Methods Cross-sectional data from The Irish Longitudinal Study on Ageing (TILDA), a population-based study of 8175 people aged ≥50 years was analysed. Those in employment were grouped according to the occupational social classification, an internationally recognised categorisation widely used to analyse social and health variations. Statistical analyses were performed using SPSS (V22.0, SPSS Inc, IL). Tests for main effects were conducted using an ordinal logistic regression using a generalised linear model. The relationship between self-rated health and social class was examined with age, gender, educational status, medical history and multiple lifestyle factors (body mass index (BMI), smoking, alcohol consumption, physical activity) as the independent variables.

Results 30% (2440/8175) of the TILDA cohort were in employment at the time of the study and therefore included in the analyses. There was a statistically significant association between self-rated health and occupational social class after adjusting for independent variables as described above (p-value 0.014).

Conclusion There is a strong cross-sectional association between self-rated health and occupational social class in those at work over 50 years of age in Ireland. This association is preserved after adjusting for gender, age, past medical history, lifestyle behaviours and educational status. Further research is required to establish if this association persists among retirees. This study confirms the need to tailor health promotion and well-being programs to the different occupational social groups to maximise potential health benefits and to preserve employment among older workers.

1328 ATTITUDES TOWARDS WORKING CONDITIONS: ARE EUROPEAN UNION WORKERS SATISFIED WITH THEIR WORKING HOURS AND WORK-LIFE BALANCE?

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Introduction Neoliberal economic globalisation has changed the definition of standard employment and this could be affecting work-life balance. The objective of this study is to describe the satisfaction with working hours and satisfaction with work-life balance and their association in the European Union (EU-28).

Methods This is a cross-sectional study based on data from the Flash Eurobarometer 398 among workers of the EU-28 from 2014 (n=13,683). We calculated percentages and their confidence intervals (95%). We also fit a multi-level generalised linear model (GLM) using the Poisson family, in order to calculate the adjusted prevalence ratios (aPR) of satisfaction with work-life balance based on working hours. All analyses were stratified for individual, employment and welfare regime country classification.

Results Satisfaction with working hours and work-life balance was 80.62% and 74.48%, respectively, and was significantly higher among women. The highest percentages of satisfaction were found in Nordic welfare regime countries (90.2% and 85.3%, respectively). There was a statistically significant association between satisfaction with working hours and work-life balance (aPR=2.63, 95% CI: 2.28 to 3.04), and the magnitude of the association differed by individual and employment characteristics and welfare regime country classification. The main reasons declared for dissatisfaction were ‘excessive working hours’ (48.7%), ‘shift work’ (27.9%), and ‘inability to influence the work schedule’ (28.3%). Differences were observed according to sex and type of welfare regime.

Conclusion European Union workers are highly satisfied with their working hours and work-life balance, and there is a strong association between satisfaction with work-life balance and working hours. There are still differences between sexes and welfare regimes. The Nordic model of social policies should be considered to improve satisfaction with work-life balance in the rest of the EU-28.
Abstracts

Introduction The aim of the present study was to evaluate the association between chronotype and age in day and rotating shift workers.

Methods The present cross-sectional study was carried out between October 2012 and February 2015 in a large German chemical company. Employees participating in a regular voluntary occupational health check-up were requested to complete a written questionnaire, which included items on sleeping behaviour extracted from the Munich Chronotype Questionnaire. Inclusion criteria comprised a fully completed questionnaire, not having used an alarm clock on free days, and being employed either as a day or rotating shift worker. Senior executive managers, trainees and interns were excluded. We used univariable and multivariable linear regression analyses to assess the association between age and chronotype (in minutes) in the whole sample and stratified by shift status.

Result Altogether 10,348 persons completed the questionnaire, of which 4040 (39.0%) met the inclusion criteria. Participants were on average 41.8 years old (SD: 10.2), mainly male (75.4%) and engaged in day work (82.3%). Mean chronotype was 03:23 (SD: 54 min.) in the total sample, 03:16 (SD: 55 min.) in day and 03:57 (SD: 35 min.) in rotating shift workers. With increasing age, chronotype declined from 04:00 (±29 years) to 03:08 (≥50 years) in the whole sample, and from 03:54 to 02:59 in day and 04:25 to 03:45 in rotating shift workers. Univariable and multivariable linear regression analyses correspondingly showed a significant decline of chronotype with age in both, day and rotating shift workers.

Discussion While day workers could benefit from a chronotype decrease, rotating shift workers could build up an intolerance regarding night work with increasing age. Shift workers might benefit from specific targeted prevention programs including sleep hygiene trainings.

Results significant decrease in sitting time was the experimental group. The reduction in sitting time was of the subjects attributed the reduction in sitting time to the use of sit-stand tables, of the desk bikes and sit-stand supports was. Half of the subjects revealed that these devices were no important contributors to reduced sitting.

Conclusion A decreased sitting time in the intervention group, subjectively mainly attributed to the use of six important factors this further.

FREE OF CHOICE OPTIONS TO REDUCE SITTING: DOES IT WORK?

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Introduction Increased cardiovascular diseases, obesity and diabetes are sedentary lifestyle. To tackle this problem, strategies to reduce sitting such as sit-stand tables, very low quality of evidence for the interventions. This study impact of an intervention reduc sitting.

Methods An RCT-study was conducted in the office environment of a pharmaceutical company.: presentation of importance of good ergonomics/movement at the office and a check of the ergonomic set-up of the workstation. The experimental group (19) could use sit-stand tables, desk bikes and sit-stand chairs for 4 weeks. ISO a weekly motivation email was sent.

Conclusion The average worker in industrialised countries is ageing. The baby boomer generation (born 1946–1965) is gradually reaching retirement age. In Canada, the share of workers in the age 55+age group is expected to attain 24% in 2031. There is also a shortage of young workers to replace retirees. Although data suggest that at least one in five older workers suffers from chronic musculoskeletal pain, most will...