Discussion This study described the QWL of cancer survivors and associations between QWL and health- and work-related variables. Based on these variables it is possible to indicate groups of cancer survivors who need more attention and support regarding QWL and work continuation.

26 TOWARDS LEAN, SIX-SIGMA, AND LEAN SIX SIGMA OHS IMPACTS IN UNIVERSITIES

S Nadeau. *École de technologie supérieure, Montreal, Canada*

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Introduction Our universities must adapt to increasingly uncertain environments, face fierce international competition, manage budget cuts, increased auditing, rapid technological changes and increasing expectations of various increasingly demanding social partners, and even personalise their academic programs. The 2000s brought interest in lean, six-sigma, and lean six sigma methods. This review of the literature summarises and analyses the documented experience of public and private universities around the world with these approaches.

Methods Scientific databases were queried to retrieve the relevant literature published from 2000 to 2016. The search was completed using the snowball effect. The results were sorted by geographical region, type of process and decisional level. The challenges addressed were also listed and sorted.

Result These approaches are innovative in the university setting. While few results are documented, experiments at American, British, Mexican, Finnish, South African, Indian and Saudi institutions are all on record. Activities in support of teaching and university community services were the principal targets. A single research-related case was retrieved, which dealt with supporting activities.

Discussion Lean, six sigma and lean six sigma methods are not deployed in any systematic way. The principal obstacles are system complexity and the difficulties of adapting the tools to institutional reality and of defining and applying the concepts of client and added value. The few documented measured results are isolated and do not support any generalisation. Impact studies are limited primarily to qualitative statements describing challenges and factors associated with success. No study of the impact of these approaches on the occupational health and safety of university staff was retrieved. Since the lean manufacturing literature mentions frequently both positive (task enrichment, autonomy) and negative (musculoskeletal injuries, stress, fatigue, professional burn-out and others) impacts, it cannot be ruled out that such impacts might be noted also in the university setting.

263 MANAGEMENT OF STRESS IN THE WORKPLACE: A NATIONAL RESPONSE TO IMPLEMENTING STRESS MANAGEMENT INTERVENTIONS

¹Emer Carroll*, ²Nodlaig Carroll. ¹National Health and Safety Function (NHSF), Health Service Executive (HSE), Ireland; ²Organisational Psychology Unit, Health Service Executive (HSE), Ireland

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Introduction In 2012, the HSE launched the national 'Policy on Prevention and Management of Stress in the Workplace' which was developed by a cross-sectorial multi-disciplinary

group. In line this policy, the Organisational Psychology Unit, local HR (HSE West/North West/Mid West) and National HR designed resources and risk assessment tools to enable managers address workplace stress.

The 2015 European Safety Campaign 'Healthy Workplaces Manage Stress' afforded the HSE an opportunity to develop a national response to workplace stress as a psychosocial risk. The National Health and Safety Function (NHSF) recognised the need for a collaborative response and facilitated the development of a Workplace Stress Working Group (WSG). The WSG compiled of professionals from Organisational Psychology, Health and Safety, Occupational Health (OH), Employee Assistance and Counselling Services (EASC), Learning, Education and Development (LED), Health Promotion (HP and I) and HR.

Methods The WSG developed the HSE's Cycle of Stress Management (Identification, Prevention, Support and Assistance and Monitoring and Review) and created supporting information material.

A seminar programme was developed to:

- provide support and disseminate tools to managers,
- implement workplace stress risk assessment,
- promote manager leadership in pro-actively managing and supporting staff health and wellbeing,
- assess personal health behaviours and
- create supportive positive work environments.

Key stakeholders from the WSG co-presented at these seminars.

Result To date, nineteen accredited seminars were held, with 842 attendees. 95% of evaluations received (75% response rate) were hugely positive.

Data from the NHSF, demonstrated one hospital increased its use of the stress management risk assessment tool by 62.5%, following two stress management seminars.

Discussion Anecdotal evidence suggests that managers are more confident in pro-actively addressing workplace stress and this is evident with the recent results of *Health Sector Staff Survey Your Opinion Counts* showing that almost 70% of staff are aware of the facilities to support stress in work.

281 STRESS, BURNOUT, PSYCHOSOMATIC SYMPTOMS AND THEIR ASSOCIATION WITH WORKING CONDITIONS IN DOCTORS OF HOSPITALS IN MEXICO CITY

ME Palacios-Nava*, MP Román-Paz. *Faculty of Medicine, National Autonomous University of Mexico, Mexico City, Mexico*

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Introduction The Burnout syndrome occurs frequently in health care workers. It is associated with stressors present in the medical work. These conditions are different between residents and doctors attached. The objective of this study was to identify the association between working conditions, stress burnout and psychosomatic symptoms in hospital physicians in Mexico.

