7th International Work Disability Prevention and Integration Conference (WDPI 2026)

Abstract Booklet: Poster Presentations

May 12-15, 2026
University of British Columbia Vancouver Campus | Nest Great Hall (2nd floor)

Wednesday May 13, 3:00 pm – 4:00 pm

Poster Session 1

1. Association between working from home and risk of musculoskeletal complaints – disentangling within- and between-person associations

Malte van Veen, Amsterdam UMC, The Netherlands

Background: Due to the Covid-19 pandemic and its associated work from home mandates, working from home has become normal for many workers. This change may have health-related consequences, because known work-related health determinants (i.e. the physical and psychosocial work environment) are affected as a consequence of working from home. To date the association between (partly) working from home reflecting the contemporary mode of working and physical health remains unclear. The aim of our study is to examine the association between working from home and musculoskeletal disorders during and after the Covid-19 pandemic, analytically disaggregating within and between person effects.

Methods: We used the Netherlands Working Condition Survey, Covid-19. This longitudinal data set measured aspects of work life and health in six waves: one pre-pandemic (2019), four during the pandemic (June 2020, November 2020, March 2021, November 2021) and one post-pandemic (June 2023). We operationalized working from home as weekly hours worked from home divided by total weekly working hours. For musculoskeletal disorder we distinguished between absence vs presence of complaints in the upper limbs and in the back. Existing studies on the topic did not distinguish between within-person and between-person associations. It is possible that these types of associations are incongruent and explicitly modelling them is potentially more informative as basis for interventions to prevent risk of musculoskeletal disorders. We fitted within-between regression models with data from 13,748 individuals. We also controlled for several variables including type of work and ergonomic quality of the home office workplace.

Results (preliminary): Our results show small but statistically significant associations between working from home and musculoskeletal complaints, for within- and between person estimates. OR's for a 10%pt. increase in working from home (95%-CI) for complaints in upper limbs are 1.03 (1.01-1.05; within) and 1.05 (1.01-1.08; between); for complaints in the back the OR's for a 10%pt. increase are 1.05 (1.03-1.08; within) and 1.06 (1.02-1.1) between).

Discussion: Working from home may be a risk factor for having and developing musculoskeletal complaints. More research is needed to identify a causal relationship between musculoskeletal complaints and working from home, including the role of work-related factors.

2. Diversity-Related Burnout in Career Service Professionals: From Scientific Evidence to Practice-Oriented Perspectives

Patrizia Villotti, Université du Québec à Montréal, Canada

With diversity and burnout being prominent features of contemporary societies and modern organizations, it is becoming imperative that we better understand the experience of acculturative stressors and their role in determining diversity-related burnout (DRB) in helping professionals, such as career service professionals. Similar to burnout, DRB is characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment stemming from chronic work-related stress. However, DRB specifically arises when individuals are exposed to challenges linked to cultural diversity in the workplace. We conducted a scoping review with the aim of mapping the existing scientific knowledge on DRB and to assess its relevance within helping professions. Findings were further enriched through six focus groups with career services professionals. Results show that assimilationist attitudes increase DRB. Protective factors include cultural competence, adaptability, and resilience. Conversely, lack of resources and organizational support exacerbate DRB. Professionals from ethnic minorities bear an additional burden due to racism, bias, and inequities. These findings highlight the importance of implementing training programs on intercultural competence as well as integrating diversity, equity, and inclusion (DEI) policies to prevent DRB and improve workplace well-being.

3. Symptom clusters of depression and anxiety and their impact on work disability in adults: insights for prevention and sustainable work participation

Luuk Bouwens, Amsterdam UMC, The Netherlands

Introduction: Depression and anxiety are among the leading contributors to work disability worldwide, associated with increased sickness absence, presenteeism, and reduced productivity. Comorbidity between these disorders is common and linked to more severe clinical profiles and greater functional impairment. Traditional diagnostic categories often fail to capture the heterogeneity of symptom presentations, whereas specific symptoms—such as fatigue, concentration problems, sleep disturbances, and irritability—appear to be more directly related to work-related difficulties. In the context of evolving job demands, understanding how these symptoms affect work participation is critical for work disability prevention and sustainable work participation.

Methods: We use data from the Netherlands Study of Depression and Anxiety (NESDA), a large-scale cohort study including adults with varying levels of depressive and anxiety symptoms. Latent Class Analysis (LCA) will be employed to identify empirically derived symptom clusters independent of formal diagnoses. Associations between symptom clusters and key occupational outcomes – employment status, absenteeism, presenteeism – will be analyzed using regression models. Additionally, the workplace factors job demands, autonomy, and social support will be evaluated as potential moderators in this relation, reflecting the role of organizational context in mitigating or exacerbating the impact of mental health symptoms on work functioning.

Results: Analyses are ongoing. Full results will be available and presented at the conference, highlighting how different symptom clusters relate to work disability and whether workplace factors play a moderating role.

Discussion: This study provides a more nuanced understanding of the relationship between heterogeneous symptom constellations of depression and anxiety and work disability. Findings are expected to contribute to targeted interventions, workplace measures, and policy strategies aimed at preventing work disability and promoting sustainable work participation. By considering both individual symptom profiles and contextual workplace factors, this research contributes to identifying effective solutions for preventing work disability and fostering integration across diverse occupational settings, including evolving job environments and high-risk worker groups.

4. Supporting occupational health professionals to address inadequate illness perceptions in return to work: Development and feasibility of the Dyadic Illness Perception Intervention

Haitze de Vries, University Medical Center Groningen, The Netherlands

Background
Inadequate illness perceptions held by both workers and their significant others (partner, family, friends) have been identified as important factors associated with adverse work outcomes. Occupational health professionals (OHPs) often lack the skills to address these perceptions effectively, and therefore require additional training. The aim of this study was to develop and evaluate the feasibility of the Dyadic Illness Perception Intervention (DIPI), designed to support OHPs in addressing inadequate illness perceptions of workers with chronic diseases.

Methods
Intervention mapping was used to systematically develop DIPI. A needs assessment included a literature review and an interview study with ten workers, seven significant others and eight HR managers. In addition, two focus group discussions were conducted with seven OHPs and eight experts. The data were used to construct a logic model of the problem and to define program goals for the development of DIPI. Finally, the feasibility of the DIPI training was evaluated.

Results
In the DIPI training, professionals learned to conduct three face-to-face consultations. In the first consultation the illness perceptions of both the worker and the significant other were assessed using the brief Illness Perception Questionnaire. These results served as a starting point for a discussion to identify perceptions that may hinder return to work. In the second consultation, the OHP, the worker, and (if present) the significant other identified inadequate perceptions and related behaviors. Together they set behavioral change goals and create an action plan. The third consultation focused on evaluating the action plan, including the role of the significant other in supporting behavior change. Twelve OHPs completed the training, and subsequently applied the intervention in practice. Overall, the feasibility of the training was rated positively by all stakeholders.

Conclusions
DIPI is a theory- and practice-based intervention that equips OHPs with knowledge and skills to address illness perceptions and behaviors of workers with chronic diseases, while also considering the role of significant others. The feasibility of the DIPI training was found to be sufficient to support broader implementation.

5. Documenting the Effects of Diagnosis Disclosure on Workers' Coping Strategies Following Acute Musculoskeletal Injury

Caroline Marois, Université de Sherbrooke, Canada

Introduction : MSDs are frequently non-specific, meaning theetiology is not attributable to specific anatomical structures. This lack of specificity complicates the understanding for the patient, as well as the development of adequate coping strategies. However, diagnosis can help understanding the condition. Yet little is known about how receiving a diagnosis influences coping strategies. The objective of this study is to explore how receiving a diagnosis influences illness representations and coping strategies among workers diagnosed with an MSD in the last three months.

Method: A qualitative descriptive interpretative design was used. A purposive sample was used to recruit ten participants from two private chiropractic clinics. Participants had (1) musculoskeletal pain (<3 months); (2) difficulties maintaining their regular work due to their MSD; (3) received a musculoskeletal diagnosis in the past three months; (4) aged 18 or older; (5) speaking French. Participants completed a 60-minute individual semi-structured interview and a socio-demographic questionnaire. The interview guide was pre-tested and build upon Leventhal's Common-Sense Model of illness (CSM). Anonymized interviews were analysed using a mixed coding method, based on the CSM and allowing emerging themes. Interrater agreement was excellent.

Results: Regardless of their area of pain, incapacity level or age, wait and see approach appeared across all participants, with limited coping strategies (analgesic, lowering activity level). Three elements triggered consulting a chiropractor: persistence or appearance of new symptoms and ineffective coping strategies. In most participants, receiving a diagnosis restored coherence in how they viewed their condition and offered validation. Diagnosis also provided reassurance, even if it had not been a primary concern. Reassurance allowed for more adaptive coping behaviors, as well as increased self-efficacy and engagement in rehabilitation strategies. Participants appeared prompt to adopt new coping strategies following the chiropractor's recommendations and to be more invested in their wellbeing.

Conclusion: The findings contribute to a better understanding of the thoughts, beliefs, and behaviors of workers who have recently received a musculoskeletal diagnosis. It highlights the importance of diagnostic communication in clinical practice and how reassurance facilitates coping strategies.

6. A cross-jurisdictional comparison of administrative burden on GPs supporting injured workers in Victoria, Queensland, and Ontario

Preeti Maharjan, Monash University, Australia

Background:
Australia and Canada have similar workers' compensation systems, which fund medical care for injured workers to support recovery. General practitioners (GPs) play a central role in rehabilitation. This role is shaped by jurisdiction-specific policies and administrative requirements. This study analysed jurisdictional policy to understand similarities and differences in GP-related tasks within workers' compensation systems in the Australian states of Victoria and Queensland and the Canadian province of Ontario.

Method:
Analysis of publicly available policy documents was conducted using the READ (Ready materials, Extract data, Analyse data, Distil) approach. Documents included legislation, regulations, best practice guidelines, and position statements issued by government authorities, peak healthcare organisations and insurers. Documents were included if they explicitly define GP's workers' compensation related tasks in diagnosis, treatment or management of injured workers.

Multiple search methods were used, including advanced Google searches, Overton, and targeted searches of relevant organisational websites. Searching yielded 1312 results in total, of which 150 met eligibility criteria. Data was extracted into a pre-defined form. Narrative content analysis compared findings between jurisdictions.

Results:
Initial analysis showed GPs were expected to perform a range of administrative tasks and these were broadly similar across jurisdictions. Specific task included issuing certificates of capacity (CoC), preparing reports, and communicating with different stakeholders. Further analysis revealed key differences in how these tasks are implemented. For example, in Victoria the initial CoC must be issued by a GP and renewed every 28 days. In Queensland certificates may be issued by GPs, surgeons, psychiatrists, and nurse. In Ontario, GPs, physiotherapists, chiropractors, and nurses may issue certificates. GPs, physiotherapists, chiropractors, nurses and dentists. Neither jurisdiction requires time-based renewal. Payment policy also varied between jurisdictions. For example, Queensland offers higher fees for reports submitted within 10 business days but this incentive was not provided in Victoria or Ontario. In Ontario, employers can choose to pay GPs directly for reports and CoC. In Queensland, prior approval is required by insurers to fund case conferences.

Conclusion:
There are substantial differences in policies and processes impacting GPs between workers' compensation systems. These differences may impact GP workload, autonomy of care, and injured worker experience.

7. Barriers for return-to-work in sick-listed employees with cancer: A scoping review

Ida Goplen Gulliksen, Oslo Metropolitan University, Department of Rehabilitation Science and Health Technology, Norway

Aim:This review aims to contribute to an enhanced understanding of the current research regarding barriers for return to work (RTW) by investigating the RTW barriers that sick-listed employees with cancer have experienced, as reported in the empirical literature.

Methods:Literature searches were conducted on Medline, CINAHL, PsycINFO, Embase, Web of Science, and Google Scholar using search terms related to return-to-work and barriers. A qualitative deductive content analysis was utilised. The International Classification of Functioning, Disability and Health (ICF) was used as a conceptual framework to define and describe RTW barriers.

Results:A total of 1946 articles were identified, of which 62 articles met the inclusion criteria. In these articles, a total of 909 meaning units describing RTW barriers were identified. Most RTW barriers (357 meaning units, 39%) were registered in the ICF domain Body function, where the category Mental function (176 meaning units, 19%), with emotional and psychological distress, memory functions and concentration (attention functions) being the most mentioned barriers. Environmental factors were also commonly reported as RTW barriers (327 meaning units, 36%), with the underlying domain of Services, systems, and policies having the largest number of reported RTW barriers (182 meaning units, 20%).

Conclusion: Although cancer is viewed and treated as a somatic disease, results from this study show that it is mental impairments and environmental factors that mainly affect the return-to-work process for cancer survivors.

8. Workers' self-direction in return-to-work: insights from a multi-stakeholder qualitative study

Bibi de Mul, University Medical Center Groningen, The Netherlands

Background
Self-direction is beneficial for workers' sustainable work participation; however, many workers struggle to proactively contribute to their return-to-work (RTW). In many countries, RTW is a gradual process of increasing work tasks and hours that involves multiple stakeholders. Insights from these stakeholders provide a comprehensive understanding of what enables or hinders workers in self-directing their RTW. Therefore, this study aims to examine experiences with workers' self-direction in RTW from a multi-stakeholder perspective, incorporating the views of workers, employers, and occupational health professionals.

Methods
A qualitative multi-stakeholder approach was used, including 32 stakeholders. We conducted individual semi-structured interviews with (previously) sick-listed workers (n=7) and employer representatives (n=4). Furthermore, we conducted two focus groups with occupational health professionals (n=16) and one focus group with employer representatives (n=5). Data were transcribed and thematically analyzed by two researchers.

Results
Many sick-listed workers experienced challenges in self-directing their RTW. Stakeholders emphasized that three types of knowledge are necessary to self-direct RTW: awareness of rights and responsibilities, insight into potential RTW outcomes, and comprehension of financial consequences of long-term sickness absence. Furthermore, stakeholders mentioned that workers need skills such as self-reflection, executive functioning, and self-regulation of emotions. Lastly, workers need a supportive environment to self-direct RTW. Specifically, stakeholders agreed that workers require a person-centered support as well as informational, emotional, and instrumental support.

Conclusions
This multi-perspective qualitative study showed that self-directing RTW is a challenging task. It is considered as a learning process for which workers need knowledge, skills, and an environment that enables them to self-direct their RTW. Policy makers and stakeholders involved in occupational health care can use these findings to improve workers' self-direction in RTW.

9. Work reintegration after heart and/or lung transplant: insights from a systematic review

Karen Walker-Bone, Monash University, Australia

Background: Heart and lung transplantation improve survival for individuals with end-stage cardiopulmonary disease, yet many recipients face challenges engaging in work post-transplant. Understanding the determinants and long-term consequences of work disability in this population is essential for designing interventions that promote sustainable workforce participation and social integration.

Methods: We conducted a systematic review following PRISMA guidelines, with a prospectively registered protocol on PROSPERO (CRD42025634363). Research questions were informed by consultation with members of a lived-experience peer support group to ensure practical relevance for heart and/or lung transplant recipients. Ovid MEDLINE, Ovid Embase, CINAHL, Web of Science, and PsycINFO were searched for studies published January 2000 – August 2024, supplemented by bibliographic and forward citation searches. We included quantitative and mixed-methods observational studies reporting post-transplant employment or return-to-work (RTW) outcomes in adults. Screening, data extraction, and risk of bias assessment were conducted independently by multiple reviewers, with discrepancies resolved by consensus. Risk of bias was evaluated using the Joanna Briggs Institute Critical Appraisal Tools.

Results: Forty-seven articles, representing 42 unique studies and 24,682 heart and/or lung transplant recipients (12,970 heart; 11,712 lung), were included. Studies were from hospital clinics and registries and were from 15 different countries (14 high-income, 1 middle-income). Post-transplant employment rates were generally low: heart 21%-59%, lung 13%-52%, with registry studies showing 1-year rates of 22%-34%. RTW rates varied widely: heart 28%-88%, lung 18%-83%, with median time to RTW ranging from 5-21 months. Positive determinants of work participation included pre-transplant employment, younger age, higher education, and male sex, whereas post-transplant complications, fatigue, and depression were associated with lower participation. Other work-related outcomes such as work ability, absenteeism, and employer support were inconsistently reported, limiting understanding of long-term work disability consequences. Methodological limitations were widespread, particularly reliance on self-reported, unvalidated work outcome measures and heterogeneous follow-up time points.

