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BEYOND THE ALGORITHM: THINKING CRITICALLY IN OCCUPATIONAL HEALTH

UDK 613.6:004.8
RECEIVED: 2025-12-15
ACCEPTED: 2026-06-15

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SUMMARY: Artificial Intelligence (AI) technologies are increasingly integrated into occupational health medicine practice, offering potential improvements in diagnostic accuracy and efficiency. However, their implementation introduces novel challenges, including algorithmic bias, lack of transparency in decision-making processes, and risks of over-reliance on automated outputs without appropriate clinical judgment. As occupational health decisions directly affect both individual worker protection and broader workplace public health, professionals must develop advanced information literacy that extends beyond traditional source evaluation to include a critical understanding of AI systems themselves, including their underlying data sources, technical limitations, and potential biases. This study evaluated AI information literacy among 16 occupational health professionals (specialists and residents) participating in the EASOM Summer School 2025. A five-item knowledge-based assessment adapted to occupational health contexts evaluated participants' competencies in identifying biased research questions, selecting evidence retrieval strategies, assessing the accuracy of AI-generated content, applying ethical AI use practices, and understanding proper citation protocols. Overall mean quiz performance was 2.56/5 points (SD = 1.09), indicating substantial gaps in AI information literacy. Questions assessing biased research design yielded the poorest performance (12.5% correct), while questions on ethical AI use in academia (81.2% correct) and citation practices (68.8% correct) demonstrated higher competency. Age showed significant negative correlation with quiz scores ($\rho = -0.511$, $p = 0.043$), suggesting younger professionals are better prepared for AI-integrated practice. These findings, although comprised from a small sample, demonstrate the need for targeted educational interventions addressing algorithmic bias recognition, critical question formulation, and responsible AI integration in occupational health medicine practice and worker protection.

Key words: *Artificial Intelligence (AI), information literacy, occupational health medicine, professional education*

INTRODUCTION

In today's data-driven and highly digitalized world, information literacy—the ability to identify, locate, evaluate, and effectively use information—has become a foundational competency across all professional disciplines *(Spurava, Kotilainen, 2023)*. In occupational health medicine, where accurate assessment of workplace health risks, early detection of occupational diseases, and evidence-based decision-making are critical to protecting worker health and ensuring regulatory compliance, strong information literacy skills are indispensable *(El Yamani, 2024)*. Occupational health professionals must possess the capacity to critically analyze clinical data, exposure records, research findings, and regulatory frameworks *(Amr, Rash et al., 2025)*. This capability is particu-

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larly essential given the complexity of occupational health assessment, which requires integration of epidemiological evidence, toxicological data, workplace exposure measurements, and individual health status to formulate robust recommendations for worker protection *(El-Helaly, 2024)*.

The integration and increasing accessibility of Artificial Intelligence (AI) technologies are fundamentally reshaping how information is accessed, processed, and evaluated within occupational health medicine practice *(Fatigue Science, 2025, Williams, 2023)*. AI applications are now present in multiple aspects of occupational health, including predictive models for occupational disease and injury risk, real-time analysis of environmental exposures, mental health monitoring through wearable technologies and behavioral analysis, and automated generation of medical documentation and risk reports *(El-Helaly, 2024)*. These technological innovations offer substantial potential to improve efficiency, diagnostic accuracy, and responsiveness in occupational health interventions *(Williams, 2023)*. However, their introduction also presents novel challenges that demand heightened vigilance: algorithmic bias in risk prediction models, lack of transparency regarding AI decision-making processes, over-reliance on automated outputs without appropriate clinical judgment, and ethical concerns regarding data privacy, security, and accountability in occupational health settings where worker data is inherently sensitive *(El-Helaly, 2024)*.

