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

***Di Giuseppe G, Jetha A, Pechlivanoglou P, Smith PM, and Pole JD. Cancer among adolescents and young adults contributes to reduced employment: relationship not mediated by educational attainment. *Journal of Cancer Survivorship*. 2026; [epub ahead of print].**

<https://doi.org/10.1007/s11764-026-02000-w>

Abstract: PURPOSE: To determine if the level of educational attainment mediates the relationship between a history of cancer experienced as an adolescent and young adult (AYA) and subsequent employment status. METHODS: We identified AYAs with a history of cancer diagnosis between the ages of 15 and 22 using the Canadian Community Health Survey (years 2000 to 2017) linked to the Canadian Cancer Registry. Marginal structural mediation models were used to decompose the total effect of cancer on employment into the natural direct effect and the natural indirect effect through education completed. Employment status was categorized as full-time (reference category), part-time, or not employed and analyzed using a multinomial logistic marginal structural model. RESULTS: We identified 202,960 individuals, of whom 270 were diagnosed with cancer as an AYA. The average elapsed time from diagnosis to survey completion was 8.7 (SD, 5.1) years. Compared to cancer-free peers, survivors had 1.62 (95% CI, 1.22, 2.10) times the odds of non-employment compared to full-time employment. Educational attainment mediated 14.0% (95% CI, -2.1%, 30.8%) of this total effect. No evidence of a significant effect of cancer on part-time employment was observed. CONCLUSIONS: Being diagnosed with cancer between the ages of 15 and 22 contributes to subsequent non-employment. Findings highlight the employment challenges faced by AYA survivors of cancer. IMPLICATIONS FOR CANCER SURVIVORS: Cancer's adverse effect on AYA survivors is directly on employment status rather than through the level of education attained, highlighting opportunities for interventions that promote work ability among survivors

***Kinitz DJ, Tran NK, Shahidi FV, Soltani S, Bryant-Lees KB, Flentje A, et al. Association of employment quality with depression among sexual and gender minority adults: a retrospective cohort study. *The Lancet Regional Health*. 2026; 58:101462.**

<https://doi.org/10.1016/j.lana.2026.101462> [open access]

Abstract: Background Sexual and gender minority (SGM) people face concerning rates of low-quality employment, unemployment, and depression. Our objective was to center employment in SGM mental health research and assess associations between employment quality and depression. Methods This retrospective study used data from The PRIDE Study—a national, community-engaged, longitudinal cohort of SGM adults in the United States. Employment quality in 2021 was categorized as: standard, secure-income; standard, insecure-income; non-standard, secure-income; non-standard, insecure-income; and unemployed. Mean levels of depressive symptoms were measured using the Patient Health Questionnaire-9 (PHQ-9) from 2021 to 2023. Mixed-effects linear regression models were used to evaluate the association between employment quality and PHQ-9 scores. Findings Participants' (n = 3354) median age was 34.7 years; 53.1% (n = 1782) were cisgender (sexual minority), 46.9% (n = 1572) transgender and gender diverse (TGD; any sexual orientation), and 91.5% (n = 3070) were white or selected multiple race/ethnicities, including white. Participants occupied standard, secure-income (57.0%; n = 1913); standard, insecure-income (9.3%; n = 313); non-standard, secure-income (12.8%; n = 432); non-standard, insecure-income (14.9%; n = 500); and unemployed (5.9%; n = 196) groups. PHQ-9 scores were highest (i.e., greater depressive symptoms) among standard, insecure-income; non-standard, insecure-income; and unemployed groups. PHQ-9 scores were higher among TGD workers in all employment quality groups compared to cisgender workers. In adjusted models, workers in standard, insecure-income (difference = 0.98; 95% CI, 0.38–1.58; p = 0.001); non-standard, insecure-income (difference = 1.39; 95% CI, 0.88–1.90; p < 0.001); and unemployed (difference = 3.12; 95% CI, 2.38–3.85; p < 0.001) groups reported higher depressive symptoms compared to the standard, secure-income group. Interpretation Poorer employment quality was associated with higher levels of depressive symptoms among SGM workers. Funding Dona Rockstad, Patient-Centered Outcomes Research Institute.

Backes J, Mueller SI, Geissler A, and Ehlig D. Occupational health interventions' impact on absenteeism and economic returns: a systematic review and meta-analysis. *Scandinavian Journal of Work, Environment & Health*. 2026; 52(2):79-97.

