430 WELLBEING AT WORK; A EUROPEAN PEROSH PERSPECTIVE AND WELLBEING TREE

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Introduction PEROSH stands for the Partnership for European Research in Occupational Safety and Health. One of the joint research projects run from the PEROSH network deals with Wellbeing at Work, within which scientific representatives from five European countries have developed a set of initiatives aimed at improving working lives.

Methods In order to allow employers and workers to better understand the determinants of wellbeing at work, a model of wellbeing at work was developed, based on scientific knowledge, in three meetings which experts from different fields attended.

Results The WellbeingTree was developed as both a visually attractive and interactive graphic, but also to allow better understanding of wellbeing issues, and their determinants, at work. The tree incorporates abstracts, studies and case studies gathered from the international Wellbeing at Work conferences, but also relies on literature reviews and original articles. The symbol of a tree was adopted because effects of optimising worker wellbeing can be represented as the tree's fruits, and the roots of the tree were designed to represent the precursors, or antecedents, of wellbeing. The roots and branches thus give the user of the tree an opportunity to appreciate the wide variety of influences that may positively, or indeed negatively, influence wellbeing. A variety of sources of feedback about its usefulness have been received, and work is ongoing within PEROSH to develop these further.

Discussion We are now developing the tree further graphically, and it will be populated over time with references to scientific studies and cases. An interactive, 'clickable' version will be developed for use by employers, where clicking on a particular area of the tree will display relevant content. Our European approach to worker wellbeing has successfully developed a tool that we believe will be a useful resource for all those with responsibility for wellbeing of workers.

459 SECTORAL DIFFERENCES IN WORKPLACE ILL-TREATMENT IN IRELAND

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Introduction It is well known that bullying varies by sector (Fervre, *et al.*, 2012). However, national Irish data on workplace bullying and mistreatment in the workplace predates the economic recession, therefore, may no longer reflect current trends in Ireland. Therefore, this study aimed to establish the prevalence of workplace mistreatment in a nationally representative sample of Irish employees and to examine sectoral patterns in order to identify higher risk sectors.

Methods The data for this study comes from the first Irish Workplace Behaviour Study (IWBS), which replicated the British Workplace Behaviour Survey conducted in 2008 (BWBS) (Fervre, Lewis, Robinson & Jones, 2011). This Irish study consisted of a cross-sectional study of a national probability sample of employees. Survey data was collected through the use of an Omnibus Survey of the Irish population. The sample consisted of 1764 people aged 18 and over. A response rate of 74% was achieved. Data analysis was conducted using SPSS Version 22.

Result Ill-treatment across sectors were compared using a three factor structure comprised of unreasonable management, incivility and disrespect and the experience of violence or injury. In addition, the prevalence of experience, witnessing and perpetration of mistreatment across sectors is presented. The public sector and large organisations are identified as higher risk sectors within Ireland.

Discussion Prevalence rates of workplace ill-treatment are examined with reference to both national and international comparative findings. Sectoral differences in prevalence rates of workplace mistreatment indicate increased risk for certain working populations and have implications for the management of mental health and well-being.

473 'RESILIENCE PLUS': PROMOTING SELF CARE & WELLBEING BY CONNECTING WITH OURSELVES, EACH OTHER AND OUR WORK

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Introduction The objective of *Resilience Plus* was to design, test, implement and evaluate an intervention to support health care employee wellbeing. A positive and supportive work environment is associated with reduced hospitalisation and costs, increased effectiveness and innovation, increased well-being, improved multi-disciplinary team delivered patient care, lower patient mortality, reduced error rates, reduced turnover and reduced sickness absence.

Methods Following a learning needs analysis and informed by clinical experience the programme was co – designed to combine direct learning, peer support and home practice over nine weeks. Staff across mixed disciplines and grades come together to share experiences and learning in a supportive, non-judgemental environment. Three quantitative questionnaires were selected to collect data: General Health Questionnaire (GHO – 12), Schutte Self-Report Emotional Intelligence Test (SSEIT) and Connor-Davidson Resilience Scale. Measures are completed prior to programme, at week 9 and 6 months post completion.

Results More than 130 employees attended the training programme during 2015/16, with 99% of participants completing the programme. ANOVA testing determined there were statistically significant differences pre and post on the Connor-Davidson Resilience Scale (F 91.73, 46.82)=6.16, $p<0.01$), the Schutte Self Report (1.69, 45.69)=15.96, $p<0.00$) and the GHQ (F(1.51, 40.74)=8.50, $p<0.00$). These improvements were maintained at 6 month follow up, which suggests the effects of the programme are maintained.

Discussion Resilience Plus is contributing to autonomous self-care and improvements in general health and wellbeing