Conclusion: Work disability is common following heart and/or lung transplantation, influenced by both pre- and post-transplant factors, with significant long-term implications for workforce reintegration. Addressing these determinants through targeted interventions and high-quality research using validated work outcome measures is critical to improving long-term work participation and reducing disability burden among transplant recipients.

10. Navigating work after prostate cancer: barriers, supports, and opportunities

Karen Walker-Bone, Monash University, Australia

Background: Prostate cancer treatment can seriously disrupt working life, yet evidence on men's experiences of returning to and sustaining work is fragmented. We need a better understanding of these experiences to design strategies that prevent long-term work disability and support healthy work participation in survivorship.

Methods: We systematically searched Ovid MEDLINE, Embase, PsycINFO, CINAHL, and Google Scholar (May 2025) for qualitative studies reporting men's work-related experiences during or after prostate cancer treatment. We included original qualitative or mixed-methods research with extractable qualitative findings. We followed PRISMA guidelines for screening, data extraction, and data analysis, and assessed risk of bias using the Joanna Briggs Institute tool. Data were analysed using thematic synthesis, integrating descriptive codes into higher-order analytical themes to identify cross-cutting patterns across contexts. The review was prospectively registered on PROSPERO (CRD420251083779).

Results: We found eleven studies reporting on 302 men, from five high-income countries (United Kingdom, United States, Canada, Australia, Sweden). Six themes were identified: return-to-work timing and trajectories; financial pressures; support systems; treatment side effects and stigma; adjustments and adaptations; and work identity, values, and priorities. Men described highly variable pathways, shaped by treatment side effects such as incontinence and fatigue, occupational demands, and age-related opportunities for retraining. Financial strain was acute among self-employed men and those in precarious employment, while social expectations of masculinity and the "breadwinner" role heightened the stigma of functional limitations. Support from employers, colleagues, and family helped to

facilitate reintegration. Flexible scheduling, phased work return, and task modification were particularly valued. Work was frequently described as central to identity and coping, though some men shifted priorities toward health and family post-treatment.

Conclusion: Prostate cancer survivors' work participations are influenced by the interplay of treatment effects, employment conditions, and work and family social context. Despite the problems of work participation after treatment that we found, evidence on supportive interventions remains scarce. There is an urgent need for tailored occupational rehabilitation, workplace accommodations, and integrated survivorship strategies that address both functional limitations and psychosocial concerns to prevent long-term work disability for men who experience prostate cancer.

11. Associations of psychosocial conditions in work and private life with return to work among sick-listed employees

Maaike de Jong, University Medical Center Groningen, The Netherlands

Purpose

In recent decades, changes both within and outside work have intensified the demands of employees' work and private lives. Although emerging evidence suggests that poor psychosocial conditions in both domains negatively affect health and work outcomes, knowledge about their association with return to work (RTW) among sick-listed employees remains limited. The aim of the present study was to explore the association of psychosocial demands and resources in work and private life with RTW among employees with chronic diseases six months after reporting sick.

Methods

This study employed a prospective cohort design, using questionnaire data and sick leave registry data from sick-listed employees with a chronic disease. Psychosocial work conditions were measured using five dimensions of the Copenhagen Psychosocial Questionnaire (COPSOQ). Psychosocial demands and resources in private life were measured by adapting COPSOQ dimensions to the private life context. Logistic regression analyses were conducted to examine the associations between work and private life conditions and RTW.

Results

The final study sample consisted of 117 employees, with a mean age of 52.2 years (SD = 10.8). About half of the employees were male (55.6%). Data visualization revealed higher RTW rates among employees reporting low work demands and high work resources, as well as among employees reporting high quantitative and emotional demands in private life. Logistic regression analyses showed a significant association only between quantitative work demands and RTW.

Conclusion

The findings of this study suggest that high quantitative work demands are associated with a lower likelihood of RTW within 6 months among employees sick-listed with chronic diseases. This underscores the potential value of strategies aimed at reducing work pace, preventing task accumulation, ensuring sufficient time to complete tasks, and limiting overtime in support RTW. Although other psychosocial conditions in both work and private life were not significantly associated with RTW, data visualization suggests that the lack of associations may be attributable to the small sample size, highlighting the need for studies with larger study populations. Occupational rehabilitation programs should adopt a holistic approach to address demands and resources in both work and private life settings to facilitate RTW.

12. From Clinical Intuition to Structured Professional Judgment: The Development and Prospective Validation of the Worker Wellbeing Assessment Guide (WWAG)

Michel Lariviere, Laurentian University, Canada

Background

Return-to-work (RTW) after injury or illness is a complex process shaped by medical, psychological, workplace, and contextual factors. Despite the costs of prolonged absence, RTW readiness is often judged with a reliance on professional opinion in the absence of a structured measure. Existing screening measures rarely integrate empirically-derived predictors into a single, practical framework, leading to inconsistent care and delays in workplace reintegration. The Worker Wellbeing Assessment Guide (WWAG) was developed to address this gap and provide a structured, evidence-based approach to predicting both the likelihood and timing of RTW.

Objectives

This presentation outlines the evidence underpinning the WWAG and shares preliminary results on its psychometric properties.

Methods

Development began following a study with 2,224 mining industry workers from various trades and professions. These workers completed a comprehensive survey addressing the biopsychosocial determinants of RTW and other health measures. Findings were

cross-referenced with the broader literature through a scoping review, identifying salient predictors in a cross-disease approach. Currently, ~200 participants are being recruited from clinical and occupational health settings while off work due to illness or injury for a pilot study using the WWAG. Participants will complete the WWAG at baseline, with follow-ups tracked at 3, 6, and 12 months or until a RTW outcome is reached.

Results
Preliminary results demonstrate that three domains consistently shape RTW outcomes: personal health (e.g., fatigue, sleep, perceived health), psychosocial factors (e.g., resilience, social support, work attachment), and organizational factors (e.g., perceived workplace safety, availability of RTW accommodations). These domains guided item selection for the WWAG. Early findings demonstrate robust indicators of reliability, validity and internal consistency for the WWAG.

Conclusion
The WWAG is a novel, evidence-based tool for assessing RTW readiness. By combining health, psychosocial, and organizational predictors, it offers a structured approach to guide claim decisions, support workers, and reduce disability costs.

13. Which return-to-work expectancy question is most accurate for predicting prolonged sick leave? A secondary analysis from a randomised controlled trial

Lene Aasdahl, Norwegian University of Science and Technology, Norway

Aim: Several factors have been identified as predictors of prolonged sickness absence, encompassing individual, psychosocial and occupational variables. Among these, return-to-work expectancy has emerged as a particularly influential factor. However, the methods for measuring return-to-work expectancy vary greatly. The aim of this study was to assess the prognostic value of four distinct return-to-work expectancy questions in predicting prolonged sickness absence.

Methods: This was a secondary analysis of a randomised clinical trial. Four expectancy questions were evaluated regarding their predictive power for future work outcomes: a) Expected time to return to work (categorical): <2 months, 2–4 months, 4–6 months, >6 months; b) Expectation of return to work within 3 months (continuous, 0–10); c) Confidence in return to work (continuous, 0–10); d) Expected duration of sick leave (continuous). Outcomes on sickness absence (>90 days, >180 days, more long-term or permanent benefits) were registry-based, ensuring no missing information. Univariable and multivariable logistic regression models were applied. Analysis included a simple adjusted model (age, sex, higher education) and a fully adjusted model (simple model plus anxiety/depression symptoms, self-rated health, sick leave days in the previous year, work ability, and physical vs. sedentary work).

Preliminary results: Across all outcomes, expectations were associated with prolonged sick leave, but the strength of associations varied. Categorical expectations showed the strongest and most consistent associations, with ORs >5 for the longest duration categories, and remained significant in fully adjusted models for all three outcomes. Expectation of return within 3 months and expected duration were significant for selected outcomes, while confidence was not. Incremental performance metrics confirmed categorical expectations as the most robust predictor, consistently improving discrimination and explained variance across outcomes, even in fully adjusted models.

Conclusion: Categorical expectations appear to be the most robust and consistent expectation-based predictor of prolonged sick leave. These findings underscore the importance of how expectations are operationalised when assessing prognosis. Final results will be presented at the conference.

14. Symptom clusters to support early triage in sickness absence due to mental health problems

Astrid de Wind, Amsterdam UMC, The Netherlands

Introduction:
Sickness absence due to mental health problems (MHPs) represent a growing concern. Traditional diagnoses have limitations in terms of predicting return to work (RTW), and, as such, may not always adequately inform guidance of employees on sick leave. Examining symptom clusters may be a valuable addition to the current triage process in occupational healthcare. Therefore, this study addresses the following research questions: 1) Can distinct symptom clusters be discerned among employees on sick leave due to MHPs? 2) Are the identified clusters associated with absence duration?, and 3) Does this information provide an actionable perspective in the triage context of occupational healthcare?

Methods:
This study used routinely collected data from a nationally operating Dutch occupational health service of 16,831 employees aged ≥16 years on sick leave due to MHPs. The data consisted of responses to a triage survey, including the Four-Dimensional Symptom

Questionnaire, combined with sickness absence registration data. A specific clustering algorithm for ordinal variables, namely k-prototypes to Gower distances, was performed to identify symptom clusters. Tukey's post hoc test was applied to investigate the association with absence duration. Interviews with occupational physicians were conducted to give meaning to the clusters and to determine actionable perspectives.

Results:
Three clusters of employees with a similar symptom pattern could be discerned. The identified clusters are associated with absence duration, with, respectively 170, 190 and 208 days of sickness absence. Interviews with occupational physicians are currently taking place. Results are expected by May 2026.

Discussion:
These findings suggest that symptom clusters could serve as early indicators of absence duration at the onset of a sick leave episode, as the data used for analysis is available six weeks prior to a formal diagnosis. However, it is important to note that we lack information on whether employees received treatment during the period between reporting sick and RTW, which may differ systematically between clusters. Nevertheless, this early insight could help occupational healthcare providers develop more timely and targeted guidance strategies for employees on sick leave due to MHPs, potentially accelerating the RTW process.

15. Occupational Hazards in Dentistry: Compensation Claims Analysis

Zeinaba Diarra, Institut de recherche Robert-Sauvé en santé et en Sécurité du travail (IRSST), Montreal, Quebec, Canada, Canada

Background. Quebec's dental workforce represents over 20,000 workers who are routinely exposed to numerous occupational hazards, including biomechanical strain, biological, physical, and chemical exposures, which can adversely affect their health and work ability, while also incurring significant costs.

Objective. To describe the distribution and the cost of compensation claims from dental workers in Quebec.

Methods. We analyzed claims from dental workers compensated by the Quebec Workers' Compensation Board from 2005 to 2019. Claims were stratified by type of injury, sex, and age. The number of compensated days and the total cost of claim were also analysed.

Results. Over fifteen years, 2230 claims were compensated for dental workers, 96% being from women. Chemicals/pricks-related injuries represented the largest number of claims (41%), followed by musculoskeletal disorders (MSDs) (36%), getting hit or struck (13%), falls (7%), and others (4%). There was no statistical difference in the type of claims between men or women (Pearson chi2(4)=6.9 P=0.139). The greatest proportion of claims in the <34 age group was for chemicals/pricks-related injuries (57% of 979 claims), whereas it was for MSDs in the 35-54 and the >55 age groups (48% of 1100, and 39% of 151 claims, respectively).

Fifty-four percent of claims received an income replacement indemnity. The geometric mean (GM) days of absence was 61 for women (95%C.I. 55-68) and 31 for men (95%C.I. 18-52). The GM days of absence for women under 35 years old was 32 (95%C.I. 26-39), increased to 82 (95%C.I. 72-94) in the 35-54 age group, and to 86 (95%C.I. 57-128) for >55. The GM total cost of claims was $2,449 (95%C.I. $2,267-$2,646), with a GM total cost for women twice that of men (GM ratio = 2.1, 95%C.I. 1.4-3.2), and with substantial variability by type of injury. The GM cost for chemicals/prick-related injuries was $834 (95%C.I. 787-885), and it was 5.4 times higher for falls (95%C.I. 4.2-6.9) and 11 times higher for MSDs (95%C.I. 9.9-13).

Conclusion. These findings highlight distinct claims patterns and costs among dental workers, underscoring the need for preventive strategies. Despite some limitations, compensation claim statistics remain valuable for raising awareness among professionals, workers, and employers.

16. Pain and disability representations associated with workers' helplessness and resistance to active rehabilitation are key intervention challenges for musculoskeletal clinicians.

Patricia Godbout, Université de Sherbrooke, Canada

Purpose. The study objectives were to (1) identify prevalent unhelpful worker-held pain and disability representations and (2) explore clinicians' intervention challenges with these representations.

Methods. An explanatory sequential mixed methods design was used (quan → QUAL). Secondary analysis of a database was performed first. The database included the scores of 297 sick-listed workers with musculoskeletal disorders on the Revised Illness Perception Questionnaire for Work Disability. This validated tool appraises workers' pain and disability representations with nine dimensions. The questionnaire is scored by dimension, with each dimension categorized as helpful, intermediate or unhelpful representations.

Descriptive statistics identified the most prevalent unhelpful worker-held representations. Based on these quantitative findings, a theory-driven semi-structured interview guide was developed and pretested for the qualitative phase. The guide explored clinicians' intervention challenges with workers' pain and disability representations. A purposive sample of physiotherapy professionals (n=8) and occupational therapists (n=6) was selected. A content analysis with a mixed coding approach was conducted on the transcripts (intercoder agreement of 92.5%).

Results. The secondary data analysis showed that dimension of severe consequences, unpredictable symptoms, and negative emotions were the most prevalent unhelpful worker-held representations. The interviews identified clinicians' key intervention challenges as two pain-and-disability representation patterns. The first depicted workers' perceptions of unpredictable and uncontrollable pain, perceptions that generate negative emotions. The clinicians associated this pattern with workers' sense of helplessness. The second pattern involved workers' firm beliefs in a biomedical cause, leading to their perceptions of low levels of treatment and personal pain control. According to clinicians, this pattern led to workers' resistance to active rehabilitation. The patterns were not mentioned as challenges because they included prevalent unhelpful worker-held representations, but rather because both negatively impact treatment engagement. Foremost, our results suggest that clinicians' interventions were not fully coherent with the workers' representation patterns described to properly foster treatment engagement.

Conclusion. The clinicians' key intervention challenges were two pain-and-disability representation patterns, which included or not, prevalent unhelpful worker-held representations. Providing a representation-coherent intervention (i.e., one that makes sense) appears as the overall challenge clinicians face when they encounter representation patterns of helplessness and resistance in workers with musculoskeletal disorders.

17. Exploring disability inclusion in the natural resources sector: A scoping review of employer practices, policies, and barriers

Kim Cullen, Memorial University of Newfoundland, Canada

Background: People with disabilities (PWD) remain underrepresented in physically demanding industries such as mining, oil and gas, and renewable energy. Despite growing commitments to workplace diversity, inclusive hiring in these sectors has been slow. This scoping review examines employer disability confidence, accessibility policies, workplace supports, employment barriers, and relevant legislative frameworks to inform sector-specific strategies for disability inclusion in Newfoundland and Labrador.

Objectives: To (1) identify employer-focused disability inclusion strategies, (2) assess existing accessibility policies and resources, (3) explore barriers to employment for PWD, and (4) examine legislative frameworks from other jurisdictions that may guide industry practices.

Methods: Following the PRISMA-ScR framework, peer-reviewed and grey literature were systematically searched across databases, industry reports, and government policies. Eligible sources addressed disability inclusion within natural resource industries or transferable insights from related sectors. Data extraction focused on employer disability confidence, recruitment and retention strategies, accommodations, barriers, and legal frameworks.

Results: Findings from 87 peer-reviewed and 242 grey literature documents show low employer disability confidence and limited sector-specific guidance. Common barriers include stigma, disclosure concerns, and misconceptions about accommodation costs. Practical supports such as accessibility passports and disability employment coaches are promising but largely sector-general. Legislative frameworks exist but are difficult to operationalize in high-risk, physically demanding environments.