<https://doi.org/10.5271/sjweh.4265> [open access]

Abstract: OBJECTIVE: Health-related productivity losses impose a significant burden on health systems and economies. Occupational health interventions (OHI) are increasingly promoted as preventive strategies to reduce work-related illness and enhance productivity. However, their effectiveness often remains unclear, creating a lack of guidance to those deciding on their implementation. The aim of this review was to evaluate the effectiveness of OHI in reducing sickness absenteeism and generating economic returns, focusing on mental health, physical health, and workplace atmosphere interventions (eg, work climate enhancement, leadership training). METHODS: A systematic literature search following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guideline was conducted throughout December 2024. Risk of bias was assessed with Joanna Briggs Institute checklists. A random-effects meta-analysis synthesized OHI effects on sick days and return on investment (ROI). RESULTS: Of 2624 identified studies, 68 across eight industries met eligibility criteria. From these, 23 were included in the meta-analysis: 11 reporting on sick days, and 12 on ROI. OHI were associated with a

non-significant reduction in absenteeism [-0.18 days; 95% confidence interval (CI) -2.80-2.43; P=0.890] and a tendency of positive ROI (1.92; 95% CI -0.34-4.17; P=0.096), albeit with statistical uncertainty. CONCLUSION: We only found effect of OHI on ROI, however, absence effects on sick days do not necessarily imply a lack of effectiveness. We hypothesize that ROI benefits reflect improvements in presenteeism, although not directly measured. Overall, this review guides OHI selection and implementation, urges standardized evaluation, and prioritizes research on presenteeism measurement, non-OECD settings, and qualitative success factors

Chandrasekaran B, Bairapareddy KC, and Rao CR. Resistance exercise training on musculoskeletal, metabolic and psychological health in sedentary office workers: systematic review and meta-analysis. Journal of Occupational Rehabilitation. 2026; 36(1):23-42.

<https://doi.org/10.1007/s10926-025-10273-8> [open access]

Abstract: Purpose: To consolidate the emerging evidence on the effectiveness of resistance training (RT) in reducing the health risks among sedentary office workers. Methods: Four electronic databases were searched for evidence from its inception till September 20, 2024. Studies were included if they examined any form of RT program targeting musculoskeletal, metabolic, or psychological health outcomes in office workers aged 18 years or older using PICOS criteria (Population - office workers, Intervention - RT program, Comparison - placebo or sham control and Outcomes - musculoskeletal, cardiometabolic and psychological health variables). Two reviewers independently screened the studies for risk of bias and assessed the certainty of the evidence. Results: Out of 60 identified studies, 17 studies were eligible for narrative synthesis, and 16 were included in the meta-analysis. Modest reductions in neck (SMD = -1.76, I2 = 88%, p < 0.00001) and shoulder discomfort (SMD = -13.29, I2 = 91%, p < 0.00001), while marginal improvement in shoulder (SMD = 4.13, I2 = 99%, p = 0.03) and neck extensor muscle strength (SMD = 9.07, I2 = 9%, p < 0.00001). The cardiometabolic and mental health risk markers remain unaltered. High uncertainty of evidence was observed due to high heterogeneity, risk of bias, inconsistency and publication bias. Conclusion: Limited evidence demonstrate supervised RT programs of any dose has a potential to improve muscular strength and discomfort while potential cardiometabolic and mental health risk outcomes remain unaltered. However, more high-quality research trials are needed to understand the effects of RT on health benefits.

Devane D, Pope J, Byrne P, Forde E, O'Byrne I, Woloshin S, et al. Comparison of AI-assisted and human-generated plain language summaries for Cochrane reviews: a randomised non-inferiority trial (HIET-1) [Registered Report - stage II]. Journal of Clinical Epidemiology. 2026; 191:112102.

