Truth or Trend? The Complex Reality of Workplace Mental Health Research Amidst Diagnostic Ambiguity and Misconduct Risks

Pranata Priyo Prakoso[1*], Ray Wagiu Basrowi[1,2]

[1]Occupational Medicine Magister Program, Department of Community Medicine, Faculty of Medicine, Universitas Indonesia, Jakarta, Indonesia
[2]Health Collaborative Center (HCC), Jakarta Indonesia

[*]Corresponding author: Pranata Priyo Prakoso
E-mail: *yohanespriyo1993@gmail.com*

Abstract

Background: Awareness of mental health grew during the COVID-19 pandemic, driven further by globalization, social media access, and the younger generation increasingly entering the workforce. These factors contributed to future increasing number of research on this topic. Due to the sensitive nature of mental health and other factors like the involvement of workplace stakeholders, publishing pressure, and incentives, workplace mental health research is susceptible to biases or misconduct.
Objective: This review aims to describe potential mechanism of misconduct in workplace mental health research and how important reader's role to interpret such studies
Methods: A narrative review is conducted to highlight studies on scientific misconduct in mental health research in workplace using PubMed, Google Scholar, and Retraction Watch. Six studies in psychiatric, mental health, and general scientific misconduct are used since scarcity on explicitly conducted study on the topic.
Results: Key findings include the possibility of positive reporting bias, subjectivity in mental health assessments raise questions about unethical research procedures, sample representation and research integrity, the use of cross-sectional study designs might distort causal links, and publication pressures may lead to data modification or fabrication. To address these concerns, readers must be involved in critically examining and questioning research integrity.
Conclusion: These findings highlight the importance of transparency, the risks of publication bias, and the pervasive influence of publishability pressures. Notably, diagnostic uncertainty, the frequency of subjective assessments, and cross-sectional study methods all complicate the interpretation of findings in this area.
Keywords: *s*cientific misconduct, workplace mental health, research integrity

Abstrak

Latar Belakang: *Kesadaran akan kesehatan mental meningkat selama pandemi COVID-19, bersamaan dengan globalisasi, akses media sosial, dan generasi muda yang mulai memasuki dunia kerja. Faktor-faktor ini berkontribusi terhadap peningkatan jumlah penelitian di bidang terkait. Karena sensitivitas isu kesehatan mental dan faktor lainnya seperti keterlibatan stakeholder di tempat kerja, publishing pressure, dan insentif, penelitian kesehatan mental di tempat kerja rentan terhadap bias atau pelanggaran.*
Tujuan: *Tinjauan ini bertujuan untuk menggambarkan mekanisme potensial pelanggaran dalam penelitian kesehatan mental di tempat kerja dan peran penting pembaca dalam menginterpretasikan hasil studi pada bidang terkait.*
Metode: *Tinjauan naratif dilakukan untuk menyoroti penelitian tentang pelanggaran ilmiah dalam penelitian kesehatan mental di tempat kerja dengan menggunakan PubMed, Google Scholar, dan Retraction Watch. Enam literatur dalam bidang psikiatri, kesehatan mental, dan pelanggaran etika penelitian digunakan karena keterbatasan penelitian yang secara eksplisit membahas topik ini.*
Hasil: *Temuan utama mencakup kemungkinan bias pelaporan positif, subjektivitas dalam penilaian kesehatan mental yang menimbulkan pertanyaan tentang prosedur penelitian yang tidak etis, representasi sampel dan integritas penelitian, penggunaan desain studi potong lintang yang mungkin mendistorsi hubungan kausal, serta publishing pressure yang dapat menyebabkan falsifikasi atau fabrikasi data. Untuk mengatasi masalah ini, pembaca perlu dengan kritis menilai dan mempertanyakan integritas penelitian.*
Kesimpulan: *Temuan ini menekankan pentingnya transparansi, risiko bias publikasi, dan pengaruh tekanan publikasi. ambiguitas diagnostik, frekuensi penilaian subjektif, dan metode studi potong lintang yang seluruhnya dapat mempersulit interpretasi luaran studi di bidang ini.*
Kata Kunci: *scientific misconduct, workplace mental health, research integrity*

