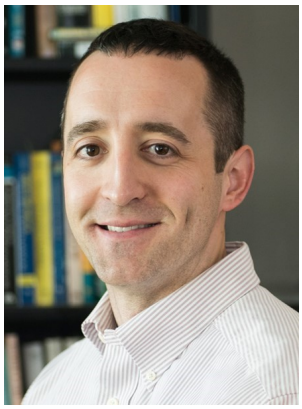
Society for Occupational Health Psychology Newsletter

Spring 2021-Volume 25

SOHP President's Column



Christopher J.L. Cunningham

SOHP President

The University of Tennessee at Chattanooga

The first few months of this year have been an inspiring and humbling time as we observe the many powerful forces for change operating all around us. We likely feel a natural boost as the sun's rays warm and we transition from winter to spring here in the northern hemisphere. This natural encouragement is enhanced by the optimism that arises as we see real efforts to mobilize national and community-level resources to improve COVID-19 vaccine distribution and as we see increasing evidence of civil discourse and dialogue. Hope is a powerful feeling, which can become a force unto itself if channeled into action. Now is still our time as occupational health professionals to contribute in meaningful ways to positively impact worker health, safety, and well-being as the world continues its return to work. Your Society for Occupational Health Psychology (SOHP) is here to help. Here is a quick summary of what the current SOHP leadership team is tackling over the first half of 2021:

Onboarding a new Membership committee chair – Dr. Chris Budnick (Southern Connecticut State University) has joined our leadership team as Membership chair (to replace outgoing chair, Dr. Songqi Liu).

Onboarding a new Communications committee chair – Dr. Zhiqing "Albert" Zhou (Baruch College, CUNY) has joined our leadership team as Communications chair. We appreciate Dr. Carrie Bulger's service in this role and wish her the best as she shifts focus to other priorities that require her full attention.

Continuing "Virtual Conversations" webinar series – This spring and summer, SOHP will be hosting another round of this very popular education and outreach series. Stay tuned for more details from SOHP's Education & Training committee and remember to share this information with your students and colleagues (even if they are not yet SOHP members).

Continuing student-focused development events – Thanks to our Graduate Students Issues committee chair, Nikola Fedorowicz for developing and hosting our recent panel discussion for students regarding managing motivation in these challenging times. Thanks also to Dr. Liu-Qin Yang and Dr. Lacie Barber for joining me on this panel. Stay tuned for details regarding our next student-focused networking event later this spring.

Welcoming a new group of affiliate members – SOHP has reached an affiliate membership agreement with the International Association of Worksite Health Promotion (IAWHP) to provide expanded professional development and collaboration resources to

Society for Occupational Health Psychology

Inside this issue

Editorial Team

Kyle J. Page

SOHP Newsletter Editor &

Workforce Analytics Consultant at American Family Insurance

members of both organizations. Stay tuned for more details coming soon.

Helping to ensure an excellent Work, Stress, and Health conference experience – your SOHP leadership continues to be heavily involved in the planning and coordination of the bi-annual International Conference for Work, Stress, and Health. Look for important details pertaining to the 2021 and 2023 events via the main conference website at: https://www.apa.org/wsh.

Facilitating multidisciplinary collaborations – SOHP's Multidisciplinary Collaborative for Occupational Health Professionals (MCOHP) is up and running, guided by Practice committee chair, Dr. David Ballard. This group will be facilitating collaboration among these members with periodic meetings and opportunities for discussion and networking. If you or your colleagues are interested in participating in the MCOHP, contact David (davidwballard@gmail.com).

Please email me feedback/comments at president@sohp-online.org. Remember that SOHP is your society, built by OHP professionals for OHP professionals. Thank you for being the engaged member that you are!

Judy Hu

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Recalibrating Work-Life Balance in the "New Normal" of Teleworking

Before the COVID-19 pandemic, teleworking was considered an alternative work option that some employers offered as part of their work-life balance practices. Employees may have chosen to work away from their offices some days of the week to have the flexibility to manage nonwork responsibilities. Most of what we had learned about teleworking in scholarly literature and popular media was largely based on employees who *voluntarily* switched to teleworking and employers where such practices were offered.

