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THE DEVELOPMENT OF OCCUPATIONAL HEALTH SERVICE STANDARDS FOR THE IRISH PUBLIC HEALTH SERVICE

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Introduction Participants on the Health Service Executive (HSE) Leadership Development Programme were invited to join the HSE Workplace Health and Wellbeing Unit (WHWU) Standards Project Group. The aim was to assist in the development of a framework for the standardisation of Occupational Health (OH) service standards for the Irish public health service.

Methods The WHWU followed a practice development approach using collaboration, engagement and a bottom up and top down approach. The Standards Project Group commenced with a review of existing international OH standards. The Health Information and Quality Authority (HIQA) National Standards for Safer Better Healthcare were identified as the most suitable model to base these standards. A workshop was held with HIQA to discuss the best approach to developing the standards.

Membership of the group included representatives from Health and Safety, Staff Health and Wellbeing and OH services nationwide. The objectives of the group were to develop:

- OH specific themes within the framework
- Guides for managers and workers
- Quality Assessment and Improvement Workbooks (Self-Assessment)

Adhering to the HIQA Quality Assurance Framework (2016), the group was supported by an Expert Advisory Group made up of key internal and external stakeholders.

Result

- Interprofessional, intersectoral, integrated working –A project group representing a wide range of OH professionals and professionals from the wider Workplace Health and Wellbeing community was paramount to ensure shared experiences and learning.
- Use of Available Resources – International OH standards, HIQA Quality Assurance Framework, HIQA National Standards for Safer Better Healthcare, HSE Quality Assessment+Improvement workbooks, HR service user panel.
- Key Leadership Traits – Adaptability and flexibility were essential for open, effective feedback and strategy change.
- Collaboration of leadership styles and participation of high interest, high powered stakeholders was needed to ensure project success.

Conclusion The OH standards for the Irish public health service were launched at the Workplace Health and Wellbeing Unit Inaugural Conference on the 19th May 2017.

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TIME FROM ONSET OF SICKNESS ABSENCE TO MANAGEMENT REFERRAL FOR OCCUPATIONAL HEALTH ASSESSMENT IN A HEALTHCARE SETTING

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Introduction In ¹2016, workers in the healthcare sector were among the groups of workers in the UK labour force who experienced the highest rates of sickness absence. Occupational health (OH) ²management is advisable to facilitate workers remaining at work or returning to work (RTW) as rapidly as possible, addressing any occupational issues that may prevent RTW.

Methods An audit of all new referrals to the OH Physician in relation to sickness absence was undertaken during December 2016. The length of time from the onset of sickness absence to the date of management referral was noted.

Result Thirty-two cases referred by management/HR to the OH Physician were available for audit during the first two weeks of December 2016 in an NHS Trust (n=9000 employees). The referral time period from 'date of absence – date of management referral' ranged from 5 days to 3 years.

Discussion This study identifies a key factor which is important in preventing RTW for employees whose chief health conditions reflect contemporaneous ONS information, with resultant impact on the (in)direct costs of sickness absence in the healthcare sector. This audit identifies that managers vary in their referral practice and information provided. For the employer, this provides a source of feedback for managers to support ³quality improvement initiatives. Previously ^{4,5}studies, have identified factors affecting RTW may be wide-ranging. This may have implications in relation to appropriate vocational rehabilitation or further health-related support. However further research is required to describe the factors which delay RTW in this sector, including training for management (and HR), sharing best practice when it is apparent.

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ORGANISATIONAL APPROACH TO OCCUPATIONAL HEALTH AND WELLBEING IN A NATIONAL REHABILITATION HOSPITAL

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Introduction Working in a rehabilitation facility is a demanding job, physically, psychologically and emotionally. The leadership of the National Rehabilitation Hospital

(NRH) has taken an exemplary role in addressing these risks by creating a positive working environment group to support an organisational approach to occupational health and wellbeing under the domains of, physical, psychological, environmental and social wellbeing.

Methods Several initiatives have been offered to staff under various domains. Physical Wellbeing- health screening programmes, vaccination programmes, healthy eating and weight loss programmes, physical activity programmes, smoking cessation programmes, absence management programmes. Psychological wellbeing offers staff occupational health advice and support, employee assistance programme, annual staff surveys and focus groups, staff coaching, annual staff recognition day, flexible working patterns, multiple leave options, financial advice and in house saving options. Social wellbeing encourages social gatherings and supports staff to deal with interpersonal difficulties through, dignity at work training and conflict coaching. Intellectual wellbeing in NRH facilitates on going education through in-house training such as mandatory and organisational trainings, grand rounds and peer reviews, full

or part funding is made available to staff for further studies and conference attendance and staff recognition days. Environmental wellbeing is co-ordinated by the quality, safety and risk department and managed through an extensive organisation wide risk register supported by the quality, safety and risk committee, hygiene and infection prevention and control committee and radiation safety committee.