Background

Work and mental health are closely related for large proportion of the world's population.[1] The absence of mental health issues is only one aspect of mental health. Instead, mental health is a condition of mental well-being that makes it possible for people to manage life's challenges, reach their full potential, study and work effectively, and give back to their communities.[1] Mental health disorders can arise regardless of whether work has been a contributing factor. A person's physical health, personal identity, and well-being in relation to their job are all negatively impacted by poor mental health, as are their cognitive, behavioral, emotional, social, and relational well-being and functioning. Approximately 15% of working-age adults have a mental condition at any given time.[2] As of 2019, 301 million individuals worldwide suffered from anxiety, 280 million from depression, 64 million from schizophrenia or bipolar disease, and 703,000 people committed suicide each year. Most of these people were of working age.[3] The most widespread mental health issues which is common mental disorders such as depression and anxiety are estimated to cost the world economy US$ 1 trillion each year, with the cost driven primarily by lost productivity.[4] Thus, providing mental health resources for employees can provide a competitive advantage and mitigate the negative impact of mental illness on company.

Awareness of mental health grew during the COVID-19 pandemic, driven further by globalization, social media access, and the younger generation increasingly entering the workforce.[1] These factors contributed to raised awareness of mental health issues among employees, prompting research into workplace predictors, effects, and intervention of mental health at workplace. However, attention to workplace mental health seems somewhat different from the case of COVID-19, as it hasn't been followed by a significant rise in studies specifically addressing mental health in work settings, especially in developing nations.[5] While mental health issues at work are not new, they are currently experiencing an upward trend. Like any "trending topic", new studies are beginning to emerge. Due to the sensitive nature of mental health and the involvement of workplace stakeholders, workplace mental health research is susceptible to biases like overclaiming effectiveness to satisfy stakeholders or misrepresenting data to achieve positive findings. Given these vulnerabilities, readers should critically assess findings in workplace mental health studies, scrutinizing methodologies and the role of funding sources to determine their reliability, especially since mental health studies often involve vulnerable populations, raising potential issues like sample adequacy, which increases the risk of fabrication or falsification. As the saying goes, 'not all that glitters is gold', research on mental health issues should be critically examined and not immediately accepted at face value. Moreover, publishing pressure may impair researcher's true role to pursue truth rather than urge to publish.[6] This places an additional burden on readers, who need to carefully evaluate whether the findings from workplace mental health studies are truly valid.

This review aims to highlight the inherent challenges and potential pitfalls in workplace mental health research, particularly the risk of scientific misconduct. It explores these issues by drawing parallels from general cases of research misconduct, offering readers insight into how to more critically interpret workplace mental health findings.

Methods

To evaluate the occurrence and consequences of scientific misconduct in workplace mental health research, we searched several electronic databases, including PubMed, Google Scholar, and Retraction Watch. Search terms included keywords related to scientific and research misconduct in mental health and workplace settings, such as "scientific misconduct," ''research misconduct," "mental health," "psychiatry,", "workplace," "wellness program," "individual-based intervention," and "organizational psychology intervention." Despite searching for multiple keyword combinations, only a small amount of literature exists that indirectly addresses scientific misconduct in workplace mental health studies. As a result, we widened our focus to include indirectly relevant literature from occupational health, mental health, and research integrity domains. We selected five review papers and one original study based on their relation to the review's primary themes of integrity and potential biases. Although particular incidents were not well recorded, these sources offer for a thorough examination of how scientific misconduct might emerge in workplace mental health research.

Results

Despite the scarcity of direct references and documented cases specifically addressing scientific misconduct in workplace mental health research, our review identified a total of seven relevant sources: six review articles and one original study. While none of these explicitly focused on real cases of misconduct within this specific research area, they collectively provide valuable perspectives on the broader challenges and potential risks of scientific misconduct in workplace mental health studies. Thematically ordered, we will start overviewing each article.

