

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 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 know 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.

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### A ROLE FOCUSED SELF-HELP COURSE REDUCES STRESS AND SUBSEQUENT WORK FUNCTIONING PROBLEMS IN WORKERS WHO HAVE INFORMAL CARE RESPONSIBILITIES

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**Introduction** Many paid workers who fulfil informal care responsibilities in their private situation report stress complaints and impaired functioning at work. It was examined whether a newly developed role-focused self-help intervention decreases caregiver stress and distress, and work functioning problems, in these workers.

**Methods** A study that had a randomised controlled design (intervention vs wait-list control) was conducted. Workers suffering stress due to involvement in informal care activities were participants (n=128). The workers allocated to the intervention group received the role-focused self-help course. The workers allocated to the control group received the intervention after all measurements. Caregiver stress (primary outcome), distress, work functioning, care-to-work interference, and care-to-social and personal life interference, were measured prior to the random allocation (pre-test) and one (post-test 1) and two (post-test 2) months after allocation. Mixed Model ANOVAs and mediation analyses were used in data-analysis.

**Results** The mixed model ANOVAs showed that two months after allocation the workers allocated to the intervention group had decreased levels of caregiver stress and distress as compared to the workers allocated to the no treatment control group. Further, the mediation analysis suggested that involvement in the intervention decreases functioning problems in workers who have informal care responsibilities because it reduces caregiver stress.

**Discussion** The role-focused self-help course intervention decreases levels of caregiver stress and distress in workers who suffer stress due to involvement in informal care activities. Because of this effect, the intervention also plays a role in the work functioning of these types of workers. The intervention represents a contribution to the literature and a means for occupational health professionals and organisations to contribute to the health and functioning of workers who combine paid work with informal care activities

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### HIGH BURNOUT LEVEL AS MAIN DETERMINANT OF LOW WORK ABILITY AMONG FLIGHT ATTENDANTS

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**Introduction** The roles of flight attendants are to provide excellent customer service to passengers while ensuring their comfort and safety throughout the flight. Flight attendants have more responsibilities than most front-line employees in the service industry, as they are first trained to maintain cabin

safety, and second to provide customer services on board. The aim of our study was to determine influence of different psychosocial risk factors on flight attendants work ability.

**Methods** Field study among cabin crew in Croatia was performed during May 2016. Questionnaires regarding job burnout, workplace stress levels, work ability index (WAI) and socio-demographic questions have been administered to 121 cabin crew in coordination and permission of their trade union. Response rate were 76.8% giving a total number of 93 participants. Data were analysed using Statistica 12 (<http://statistica.io/>).

**Result** Majority (84.9%) of participants were women with average age of  $40.1 \pm 5.5$  years. More than 2/3 of cabin crew had unsatisfactory WAI score (62/93) and 23 (24.7%) had low WAI indicating very high priority of adequate preventive measure in work ability preservation. High burnout level had near 50% of all participants (42/93). Highest negative correlation with WAI score ( $r = -0.625$ ;  $p < 0.001$ ) that was confirmed with binary logistic regression model controlled for other socio-demographic variables (OR for burnout score: 1.35; 95% CI: 1.05 to 1.74) showed that higher burnout score is main determinant of low work ability.

**Conclusion** The occupation of flight attendant is often used as an example of emotional work and due to their work organisation, specific shifts, constant time pressure and responsibility they are highly prone to job burnout. It is imperative to make immediate preventive intervention to reduce levels of burnout among cabin crew and maintain their work ability

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

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**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 ( $12.04 \pm 4.7$ ) than in fire department ( $7.3 \pm 3.8$ ) and communal works ( $5.8 \pm 3.9$ ) ( $F = 3.55$ ;  $p = 0.011$ ). 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 auditable to team members and other employees.

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

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**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  $52 \pm 8$  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  $75 \pm 12$  (0–100). Cancer survivors had statistically significant lower QWL scores when they had been treated with chemotherapy or when they reported co-morbidity ( $p \leq 0.05$ ). 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 ( $p \leq 0.05$ ).