In March 2020, the COVID-19 outbreak caused a large proportion of U.S. workers to transition into teleworking without systematic preparation, precedence, or a timeline for return/recovery. At the same time, schools and childcare services were either closing or becoming virtual, suddenly adding substantial childcare responsibility to employees. Our homes converted to our workplaces, and family members and pets became our coworkers. Many people have since experienced disruptions to their daily routine and workflow, such as frequent interruptions from family, work schedule changes, and even an inability to maintain productivity, in addition to adhering to new public health guidelines.

Nevertheless, we all seemed to be able to quickly adapt to teleworking, and "seamlessly" changed our roles as we moved from the kids' room to the work room. A recent study on remote work transition led by Dr. Kristen Shockley showed that individuals have adjusted well to teleworking during the COVID-19 pandemic. A report from Gallup showed that more than half of U.S. workers expressed an interest in continuing to work from home due to a combination of safety concerns and personal preferences. Another recent national survey reported that 73% of respondents who were working remotely during the pandemic experienced a better work-life balance. At the organizational level, many companies (e.g., Twitter, Nationwide, Slack) have decided to switch to long-term remote work with limited office spaces.

As the pandemic has redefined the notion of a workplace, substituting physical presence with *virtual presence*, individual employees need to be prepared to adopt strategies to recalibrate the balance between work and life for long-term teleworking; organizations should also consider adopting new managerial practices to ensure pleasant teleworking experiences and maintain productivity.

What might employees and organizations consider as they navigate the future virtual workspace?

Employees can:

- Create a spatial boundary between work and nonwork (e.g., setting up a comfortable workstation at home)
- Reserve time to unplug for recovery and socialization
- Adopt egalitarian strategies to manage childcare responsibilities for dual-earner couples

Organizations can:

- Provide financial and technical assistance for a home-office set-up
- Adapt flexible work arrangement practices, such as keeping alternative options of working in the office
- Create opportunities for social interactions and knowledge sharing

COVID-19 and Music

Lauren Murphy
Associate Editor
SOHP Newsletter &
User Research at
Spotify

Research teams at Spotify investigate how the different aspects of people's lives, including their work lives, impact their usage of the Spotify app during the day. Specifically, people use music (and podcasts) to fulfill different needs throughout their day, including completing different tasks, transitioning through the day, connecting with others, and changing their mood. When the COVID-19 pandemic changed the way many people live their lives, that included changing the way people listen to music. For example, when work became remote for so many, the loss of a commute was a loss of a large portion of time people have to listen to music. This was reflected in the data at Spotify; we could see changes in the way people were listening on the app. In order to dive deeper into what was happening, a group of user researchers (including myself) set up a longitudinal online diary study to learn about the experiences of over 100 people in the U.S., Brazil, and Indonesia. Below is a brief synopsis of the findings from this longitudinal study, with an extended write up in a medium.com article.

Image courtesy of Billboard.com

When everyday routines changed for people around the world, life was disrupted and people experienced a loss of control and uncertainty about the future. One major source of uncertainty was employment. For many people who lost their jobs, there was uncertainty about when they would be able to return to their previous roles or find new ones. People had to redefine what it meant to be at home, which also became their sole space for work, hobbies, and rest in addition to other typical family duties. There was also the loss of casual human contact that was happening globally.

Reactions to those challenges encountered during the pandemic were not consistent within each country; they varied more by life stage and personal approaches. Some people found ways to keep active by learning a new language, learning how to meditate, or learning how to cook healthy meals. Other people did not have the time or energy for anything more than getting through the day. What was consistent was the increased usage of phones, laptops, and screens to find ways to keep life enjoyable. People were watching more videos on Netflix and YouTube, listening more to Spotify and other audio apps, and chatting more on Zoom and other platforms. These findings are now informing ongoing research at Spotify to best serve audio fans and creators around the world, during the pandemic and beyond.