Conclusions/Implications: Improving disability inclusion in resource industries requires co-created sector-specific tools, targeted education, and supports that translate legislation into practice. Building employer confidence through exposure, practical accommodation guidance, and applied pilot programs can strengthen both equity and workforce sustainability.

18. Reducing work-related cold-water fatalities and injuries in commercial fishing through personal flotation devices and locator beacons: from evidence to intervention.

Kim Cullen, Memorial University of Newfoundland, Canada

Background: Commercial fishing remains one of the most hazardous occupations in Canada, with cold-water immersion incidents leading to fatal and non-fatal injuries that remove experienced workers from the labour force. Personal flotation devices (PFDs) and personal locator beacons (PLBs) are critical for preventing drowning and reducing exposure time, but consistent use remains low.

Objectives: To identify behavioural and practical factors influencing PFD and PLB use, and evaluate the effectiveness of a sector-led PLB subsidy program aimed at improving usage rates in Newfoundland and Labrador as part of a broader strategy to prevent cold-water injuries and work disability.

Methods: This project builds from a systematic review of international literature on barriers and facilitators to PFD and PLB use. A province-wide baseline survey established usage patterns and influencing factors among fish harvesters. A second survey is assessing changes following a PLB cost-share intervention, while focus groups in Fall 2025 will explore persistent barriers and opportunities for co-designed solutions. A third survey scheduled for November 2025 will provide longer-term evidence of program impact.

Results: Early findings point to moderate PFD use and low PLB uptake. Cost, access, and interference with work remain the strongest barriers. Most harvesters recognize PFD effectiveness, but PLB awareness is still limited. Early signals show growing uptake through the subsidy initiative.

Conclusions/Implications: Reducing immersion-related injuries is key to preventing work disability in commercial fishing. Combining behavioural insight, sector leadership, and practical intervention offers a clear path toward stronger workforce protection in high-risk industries.

19. Wired for Wellness: A Mixed Methods Study to Investigate Electricians' Physical Health (Survey Preliminary Results)

Donia Obeidat, University of Toronto, Canada

Background: Work-related musculoskeletal disorders (WMSDs) are a leading cause of disability globally, with prevalence rates in skilled trades ranging from 33% to 89%. Electricians are particularly vulnerable to repetitive movements, overhead work, and awkward postures, which can contribute to shoulder and neck pain. These conditions reduce work capacity and negatively impact quality of life and mental health. Despite their high prevalence and substantial negative impact, the trade-specific factors and broader consequences of WMSDs remain unexplored.

Objective: To investigate the prevalence of WMSDs and associated ergonomic and psychosocial risk factors among Ontario electricians. This abstract presents preliminary findings from the survey phase.

Methods: A standardized survey was administered to Ontario electricians with at least five years of field experience (N=233). The survey captured musculoskeletal symptoms by body region along with sociodemographic characteristics, sleep quality, psychological distress, and health-related quality of life. Descriptive statistics summarized prevalence, and multiple logistic regression explored associations with WMSDs.

Results: Among 113 returned completed surveys, 111 surveys were included in the analysis. The majority of participants were men (94.6%) and white (90.1%). The preliminary findings showed that 93.7% of participants had musculoskeletal symptoms in at least one body region. The lower back (61.3%), shoulders (55.5%), and neck (50.5%) were the most affected areas. Poorer health-related quality of life was significantly associated with neck and lower back symptoms.

Conclusion and Future Directions: These preliminary results highlight the high burden of WMSDs among Ontario electricians and the link between musculoskeletal pain and diminished quality of life. Workplace strategies that address ergonomic risks and support worker well-being are urgently needed based on our preliminary findings. Ongoing phases, including ergonomic observations and qualitative interviews, will provide deeper insights into risk factors and the lived experiences of individuals. Findings will inform the development of tailored interventions and occupational health policies to enhance the safety and quality of life for electricians.

20. Musculoskeletal Disorders Across the Musical Career: Prevalence and Preventive Strategies

Karen Søgaard, University of Southern Denmark, Department of Sports Science and Clinical Biomechanics, Center for Muscle and Joint Health, Denmark

Background
Previous Danish cross-sectional surveys among members of the Danish Musicians' Union, conducted approximately ten years ago, revealed high prevalences of playing-related musculoskeletal disorders (PRMDs), particularly affecting the neck, among both classical and rhythmic musicians. Among classical musicians, string players showed the highest prevalences, while among rhythmic musicians vocalists were most affected. However, little is known about PRMDs among music students compared with professionals, or about the preventive measures musicians apply.

Aim
This study aimed to describe the prevalence, severity, and risk factors of PRMDs, and to explore the role of preventive strategies among bachelor students, master students, and professional orchestral musicians based on two recent post-COVID-19 surveys.

Methods
Data were collected between August 2024 and April 2025 through two quantitative cross-sectional studies involving students from the Danish National Academy of Music (Syddansk Musikkonservatorium) in Odense and the Odense Symphony Orchestra. Standardized online questionnaires were used, including the Nordic Musculoskeletal Questionnaire, the Disabilities of the Arm, Shoulder and Hand (DASH) questionnaire, and the Musculoskeletal Pain Intensity and Interference Questionnaire for Musicians. Five additional items assessed the use of preventive strategies.

Results
A total of 45 bachelor students, 30 master students, and 41/47 professional musicians completed the surveys. Overall, 48% reported PRMDs in the past year, with comparable prevalences across groups. Current complaints were more frequent among professionals (34%) than among bachelor (18%) and master (17%) students, though differences were not statistically significant. Nearly all participants reported using breaks and maintaining a relaxed posture as preventive measures. Posture variation, stretching, and warming up were also common but varied between groups. Avoiding bending the body or back while playing was significantly more reported among professionals. No significant associations were found between use of preventive strategy and PRMD occurrence.

Conclusion and perspectives
PRMDs are present from the early stages of music education, highlighting the need for early awareness and individualized prevention. Based on these findings, a collaboration with the Danish National Academy of Music has been initiated. A mandatory course for academy teachers now introduces evidence-based preventive tools, enabling them to integrate health-focused, instrument-specific strategies into teaching and the students performance practice.

21. An Expert and Evidence-Informed Framework to Prevent Prolonged Absence from Work for Public Safety Personnel with a Work-Related Psychological Injury/Illness: A Consensus-Based Mixed Methods Study

Antoinette Harrington, Queen's University, Canada

Each year in Canada, thousands of public safety personnel (PSP) must leave work because of a work-related psychological injury/illness[1]. The loss of PSP from the workplace is of significant concern, particularly when fewer individuals are entering such occupations, and for those who do, the learning curve is steep. Public safety professions require extensive training and ongoing development to master the skills and knowledge necessary for the job. The rate of work-related injury/illness associated with public safety work has steadily increased in Canada in recent years. A subset of PSP, including firefighters, paramedics, police, and correctional workers, is of particular concern. PSP who are unable to work or have impaired functioning due to a work-related injury/illness may be eligible for workers' compensation benefits. Meaningful support from workers' compensation boards (WCBs) is vital for these workers in times of work disruption and associated distress. We employed a consensus-based mixed-methods Delphi study to identify the key components of WCB case management practice, collecting data from a group of experts between March 2023 and August 2023. After a series of iterations, a consensus was reached on the key components of a practice framework for use by WCB case managers (CMs) to help mitigate or, where possible, prevent the negative consequences of work disability. This study sheds light on what is required by WCB CMs intervening with PSP to support recovery, improve quality of life, and restore work capacity. The findings of this study highlight the importance of the intersection of psychological injury/illness, occupational-cultural awareness, and best practices in disability management/rehabilitation, as well as training and resources to improve a CM's ability to intervene with PSP. This knowledge can guide practice to help PSP rehabilitate, stay-at-work, or return-to-work. The practical implications of our findings for case management practice are significant, as they provide a roadmap for improving the support and care provided to PSP.

[1] The term "injury and illness" is used to acknowledge the broad range of psychological health problems arising from the performance of occupational duties.

22. Return to work with fatigue after stroke: A complex occupational adaptation process

Jessica Vollertsen, Linköping University, Department of Health, Medicine and Caring Sciences, Sweden

Introduction: Return to work after stroke is a central goal in rehabilitation for people of working age. However, post-stroke fatigue is a common and complex symptom, and how it affects sustainable return-to-work and everyday life remains insufficiently understood.

Objectives: To explore how persons of working age who experience fatigue after stroke perceive their prerequisites for sustainable return-to-work in the context of everyday life.

Methods: This qualitative study, complemented by quantitative data, included 48 participants (aged 29–62, 77% women) who had experienced a stroke within the past five years. Data were collected through the Worker Role Interview (WRI) and a survey. Written notes from the WRI were analysed through abductive content analysis, and descriptive statistics were applied to the WRI ratings.

Results: Upon returning to work, participants found themselves in an everyday life where fatigue affected their work ability. The process was characterized by uncertainty, ongoing challenges handling work demands under reduced capacity, and inconsistent support. The stroke marked the beginning of a complex, emotionally charged process as participants sought to navigate their new self and redefine their occupational identity. Participants described negotiating life roles that they could not envision abandoning, struggled to uphold, or felt compelled to fulfil, whether due to their own expectations or those of others. Navigating daily routines by simplifying everyday life and incorporating rest became necessary upon return to work, although participants often felt compelled to make these adjustments, which caused grief over losing their former way of life.

Conclusion: Sustainable return-to-work with post-stroke fatigue is a complex process of occupational adaptation influencing the individual's sense of self. Person-centred rehabilitation, including continuous follow-up, is needed to address the paradox whereby fatigue hinders the very strategies required to handle it. The findings emphasize that a sustainable return to work while experiencing mental fatigue is not solely about striving for an occupational pattern that is congruent with available energy, but rather a complex, emotionally charged process. This study contributes to current knowledge by illustrating how life outside of work influences work ability during and beyond the return-to-work process.

23. Trajectories of financial support following traumatic injury, and their determinants: A registry-based study

Shannon Gray, Monash University, Australia

Background: Injuries account for 10% of all years lived with disability, having substantial economic and societal burdens, impacting on financial security of the injured person due to reduced work capacity, job loss and/or reliance on financial support from social insurance. Few studies have examined financial support sources after injury.

Objective(s): To determine the type and number of sources of financial support after injury, characterise income trajectories in the 5-years after traumatic injury, and identify factors associated with these.

Methods: The REcovery after Serious Trauma—Outcomes, Resource use and patient Experiences (RESTORE) study followed those in the state of Victoria, who sustained major traumatic injury between July 2011-June 2012 and survived to hospital discharge, to 36-, 48- and 60-months post-injury, capturing data on income sources. Those aged 16+ years, working at injury, with complete income responses were included. Income types for 0-3 years, at 3-, 4-, and 5-years post-injury were social security, usual occupation, personal assets, private insurance, personal injury compensation and other. Number of unique income sources was calculated, flagging those with multiple sources (logistic regression dependent variable). Income trajectories for 3-5 years were allocated into groups: 'Working for income', 'Social security', 'Other sources', or 'Combination'. Multinomial logistic regression determined the relationship between income trajectory and predictors (age, sex, work status, occupation, injury type, severity, remoteness, socioeconomic status, education).

Results: 810 people met eligibility criteria. Females and those with severe or very severe injuries had significantly higher odds of accessing multiple income sources. 61.9% were categorised as 'Working for income', 'Social security' was received at all follow-up points by 10.9%, 22.1% received a 'Combination', and 5.1% received income from 'Other sources'. Most likely to receive social security were working part-time, residing in socioeconomically disadvantaged areas, with lower education. Those more likely working for income were working full-time, residing in most disadvantaged areas, with higher education, and with white-collar occupations. Those least likely to receive income from other sources had chest/abdominal injuries alone, isolated head or head/other injuries.

Conclusions: Identifying financial support sources can reduce hardship and promote recovery after injury, and help identify those who may benefit from financial counselling.

24. Becoming unemployed after a cancer diagnosis: associated characteristics and its impact on daily life

Fenna van Ommen, Amsterdam UMC, The Netherlands

Purpose:
This study compared characteristics of cancer survivors who became unemployed after diagnosis with those who remained employed, and evaluated the association between employment status and the impact on daily life.

Methods:
A cross-sectional online survey was conducted among adult cancer survivors employed at diagnosis. Participants were categorized based on employment status post-diagnosis. Univariate and multivariate binomial generalized linear models, and multinomial logistic regression analyses [OR; 95%CI] were applied.

Results:
Among 2,576 cancer survivors (mean age: 53.4 years, 77% female), 1,704 (66%) remained employed, while 872 (34%) became unemployed. Becoming unemployed was associated with older age [1.02; 1.01–1.03], low [2.43; 1.05–3.45] or intermediate education [1.60; 1.33–1.93], and advanced [3.94; 3.05–5.07] or chronic cancer [1.68; 1.25–2.25]. Prostate cancer survivors [0.37; 0.19–0.72] and those diagnosed up to five years prior [0-2 years: 0.40; 0.32–0.50, 3-5 years: 0.68; 0.55–0.84] were less likely to become unemployed than those with other types of cancer or those diagnosed six or more years prior. Becoming unemployed was associated with a negative influence on psychological well-being [2.22; 1.80–2.74], and physical well-being [1.96; 1.61–2.38], as well as relationships with children [1.87; 1.43–2.44] and partner [1.81; 1.44–2.27]. It was also associated with poorer social relationships [3.03; 2.40–3.83], and reduced participation in sports, hobbies, and leisure time of themselves [3.18; 2.57–3.94], their partner [2.39; 1.87–3.07] and children [2.64; 1.99–3.50].

Conclusion:
Unemployment disproportionately affected older, less-educated individuals with advanced cancer, and was associated with declines in personal and family well-being. Knowing which survivors are more vulnerable to unemployment can guide timely, targeted support to help them maintain employment. In addition, the observed link between unemployment and daily life emphasizes the importance of addressing employment within survivorship care.

25. Exploring the Health and Safety Experiences of Gig Workers in Bangladesh: A Sociological Study in Dhaka City

Tauhid Hossain Khan, Jagannath University, Bangladesh

The rising gig work reshapes the labor market by offering flexibility and new employment opportunities characterized by temporary, part-time, and contract-based work driven by digital platforms. Advances in ICT, globalization, automation, and remote work flexibility have enabled this shift, offering workers independence and employers cost savings. Fields such as freelancing, delivery services, and ridesharing dominate the gig labour market. However, globally this work arrangement comes up with new challenges in terms of income stability, labor protections, and long-term economic security because workers often face unsafe conditions, erratic schedules, and insufficient contracts. Women, drawn to its flexibility, face additional struggles, including pay gaps, limited decision-making, and societal constraints. In Bangladesh, about one million gig workers contribute significantly to online platforms but grapple with low wages, poor conditions, and lack of safety nets. Yet, there are thin empirical knowledge base about their experiences in such an elevated but challenging labour market. This study aims to explore the health and safety experiences of the gig workers in Bangladesh, asking how they navigate their work, lives, and livelihood. This study has employed qualitative methods, including in-depth interviews with 14 gig workers from ride sharing, food and parcel delivery, and freelancing platforms. Interviews were transcribed verbatim and coded for thematic analysis after translating in English. Through this study, we have found multifaceted factors which motivate workers to join the labour market, workers face precarity due to uncertain planning in life, income, social protections, and benefits. Again, gig workers suffer from severe mental and physical health challenges. The study also represents that gig work is gendered where few female workers join with risks of harassment, discriminatory payment, complexities in work-life balance, societal and patriarchal barriers. The findings aim to guide the government in formulating dedicated policies for a sustainable labour market for the rising gig workers in Bangladesh and raising awareness about their rights, ensuring better protection and support within this emerging economic system.

26. Resilience and Coping: Indigenous Perspectives on Workplace Mental Health

Fernanda Miranda, Lakehead University, Canada

Background: Indigenous workers face unique workplace stressors shaped by systemic inequities, cultural expectations, and historical contexts. Understanding their coping strategies can inform culturally safe interventions.

Aim: To understand coping strategies among Indigenous workers to manage workplace-related stress and maintain mental health.