<https://doi.org/10.1016/j.jclinepi.2025.112102> [open access]

Abstract: Objectives To compare the comprehension, readability, quality, safety, and trustworthiness of artificial intelligence (AI)-assisted vs human-generated plain language summaries (PLSs) for Cochrane systematic reviews. Study Design Randomized, parallel-group, two-arm, noninferiority trial (ISRCTN85699985). Setting Online survey platform, September 2025. Participants Adults aged 18 years or older with a minimum English reading proficiency of 7 out of 10, recruited via Prolific. Of the 500 individuals screened, 465 were randomized and 453 completed per-protocol analysis. Interventions Participants were randomly assigned to three AI-assisted PLSs developed with ChatGPT and human-in-the-loop verification, or to three published human-generated Cochrane PLSs for the same reviews. Outcomes Primary: comprehension (10-item questionnaire, noninferiority margin 10%). Secondary: readability quality and safety, trustworthiness, and authorship perception. Results Mean comprehension

scores were 88.9% (n = 228) in the AI-assisted group and 89.0% (n = 225) in the human-generated group (mean difference -0.03 percentage points, 95% CI: -1.9% to 2.0%); the upper CI bound (2.0 percentage points) did not exceed the +10 percentage-point noninferiority margin, demonstrating noninferiority. Flesch-Kincaid Grade Level showed no significant difference (8.20 vs 8.38, P = .722), although formal noninferiority was missed (upper 95% CI bound 1.72 exceeded the 1.0 grade level margin). AI-assisted summaries scored higher on Flesch Reading Ease (63.33 vs 50.00, P = .008) and lower on the Coleman-Liau Index. All summaries met prespecified quality and safety standards (100% in both groups). Trustworthiness scores were comparable (3.98 vs 3.91, difference 0.068, 95% CI: -0.043 to 0.179; meeting noninferiority). Participants demonstrated limited ability to distinguish between authorship, correctly identifying AI-assisted summaries in 56.3% of cases and human-generated summaries in 34.7% (\approx chance for a three-option question), with 55.4% of human-generated summaries misattributed as AI-assisted. Exploratory subgroup analysis showed an age interaction (P = .023), though based on a small subgroup (n = 14, 3%). Conclusion AI-assisted PLSs with human oversight achieved comprehension levels noninferior to those of human-generated Cochrane summaries, with comparable quality, safety, and trust ratings. AI summaries were largely indistinguishable from those generated by humans. Pretrial verification identified and corrected numerical errors, confirming the need for human oversight. These findings support human-in-the-loop AI workflows for PLS production, though formal evaluation of the time and resource implications is needed to establish efficiency gains over traditional manual methods.

Eng I, Bergsten EL, Aboagye E, and Stromberg A. Flexible work arrangements in SMEs: navigating communication, collaboration and productivity challenges. *International Journal of Workplace Health Management*. 2026; 19(2):172-188.

<https://doi.org/10.1108/IJWHM-08-2025-0209> [open access]

Abstract: This study examines how employees in small and medium-sized enterprises (SMEs) in Sweden perceive the influence of flexible work arrangements (FWAs) on communication and collaboration processes, and how these processes in turn influence their perceived productivity. A qualitative design was employed, comprising five focus group discussions with SME employees from diverse industries. This approach allowed for the in-depth exploration of participants' experiences and perceptions of FWAs. The analysis revealed a dual impact of FWAs. On the one hand, flexibility enhanced individual focus and autonomy; on the other, it disrupted communication and collaborative routines essential for maintaining collective productivity. Employees described flexibility as a shared responsibility, requiring clear norms and intentional communication practices to sustain collaboration and ensure smooth workflows. The findings suggest that SMEs need to actively manage the relational conditions under which FWAs operate. Establishing shared norms for communication and availability, along with predictable moments for informal interaction, can help sustain coordination and collaborative workflows. Clarifying boundaries for digital availability may also protect employees' recovery. Together, these practices can make FWAs both productive and health-promoting. By focusing on SME employees' perspectives, this study shows how FWAs influence communication and collaboration processes that underpin key relational work practices. These findings extend prior research by clarifying how flexibility, while enhancing autonomy, may also create subtle bottlenecks in collaborative workflows and affect the relational conditions that support both productivity and workplace health

Fritts M, Lash E, Lyons GR, Villa A, Chernyavskiy P, Tatar R, et al. Contemplative training to bolster university employees' mental health, well-being, and workplace wellness: a prospective observational study. *Journal of Occupational & Environmental Medicine*. 2026; 68(3):256-267.

