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 HOME CARE 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