Consequently, the conceptualization of information literacy has evolved beyond its traditional definition. It is no longer sufficient to identify and cite reliable sources; rather, it now requires a critical understanding of AI systems themselves, including their underlying data sources, technical limitations, potential biases, and capacity to influence professional judgment and clinical outcomes *(Adegboye, 2024, Williams, 2023)*. This expanded definition is particularly relevant to occupational health medicine, where professional decisions impact both the health of individual workers and broader public health within the workplace *(AFL-CIO, 2025)*. The ability to critically assess AI-generated insights—to recognize when algorithmic recommendations may be inappropriate for specific occupational contexts, to understand the limitations of the data used to train AI models, and to maintain human accountability for decisions that impact worker safety—has become an essential professional competency *(Zubčević, Dundović, 2025)*.

Developing advanced information literacy that encompasses AI awareness and digital ethics is, therefore, critical for ensuring that emerging technologies enhance rather than compromise occupational health outcomes and worker protection *(ILO, 2025, AFL-CIO, 2025)*. By integrating traditional critical thinking skills, evidence appraisal methods, and digital and AI fluency, occupational health professionals can maintain high standards of clinical and scientific rigor while adapting responsibly to the evolving information landscape.

The EASOM (European Association of Schools of Occupational Medicine) Summer School 2025 brought together occupational health specialists and residents from across Europe to examine contemporary issues in occupational health medicine education and practice *(EASOM, 2025)*. Recognizing the urgent need to prepare occupational health professionals for an AI-integrated healthcare environment, the 2025 school focused on "Artificial Intelligence in Occupational Medicine" as its central theme, addressing both the opportunities and challenges that AI presents for occupational health practice.

To assess the current level of AI information literacy among participants—particularly in the context of understanding AI systems, critically evaluating AI-generated content, recognizing algorithmic bias, and applying ethical principles to AI use in professional practice—a five-item knowledge-based assessment was administered to attendees. This assessment evaluated participants' competencies in identifying biased research questions, selecting appropriate evidence retrieval strategies that prioritize peer-reviewed sources over unvalidated AI outputs, assessing the accuracy of AI-generated summaries against sources, applying best practices for ethical AI use in academic work, and understanding proper citation protocols that maintain scientific integrity while acknowledging AI use.

This paper presents descriptive statistical analysis of the assessment results, including nor-

mality testing for continuous variables and exploration of associations between demographic characteristics, AI usage patterns, and quiz performance among EASOM participants. The findings aim to provide insights into current gaps in AI information literacy among occupational health professionals and to inform targeted educational interventions for this critical competency domain.

METHODS

Information literacy skills can be evaluated using the American Association of Colleges and Universities Information Literacy (VALUE) rubric *(AAC&U, 2025)*.

The Information Literacy VALUE Rubric, developed by the American Association of Colleges and Universities (AAC&U), focuses on five key components: determining the extent of information needed, accessing the needed information, evaluating information and its sources critically, using information effectively to accomplish a specific purpose, and accessing and using information ethically and legally *(AAC&U, 2025)*. These components are assessed across different levels of performance, allowing educators to understand students' development in information literacy.

Five key elements

1) **Determine the Extent of Information Needed:** This involves understanding the scope of the information required for a specific task or inquiry. It includes identifying the relevant concepts, keywords, and information sources needed to address the research question or problem.
2) **Access the Needed Information:** This component focuses on the ability to locate and retrieve relevant information efficiently and effectively. It involves using appropriate search strategies and tools to identify and access a variety of information sources.
3) **Evaluate Information and its Sources Critically:** This is a crucial aspect of information literacy, involving the ability to assess the credibility, accuracy, and relevance of information sources. It includes evaluating the author's expertise, the source's purpose, and potential biases.
4) **Use Information Effectively to Accomplish a Specific Purpose:** This component focuses on the ability to synthesize and integrate information from various sources to achieve a specific goal, such as writing a research paper or solving a problem. It includes organizing, paraphrasing, summarizing, and synthesizing information to support a clear and coherent argument or conclusion.
5) **Access and Use Information Ethically and Legally:** This component emphasizes the importance of respecting intellectual property rights, avoiding plagiarism, and using information responsibly. It includes properly citing sources, understanding copyright laws, and using information in a way that is consistent with ethical guidelines.

