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). Employers 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.

**Abstracts**

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

1Ranu Sewdas, 2Sannie Vester Thorsen, 3Cécile RL Boot, 4Jakob Bue Bjørner, 5Allard J van der Beek. 1Amsterdam Public Health research institute, VU University Medical Centre, Amsterdam, The Netherlands; 2The Danish National Research Centre for the Working Environment, Copenhagen, Denmark; 3Loughborough University, Loughborough, UK; 4Ulster University, Newtownabbey, UK

**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.

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

1Judith Grant, 2Jonathan Houdmont, 3Fahmidah Murir, 4Robert Kerr. 1University of Nottingham, Nottingham, UK; 2Loughborough University, Loughborough, UK; 3Ulster University, Newtownabbey, UK

**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).
Discussion Workplace culture was seen as a barrier to healthy eating. Initiatives designed to modify work culture may prove effective as a means by which to promote healthy eating in the organisational setting.

848 THE ROLE OF AGE AND HEALTH IN RETURNING TO WORK: RESULTS FROM THE SUPPORTING OLDER PEOPLE INTO EMPLOYMENT (SOPIE) COHORT


10.1136/oemed-2018-ICOHabstracts.132

Introduction By 2020 people aged 50 years and over will make up almost half of the adult population in the UK. Policy aims to enable more people to work for longer however there is a dramatic drop in labour participation after age 50. Our aim was to investigate the impact of age, and health on return to work (RTW) in welfare benefit claimants engaging with the Work Programme (WP); the UK Government’s main RTW initiative. It supports two main groups of claimants for two years – Job Seeker Allowance (JSA), for people who are unemployed but capable of work; Employment Support Allowance (ESA), for people with a disability that makes it more difficult to work.

Methods The data were from the SOPIE cohort (13 461 unemployed clients aged 18–64, who entered the WP in Scotland in 2013/2014). Data were analysed using STATA 14 and a Poisson modelling approach using fractional polynomials to model age as a continuous variable.

Results Clients aged 50 and over accounted for 15% of JSA and 30% ESA groups. The proportion of clients disclosing health conditions (HC) were: ‘JSA under-50’, 25%; ‘JSA over-50’, 53%; ‘ESA under-50’, 97%; ‘ESA over-50’, 98%. Multiple HC were more common in ESA clients. Job start rates for clients were: ‘JSA under-50’, 65%; ‘JSA over-50’, 49%; ‘ESA under-50’, 23%; ‘ESA over-50’, 14%. There was a strong relationship between age, health and job start with the predicted probability of job start highest in the first three months of the WP. The analyses also investigated the influence of biopsychosocial factors on RTW.

Conclusion This study is on-going and will inform interventions focussing on addressing age-specific, health and biopsychosocial barriers for future RTW programmes with the aim of improving employment outcomes, so that not only individuals but employers and the economy can benefit from extending working lives.

968 IMPACT OF INDIVIDUAL MOTIVATION DIFFERENCES ON REDUCING SEDENTARY BEHAVIOUR


10.1136/oemed-2018-ICOHabstracts.134

Introduction Reviews small effects for interventions sitting behaviour. This study aimed at evaluating basic psychological needs (need for competence, for autonomy and for relatedness) reduction in sitting behaviour.

Methods This study is part of the Move@TheOffice RCT-study in the offices a large pharmaceutical company. The experimental group (19 participants) received a multiintervention to reduce sitting. To measure the basic psychological needs, the Work-related Basic need Satisfaction scale was used. The BREQ-3 measured the degree of motivation regulation to reduce sitting. Sitting was measured using the micro Acti-Pal™ monitor. Data were analysed using SPSS.

Results Significant decrease (p<0.05) in sitting time was found the experimental group. A significant BREQ-index was found after the intervention (p<0.05), a higher to decrease sitting.