Article 1. Mental Health in the Workplace[1]

Mental health does not merely mean the absence of illness or disease. Instead, mental health exists on a continuum, ranging from well to ill.[7] This notion assists individuals and those around them in recognizing behavioral patterns that may indicate that they (a) are struggling, (b) require greater support, or (c) should seek professional help. Although there is general agreement on the end points of the mental health continuum (health vs. ill), such as using the Diagnostic and Statistical Manual of Mental Disorders (DSM 5), there is less agreement on the terminology used to categorize and define the range of states between healthy and ill.[1]

Despite the variation within the definitions and descriptions associated with each state along the mental health continuum, the underlying concept is relatively consistent: At any given time, people can experience a state of positive mental health (whereby they are generally satisfied and happy in their lives), mental health problems (whereby they experience some distress and have difficulty coping but are able to perform daily life functions), and mental illness or disability.[1]

A general lack of integration in mental health research maintains inconsistencies in definition, operationalization, and assessment of mental health at all stages of the continuum. It is still uncommon for researchers to investigate mental health and illness in specific groups of workers because, by typically grouping all workers together, research findings may be generalizable but not particularly meaningful or actionable, especially given the highly individualized nature of mental health and illness.[8]

The study highlights the disparity in mental health concepts and the scarcity of research on mental health in the workplace, posing issues not just owing to the volume of articles, but also due to the complexities of what constitutes "mental health".

Article 2. Ethics in Psychiatric Research: Issues and Recommendations[9]

Psychiatric research raises several significant ethical difficulties that differ from other medical professions. These difficulties include fragile group participation, informed consent, confidentiality, conflict of interest, therapeutic misconceptions, placebo effects, vulnerability, exploitation, and operational challenges.[9] Furthermore, the American Psychiatric Association established the first committee to formulate a code of ethics in clinical psychiatry in 1970. Later, in 1977, the World Psychiatric Association produced the "Declaration of Hawaii," a code of ethics for clinical treatment that was later endorsed by a committee in 1989 at the Annual National Conference of the Indian Psychiatric Society in Cuttack, Orissa (India). However, no rules exist in the field of psychiatric research.[10]

India, the world's second most populous country and home to one-seventh of the global population, is fast becoming a powerhouse for human research. Following

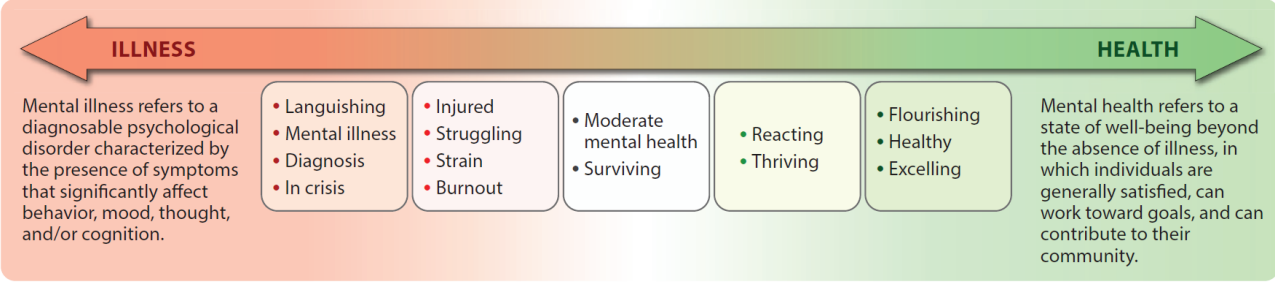

Figure 1. Mental Health Continuum Model[7]

globalization and industrialization, international corporations have expressed an increasing interest in conducting research in this field. There is rising fear that research in underdeveloped nations like India, which lacks adequate ethical rules, may lead to more exploitation and injustice[10]. Furthermore, a reviewed retraction rate shows gradually increasing from 3.56 per 10,000 published articles on mental disorders in 2005 to 49.25 per 10,000 published articles in 2012.[11] Articles from low-middle income countries, predominantly from Asian countries had higher retraction rates than non-Asian countries.

The study from India setting highlight important requirements in social science study that have different ethical aspect, not practically regulated despite available legal document, and how prone research on this field to scientific misconduct as proven by high number of retracted articles.