Result Since the formation of the Positive Working Environment Group, staff engagement in staff survey has increased from 41% in 2012 to 63% in 2016. Staff absence has decreased and staff report feeling more supported by management and peers.

Discussion By creating a co-ordinated organisation wide approach to health and wellbeing NRH has improved the working environment for staff and clients.

1338 ADDRESSING PSYCHOSOCIAL RISK FACTOR IN THE HEALTHCARE SECTOR: THE UPDATE OF INAIL METHODOLOGY WITH NEW ASSESSMENT TOOLS

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Introduction Psychosocial Risk Factors was been a long-standing concerns of the healthcare sector. Several studies have shown that healthcare professionals are at an increased risk of work-related stress compared with other professionals. In Italy, according to the INSULA Survey findings, the healthcare sector was ranked first in terms of exposure to work-related stress risk. Therefore, specific approaches are needed to implement the assessment and management of psychosocial risk factors in this area.

Methods Starting from an existing methodology for the assessment and management of work related stress risk, that include a checklist (consisting of organisational indicators and work content and context factor) and a validated questionnaire (for the analysis of employees' perceptions related to seven organisational risk factors), we have identified specific topics for the health sector. Specifically, a detailed literature review has been carried out, followed by two focus groups with OSH professionals and experts of health sector, in order to identify what specific topics should be included. Subsequently, new tools were tested, involving 4 hospitals (more than 3000 workers).

Results Regarding the checklist, we have added: seven organisational indicators (eg. patients aggressions, precarious workers, ward mortality ratio) and seven work content and context factors (eg. shift work, organisational changes, procedures for managing conflicts). Among the additional scales of the questionnaire, those that reported better correlations with the pre-existing ones are: work-family conflict, emotional burden, poor team integration, and defensive attitude. Additionally, four outcome variables were added: work satisfaction, turnover Intentions, emotional exhaustion and relational burnout.

Discussion Within the framework of a research project funded by the Italian Ministry of Health, the Inail methodology has been integrated with new tools in order to provide a customised path for the healthcare sector. This proposal will be made available through an online platform for data collection and analysis.

895 KNOWLEDGE OF AND ATTITUDES TO OCCUPATIONAL HEALTH FOR HEALTHCARE WORKERS AMONG THAI PHYSICIANS

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Objective This study was conducted to determine the current situation regarding the level of knowledge and attitudes towards occupational health(OH) for healthcare workers (HCWs) and related factors among Thai physicians.

Methods A cross-sectional study was conducted from 2016 to 2017 on physicians who were attending a short course on occupational medicine in Thailand. The data was collected before they studied the topic of OH for HCWs. The self-administered questionnaire was used as a tool to evaluate their knowledge about and attitudes regarding OH for HCWs, accompanying a collection of demographic data and a set of OH for HCWs questions. The test included 16 closed questions including the following 4 aspects, as follows:

1. scope and responsibility of OH for HCWs;
2. OH standard and legislation;
3. occupational hazards in hospitals and
4. prevention and control.

The score for correct questions was 1 and the total score was 16. The data was presented in the form of numbers, percentages, mean and standard deviation. All of the variables were categorised into 2 groups and analysed the association by Chi-square or Fisher's exact test.

Results The response rate was 91.12% (154 physicians). The overall mean score was 13.23±1.54 (95% CI: 12.99 to 13.48). The highest to lowest mean score of each aspect were as follows: prevention and control, standards and legislation, occupational hazards, scope and responsibility, respectively. The top five low proportions of knowledge and attitude were the responsibility of OH for HCWs, violence in hospitals, ergonomic problems, OH for HCWs were related to patient safety, the perception of hazards in hospitals, respectively. The statistical significance factors related to corrected OH for HCWs questions, which were as follows: the administrative work was related to the attitude of OH for HCWs in patient safety issues as same as their attitude to this issue about hospital accreditation.

Conclusion Most Thai physicians had good knowledge of and a positive attitude towards OH for HCWs. However, there are still some issues, such as OH duties for HCWs, working condition, the risks found in hospitals, and patient safety or hospital accreditation issues related to OH for HCWs needed more emphasis in occupational medicine training among Thai physicians, particularly physicians who work in administrative settings.

555 PROFILE AND BURDEN CHRONIC DISEASE PATIENTS' CAREGIVERS FOLLOWED BY A HOMECARE SERVICE IN BRAZIL – A CROSS-SECTIONAL STUDY

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Introduction Caregiver burden is a discomposure (physical, psychological, social, or financial) in dealing with person's