Methods: A qualitative exploratory analysis was conducted on thirteen interviews with Indigenous workers, selected via convenience sampling, as part of the study Supporting Indigenous Workplace Mental Health: A Mixed Methods Approach. Interviews followed a semi-structured guide, were audio-recorded, transcribed, and analyzed using thematic content analysis, guided by the coping

framework with pre-established categories (problem-, emotion-, and meaning-focused coping). The study is ongoing, and theoretical saturation has not yet been reached. Ethics approval: ROMEO #1471155.

Results: Nineteen coping strategies emerged. Emotion-focused coping, involved strategies to manage emotional distress without altering external stressors, was the most prevalent (n = 9) and included physical activity and nature, expressive practices, humor and laughter, accessing professional support services, seeking support from family and community, masking distress, hiding or ignoring feelings, and drinking as a maladaptive strategy. Meaning-focused coping was the second most prevalent (n = 6) and encompassed strategies that helped participants find purpose and significance in their work. This included acceptance and perseverance, hoping for change, work as purpose and giving back, seeking meaning in connection with Indigenous communities, finding meaning in being a provider, and spirituality and cultural practices. Problem-focused coping, which was the least common (n = 5), included strategies aimed at actively managing stressful work situations. Participants described lightening workload, reducing expectations, enhancing support among co-workers and peers, avoidance and isolation, and changing jobs or leaving harmful contexts.

Conclusions: Indigenous workers relied mainly on emotion- and meaning-focused coping. Problem-focused coping was less common, likely because many stressors were not easily modifiable, reflecting challenges such as discrimination and complex workplace pressures. Workplaces should support emotion- and meaning-focused strategies through culturally safe spaces, reduced workload pressures, and access to appropriate mental health supports. Where possible, organizations should also address structural barriers and inequities. Supporting Indigenous ways of finding meaning can improve well-being, engagement, and retention.

27. Assessing Burnout and Occupational Stress among Racialized Rehabilitation Professionals in Ontario, Canada during the COVID-19 Pandemic: A Qualitative Study

Behdin Nowrouzi-Kia, University of Toronto, Department of Occupational Science and Occupational Therapy, Canada

Background: Home-care Rehabilitation Professionals (HcRPs), including occupational therapists, physical therapists, and speech-language therapists, deliver services in settings such as clients' homes, schools, workplaces, and long-term care facilities. HcRPs are at high risk of burnout and occupational stress, which can significantly influence their engagement and clinical effectiveness. These pressures have intensified since the start of COVID-19 pandemic. This study had two main objectives: 1) to examine HcRPs' experiences with burnout, stress, and coping mechanisms during the COVID-19 pandemic and 2) to capture HcRPs' suggestions for improving service delivery during and beyond the pandemic.

Methods: In this qualitative study, in-depth interviews were conducted with 10 racialized HcRPs, and data were analyzed using deductive thematic analysis to derive key findings.

Findings: The study consisted of 10 participants, including eight occupational therapists, one physiotherapist, and one speech-language pathologist. Six participants had been with the homecare organization for over five years, with the longest employment lasting 17 years. The remaining four had been employed for less than five years, though all had worked throughout the pandemic since March 2020. The study identified three main themes from the interviews: 1) the impact of race and ethnicity on patient-clinician interactions, 2) burnout and emotional stress during the COVID-19 pandemic and coping strategies, and 3) policy recommendations. Participants were mainly from South Asian, Southeast Asian, and mixed ethnic backgrounds. They noted that while their workplace was inclusive, their racialized identities affected their patient interactions, especially during the pandemic when racial discrimination intensified. Burnout and stress were exacerbated by pandemic-related challenges such as low pay, increased job demands, lack of recognition, fear of contracting COVID-19, limited PPE, and the challenges of conducting virtual services. To address these stressors, participants recommended policies that promote a self-management model, stipends for mental health support, more consistent work schedules, and greater recognition of frontline workers, all aimed at reducing burnout and improving job satisfaction.

Conclusions: Reported experiences of emotional fatigue and work-related stress were magnified due to the COVID-19 pandemic. Participants reported racial discrimination more frequently from their clients rather than their organization.

28. Amplifying Unheard Voices: A Culturally Responsive Approach to Understanding Workplace Safety and Injury Reporting Among Racialised Migrant Workers in Healthcare

Sarah Anderson, Monash University, Australia

Background:
Australia's healthcare sector experiences the highest number of workplace injuries. Despite 39% of Victoria's healthcare workers being born overseas, injury records do not capture demographic data well, obscuring the barriers migrant workers face in injury prevention and reporting. Culturally and Racially Marginalised (CARM) workers appear underrepresented in WorkSafe Victoria data, though

whether this reflects lower injury rates or systemic barriers to reporting remains unclear. This is particularly concerning for East African migrants, who work disproportionately in high-risk healthcare roles with exposure to physical hazards and occupational violence while facing additional barriers related to language, culture, visa status, and discrimination.

Aim:
This pilot study explores how racialised migrant workers understand their workplace health and safety rights and factors influencing their decisions to report injuries and seek compensation. The study aims to identify cultural, systemic, and informational barriers these workers face, and to develop a participatory research methodology adaptable for other marginalised worker groups.

Methods:
This study employs a qualitative methodology with an intersectional lens, focusing on East African migrant workers in Victoria's healthcare sector. In partnership with the Migrant Workers' Centre, a participatory approach is being used where community ambassadors conduct semi-structured interviews in participants' preferred languages within culturally safe settings. Approximately 20 workers will be recruited through convenience and snowball sampling. Data will be thematically analyzed through collaborative co-analysis workshops with community partners, ensuring findings are grounded in lived experience and cultural context.

Results:
Results of this study (data collection complete in 2025) will be presented, exploring the findings related to how racialised migrant workers understand their workplace health and safety rights, the barriers and enablers influencing their decisions to report injuries and seek compensation, and the cultural, systemic, and informational factors shaping their occupational health and safety experiences.

29. Social assistance and labour market inclusion: A scoping review of activation measures for social assistance recipients

Ida Seing, Linköping University, Department of Behavioural Sciences and Learning, Sweden

In many Western welfare states, social assistance has become increasingly conditional with stricter eligibility rules and growing activation requirements. Sweden reflects this broader development, with municipalities playing a central role through the implementation of local activation measures. These measures both support and oblige recipients of social assistance to participate in activities intended to strengthen their “employability” and promote a transition towards self-sufficiency. However, comprehensive knowledge of how such measures are intended to move social assistance recipients closer to the labour market is lacking.

This study, based on a scoping review, examines research-based knowledge on activation measures targeting people receiving social assistance, a group often far from the labour market and facing precariousness and marginalisation.The specific aims are: (a) to identify different types of activation measures, (b) to explain which components are intended to be effective, how, and for whom, and (c) to analyse the theoretical foundations of activation measures.

Findings from the review clarify how different activation measures for labour market inclusion are intended to function for various groups. This is important since the group of social assistance recipients, in a Swedish context, has broadened in recent years and today often includes individuals living with complex social problems and health-related challenges.

In a Swedish context, the study addresses an important research gap and provides support to social service professionals in their everyday work with social assistance recipients. Welfare professionals have expressed a need for deeper knowledge to facilitate dialogue about these measures. This need has become increasingly important in light of recent reforms within social assistance, including legally mandated activity requirements and a benefit ceiling. At the same time, social services are expected to work in an evidence-based manner, which underscores the need for more systematic knowledge.

The review highlights what is currently known about activation measures in a social assistance context and identifies important research gaps. Beyond the Swedish case, the study contributes to international debates on conditional welfare and activation policies, offering insights into how activation measures are designed to foster work inclusion for people in socially vulnerable positions.

30. The Concept of Labour Underutilisation and its Associated Factors: A Scoping Review

Bo Krause, University Medical Center Groningen, The Netherlands

Objective: With tightening labour markets and population ageing, maximizing labour potential has become a key policy priority. Yet evidence on the determinants of the broader concept of labour underutilisation remains fragmented. This study aims to explore the concept labour underutilisation, its associated factors and highlight prioritised subpopulations.

Material and methods: A scoping review was conducted following Arksey & O'Malley's framework. Academic and grey literature were searched across 10 academic databases in diverse research fields, Dutch journals, Google Scholar and snowballing. Eligible studies were published between 2000 and 2025, in English or Dutch, and focused on high-income countries. Peer-reviewed articles, reviews, policy evaluations, and research essays were included. Extracted data were mapped against the domains of the Dahlgren-Whitehead model of Social Determinants of Health (SDOH). Experts were consulted for additional key publications, identify knowledge gaps and validate and enrich the interpretation of preliminary findings.

Results: Out of 1,041 unique records, 26 peer-reviewed academic articles and 32 grey sources met the selection criteria. Frameworks on labour underutilisation, terminology and levels of focus (individual, organisational, macroeconomic) varied widely between articles. Terms such as "labour underutilisation", "underemployment" and "labour market slack" were variably used to describe the same concept. Most studies examined time-related underemployment, unemployment, and the potential labour force as key domains of labour underutilisation. Determinants were found across all five SDOH-domains. Key factors included: demographics (age, sex, educational attainment, ethnicity), health, family/social networks (marital status, children), living/working conditions (substantial non-labour income, unpaid activities, occupation) and socioeconomic conditions (labour market dynamics, regional un(der)employment rate). Frequently highlighted subpopulations were youth, women with care responsibilities, low-skilled adults, older workers, immigrants, and individuals with health limitations.

Conclusion: Labour underutilisation is a multidimensional concept, yet inconsistently defined, hindering measurement and policy translation. The evidence base on determinants is limited and largely descriptive. For effective policy, future studies should adopt harmonised definitions, systematically investigate determinants across all SDOH-domains, use longitudinal designs to capture dynamics across life phases (e.g., caregiving, health shocks), quantify the potential within priority groups, and examine the role of unpaid activities and non-standard work arrangements. Strenghthening these foundations is essential for tackling labour shortages.

31. A Meta-Aggregation of Community Reintegration Experiences of People with Traumatic Brain Injury Using Participatory Action Research

Sidhiprada Mohapatra, Department of Physiotherapy, Manipal College of Health Professions, Manipal Academy of Higher Education, India

Background: People with traumatic brain injury (TBI) face long-term challenges in work, social participation, and independence, particularly in low- and middle-income countries (LMICs) where rehabilitation and vocational support are scarce. Many affected individuals come from marginalised groups, making their return to work and community life an equity issue. However, existing literature mainly emphasises system-centred approaches, often overlooking the lived experiences of those with TBI.

Objective:This meta-aggregation aims to synthesise findings from studies that have utilised Participatory Action Research (PAR) to explore the community reintegration experiences of adults living with TBI.

Methods: A literature search is being conducted across seven databases: PubMed, Scopus, Embase, CINAHL, Web of Science, PsycINFO and ProQuest Dissertations & Theses. Eligibility of studies includes: (1) adults aged 18+ with TBI, (2) studies using PAR methodology, and (3) focus on community reintegration experiences. The review follows JBI meta-aggregation methods, with critical appraisal via the JBI Qualitative Checklist. This study is registered with PROSPERO (CRD42025639358).

Results: Preliminary synthesis reveals recurring themes of identity loss, social exclusion, limited access to meaningful work, and a lack of long-term support structures. Many participants reported difficulties in reclaiming roles within their families and communities due to cognitive or emotional challenges that were often invisible yet disabling. The studies enabled participants to articulate structural barriers, such as stigma, poverty, and fragmented care systems, that hindered their productive engagement. Additionally, some studies have demonstrated that PAR acts as a form of empowerment for individuals who have previously been excluded from decision-making processes.

Conclusion: The authors argue for redefined concepts of work, informal labour, caregiving, and meaningful social participation so they are inclusive of people with TBI. The review surfaced nuanced lived experiences that expose structural barriers to reintegration. It offers evidence on how people with TBI experience community reintegration. Thus, the findings underscore the importance of including marginalised voices, such as people with TBI, in shaping disability policy and rehabilitation practices. The findings also, highlight the importance of equity-driven policies that support genuine reintegration for people with TBI.

32. Assessing the Extent of Underreporting of Occupational Diseases in Indonesia: Insights from Employees and Healthcare Providers

Levina Chandra Khoe, University of Indonesia, Indonesia

Introduction
Underreporting of occupational diseases among workers in Indonesia hides their true burden, impacting worker well-being and hindering effective prevention strategies.

Objectives
This study aims to estimate the burden of occupational diseases (OD) in Indonesia and to assess the extent of the underreporting using insights from employees and healthcare providers.

Methods
We performed two cross-sectional surveys: a labor survey to 2,363 employees in six provinces and an online survey to 170 physicians. In the labour survey, we asked respondents about their reporting experiences of work-related health problems. Meanwhile, for physician's survey, they were asked to estimate the number of confirmed, suspected, and referred OD cases. Prevalence of OD was calculated using data from labour surveys, whereas incident was estimated from physician's survey. The underreporting rate was computed by subtracting 100% with the reporting rate using both workers and physicians' perspective.

Results
The point prevalence of confirmed cases was 19.38% (458 confirmed cases out of 2,363 workers) and the annual incidence was 111 per 1,000 workers. The underreporting rate ranged between 62.20% (from physician's survey) and 77.73% (based on labour survey). The reasons for underreporting included lack of knowledge, complexity of the reporting process, and fear of the consequences.

Conclusion
Using insights from employees and providers, this is the first study demonstrating the burden of occupational diseases in Indonesia. This study presents a high rate of underreporting, highlighting a need for stronger commitment from policy makers, employers, employees, and healthcare providers to prioritize workers' health.

33. Disabling Fibromyalgia in Brazil: A Decade of National Social Security Data (2014–2024)

João Silvestre Silva-Junior, University of São Paulo Medical School, Brazil

Background: Fibromyalgia (FM) is a chronic pain condition frequently associated with impaired work ability and long-term social and economic consequences. Brazil operates a universal public social security system that provides income replacement for insured workers who are temporarily or permanently unable to work due to illness or injury. Despite its recognized burden, national-level data on work disability due to FM remain scarce in middle-income countries.

Objective: To describe national trends and characteristics of disability benefits granted for fibromyalgia in Brazil between 2014 and 2024.

Methods: We conducted an ecological time-series analysis using open data from the Brazilian Social Security Statistical Yearbooks. All benefits classified under ICD-10 code M79 (Other Soft Tissue Disorders, NEC) were extracted, including fibromyalgia (M79.7). Data were stratified by benefit type (work-related or non-work-related), duration (temporary or permanent), sex, and year of concession.

Results: From 2014 to 2024, a total of 100,113 disability benefits were granted for fibromyalgia. Of these, 4,093 (4.1%) were work-related and 96,020 (95.9%) non-work-related. Temporary benefits predominated in both groups, representing 97.6% of work-related and 98.0% of non-work-related cases, while permanent benefits accounted for only 2.4% and 2.0%, respectively. Women represented 80.0% of all beneficiaries, confirming a strong gender disparity. The annual number of benefits remained relatively stable between 2014 and 2019 (mean 7,255; SD 1,091), dropped sharply in 2020 (2,881; −60.3%) due to the COVID-19 pandemic and suspension of in-person assessments, and gradually recovered thereafter. A marked surge occurred in 2023 (12,952) and 2024 (27,776), together comprising 40.6% of all cases. This increase coincided with the implementation of a digital, document-based disability evaluation system by the National Social Security Institute (INSS), which facilitated remote assessments and accelerated benefit processing.

Conclusions: Fibromyalgia accounted for a growing share of disability claims in Brazil, mostly among women and rarely work-related or permanent. These trends reflect FM's fluctuating course and the challenges in defining occupational impacts. Occupational health services should support vulnerable workers through early recognition, ergonomic adjustments, and integrated workplace interventions to prevent disability and promote sustained employability.

Poster Session 2

1. A matter of timing: experiences with return-to-work trajectories toward a new employer, a multi-stakeholder perspective

Marie-Louise Klerkx, HAN, University of Applied Sciences, The Netherlands

Background. Although most employees on sick leave return to their job, for some this is no possibility due to (permanent) disability. Exploring alternative employment may become necessary. This is a complex and challenging process for sick-listed employees as well as employers and occupational health professionals (OHPs). In the return-to-work process toward a new employer (RTW-NE), the legislation seems to be the primary driver of decision-making and timing, while this might not be most effective. It is important to understand both the role of legislation and employees' needs to optimize this career transition, including deciding about the most appropriate or optimal timing for initiating the transition.

