

**Introduction** The field of ergonomics and the field of quality have a history as two separate disciplines. Both fields are relatively young and are largely of an applied nature. The dominating paradigms have undergone changes in recent years. On the other hand, Health and Safety has its own place, centred in the improvement of working conditions. At TAP PORTUGAL, these three domains are organised in such a way that the ergonomics interventions are embedded in the Occupational Health and Safety department, at UCS, the healthcare provider for all the TAP group companies. One of these companies is the maintenance unit, a MRO, TAP Maintenance and Engineering that plans each year, two Continuous Improvement Weeks and recently the ergonomist has been invited to collaborate.

**Methods** The ergonomist was invited to participate in three Continuous Improvement Weeks, part of a multidisciplinary team (4 elements) with workers and engineers. The projects were: 'Redesign of a Coffee Machines Test Bench'; 'Brake parts transportation cart' and 'Maintenance aircraft lighting'. The ergonomic analysis methodologies were applied as well as the tools of continuous improvement, requiring an effort of adaptation between the professional different points of view.

**Results** Both Quality and Ergonomics tools were applied and the teams produced recommendations regarding performance and health and safety concerns.

**Discussion** The introduction of an ergonomist in the team of continuous improvement improves the final result of the process since the importance of the human factor is determinant for the success of the projects. In order to participate in these teams the ergonomist needs to master the Quality analysis tools, to have the time to carry out the work activity analysis and to obtain information (especially KPI) of both ergonomics and health and safety domains.

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#### WORKING CONDITIONS IN GERMAN HOSPITALS- PREVENTION FOR YOUNG PHYSICIANS AND NURSING STAFF IN GERMANY

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**Background** The implementation of the Diagnose Related Groups-System in Germany has led to substantial work intensification over the years. Due to these structural changes a high dissatisfaction with work and early exit from work especially for nursing staff has been observed in studies. Also physicians working in hospitals complain about their working conditions characterised by not documented overtime, personnel shortage, missing breaks and a perceived lower care quality. With respect to these working conditions, the demographic development of patients and health care workers, young health care workers today are the future potential of the capacity of German hospitals. The following research investigates the working conditions of young physicians and nurses in a joint context. The aim of this study is to detect specific needs for improvement with respect to the collaboration of the two job groups.

**Methods** The statutory accident insurance of health care workers in Germany (BGW) has the statutory obligation to prevent work-related diseases. In collaboration with two unions and several medical and nursing societies the BGW is performing a large representative survey in September 2017. The study population are young physicians and nurses ( $\leq 35$  years) working in German hospitals. Access to the field will be attained by the different databases of the union and society members. A randomised sample of 8000 young health care workers will get access to the web-based survey via email. The questionnaire will assess different work-related aspects with the Copenhagen Psychosocial Questionnaire (COPSQ). Other psychosocial factors will be assessed with the Effort-Reward-Imbalance-Questionnaire (ERI). Especially aspects of collaboration of the two job groups and specific needs for improvement that are asked in the questionnaire, will give essential information to build up new strategies to enhance work satisfaction of young health care workers.

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#### DEVELOPMENT OF OCCUPATIONAL HEALTH SERVICES PRACTICES STANDARDS IN ACCREDITING PRIMARY CARE UNITS IN THAILAND

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**Introduction** A total of 9770 primary care units (PCUs) in Thailand have provided many health care services, such as the improvement of nutrition of young children, immunisation, investigations of communicable diseases and non-communicable diseases. Integration of occupational health services (OHS) in the PCUs is very important because high risk workers who work in the communities can access such services easily. Implementation strategy can start with quality control program that integrating with holistic healthcare delivered by PCUs therefore the OHS practices standards were developed to be a guideline for PCUs to carry out OHS interventions.

**Methods** The OHS practices standards were developed using Delphi technique. Thirty Delphi panellists from related agencies were asked to answer the 3 rounds of questionnaire. Consensuses were formed and the actual outcomes could be presented among the panellists' response. Such standards were summarised and figured. The criteria were developed following the items of such standards. Draft standards and criteria were used to evaluate the pilot PCUs and they were revised to be more clearly following the suggestion to suit the real situation.

**Results** Such standards were divided into four components including:

- organisational set up, human resources, plans, evaluation and occupational health network collaboration,
- OHS for health worker of PCUs,
- pro-active occupational health services for community workers,
- in-house occupational health services and
- integration of environmental health services.