<https://doi.org/10.1097/JOM.0000000000003587> [open access]

Abstract: OBJECTIVE: This prospective, observational study examined the overall effectiveness of three online training programs to attenuate mental health concerns, enhance global well-being, and promote workplace wellness. METHODS: Employees and spouses at a large R1 university self-selected one or more of three interventions. Two included contemplative training and the comparison program did not, allowing us to evaluate the potential contribution of online contemplative training to well-being programming. Validated self-report measures were used to assess outcomes at baseline and 1-month and 1-year follow-up. RESULTS: Among 471 participants who provided baseline and follow-up data, a statistically significant time effect and small and consistent effect sizes were observed for almost all variables. CONCLUSIONS: The findings of this real-world study clearly show that online contemplative training programs can enhance mental health, well-being, and, to a small degree, workplace engagement among university employees

Hirva L, Mauno S, and Makikangas A. Development of job burnout and job performance: a latent profile and transition analysis over three years. *Work and Stress*. 2026; 40(1):104-124.

<https://doi.org/10.1080/02678373.2026.2618069> [open access]

Abstract: Previous research suggests that severe burnout impairs job performance, but most studies have been cross-sectional and variable-centred. This study adopted a person-centred longitudinal approach to examine burnout – performance profiles among Finnish employees (N = 565) over three years. Using latent profile and transition analysis, we investigated how symptoms of burnout (exhaustion, cynicism) and performance dimensions (task performance, organisational citizenship behaviour – OCB) co-emerge and co-develop over time. LPA revealed four distinct burnout – performance profiles. Even moderate burnout symptoms were associated with lower task performance, while OCB towards individuals remained high across all profiles. Four key findings emerged: (1) the relationship between burnout and performance varies depending on the specific symptoms and performance dimensions; (2) even moderate exhaustion associates with impaired performance, even in the absence of other burnout symptoms; (3) most employees remained in the same profile over time, and when transitions occurred, they were typically positive; (4) changing jobs was not associated with changes in burnout – performance profiles, suggesting that burnout symptoms may persist despite changes in the work environment. Overall, burnout and performance appear to reinforce each other – positively or negatively. The person-centred approach provides nuanced insights into individual developmental paths and supports early identification of risk profiles for targeted interventions.

Kudlinski D and Ryu J. Struck-by fatalities in construction: a systematic review of regulatory roles, responsibilities, and research gaps. *Journal of Safety Research*. 2026; 96:11-18.

<https://doi.org/10.1016/j.jsr.2025.11.010>

Abstract: INTRODUCTION: Construction struck-by fatalities involving heavy equipment and vehicles have remained high over the past decade, despite comprehensive OSHA and ANSI/ASSP authoritative frameworks that define specific safety roles and responsibilities for employers, supervisors, and workers. This systematic literature review examined how current research covers the safety roles and responsibilities outlined in authoritative standards for struck-by prevention. METHOD: Following

PRISMA guidelines, this study reviewed 87 peer-reviewed studies published between 2011 and 2024 from major databases including Scopus, Web of Science, PubMed, and IEEE Xplore. Studies were evaluated using binary coding to determine coverage of seven construction safety roles and six responsibility categories derived from OSHA 29 CFR 1926 and ANSI/ASSP A10.47-2021 standards. RESULTS: The results show that only 26% of potential role instances and 51% of responsibility instances were substantively addressed. A three-tier pattern emerged where high-focus roles (General Laborer 33%, Equipment Operator 25%, Employer/Manager 19%) dominated research attention, while critical frontline positions received minimal coverage (Spotter 4%, Crane Crew 4%, Crane A/D Director 3%, Traffic Control Supervisor 2%). Three methodological approaches, Incident Database Analysis, Proximity Sensors, and Digital Site Mapping, accounted for 77% of all studies. CONCLUSIONS: This study contributes to current knowledge by revealing a significant disconnect between research and standards in struck-by prevention, where essential safety roles integral to authoritative frameworks remains understudied in academic literature. PRACTICAL APPLICATIONS: The findings highlight the need for an integrated research agenda that bridges authoritative requirements with operational practice and expands methodological diversity to capture the full complexity of struck-by prevention

Larsen R, Dangerfield F, and Verrinder G. Exploring employee commuting in an Australian regional healthcare organisation: a qualitative study. *Journal of Transport & Health*. 2026; 48:102281.

