workforce is engaged in employment which is less physically demanding but which brings with it a range of stress-related and psycho-social risks. Eurofound (2006) estimated that in 2005, 20% of EU-15 workers reported health related risk due to work-related stress and the EU OSHA (2007) has identified high emotional demands and work intensification as key emerging psychosocial risks for the occupational health and safety of workers.

Methods This paper draws on the 2015 European Working Conditions Survey to examine differences in the exposure of workers across Europe to (a) work stressors (physical risks, chemical/biological hazards, physically demanding work, psychosocial risks and work pressure); (b) the mediating role of work organised to enhance autonomy, supportiveness of management and colleagues and (b) the response of workers in terms of the subjective experience of stress, anxiety and depression.

Results Results to include the following:

- Country differences in exposure to workplace hazards and stressors
- Extent to which these are linked to country differences in the composition of jobs by sector
- The role played by the organisation of work (autonomy, supportiveness) in mediating the impact on workers
- Country differences in the extent to which they adopt forms of work organisation that ameliorate the impact of stressors on workers.

Discussion The organisation of work has an important role to play in ameliorating the impact of workplace risks on outcomes for workers.

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'BALANSGUIDEN' – A SELF-ASSESSMENT E-TOOL FOR WORK-LIFE BALANCE

R Jakobsson*. *Prevent- Management and Labour Improving Work Environment, Stockholm, Sweden*

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Introduction Borderless work is an increasing phenomenon in modern work-life, where many employees have constant access to e-mail and other means to work from anywhere at any time. In many ways, it creates a freedom of action but also a risk of health. Many companies are now addressing this issue by introducing e-mail policies and such, however many employees are still risking their health by not disconnecting from the job and finding the balance between work-life and personal life. 'Balansguiden' is the outcome of a request from Swedish companies and unions to offer an easy-to-use, cost-free self-assessment tool available to the Swedish workforce.

Methods The e-tool is foremost to be used as a means to raise awareness within the individuals themselves. The user can choose from five topics, e.g. 'you can work wherever you like' or 'everyone trusts you'. Each topic starts with a short film clip, describing it with statements and situations. Further reflection is supported by follow-up questions, facts and finally the possibility to create an action plan in order to encourage change. The e-tool also encompasses support for managers to handle risks regarding borderless work on a group level. It is based around the same five topics and offers the possibilities to make group assessments as well as follow up over time

presented by graphic visualisations. It also provides a fact-based foundation for group discussion on the topics.

Results The e-tool was first available for individual use in 2016 and completed with the group functionality in 2017. The response has been positive from Swedish users, with over 18 000 unique site visits since the first release.

Discussion Scientific evaluation of the usefulness and effectiveness of the e-tool would make a valuable contribution and enable further conclusions about the method as such.

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HEALTHY ENTERPRISE STANDARD (HES) EVALUATION: IMPACT ON ADVERSE PHYSICAL AND PSYCHOSOCIAL WORK FACTORS AND WORK-RELATED MUSCULOSKELETAL PROBLEMS

^{1,2}K Aubé*, ^{1,2}CE Dionne, ²C Duchaine, ³M Vézina, ³M-M Mantha-Bélisle, ⁴H Sultan-Taieb, ⁵F St-Hilaire, ^{1,2}C Brisson. ¹Faculty of Medicine, Laval University, Quebec City, Canada; ²CHU de Québec Research Centre, Population Health and Optimal Health Practices Unit, Quebec City, Canada; ³Institut national de santé publique du Québec, Quebec City, Canada; ⁴Université du Québec à Montréal, Montreal, Canada; ⁵Management School, University of Sherbrooke, Sherbrooke, Canada

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Introduction Work-related musculoskeletal problems (WMSP) are amongst the most frequent and costly health problems experienced by the working population. Both adverse physical and psychosocial work factors can lead to WMSP. The *Healthy Enterprise Standard* (HES) targets four intervention areas, including the *Workplace environment* and the *Management practices* areas. The aim of this study was to determine the impact of HES interventions targeting both these areas simultaneously on the prevalence of adverse physical and psychosocial work factors and of WMSP.

Methods This was an intervention study with a before-after design derived from secondary data. Organisations adopted the standard of their own initiative and were responsible for implementing interventions. All active employees were solicited to participate before (T1=2849) and 24–38 months (T2=2560) following the standard's implementation. At both time points, participants completed a questionnaire. Physical work factors were measured with five items. Psychosocial work factors were assessed with the validated demand-control-support and effort-reward imbalance models. WMSP were measured with four items adapted from the Nordic Questionnaire. Intervention exposure was measured by questionnaire and complemented by qualitative analyses.

Result There was an increase from T1 to T2 in adverse physical and psychosocial work factors as well as the prevalence of WMSP. The rate of adverse physical work factors at T2 was lower amongst participants exposed to interventions in the *Workplace environment* area of the HES. The prevalence of adverse psychosocial work factors at T2 was lower amongst participants exposed to interventions in the *Management practices*. However, the T2 prevalence of WMSP was similar between participants simultaneously exposed to interventions in both areas of interest and those not exposed to these interventions.

Discussion These results suggest that this type of intervention may be effective in reducing workers' occupational exposure to risk factors associated with WMSP and therefore be an effective strategy to prevent WMSP.