Introduction The world’s population is ageing. This creates a need to work for longer, both for income and to provide an adequate labour force. For those employed in predominantly physically demanding jobs this means they are prolonging their exposure to risk factors known to increase the likelihood of a musculoskeletal injury when their work capacity may be declining. The work ability of older workers has been most frequently assessed using the Work Ability Index (WAI). Several studies have reported significant associations between low WAI scores and sickness absence and early retirement. Relatively fewer studies have examined associations between WAI scores and specific workplace risk factors. The purpose of this study was to investigate the association between a range of workplace risk factors and the WAI scores in a cohort of workers employed in physically demanding jobs.

Methods A cross-sectional survey of workers employed in physically demanding roles within a local government council was undertaken. The survey instruments included questions on demographic and employment characteristics, physical and psychosocial risk factors, pain and discomfort, and the Work Ability Index.

Result The survey was completed by 155/245 of eligible workers – a 63% response rate. Respondents had a mean age of 44 years. They were predominantly male (86%) with an average length of employment of 12 years. Bivariate regression analyses were undertaken to examine the relationship between WAI scores and age, pain/discomfort, levels of stress, irritation, job satisfaction, work-life balance, and 49 other work environment risk factors. Significant associations with WAI scores were seen for age, pain/discomfort and physical and psychosocial risk factors. The WAI score was reduced by more than 2.5 points for those who reported higher levels of exposure to a range of physical and psychosocial risk factors compared with those who reported lower levels of exposure.

Discussion It was found that the WAI provided a useful means to identify a range of workplace risk factors which, if addressed, could inform the development of interventions to maintain a healthy, older workforce. It is proposed that tailoring interventions using this approach should enhance their effectiveness.

### 1617a PERMANENT NIGHT WORK, AGE AND SICKNESS ABSENCE

**1Clas-Håkan Nygård*, 2Frida Marina Fischer. 3Faculty of Social Sciences, Health Sciences, University of Tampere, Tampere, Finland, 4School of Public Health, University of São Paulo, São Paulo, Brazil**

10.1136/oemed-2018-ICOHabstracts.99

Introduction Night shift work is associated with adverse health effects. Yet, some persons prefer working permanent night shifts and it is speculated that they tolerate night work better than others. The aim of is to study associations between permanent night work, age and sickness absence. Due to self-selection out of night work over time by those who experience negative effects of night work, we hypothesised that older workers with permanent night work are ‘healthy workers’ with less sickness absence compared to other groups.

Methods Information on working hours, age (20–34 years, 35–49 years and >50 years) and sickness absence was obtained from the Danish Working Hour Database, which contains daily information on starting and ending time of working hours based on payroll data for all employees at Danish public hospitals (2008–2015). For each year with >50 workdays, individual schedules were classified as permanent day, evening or night (>88% of work days with night work), 2-shift (day/evening, day/night or evening/day) or 3-shift (day/ evening/night). We applied linear regression with individual as random intercept (participants served as their own controls) for employees (n=5774) with at least one year of permanent night work.

Results Employees aged >50 years had 25.6 sickness days/year when working permanent night, which is more than in all other schedules. In comparison, employees had 9.0 (sd=1.0) fewer days when working permanent day, 7.3 (sd=2.4) for permanent evening, 6.3 (sd=0.9) for day/evening, 3.2 (sd=0.6) for day/night, 5.3 (sd=1.0) for evening/night, and 5.5 (sd=0.7) for day/evening/night. There was no interaction effect between schedule and age.

Discussion Employees had more sickness absence when working permanent night work compared to any other schedule. The association was not modified by age and did therefore not indicate that older employees with permanent night work tolerate night work better than others.

### 1617b PSYCHOSOCIAL AND HEALTH IMPLICATIONS OF AROUND THE CLOCK OPERATIONS FOR CORRECTIONS OFFICERS

**1JL Barnes-Farrell, 2D Tubbi, 3A Dugan, 4S Namazi, 5M Cherniack. 1University of Connecticut, Storrs, CT, USA; 2University of Connecticut Health Centre, Farmington, CT, USA**

10.1136/oemed-2018-ICOHabstracts.101

Introduction Corrections officers in state and federal prisons are faced with physical and psychosocial work demands that create challenges for maintaining high levels of workability, health and personal well-being. Furthermore, features of
correctional work design, including around-the-clock operations and routine pressure to participate in overtime work may have additional consequences for health and retention of an ageing correctional workforce. In this study, we examined the implications of shift work and extended work hours for officers’ ability to maintain workability, health, and well-being in the face of stressful work demands, with attention focused on officer age (chronological age and psychological age) as a risk variable for increased negative outcomes.

**Methods** As part of a Total Worker Health intervention study, corrections officers at a state correctional system in the northeastern USA participated in Wave 1 (n=335) or Wave 2 (n=260) of a survey that assessed physical and psychosocial work demands, work schedules, and several aspects of personal health and well-being. ANCOVA and moderated multiple regression analyses were used to examine the interactive effects of work schedule and age on relationships between work demands and worker health and well-being. An additional data collection in the same correctional system has recently been completed and will form the basis for follow-up analyses.

**Results** Initial findings indicate that corrections officers in this sample are at risk of several negative physical and mental health outcomes (e.g., obesity, depressive symptoms, burnout). Psychosocial features of corrections work, including work schedules, interacted with correctional officer age, with stronger negative consequences for several aspects of personal health and well-being among chronologically and psychologically older officers.

**Conclusion** In the face of an ageing corrections workforce, our findings suggest that particular attention should be paid to interventions that mitigate the impact of nightwork and overtime on the health and well-being of older officers.

---

**1617d SHIFTWORK AND METABOLIC HEALTH RISKS – WHAT DOES THE LITERATURE CONCLUDE?**

1. Karim I. Proper, 2Daniëlle van de Langenberg, 3Wendy Rodenburg, 4Roel CH Vemeulen, 5Allard J van der Beek, 1Harry van Steeg, 1Linda WM van Kerkhof. 1National Institute for Public Health and the Environment, Bilthoven, The Netherlands; 2Institute for Risk Assessment Sciences, Utrecht University, The Netherlands; 3Department of Public and Occupational Health, VU University Medical Centre, Amsterdam, The Netherlands.

**Introduction**

Although the metabolic health effects of shift work have been extensively studied, a systematic synthesis of the available research is lacking. This review aimed to systematically summarise the available evidence of longitudinal studies linking shift work with metabolic risk factors.

**Methods** A systematic literature search was performed. Studies were included if (1) they had a longitudinal design; (2) shift work was studied as the exposure; and (3) the outcome involved a metabolic risk factor, including anthropometric, blood glucose, blood lipid, or blood pressure measures. Eligible studies were assessed for their methodologic quality. A best evidence synthesis consisting of three levels of evidence was used to draw conclusions per outcome: strong, moderate or insufficient evidence.

**Results** Thirty-nine articles describing 22 studies were included. Strong evidence was found for a relation between shift work and increased body weight/BMI, risk for overweight, and impaired glucose tolerance. For the remaining outcomes (waist circumference, blood lipids, and blood pressure), there was insufficient evidence.

**Discussion** Shift work seems to be associated with body weight gain, risk for overweight, and impaired glucose tolerance. Overall, lack of high-methodologic quality studies and inconsistency in findings led to insufficient evidence in assessing the relation between shift work and other metabolic risk factors. To strengthen the evidence, more high-quality longitudinal studies that provide more information on the shift work