Article 3. Mental Health and The Workplace: Issues for Developing Countries[5]

Existing research has primarily focused on the complicated interplay between mental health and workplace productivity in industrialized countries. However, the WHO estimates that emerging nations account for around 75% of the global labor force.[5] There is a significant lack of research on this relationship in workplace settings in poor countries. So far, research has concentrated on mental health promotion and therapies to treat common mental disorders in the workplace, primarily in industrialized countries. In comparison, there are major disparities in the workplace climate and standards in underdeveloped countries. Employers in developed countries have focused on retaining an older workforce and establishing incentives for individuals to remain in employment rather than taking early retirement.[12] In the absence of sufficient social systems as a "safety net" and the lack of prospects for life beyond retirement age, the focus of businesses in developing nations is clearly a different one.

The study highlight how mental health issues is clearly different between industrialized vs developing nation. Studies about mental health in workplace mainly come from developed nations where fair employment and safe working condition is achieved. In contrast, workers in developing nations face different hazard such as working in dangerous condition, precarious employment, and suffer from poverty. This also apply to government and organizational focus which still lacking as proven by scarcity of workplace health intervention, even for promoting mental health at workplace.

Article 4. Employee Well-being Outcomes From Individual-level Mental Health Interventions: Cross-sectional Evidence From The United Kingdom

In today's British workplace, it is normal practice to prioritize workers' well-being. Specific interventions for mental well-being aim to alter individuals or organizations.[13] Although data suggests that organizational transformation and work redesign can improve worker well-being, most treatments focus on individual workers.[14,15] Employee assistance programs (EAPs), counselling, resilience and stress management training, and healthy lifestyle promotion are among the most common methods. The merits of individual-level interventions have been thoroughly investigated and increasingly discussed.[16]

This study aims to answer the question, "Do individuals who participate in individual-level mental well-being interventions at work report higher well-being?" The study emphasizes that, while individual mental health intervention might provide positive results, data is frequently collected from cross-sectional studies, which limits knowledge of long-term consequences. Study shows interventions such as relaxation practices, time management, coaching, financial well-being programs, well-being apps, online coaching, sleep apps, and sleep events did not significantly impact participants' well-being compared to nonparticipants.[16] The study may have selection bias due to an overrepresentation of women, younger workers, those with mid-to-high earnings, white workers, and those working in financial services.

Article 5. Scientific Utopia: II. Restructuring Incentives and Practices to Promote Truth Over Publishability

Publishing is fundamental to current academic science. Publishing norms prioritize unique and positive outcomes.[17] As a result, disciplinary incentives promote design, analysis, and reporting decisions that produce favorable results while ignoring bad outcomes. When incentives promote novelty over replication, misleading discoveries might remain unchallenged in the literature, lowering knowledge accumulation efficiency. Sprinters improve by running

faster, whereas scientists improve by completing more high-impact research. To make an impact, the research must be published. However, publishing creates a conflict of interest between personal interests and the goal of accumulating knowledge. The reason of that is published and true are not synonymous. To the extent that publication is rewarded, scientists are motivated to publish, regardless of whether the published findings are correct.[17] This case is particularly relevant for early-career scientist. Mitigation must be done to combat this issue and study suggests 3 things can be done which are focusing on scientific soundness rather than topic importance (a practice used by PLos ONE), lowering barrier for publication in attempt to discard publishing as meaningful incentive, and the ultimate solution which are openness of data, material, and workflow.[17]

The study highlights how incentives structure could mislead researcher causing them to lean over "publishing" rather than "pursuing" the truth. Since publishing norms emphasize novel and positive result, false result might reduce efficiency in knowledge accumulation. Moreover, it could mislead and causing harm to medical professionals and their patient whoever uncritically try to apply outcomes from such study.