QUESTIONNAIRE

The participants of the EASOM Summer School were invited to fill out the questionnaire, using the Google docs platform. At the beginning of the questionnaire, the participants were asked whether they were giving their consent to participate in this survey. They were informed that the participation was completely voluntary and they could withdraw from the study at any time without any consequences.

The questionnaire comprised five multiple-choice items designed to assess different dimensions of AI information literacy, specifically adapted to the field of occupational health medicine. specifically adapted to the field of occupational medicine. The content of all questions and scenarios was tailored to occupational health and occupational medicine contexts, including research questions, literature searching on occupational stress among healthcare workers, evaluation of AI-generated summaries related to an occupational health seminar, and best practices for using and citing AI tools in occupational health coursework and research.

The questionnaire consists of five multiple-choice questions (Q1-Q5) aligned with the AACU's Information Literacy VALUE rubric, followed by an open-ended feedback section (Q6), *(AAC&U,*

2025). This section was introduced by the text: "Congratulations on completing the quiz. How did you do? Please take a moment to consider the questions, do you have any suggestions for improvement? All feedback is appreciated."

The quiz emphasizes unbiased research questions, effective AI search strategies, evaluation of AI responses, ethical AI use in academic papers, and proper citation practices.

Question 1 ("Which of the following occupational health medicine research questions are free of assumptions and biases?") assessed the ability to recognise unbiased research questions by asking participants to identify which of four occupational health medicine research questions were free of assumptions and bias. Question 2 ("Which of the following is the best strategy for using AI to find peer-reviewed articles on the topic of occupational stress among healthcare workers?") examined search strategy skills, asking respondents to select the most appropriate way to use AI and library tools to locate peer reviewed articles on occupational stress among healthcare workers, with the correct option involving the use of a structured Boolean search via the academic library website.

Question 3 ("Which of the following statements accurately describes the AI's response?") focused on the critical appraisal of AI-generated outputs. A scenario presents an AI prompt on AI tools in occupational health training, and its response cites a reference. Participants first read an AI prompt about the impact of integrating AI research tools into occupational health training on students' information literacy and an accompanying AI response linked to a published abstract from an occupational health seminar with integrated information literacy education; they were then asked which statement best characterised the AI's response, with the key construct being the ability to judge whether the response accurately summarised the source and its main findings.

Question 4 ("When AI is allowed to be used in an occupational health course, which is the best way to use AI for a class paper?") targeted ethical and pedagogically appropriate use of AI in coursework, asking participants to choose the best way to use AI when preparing a class paper in occupational health, with the correct answer emphasising reading and critically evaluating the original occupational health articles suggested by the AI before paraphrasing or quoting them. Question 5 ("An AI has provided a result that includes references related to occupational health. How do you properly cite the information from the AI?") addressed citation practice and transparency in AI use, requiring respondents to indicate that the original articles should be cited and that the use of AI should be explicitly disclosed in accordance with the relevant citation style (e.g. APA style).

RESULTS

Sample Characteristics

The study included 16 participants who completed the AI Information Literacy questionnaire focused on occupational health medicine. The sample consisted of occupational health professionals with a mean age of 40.8 years (SD = 9.3), ranging from 27 to 59 years. The gender distribution showed 9 males (56.2%) and 7 females (43.8%). Regarding professional status, 9 participants (56.2%) were specialists in occupational health, while 7 (43.8%) were residents. The mean professional experience was 13.1 years (SD = 9.0), with a range from 2 to 28 years of practice. Participants worked in diverse settings, with the largest proportion (37.5%) employed in academia, followed by occupational health medicine ambulatory settings at healthcare community centers (18.8%) and public health institutes (18.8%). This diversity in workplace settings provided a representative sample of occupational health professionals at different career stages and organizational contexts.

AI Usage Patterns and Practices

Prevalence and Frequency of AI Tool Use

The majority of participants (62.5%, n=10) reported using AI tools in their daily work, while 37.5% (n=6) did not use such tools. Among AI users, the frequency of use varied considerably. Daily users comprised 25% of the sample (n=4), while 31.2% (n=5) reported using AI tools several times per week. Several times per month was reported by 18.8% (n=3), and 25% (n=4) indicated rare usage.

