DEVELOPMENT AND EVALUATION OF RETURN CALLS – A TOOL TO ENHANCE RETURN TO WORK FOR LONG-TERM ABSENTEEISM

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Introduction Since 2002, long-term absenteeism in Belgium has steadily increased each year. In 2016, 5.13% of the Belgian working population was on sickness absence for >1 month. In Belgium, sickness-absence benefits are paid by the employer in the first month and subsequently by social security. To increase the RTW chances among employees with long-term absenteeism, Mensura Occupational Health Services (OHS) developed return calls.

Methods Mensura OHS developed the following procedure:
- Companies with long-term absentee employees complete an online intake form for each employee on long-term absence (>1 month).
- A trained professional (nurse) from Mensura OHS calls the employees on long-term sickness absence and uses a telephone protocol to collect data on their sickness-absence reasons and desire to receive RTW support. Employees willing to receive support from Mensura OHS are referred to voluntary consultations with an occupational physician (OP).
- The OP evaluates the possibility of starting a reintegration program or further sickness absence.
- The employer receives individual and group reports (in accordance with confidentiality regulations and privacy-protection laws), including recommendations. Mensura OHS reviews the results and discusses possible solutions with the employer.

Results By the end of 2017, return calls will be evaluated by:
- Comparing the anticipated sick leave date with the actual return to work date
- Mapping the long-term evolution of absenteeism in companies

By the ICOH 2018 Congress, preliminary results will be available.

Discussion Return calls can establish a proactive, constructive approach to increase the chances of successful reintegration of employees on sick absence. The results may inform targeted strategic-policy advice to reduce and prevent long-term absenteeism in companies.

A private general hospital, two public health services, a public education unit and a large private food industry in the region of Ribeirão Preto. Traditional absenteeism indices (severity, frequency, average length of leave, frequency per individual and average license per person) are used according to age, length of service, occupational group, gender, former employees and employees of the same institution. And employees with concomitant links at two institutions.

Results The rates are higher at the extremes of age, in women, the unskilled occupational group among the dismissed employees and public entities.

Discussion The profile is similar to other studies indicating motivational influence mainly on comparing concomitant double bond of workers (higher absenteeism in the public service where there is stability guaranteed by law). The double work/home journey and greater concern about the state of health may be influencing the female sex. The occupational group presents an increase of the indices directly proportional to the decrease of the schooling and the responsibilities of the tasks. Real morbidity seems to influence the indexes of the oldest and youngest, and institutions have increased indexes since the second year of attachment (adaptation to the climate of absenteeism of each institution). The results demand a global managerial action discarding the isolated participation of the Service of Medicine of the work, usual practice in our country, in the control of the absenteeism by disease.

SICK ABSENCE IN THE SÃO PAULO REGION

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Introduction The literature reports that many of the causal factors related to sickness absenteeism are linked to working conditions and the absence from work often means by which the worker would escape a conflicting situation. Having this central question indexes is studied in Absenteeism of institutions in which the author practiced occupational medicine.

Methods Retrospective study of 6183 workers with absence periods of up to 15 days, during the years 1989 to 2004 of a private general hospital, two public health services, a public education unit and a large private food industry in the region of Ribeirão Preto. Traditional absenteeism indices (severity, frequency, average length of leave, frequency per individual and average license per person) are used according to age, length of service, occupational group, gender, former employees and employees of the same institution. And employees with concomitant links at two institutions.

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And the remaining four workshop could reach at 1.7044, 2.0238, 1.3152 and 1.2136 times respectively after adjusting each component according to the parameter. The adjusted data were put into the occupational input-output table and the prediction model was built.

Conclusion If the estimated annual output of a given year is known, after being converted to the total output value, the most suitable occupational health input and the largest occupational health output can be calculated.

1188 THE ASSOCIATION BETWEEN WORK-FAMILY SPILLOVER AND QUALITY OF SLEEP: A PROSPECTIVE STUDY OF JAPANESE WORKERS

Introduction Quality of Sleep has been linked to poor health. While work-family spillover is associated with health problems and impaired work performance of workers, previous findings were inconsistent on, the association between work-family spillover and sleep quality. No study was conducted in non-western countries. The objective of this study was to investigate the prospective association between work-family spillover and sleep quality among Japanese workers.

Methods The database used in the study was from a 2 year prospective cohort study. In the baseline survey (T1) in 2011, questionnaires were sent to 1356 workers living in two wards of Tokyo, and 753 (56%) responded, and 489 completed all scales and items used the study. A follow-up survey was conducted in 2013, with 224 (46%) respondents out of the 489 completers at T1; 176 completed all scales. The questionnaire (both T1 and T2) included self-reported instruments of work-family spillover and sleep quality among Japanese workers.

Results Among the 176 completers, 36% were men; the average age was 39 years old. Work to family negative spillover (β=0.19) significantly and positively correlated with sleep quality, after adjusting for the demographic variables (p=0.002). No significant association was observed between the other type of spillover (i.e. work to family positive, family to work positive or negative) and sleep quality. (p>0.05).

Conclusion This prospective study confirmed the association between work-family negative spillover and sleep quality in a sample of Japanese workers. Work to family negative spillover could be considered a target condition to improve sleep quality of workers.