323 INFLUENCING FACTORS OF LONG-TERM ABSENTEEISM: A CROSS-SECTIONAL STUDY AMONG BELGIAN EMPLOYEES

^{1,2}M Verbrughe*, ¹J Vandevelde, ¹T Deburghgraeve, ¹I Peeters, ¹M-N Schmickler, ³B Teuwen. ¹Mensura Occupational Health Services, Belgium; ²Department of Public Health, University of Ghent, Belgium; ³Certimed, Belgium

10.1136/oemed-2018-ICOHabstracts.502

Introduction The increase in long-term (>1 month) absenteeism is a major challenge for Belgian companies. Over the last 10 years, long-term absenteeism increased from 3.1% to 5.13%. Consequently, absenteeism has become a key element in the human resource management strategy of many organisations. The aim of this study was to assess factors influencing long-term absenteeism among employees.

Methods A questionnaire was developed by a team of experts in the field of occupational health, to assess factors influencing long-term absenteeism. The questionnaire comprised 28 items covering four main topics: employee characteristics (e.g., age), absenteeism (e.g., absenteeism rate, causes of absenteeism), work-related features (e.g., employment satisfaction, stressors, social support, job control), and lifestyle (e.g., smoking). Employees were invited to fill out the questionnaire online by their employee organisations in Belgium.

Results From January to March 2017, a total of 1913 employees (50.2% male, 49.8% female) filled out the questionnaire. The survey revealed that over the last year, about one out of five of the respondents had been on unscheduled sick leave for at least two weeks. Almost 10% of the respondents considered themselves at risk for sick-leave ≥ 1 month during the next year. Of these, 53% believed that physical reasons would be the cause for the absence, and 38% cited psychological reasons.

The following variables were found to be positively associated ($p < 0.05$) with long-term absenteeism: type of work (physical work), seniority at work, and low social support from family and friends. On the other hand, job satisfaction and a healthy lifestyle were found to be negatively associated ($p < 0.05$) with long-term absenteeism.

Discussion The results of this study present insights into factors associated with the risk of long-term absenteeism. They provide a starting point for actions both at an organisational and individual level targeted at reducing and preventing long-term absenteeism.

326 WHAT ARE THE MOST IMPORTANT QUESTIONS TO ANSWER? – EXPERIENCES IN PRIORITY SETTING IN COCHRANE WORK REVIEW GROUP

Jani Ruotsalainen*, Jos Verbeek. *Cochrane Work, Finnish Institute of Occupational Health, Kuopio, Finland*

10.1136/oemed-2018-ICOHabstracts.503

Introduction Conducting Cochrane reviews and updating them regularly requires a considerable investment from authors and the editorial base alike. It is therefore important to focus on those topics for which we think reviews are most important. Therefore, we wanted to prioritise the review titles that we have in our editorial process.

Methods In the spring of 2016, we asked our editorial board members to rank all 55 titles of Cochrane Work reviews

according to how important they think each title is. The editors could choose one of five response options for each title:

1. Highest priority (invest editorial resources in updating),
2. Quite important (encourage authors to update),
3. Good topic (do not actively seek update),
4. Not really that important (never update), and
5. Lowest priority (consider deregistering).

Responses were weighted so that option 1 got three points, 2 got two points, 3 got one point and 4 as well as 5 got zero points.

Result Fifteen Cochrane Work editors participated in this survey. Interestingly, the spread of votes was very even. The titles: 'Adaptation of shift work schedules for preventing and treating sleepiness and sleep disturbances caused by shift work' and 'Interventions to prevent injuries in construction workers' were ranked as the most important, both with a mean score of 2.27 (SD 3.08).

Discussion Priority setting for systematic review topics is complex. Cochrane Work review group editors judged prevalence, impact on patient/worker, impact on employer/society, costs, and relevance for their own jurisdiction to be important reasons to assign high priority. However, these factors varied across assessors leading to little variation in priorities.

348 HEALTH CHECKS AT THE WORKPLACE

Stefan Webendoerfer, Matthias Claus, Christoph Oberlinner. *BASF SE, Ludwigshafen, Germany*

10.1136/oemed-2018-ICOHabstracts.504

BASF SE in Ludwigshafen has approximately 36 000 employees who receive occupational medical support from the Corporate Health Management Department. As part of demography management health checks for early recognition of chronic diseases were introduced for all employees in 2011 in addition to obligatory occupational medical prevention. Regardless the risk potential at the workstation each employee has the opportunity to make use of a health check every three years. Depending on the diagnosis, a medical recommendation is given to visit an external consulting physician or to take part in health promoting activities offered within the company. A computerised invitation procedure similar to that used in cancer prevention makes sure that entitled employees use the health check regularly.

Methods The BASF health check includes an extensive laboratory test, various technical tests such as spirometry, ECG, audiometry and eye test. Work ability index, WAI, psychological stress, pre-existing conditions and the risk profile for diabetes (Find Risk questionnaire) and heart attacks (Procam score) are captured in a questionnaire. Module recommendations on the topics of 'nutrition and exercise', 'daily strain and strain caused by stress', 'musculoskeletal disorders' and 'smoking cessation' are given based on a stored algorithm. Furthermore, individual reports about the results are elaborated by the occupational health physicians. If severe conditions at an early stage are recognised, recommendations are given to visit a primary care physician.

Results From November 1, 2011 until December 31, 2014 18 140 employees made use of the offer of a health check (a participation rate of 45.3%). In accordance with the gender distribution within BASF 80.3% of the male employees and