95% CI), comparing the 75th to the 25th sample percentiles. Of 57 identified risk factors, 34 were analyzed in a sample of 10,552 patients, 25% of whom experienced LTSA. Seven risk factors contributed significantly at a Bonferroni-adjusted alpha level: prior sickness absence, (mRR: 2.53; 95% CI: 2.40-2.66), comorbid neurological disorders (1.60; 1.38-1.81), self-rated work ability (1.42; 1.29-1.58), confidence in recovery (1.21; 1.13-1.30), female sex (1.18; 1.10-1.26), pain duration (1.11; 1.03-1.20), and household income, which showed a complex non-monotonic relationship. In line with previous research, the strongest association was with prior sickness absence. By targeting the aforementioned risk factors, workforce reintegration could be facilitated for individuals with HICP. **PERSPECTIVE:** Our scoping review and large sample Swedish register-based study identifies and quantifies key risk factors for long-term sickness absence in individuals with high-impact chronic pain, providing a foundation for early identification and targeted rehabilitation, which in the longer perspective could support workforce reintegration and reduce individual suffering and societal costs

**Maeda Y, Tabuchi T, and Fujiwara T. Menstruation-related diseases, work performance, and oral contraceptive: nationwide online survey. *Journal of Occupational & Environmental Medicine*. 2025; 67(12):1014-1019.**

<https://doi.org/10.1097/JOM.0000000000003533>

**Abstract:** **OBJECTIVE:** This study aims to compare the effect of menstruation-related diseases (MRDs), including premenstrual syndrome (PMS), premenstrual dysphoric disorder (PMDD), and dysmenorrhea, on work performance (WP). Besides, we investigate whether oral contraceptives (OCs) mitigate these impacts in the general population. **METHODS:** The data from a nationwide online-based survey conducted in Japan were analyzed (n = 4818). Regression analyses examined the relationship between MRDs and presenteeism or absenteeism and the mitigating effect of OCs. Population-attributable fractions (PAFs) for severe work-functioning impairment were calculated model-based. **RESULTS:** PMDD most substantially increased the risk of presenteeism and absenteeism. The PAFs were significant for PMS and PMDD and approximately 15% in total. OCs



significantly alleviated presenteeism only among women with PMDD. CONCLUSION: PMS and PMDD impaired WP more profoundly than dysmenorrhea. OCs mitigated MRDs' effect on WP in women with PMDD

**Parchment A, Johnson S, Mackenzie A, Money A, Mott L, and Todd C. Interventions for promoting physical activity and/or reducing sedentary behaviour in older workers: a scoping review. Occupational Medicine. 2025; 75(8):480-489.**

<https://doi.org/10.1093/occmed/kqaf036>

Abstract: AIMS: To present the available evidence for interventions aimed at promoting physical activity and/or reducing sedentary behaviour in older workers and identify their key components. METHODS: A scoping review was conducted to provide an overview of the available literature on interventions for increasing physical activity and reducing sedentary behaviour in older workers, identify gaps in the literature base and inform future research. Intervention Component Analysis (ICA) was conducted to identify the components of interventions that appear important for encouraging physical activity and reducing sedentary behaviour, thus facilitating health-promoting behaviour change in older workers. RESULTS: Thirty-eight articles were included in this review. Twenty-two studies were eligible for inclusion in ICA. Findings suggest that 'Planning for change and/or addressing barriers to change to achieve goals' and 'Social support from a professional, family member or organised group' appear to be key components within interventions that positively impact the physical activity and sedentary behaviour of older workers. CONCLUSIONS: This is the first review to employ ICA to identify potentially important components of interventions that target sedentary behaviour and physical activity in older workers. A gap in the literature remains for interventions targeting older workers who work from home. Further work is needed to develop suitable interventions for older workers, given the increase in economic inactivity in this employee group due to ill health

**Radey M and Wilke DJ. Early career burnout trajectories among child protective services workers. Work and Stress. 2025; 39(4):416-433.**

<https://doi.org/10.1080/02678373.2025.2501018>

**Sanatkar S, Lipscomb R, Petrie K, Collins D, Arena A, Xu M, et al. A systematic review and meta-analysis of the effectiveness of work-focused interventions for employees with symptoms of depression, anxiety, and psychological distress. International Archives of Occupational & Environmental Health. 2025; 98(9-10):859-882.**