Objective. This study aims to identify the key indicators and critical steps in exploring an return to work trajectory toward a new employer.

Methods. Interview data were collected from three perspectives through four focus groups in the Netherlands: two with long term sick-listed employees (total n=12), and two with employers representatives and diverse OHPs (total n=13). Focus groups were transcribed ad verbatim and analyzed using thematic analysis.

Results. The findings highlight several key indicators. These include employees' pre-existing factors, their motivation to remain in their current work versus pursuing a career change, and their occupational capacity and self-efficacy in relation to RTW-NE. The findings also identify a lack of understanding of the legislation governing RTW-NE among both employers and employees, as well as the crucial roles that employers and OHPs play in supporting and guiding this trajectory. Four critical steps were identified: (1) providing information; (2) assessing the employee's situation and motivation; (3) evaluating readiness to support RTW-NE; and (4) initiating and monitoring the trajectory.

Conclusions. Understanding the employee's position and required support when navigating an RTW-NE trajectory can help to improve the effectivity of the employer and OHP support. Sick-listed employees wish to be seen and heard in this trajectory, and to be actively involved throughout sick leave and the RTW-NE trajectory. The results can foster the development of an intervention for OHPs, aimed at optimizing the timing of support an RTW-NE trajectory.

2. Invisible barriers: A qualitative critical realist exploration of return to work after concussion in Canada

Maryam Shahzad, University of Toronto, Canada

Background: Concussion is the most common neurological injury, yet its impact on work participation remains poorly understood. While most individuals recover within four weeks, a significant portion experience persistent symptoms that can interfere with their participation in work. Traditional predictors of return to work (RTW), such as age and sex, do not fully explain prolonged recovery. Instead, recovery is shaped by broader systems, including medical workplace and insurance. Unlike return to play and return to learn protocols, which are well supported by both evidence and international consensus, concussion RTW lacks rigorous and standardized guidance. This study examines how systemic and interpersonal contexts interact with individual factors to influence RTW following a concussion.

Objective: To explore the lived experience of adults with persistent concussion in navigating RTW, with particular attention to systemic and interpersonal factors.

Methodology: A phenomenological approach, employing semi-structured in-depth interviews, is being used. Participants include adults experiencing persistent concussion symptoms. Guided by critical realism, interviews capture both the lived experience and the social structures that shape it. Interview questions address work and injury history, RTW experiences, interactions with key stakeholders, social positioning, and recommendations for improvement. Interviews are audio-recorded, transcribed, and thematically analyzed using a thematic networks approach, which enables the exploration of patterns (empirical), underlying structures (actual), and generative mechanisms (real), aligned with critical realism.

Preliminary Findings: To date, six interviews have been completed with five more scheduled, and recruitment is ongoing. Participants described the invisible nature of concussion, often encountering disbelief or stigma from family, insurers, employers and even

healthcare providers. Equity, diversity and inclusion considerations also emerged: women highlighted the added burden of domestic responsibilities, while workers in precarious or gig employment reported limited access to leave and financial supports, compounding RTW challenges. Across interviews, participants emphasized systemic gaps and poor coordination between healthcare, insurers and workplaces, which frequently delayed or complicated recovery.

Conclusion: Findings underscore the need to move beyond biomedical models to address social, systemic and equity-related factors in concussion RTW. This study provides evidence to inform more effective rehabilitation practices; workplace supports and policy development.

3. Implementing Occupational Exoskeletons: What Helps, What Hinders, and Who Matters

Daniek van Laar, University Medical Center Groningen, The Netherlands

Background:
Work-related musculoskeletal disorders (WRMSD) remain the leading cause of occupational disability and productivity loss across EU member states [1]. Occupational exoskeletons (OEX) offer a promising solution to reduce physical strain and mitigate WRMSD [2]. However, real-world evidence is scarce, as most studies focus on short-term biomechanical effects in lab settings. Successful implementation requires involvement of key interest holders—workers, safety professionals, production teams, unions, and policymakers. Although comfort and task compatibility are known acceptance factors [3], a systematic overview of adoption barriers and facilitators is lacking. These gaps limit our understanding of OEX's impact on sustainable employability.

Methods:
This study aimed to identify barriers and facilitators to OEX implementation through two complementary approaches. A systematic review including 30 studies—both lab and field—reporting factors influencing OEX adoption. These insights informed a contextual inquiry field study, which captured real-world experiences through observations and interviews.

The field study included in-depth observations (N = 16) and interviews (N = 10) with users and key interest holders. It contained: (1) short observations to understand task demands, environmental context, and OEX interactions; (2) day-long observations to capture full-shift dynamics, including donning/doffing, fatigue, efficiency, and discomfort; and (3) focus group interviews to validate and expand on themes from both the review and observations.

This mixed-method design provides a theoretical foundation, while the field study grounds these insights in practice. Together, these approaches help bridge the gap between theoretical insights and practical realities, allowing barriers and facilitators identified in the literature to be confirmed, challenged, or expanded upon through direct observations and interest holder interviews.

Discussion:
By examining long-term OEX adoption factors and human-OEX interaction, this research informs evidence-based OEX implementation strategies. Preliminary findings suggest that limited range of motion and adaptability to tasks and individuals are key barriers, whereas compatibility and injury prevention are facilitators. Understanding technical and social dimensions of OEX acceptance is essential to enhance sustainable employability for workers at risk of WRMDs. Full results are available at the conference.

References:
[1] Bevan, S. (2015)
[2] De Bock et al. (2022)
[3] Luger et al. (2023)

4. Effectiveness of the participatory approach on return-to-work of sick-listed workers: a systematic review and meta-analysis

Allard W. de Smalen, Amsterdam UMC location Vrije Universiteit Amsterdam, Department of Public and Occupational Health, The Netherlands

Purpose: To synthesise the evidence regarding the effectiveness of the participatory approach (PA) on return to work (RTW) of sick-listed workers compared to usual care and other interventions.

Methods: A systematic review and meta-analysis was conducted according to the PRISMA guidelines, searching five databases for evidence from their inception until February 2025. Studies were eligible for inclusion if they included sick-listed workers, conducted a PA intervention at the workplace focused on RTW, and had a comparison group. Data on RTW, health and economic outcomes were

extracted and the quality of the studies was appraised. A meta-analysis was conducted and data on time until full and lasting RTW were pooled.

Results: Eight randomised controlled trials reported across 14 papers were included. Half of the studies had a good quality score, whereas the remaining studies were considered of poor (n=3) or fair (n=1) quality. While no significant overall effect of the PA on time until full and lasting RTW was found, a statistically significant effect in favour of the PA was observed among sick-listed workers with musculoskeletal disorders (MSDs) compared to control conditions.

Conclusion: The PA appears promising for sick-listed workers with MSDs, but the evidence does not support its effectiveness for workers sick-listed due to all health problems. More high quality research and realist evaluations in different settings and populations are needed to strengthen the evidence on the PA as a RTW intervention as well as to explain the underlaying working mechanisms.

5. Navigating Inclusion: Line Manager Experiences with Employing Allegedly Vulnerable Employees in SME and HRM's Facilitating Role

Renate Bosman, Tilburg University, The Netherlands

Introduction: The inclusion of people with disabilities (PwD) in labour remains a persistent global challenge and although employers play a key role to providing access to decent work for PwD there has been limited scholarly interest in the employers' role. In the existing literature employers are considered a homogenous actor, with limited attention to the pivotal role and specific needs of line managers in employing PwD. Particularly in small and medium-sized enterprises (SMEs), where the absence of dedicated HRM functions places greater responsibility on line managers, which generate tensions between organisational actors.

Building on the HRM process model and employer engagement literature, this study examines how internal organisational dynamics influence line managers' ability to enact inclusive practices, by investigating what line managers in SMEs need to effectively employ PwD, which stakeholders shape this process, and where organisational tensions emerge.

Methodology: First, semi-structured interviews with ten line managers will be conducted to explore their challenges, needs, and experiences in employing PwD. These insights will inform three subsequent focus groups: one with line managers, one with HR advisors or directors of SME's (in absence of the HR function), and one mixed group including both perspectives. Data will be analysed thematically to identify patterns in organisational processes, collaboration, and emerging tensions, with particular attention to how these dynamics shape employer engagement at the line manager level.

Expected Findings and Contribution: Preliminary results might show that line managers in SMEs experience uncertainty about their responsibilities and lack adequate guidance or resources to support PwD. Tensions may arise between line managers and HR or senior leadership concerning priorities, capacities, and interpretations of inclusive employment. At the same time, line managers may demonstrate strong individual commitment, which can either compensate for organisational shortcomings or create friction with existing structures and procedures.

The study will contribute to theory by researching employer engagement at the line manager level and extending HRM process research to the context of SMEs. From a practical perspective, it will provide insights on how to strengthen inclusion by addressing the specific needs of line managers and fostering effective collaboration across organisational actors.

6. Information and support needs of cancer survivors, employers, and professionals regarding cancer and work: a scoping review

Judith Mollet, Amsterdam UMC, The Netherlands

Introduction
Many interventions have been developed aimed at enhancing the work participation of cancer survivors, which predominantly focus on strengthening cancer survivors' own knowledge and skills. This approach often overlooks the important role of other stakeholders, such as employers and (occupational or health) professionals, who can provide essential support during sickness absence and return to work (RTW). To better understand the needs and to inform future interventions, we conducted a scoping review on the information and support needs of cancer survivors, employers and professionals regarding work.

Method
We reviewed studies published from 2014 to 2024 that were identified across five databases. Title and abstract screening was conducted using Asreview, followed by a double-blind full text screening. Data were extracted to capture study and sample characteristics, and identified needs, which were subsequently synthesized qualitatively.

Results
107 studies from 24 different countries were included and identified needs of cancer survivors, employers, and professionals regarding work.

Cancer survivors require information about the impact of cancer and its treatment on work, the timing and phases of RTW, occupational rehabilitation, and employee rights. They need support in the form of understanding from employers and colleagues, tailored advice, work accommodations, and guidance In navigating disability benefit procedures.

Employers need information on late effects of cancer and treatment, work adjustments, relevant medical details, and their rights and obligations. Employers need support in complex situations, communication, stakeholder collaboration, and financial compensations.

Professionals need information on assessing work ability, RTW support, stakeholder roles, and legal frameworks. Professionals also require support with work ability assessment, employer contact, multidisciplinary collaboration, and funding of work-related care.

We found that needs are context dependent. For instance, employers' needs depend on responsibilities arising from country specific legislation or healthcare professionals' needs depend on whether work-related care is insured by the healthcare system or not.

Discussion
The identified needs are diverse. Future studies should ensure that interventions are tailored to individual needs and contextual factors, and promote multidisciplinary collaboration among stakeholders. The results of our reviews can serve as a starting point for developing future interventions.

7. EMAS' recommendations for women experiencing menopause-related challenges in the workplace: Assessment among Norwegian female employees

Silje Mæland, University of Bergen, Norway

Background: The European Menopause and Andropause Society (EMAS) provide global consensus guidelines on menopause in the workplace. The aim is to foster supportive, inclusive, understanding environments for women experiencing menopausal symptoms. These guidelines aim to empower women to remain in the workforce by fostering understanding and appropriate support for their well-being and career growth. In Norway 73,5% of working age women participate in the labour market, 70% work in public sector with sickness absence rates at 8-10% for women aged 40-60 years. The EMAS guidelines have never been introduced or tested in the Norwegian context.

Aim: To explore the relevance, usefulness and application of the EMAS guidelines from a micro perspective (women/employees) in the Norwegian context.

Method: The EMAS guidelines were translated to Norwegian and culturally adapted. The preliminary Norwegian version were tested for consensus in a Delphi study in 2024 among female employees in public (70%) and private (30%) sector N=352. We applied an exploratory qualitative study design based on written responses in the Delphi study, utilizing a structural phenomenological hermeneutical analysis for analysing, understanding, and reporting women's written reflections and accounts of their evaluation of the EMAS guidelines.

Results: The unpublished data suggest that the topic is considered important and meaningful to support menopausal women stay at work. Discourse around disclosure risks, shame and sigma is considerable. Engagement requires institutional support and participants call for structured, inclusive, and professionally led approaches, emphasizing that health-related policy development should be a public and employer responsibility rather than an individual burden.

Discussion: Menopause as a life phase is just rising in the social debate in Norway. Menopause in the workplace has been a silenced subject in the Norwegian society and labour market despite the high percentage of Norwegian women participating in the labour market. Therefore, the female voices from this study will be discussed in relation to their perception of relevance, usefulness and application potential of the EMAS guidelines in Norway.

8. Supporting health and working life for midlife women

Anne Lovise Nordstoga, Norwegian University of Science and Technology, Norway

The menopause transition (from reproductive to postreproductive) is a significant stage in women's life course, occurring at a mean age of 50-52 years. During this transition, a large proportion of women report symptoms such as hot flashes, night sweats, irregular periods, mood changes, muscle and joint pain and sleep problems. These symptoms can significantly influence women's quality of life and work

ability. In Norway, and most western countries, women have more sickness absence than men, and the gender disparity increases with age. Although menopause is a universal experience and women play a vital role in the global workforce, there is still hardly any research on how menopause symptoms affect work productivity and health.

By developing an interdisciplinary team 'Women in Midlife', bringing together expertise in health sciences and organizational development, both academically and methodologically, we have an overarching goal of strengthening research that enhances our understanding of how to better facilitate a sustainable working life for women in midlife. Increased knowledge and awareness on women's health during the menopausal transition is important to reduce stigmatization, support openness, and diminish the shame that often accompany menopause.

The team's research aims to generate knowledge on how different life stages - particularly the transition to menopause - affect women's occupational health. It also explores the individual, social, cultural, and organizational factors that either support or hinder workforce participation among women in midlife. To accomplish this, we aim to i) establish a solid interdisciplinary and international team focused on women's health and work, to capture the complexity of barriers and facilitators influencing work participation among midlife women, ii) develop a new methodological framework based on knowledge and experience from health sciences and organizational development to uncover previously unexplored dimensions in women's health, iii) contribute to collaboration and communication between relevant sectors and stakeholders; research institutions, municipalities and the health services (primary and secondary care).

The aim of presenting this poster at the WDPI conference is to bring women in midlife on the agenda and to facilitate international research and collaboration.

9. The prevalence of mental health service use after minor to moderate work-related motor vehicle crash injury: A retrospective cohort study

Simone Yu, School of Public Health and Preventive Medicine, Monash University, Australia

Background:
Over 80% of motor vehicle crash (MVC) injuries are classified as minor to moderate, yet often result in persistent and elevated levels of psychological distress which can affect work participation and quality of life. Mental health conditions are common in this group, but the use of mental health services remains poorly understood. This study examines the prevalence and determinants of mental health service use following minor to moderate MVC.

Methods:
This retrospective cohort study of work-related MVC injuries used data from workers' compensation claims in New South Wales, Australia, linked with universal health insurance, hospital, and social welfare records. Analysis compared the prevalence of post-injury mental health service use between (1) people hospitalised after MVC injury; and (2) people with MVC injury who were not hospitalised. A third, age and gender matched community comparator group was included. Binary logistic regression was used to examine associations between mental health service use and covariates including pre-injury service use, age, gender, socio-economic status, and injury year. Analyses were stratified by funder (universal health insurance or workers' compensation) and conducted across multiple follow-up periods (12, 24, and 60 months).

Results:
Of 863 people with work-related MVC injuries, 51% accessed at least one mental health service over five years. People in the non-hospitalised (OR = 1.74, [1.35, 2.23]) and non-hospitalsed (OR = 1.51, [1.25, 1.82]) group had significantly higher odds of accessing a mental health service comapared to the community comparator, and when adjusting for covariates. In the non-hospitalised group, there was no significant difference in the prevalence of mental health service use between non-hospitalised and hospitalised people at any follow up period. Non-hospitalised people had a higher prevalence of mental health service use than community comparator at 12 and 24 months. Female sex and more recent injuries had higher odds of mental health service use.