Don't Forget the Working Poor as the Economy Recovers

Alec Calvo

Doctoral Candidate

University of Connecticut

Vaccines are here! Aside from granting immunity to the disease and protection against severe cases and deaths, there is now preliminary evidence that some vaccines also reduce transmission rates. These protections mean vaccinated people can begin returning to in-person work with substantially reduced risk and children can begin returning to in-person schooling without risking extended family members.

All is not rosy, however. People of color, who disproportionately make up the working poor, have unequal access to the vaccine. In a tweet on February 4th, Dr. Alister Martin of the Mass General Hospital Center for Social Justice & Health Equity, noted that while vaccines were distributed to those 75 and older in Massachusetts, "What is the life expectancy in Roxbury, MA, a majority Black community and one of the areas hardest hit by COVID? 59 years. This is how you ingrain health inequities."

Why should Occupational Health Psychology professionals and researchers, specifically, be concerned about unequal vaccination access? The issues go beyond health inequities into economic inequities. Working poor populations face dual threats from COVID-19. Not only are they most at risk of contracting and dying from COVID-19 due to disproportionate representation in essential jobs and unequal access to health care, but the very jobs they hope to return to in the service, hospitality, and entertainment industries are the most dependent on reducing community spread.

For many in the working poor, of course, they don't want just to get back to where they were economically. In my own research (in progress), I have interviewed people considered working poor in Connecticut about how they discovered and are pursuing their callings. Interviewing this population during the pandemic has highlighted concerns that have largely gone unspoken. They had dreams and plans before COVID-19. Many were working toward GEDs and certifications to work in healthcare, childcare, counseling and other service jobs that could lift them out of poverty. But what happens when you have absolutely no resource slack and a pandemic strikes? Dreams and plans are put aside. There is no time or childcare for night school. You do whatever is necessary to keep the job you have because not having any is not just a set-back: it's life threatening.

Those in the OHP community are already keenly aware of the negative health effects of job, housing, and food insecurity. There's more to these issues than the stress and negative health outcomes we typically associate with poverty, however. A Hispanic mother of two, working in the cafeteria of her children's school, cried while she wondered if it was "too late" and that she'll have to wait until her children are grown to finish the GED and certifications she needs to work in early childhood education. This pandemic is robbing those among the working poor of a sense of self-efficacy regarding their career aspirations. It is also robbing them of the life satisfaction from actually achieving their aspirations.

As the economy recovers, everyone will need our help navigating the evolving labor market. In the last volume of this newsletter, Lauren Kiproff-Downer expertly laid out what OHP professionals and researchers can do to help a wide swath of people. The working poor, however, face unique obstacles and are the people that need our help the most. They face the slowest economic recovery. They face the most health risks. So, what can the OHP community do to specifically help them?

Public Advocacy

We need to keep in mind Article 23 of the UN's Universal Declaration of Human Rights. Responsible professional practice should include public advocacy for the populations we wish to serve. This should include advocating for policies that expand access to work that provides for human dignity, such as:

- A living minimum wage
- Expanded access to affordable or free childcare
- Expanded access to affordable or free certifications and other educational attainment

Within Organizations

We can also impact change at the organizational level, pushing for policies that make it easier for the working poor to access and keep work of their choosing, like:

- Instituting "earn-as-you-learn" apprenticeship models where possible
- Ensuring education assistance programs apply to GEDs and other certifications (even if they aren't directly job-relevant)
- Revisiting childcare benefits to ensure they match the ways in which the working poor typically access childcare
- Promoting greater schedule regularity for minimum wage workers

Research

Helping the working poor with our research does not require entirely new research programs, but rather a more nuanced approach. Examples include studying:

- The unique roadblocks facing career progression of the working poor
- Investigating work-life issues, especially spillover effects, and how they intersect with the realities of working poor life

Personally

You can also consider volunteering with or donating to local government institutions and non-profits meant to help the working poor, including: the housing authority, state departments of labor, local job training programs, and so on.

Finally, we can take personal responsibility to help the working poor. Many minimum wage jobs are in the service and entertainment industries. The quickest way to ensure those jobs return is to drive demand. If you are fortunate enough to have the means to do so safely, make an effort to visit such businesses a bit more than you otherwise might have prior to the pandemic.

