

individuals with risk factors selected by stepwise logistic regression, followed by validation on another data with the same number.

**Results** The overall cumulative non-visit rates at 3, 6, 9, and 12 months were 91.4%, 88.2%, 86.2%, and 84.4%, respectively. The disease-specific rates at 12 months were 84.3% for HT, 67.9% for DM, and 86.1% for DL. Limiting the analysis to those with extremely high blood pressure (BP) (systolic BP  $\geq 160$  mmHg), blood glucose levels (HbA1c  $\geq 8.4\%$ ), or lipid levels (LDL-cholesterol levels  $\geq 160$  mg/dL) resulted in a slightly lower overall rate at 12 months (74.0%), with a relatively low rate for DM (51.9%). The prediction model, including factors such as age, working status, dietary habits, and the motivation of behavioural change showed modest discrimination ability for the pattern of visits to medical institutions (AUC=0.63), and well calibrated in validation data (Hosmer-Lemeshow  $p=0.38$ ).

**Conclusion** Our study demonstrated that over 80% of Japanese individuals with lifestyle-related diseases did not visit medical institutions for 1 year after health check-ups. The pattern of visits to medical institutions model may be used for precision health counselling guidance for occupational health providers, which is a promising strategy to encourage individuals with lifestyle-related diseases to prevent diseases exacerbations.

#### 1047 SCIENTIFIC INTEGRITY AND JOURNAL PUBLICATION PRACTICE IN OCCUPATIONAL HEALTH

Leslie London\*. *School of Public Health and Family Medicine, University of Cape Town, South Africa*

10.1136/oemed-2018-ICOHabstracts.440

**Introduction** Unbiased dissemination of research findings is essential to inform evidence-based policy in occupational health. For that reason, independence of journals from vested interests is essential for good publication practice. The Committee on Publication Ethics (COPE) produces guidelines aimed at protecting the integrity of scientific research publication. Widely publicised cases involving journal failure to address Conflict of Interest in occupational health suggest that adherence to COPE guidelines may be limited. This study reviewed the published guidelines of 34 selected journals publishing on occupational health for stated adherence to ethical guidelines.

**Methods** From the first 60 citations generated from a PubMed Search on occupational hazards of pesticides, 46 journals were identified. After exclusion of disciplinary journals (e.g. on paediatrics, orthopaedics), non-English language journals and national/regional journals, a sample of 34 journals was generated. On-line instructions for authors, journal information and publication policies for these journals were reviewed and compared to the COPE Guidelines for attention to (a) editorial independence; (b) definition of conflict of interest.

**Result** Of the 34 journals, 16 (47%) reported following COPE guidelines; Only 3 journals (9%) explicitly cited editorial independence on their platform. Most journals (85%) explicitly provide for Conflict of Interest (CoI) procedures but most of those (90%) defined CoI in financial terms only with just under half (48%) recognising other forms of CoI.

**Discussion** Publication practices across journals are highly variable. Editorial independence appears either to be assumed or

be of less importance to journals in the field, who concentrate their attention on financial conflict of interest declarations. Such practices may not be sufficient to maintain scientific integrity in the dissemination of research findings and in supporting evidence based occupational health policy.

#### 1116 MANAGEMENT SUPPORT FOR AN OCCUPATIONAL HEALTH AND SAFETY PROGRAMME – A MYTH OR REALITY?

Louwina Pretorius\*. *Corobrik Pty (Ltd), Edenvale, South Africa*

10.1136/oemed-2018-ICOHabstracts.441

**Introduction** The success of an occupational health and safety programme depends on many factors, most notably the support of managers at all three levels, executive (top), middle and operational management is required to ensure a healthy and safe workplace.

**Methods** A phenomenological, exploratory, descriptive and contextual approach was followed by means of individual, in-depth, unstructured interviews. Purposive sampling was used in the accessible population of Occupational health nurse practitioners of the Pretoria region (n=30) from 8 manufacturing settings and the inclusion criteria of the sample was occupational health nursing practitioners(OHNP's) with a post basic qualification, in occupational health nursing, and practicing as OHNP's for at least 3–5 years in a manufacturing environment.

**Results** The lived experiences of OHNPs on the support of managers in an occupational health and safety programme in the manufacturing environment are interwoven within an organisational environment displaying tension between employee safety and productivity as evidenced in the OHNP's relationship with the organisational environment, the OHNPs relationship with line management, head office and top management and finally the relationship with the self.

**Discussion** The findings suggest that the road to constructive support for the OHNP in an occupational health and safety programme runs through holistic support structures which are able to harmonise the nature of the external organisational context, availability of resources, relationship with line management in the role of the OHS and OHNP as well as their own legal liability in their lack of understanding of the related legislative requirements. The role of the management style in fostering or inhibiting support was highlighted as well as the propensity of the OHNP towards self- management.

#### 1144 CONTINUOUS QUALITY IMPROVEMENT (CQI) AS AN ALTERNATIVE TO STANDARD SETTING: THE DEMING CYCLE (PDCA) APPROACH TO ACHIEVING RISK REDUCTION

Tee Guidotti. *Occupational + Environmental Health and Safety, Washington, DC, USA*

10.1136/oemed-2018-ICOHabstracts.442

Current approaches to regulatory risk management based on standard-setting assume that the standard represents a permanent best practice and a level of risk that is appropriate for the level of protection required by the community at risk. However, new information, improved scientific methodology, and the identification of novel risks often require review and