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### SOCIODEMOGRAPHIC AND HEALTH-RELATED FACTORS ASSOCIATED WITH TEMPORARY WORK DISABILITY IN A LARGE GERMAN CHEMICAL COMPANY: RESULTS OF A CROSS-SECTIONAL STUDY

M Claus\*, M Schuster, S Webendörfer, C Oberlinner. *Corporate Health Management, BASF SE, Ludwigshafen, Germany*

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**Introduction** With the present study, we aimed to determine the occurrence of temporary work disability within 12 months in a large German chemical company. Furthermore, we assessed the association of sociodemographic and health-related factors with work disability.

**Methods** We used cross-sectional data, surveyed in occupational health checks-ups between January 2011 and December 2014 at the Ludwigshafen site (Germany). A blood sample, physical examination, anamnesis by a physician and a written questionnaire were part of the health check-up. Work disability in the year prior to participation was assessed using a single (categorical) item from the Work-Ability-Index. We used partial proportional odds models for ordinal response variables to assess the association of sociodemographic and health-related factors with work disability.

**Results** Altogether, 17 351 employees participated in the voluntary health check-up. Excluding 386 persons with missing information and trainees, a final sample of 16 965 persons was yielded. Respondents were on average 43.7 (SD: 9.7) years old and predominantly male (79.0%). About one third (32.8%) did not miss a single day, 40.8% up to nine days, 18.5% 10–24 days, 6.8% 25–99 days, and 1.1% 100 days or more. The proportion of respondents being unable to work for  $\geq 10$  days in the last 12 months was comparatively high for older persons (31.8%; 50+years) vs younger persons (22.6%; <30 years), manual workers (40.1%) vs managerial staff (8.3%), rotating shift workers (38.9%) vs day workers (21.9%), obese (38.1%) vs non-obese people (19.6%), and smokers (35.3%) vs non-smokers (20.6%). In multivariable analyses, missing  $\geq 10$  days was significantly more likely for older respondents, females, manual workers and skilled/supervisory workers (vs. managerial staff), rotating shift workers, obese people, and for smokers and former smokers (vs. non-smokers).

**Conclusion** The findings of the present study could be considered a starting point for the implementation of targeted preventive measures to reduce work disability.

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### SICK LEAVE ASSESSMENTS OF PEOPLE WITH PERSISTENT 'MEDICALLY UNEXPLAINED' PHYSICAL SYMPTOMS: A CROSS-SECTIONAL STUDY AMONG TWO GROUPS OF PHYSICIANS

<sup>1,2,3</sup>KHN Weerdesteijn, <sup>1,2</sup>FG Schaafsma\*, <sup>1,2</sup>AJ van der Beek, <sup>1,2</sup>JR Anema. <sup>1</sup>Department of Public and Occupational Health within Public Health research institute, Amsterdam, The Netherlands; <sup>2</sup>Research Centre for Insurance Medicine (KCVG), AMC-UMCG-UWW-VUmc, Amsterdam, The Netherlands; <sup>3</sup>Department of Social Medical Affairs (SMZ), Dutch Social Security Agency (UWW), Amsterdam, the Netherlands

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**Introduction** Sick leave assessments of people with persistent 'medically unexplained' physical symptoms (PPS) can be diffi-

cult for physicians, and may show a variation in outcome.

This variation can be a result of a different working context or medical background of the assessor, or due to the objective of the assessment. To obtain more insight in the extent and reasons for assessment differences related to this group of patients we explored sick leave assessments of physicians working in the same health care field, with similar tasks, but with different objectives for the assessments.

**Methods** A cross sectional study was conducted among 50 occupational health physicians (OPs) and 43 insurance physicians (IPs) from the Netherlands. They attended a full day training on PPS, and were asked to assess the sick leave of nine video case vignettes of patients with PPS. Data were analysed using multinomial regression approach in SPSS.

**Results** Sick leave was less likely to be advised by IPs compared to OPs (OR 0.74, 95% CI: 0.56 to 0.97). For all physicians the sick leave assessment was influenced by their opinion on perceived limited work-related functioning, the cause of the health complaints, the diagnosis, and treatment options. For OPs, private life issues influencing the cause of the health complaints was taken into account more than for IPs.

**Conclusion** Although, the differences in the sick leave assessment were small among these physicians it seems that the objective of the assessment is of influence on the outcome. OPs may be more focussed on sick leave guidance and vocational rehabilitation options, whereas IPs may have a stricter objective with their assessments focussing on the certification of a sickness benefit.

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### A TIME FOR REFLECTION: INTERNATIONAL WORK DISABILITY POLICY CHALLENGES AND DIRECTIONS

<sup>1</sup>E MacEachen, <sup>2</sup>K Ekberg. <sup>1</sup>University of Waterloo, Waterloo, Canada; <sup>2</sup>Linköping University, Linköping, Sweden

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**Introduction** Since the 1990's, there has been a move across international jurisdictions to policies and programs that focus on work ability, not disability, and on strategies that encourage employment integration of people with temporary and permanent impairments. Almost 30 years later, we are at a point where we can reflect on those programs: their ideals, what worked, and what did not work and why.

**Method** Top work disability researchers from 14 jurisdictions assembled in Toronto in 2017 to share knowledge about work disability conditions, policies and practical social, economic and political realities of work integration. Each addressed work disability policies in their country, current practices, and avenues for change. Issues raised were compared and contrasted and then summarised in using thematic analysis approaches.

**Results** Across jurisdictions, rising levels of disability claimants were a concern, together with increasing work absence due to mental illness, work disability in ageing populations, and limited social protection for self-employed workers. Many systems have been redesigned in recent years to address these and other issues using strategies including program coordination, tightened timelines, eligibility restrictions, and reduced income and health care support for sick listed workers. Employer