Article 6. Editorial Perspective: Misaligned Incentives in Mental Health Research – The Case for Registered Reports

Current incentive structures impede progress in mental health research. Progress is dependent on academics presenting accurate findings from high-quality, robust investigations. A large body of meta-scientific evidence supports the prevalence of these motivations in mental health research. For example, in depression therapy research, 98% of positive antidepressant trials were published, compared to 48% of unfavorable trials [18]. Similarly, published articles from psychotherapy trials revealed an excess of statistically significant findings [19]. Notably, such findings are not only more likely to be published, but also more frequently mentioned, with statistically significant findings in psychiatry obtaining more than twice as many citations as nonsignificant studies.

QRPs that use selective reporting and p-hacking have been shown to increase the rate of false positives. The use of QRPs is not only documented by a large proportion of psychology researchers (up to 94%), but it is also evident in the mental health literature.[20] For example, more than one in every four preregistered clinical trials for psychiatric diseases demonstrated signs of selective outcome reporting (i.e., deleting outcomes with nonsignificant results or establishing a new, unregistered primary endpoint). One approach is to use Registered Reports (RRs), a form of article in which the study protocol is preregistered and peer evaluated before the research is conducted. If the protocol is believed to be of good quality and the issue deemed to be important, the study will be provisionally accepted for publication before data collection and/ or analysis commences. After conducting the research, authors submit a complete manuscript for a second stage of peer review.[21]

Study highlights incentive threat on researcher and some other factor like publishing pressure that can impact researcher credibility, causing them to misconduct. A solution offered is to improve scientific soundness by introducing RR. In this manner, conducting mental health research may take longer but produce higher quality research.

Discussion

Social science researchers may be more vulnerable to research misconduct than physical science researchers since the consequences do not appear to be as severe. When a medical researcher uses shortcuts or falsifies data, people can die. When a sociologist distributes bogus reports, there are no obvious victims. Instead, the damage is done to the corpus of knowledge, the profession, and, potentially, policymaking.[22] The ethical approach is always to seek the truth with extreme caution. This is not always easy to accomplish when study findings are not as planned or studies fail.

These 6 articles offer insights into general scientific misconduct and issues of research integrity, including factors like diagnostic ambiguity, the influence of funding sources, and pressures associated with publication that may indirectly impact workplace mental health research. In the following sections, we will explore some insight and takeaways, discussing how these broader ethical concerns may manifest within workplace mental health studies and impact the reliability and validity of published findings in this field.

Insight 1. Workplace Mental Health and Positive Reporting Bias

Potential for Scientific Misconduct: Companies and researchers frequently have a vested incentive in

reporting favorable outcomes from workplace mental health programs, which may lead to selection or reporting biases, overclaiming benefits, or suppressing negative results.[23] This tendency is especially strong in workplace research due to the simultaneous pressures of achieving organizational goals and obtaining financing or publication. Such approaches might corrupt evidence because researchers may manipulate data or selectively report on favorable outcomes, misleading audiences about the efficacy of workplace mental health interventions.

Insight 2. Diagnostic Ambiguity and Subjectivity in Mental Health

Potential for Questionable Research Practices (QRPs): In workplace studies, subjective mental health measurements (such as self-reported stress levels) lack objective validation, raising the possibility of diagnostic ambiguity. This diagnostic ambiguity provides possibilities for QRPs, such as inflating positive replies to support a specific narrative or cherry-picking data to meet predetermined expectations. Furthermore, confusing diagnostic criteria might cause errors in participant selection and data interpretation, jeopardizing the validity of workplace mental health studies and concealing genuine mental health disorders in the workforce.

Insight 3. Unique Challenges in Developing Countries: Resource Limitations and Stigma

Potential for Misconduct Related to Sample Representation and Stigma: In developing nations, workplace mental health research is sometimes hampered by insufficient mental health resources, cultural stigma, and a lack of finance.[10] These constraints might lead to the use of non-representative samples, shortcuts in methodology, and the omission of key contextual data. Researchers may modify sample selection or data, either mistakenly or purposely, to produce more favorable results that appear more desirable to funding organizations or publishers. Scientific misconduct, such as omitting to mention sample constraints or misrepresenting cultural factors, erodes the validity of findings. Summary of potential factors related to misconduct in developing nations are listed on figure 2.

