838 INTERSECTORAL MOBILISATION TO BRIDGE THE GAP BETWEEN RESEARCH AND PRACTICE IN WORK DISABILITY PREVENTION

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Introduction Best practices exist at the individual and organisational levels to facilitate return to work (RTW) following long-term absence for various health reasons. Yet implementation remains a challenge because of the complex multi-stakeholder context involving different social systems. The question then becomes, 'How can we bridge the gap between research and practice?'

Methods A collaborative research project based on a conceptual framework of sustainability science was used. The framework proposes phases and associated methods. Our study first sought to build a common vocabulary to help collaboratively frame a shared problem, using a group consensus technique. To ensure a common understanding of the problem among participants, we conducted a rapid literature review and held discussions with stakeholders on the effects of ethnocultural, gender and ageing factors on the RTW process in a work disability context where medical professionals have deemed workers ready to RTW following diverse health issues. We then used a consensus technique to enable participants to jointly construct possible solutions and establish research priorities regarding implementation of adapted best practices.

Results A total of 8 multidisciplinary researchers, 2 postdoctoral students, and 12 stakeholders representing patients, employers, unions, healthcare professionals, and legal and insurance systems participated. A bipartite (researcher/stakeholder) governance structure was put in place to facilitate the process. A tool to promote a common vocabulary was developed collaboratively and comprised 79 terms and definitions. To ensure common understanding of the problem, a summary was developed with the advisory and knowledge transfer committee in the governance structure, and a Web-based capsule was produced. A series of consensus groups identified 8 research priorities.

Discussion A collaboration between researchers and stakeholders that is structured by a conceptual framework allows them to jointly identify, in the short term, both the problem and possible activities to bridge the gap between research and practice.

906 USING THE MEDICAL RESEARCH COUNCIL FRAMEWORK FOR THE DEVELOPMENT AND EVALUATION OF A RETURN-TO-WORK INTERVENTION FOR EMPLOYEES WITH BURNOUT

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Introduction Burnout is a work-related mental health problem and may cause long-term sickness absence. The aim of this study is to develop and assess the effectiveness of a return-to-

work intervention that prevents long-term sick leave due to burnout. This intervention will be presented as a multidisciplinary care pathway for burned out employees on sick leave. The study started in January 2016 and will end in December 2019.

Methods We use the Medical Research Council framework to guide 4 phases: development, feasibility, evaluation and implementation. Based on a systematic literature review we made a first draft of the care pathway. During focus groups we discussed this first draft with professionals (i.e. general practitioners, psychologists, occupational physicians) to identify possible barriers and facilitators to implementing the care pathway (*development*). Next we will conduct a pilot study (*feasibility*) followed by a cluster randomised trial (CRT) (*evaluation*). Finally we will use the Reach, Effectiveness, Adoption, Implementation and Maintenance (Re-aim) framework to guide the *implementation* of the pathway.

Results We finished the systematic review and the focus groups. The systematic review showed that (partly) organisation-oriented return-to-work interventions have a positive effect on return to work. The focus groups revealed that professionals find it difficult to differentiate between burnout and other mental health problems (e.g. depression). They also have different opinions on burnout treatment and the role different stakeholders play during the return-to-work process isn't always clear for professionals. We continue working on the next phases.

Discussion Several stakeholders (employees, physicians, employers, psychologists) are involved in the care pathway. Therefore, improving communication between these stakeholders during the return-to-work process is an important focus in this study.

908 FACTORS ASSOCIATED WITH SUPERVISOR SUPPORT OF JOB ACCOMMODATIONS FOR MENTAL HEALTH DISORDERS IN THE WORKPLACE

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Introduction Supervisors of workers with mental health disorders (MHD) play a key role in the prevention of prolonged work absences. Providing appropriate workplace accommodation is one approach supervisors use to facilitate employees staying at work or returning to work early. People with MHD function well in the workplace when they are provided with appropriate work accommodations. Yet, we have little understanding of how factors influence the decision-making of supervisors to develop and provide work accommodations. Therefore, the objective of this study was to understand what factors determine whether workplace accommodations are supported and received from the perspective of supervisors and workers.

Methods We conducted a cross-sectional study of supervisors and workers from 30 randomly selected companies in Manitoba and Northwestern Ontario, Canada. Participating companies required a minimum of 50 employees. We distributed two separate surveys to each company: one to supervisors and one to workers. We asked all supervisors to complete a web-based survey including a case vignette of a worker with a mental health disorder and a number of scales assessing factors that may affect their decisions to provide workplace accommodations. We also asked all workers to complete a web-based survey indicating whether or not they suffer from a MHD and whether accommodations were offered. We also assessed individual perspectives and group-level information on the workplace, supervisor, and worker factors through additional scales on the surveys.