ChatGPT emerged as the most commonly used AI tool, mentioned by 15 participants either alone or in combination with other platforms. Other tools included Copilot, Perplexity, DeepSeek, Claude, Gemini, Manus, Consensus, Grok, and SciSpace, reflecting the diverse AI ecosystem available to occupational health professionals.

Purposes, Benefits, and Concerns

The primary purpose for which participants used AI tools was translation and language support (50.0%, n=8), followed by data analysis, writing texts and reports, and communication tasks (each 12.5%). This finding highlights the international and multilingual nature of occupational health work.

Regarding perceived benefits, faster work and time savings were the most frequently cited advantage (37.5%, n=6), followed by more creative solutions (25.0%, n=4) and easier decision-making (18.8%, n=3). In terms of productivity impact, participants' perceptions were distributed across a spectrum: 6.2% perceived AI as extremely beneficial, 25.0% as significantly beneficial, 31.2% as moderately beneficial, and 37.5% as slightly beneficial. The main concern expressed by participants was accuracy and reliability of AI (43.8%, n=7), followed by replacement of human jobs and data security and privacy (each 18.8%, n=3). These concerns reflect critical issues in AI adoption within professional healthcare settings, where accuracy is paramount for patient safety and ethical practice.

Questionnaire Performance Analysis

Overall Performance

Participants achieved a mean total score of 2.56 out of 5 points (SD = 1.09), with a median score of 3.0. The score distribution showed that 6.2% scored 0 points, 6.2% scored 1 point, 31.2% scored 2 points, 37.5% scored 3 points, and 18.8% scored 4 points. No participant achieved a perfect score of 5. When categorized into performance levels, 12.5% demonstrated poor performance (0-1 points), 31.2% fair performance (2 points), 37.5% good performance (3 points), and 18.8% excellent performance (4-5 points).

Performance by Question

The five questions showed markedly different difficulty levels. Question 1, which asked participants to identify research questions free of assumptions and biases, proved to be the most challenging, with only 12.5% (n=2) answering correctly. This multiple-select question required participants to select both options 3 and 4 (questions about mental health screenings and chemical exposure monitoring), while avoiding biased options that contained presumptive language.

Question 2, regarding the best strategy for finding peer-reviewed articles using AI, was answered correctly by 25.0% (n=4) of participants. The correct answer was to use the library's website with a structured Boolean search strategy. However, the majority opted for direct AI prompts through ChatGPT (31.2%), Perplexity (25.0%), or Scopus AI (18.8%).

Question 3 asked participants to evaluate an AI-generated response against a reference abstract, with 68.8% (n=11) correctly identifying that the AI response accurately summarized the source. This higher success rate suggests that participants were generally capable of assessing the accuracy of AI-generated summaries when provided with the source material.

Question 4 demonstrated the highest success rate at 81.2% (n=13), asking about the best way to use AI for a class paper. The vast majority correctly identified that one should find and read the original articles provided by AI rather than relying solely on AI summaries, demonstrating sound academic practice awareness.

Question 5 achieved a 68.8% (n=11) correct response rate, with participants correctly identifying that proper citation requires both citing the original articles and disclosing AI use according to formatting guidelines. However, 12.5% believed only noting AI use was sufficient, and another 12.5% thought citing articles without disclosing AI use was adequate.

Table 1. Percentages of correct answers by questions on AI Information Literacy in the field of occupational health medicine

Tablica 1. Postotak točnih odgovora prema pitanjima upitnika o informacijskoj pismenosti za umjetnu inteligenciju na području medicine rada

Question	Correct Answer	% Correct
Q1 (Bias-free questions)	3 & 4	12.5%
Q2 (Best AI search strategy)	1 (Library Boolean)	25%
Q3 (AI summary accuracy)	3 (Accurate summary)	68.8%
Q4 (Best AI use in class)	3 (Read articles)	81.2%
Q5 (Citing AI)	4 (Cite articles + disclose AI)	68.8%