<https://doi.org/10.1007/s00420-025-02181-4>

Abstract: Purpose: It is estimated that, every year, one fifth of the working population is affected by common mental disorders. Common mental disorders are associated with functional impairments, including those that affect work performance, such as exhaustion and cognitive problems. This systematic review and meta-analysis was conducted to examine the mental health impacts of work-focused interventions involving organisational-level strategies through work modifications and manager cooperation. Methods: Studies were eligible for inclusion if interventions incorporated organisational strategies to improve work functioning outcomes for employees with symptoms of common mental disorders and compared the effectiveness of the intervention with a control group. The types of organisational strategies and therapeutic approaches utilised in interventions were also compared. In March 2024, a search was completed across Embase, PubMed, PsycINFO, and CINAHL

databases. Results: A total of 30 studies met inclusion criteria. Data from 10 studies ( $n = 2281$ ) was available post intervention to examine work functioning outcomes and from 22 studies ( $n = 3963$ ) to examine mental health outcomes. Overall pooled effect sizes of work functioning (Standardised Mean Difference = 0.41, Standard Error = 0.08, 95% Confidence Interval = [0.25, 0.57]) and mental health (Standardised Mean Difference = 0.18, Standard Error = 0.05, 95% Confidence Interval = [0.08, 0.27]) outcomes post intervention were small but significant in favour of interventions. These effects were not sustained 12 to 24 months later. Organisational strategies with a focus on work modifications had superior benefits compared to those with a focus on manager cooperation. Conclusion: Findings suggests that employees completing work-focused interventions were better supported in the short term than those who received usual care or no intervention. More research needs to be undertaken to assess essential components of organisational strategies, under which circumstances and for whom the implementation of these strategies would be indicated.

**Shi Z, Howe A, Shahzad M, Bani-Fatemi A, Sharkey B, and Nowrouzi-Kia B. Building diverse, equitable, and inclusive organizational culture to support worker mental health and wellbeing: a qualitative study of employer and worker perspectives in Ontario construction skilled trades. *Safety and Health at Work*. 2025; 16(4):431-437.**

<https://doi.org/10.1016/j.shaw.2025.07.006> [open access]

**Abstract:** Background This study explored Ontario construction skilled trades employer and worker perspectives on workplace diversity, equity, and inclusion (DEI) and the promotion of worker mental health and wellbeing through building DEI organizational culture. Methods A phenomenological qualitative study was conducted. Fifty-two ( $N = 52$ ) participants were recruited and interviewed. Interview data were analyzed using a six-step thematic approach. Results Three themes were developed: 1) Challenges in organizational culture: participants reported that sexism and biased beliefs on the professional competency of workers from under-represented groups were prevalent within their organizations. Participants highlighted business leadership's role in building DEI organizational culture and addressing issues that have affected their organizational reputations and worker retention. 2) Barriers to promoting DEI: a meritocratic hiring approach was identified and restricted the opportunities for under-represented groups. Participants identified a lack of accommodations available in their workplace environment, and some reported lacking awareness of DEI-related issues. 3) Strategies to promote DEI: participants suggested that increasing early career opportunities could help apprentices from under-represented groups build experience and make informed career decisions. These opportunities may also help employers understand an apprentice's qualifications. Establishing various resources and peer support systems to support the mental health and wellbeing of under-represented workers was also suggested. Conclusion Multiple challenges existed within the current skilled trades organizational culture, including sexism, biases, hiring barriers, and insufficient accommodations and awareness. Creating career opportunities and social support systems is needed to address these challenges and support worker mental health and wellbeing.

**Sorensen OH, Garn SD, and Nielsen SB. And then a miracle occurs: a review of theory of change models for societal impact of research. *Research Evaluation*. 2025; 34:rvaf057.**

<https://doi.org/10.1093/reseval/rvaf057> [open access]

**Abstract:** Through an umbrella review, this article identified and surveyed 24 societal impact of



research (SIR) models. Most of these models were developed within health domains and in Anglo-Saxon countries. The authors mapped the SIR models against constituent components of a robust theory of change. The study found that logic models were predominantly used to conceive SIR models. Yet, only nine models had explicit causal links, and only two made explicit assumptions about why research contributes to societal change. The old proverb among evaluators—when using theories of change to describe change—"and then a miracle occurs..." rings uncomfortably true to the current state of SIR theorizing. Further theorizing and conceptual clarity are needed to advance the science of research impact.

