

to create cluster of jobs in Europe on the basis of the job quality: high flyers, smooth running, active manual, under pressure, poor quality. They are presented and discussed.

**Discussion** Results support the importance of monitoring job quality in Europe and in the world. How can they be improved?

### 1723 WORKERS' COMPENSATION AND SOCIAL SECURITY SYSTEM AND OCCUPATIONAL INJURIES

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10.1136/oemed-2018-ICOHabstracts.37

Worker's compensation is different for each country according to their histological and cultural background and socioeconomic status. The number of workers and the kind of diseases covered by worker's compensation differs for each country depending on approval criteria and degree of worker's compensation.

It has close relationship with social security system of each country. Therefore, it is important to understand various situations when using worker's compensation statistics or comparing with other countries. We compared and analysed worker's compensation and social security systems of South Korea, Japan, Germany and US, and studied the correlation between socioeconomic status and worker's compensation statistics of OECD countries. Occupational injury rate of South Korea is not high compared to Japan, Germany or US, but fatal injury rate is significantly high. This is presumably related to under-reporting and the under-reporting is in relation with social and political situations of Korea. US shows very high ratio of musculoskeletal diseases including sprains and strains, while Germany shows lower ratio. This seems to be related with paid sick leave of each country. South Korea, Japan and Taiwan have almost identical approval criteria for cerebrovascular diseases, but approval rate is exceptionally high in South Korea. This is because of high application ratio due to the fact that the all cerebral haemorrhage cases during work were compensated as occupational diseases in South Korea in the past. For developing countries trying to benchmark other countries' worker's compensation system, should consider not only the workers' compensation system, but also other social security systems and the socioeconomic status.

### 44 THE QUALITY AND GOVERNANCE OF OCCUPATIONAL HEALTHCARE SERVICES IN SOUTH AFRICA: WHAT LESSONS FOR UNIVERSAL HEALTH COVERAGE?

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10.1136/oemed-2018-ICOHabstracts.38

**Introduction** The 2015 United Nations sustainable development goals have underscored the importance of universal health coverage (UHC), a healthy, well-educated workforce and compliance with international occupational health and safety standards. This paper draws on key findings of a doctoral research study to explore the [dis] connexions between quality, governance and models of occupational health service (OHS) delivery in South Africa. Within the context of UHC,

the paper will highlight key recommendations emerging from the study.

**Methods** The Human Research Ethics Committee provided ethics approval. The research used a combination of methods, which included a review of occupational health (OH) legislation and policy documents; in-depth interviews with 12 key informants; 11 focus group discussions in three South African provinces, and a web based survey of OHS practitioners. We used thematic content analysis to analyse the qualitative data and STATA to analyse the web based survey.

**Results** The study found diverse models of OHS delivery in South Africa, of varying quality, with an excessive focus on physical examinations to achieve legal compliance. Furthermore, OHS occupy a relatively low priority on the health reform agenda and are delivered in a fragmented and complex legislative framework. These quality and governance problems are exacerbated by a perceived lack of employer emphasis on OH, insufficient human and financial resources, and lack of specific quality of care standards for OH. The survey found that external assessment of OHS is associated with improved compliance with relevant legislation.

**Discussion** Improvement in the quality and governance of OHS delivery is essential to realise South Africa's quest for UHC. While the exact nature and form of external assessment needs to be determined, there is need for nationally agreed upon standards for the delivery of OHS, implemented through a cohesive structure which is cost effective, sustainable, and mandatory without marginalising small to medium service providers.

### 1772 PROMOTING A POSITIVE PSYCHOSOCIAL WORK ENVIRONMENT: INDIVIDUAL, ORGANISATIONAL AND SOCIETAL BENEFITS

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10.1136/oemed-2018-ICOHabstracts.39

The psychosocial work environment underpins every organization's operations and concerns psychological and social dimensions of the work environment relevant to aspects of work organization, design and management, and interpersonal relationships. Despite often viewing the psychosocial work environment as something new, the way we organise our work and how we work with others are issues that are as old as work itself. What has brought about an increased focus on the psychosocial work environment is the accumulating evidence on the negative outcomes of poor management in terms of potential harm to employee health, safety and well-being, poor organizational performance with associated negative societal impacts.

Efforts have been made over the past decades to promote a positive psychosocial work environment and mental health and well-being in the workplace. These include interventions both at the policy and at the organizational level. This presentation will consider the action framework so far implemented to address the psychosocial work environment across the world. It will discuss differences across countries and highlight priorities to be addressed. It will showcase successes and good practice examples.

Taking the overall state of the art in this area into consideration it will identify necessary actions both in relation to policy and practice for necessary progress to be achieved. These will specifically consider evolution in knowledge, technology, and society that has brought about inevitable changes in our working