Addressing Precarious Work through Community and System Engagement

Center for Healthy Work

University of Illinois at Chicago

The University of Illinois Chicago Center for Healthy Work is a research and education center established in 2016 to remove barriers that impact the health of low wage workers in the increasingly contingent workforce and to advance the health and well-being of workers. Our center is one of six Centers of Excellence for *Total Worker Health*®, funded by the National Institute for Occupational Safety and Health (NIOSH).

Worker health disparities are evident across demographic and geographic divides. Historical and systemic racism and injustices have led to inequitable job opportunities and job quality for women, Black, Indigenous, and people of color (BIPOC), and immigrants who are disproportionately employed in precarious jobs. Healthy work is frequently promoted through worksite-based health promotion programming and the control of workplace hazards. The changing nature of work increasingly impacts worker and community health. Recent trends such as globalization, automation, the outsourcing of jobs, and the rise of the "gig economy" as well as contract and temporary labor hold significant relevance for worker and community health. COVID-19 has also made worker health disparities and the prevalence of precarious work abundantly clear. Programs targeted at improving the health and conditions for these workers are complex because they are unlikely to have a regular employer or place of work, precluding the workplace as a possible point of intervention.

The Center for Healthy Work (CHW) aims to address these inequities by working across all organizational levels in urban, suburban, and rural communities to systematically improve worker health. We do this by engaging in applied, action oriented, racial justice-centered research, as well as constituency and capacity building to improve the health of precariously employed workers in all

sectors. Through research and community engagement, we support pathways to jobs that pay a livable wage, are free from workplace hazards, encourage active participation in the workplace, offer opportunities for advancement, are free from discrimination, and include benefits such as healthcare, paid sick leave, paid vacation, and retirement savings. The CHW aims to "turn unhealthy work into healthy work" by working with communities and organizations to build capacity for action through three distinct projects.

The Greater Lawndale Healthy Work (GLHW) Project launched a partnership with Chicago's Greater Lawndale (GL) community to better understand how work impacts community health and to identify solutions to promote worker health. After conducting a mixed methods health assessment which informed the development of an action roadmap of evidenced-based, community-informed interventions, the GLHW facilitated sessions with community members to identify what a culture of healthy work looks like in GL: 1) community norms that support healthy work; 2) a strong community infrastructure to support healthy work; and 3) equitable opportunities for all members of the GL community. The GLHW continues to develop and implement interventions supportive of healthy work in GL.

The Healthy Communities through Healthy Work initiative established a network of labor, public health, healthcare, advocacy, and social service organizations committed to addressing precarious work through policy and systems change initiatives. Multi-sectoral partners participated in the Healthy Work Collaborative, a six-session exploratory process, to define precarious work and build organizational capacity to create change followed by funding to implement policy and systems change initiatives with technical assistance from labor sector partners.

In 2019, NIOSH launched their Future of Work initiative to identify new research solutions, practical approaches, and partnership opportunities to address the future of work. To that end, the CHW Research Network was established in 2020 to identify emerging trends related to the future of work and promote best practices to improve worker health and safety.

By fostering communication and partnership between community residents and organizations, public health and healthcare agencies, workers' advocates, service providers, and state and local agencies, the CHW strategically promotes multilevel change to address the future of work through the identification and promotion of employment programs, practices, and policies to improve the health of workers.

To learn more about how our Center improves the health and well-being of workers in precarious jobs, visit our website at https://healthywork.uic.edu/ or email us at healthywork@uic.edu.