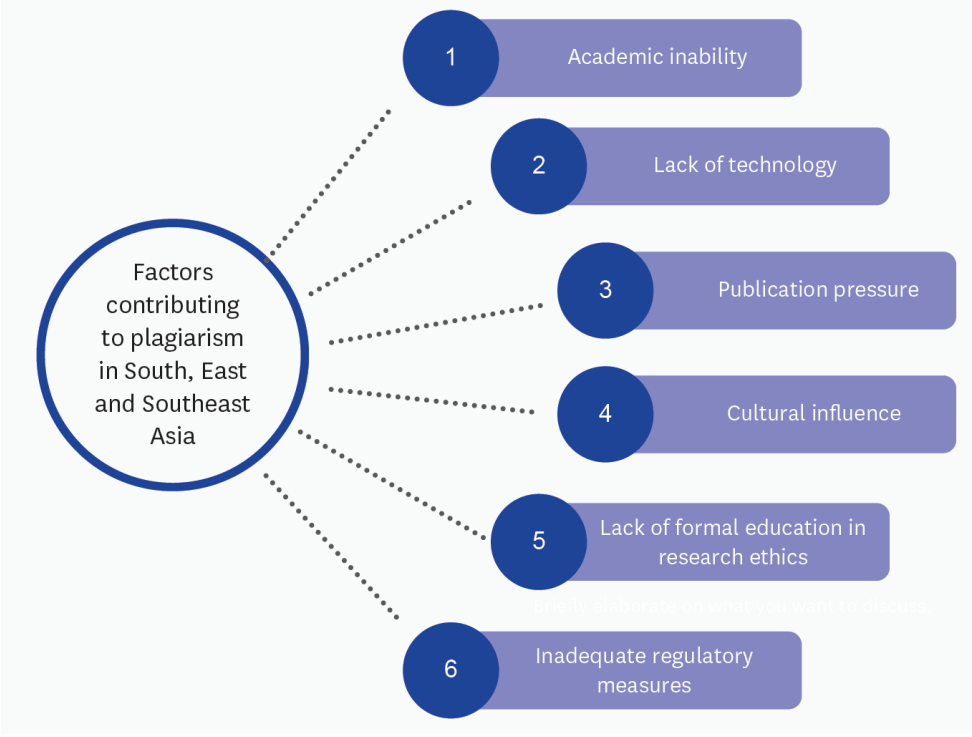

Figure 2. Common factors contributing to plagiarism in South, East and Southeast Asia[24]

Insight 4. Cross-Sectional Design and Causation Misrepresentation

Potential for Overclaiming Findings: Cross-sectional studies, if utilized in the workplace, simply provide snapshots of employees' mental health and do not indicate causation.[25] Misrepresenting the findings of such studies as causative is a problematic research practice that might mislead stakeholders. For example, declaring that a mental health intervention "reduces workplace stress" in the absence of longitudinal evidence risks overstating the intervention's efficacy. Overclaiming, which is frequently fostered by organizational funders, has the potential to weaken scientific credibility and lead to misinformed implementation in the workplace.

Insight 5. Publishability Pressure and P-hacking in Mental Health Research

Potential for Data Manipulation and Fabrication: In competitive publishing environments, researchers may feel pressured to present substantial findings.[24] This pressure can lead to QRPs such as p-hacking (manipulation of statistical analyses to produce statistically significant results) or even data fabrication to fit desired narratives.[21] This risk is especially prominent in mental health studies on workplace solutions since favorable, publishable findings may be perceived as more valuable by funders and journals, even if the results are not totally correct. In developing nations with limited publishing prospects, researchers may feel more pressure to "produce" substantial results, increasing the possibility of misconduct

Insight 6. Absence of Registered Reports and Transparency Standards

Potential for QRPs Due to Lack of Pre-Registered Protocols: The lack of pre-registration for workplace mental health studies allows researchers to modify procedures post-hoc to meet desired conclusions, resulting in practices such as HARKing (Hypothesizing After Results Are Known).[21] Without registered reports, researchers may selectively publish positive findings or reinterpret hypotheses based on favorable data, misrepresenting actual results. When referring studies from developing nations with fewer established research standards, the absence of robust protocols raises the possibility of minor but significant kinds of misconduct, making it difficult for stakeholders to judge research integrity.