Association Analysis

Demographic Factors and Quiz Performance

Age demonstrated a significant negative correlation with total quiz score (Spearman $\rho = -0.511$, $p = 0.043$). This finding indicates that younger participants tended to achieve higher scores on the AI information literacy quiz. The Pearson correlation coefficient was also negative but did not reach statistical significance ($r = -0.467$, $p = 0.069$). This age effect may reflect greater familiarity with digital technologies and AI tools among younger professionals, or potentially differences in educational curricula, with more recent training programs incorporating AI literacy components. Years of professional experience showed a moderate negative but non-significant correlation with quiz performance (Spearman $\rho = -0.467$, $p = 0.079$; Pearson $r = -0.433$, $p = 0.107$). While the direction of the relationship mirrored that of age, the association did not achieve statistical significance, possibly due to the limited sample size and multicollinearity between age and experience. Gender showed no association with quiz performance ($\chi^2 = 0.000$, $p = 1.000$, Cramér's V = 0.000). Males and females performed equivalently, with 3 females and 4 males in the low-score category (0-2 points), and 4 females and 5 males in the high-score category (3-5 points). Occupational health professional status (specialist versus resident) demonstrated no significant association with score category ($\chi^2 = 2.520$, $p = 0.112$), although the effect size was moderate (Cramér's V = 0.397). Interestingly, residents appeared to perform slightly better, with 6 out of 7 residents scoring in the high category compared to only 3 out of 9 specialists. This trend, while not statistically significant, may suggest that more recent training includes greater emphasis on AI literacy.

AI Usage and Quiz Performance

AI tool usage (yes/no) showed no association with quiz performance ($\chi^2 = 0.000$, $p = 1.000$, Cramér's V = 0.000). Both AI users and non-users were equally distributed across low and high-performance categories, with 4 AI users and 3 non-users in the low category, and 6 AI users and 3 non-users in the high category. However, perceived AI productivity impact showed a significant association with score category ($\chi^2 = 9.566$, $p = 0.023$, Cramér's V = 0.773). This large effect size suggests a strong relationship between how participants perceived AI's impact on their productivity and their quiz performance. Participants who rated AI as significantly improving productivity tended to score higher on the quiz, while those rating AI as only moderately improving productivity were more likely to score in the lower range. This finding suggests that a better understanding of AI capabilities (as reflected in quiz scores) may enhance one's ability to effectively utilize AI tools for productivity gains.

Demographic Factors and AI Usage

Gender showed no association with AI tool usage ($\chi^2 = 0.017$, $p = 0.897$). Both males and females used AI tools at similar rates, with 5 females and 5 males reporting AI use, and 2 females and 4 males reporting no AI use. Occupational health status likewise demonstrated no association with AI usage ($\chi^2 = 0.017$, $p = 0.897$). Specialists and residents adopted AI tools at comparable rates. Age showed no significant difference between AI users and non-users ($t = -1.065$, $p = 0.305$; Mann-Whitney $U = 23.0$, $p = 0.480$). AI users had a mean age of 38.9 years (SD = 9.7), while non-users had a mean age of 44.0 years (SD = 8.4). Although AI users were on average younger, this difference was not statistically significant given the sample size.

Inter-Question Correlations

The Spearman correlation matrix for individual question scores revealed no significant correlations between any pair of questions (all $p > 0.05$). The correlations ranged from -0.218 (Q1-Q2) to 0.367 (Q3-Q4), but none achieved statistical significance. This independence among question scores suggests that the five questions assessed distinct dimensions of AI information literacy rather than a single unitary construct. Each question appears to tap into different competencies: recognizing bias (Q1), selecting appropriate search strategies (Q2), evaluating AI outputs (Q3), applying ethical AI use practices (Q4), and understanding proper citation protocols (Q5).