Methods A cross-sectional study was carried out on a sample of 724 physicians in seven hospitals from Mexico City. An instrument was applied to determine socio-demographic characteristics and working conditions. To evaluate stress, burnout and psychosomatic manifestations, Wolfgang, Maslach and Kroenke inventories were used. They had a reliability of 0.91, 0.83 and 0.78 respectively

Result 55% of the population were men; the median age was of 32 years. 51% were residents and 49% were doctors attached. There were significant differences in the working conditions of residents and doctors, $p<0.001$. There was higher prevalence of stress in residents than in doctors, $p=0.006$. The prevalence of emotional exhaustion was 44% for residents and 23% in doctors, $p<0.001$. The level of depersonalization was 51% and 46%, respectively, $p=0.004$, these had significant differences according to the working conditions. The risk of presenting severe psychosomatic manifestations was 3.5 times in those who had a high stress level (CI: 2.45 to 5.33). There were three times more risk for severity of symptoms in who perceived supervision (CI: 1.49 to 2.9) and excessive workload (CI: 2.06 to 4.11). The risk of burnout was twice for those who reported excessive workload and for those who performed guards and attend more than 20 patients per day. These differences were maintained by adjusting them by category on the job.

Discussion We found significant differences in the levels of stress, burnout and severity of symptoms according to the category and working conditions between residents and doctors attached.

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THE PSYCHOSOCIAL INTERVENTION AT THE WORKPLACE: PRACTICAL ADVANCES FOR SOLVING THE NEEDS OF COLOMBIAN WORKERS AND EMPLOYERS

Gloria Villalobos. *Universidad Javeriana. Bogotá Colombia*

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Introduction The country's developments in occupational health, as well as the advances in the construction and use of instruments to evaluate the psychosocial factors (PF), opened the opportunity to advance in a project with the objective to develop a set of technical tools that will allow employers, workers, state and social security bodies to intervene psychosocial factors in work environments, so as to promote protective conditions and prevent the most important adverse effects impacting workers' health.

Methods An extensive review and analysis of literature was conducted to design the protocols to intervene the PF and their effects. Based on this information and considering the country's needs, the general protocols were designed and subsequently the specific protocols for intervention in different economic activities and their effects. Several sessions with experts and various stakeholders to discuss get feedback on the protocols were held.

Results In total, 13 protocols were designed:

- A general protocol with 34 intervention actions aimed at promoting protective PF and promotion of health.
- Specific protocols for psychosocial intervention by priority economic sectors (6).
- Specific intervention protocols (6) for the most important effects of psychosocial risk factors in the Colombian working population.
- General Technical Guide with complete procedures for the intervention.

Discussion Psychosocial intervention in the field of the workers' health is a necessity and its development involves

combining actions focused both on the individual and the organisation. Colombia has been acknowledged in the Latin American region for issuing and adopting public policies related to providing care to psychosocial factors at the workplace, and also for developing technical tools for assessing psychosocial risk factors, and to determine the origin of stress-related diseases.

Intervention protocols help employers and workers progress significantly in improving working conditions, and they also support issuing public policies to enforce their mandatory application.

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ACTIVE JOBS ARE ASSOCIATED WITH BETTER COGNITIVE FUNCTIONING: FINDINGS FROM A POPULATION-BASED LONGITUDINAL STUDY IN GERMANY

^{1,2}Natalia Wege, ³Hans Bosma, ¹Peter Angerer, ¹Jian Li. ¹*Institute of Occupational, Social and Environmental Medicine, Centre for Health and Society, Faculty of Medicine, University of Düsseldorf, Düsseldorf, Germany;* ²*Department of Psychiatry and Psychotherapy, Faculty of Medicine, University of Düsseldorf, Düsseldorf, Germany;* ³*Department of Social Medicine, Maastricht University, CAPHRI, Maastricht, the Netherlands*

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Introduction Active jobs, which are the combination of high job demand and high job control based on Karasek's Demand-Control model, have been found to be associated with better cognitive functioning by a couple of longitudinal studies. However, the evidence from Germany is still lacking. The purpose of our study is to analyse the associations of active jobs and cognitive functioning based on large German working population.

Methods We used data from the German Socio-Economic Panel (G-SOEP) Study with national representativeness. Two well-established cognitive tests (perceptual speed and word fluency) were applied in both 2006 and 2012. Psychosocial work conditions in terms of demand and control were measured in 2001. In total, longitudinal data from 1903 employees during follow-up 2001–2006, and from 1226 employees during follow-up 2001–2012 were available for current analyses. Multivariate linear regression was applied to examine longitudinal associations of psychosocial work conditions with cognitive functioning, adjusted for relevant covariates.

Results Overall, in this study sample (mean age 42.24 years, ranged 18–64 at baseline), participants with active jobs in 2001 exhibited the highest cognitive performance in 2006 and in 2012 compared to participants with passive jobs (low demand and low control), after adjustment for demographics, socioeconomic status, lifestyle behaviours, and health at baseline. Specifically, perceptual speed was higher 2.27 units (95% confidence interval, CI: 0.54 to 4.00) in 2006, and 1.96 units (95% CI: 0.77 to 3.16) in 2012; word fluency was higher 1.99 units (95% CI=0.27, 3.72) in 2006, and 3.55 units (95% CI: 1.15 to 5.95) in 2012.

Conclusion This study demonstrates a protective effect of active jobs, defined as high demand and high control, on two aspects of cognitive functioning over an 11 year period. Further research is needed to determine the possible mechanisms and interventions, to maintain cognitive functions of employees.