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.

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.

Results 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.
amongst employees in a large acute Hospital setting. The diversity of programme attendees is contributing to shared learning and networking across boundaries. By tapping into internal expertise and developing internal capacity to deliver the programme we have created a cost effective, sustainable model that is directly transferable to the wider health care setting.

**PROJECT HAPPINESS AND WELLBEING FOR INDIANOIL**

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**Introduction** The measures for enhancing ‘Wellbeing’ are complement to HSE measures to make sure that all workers are safe, healthy, controlled and are effectively engaged at work. In fact, Happiness and Wellbeing of the workforce is a key factor in any organisation’s long-term effectiveness.

**Materials and methods** IndianOil Corporation has taken Happiness for their employees as a project and under this Project, we have received an overwhelming response from employees to join the Project Happiness and Wellbeing.

**Results** It was estimated that 718 (95% Confidence Interval: 667 to 775) opiate overdose deaths attributable to all occupational injuries occurred from 2011 to 2015. This risk of mortality was estimated to be 30% higher for the sub-group with low back injuries.

**Conclusion** The primary prevention of occupational injury holds great promise to reduce the devastating personal and economic impact of opiate overdoses. Further research is recommended to provide additional evidence highlighting the pathway from various types of occupational injury to opiate overdoses.

**HEALTHY ENTERPRISE STANDARD (HES) EVALUATION: IMPACT ON LIFESTYLE HABITS AND SELF-RATED HEALTH**

**Introduction** The incidence of fatal opiate overdose in the United States has drastically increased over the past two decades, resulting in significant attention from the public health and medical communities. Intervention efforts to reduce overdose mortality have primarily focused on regulating prescriptive practices and the dissemination of naloxone with less focus given to primary prevention. Preventing occupational injuries is one area where primary prevention is possible. In order to understand the potential impact of such prevention, this study sought to estimate the number of U.S. opiate overdose deaths from 2011 through 2015 attributable to occupational injuries.

**Methods** The number of reported occupational injuries occurring in the United States was obtained from the U.S. Bureau of Labour Statistics’ Survey of Occupational Injuries and Illnesses from 2011 to 2015. A literature review was conducted to obtain estimates of the probability of being prescribed an opiate after any occupational injury, the probability of being prescribed an opiate after a low back injury, and the probability of overdose mortality following an opiate prescription. These estimates were then combined to obtain an estimate of how many opiate overdose deaths would be expected for the numbers of occupational injuries recorded in 2011–2015. Monte Carlo simulations were used to model the uncertainty in these estimates.

**Results** It was estimated that 718 (95% Confidence Interval: 667 to 775) opiate overdose deaths attributable to all occupational injuries occurred from 2011 to 2015. This risk of mortality was estimated to be 30% higher for the sub-group with low back injuries.

**Conclusion** The primary prevention of occupational injury holds great promise to reduce the devastating personal and economic impact of opiate overdoses. Further research is recommended to provide additional evidence highlighting the pathway from various types of occupational injury to opiate overdoses.