Conclusion:
This study confirms that people with minor to moderate work-related MVC injuries experience significant mental health needs, evidenced by the high prevalence of mental health service use. These findings provide insights that could inform future research and service planning for health services, workers' compensation insurers, and policymakers.

10. Exploring a physiotherapy clinic's management of injured workers patients from the new MSK program from Ontario

Peining Li, University of Waterloo, Canada

Rationale

Work-related injury is a significant financial burden for any country, province, or family. Among all work injuries, Musculoskeletal (MSK) disorders are the most common. Among health providers, physiotherapists (PT) specialize in treating MSK disorders for injured workers because they have extensive training in human movement. However, providing physiotherapy service to injured workers through the Workers' Compensation Board (WC) has long been a concern for healthcare providers because of its high administrative burden and low reimbursement service fees, which affect the quality of service. While the health costs of work injury continue to be high, workers continue to experience low quality of service regardless of years of advocacy. In April 2023, the Workplace Safety and Insurance Board (WSIB) in Ontario implemented a new policy for providing health services to injured workers to improve the management of each claim case. However, it is still unknown whether the quality of PT service and physiotherapists' experience have been improved.

Objectives

This study aims to explore how PT clinics arrange service for injured workers, to understand how physiotherapists navigate providing service to injured workers from WSIB under the policy of PT clinics, and to measure PT service characteristics and physiotherapists' level of stress from working with injured workers from WSIB across Ontario, Canada.

Methods

Guided by Dorothy Smith's social theory, this study will utilize a sequential mixed-method design composed of a qualitative institutional ethnography with interviews and document analysis, and a quantitative cross-sectional survey through questionnaires.

Results

It is expected that the work stress level of physiotherapists is negatively associated with the availability of WSIB training. However, the use of unlicensed personnel, the duration of sessions, and single or group sessions are more likely associated with Chain PT clinics.

Contribution

This study will provide an overview of how the physiotherapy service through WSIB's new policy is coordinated under the PT clinics' policy. The result will provide policy-makers with valuable feedback to evaluate the new WSIB health service policy.

11. Patterns of allied health service use and their relationship with duration of time loss among compensated workers with physical injuries

Shannon Gray, Monash University, Australia

Background: Allied health services that specialise in movement and rehabilitation, such as physiotherapy, osteopathy, chiropractic and exercise physiology, are common services utilised by workers with physical injuries in workers' compensation systems. The patterns of their use, including timing and volume of service, may impact rehabilitation and return to work, which is indicative of functional recovery.

Objective: To identify distinct allied health service use trajectories and determine their association with duration of compensated time loss, a return-to-work proxy.

Methods: Retrospective cohort study utilising workers' compensation claims, payments and services data from the Australian states of Victoria and South Australia. Time loss, physical injury claims lodged 1st January 2022-31st December 2022 with at least one allied health service (physiotherapy, chiropractic, osteopathy, exercise physiology) in the 30 days prior to 720 days after claim lodgement were included. Compensated work absence duration in the 720 days post-claim lodgement was calculated using payments data. Longitudinal clustering of the number of services per 30-day interval was performed, with diagnostics identifying three clusters with a third-degree polynomial as optimal. Cox regression assessed the association between clusters and time loss duration, both independently and adjusted for covariates known to be related to time loss duration (age group, sex, nature and bodily location of injury, jurisdiction, remoteness, socioeconomic status).

Results: Three groups within 11,474 claims were found: low-volume short-term (N=5,504, 47.9%), medium-volume moderate (N = 4,095, 35.7%), and high-volume long-term use (N=1,875, 16.5%). Compared to low-volume short-term use, medium-volume moderate use had significantly greater risk of higher time loss duration (HR:0.37 [95%CI 0.36,0.39]), however was greatest for the high-volume long-term use group (HR:0.25 [95%CI 0.24,0.26]). This relationship remained when adjusting for covariates.

Conclusions: Time loss duration was significantly longer among those using more allied health services over a longer period of time, compared to those with fewer services in a shorter time period. Injury severity or other factors not present in administrative data could not be included. Future research could consider clustering based on timing, volume and service type. Results may be used to identify opportunities for earlier intervention as well as service monitoring and identification of over-utilisation.

12. Workplace Innovation for Prevention: What Total Worker Health® Interventions Look Like?

Katia Costa-Black, Oregon Institute of Occupational Health Sciences, Oregon Healthy Workforce Center, OHSU, United States

Advancing worker well-being and preventing work disability requires a comprehensive strategy that addresses both occupational hazards and broader determinants of health. The Total Worker Health® (TWH) approach, developed by NIOSH, provides a framework for designing innovative, evidence-based interventions that integrate workplace safety with health promotion to support sustainable employment.

This poster highlights how TWH interventions can be leveraged to operationalize the goals of Work Disability Prevention (WDP), focusing on strategies that enhance workforce participation, reduce injury and illness, and foster inclusive, health-supportive work environments.

Recent studies conducted by NIOSH TWH Centers of Excellence demonstrate the effectiveness of TWH-informed strategies across diverse sectors. Participatory ergonomics programs, such as those evaluated by the Center for the Promotion of Health in the New England Workplace (CPH-NEW), have shown a 30% reduction in musculoskeletal disorder (MSD) risk factors and improved return-to-work outcomes through worker-led redesign of tasks and workstations. Supervisor training interventions, tested in different workplace settings and developed by the Oregon Healthy Workforce, have resulted in a 13% increase in employee engagement and reduced presenteeism, particularly among workers experiencing mental health challenges or job insecurity. The “Work Design for Health” framework, developed by Harvard T.H. Chan School of Public Health and MIT Sloan School of Management, emphasizes job control, manageable demands, and social support. Interventions based on this model have led to better sleep quality, lower turnover intentions, and enhanced psychological well-being.

At the organizational level, interventions applying the expanded TWH Hierarchy of Controls—such as flexible scheduling and paid sick leave—have been associated with 28% fewer nonfatal injuries and a $1.70–$5.30 return on investment per dollar spent.

Several of these multi-faceted interventions will be presented to illustrate their components and how they support both TWH and WDP goals, including early intervention, stakeholder engagement, and system-level change. Additionally, the five defining elements for successful implementation of TWH interventions will be highlighted, followed by recommendations for future research and cross-sector collaboration to scale and sustain TWH-informed practices for WDP.

13. Evaluating the Impact of the Leeds Mindful Employer Network

Jillian Manner, University of Edinburgh, United Kingdom

Mental health issues account for a significant proportion of employee-related ill-health in the UK and internationally, impacting employee engagement and productivity. The Leeds Mindful Employer Network, established in 2013, aims to promote mental health and wellbeing in workplaces across Leeds and West Yorkshire in Northern England. The network, which is funded by Leeds City Council and run by the charity Leeds Mind, operates in partnership with a steering group of local employers, third sector organisations and other strategic partners, serving as a free resource for over 700 employers. This evaluation seeks to understand the perceived impact of the network and how it can be enhanced to improve engagement and sustainability.

This study employs a Utilization Focused Evaluation approach, prioritizing findings useful for stakeholders, to improve the network and inform service recommissioning. It includes two work packages, co-produced through an evaluability assessment and consultation with an evaluation steering group. Work Package 1 involves an online survey, sent to over 400 network members. The survey captures how organisations of different size and sector implement activities and initiatives inspired by the network. Work Package 2 consists of in-depth interviews and focus groups with up to 60 employees from approximately six organizations across Leeds and West Yorkshire. It captures the network's perceived impact on employers and employees, and the challenges and successes of network engagement and implementing change. Work package 2 also explores how the network aids organisations in supporting employees in high-risk and/or low-wage jobs, and those from disadvantaged groups.

Preliminary data analysis is underway, with complete findings expected by February 2026. Initial insights suggest diverse implementation of mental health and wellbeing initiatives across sectors, varying significantly in scale and scope, with network members expressing overall positive perceived impacts of network membership.

The evaluation serves as an important tool to understand the diverse ways in which the Leeds Mindful Employer network is utilised across organisations and its perceived impact. This will support tailoring and enhancement of the network to further impact and engagement. It can also serve as a blueprint for other areas interested in establishing local employer mental health networks.

14. Role of middle managers in promoting workplace mental health in hospital nursing: insights from a training program

Fernanda Miranda, Lakehead University, Canada

Introduction: Middle managers are key change agents in promoting workplace mental health (WMH) due to their proximity to daily work and employees. Yet, their practical role in this topic remains unclear, with gaps in training, ethical guidance, and alignment with organizational culture. Equipping them is critical for successful WMH promotion.

Objective: To understand the role of middle managers in promoting mental health in hospital nursing work, based on the experience of managers who participated in a training program on WMH.

Method: Qualitative study based five synchronous meetings from a training based on the Canadian Standard for Psychological Health and Safety in the Workplace. Participants were Brazilian middle nurse and two researcher facilitators. Meetings corresponded to modules: Learning from the Canadian Experience (n=23); WMH Prevention (n=17); WMH Promotion (n=21); WMH Resolution (n=18); and Supervision and WMH (n=16). All sessions were transcribed, coded, and grouped into thematic categories with verbatim excerpts.

Results: managers recognized themselves as pivotal actors in promoting WMH but limited their actions to mediation between teams and senior management. They acknowledged that leadership style and worker care models shaped team well-being and organizational climate. Throughout the sessions, they observed changes in practice, gaining knowledge and skills that enabled them to move beyond mediation to propose changes in the microwork environment. When broader changes were not feasible, they engaged in advocacy at higher management levels. They developed skills for early detection, empathy, and support, enabling timely interventions, while translating needs into actions and using conflict mediation and ethical power to safeguard staff mental health. Building collectives and networks enhanced support, legitimacy, and resilience, while challenges highlighted lack of senior management engagement, need for targeted training, and institutional barriers. Overall, sessions raised awareness, fostered collective reflection, and reinforced middle managers' capacity to promote WMH across multiple domains.

Conclusion: The training served as a critical space for strengthening skills, awareness, and collective capacity, enabling participants to expand their scope of action as mediators, advocates, and implementers of preventive and supportive practices, reflecting the changing nature of work and the integration of care, ethics, and organizational responsibility for WMH.

15. Implementation of Intelligent Physical Exercise Training (IPET)

Karen Søgaard, University of Southern Denmark, Department of Sports Science and Clinical Biomechanics, Center for Muscle and Joint Health, Denmark

BACKGROUND
Physical activity is essential for maintaining health throughout life. However, the health enhancing effect depends on intensity, duration, repetition and allowed restitution. In many types of occupational work such detailed organization of daily activities is not feasible, and targeted exercise training is needed to avoid age- and work-related impairment of health.

AIM
To present the IPET concept of exercise training that fits into working life and workplace, tailored to improve robustness that match occupational demands and the typical work-related impairments in the specific job sector.

METHODS
IPET is individualized based on pain sites, health- and capacity check. It requires only 10 minutes per day and is based on work physiological principles to secure an effect. With the evidence from more than 20 RCT studies across different job sectors the concept has been refined with an algorithm specifically tailoring exercises to individual pain sites and implementing a self-reported health and capacity check with defined cut-points for design of an IPET-app (1). This improved IPET-version was tested in RCT studies within office work, wind technicians, dental care personal (DCP) and an RCT is ongoing among surgeons. DCP and surgeons tested the app version, for DCP with multisite pain as primary outcome.

RESULTS
Significant and clinically relevant, sector-specific improvements were observed for both employees and workplaces. However, adherence to IPET is crucial with larger effect if participating more than 70%. Adherence was larger with IPET performed at the workplace compared to homebased training. The majority of DCP found the IPET-app relevant, reported adherence was good, but recorded app use was scarce.

CONCLUSIONS
With high adherence IPET may improve musculoskeletal and general health as well as increase productivity. Successful implementation may be supported through open dialog on pain and participatory ergonomics, organisational integration of IPET into daily routines, supported motivation for exercise and more highlight on the economic benefit for the workplace.

1. Sjøgaard,G., Søgaard.K,, Hansen,AF., Oestergaard,AS., Teljigovic,S. and Dalager,T.(2023) Exercise prescription for the work-life population and beyond. Journal of Functional Morphology and Kinesiology. 2023 Vol 8(2)

16. Self-management interventions to support work participation among individuals with musculoskeletal disorders: a scoping review

Christian Longtin, McGill University, Canada

Background: Musculoskeletal disorders (MSDs) are a leading cause of work disability, and many workers with MSD-related disabilities continue to experience difficulties in achieving a sustainable return-to-work (RTW) following rehabilitation. Self-management interventions are increasingly recognized as promising strategies to support work participation by equipping individuals with skills to manage their condition independently. However, evidence on their characteristics and use in occupational contexts remains limited.

Objectives: We aimed to examine the literature on self-management interventions evaluated in relation to work participation among individuals with MSD-related disabilities. Specifically, we aimed to document the interventions' components, delivery characteristics and impact evaluation methods.

Methods: We conducted a scoping review based on Arksey and O'Malley's framework and PRISMA-ScR guidelines. We systemtically searched ten databases (e.g., CINAHL, MEDLINE, Scopus, etc.) from inception to July 2025. Eligible studies had to include working-age individuals with MSDs, a self-management intervention and a work-related component reported in the results. Study selection and data extraction were conducted by two independent reviewers. We analyzezd data using descriptive statistics and deductive content analysis, guided by pre-defined coding frameworks for self-management components, delivery characteristics and evaluation methods.

Results: We screened 8477 titles and abstracts, analyzed 178 full-text articles and included 31 articles describing 23 distinct self-management interventions. Most studies included chronic non-specific MSDs and involved employed or sick-listed participants from diverse work sectors. All interventions addressed symptom management and knowledge acquitision (100%), but work-focussed components (43%), resource utilization (35%) and communicaton skills (30%) were less frequently addressed. Most interventions were delivered in-person (52.1%), individually (61%), and with clinician involvement (65%). Ten interventions (43.4%) were delivered using digital modalities. Impact was primarily assessed through outcome evaluation studies (72%), with common work-related constructs being work disability, RTW, and work ability. Process (45%) and views (25.8%) studies frequently addressed participants' experiences, acceptability and implementation outcomes. Conclusion: Self-management interventions evaluated in relation to work participation among individuals with MSDs show significant variability in their content and in the approaches used to assess their impact. Few interventions are explicitely tailored to the occupational setting, highlighting a need for more targeted and context-sensitive self-management approaches to foster work participation.

17. When paths cross: Critical moments in informal networking during return-to-work processes

Janske van Eersel, Tilburg University, The Netherlands

Background
Current return-to-work (RTW) approaches show limited effectiveness when sick-listed employees must explore external employment after one year of absence. While formal reintegration interventions dominate research and practice, recent program theory development has identified informal networking interactions between sick-listed employees and potential employers as critical components of alternative RTW pathways. However, the mechanisms operating during these informal interactions remain underexplored, limiting understanding of how to facilitate successful networking outcomes for sustainable RTW. This study examines what critical moments and resources influence informal networking processes between sick-listed employees and other stakeholders during return-to-work trajectories.

Methods
We employ a multiple-case study design examining 5-6 documented informal networking interactions between sick-listed employees from an employer-based community of practice. Using Critical Incident Technique, we conduct individual interviews with all relevant stakeholders per case: sick-listed employees, coaches, current employers, and network contacts. Participants engage in timeline mapping exercises to identify critical moments, available resources, and contextual influences. This multi-stakeholder approach enables comprehensive understanding of networking processes from different perspectives. Data analysis employs thematic analysis to identify patterns across cases.

Expected Contributions
This research addresses a significant gap in return-to-work research by examining the "black box" of informal networking processes. We anticipate identifying distinct phases in networking interactions, each characterized by specific critical moments and resource requirements. Expected findings include key domains such as pre-interaction preparation, interaction dynamics including trust-building, and post-interaction follow-up processes. By mapping these micro-processes from multiple stakeholder perspectives, findings will inform targeted interventions to facilitate successful alternative return-to-work pathways. Results will have direct implications for occupational health professionals, employer networks, and policymakers designing effective reintegration frameworks, representing a crucial step toward more human-centred workplace reintegration approaches.

18. Implementation process evaluation of a manual handling ergonomic intervention: What do we learn from analyzing mechanisms and the temporal structure of processes?