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The Loss of Social Capital and the Rise of Loneliness During the COVID-19 Pandemic

Covid-19 has changed our way of work and our way of life. Workers who have been deemed as "non-essential" have been working outside of the office and from a distance for a full year now. The rapid shift to work from home has changed the way that many organizations work with some organizations becoming completely virtual during the pandemic. This change to virtual work is not without consequences. According to Bartel et al., (2012) higher levels of isolation during virtual work can lead to lower organizational identification. There is little research on the effects of virtual work; however, one area of work-life that is likely suffering due to the pandemic is social capital. According to Ansmann et al. (2020), social capital refers to the network of people resources which contains knowledge, norms, and interpersonal connection that enables the accomplishment of common goals. High levels of social capital are positively related to work engagement, employee commitment, and employee wellness. Social Capital Theory posits that organizational processes and networks enable employees to share information (Adler & Kwon, 2002). However, work from home has fundamentally disrupted in-person office practices and processes. Meetings and conversations during virtual work tend to be scheduled rather than spontaneous idea-sharing that can occur during in-person work. Organizations are missing out in organic conversations that tend to occur during an in-person workday. As a result, organizations may miss out on spontaneous and creative

collaborations. Employees are losing a lot too.

In addition to the Covid-19 pandemic, many workplaces and employees are facing a pandemic of loneliness. Feelings of isolation during lockdown are widespread (Gao & Sai, 2020). Loneliness and isolation may also spread within virtual workplaces. In fact, having a lonely leader can make team members more likely to voluntarily turn over in the organization (Chen et al., 2019). In addition, loneliness can negatively impact work team relationships. On an individual level, a persistent low level of social capital at work is related to more health ailments and worse mental health for employees (Oksanen, 2009). Not surprisingly, loneliness at work also affects employee performance (Lam, & Lau, 2012).

Organizations seeking to mitigate the effects of virtual work during the pandemic should focus on providing support on an individualized basis. Research by Rachmawati & Arquisola (2021) found that coworker support, organizational support, and supervisor support helped alleviate worker loneliness. In addition to addressing loneliness, organizations can increase social capital in virtual work by encouraging employees to foster high-quality connections through one-on-one meetings and mentoring. Managers and organizations should provide the virtual space for employees to do online socializing and team building during work hours. Lastly, organizations should foster a work environment that promotes social connection and team support as key values.

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Healthcare Needs OHPs in Workforce Well-Being Improvement Efforts

Nominated to be *Time Magazine's* Person of the Year, healthcare workers are celebrated heroes of the Covid-19 pandemic. And yet, they are struggling under the weight of burdensome system demands exasperated by a global health crisis. Burnout among physicians and nurses reached epidemic proportions even before the onset of the Covid-19 crisis in March 2020 (Rotenstein et al., 2018). Since then, staff and provider well-being has been further challenged by uncertainty associated with work reassignments, fears related to caring for patients dying from a previously unknown disease, and questions of equity surrounding allocation of scarce resources (e.g., Morgantini et al., 2020). Significant, thoughtful, and targeted attention from multiple system and societal levels and domains of expertise, including that of occupational health psychologists (OHPs), is necessary to fully address the multifactorial causes of healthcare worker suffering.

Lauren Benishek

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Problems and inefficiencies have been plaguing the American healthcare system for decades, with deadly results. In 2000, the Institute of Medicine (now known as the National Academy of Medicine) published their seminal report *To Err is Human* (Kohn et al., 2000) in which they estimated that 44,000 to 98,000 preventable patient deaths occurred in hospitals each year. More recent figures suggest these previous figures are actually gross underestimates, with the real rates of preventable deaths landing somewhere between 210,000 and 440,000 lives annually (James, 2013). These staggering statistics have caused immediate alarm and launched the burgeoning patient safety movement dedicated to improving care quality, increasing patient satisfaction, and eliminating preventable patient harm.

Over the last two decades, patient safety endeavors have evolved from targeted interventions addressing specific, individualized harms, such as pulmonary embolism, to encompass complex projects holistically accounting for intricate workings of healthcare systems (see Lark et al., 2018). Although appropriate and needed, the intense focus on patient outcomes has unconsciously overlooked the unintentional negative impact on healthcare workers. Many interventions aimed at improving patient safety and care quality involve incremental increases in workload. One example is interruptive clinical decision support alerts that are integrated into electronic health record systems. Overrides of these alerts are often clinically justifiable (McCoy et al., 2014) and *alert fatigue* is a phenomenon that can undermine patient safety and contribute to provider burnout (Gregory et al., 2017). It is critical that we begin to address issues of healthcare worker well-being in concert with our efforts to improve patient safety as neither are mutually exclusive (e.g., Panagioti et al., 2018).