<https://doi.org/10.1016/j.jth.2026.102281> [open access]

Abstract: Background Transitioning away from motorised transport is beneficial for human and environmental health by reducing sedentarism and greenhouse gas emissions respectively. Alternative modes of commuting, such as cycling, walking and public transportation can form an important part of the transition away from motorised transport. Many public and private organisations are undergoing sustainability transitions, including within the healthcare sector in Australia. Despite extensive research on travel behaviour, a greater understanding of the individual and organisational contributors to commute mode choice are required in the context of organisational sustainability transitions. Aim To understand the attitudes, decision making and habits of employees within a large regional healthcare organisation located in Victoria, Australia. Method A qualitative descriptive research design was used with individual, semi-structured interviews conducted over a 2-month period to collect data from employees. Interviews were transcribed verbatim and analysed using abductive thematic analysis. Results Four major themes were generated from interviews: individual commitment, motivation, organisational support, and external facilitative infrastructure. Within these major themes, 15 sub-themes described in greater depth the factors influencing employee's commute mode choice. These included: organisation, planning and trialling; deliberate decision making; mental, physical and financial co-benefits; end of trip facilities; and organisational advocacy. Conclusion Findings from this research conform with theoretical models, such as the Theory of Planned Behaviour and the Travel Mode Choice Cycle, indicating intention to perform a commute mode is a significant predictor of individual attitudes and commuting habits. The role of the organisation is also imperative to ensuring that employees have the required infrastructure and support to transition away from individual motorised commuting

Li H, Xie T, Liu Y, Cui C, Xia B, Li Y, et al. Influence of stressful events on work engagement of construction workers during emergency infrastructure projects: analysis using affective events theory and self-efficacy theory. *Journal of Construction Engineering and Management*. 2026; 152(4):04026012.

<https://doi.org/10.1061/JCEMD4.COENG-16758>

Lu Y, Karanikas N, and Carroll JA. Integrating occupational health and safety and health promotion: mapping current practice and worker perceptions in Australia. *Safety Science*. 2026; 198:107150.

<https://doi.org/10.1016/j.ssci.2026.107150> [open access]

Abstract: Occupational health and safety (OHS) interventions traditionally target workplace ergonomic, psychosocial, and material risks, while workplace health promotion (WHP) interventions primarily focus on health education and behaviour change. The objectives of this study were: (1) to assess the extent to which Australian workers received and participated in integrated interventions; (2) to explore how they viewed three common examples of integrated interventions. A descriptive cross-sectional study was conducted in Australia in 2024. Eligible participants were employed in Australian workplaces under any contract type and were aged ≥18 years. Descriptive statistics summarised current practices and perceptions, while inferential statistics explored associations between variables. A thematic inductive approach was employed to analyse qualitative data. Of the 394 workers, mainly from the education, health, and retail sectors, only 25% reported they received integrated interventions, and these workers showed satisfaction (median 4/5). Of the workers receiving integrated interventions, 67.1% participated in integrated interventions with a frequency of 1–4 times/year. Organisational size was significantly and positively associated with the implementation of integrated interventions. Regarding the three examples presented, participants considered them useful (median 4/5) and supported their implementation, with the intervention addressing excessive sitting/musculoskeletal pain being most frequently implemented. High-quality intervention content and human-centred delivery were identified as key success factors that should be carefully considered during intervention planning. Overall, the current picture about integrated interventions in Australia highlights the requirement for genuinely meeting worker needs around intervention delivery and content relevance and addressing worker concerns about privacy and perceived compulsion to improve uptake and effectiveness.

Odes R, Schill E, Van Matre-Wattles J, Bonnin FP, and Stedman C. "This is the future of responding to mental health": qualitative investigation of mobile crisis teams' occupational health experiences using the Total Worker Health framework. *Workplace Health & Safety*. 2026; 74(3):146-154.

<https://doi.org/10.1177/21650799251388469>

Abstract: BACKGROUND: Mobile crisis teams (MCTs) are an increasingly popular intervention for mental health emergencies, providing a therapeutic and specialized response. As programs expand, many agencies have identified staffing as a barrier to adequate implementation. This growing workforce's unique experiences have been minimally described in research. METHODS: This qualitative study draws on interviews with 22 frontline MCT workers in San Francisco, CA and Madison, WI. Questions and codes were guided by the Total Worker Health[®] framework, incorporating description of the physical work environment, workplace culture, and overall wellbeing at work. Thematic analysis was employed to guide the data analysis. FINDINGS: Many participants felt called to crisis work, finding satisfaction in building relationships with at-risk clients and recognizing the value of an innovative approach to mental health care delivery. Multiple participants stated that supportive leadership and autonomy contributed