**Varanka-Ruuska T, Immonen M, Lundmark J, Hakulinen H, and Kangas P. Collaboration between occupational health services and other health care: a scoping review. *Journal of Occupational Medicine and Toxicology*. 2025; 20(1):43.**

<https://doi.org/10.1186/s12995-025-00489-y> [open access]

**Abstract:** BACKGROUND: Occupational health services play an important role in supporting employees' work ability and co-ordinating rehabilitation processes. However, they may operate quite separately from other health care systems, and the level of the collaboration between occupational health services and other health care varies across different countries. We aimed to evaluate how the co-operation between occupational health care and other health care providers has been studied. **METHODS:** This study was a scoping review. The literature search examined the databases of Scopus, Ovid Medline and Cinahl for original studies of collaboration between occupational health services and other social and health services from 2012 to 2022. The articles were evaluated on the basis of actor and form of collaboration. **RESULTS:** Out of the 1008 articles we found, 26 articles met our inclusion criteria. After searching the reference lists of the included articles, we chose seven more articles, resulting in a total of 33 articles for our scoping review. The articles were categorized according to the main actors of collaboration into seven groups: (1) collaboration between occupational health physicians (OP) and general physicians, (2) collaboration between OPs and rehabilitation physicians, (3) collaboration between OPs and psychotherapists, (4) collaboration between occupational health physiotherapists and general physiotherapists, (5) collaboration between occupational health professionals (OHP) and general health professionals, (6) collaboration between OHPs and specialized health care professionals and (7) collaboration between OHPs and other work-related stakeholders. **CONCLUSIONS:** The existing research on the collaboration between occupational health services and other health care appears to be mostly descriptive, highlighting the need for intervention studies of collaboration models

**Whittenburg HN, Taylor JP, Malouf ET, Carlson SR, and Rooney-Kron M. State-Level predictors of research-based transition recommendations for youth with disabilities in Workforce Innovation and Opportunity Act implementation. *Journal of Disability Policy Studies*. 2025; 36(3):176-186.**

<https://doi.org/10.1177/10442073251339818>

**Abstract:** The U.S. Workforce Innovation and Opportunity Act requires state vocational rehabilitation (VR) agencies to expand their employment-related transition services to youth with disabilities and coordinate service delivery with schools in new ways. Research has highlighted how states have begun to respond to the transition-focused mandates of WIOA, including the extent to which states have incorporated research-based transition recommendations (RBTRs) within their plans for WIOA implementation. However, research is missing that investigates possible relationships between state-

level characteristics and the quality of transition service implementation. We conducted a multivariate linear regression analysis to investigate the extent to which state demographics, services and training/professional development, transition policies, and VR funding predicted the extent to which states included RBTRs in their WIOA implementation plans. We included 48 states and the District of Columbia (N = 49) in our analysis. Our findings indicate states with higher VR budgets per state gross domestic product and states that begin transition planning for youth with disabilities before age 16 were more likely to incorporate RBTRs into their WIOA implementation plans. States operating under VR order of selection included significantly fewer RBTRs in their plans. Implications for future research, policy, and practice are discussed

**Xue B, Chung H, Gu R, and McMunn A. Does the 'right to request' flexible work policy influence men's and women's uptake of flexible working and well-being: findings from the UK Household Longitudinal Study. *Journal of Epidemiology and Community Health*. 2025; 80(1):17-24.**

<https://doi.org/10.1136/jech-2025-224166> [open access]

**Abstract:** BACKGROUND: The 'right to request' flexible working policy has been gradually extended and, by 2014, extended to cover all workers with at least 26 weeks of continuous employment. The impact of these policy changes is unclear. This research aims to assess the effects of the 2014 policy reform on the uptake of flexible working and its impact on health and well-being, focusing on gender differences. METHODS: Data were drawn from waves 2, 4, 6, 8 and 10 of the UK Household Longitudinal Study (2010-2020). We employed a doubly robust difference-in-differences method to estimate the average treatment effects on the treated of the 2014 policy reform. This analysis examined the effects on the uptake of flexible working, mental and physical health, and satisfaction with life, job and leisure. FINDINGS: The 2014 policy reform increased women's uptake of reduced hours work arrangements, with the effect growing stronger over time. However, no increase in uptake was observed among men. No strong effects were found for flexitime or teleworking arrangements for either men or women. Additionally, the policy reform resulted in a reduction in psychological distress and improved life satisfaction among women. CONCLUSIONS: The reduction in women's psychological distress and improved life satisfaction might be partly explained by the increased women's uptake of reduced hours arrangements, which may have enabled women to better meet their family care demands. However, even the gender-neutral policies on flexible working may inadvertently exacerbate gender inequalities in labour force participation by pushing women more into part-time work

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