Results Data collection is expected to be completed in the fall, 2017. We have currently collected data from fourteen of the thirty companies including 130 supervisors and 330 workers. In our presentation, we will identify factors associated with supervisors' decisions to accommodate workers with MHD.

Conclusion The findings will be important for all work disability prevention stakeholders as they will identify important targets for intervention to improve accommodations for workers with MHD.

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A SUPERVISOR TRAINING PROGRAM FOR WORK DISABILITY PREVENTION: PRELIMINARY RESULTS FROM A CLUSTER RANDOMISED CONTROLLED TRIAL

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Introduction Providing supervisors with tools to improve their response to workplace injuries or illnesses may improve disability outcomes. The objective of this study was to examine the effectiveness of the Supervisor/Manager Accommodation Recognition and Training (SMART) Program on reducing the total duration of workers' lost-time claims. Here, we provide preliminary results from two Canadian (located in Ontario and British Columbia) and one American employer.

Methods Within each organisation, work units were randomly selected to have their supervisors receive the training program. Work units not assigned to the program served as the control group for the study. Work disability outcome data were one-year prior to and one-year post training for comparison purposes. Web based surveys were used to collect information on supervisors' knowledge and responses to workplace injuries at baseline, 3- and 6 months post training.

Results For the Ontario-based employer, the SMART program did not impact the total duration of workers' lost-time claims when compared to the controls. For the British Columbia-based employer, trained work sites had a reduction in both the number of days off per injury incident (−6.2) and the number of short-term disability claims per 100 workers (−10.5). Across the American-based employer, the work sites that received the SMART training had a significant reduction in the number of days off per workers' compensation claim (−4.9), a small decrease in the average number of days per

short-term disability claim (−2.7) and the number of Workers' Compensation claims were reduced to half the rate post-training (8.3 claims per 100 employees per year down to 4.4). Survey results will also be discussed.

Conclusion The mixed results of the preliminary data highlight the importance of context when studying complex organisations. Employee culture, policies and practices of management, type of industry, and other organisational factors have a strong influence on work disability outcomes.

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THE RELATIONSHIP BETWEEN EARLY PRESCRIPTION DISPENSING PATTERNS AND WORK DISABILITY IN A COHORT OF LOW BACK PAIN WORKERS' COMPENSATION CLAIMANTS

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Introduction Opioids are prescribed early among workers' compensation claimants with low back pain (LBP), despite little evidence supporting this practice. The comparative effect of early opioids relative to other medications on work disability is unknown. The objective was to examine the association between prescription opioids, nonsteroidal anti-inflammatory drugs (NSAIDs), and skeletal muscle relaxants (SMRs) dispensed in the first eight weeks following a compensated, work-related low back injury and work disability.

Methods Historical cohort study of workers' compensation claimants in British Columbia, Canada filing a short-term claim for a LBP injury. Exposure variables were constructed using dispensing data from the first eight weeks after injury: drug class(es) dispensed, drug class(es) at first dispense, days supply, strength of opioids dispensed, and average daily morphine-equivalent dose (MED). Two outcomes (time on benefits, any benefit receipt) after eight weeks and up to one year were considered.

Results Compared to claimants receiving NSAIDs and/or SMRs only, the incidence rate ratio (IRR) of days on benefits for claimants dispensed opioids only or opioids with NSAIDs and/or SMRs was 1.09 (95% CI: 1.04 to 1.14) and 1.26 (95% CI: 1.22 to 1.30), respectively. The IRR for claimants dispensed strong opioids only or strong and weak opioids combined was 1.21 (95% CI: 1.12 to 1.30) and 1.29 (95% CI: 1.20 to 1.39), respectively, compared to weak opioids only. Each 7 day increase in supply of opioids, NSAIDs, and SMRs resulted in a 10%, 4%, and 3% increase, respectively, in rate of days on benefits. Each 30 mg/day increase in daily MED resulted in a 4% increase in rate of days on benefits. Larger effect sizes were seen for benefit receipt outcome.

Discussion Findings suggest early opioid provision has an adverse effect on work disability. However, residual confounding likely accounts for some of the findings. Research is needed that accounts for prescriber, system, and workplace factors and elucidates the mechanism underlying the relationship.