Insight 7. Cultural Context and Hierarchical Pressures in the Research Environment

Potential for Plagiarism, Fabrication, and Falsification: Cultural expectations, hierarchical academic systems, and high-stakes publishing demands in many regions, particularly in Asian contexts, can all contribute to different types of misconduct, such as plagiarism or data manipulation.[26] These demands in workplace mental health research may lead researchers to fake or manipulate data, whether to suit cultural standards of "face-saving" or merely to meet academic and publication expectations. In a developing nation, these pressures may intensify cases of data fabrication or falsification, particularly when mental health findings are deemed sensitive or controversial.

Readers Role in Uncovering Truths in Mental Health Research

Readers play an important role in recognizing and correcting scientific misconduct because they exercise care and conduct critical analysis. Readers can consult the references supplied in the article. Misleading or non-existent references may indicate misconduct.[24] Readers can thoroughly examine data and graphical resources. If inconsistencies contradict the conclusions, contact the journal editors and request raw data.[27] Reader interaction in online platforms, as well as post-publication peer review processes, have the potential to contribute significantly to this entire work. Attentive readers can also notice inconsistencies between hypotheses, study questions, and research strategies. Readers should stay updated on the newest trends in research ethics, scientific misconduct, and retractions.

Conclusion

This review focuses on the rising topic of scientific misconduct in mental health research in the workplace, building on insights from six relevant studies on mental health in the workplace, psychiatric research ethics, and overall scientific integrity. These findings emphasize the significance of transparency, the hazards of publication bias, and the pervasive influence of publishability

pressures—all of which are especially relevant in the high-stakes field of workplace mental health. Notably, diagnostic uncertainty, the prevalence of subjective assessments, and cross-sectional study designs all confound the interpretation of findings in this field.

Our study fills a unique gap in the literature by explicitly examining scientific misconduct risks in workplace mental health research. This targeted focus provides occupational healthcare providers, researchers, and policymakers especially in developing countries with a detailed understanding of how subtle forms of misconduct, such as data manipulation, selective reporting, and potential influence from industry funding, can distort the true impact of workplace mental health interventions. This study focuses on the special vulnerabilities of mental health research in occupational contexts, providing practical recommendations for cautious interpretation and emphasizing the need for ethical vigilance in this rapidly expanding sector.

However, the current analysis is restricted by a scarcity of high-quality empirical papers that specifically address scientific misconduct in workplace mental health research. Given that much of the referenced material consists of reviews, cutting-edge findings, and editorial comments, the conclusions reached here are based on indirect observations rather than direct evidence of malpractice in this particular field. Future research should prioritize comprehensive investigations into workplace mental health studies, with an emphasis on longitudinal designs, transparency via registration reports, and the impact of organizational or financial biases on research outcomes. Strengthening research methodologies and establishing independent oversight will assist ensure that findings in this critical area accurately represent workplace mental health reality.

