regulation implied that the period of which the employer must pay full salary to the sick-listed employee before being compensated by the municipality “employer period”, was extended from 21 days to 30 days. The longer employer period may have influenced how companies manage sickness absence, as well as hiring and firing procedures. The regulation may have had an effect on the dynamics of the labour market as a whole and to some extent in subgroups of certain exposure of occupational health if the regulation favours certain types of industries. In the present study we investigate to what extent such regulation impact the labour market affiliation as a whole and in the context of occupational health.

Methods The labour market affiliation will be analysed by the use of the Danish Working Environment Cohort Study 2010, and the 2012 survey of the National Occupational and Health. Both surveys will be linked with the newly released register “Labour market accountant” (AMR) on salary and social payments. The labour market affiliation will be analysed by a well-established Multi-state model containing five major stages with three trans durable stages; work, sickness absence, and unemployment, and two absorbing stages; disability pension, and early retirement scheme. The two surveys will make it possible to analyse the effect on the labour market affiliation before and after the regulation was initiated.

Poster Presentation

Cancer

0088

CHARACTERISTICS OF NON-HODGKIN'S LYMPHOMA PATIENTS AMONG A COHORT OF SEMICONDUCTOR-MANUFACTURING WORKERS

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Objective The Occupational Safety and Health Research Institute (OSHRI) established a cohort consisting of workers in six semiconductor-manufacturing companies to determine cancer incidence. The data gathered until 2014 revealed that 43 non-Hodgkin's lymphoma (NHL) cases occurred. This study aimed to identify the characteristics of these cases.

Methods In 2008, OSHRI established a cohort based on company personnel records and national cancer registration data that could be obtained from Statistics Korea on former and current workers of six semiconductor-manufacturing factories in South Korea since 1998. This study analysed the characteristics of NHL cases that occurred in this cohort.

Results In the cohort, 43 NHL cases occurred. Of those cases, 23 were men and 20 were women. The highest incidence of 20 cases occurred in the workers in their 30s. The years 1995–1999 and 2000–2004 were the most common time periods for entry into the company with 11 and 10 cases, respectively. The types of occupations included: 33 manufacturing workers, 7 non-manufacturing workers, and 3 who could not be precisely categorised.

Conclusion Although NHL as an illness that is known to occur at a relatively old age, the prevalence of NHL among former and current semiconductor workers, occurring at a younger working age, may suggest causality based on occupation. As such, identifying their demographic characteristics is a necessary step towards identifying the occupational hazards in the semiconductor industry and the risk factors for development of NHL.

Oral Presentation

Ageing Workforce

0089

PREDICTING WORKING BEYOND RETIREMENT IN THE NETHERLANDS: AN INTERDISCIPLINARY APPROACH INVOLVING OCCUPATIONAL EPIDEMIOLOGY AND ECONOMICS

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Objectives No study so far has combined register-based socioeconomic information with self-reported information on health, demographics, work characteristics and social environment in one study. The aim of this study is to investigate whether socioeconomic, health, demographic, work characteristics and social environmental characteristics independently predict working beyond retirement.

Methods Questionnaire data from the Study on Transitions in Employment, Ability and Motivation was linked to data from Statistics Netherlands. A prediction model was built consisting of the following blocks: socioeconomic, health, demographic, work characteristics and social environment. First, univariate analyses were performed ($p < 0.15$), followed by correlations and logistic multivariate regression analyses with backward selection per block ($p < 0.15$). All remaining factors were combined into one final model ($p < 0.05$). Internal validation was performed.

Results In the final model, only factors from the blocks health, work and social environmental characteristics remained. In the final model, better physical health, >2 days/week intensively physically active, higher body height and working in healthcare predicted working beyond retirement. If respondents had a permanent contract or worked in handcraft, or had a partner that did not like them to work until the official retirement age, they were less likely to work beyond retirement. Area under the curve was 73% ($p < 0.05$). Explained variance was 18.3%. Internal validation led to an area under the curve of 68%.

Conclusion Health, work characteristics and social environment predicted working beyond retirement, but register-based socioeconomic and demographic characteristics did not independently predict working beyond retirement. This study shows that working beyond retirement is multifactorial.