will the program impact lifestyle and lay the foundation for good health, a decent quality of life and wellbeing.

From the vision, the mission will be derived as to the targets; how they will be they be measured and over what time period. The values of the program has to be shared where workers and the employer agree and work together to achieve common goals.

To strategically attain work life balance; a principled health and wellness programs has to be developed and integrated into the business operations as a key performance indicator. By so doing the programs will be aligned to the business strategies.

**Results** With this alignment some of the possible results that could be realised are:

- A culture of safety
- Reduction in on the job accidents
- Increased productivity and reduced absenteeism
- Reduction in sick days leading to reduction in utilisation of health insurance scheme
- Improved profit margins
- Improved brand image – employer of choice
- A more satisfied employee
- A changed worker with improved attitude and behaviour

**Discussion** Many blue chip companies in developed countries have established programs in place to achieve work-life balance, health and wellbeing for their staff. Some of these companies are Google, Alcoa, Fiat and Virgin Airlines, to name a few well known ones. Paul O’Neill, former CEO of Alcoa in a CNN May 2014 interview spoke about safety as a priority at Alcoa. It could be gleaned from his remarks that work life balance was achieved from the involvement of management and their commitment to a vision. Also that the desired values and attitudes for a culture of safety, work-life balance, health and wellbeing were cascaded down to the workers from the strategic level and were accepted by the employees.

In summary, Work-Life Balance Health and Well-being is not an insurmountable goal. To support the achievement of this balance for workers, the ILO under its pillar of Decent Work has a health and safety convention that serves as an international standard for nations to pattern in their national programs. In this respect, legislations have been passed in many countries in support of the Convention. It is of note that European countries in support of the promotion of workers health and wellbeing have passed legislations. The European Framework Agreement on work-related stress was one such legislation that was passed on 8 October 2004.

There is also the Italian Regulatory Framework for Health and Safety in the Workplace, Legislative Decree 81/08. This was bench marked form the UK Health and Safety Management Standard for Work related Stress, Belgian Screening, Observation, Analysis, Expertise (SOBANE) Strategy of Risk Management and German stress-psychology-health (start).

The principle of work of work-life balance is generally accepted globally. However there is a perception of institutional inertia in many developing countries to enact the necessary legislations to support a national policy and program framework for occupational health and safety. It is hoped that developed countries that are signatories to the ILO Occupational Health and Safety Convention as well as countries in the European Unions, will extend more significant and substantial support in the areas of human resource and capacity building, as well as financial assistance to help developing countries strike that desired balance.
Abstracts

TACKLING WORK-RELATED STRESS FACTORS IN LOCAL SELF-GOVERNMENT THROUGH ACTION RESEARCH METHODOLOGY

Introduction

Job demands/resources model of stress assumes that every occupation has its own specific risk factors associated with work-related stress. Action research (AR) allows bottom-up approach where company staff in collaboration with researchers, identifies the most important issues for change within organisational setting, develop, implement, and evaluate context-specific solutions. The aim of the study was to analyse work-related stress factors (job demands) and to draft organisational interventions using AR within local self-government.

Methods

AR as a collaborative process (problem identification, planning, implementation, evaluation, and reflection), involving representatives from both self-government and Institute of Occupational Health of RM, was used to generate knowledge and practical solutions to work-related stress factors in local self-government. Actual AR included qualitative study based on focus group (FG) methodology (two FGs, 10 participants in each) with workplace stressors as a main topic of discussion. Within quantitative part of the study, 100 self-government employees (response rate over 80%) completed surveys (including instruments for measuring job demands and burnout). After planning organisational interventions aimed at tackling emerging work-related stressors, evaluation and reflection phase included collection of outcome and process data.

Results

Actual study detected the most important work-related stressors in this self-government (FGs: work in ‘ocean’ type office, client-related workplace violence, performing several tasks at a same time; Questionnaire data: too much paperwork, low opportunities for professional development, strict hierarchy). Burnout was detected in 17% employees with significantly higher emotional exhaustion in financial sector (12.04±4.7) than in fire department (7.3±3.8) and communal works (5.8±3.9) (F=3.55; p=0.011). AR team proposed several organisational interventions, including reduction of paperwork, new staff employment, team building activities, communication skills training, redefinition of quantity and quality of workplace tasks, etc.

Discussion

Presented AR process is still ongoing and cyclic and includes follow-up activities that are accessible and audit able to team members and other employees.

QUALITY OF WORKING LIFE OF CANCER SURVIVORS: ASSOCIATIONS WITH HEALTH- AND WORK-RELATED VARIABLES

Introduction

To measure Quality of Working Life (QWL) among cancer survivors, and to take account of the impact of cancer diagnosis and treatment on a cancer survivors’ working life, we developed the self-administered Quality of Working Life Questionnaire for Cancer Survivors (QWLQ-CS). QWL is an important predictor of work continuation. This study aimed to:

• describe the Quality of Working Life (QWL) of cancer survivors, and
• explore associations between the QWL of cancer survivors and health- and work-related variables.

Methods

Employed and self-employed cancer survivors were recruited through hospitals and patient organisations. They completed the Quality of Working Life Questionnaire for Cancer Survivors (QWLQ-CS) and health- and work-related variables in a cross-sectional study. The QWL scores of cancer survivors were described and associations between QWL and health- and work-related variables were assessed.

Result

The QWLQ-CS was completed by 302 cancer survivors (28% male) with a mean age of 52±8 years. They were diagnosed between 0 and 10 years ago with various types of cancer, such as breast cancer, gastrointestinal cancers, urological cancers and haematological cancers. The QWL mean score of cancer survivors was 75±12 (0–100). Cancer survivors had statistically significant lower QWL scores when they had been treated with chemotherapy or when they reported co-morbidity (p<0.05). Cancer survivors without managerial positions, with low incomes or physically demanding work, and who worked a proportion of their contract hours had statistically significantly lower QWL scores (p<0.05).