Abstracts

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.

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

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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.