

and safety (e.g., long hours/fatigue, reluctance to speak-up, low decision making authority). Promoting U through Safety and Health (PUSH) expands the NIOSH Talking Safety: Youth@Work curriculum to incorporate Total Worker Health components.

**Methods** Young workers participated in a multi-step evaluation of the online training. First a randomised control trial was conducted with parks and recreation employees and food service workers who completed either PUSH or a control training. Additional cohorts were then recruited to evaluate a revised training that included updated videos and images that more clearly demonstrated Total Worker Health concepts.

**Result** This was the first job for most parks and recreation employees (68%); however, only 19% of the food service workers were working their first job. There were no differences between the groups on their pre-test knowledge scores (75%). Groups completing the PUSH training demonstrated significant increases in knowledge at post-test compared to participants completing the control training ( $p < 0.001$ ). The majority felt young workers should be required to take a training like PUSH and would recommend the training to their co-workers. The revised training demonstrated a 30% increase in knowledge from pre- to post-test.

**Discussion** Online programs have been successful in educating and altering behaviours of adults and adolescents. Although widely used to promote health behaviours, there is limited information on training addressing workplace hazards, particularly among young workers. This evaluation demonstrates the efficacy of a Total Worker Health training for young workers.

649

#### 'WORK AND NO PLAY MADE JACK A DULL BOY'. JOINING THE DOTS BETWEEN WORK AND 'PLAY' FOR INCREASED STAFF PRODUCTIVITY

<sup>1,2,3</sup>Eva Katusabe. <sup>1</sup>Department Of Occupational Safety, Kampala, Uganda; <sup>2</sup>Uganda Institution of Professional Engineers, Kampal Uganda; <sup>3</sup>International Commission on Occupational Health, Kampala, Uganda

10.1136/oemed-2018-ICOHabstracts.1668

**Introduction** The world of work in Uganda, and world over, is fast changing, presenting new opportunities, new work options and new psychosocial challenges. Today's workplace characterised by varying Individual roles, high Job expectations, limited human interactions and need for softer skills; requires employers and employees to be adaptable to change hence remain competitive and productive. These changing realities and subsequent challenges require effective systems to address psychosocial challenges. Comparative study was done on selected formal workplaces to identify emerging workplace challenges and how employee well-being is addressed.

**Methods** Comparative study of Uganda's population statistics, demographical surveys and data from the selected formal workplaces, was done involving both qualitative and quantitative research methods used simultaneously. This study involved the triangulation of data sources and research methods so as to identify measures instituted by selected workplaces to improve working conditions and highlight best practices that could be adopted by other workplaces to address emerging workplace psychosocial challenges.

**Results** Based on UN Statistics Division's demographic and social statistics, 2016 Uganda's population of 40,953,469 peo-

ple, (50% females), has working population (15–64 years), of 19,687,561 persons (48%). Workforce participation of women is 50% (Uganda's Labour Market Information System)

An estimated 7 16 000 people (49% of which are female) employed in public service represent 4.5% of adult population (Labour Market Profile, 2016). Of the selected formal workplaces, it 85% of the workplaces with programs beyond routine work activities e.g. exercise programs posted significantly lower work-related complaints and higher employee morale than those that did not.

**Discussion** Formal workplaces in Uganda need to identify these new workplace challenges and design appropriate on and off job measures to address these psychosocial challenges. Employers too should go the extra mile to get the employees buy-in into the programs instituted, so that the intended purpose of the programs can be effectively achieved.

658

#### PSYCHOSOCIAL WORK ENVIRONMENT AND MENTAL HEALTH OF SCHOOL TEACHERS IN JAPAN

<sup>1</sup>A Narisada, <sup>1</sup>K Suzuki, <sup>2</sup>H Furui, <sup>3</sup>F Kobayashi. <sup>1</sup>Aichi Medical University, Nagakute, Japan; <sup>2</sup>Aichi Shukutoku University, Nagakute, Japan; <sup>3</sup>Support Organisation for the Collaboration of Medicine and Civil Society, Nagoya, Japan

10.1136/oemed-2018-ICOHabstracts.1669

**Introduction** Mental health problems among schoolteachers and related psychosocial factors at schools are important issues, yet there has not been sufficient study in this area. In the present study, we collected 6 years of annual stress survey data on individuals and linked these data with application for long-term sick leave due to mental illness during those periods. We then examined the relationship between long-term sick leave and workplace psychosocial factors.

**Methods** First, we created a database of 5631 male and 7760 female schoolteachers (total: 13,391) by linking data from the annual stress surveys from 2010 to 2015 for each individual. The survey used a questionnaire composed of the Brief Job Stress Questionnaire, K6 questionnaire, and two items on organisational justice, six items on work factors specific to schoolteachers, two items on family-related concerns and medical consultation, and questions on present illnesses under treatment. After excluding recurrence cases from subjects with long-term (>90 days) sick leave due to mental illness during 2010–2015, we identified 189 cases. We then linked the above two datasets for analysis.

**Result** From 3 to 2 years prior to sick leave, a remarkable increase in quantitative and qualitative job demands and considerable decline in job control and support from colleagues were observed.

During that period, however, depressive symptoms did not conspicuously increase. Transfer of workplace or occurrence of family-related concerns was observed immediately prior to starting sick leave.

**Conclusion** We examined the longitudinal relationship between long-term sick leave due to mental illness and psychosocial factors in the workplace. Increased job demands, declining job control, and deteriorating relations with coworkers during 3 to 2 years before the sick leave should be considered as background factors. Transfer of workplace or occurrence of family-related concerns may also serve as trigger factors of long-term sick leave.