DISCUSSION

The findings of this study highlight a clear mismatch between the rapidly growing role of AI in occupational health medicine and the current level of AI information literacy among occupational health professionals. The introduction emphasized that modern occupational health practice relies on the ability to critically appraise complex data, integrate epidemiological and toxicological evidence, and maintain high standards of ethical decision-making in AI-augmented environments *(ILO, 2025, Magdy, et al., 2025)*. Within this context, AI was described as both an opportunity, through improved efficiency and predictive capacity, and a risk, due to potential algorithmic bias, opacity of decision-making, and threats to data privacy and worker rights *(Mining Health & Safety, 2025)*. The moderate mean quiz score of 2.56 out of 5 points, therefore, indicates that participants are not yet fully equipped to meet these demands, particularly when nuanced critical thinking about AI-generated information is required.

A central concern raised in the introduction was that information literacy in the AI era must extend beyond locating and citing reliable sources to include understanding how AI systems work, their data foundations, and their limitations *(Protecting workers in the era of AI, 2025)*. The results support this expanded conceptualization: although participants performed relatively well on questions related to ethical use and citation of AI (Q4 and Q5), their very low success rate on identifying biased research questions (Q1, 12.5% correct) shows that core critical appraisal skills remain underdeveloped. This weakness is particularly problematic in occupational health medicine, where biased framing of research questions can distort assessments of workplace risks and lead to inequitable protection of workers. The frequent preference for direct AI prompts over structured library searching in Q2 further illustrates a tendency to prioritize convenience over rigor, contrasting with the introduction's emphasis on evidence-based, peer-reviewed sources as the foundation of safe occupational health practice.

At the same time, the relatively high performance on evaluating AI summaries against sources (Q3, 68.8% correct) and on selecting best practices for using AI in academic work (Q4, 81.2% correct) suggests that participants can apply sound judgment when explicitly prompted to compare AI outputs with primary literature and to consider academic integrity. This aligns with the VALUE rubric dimensions of critical evaluation and ethical use, indicating that when the task is clearly framed in terms of source verification and citation, many occupational health professionals are capable of appropriate scrutiny *(AAC&U, 2025)*. However, the independence of question scores and the variation in difficulty show that these abilities are fragmented rather than integrated into a coherent AI information literacy competence, which is at odds with the introduction's vision of a holistic, AI-aware information literacy mindset.

The association analyses deepen this picture by linking the observed gaps to educational and experiential patterns. The significant negative correlation between age and quiz performance suggests that younger professionals—who are more likely to have encountered AI and digital literacy content in recent training—are better prepared to navigate AI-related information challenges. Conversely, the absence of a relationship between simple AI usage and quiz scores indicates that frequent use of AI tools does not automatically translate into informed or critical use, reinforcing the introductory argument that uncritical reliance on AI can undermine occupational health decision-making. The strong association between higher scores and the perception that AI substan-

tially improves productivity suggests that professionals who better understand AI's capabilities and limitations are also those who can translate it into meaningful practice benefits, consistent with the introduction's claim that AI can enhance, but should not replace, expert judgment in occupational health medicine.

Taken together, these results confirm the introductory premise that the integration of AI into occupational health medicine must be accompanied by deliberate, structured education in AI information literacy. The quiz, specifically adapted to the field of occupational health medicine, revealed that participants are aware of ethical and citation issues but struggle with recognizing bias and consistently prioritizing validated evidence over AI convenience. These findings support the need for curricula and continuing professional development that explicitly address algorithmic bias, critical question formulation, transparent evaluation of AI outputs, and responsible use of AI in clinical and research contexts, in line with international calls to safeguard workers in AI-driven workplaces *(Adegboye, 2024, AFL-CIO, 2025)*. Targeted interventions focusing on senior professionals and on strengthening foundational critical thinking could help ensure that AI enhances rather than compromises worker safety, regulatory compliance, and the scientific integrity of occupational health practice.

Limitations are the small sample (n=16) limits generalizability, though its focus on European occupational health medicine trainees provides targeted insights for EASOM-like programs. Inter-question independence (all correlations $p > 0.05$) validates the quiz's multidimensionality but highlights the need for expanded items on algorithmic bias in exposure modeling. Future larger-scale studies should longitudinally track interventions, integrating AI concerns like accuracy (43.8% cited) to develop evidence-based guidelines enhancing worker safety in AI-augmented occupational health practice.