to satisfaction. MCT responders' experiences of "Policies and Culture" were prominent in job-related stress; teams often navigate "gray area" patient care situations without extensive policy guidance. Blending diverse skillsets from mental health and emergency services in interdisciplinary teams, particularly while navigating high-risk situations, was an additional challenge that could be mitigated by focused training. CONCLUSIONS/APPLICATION TO PRACTICE: MCT members share occupational experiences with other mental health or emergency services responders but also face unique exposures. As MCT programs expand, comprehensive training can facilitate trust and foster effective team collaboration. Occupational health considerations play a key role in MCT implementation. Research describing team members' work experiences can guide policy and training decisions and improve system capacity

Ponder WN, Carbajal J, Schuman DL, Yockey RA, Galusha JM, and Stewart C. First-responder attachment-related distress and suicide: a cross-sectional parallel mediation model. *Journal of Occupational & Environmental Medicine*. 2026; 68(3):230-240.

<https://doi.org/10.1097/JOM.0000000000003570>

Abstract: OBJECTIVE: For first responders, their cumulative trauma exposure can lead to negative mental health consequences, including posttraumatic stress disorder (PTSD), depression, and generalized anxiety, which places them at an elevated risk for suicide. To mitigate the impact of this exposure, attachment theory offers a framework for conceptualizing these complex interactions. METHODS: In this study of treatment-seeking first responders (N = 190), we used measures of PTSD, depression, and generalized anxiety as predictor variables and conducted 10 PROCESS parallel mediation models with attachment avoidance and attachment anxiety as the mediators to the dependent variable, suicide. RESULTS: Attachment anxiety significantly mediated every parallel model, whereas attachment avoidance only significantly mediated dysphoric arousal, anxious arousal, and generalized anxiety. CONCLUSIONS: Attachment anxiety amplifies distress, which makes it a theoretical construct that deserves attention in clinical practice to prevent suicide

Romero-Parra M, Caballero O, Garcia-Hermoso A, Lopez-Gil JF, Paez-Herrera J, Yanez-Sepulveda R, et al. Do the long-term cardiometabolic effects of night shift work differ between men and women? A 17-year cohort study of the U.S. workforce. *Safety and Health at Work*. 2026; 17(1):70-75.

<https://doi.org/10.1016/j.shaw.2025.11.001> [open access]

Abstract: Background Shift work, particularly in night shifts, has been linked to adverse health outcomes, including disruptions in circadian rhythms that may contribute to metabolic disorders. However, sex-related differences in the impact of night shift work on cardiometabolic health remain understudied. This study sought to examine the relationship between night shift work and cardiometabolic health in young adults, identifying potential sex-related differences. Methods In this prospective cohort study, a total of 3201 participants (mean age: 22.08 years, 59.9% women) were analyzed over a 17-year period. Relative risks (RRs) with 95% confidence intervals (CIs) were calculated to evaluate the impact of night shift work on cardiometabolic health outcomes, including obesity, hyperlipidemia, hypertension, type 2 diabetes, and metabolic syndrome (MetS). Results At Wave V, 74.7% of participants were diagnosed with overweight/obesity, 51.8% with abdominal obesity, 15.5% with hyperlipidemia, 29.1% with hypertension, 8.3% with type 2 diabetes, and 20.9% with MetS. Night shift work was associated with an increased risk of obesity and abdominal obesity in women (RR = 1.99, 95% CI: 1.08 to 3.65 and RR = 1.60, 95% CI: 1.07 to 2.56, respectively) but not in men. Women also showed an elevated risk of diabetes (RR

= 2.69, 95% CI: 1.49 to 4.86), whereas no significant relationship was identified in men. Night shift work was not significantly associated with hypertension and MetS in either men or women. Conclusion Women working night shifts may benefit from targeted interventions for cardiometabolic health, particularly in managing weight and preventing diabetes, while men did not exhibit similar associations

Schubert M, Bolm-Audorff U, Andersen JH, Petereit-Haack G, Reissig D, and Seidler A. Scoping review on the effect of labour inspections on occupational health and safety: a meta-analytic update. *Journal of Occupational Medicine and Toxicology*. 2026; 21(1):5.