The source of healthcare worker suffering is certainly not solely or even primarily caused by patient safety initiatives. Instead, inattention to worker needs while tirelessly seeking to eliminate preventable harm in patients is likely an illustrative manifestation of problematic assumptions deeply rooted in healthcare culture. A culture that historically embraces strict hierarchy, demands clinical excellence, and expects near invulnerability from providers. The COVID-19 pandemic has unexpectedly and completely exposed the consequences of these weighty requirements on a global scale. There is now a clear opportunity and public interest in remaking healthcare environments into physically and psychologically healthy workplaces (see Grawitch & Ballard, 2016) so they better serve patients and support workers. Integration of OHPs' specialized knowledge and skills with existing healthcare improvement efforts will be essential to moving the industry closer to achieving this vision.

The foundation for this work has already been laid. The patient safety movement matured and refined healthcare professionals' understanding of organizational systems. Healthcare improvement researchers and practitioners come from various educational backgrounds including (but definitely not limited to) organizational science, public health, and human factors. These professionals understand systems are an embodiment of an interplay between individuals, teams, equipment, tools, technology, environment, and policies (e.g., Holden et al., 2013). They have collaborated with clinical experts and healthcare administrators to adopt principles and frameworks that address multiple system components simultaneously in the service of patient safety. Research and practice dedicated to improving healthcare workforce well-being can build upon these very same principles.

So far, most efforts to improve healthcare workforce well-being have revolved around fairly narrow, individual-oriented interventions spearheaded by clinicians with little time or training to conduct robust program evaluations. That is not to belittle the inroads that have been made, which often involve personal financial investments and sacrifices from employees motivated to make a difference in their workplaces. Fortunately, many medical institutions are committing more organizational resources to promoting workforce well-being. For example, in 2018 Johns Hopkins Hospital founded the Office of Well-being led by a clinically-trained Chief Wellness Officer. Other resources, such as Code Lavender at Cleveland Clinic and the Resilience in Stressful Events (RISE) program at Johns Hopkins Hospital, are becoming popular support programs for healthcare workers in crisis.

We can go further than superficial, individual-level, reactive programming. OHPs' research expertise and sophistication with theory development will be indispensable to these efforts. There

is growing recognition that a systems perspective is necessary to holistically address the workforce well-being problem in healthcare (e.g., Shanafelt and Noseworthy, 2017). As with patient safety, strides to improve healthcare workforce well-being will require a systematic approach that draws upon improvement science to develop multifaceted interventions customized for the local context (Benishek et al., 2018). These multidisciplinary partnerships must include clinicians, staff, facility administration, implementation scientists, and occupational health psychologists co-creating worker-centered interventions with shared accountability for the results. Barring that, OHPs can contribute to the advancement of healthcare workforce well-being by synthesizing evidence-based best practices for healthcare improvement specialists. Healthcare improvement specialists love evidence-based interventions and need OHPs' comprehensive familiarity with workplace health promotion. With your help, healthcare facilities will be able to enact deep, meaningful, and long-lasting improvements in workforce well-being.

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EAOHP Updates

As a follow-up to the European Academy of Occupational Health Psychology's (EA-OHP) online conference last year, we are currently planning a follow-up face to face symposium event to be held in Rome mid-June. However, with the developing situation with COVID, we are continuing to assess and monitor the feasibility of this event, and will communicate more details when we are in a position to do so.

In early 2020, elections for a new EA-OHP Executive Committee took place. The new and incoming committee members were introduced at the conference in September. However, the formal handover will occur (we hope) during the forthcoming event in Rome. In the meantime, both the outgoing and incoming committee members are supporting this transition period. For an overview of the new and incoming committee members, please see the most recent copy of the Occupational Health Psychologist.