CONCLUSION

This analysis reveals several important insights about AI information literacy among occupational health professionals. The moderate overall performance (mean score of 2.56/5) indicates substantial room for improvement in understanding how to critically and ethically use AI tools in professional practice. The wide variation in question difficulty, particularly the poor performance on identifying biased research questions (Q1), suggests that training programs should emphasize critical evaluation skills.

The significant negative correlation between age and quiz performance, combined with the finding that perceived AI productivity impact relates to quiz scores, highlights the importance of targeted AI literacy education for more senior professionals. Despite widespread AI adoption (62.5% of participants), mere usage does not translate to a better understanding of AI capabilities and limitations, as evidenced by the null association between AI tool use and quiz performance.

The prominence of accuracy and reliability concerns (43.8%) alongside the widespread use of AI for translation and language support (50.0%) points to a critical tension in current practice. Professionals recognize AI's utility but remain appropriately cautious about its limitations, underscoring the need for evidence-based guidelines on appropriate AI use in occupational health settings.

Future research with larger samples should further explore these relationships and develop targeted interventions to enhance AI information literacy across the career spectrum of occupational health professionals.

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IZVAN ALGORITMA: KRITIČKO RAZMIŠLJANJE U PODRUČJU ZAŠTITE ZDRAVLJA NA RADU

SAŽETAK: Umjetna inteligencija (UI) sve se više koristi u radu u području medicine rada. Međutim, primjena UI donosi nove izazove, uključujući pristranost algoritama, nedostatak transparentnosti u procesima donošenja odluka i rizike od prekomjerne ovisnosti o automatiziranim rezultatima bez prosuđivanja. Budući da odluke u medicini rada izravno utječu na zaštitu zdravlja radnika i općenito zdravlja na radnom mjestu, očekuje se da će specijalisti medicine rada razviti naprednu informacijsku pismenost koja nadilazi tradicionalnu evaluaciju izvora i uključuje kritičko razumijevanje samih sustave UI, uključujući njihove osnovne izvore podataka, tehnička ograničenja i potencijalne pristranosti. Ovaj rad opisuje procjenu informacijsku pismenost u području AI-a kod 16 specijalista i specijalizanata medicine rada koji su sudjelovali na EASOM ljetnoj školi 2025. Test znanja od pet stavki prilagođen kontekstima medicine rada procijenio je kompetencije sudionika u prepoznavanju pristranih istraživačkih pitanja, odabiru strategija pronalaženja dokaza, procjeni točnosti sadržaja generiranog UI-om, primjeni etičke prakse korištenja UI-a i razumijevanju pravilnih protokola citiranja. Prosječna vrijednost testa informacijske pismenosti iznosila je 2,56/5 bodova (SD = 1,09), što ukazuje na značajne manjkavosti u informacijskoj pismenosti o AI-u. Pitanja koja su procjenjivala pristranost istraživačkog dizajna pokazala su najslabiju uspješnost (12,5 % točnih odgovora), dok su pitanja o etičkoj primjeni UI-a u akademskoj zajednici (81,2 % točnih odgovora) i praksi citiranja (68,8 % točnih odgovora) pokazala veću kompetenciju. Dob je pokazala značajnu negativnu korelaciju s rezultatima testa ($\rho = -0,511$, $p = 0,043$), što ukazuje da su mlađi profesionalci bolje pripremljeni za praksu integrirane s UI-om. Dobiveni rezultati, iako na malom uzorku, ukazuju na potrebu za ciljano usmjerenim edukativnim intervencijama koje se bave prepoznavanjem pristranosti algoritama, kritičkom formulacijom istraživačkih pitanja i odgovornom integracijom UI-a u praksu medicine rada te zaštitu radnika.

Ključne riječi: *umjetna inteligencija, informacijska pismenost, medicina rada, profesionalno obrazovanje*

Izvorni znanstveni rad
Primljeno: 15.12.2025.
Prihvaćeno: 15.6.2026.