Émilie Desjardins, Université du Québec à Montréal, Canada

The Integrated Prevention Strategy for Manual Handling (IPSMH) is a complex workplace ergonomic intervention (WEI) designed to reduce musculoskeletal disorders. This innovative training develops workers' skills to elaborate their own manual handling strategies and identifies modifications to be implemented in the work environment to support workers' transfer of learning. It includes three phases: mobilisation and diagnosis, training, follow-up and post-training feedback. The implementation process evaluation of the IPSMH has never been carried out.

Objectives were to 1) test an original qualitative data analysis method adapted to WEI, and which allows to capture the temporal structure of processes, 2) identify and schematize determinant mechanisms to trace the sequence of influential factors.

The study adopted a multiple-case study design (n=4). Semi-structured interviews were conducted with the ergonomist implementing the IPSMH, workers, supervisors and occupational health and safety advisors (36 interviews, approximately 260 minutes per case). Qualitative data were coded in three steps: 1) interventions' timeline, 2) influential factors based on the template analysis strategy, 3) mechanisms (sequence of factors).

Results showed that positioning influential factors on the interventions' timeline allowed to understand interactions between the ergonomist's actions, context, communication flow and responses of the organizations' stakeholders. They identified the combined effect of factors in generating a given situation. For instance, in case #1, the difficulty in obtaining relevant diagnostic information was due to observations conducted outside the workers' usual context. This was further hindered by the fact that the observed worker had not been informed of the observation's objective, which led to a deviation from his typical work pace. Even when situations appear similar, contributing factors may vary across settings. For example, in case #4, the difficulty in obtaining relevant diagnostic information was due to the supervisor's limited involvement in selecting an appropriate time for the observations. Positioning mechanisms on the interventions' timeline sheds light on the extend to which a mechanism influences the subsequent progression of the intervention.

Results contributed to 1) identify generalizable and case-specific aspects to better understand how the intervention works, 2) produce operational knowledge for practitioners and employers on pitfalls and levers, organized in sequences along a timeline.

19. Operationalising Policy through Technology-Enabled, Work-Focused Rehabilitation: A Proof-of-Concept Collaboration between a Funder and Rehabilitation Therapists

Lindsay Scott, Workability (Pty) Ltd, South Africa

Background
In South Africa, work-related musculoskeletal (MSK) injuries account for a significant proportion of prolonged absenteeism and disability claims. The management of these injured employees falls under the Compensation of Occupational and Disease Act (COIDA). In 2022, this Act was amended to include rehabilitation, reintegration and return to work. In line with the roll out of this amendment, one of the

primary COIDA funders, Rand Mutual Assurance (RMA), is piloting the effectiveness of the collaboration between themselves as Funder and therapists using technology, telehealth and an evidence-based Return-to-Work Rehabilitation programme.

Methods
A proof-of-concept (POC) implementation will be conducted with RMA-funded employees from high-risk industries, presenting with MSK injuries from October 2025 to March 2026. The rehabilitation therapists will be guided by the programme's IT system to apply the correct risk stratified care pathway, collect outcomes and adhere to RMA's case management reporting protocols, such as pre-authorisation and discharge reports. The programme will combine in-person rehabilitation with telehealth components to ensure continuity of care and sustainable activity adherence.

Results
Primary outcomes include return-to-work status, absenteeism, and functional outcomes. The direct costs of delivering rehabilitation, salary replacement and disability payments of those that go through the pilot will be compared with a similar cohort of RMA's patients that receive usual care. Secondary outcomes will include patient satisfaction, employer feedback and the employer's cost of lost productivity due to absenteeism.

Preliminary implementation planning has shown the pilot to be feasible and outcomes will be reported in March 2026 following completion of the POC's implementation.

Conclusion
This Proof of Concept pilot seeks to demonstrate how the COIDA amendment can be operationalised through technology and collaboration between the Funder and rehabilitation therapists. Integrating a technology supported evidence based program with the Funder protocols, will align all parties to deliver on the promise of the Amended Act to support employees to rehabilitate, reintegrate and Return-to-Work.

Implications
The study will inform policy and funding frameworks under the revised COID Act. It will demonstrate how value-based and digitally supported rehabilitation can be beneficial to everyone by improving return-to-work outcomes, reducing costs, and sustaining worker participation across high-risk industries.

20. Exploring Nurse Practitioner Support for Return to Work After Breast Cancer: Insights from Clinical Notes

Karine Bilodeau, University of Montreal, Canada

Introduction:
Returning to work (RTW) after breast cancer treatment presents a multifaceted challenge for survivors. Many women report a need for greater support during the transition from treatment to resuming employment. Our team piloted an innovative intervention to facilitate this transition, delivered by a nurse practitioner (NP) within a primary care setting. The intervention consisted of three online sessions led by an NP, specifically designed to support breast cancer survivors in their RTW process. Clinical notes from these sessions provided rich insights into the NP's practices and strategies used to assist survivors during this critical period.

Aim:
To explore and describe how nurse practitioners supported breast cancer survivors' return to work through a primary care-based intervention.

Methods:
A qualitative content analysis was conducted using clinical notes documented by NPs (n=22). Each note was transcribed into Word format and systematically reviewed to extract relevant data about the intervention's content, including strategies, resources, and guidance provided. Data were organized into tables to facilitate categorization and thematic analysis, allowing for the identification of recurring patterns and key themes.

Results:
Strategies discussed by NPs with participants primarily focused on facilitating RTW, including exploring participants' perceived readiness, encouraging open communication with employers, and fostering self-reflection. Relational strategies were also prominent, with NPs prompting participants to articulate their thoughts, emotions, and needs. The NPs also offered resources, most of them being practical tools such as educational handouts, selected websites tailored to symptom management and psychological help as well as referrals to other professionals. The advice most frequently provided by the NPs was related to lifestyle habit (such as sleep hygiene) and support (such as formulating and communicating expectations regarding the employer).

Conclusion:
The analysis of the NPs' clinical notes highlights their potential role in addressing challenges related to RTW after breast cancer treatments. Relational aspects emerged as a cornerstone of the intervention, alongside support for navigating available resources and services. These findings underscore the potential value of integrating NP-led interventions in primary care, while also highlighting the need for further exploration of their specific contributions, and those of other healthcare professionals.

21. Development of Program for Sustainable Return to Work in Collaboration with Expert Users

Marie-France Coutu, Université de Sherbrooke, Canada

Purpose. Developing a Program for Sustainable Return to Work tailored to the healthcare sector, based on evidence and expert users experience.

Methods. A developmental research approach from Van Der Maren (2014) and strategies from the QualityImplementationFramework of Meyer (2012) were used. A theoretical sampling was sought from 6 health care organizations (disability management services (DMS)) considered expert users. Organizations had to have more than 50% of best practices implemented, measured during audit interviews. Each DMS formed a group of four expert users: the head of service, an agent for medical and administrative management, a return-to-work coordinator (i.e. occupational therapist) and a supervisor. 1) A preliminary program theory was developed following best practices from literature; 2) Structured interviews were performed with 6 teams of expert users to seek required adaptations to the program before the consensus method; 3) A consensus method was used with expert users; this method includes an individual consultation with an agreement questionnaire on 83 affirmations on components of the program theory. Components not reaching 85% consensus were discussed in two, 3-hour meetings with all experts, to obtain the final version of the program.

Results. A total of 25 experts from 6 health care organizations participated (20 women, 5 men, age between 41 et 50 years-old, 4 to 10 years of experience). A total of 10 of 83 affirmations (12%) needed group discussion for consensus. Half of the disagreements were about identifying which people are responsible for carrying out the activities planned in the program, other half needed to clarify the activities planned in the program. In addition, out of a total of 31 tools included in program, the participants identified the need to specify or modify 7 tools to be used by supervisors and developing 6 new tools to support the implementation of the program.

Conclusion. A Program for Sustainable Return to Work was adapted for the health care sector and ready for upscaling. Next step will be to assess implementation process in the hole health sector. A feasible adaptation methodology is now available to implement the program to other sectors.

22. The effect of the Progressive Goal Attainment Program on cognitions, perceptions and work participation of workers with health problems: a pilot randomized controlled trial

Mariska de Wit, Amsterdam UMC location University of Amsterdam, Public and Occupational Health, Coronel Institute of Occupational Health, The Netherlands

Background
The Progressive Goal Attainment Program (PGAP) is an intervention developed to reduce limiting cognitions and perceptions and to increase work participation. This intervention may support return to work of workers on long-term sick leave. The aim of this research was to study the effects of PGAP on cognitions and perceptions, and on work participation among workers with long-term health problems.

Methods
We studied the effects of PGAP in a pilot randomized controlled trial with parallel groups, comparing workers who participated in PGAP with those in a waiting-list control group in the Netherlands. Participants were workers who had been on sick leave for at least three weeks due to mental and/or physical health problems, or who had frequent episodes of sick leave. Participants completed questionnaires at four time points: at baseline (T0), during participation in PGAP (T1), immediately after participation (T2), and 3 months after starting participation (T3). The primary outcome was catastrophizing thoughts. Secondary outcomes included various cognitions and perceptions, including fear, health complaints such as fatigue and depressive symptoms, and working hours. Changes in quantitative outcomes over time were assessed using linear mixed models.

Results
A total of 38 participants, with a mean age of 45.4 years, including 11 men (29%), took part in the study. Nineteen participants (50%) were randomized to the intervention group. Participants of PGAP reported less fear and fewer depressive symptoms immediately after the intervention (T2) compared to the control group ($p<.05$), although these effects diminished at T3. The results indicated no significant

effects of PGAP on catastrophizing thoughts or working hours. PGAP participants experienced less fatigue over time compared to the control group (p<.05). No significant effects were found for other cognitions and perceptions or health complaints.

Conclusion
Participation in PGAP had a positive effect on fatigue, although it did not have significant effects on catastrophizing thoughts or working hours in this study. Additionally, PGAP had short-term positive effects on fear and depressive symptoms, which diminished at follow-up. Future studies with more participants are recommended to assess possible implementation in practice.

23. Return-to-work for People Living with Long COVID: A Scoping Review of Interventions and Recommendations

Douglas Gross, University of Alberta, Canada

Introduction - Long COVID is characterized by the presence of new onset or persistent symptoms 3 months after a suspected or confirmed history of SARS-CoV-2 infection. It is a complex and multi-faceted condition that affects individuals' labour market participation. While some cannot work, others may return to work (RTW) in a limited capacity. Determining what rehabilitation or related strategies are safe and effective for facilitating RTW is necessary.

Objectives - To synthesize evidence on RTW interventions for people living with Long COVID and to identify 'promising' interventions for enhancing work ability and RTW.

Methods - We followed Arksey & O'Malley's methodology and the PRISMA extension for scoping reviews. Five electronic bibliographic databases and grey literature were searched. The literature search included various study designs, such as randomized controlled trials (RCT), quasi-experimental designs, and observational studies as well as clinical practice guidelines (CPGs). Two reviewers conducted screening and data extraction, with disagreements resolved through consensus. Intervention studies were categorized as promising (statistically significant RTW outcomes or ≥ 50% RTW), somewhat promising (20% to < 50% RTW), not promising (non-statistically significant RTW outcomes or < 20% RTW), or uncertain (did not specify proportion of RTW).

Results - Twelve CPGs and nineteen intervention studies were identified. Of the intervention studies, 5 were cohort studies, 3 quasi-experimental studies, 4 observational, 2 interventional, 3 RCTs, and 2 case reports. Promising interventions included multimodal and interdisciplinary work-focused rehabilitation, multidisciplinary inpatient and outpatient rehabilitation, psychoeducation, pacing, and breathing strategies, shifting focus from symptom monitoring to optimizing functional outcomes, enhanced external counterpulsation inflatable pressure to improve blood flow, and constraint-induced cognitive therapy.

Conclusions - Many uncertainties remain regarding which RTW interventions are effective or the optimal characteristics of these interventions. Key elements of promising interventions include integrating physical and mental health support, tailored and supervised pacing, and flexible workplace accommodations that align with the fluctuating nature of Long COVID symptoms. While some existing strategies show promise, other interventions do not provide adequate support to promote RTW. There is an urgent need to develop effective programs for individuals with Long COVID to promote recovery and RTW.

24. When work aligns with values: a realist-inspired evaluation study to strengthen the wellbeing, work engagement and employability among healthcare professionals

Margot Joosen, Tilburg University, The Netherlands

Background:
The healthcare sector faces high sickness absence and staff shortages, making employee retention essential. To address this, the Work Values Conversations Approach was developed to help supervisors and teams identify (a) meaningful work goals (i.e work values), (b) contextual factors that support these goals, and (c) concrete actions to achieve them. The aim of this approach is to strengthen the (mental) wellbeing, work engagement and employability of healthcare professionals. This study explores under what circumstances, how, and why the approach works in a hospital setting.

Methods:
The approach was implemented in 15 nursing units of a Dutch general hospital involving healthcare professionals (n=392) and supervisors (n=40). A mixed-methods design was used. Semi-structured interviews with 16 team members and 9 supervisors explored the interaction between contextual factors, working mechanisms, and outcomes (CMO). Transcripts were thematically analyzed using both deductive and inductive coding. Post-intervention, online questionnaires assessed perceived effectiveness among team members (n=179) and supervisors (n=11) using descriptive analyses.

Results:
Qualitative findings show that the intervention fosters three key processes: (1) open dialogue in a psychologically safe environment, (2) awareness of personal and team work values, and (3) enhanced mutual understanding and team cohesion. These processes led to increased motivation, engagement, and collaboration, as well as clearer action plans for improvement. These outcomes align with the Capability Approach, emphasizing the alignment between work and personal values to support individuals' capabilities and sustainable employment. Quantitative results confirmed these effects: all supervisors (100%) and most team members (75.4%) found the conversations useful. Moreover, 84.4% of team members gained better insight into their own valuable work goals, and 64.9% understood better what was needed to achieve them.

Conclusion:
The Work Values Conversations Approach is feasible and effective in hospital care. Findings indicate that in a safe and well-facilitated context (C), where supervisors are trained to lead reflective and open conversations (M), teams strengthen trust, work engagement, and job satisfaction (O). By promoting reflection on meaningful work and collective learning, the approach supports key elements of sustainable employability: motivation, well-being, and long-term commitment among healthcare professionals.

25. Improving Sustainable Return-to-Work After Work-Related Musculoskeletal Injuries: A Narrative Review of Evidence on Return-to-Work Strategies

Sintayehu Wami, Queen's University, Canada

Background: Musculoskeletal disorders remain a leading cause of work disability globally, contributing to productivity loss, absenteeism, and early labour force exit. Despite growing evidence supporting biopsychosocial and workplace-integrated approaches, return-to-work outcomes remain inconsistent, particularly among high-risk and vulnerable workers. This review synthesizes current evidence on factors influencing sustainable return-to-work and assesses the effectiveness, barriers, and emerging innovations of workplace-based interventions. By synthesizing program design, implementation, and contextual determinants, it identifies strategies that can enhance equity and long-term work participation across evolving work environments.

Methods: A narrative review approach was employed to synthesize evidence from systematic searches of five bibliographic databases: MEDLINE, EMBASE, CINAHL, PsycINFO, and Scopus. Studies of all designs, including qualitative, quantitative, and mixed-methods studies, examining return-to-work determinants and intervention effectiveness were included. Findings were synthesized thematically, highlighting key predictors, contextual determinants, and innovative workplace interventions that facilitate a sustainable return to work.

Results:The review highlights that multi-component, interprofessional interventions integrating rehabilitation, workplace modification, and psychosocial support consistently improve return-to-work and stay-at-work outcomes compared with single-component approaches. Early, coordinated programs that include tailored rehabilitation, ergonomic and task redesign, graded return-to-work scheduling, and self-efficacy coaching effectively reduce disability duration and recurrence while enhancing sustained work participation. Supportive leadership, supervisor engagement, worker self-efficacy, and strong collaboration between healthcare and occupational teams were identified as key enablers. However, barriers such as limited access to occupational rehabilitation, fragmented intersectoral coordination, and weak policy frameworks continue to challenge the implementation and long-term sustainability of these interventions.