Looking further forward, we are now working on the details of the 15th EA-OHP Conference to be held in 2022. We hope to announce its location and more detail soon. So, watch this space! For the latest updates on forthcoming events and EA-OHP activities please see www.eaohp.org, or follow us on Facebook (@EAOHP) and Twitter (@ea_ohp).

Juliet Hassard

EA-OHP

University of Nottingham

Tammy Allen,

Past President, SOHP

University of South Florida

SIOP Updates

Alas, an in-person SIOP conference in New Orleans this year was not to be. Instead, the conference will again be virtual. However, the 2021 virtual conference will be a totally different experience from the 2020 version. Many innovations in virtual conferencing have been developed over the last year. The 2021 SIOP conference will include approximately 150 live synchronous sessions, interactive receptions and breaks, 18 interactive poster sessions, and the opportunity to view sessions at your convenience. No need to have to decide between the 5 different sessions that you want to go to but can't because they are all occurring at the same time. No need to stress because the elevator is taking forever, and you have but minutes to spare to get to your presentation. No need to stand on your tippy toes to try and see the presenter from the back of the room or aim for an inner aisle seat so you can more easily peer over shoulders to see the stage. No desperate search for a bathroom without a long line. That cocktail you are mixing in preparation for the virtual evening reception will not cost $20! Let's embrace the benefits of a virtual conference (and hopefully meet in person next year)!

There are plenty of sessions with OHP content on the program as well. A quick search of the program yielded 60 sessions under the occupational health and safety category. Moreover, employee health, well-being, wellness, and safety emerged as the #2 trend this year in the SIOP annual list of "Top 10 Work Trends for 2021" (https://www.siop.org/Research-Publications/Items-of-Interest/ArtMID/19366/ArticleID/4914/Top-10-Work-Trends-for-2021). OHP is hot at SIOP.

Find out more about the SIOP conference here (https://www.siop.org/Annual-Conference). I look forward to seeing many of you there!

Nikola Fedorowicz

GSI Chair, SOHP

SOHP Graduate Student Issues Committee Updates

SOHP will be hosting a virtual networking event during SIOP week this year. We had a great turnout at our virtual SIOP event last year and with the help of Zoom, attendees had the opportunity to form new connections, discuss their research, and reconnect with colleagues. We would like to invite you all to join us again this year and reconnect or meet new SOHP members! Students, faculty members, and practitioners are all welcome to attend. We will be sending out more detailed information with the date, time, and Zoom link once we get closer to the week of SIOP. We look forward to virtually meeting with you all soon!

How Do I Access Occupational Health Science?

Each year, our publisher, Springer, will send SOHP a list of unique URLs for each SOHP member. SOHP will provide members with those links, which you can use to associate your SpringerLink account with your SOHP membership. You can set up and verify your Springerlink account at https://support.springer.com/en/support/home. Once you have received your unique URL and associated these two accounts you may access Occupational Health Science by logging in on the journal's webpage at: https://link.springer.com/journal/41542.

About SOHP

The **Society for Occupational Health Psychology (SOHP)** is a non-profit organization dedicated to the generation, dissemination, and application of scientific knowledge in order to improve worker health and well-being.

In order to achieve these goals, SOHP seeks to:

- Promote psychological research on significant theoretical and practical questions related to occupational health;
- Encourage the application of findings from psychological research to workplace health concerns; and
- Improve education and training related to occupational health psychology at both the graduate and undergraduate levels.

Upcoming Conferences

Meeting	Location	Date	Website
Society for Industrial and Organizational Psychology	Virtual	April 15-17, 2021	https://www.siop.org/Annual-Conference
Association for Psychological Science Convention	Virtual	May 26-27, 2021	https://www.psychologicalscience.org/conventions/2021-virtual
American Psychological Association Convention	Virtual	August 12-14, 2021	https://convention.apa.org/
Work, Stress, and Health	Virtual	November 3-6, 2021	https://www.apa.org/wsh/
International Congress on Occupational Health (ICOH)	Melbourne, Australia	February 6-11, 2022	https://www.icoh2021.org/

For comments on the newsletter or submission, please contact:

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Society for Occupational Health Psychology

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