

motivation; work, work community and leadership. Evidence shows that health, functional capacities and work (community) affect work-ability the most. Work-ability and both latter factors were therefore assessed in a large sample of employees and compared between younger and older workers.

Methods A cross-sectional study was performed in 100 Belgian companies. The online questionnaire 'Wellfie' was used, which is based on the 'house of work-ability'. The tool consists of validated scales assessing work-ability using four questions of the work-ability index (Range: 1: very bad to 5: very good), lifestyle (diseases) and physical burden. Descriptive statistics were performed using frequencies and equality of proportions was analysed using Chi-square.

Result 3887 participants completed Wellfie (i.e. 67% female, 33% male; 60% age <45, 40% age ≥45). Their current work-ability was similar (Mean: 3.90), yet the predicted work-ability in the upcoming two years was significantly lower in the upper age group (Mean: 4.10 versus 3.95; $p < 0.05$). Employees of 45 years or more reported more musculoskeletal disorders affecting their work (27.7% versus 16.7%), episodes of burnout or depression (17.5% versus 13%; $p < 0.05$) and lifestyle diseases such as diabetes (2.4% versus 1.1; $p < 0.05$), arterial hypertension (25.9% versus 10%; $p < 0.05$) and cardiovascular diseases (10% versus 4.6; $p < 0.05$). The reported amount of physical burden (e.g. repetitive movements, lifting) is comparable between age groups.

Discussion Ageing goes along with a higher risk for chronic diseases and comorbidities affecting employee's work-ability. Employers should therefore invest more in a health promotion policy for all workers.

75 DETERMINANTS OF EARLY RETIREMENT AMONG OLDER WORKERS WITH AND WITHOUT CHRONIC DISEASE: RESULTS FROM A DANISH PROSPECTIVE STUDY

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Introduction Previous studies have found that several factors are associated with early retirement among older workers. Given the high prevalence of chronic diseases among older workers the aims of this study were to explore:

- the determinants of early retirement among older workers with and without chronic diseases, and
- whether these determinants differed between workers with and without chronic diseases.

Methods Danish workers aged 56–64 years, who were member of the early retirement scheme were selected from the Danish National Working Environment Survey, and were followed in a public register for four years. Cox-regression analyses were performed separately for those with and without chronic diseases to determine the associations between the determinants (health, work-related, and social factors) and early retirement. To explore differences, an interaction term between the determinant and having a chronic disease was included among the analyses on the total population.

Result Among workers with chronic diseases, poor health (HR 2.15; 95% CI: 1.37 to 3.37), more depressive symptoms

(1.01; 1.00–1.03), high physical workload (1.84; 1.37–2.48), low job satisfaction (3.08; 2.09–4.55), low influence at work (1.94; 1.36–2.77), and work-family conflict (1.01; 1.00–1.01) were associated with early retirement. Among those without chronic diseases, poor health (2.56; 1.27–5.16), more depressive symptoms (1.03; 1.01–1.05), high physical workload (2.09; 1.39–3.13), low job satisfaction (5.27; 2.96–9.40), low influence at work (1.69; 1.04–2.75), and poor relationship with colleagues (2.81; 1.44–5.49) were associated with early retirement. None of the interactions were found to be statistically significant ($p > 0.05$).

Discussion Prolonged work participation of older workers is a challenge for governments in high-income countries. The findings from this study indicate that determinants that might influence prolonged work participation among older workers are not distinct for those with and without chronic diseases. Interventions aiming at work participation until an older age might be the same for both groups.

783 HEALTHY EATING CHOICES: EMPLOYEE PERCEPTIONS OF THE ROLE OF THE EMPLOYER

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Introduction Changes in lifestyles and diet over the last 30 years have led to a significant rise in overweight and obesity. By the year 2020 seven out of ten people in Britain may be overweight or obese, putting a strain on health services and increasing costs to the economy. Organisations may contribute to poor health behaviours, however they are also well placed to support employees; therefore understanding employees' perceptions of the barriers and facilitators to healthy eating at work may assist in designing interventions to address these.

Methods This qualitative study was conducted in 2017 using semi-structured telephone interviews in a large organisation that had recently been privatised after many decades in public ownership. Demographic information collected from participants included three indices of SES (education, income and job type), age, gender, dependents, and perceived weight status. Participants were asked to consider the barriers and facilitators to eating a healthy well-balanced diet and their perceptions of the role of the employer in promoting healthy eating. Thematic analysis was carried out using Braun and Clarke's (2006) methodology and analysis carried out through the computer software NVivo.

Result Thematic saturation was reached upon completion of 15 interviews. Five main themes were identified, each containing multiple sub-themes:

- Knowledge (fruit and vegetable portions; source of knowledge),
- Behaviour (cost of food influencing purchasing; eating past the point of feeling full; motivation to eat a healthily),
- Access (access to healthy foods in the workplace; preparing food in advance),
- Workplace Culture (long hours and travel; taking breaks; workplace temptation; leadership behaviours) and 5. Responsibility (Government and organisational responsibilities).