Intervention Occupational health physicians (OHPs) and primary care physicians (PCPs) have many overlapping fields of work (e.g. general prevention, rehabilitation, return to work process). Yet, studies from several countries have revealed that cooperation between both specialist groups is often scarce. In order to describe barriers and optimisation possibilities, a mixed-method study was performed between 2009 and 2016 in Germany.

Methods First, based on a comprehensive literature review, three focus groups were interviewed (8 OHPs, 7 PCPs, and 8 physicians working in both fields) on their experiences and attitudes towards the cooperation of both professional groups, followed by a qualitative content analysis. In a second step, the categories derived from this qualitative method were operationalised for a standardised survey assessing the physicians’ statements quantitatively. Exploitable questionnaires were followed by a qualitative content analysis. In a second step, the structural validity of the questionnaire, mean scores of the dimensions initially described as categories and sub-categories in qualitative data analysis were constructed.

Results The interviews resulted in a broad spectrum of experiences and attitudes including prejudices as well as possibilities for cooperation of occupational health and primary care physicians. The analysis of single items quantification and pointed out significant but rather small differences between both groups. Within the entire sample, critical views, both groups matched with regard to occasions for cooperation. However, the need for cooperation was judged higher by the OHPs than the PCPs.

Discussion Whereas the qualitative study was valuable to gain a broad spectrum of experiences and attitudes, a sound description was available by the quantitative assessment revealing the improvement potential at this important interface.

REFERENCES

INTRODUCTION
As chronic disease rates are becoming more prevalent, demand for more effective healthcare programs in workplace settings are on the increase. At the same time, workers’ health examination, followed by post-examination care, is an obligation for all employers in South Korea. Thus, we evaluated the procedures of operating a comprehensive workplace healthcare program in a single manufacturing company, as well as its effect on improving cerebro-cardiovascular disease (CCVD) risk among participant workers.

Methods Employees of a single, large-scale manufacturing company with ‘D2’ (having non-occupational disease) findings by health examination in relation to CCVD risk enrolled in Workers’ Healthcare Program (WHP) and chose to participate in Health Promotion Courses (HPC), a combination of series of lifestyle intervention. After three months of WHP with or without HPC, participants underwent re-examination, and changes in health status at enrolment and at re-examination were investigated.

Results Between January 2015 to May 2017, ‘D2’ employees with high CCVD risk who chose to enrol in WHP also underwent re-examination, from which the majority (71%) also participated in the HPC. Improvement of CCVD risk indices such as blood pressure, body mass index, cholesterol and fasting glucose levels were more noticeable in HPC participants compared to non-participants, and especially in subjects who actively participated in the HPC programs.

Conclusion Operating an active, autonomous healthcare program in workplace settings showed improvement or control of CCVD risks among the participants, and participating in a comprehensive lifestyle intervention showed further contribution to effective disease prevention.
Abstracts

526  **ADVERSE EFFECTS OF SMOKING; QUITTING TOBACCO**
Anastázia Honos*, Dőhonos és Társa Br, Székesfehérvár, Hungary

Methods We used the Delphi method to evaluate which data is considered relevant for information exchange in workplace surveys and how it should be documented in the information systems. Altogether thirty-seven OH physicans, OH nurses, OH physiotherapists and OH psychologists participated in the three rounds of the survey. The response rates were 76%, 73% and 73%, respectively. The data was analysed with the content analysis.

**Result** The most relevant data for information exchange between OHs and workplace in the workplace surveys were work-related health and safety risks, work load and recovery factors, recommendations for further actions and the information about the work environment, staff, professional titles and changes in the workplace.

Discussion OHS professionals use regularly information systems for documenting workplace survey data. The way the data is stored and made available in the information systems do not support enough planning and monitoring of the OHS activities and collaboration with the workplace. In order to improve the situation, better understanding of what is the relevant data for information exchange and the way the data should be structured, is needed.

529  **SHARED DECISION MAKING IN A PREVENTIVE CONSULTATION ON PREGNANCY AND WORK, AN EXPERIMENTAL VIGNETTE STUDY AMONG OCCUPATIONAL PHYSICIANS**
Carel T Hulshof*, Karen Nieuwenhuijsen, Judith K Sluiter, Academic Medical Centre, Public Health research institute, The Netherlands

Discussion In Occupational Health (OH), the application of shared decision making (SDM) is not very well developed. As high level evidence on effectiveness of many OH interventions is scarce and often different options for OH interventions are available, preference-sensitive decisions in OH are prevalent. We studied a theoretical preference-sensitive decision in a preventive consultation by an occupational physician (OP): prevention of preterm birth in nurses exposed to physically demanding work during pregnancy. The aim was to investigate whether a more closed recommendation in one guideline (‘if a work-related risk factor exists, action should be taken’) versus a more open formulated recommendation (‘no mandatory intervention but if distress is experienced, the worker should be advised to discuss it with her employer’) in another guideline on pregnancy and work lead to differences in attitude of the OP to SDM in this case, in risk perception by the OP, and in self-efficacy to deliberate with the worker about this topic.

536  **DATA IN THE WORKPLACE SURVEYS OF OCCUPATIONAL HEALTH SERVICES**
Sari Nissinen*, Timo Leino, Finnish Institute of Occupational Health, Helsinki, Finland

Discussion In Occupational Health (OH), the application of shared decision making (SDM) is not very well developed. As high level evidence on effectiveness of many OH interventions is scarce and often different options for OH interventions are available, preference-sensitive decisions in OH are prevalent. We studied a theoretical preference-sensitive decision in a preventive consultation by an occupational physician (OP): prevention of preterm birth in nurses exposed to physically demanding work during pregnancy. The aim was to investigate whether a more closed recommendation in one guideline (‘if a work-related risk factor exists, action should be taken’) versus a more open formulated recommendation (‘no mandatory intervention but if distress is experienced, the worker should be advised to discuss it with her employer’) in another guideline on pregnancy and work lead to differences in attitude of the OP to SDM in this case, in risk perception by the OP, and in self-efficacy to deliberate with the worker about this topic.

526  **ADVERSE EFFECTS OF SMOKING; QUITTING TOBACCO**
Anastázia Honos*, Dőhonos és Társa Br, Székesfehérvár, Hungary

Methods I applied both the ,,behavioural support area'' and the ,,pharmacotherapy method'' at smokers. One of the most important things is one counselling can help a lot.

Results A 4 × 3 months period of therapy is being applied.

Discussion The methods: No thought of quitting; Consider quitting; Get ready to quit; Quit; Maintain tobacco-free status; Slip and try again.

Conclusion As a preliminary experience of mine: this therapy is not easy.

Understanding is not enough. Personal stories and one-to-one counselling can help a lot.

536  **DATA IN THE WORKPLACE SURVEYS OF OCCUPATIONAL HEALTH SERVICES**
Sari Nissinen*, Timo Leino, Finnish Institute of Occupational Health, Helsinki, Finland

Discussion The purpose of workplace surveys is to investigate the hazards, exposures and strains of the work environment and evaluate their impact on employees’ health and safety. In addition, occupational health service (OHS) propose actions to improve health and safety at work. The Occupational Health Act (1383/2001) sets the framework for systematic and target-oriented cooperation between OHS, employers and employees. An essential component in cooperation is the exchange of relevant data.