411

COOPERATION OF OCCUPATIONAL HEALTH AND PRIMARY CARE PHYSICIANS IN GERMANY – INSIGHTS FROM A MIXED-METHODS STUDY

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Introduction 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.^{1,2} 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 returned by 473 OPs (response rate 48%) and 585 PCPs (31%). Based on an exploratory factor analysis (EFA) assessing 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 optimisation of cooperation. The analysis of single items of the standardised survey in a subsample allowed for the quantification and pointed out significant but rather small differences between both groups.³ Within the entire sample, conclusive results could be described by comparative analysis of mean scores derived from the EFA. Generally, despite some 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.

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479

MANAGING CEREBRO-CARDIOVASCULAR DISEASE IN WORKPLACE SETTINGS: COMPREHENSIVE HEALTHCARE PROGRAM IN A LARGE-SCALE MANUFACTURING COMPANY

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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 attribution to effective disease prevention.

490

TB TREATMENT OUTCOMES IN MINE HEALTH FACILITIES SOUTH AFRICA 2015 -2018: PRELIMINARY FINDINGS

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Introduction The mining industry in South Africa is home to mine workers, a key population in the fight against human immunodeficiency virus (HIV) and tuberculosis (TB). Following the UNAIDS inspired and bold HIV strategy of '90–90–90', the South African Ministry of Health announced its plans to emulate a similar HIV and TB strategy for the period 2015 – 2018. In support of this HIV and TB strategy the South African mining industry has pledged to implement and set a similar ambitious HIV and TB strategy of '90–90–09' for itself. This report aims to evaluate and report the preliminary TB treatment outcomes in health facilities of the South African mining industry.

Methods A retrospective cohort study conducted on mine health facilities with access to the electronic TB register (ETR. Net); and all reported TB cases from the 2015 cohort (1 January 2015 – 31 December 2015). The analysis was done on Microsoft excel and basic descriptive proportions were calculated. The proportions were determined following the definitions provided by the World Health Organisation (WHO) for all TB treatment outcomes.

Results The ETR. Net had 912 TB patients registered for the 2015 cohort in the pilot health facilities. Eight hundred and

fifty seven (94%) patients knew their HIV status and a 617 (68%) were HIV positive. The TB treatment outcomes showed that 86% were successfully treated, 79 (8.6%) not evaluated and 44 (4.4%) died.

Conclusion Mine health facilities have TB Control programme performs well but an opportunity for strengthening exists.

526 ADVERSE EFFECTS OF SMOKING; QUITTING TOBACCO

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Introduction Tobacco use is the leading preventable cause of death in the world. Smoking is a real cardio-vascular risk-factor. Risk of death from coronary heart disease is much higher at smokers. One of the most important things is understanding.

I set up a 100 patients sample being more and less „heavy smokers’ from the region of Székesfehérvár and the nearby areas.

Methods I applied both the „behavioural support’ (advice, tobacco withdrawal, etc.) and pharmacotherapy (nicotine replacement therapy, bupropion, varenicline, etc.).

In both cases I followed the Prohaska’s stages of change-theory: No thought of quitting; Consider quitting; Get ready to quit; Quit; Maintain tobacco-free status; Slip and try again. **Results** A 4 × 3 months period of therapy is being applied. For the time being I’m in the second quarter of my experimental help and support method.

Only a few patients succeeded to stop smoking (less than 10%) during the first 3 months.

They are now in the „Maintain tobacco-free status’ stage.

Afer the summer holidays the treatment will be continued.

Hopefully by the beginning of the Dublin-congress I can update this section of my presentation.

Conclusions Obviously I can draw the final conclusions at the beginning of the next year (March-April, 2018.). My presentation will comprise all these conclusions and the updated results, as well.

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

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Introduction 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.

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 physicians, 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.

539 SHARED DECISION MAKING IN A PREVENTIVE CONSULTATION ON PREGNANCY AND WORK, AN EXPERIMENTAL VIGNETTE STUDY AMONG OCCUPATIONAL PHYSICIANS

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Introduction 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.

Methods OPs working in the health care sector were invited to participate in an online survey. We constructed vignettes about a voluntary preventive consultation by a nurse with her OP with two different recommendations on exposure to heavy physical work during pregnancy and two different case scenarios. The main issue for this consultation is if the nurse can continue her work during pregnancy in a regular way or that she should be advised to reduce or adapt her tasks. Within-subject differences in attitudes, perception and self-efficacy,