

775

WORK ABILITY TRAINING PROVIDED BY OCCUPATIONAL HEALTH CARE REDUCES SICKNESS ABSENCES AND WORK DISABILITY RISKS

T Toikka*, S Julkunen, M Korjonen, R Mannonen, M Weman. *Occupational Health Helsinki, Helsinki, Finland*

10.1136/oemed-2018-ICOHabstracts.1576

Introduction Work ability training provided by the Occupational Health Helsinki is a new group intervention for Helsinki's municipal employees whose risk for poor work ability has increased. Participants are selected in occupational health receptions. Work ability training includes three groups: musculoskeletal symptoms, mental wellbeing and MBO risk. The aim is to find the best ways to support coping and personal change.

The work ability training starts with a 5 day rehabilitation period. Thereafter, the employee participates for group meetings for one year (total of 4 contacts), which are run by occupational healthcare coaches. The Occupational Health Helsinki evaluated the effectiveness of the work ability training on participants' health, work ability and sickness absence.

Methods Participants' work ability, self-efficacy, work-related well-being, lifestyle risks were measured with questionnaire before and after the work ability training in years 2014–2016 (n=676).

Analyses of the questionnaires were divided into three groups according to the objectives of the interventions. Sickness absences of those who participated in the 2014 (n=119) for one-year training were surveyed a year before (2013) and after training (2016). Comparisons were made between the changes in two groups: participation 3–4 times and 0–2 times. The statistical significance limit was set at $p < 0.05$ for all analyses. Data were analysed using SPSS.

Results Sickness absenteeism was reduced 19% only by those who participated actively in full-year coaching (n=81), absenteeism was increased 34% by those who only participated in the rehabilitation period (n=38). Despite a large percentage change, the result was not statistically significant.

Perceived work ability and recovery improved, depression risk, insomnia and fatigue, stress and prolonged pain decreased in all groups. Changes were statistically significant ($p < 0,05$).

Conclusion Commitment to work ability training provided by occupational healthcare is effective in improving work ability and reducing sickness absence and health risks.

1187

PREVENTION OF DISABILITY PENSION IN OCCUPATIONAL HEALTH CARE – A FIVE YEAR FOLLOW-UP OF IMPROVEMENT IN THE QUALITY NETWORK

¹J Kuronen*, ²K Winell, ³S Riekkö, ⁴K Räsänen. ¹Etelä-Savon Työterveys Oy, Mikkeli, Finland; ²Conmedic Oy, Espoo, Finland; ³Keva, Helsinki, Finland; ⁴University of Eastern Finland, Kuopio, Finland

10.1136/oemed-2018-ICOHabstracts.1577

Introduction Early retirement due to mental illness or disease in musculoskeletal system has been a major problem in Finland. Municipality based occupational health service (OHS) units formed in 2011 the Finnish Occupational Health Service Quality Network (FOHSQN), which aimed to prevent disability pensions by improving the OHS processes and continuous measurements of quality and outcomes. We aimed to compare

the outcomes of FOHSQN to all other actors in the public employee pensions system during the years 2011–2016.

Methods This study includes all municipality employees in Finland, whose pension insurance is provided by Keva (the public pension provider in Finland). The incidence of early retirement due to disability pension among the OHS units in the FOHSQN was compared to the incidence in the public employee pensions system for each study year. We counted indexes (partial/full pension) to describe if OHS units were able together with the employers to favour partial disability pensions.

Results The yearly number of disability pensions varied from 774 to 984 in the FOHSQN and from 4384 to 5404 in the whole public employee pensions system during 2011–2016. The incidence of disability pension was 1.10% in 2011 and 0.93% in 2016 in the FOHSQN and the corresponding figures in the total pension system 1.07% and 0.92% (p for trend 0.799). Partial/full-index increased for disability pensions from 1.17 to 2.31 in the FOHSQN and from 1.22 to 1.81 in the total pension system (p for trend 0.078)

Discussion Work disability pension incidence declined both in the total municipality pension system and FOHSQN. Also the partial disability pension became proportionally more frequent in both groups. The trends favoured the results in the FOHSQN, but the differences were not statistically significant. Pension data can be used as an outcome measure in comparison of OHS units.

1041

ASSESSMENT OF PHYSICAL HEALTH AND FATIGUE AMONG ANCILLARY STAFF IN A HEALTHCARE INSTITUTION: A PILOT STUDY

Dwee Wee Lim*, Lay Tin Lee, Joseph Lee. *Occupational Health Services, Tan Tock Seng Hospital, Singapore*

10.1136/oemed-2018-ICOHabstracts.1578

Introduction Ancillary staff in the hospital includes patient service associate, operating theatre attendant and executive who support healthcare workers in providing services to patient. This pilot study aims to assess the physical health and fatigue in this group of employees in the hospital to design an appropriate targeted intervention.

Methods This cross-sectional study collected data on ancillary staff who volunteered to participate in a 12 week exercise program. Data collected include demographics, anthropometric measurements, and exercise duration per week. Short physical performance battery (SPPB), timed-10 m walk test and grip strength for upper limb were assessed to derive score for aerobic fitness, muscular strength, balance and flexibility with maximum score of 100. Fatigue was assessed using Chalder Fatigue Scale which is able to assess both physical and mental fatigue. Total fatigue score was dichotomized to fatigued (>3) and non-fatigued employees (≤ 3).

Results There were a total of 78 participants, with mean age of 54.8 years. Majority were female (64.1%) and Chinese (48.7%). Of the participants, 12 (15.6%) were fatigued. Average body mass index (BMI) and waist-hip ratio (WHR) were 25.8 kg/m² and 0.87 respectively. In univariate analysis, age was not associated with any of the physical health score. Male had significantly higher aerobic fitness score compared to female (65.2 vs 85.7, $p < 0.001$). Higher BMI is associated with lower aerobic fitness ($p = 0.001$). All subscale for physical