Conclusions: A sustainable return-to-work after musculoskeletal injury requires more than clinical recovery; it depends on psychological readiness, workplace supports, and an integrated system design. Strengthening interprofessional collaboration and embedding early, tailored return-to-work planning are essential. Innovative approaches such as workplace-embedded rehabilitation, co-designed job redesign, and digital coordination platforms can enhance equity, efficiency, and transform reintegration systems. Future research should evaluate the effectiveness, economic impact, and scalability of interventions to inform inclusive and cross-jurisdictionally relevant strategies for work-disability prevention.

26. Stressing the importance of nature when considering the nature of stress

Eleanor Petitt, Lund University, Sweden

Background and aim
Stress-related health problems have increased sharply over the last two decades and have become a serious issue at all levels of society. In southern Sweden, a medical nature-based rehabilitation program for adults with severe stress-related exhaustion and cognitive impairment has been developed and then permanently implemented into the Swedish National Healthcare System. The ten-week program, to which patients come twice a week, has a team consisting of a gardener, an occupational therapist and a psychologist.

Whereas many nature-based programs in Sweden focus on garden activities, this particular one also includes forest to a large extent. The main aim of this study was to investigate the effectiveness of said medical nature-based rehabilitation program.

Method and results
This was achieved by examining patients' quality of life, exhaustion symptoms and overall health using self-assessment instruments, comparing the results before participation to immediately after, three months after and six months after. With a sample size of 67 participants, the results show a statistically significant improvement for all points.

Conclusion
From a public health perspective, and with background knowledge of the nature of the patient group under treatment, the studied program would appear to be effective and economic, having a satisfied patient group as well as a favourable comparison with the outcomes of other researched programs. Although the results are promising, as this is a naturalistic field study, there is no control group, and more research is needed. We are now in the process of constructing a study of long term follow up as well as investigating mediators.

27. Training health insurance practitioners in motivational counseling to foster return-to-work: Perceptions of sick-listed workers and their impact on motivational outcomes

Isha Rymenans, Tilburg University, The Netherlands

Background
To experience autonomous motivation for return-to-work (RTW), Self-Determination Theory (SDT) states that sick-listed workers require fulfillment of their need for autonomy (i.e., feeling psychologically free), relatedness (i.e., having meaningful connections), and competence (i.e., feeling capable). To support these needs, practitioners can rely on Motivational Interviewing (MI), i.e., a collaborative counseling style that has shown initial evidence in promoting RTW. Therefore, we developed and evaluated a training in motivational counseling for health insurance practitioners, based on SDT and MI. Studies which have also trained practitioners to adopt MI or need-supportive behaviors often lack conclusive evidence on consequent motivational outcomes in patients or workers.

Purpose
This study analyzes whether sick-listed workers' basic need satisfaction can mediate the relationship between their perceived need support after a RTW consultation with a trained health insurance practitioner and their autonomous motivation to take steps toward RTW.

Methods
178 sick-listed workers filled in a questionnaire after their RTW consultation in which motivational counseling was adopted. The workers reported on how consistent with MI and need-supportive they experienced their practitioner; and their basic need satisfaction and autonomous motivation for taking steps toward RTW. Mediation analyses were conducted using Hayes process macro in SPSS.

Results
Sick-listed workers (61% female and 74% with employment contract) who perceived their practitioners as motivational and consistent with MI, experienced higher autonomy ($p < 0.01$) and competence satisfaction ($p < 0.05$) toward RTW. Competence satisfaction was found to be a mediating variable as it positively predicted autonomous motivation for RTW ($p < 0.05$). Although perceived need support was positively linked to autonomy ($p < 0.01$) and relatedness satisfaction ($p < 0.05$), none of the basic needs served as a mediator in relation to autonomous RTW motivation. Competence satisfaction did positively predict autonomous motivation for RTW ($p < 0.01$).

Conclusions
Our results show that motivational counseling may promote sick-listed workers' need satisfaction. We found that competence satisfaction may play an important role in experiencing autonomous motivation for RTW. Large, randomized controlled trials are needed to further explore how, under which conditions and for whom motivational counseling may facilitate RTW processes.

28. The association of working-from-home and psychosocial working conditions with workers' mental health during the COVID-19 pandemic

Guilherme Monteiro Sanchez Dalla Riva, University Medical Center Groningen, The Netherlands

Introduction: Working from home (WFH) became widespread during the COVID-19 pandemic, involving nearly half of the European workforce. While WFH offers several advantages, research also highlights negative consequences for workers' mental health. These concerns are particularly relevant in light of adverse psychosocial working conditions, such as lack of support and high workload, which

may have increased employees' vulnerability for mental complaints during the pandemic. This study aimed to examine the association between WFH and psychosocial working conditions with workers' emotional exhaustion during the COVID-19 pandemic.

Methods: Data from 15,712 participants of the Netherlands Working Conditions Survey COVID-19 (NWCS-COVID-19) were used. The dataset comprises six waves collected between November 2019 and June 2023, including one wave before, four during, and one after the pandemic. Multiple within-between regressions were performed. The within-individual estimates capture the association between changes in WFH and changes in emotional exhaustion, as well as the role of psychosocial working conditions. The between-individual estimates account for potential pre-existing differences, such as the possibility that workers with more mental health problems are overrepresented in occupations with greater WFH opportunities or less favourable psychosocial working conditions.

Results: WFH was associated with a slightly higher emotional exhaustion between individuals (β=0.0032, SD=0.000), but not within individuals. Psychosocial working conditions were also associated with emotional exhaustion between individuals: greater autonomy (β=-0.242, SD=0.021), more support from colleagues (β=-0.281, SD=0.020) and from supervisors (β=-0.282, SD=0.015) were associated with lower emotional exhaustion, while higher work demands (β=0.447, SD=0.017) and emotional demands (β=0.791, SD=0.018) were associated with higher emotional exhaustion. For all indicators, the within-person effect was significant but smaller than the between-person effect.

Discussion: Psychosocial working conditions were more strongly associated with emotional exhaustion than WFH. Autonomy and support served as protective factors for workers' mental health during the pandemic. Conversely, high work volume and emotional demands were strongly associated with emotional exhaustion, stressing the impact of work demands during the pandemic. The within–between regressions further suggest that the observed associations are largely explained by pre-existing differences in the composition of the workforce across occupations and sociodemographic characteristics, rather than by changes in WFH within individuals.

29. Social Security Disability Benefits due to Stroke: An Ecological Study Using National Data from Brazil (2014–2023)

Renato Lima da Silva, Faculdade de Medicina da Universidade de São Paulo (University of São Paulo Medical School), Brazil

Introduction: Stroke is a condition caused by the interruption of blood flow to the brain, either due to sudden arterial occlusion (ischemic stroke) or bleeding from a cerebral artery (hemorrhagic stroke). This condition can result in focal neurological deficits and death. Globally, stroke is the second leading cause of death and the third leading cause of disability. In Brazil, the public social security system provides disability benefits to over 76 million insured workers.

Objective: This study aims to present the number of disability benefits granted due to stroke in Brazil between 2014 and 2023.

Methods: An ecological study was conducted using secondary data from the Social Security Statistical Yearbook regarding disability benefits granted to the workers presenting a diagnosis of "Cerebrovascular Accident" (ICD-10 I64), between 2014 and 2023. Data were stratified by type of benefit (work-related or not) and duration (temporary or permanent).

Results: During the study period, 138,547 disability benefits were granted due to stroke, representing 0.56% of all benefits to workers. Of these, 104,356 (75.3%) were temporary and 34,191 (24.7%) were permanent. Although stroke was not among the most frequent causes of temporary disability benefits, it was the third leading cause of permanent disability retirement. The highest number of benefits was observed in 2023 (17,331), and the lowest in 2020 (5,782), when medical evaluations were suspended due to COVID-19-related social distancing. Only 0.62% (859) of benefits were officially recognized as work-related.

Conclusion: Stroke remains a significant cause of disability benefits in Brazil, especially permanent disability, with substantial socioeconomic impacts on workers, employers, and public health and social security services. Despite the low frequency of work-related cases, occupational health services in companies and healthcare providers should implement coordinated primary prevention strategies to reduce incidence. Additionally, access to tertiary-level rehabilitation should be ensured to support sustained return to work.

30. The COMPASS Framework: Aligning Policy, Provisions and Practice in Absence Management

Jo Yarker, Affinity Health at Work, United Kingdom

Absence management is critical for sustaining workforce health and organisational performance, and for ensuring fairness and protection for disabled workers and those with long-term conditions. Yet existing approaches often emphasise compliance over culture and fail to integrate policy, support, and practice. To address these gaps, we developed the COMPASS Framework to support organisations in systemically reviewing and improving their absence management. COMPASS comprises seven domains designed to guide organisations towards absence management that is fair, consistent and sustainable.

We adopted a multi-stage, multi-method approach. Evidence reviews examined factors influencing absence and return to work across mental health, musculoskeletal disorders, cardiovascular disease, cancer and sensory impairments. We reviewed best practice guidance from UK policy and employer bodies (Acas, CIPD, NICE) and the World Health Organisation. Stakeholder interviews captured perspectives from employees, employers, HR, OH and mental health professionals, academics, and representatives of UK policy and professional bodies. The framework was then tested with 43 organisations, drawing on input from HR professionals and business owners. Finally, expert review ensured alignment with the latest knowledge from research, policy and practice.

The framework structures absence management into seven domains. Context addresses organisational awareness, strategic fit and prevention. Operationalisation ensures consistency, clear processes and manager responsibilities. Management through policy and legal focuses on clarity, compliance and accessibility. Provision of support covers appropriateness, accessibility and uptake of services.Accountability emphasises reporting, metrics and transparency. Sustainability and culture promote inclusivity, fairness and stigma reduction. Systematic review and improvement embed evaluation and continuous learning. Two cross-cutting principles underpin all domains: employee voice, ensuring policies reflect lived experience, and line manager capability, enabling confident, supportive practice. Pilot applications demonstrated value in identifying inconsistencies in policy implementation, underused support provisions and missed opportunities for early intervention. Its structured design enables organisations to benchmark practice, prioritise action and embed improvement.

The COMPASS Framework offers a practical, systemic approach to aligning policy, provisions and practice in absence management. At the conference, we will present findings from early applications, and discuss how organisations can use the framework to enhance fairness, effectiveness and outcomes as part of wider health and wellbeing strategies.

31. Digital tools for the detection of (occupational contact) dermatitis: a systematic review

Quinty Willems, Amsterdam UMC, The Netherlands

Background: In Western countries, occupational contact dermatitis (OCD) is one of the most common occupational diseases. Despite its prevalence, OCD often goes unnoticed by occupational physicians, largely due to a lack of knowledge and validated tools for the detection of OCD. Advances in digital technologies and artificial intelligence offer promising opportunities to improve the early detection of OCD. However, a clear overview of available digital tools that could support occupational physicians in identifying OCD is currently lacking. This literature review aims to provide an overview of current digital tools and their effectiveness in detecting (occupational contact) dermatitis, usable in non-clinical healthcare.

Methods: A literature review was conducted in the electronic databases PubMed, Embase, Cinahl, and Scopus. The search focused on original articles published in peer-reviewed journals between 2014 and 2024.

Results: A total of 43 studies evaluating the diagnostic performance of digital tools to detect dermatitis were included in this review. These studies were categorized into two groups: those describing a model (n = 31) and those describing a device (n = 12). Models refer to digital tools or AI algorithms which are not yet implemented or available for practical use. Devices refer to digital tools that have already been implemented and can be used directly into practice. Across both categories, Convolutional Neural Networks (CNNs) were the most commonly used computational methods. Sensitivity and specificity were considered the most important outcome measures for early detection, based on their relevance to accurately identifying true cases and minimizing false positives. Among the models, sensitivity ranged from 0.14 to 1.00, and specificity from 0.88 to 1.00. For devices, sensitivity varied between 0.53 and 1.00, and specificity between 0.70 and 1.00.

Discussion/conclusion: This review offers an overview of current digital tools and their effectiveness in detecting (occupational contact) dermatitis across different settings and populations. These findings will serve as input for a (new) digital tool to improve the early detection of OCD. Following further development and validation, this tool could be integrated into occupational healthcare practices.

32. A digital tool for the early detection of occupational contact dermatitis: an interview study among healthcare professionals and workers on design, collaboration and barriers

Quinty Willems, Amsterdam UMC, The Netherlands

Background: Occupational contact dermatitis (OCD) represents 90-95% of all occupational skin diseases cases. However, OCD often goes undetected due to limited practical knowledge among physicians and a lack of validated tools to support diagnosis. Additionally, collaboration between healthcare professionals is currently limited, hindering early detection and timely treatment. Advances in digital tools and artificial intelligence offer promising opportunities to improve both diagnosis and interdisciplinary communication. This interview study gained insight from physicians and patients in 1) what the digital tool for the early detection of occupational contact

dermatitis should look like, 2) how collaboration between professionals (and their patients) can be improved through the tool, and 3) what barriers may arise during its development and implementation.

Methods: Thirteen semi-structured interviews were conducted to explore the experiences and perspectives of seven healthcare professionals (three occupational physicians, two general practitioners, and two dermatologists) and six workers with contact dermatitis. Interviews were transcribed, coded inductively, and analyzed using thematic analysis.

Results: Most participants had no prior experience with digital tools for eczema detection. Suggestions for design included apps or websites with questionnaires, checklists, or photo-based automated diagnostics. Opinions were divided on whether the tool should be used by professionals or patients. Few participants were familiar with collaboration platforms between professionals or between professionals and their patient. However, many professionals expressed a desire for better interdisciplinary communication, but general practitioners and dermatologists often don't know how to reach the occupational physician. Some professionals were hesitant, citing time constraints, the preference for personal contact, and the uncertainty of what patient information may be shared with the other physicians. Patients also valued better collaboration with their physicians. Key barriers for development and implementation were time, user literacy, and lack of awareness of the tool.

Discussion/conclusion: This study provides insights into key themes related to the design of a digital tool for early detection of OCD, the potential for improved collaboration between professionals and patients, and barriers to development and implementation, as identified by healthcare professionals and patients. These findings will serve as input for a (new) digital tool to improve the early detection of OCD.

33. The Impact of Digitisation on Healthcare Professionals' Mental Health, Work Wellbeing and Productivity: A Scoping Review

Vince Pelzer, Tilburg University, The Netherlands

Background
Digitisation is reshaping healthcare work, creating both opportunities and challenges. It can improve efficiency, streamline communication, and enhance care coordination. Well-designed systems may reduce administrative burden, support engagement, and strengthen job satisfaction (Holmgren et al., 2024; do Nascimento et al., 2023). At the same time, digitisation is part of the changing nature of work and introduces new psychosocial demands. Poor usability, excessive documentation, and constant connectivity have been linked to stress, burnout, and turnover—mental health conditions closely tied to work disability and early workforce exit (Alobayli, 2023; Wu et al., 2024). Evidence is mixed: the same technologies may support working conditions in some contexts while undermining them in others. Because findings are scattered, an overview is needed to clarify how digitisation contributes to or prevents work disability by shaping healthcare professionals' mental health, productivity, and employability in secondary care.

Objective
This scoping review will map evidence on how digitisation in secondary care affects healthcare professionals' mental health conditions (e.g., burnout, stress, psychological distress) and organizational outcomes relevant to return-to-work and stay-at-work. It will identify which technologies have been studied, which outcomes are assessed, and which contextual factors explain why digitisation produces benefits in some settings and harms in others.

Methods
We will follow Arksey and O'Malley's framework and report according to PRISMA-ScR. Searches will be conducted in PubMed, PsycINFO, and Web of Science, limited to the past 10 years. Eligible studies will focus on secondary care (hospitals, specialist clinics) and report at least one mental health outcome (e.g., burnout, stress, engagement, job satisfaction) and/or one organizational outcome (e.g., efficiency, absenteeism, presenteeism, quality of care, turnover). Data will be charted on study design, technology, outcomes, and contextual factors such as usability, workload, training, organizational support.

Contribution
This review will clarify the dual role of digitisation: as both a resource that protects mental health, sustains productivity, and supports stay-at-work, and as a risk factor that erodes wellbeing and increases disability risk. By highlighting contextual factors across jurisdictions and organizational settings, the findings will inform interventions and policies that help digital systems foster safe, sustainable, and inclusive working lives in healthcare.