<https://doi.org/10.1186/s12995-026-00497-6> [open access]

Abstract: Purpose: The purpose of this scoping review was to summarise recent literature on labour inspections carried out by government authorities and accident insurance organisations, and their impact on workers' health and safety. Methods: A scoping review was conducted to investigate the effect of occupational safety and health (OSH) inspectorate interventions on occupational safety and health. The methodical approach was based on a previous systematic review on the effect of inspections on OSH. Literature searches were performed in PubMed, Web of Science and NIOSHTIC-2, complemented by screening of reference lists of the included full texts and topic-relevant reviews and a forward search in Google Scholar. Additionally, OSH authorities and accident insurance institutions in Germany, as well as the EU-OSHA national focal points were asked to submit reports on OSH inspections. Furthermore, the 'grey' literature search was extended to publications from the federal governments in Germany, Austria and Switzerland. Findings were extracted and combined with studies from the above-mentioned systematic review for meta-analysis. The study protocol with the methodological procedure was registered on Open Science Framework (<https://osf.io/gy2u6/>). Results: A total of 37 publications from Europe and North America on the effect of OSH inspections by government authorities were included in the study. Most of the studies examined the effect of labour inspections on (fatal and non-fatal) injuries at work, as well as the implementation of safety measures and compliance with legal requirements. The results of the individual studies generally indicate a protective effect of labour inspections on work-related injuries and compliance, but the results regarding compensation claims were heterogenous. In addition, pooled risk estimates from meta-analyses indicate that inspected workplaces had a lower risk of work-related injuries (relative risk (RR) = 0.75, 95% CI 0.57–0.97) and of non-compliance with workplace safety rules (RR = 0.68, 95% CI 0.45–1.01) compared with non-inspected workplaces. Conclusions: Our results reinforce the findings of previous reviews that inspections are effective in reducing work-related injuries. Thus, inspections are important for promoting and improving occupational health and safety. Supplementary Information: The online version contains supplementary material available at [10.1186/s12995-026-00497-6](https://doi.org/10.1186/s12995-026-00497-6).

Windle SB, Harper S, Arneja J, Socha P, and Nandi A. Systematic reviews of quasi-experimental studies: challenges and considerations. *Journal of Clinical Epidemiology*. 2026; 191:112121.

<https://doi.org/10.1016/j.jclinepi.2025.112121> [open access]

Abstract: Background In contrast to other observational study designs, quasi-experimental approaches (eg, difference-in-differences, interrupted time series, regression discontinuity, instrumental variable, synthetic control) account for some sources of unmeasured confounding and can estimate causal effects under weaker assumptions. Studies which apply quasi-experimental approaches have increased in popularity in recent decades, therefore investigators conducting systematic reviews of observational studies, particularly in biomedical, public health, or epidemiologic content areas, must be prepared to

encounter and appropriately assess these approaches. Objective Our objective is to describe key methodological challenges and considerations for systematic reviews including quasi-experimental studies, with attention to current recommendations and approaches which have been applied in previous reviews. Conclusion Recommendations for authors of systematic reviews: We recommend that individuals conducting systematic reviews including quasi-experimental studies: (1) search a broad range of bibliographic databases and gray literature, including preprint repositories; (2) do not use search strategies which require specific terms for study design for identification, given inconsistent nomenclature and poor database indexing for quasi-experimental studies; (3) ensure that their review team includes several individuals with expertise in quasi-experimental designs for screening and risk of bias assessment in duplicate; (4) use an approach to risk of bias assessment which is sufficiently granular to identify studies most likely to report unbiased estimates of causal effects (eg, modified Risk Of Bias In Nonrandomized Studies - of Interventions); and (5) consider the implications of varied estimands when interpreting estimates from different quasi-experimental designs. Researchers may also consider restricting systematic review inclusion to quasi-experimental studies for feasibility when addressing research questions with large bodies of literature. However, a more inclusive approach is preferred, as well-designed studies using a variety of methodological approaches may be more credible than a quasi-experiment which violates causal assumptions. Recommendations for the research community: Many of the challenges faced in conducting systematic reviews of quasi-experimental studies would be ameliorated by improved consistency in nomenclature, as well as greater transparency from authors in describing their research designs. The broader community (eg, research networks, journals) should consider the creation and implementation of reporting standards and protocol registration for quasi-experimental studies to improve study identification in systematic reviews

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