Reference

1. Kelloway EK, Dimoff JK, Gilbert S. Mental health in the workplace. Annual review of organizational psychology and organizational behavior [Internet]. 2022;10:363–87. Available from: https://doi.org/10.1146/annurev-orgpsych-120920-121116
2. Piso B, Nuβbaumer-Streit B, Gartlehner G. WHO guidelines on mental health at work. Gesundheitswesen 2024;86:427-36.
3. World Health Organization. Suicide worldwide in 2019: Global health estimates. World Health Organization,Geneva; 2019.
4. Chisholm D, Sweeny K, Sheehan P, Rasmussen B, Smit F, Cuijpers P, et al. Scaling-up treatment of depression and anxiety: A global return on investment analysis. Lancet Psychiatry 2016;3:415-24.
5. Chopra P. Mental health and the workplace: Issues for developing countries. Int J Mental Health Systems 2009;3:1-9.
6. Paruzel-Czachura M, Baran L, Spendel Z. Publish or be ethical? Publishing pressure and scientific misconduct in research. Res Ethics 2021;17:1-15.
7. Keyes CLM. The mental health continuum: From languishing to flourishing in life. J Health Soc Behav 2002;43:207-22.
8. Sparks K, Cooper CL. Occupational differences in the work-strain relationship: Towards the use of situation-specific models. In: Cooper CL, editor Managerial, Occupational and Organizational Stress Research. 2018;25-30.
9. Jain S, Kuppili PP, Pattanayak RD, Sagar R. Ethics in psychiatric research: Issues and recommendations. Indian J Psychological Med 2017;39:558–65.
10. Chaturvedi SK. A review of Indian publications on ethical issues regarding capacity, informed consent, and placebo controlled trials. Internet J Mental Health. 2008;5:1-7.
11. Balhara YPS, Mishra A. A study exploring attributes and nature of the retracted literature on mental disorders. Indian J Med Ethics 2015;12:43-7.
12. Olsen T, Svendal A, Amundsen I. More inclusive workplaces: Fact or fiction? The case of Norway. Int Rev Psychiatry 2005;17: 49-57.
13. LaMontagne AD, Keegel T, Louie AM, Ostry A, Landsbergis PA. A systematic review of the job-stress intervention evaluation literature, 1990-2005. Int J Occup Environ Health 2007;13:268-80.
14. NICE. Recommendations | Mental wellbeing at work | Guidance | NICE. National Institute for Health and Care Excellence (NICE). 2022. Available from: https://www.nice.org.uk/guidance/ng13
15. Lovejoy M, Kelly EL, Kubzansky LD, Berkman LF. Work Redesign for the 21st Century: Promising strategies for enhancing worker well-being. Am J Pub Health 2021;111:1827-35.
16. Fleming WJ. Employee well-being outcomes from individual-level mental health interventions: Cross-sectional evidence from the United Kingdom. Industrial Relations J 2024 ;55:162–82.
17. Nosek BA, Spies JR, Motyl M. Scientific Utopia: II. Restructuring Incentives and Practices to Promote Truth Over Publishability. Perspectives on Psychological Science. 2012 Nov 1;7:615–31.
18. De Vries YA, Roest AM, De Jonge P, Cuijpers P, Munafò MR, Bastiaansen JA. The cumulative effect of reporting and citation biases on the apparent efficacy of treatments: The case of depression. Psychol Med 2018;48:2248-55:.
19. Flint J, Cuijpers P, Horder J, Koole SL, Munafò MR. Is there an excess of significant findings in published studies of psychotherapy for depression? Psychol Med 2015;45:303-15.
20. John LK, Loewenstein G, Prelec D. Measuring the prevalence of questionable research practices with incentives for truth telling. Psychol Sci 2012;23:524-32.
21. Baldwin JR. Editorial perspective: Misaligned incentives in

mental health research – the case for Registered Reports. Vol. 65, Journal of Child Psychology and Psychiatry and Allied Disciplines. John Wiley and Sons Inc; 2024. p. 251–5.
22. Flynn L, Goldsmith R. Case studies for ethics in academic research in the social sciences. Case studies for ethics in academic research in the social sciences. Sage Publications, Inc; 2015.
23. Nosek BA, Spies JR, Motyl M. Scientific Utopia: II. restructuring incentives and practices to promote truth over publishability. Perspectives on Psychological Science. 2012 1;7:615–31.
24. Zhaksylyk A, Zimba O, Yessirkepov M, Kocyigit BF. Research integrity: where we are and where we are heading. J Korean Med Sci. 2023;38:e405.
25. Sedgwick P. Cross sectional studies: Advantages and disadvantages. Vol. 348, BMJ (Online). 2014;348:g2276.
26. Rodrigues F, Gupta P, Khan AP, Chatterjee T, Sandhu NK, Gupta L. The cultural context of plagiarism and research misconduct in the Asian Region. J Korean Med Sci 2023;38:e88.
27. Yeo-Teh NSL, Tang BL. Research data mismanagement–from questionable research practice to research misconduct. Account Res 2024;31:706-13.