

801 **IMPLEMENTATION PROCESS EVALUATION OF A PREVENTIVE INTERVENTION IN A HOSPITAL: ASSESSMENT OF THE ADEQUACY BETWEEN WORKERS' NEEDS AND INTERVENTION**

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**Introduction** The *Together towards health* program was implemented in a large hospital in Québec, Canada to target psychosocial work factors. An organisational psychologist developed activities to improve team management in several units, based on a participatory implementation process. The aim of this study was to assess the adequacy between workers' needs and activities that were effectively implemented.

**Methods** We used a longitudinal design with a mixed-method approach. Data were collected in three medical analysis laboratories (n=25, 25, 35) within the hospital. Quantitative data were collected with a questionnaire among all active workers before the intervention implementation. Psychosocial work factors (validated demand-control-support and effort-reward imbalance models), psychological distress (validated Kessler-6), sleep quality (Pittsburg Sleep Quality Index) were measured. Three top priorities for intervention were ranked by workers. Qualitative data through observation (logbooks) during all steps of intervention (8–24 months) were collected in the three units and documented the elaboration of action plan and the nature of activities effectively implemented.

**Results**

- Two different sources of data for workers needs assessment were compared: the diagnosis of psychosocial work factors resulting from quantitative data analysis and workers' ranking of their 3 top priorities. Results showed a good adequacy between diagnosis and workers' ranking in the three units.
- The correspondence between the action plan (elaborated by workers, managers and the psychologist) and the identified needs was partial in two units and low in one unit.
- The types of implemented activities covered only a part of identified needs in the three units.

**Discussion** Results show that the discrepancy between needs, action plan and activities may be important. In the three units, implemented activities addressed social support, reward and justice at work, but did not address work organisation issues (psychological demands, decision latitude) although prevalence of exposure was high for these risk factors.

810 **HEALTHY ENTERPRISE STANDARD (HES) EVALUATION: IMPACT ON WORK-LIFE BALANCE AND SELF-RATED HEALTH**

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**Introduction** Work-life balance (WLB) refers to the harmonisation of one's professional and personal roles. A growing body of research suggests that this conflict may be associated with various mental and physical health problems. An increasing number of organisations are implementing measures to promote WLB, but the effects of these on workers' health are not well known. Implemented in 2008, the voluntary *Healthy Enterprise Standard* (HES) targets four intervention areas, including one to promote WLB. The objective of this study was to evaluate the impact of HES implementation on workers' WLB and their self-rated health.

**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, n=2849) and 24–38 months (T2, n=2560) following the standard's implementation. At both time points, participants completed a questionnaire. WLB was measured using one item evaluating participants' ability to maintain balance in their professional and personal responsibilities. Self-rated health was assessed using a validated self-report item. Exposure to the WLB intervention area was determined by qualitative analyses.

**Result** The overall results show a deterioration of WLB for both women and men from T1 to T2. Of the two organisations that implemented specific interventions to promote WLB, only one implemented recognised interventions (flexible schedule and telecommute). In this organisation, a slight improvement in WLB was observed for men and especially for women. However, an increase in the prevalence of negative self-rated health was also observed in both sexes.

**Discussion** These results suggest that workplace interventions implementing recognised and specific measures to promote workers' WLB may be effective. The results of this study illustrate the importance of implementing concrete and recognised interventions in this field.

1681 **CROSS-DISCIPLINARY APPROACHES TO MENTAL HEALTH IN THE WORKPLACE**

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**Introduction** Changes in the pace of life, stresses at home and the drive to increase productivity and enhance performance in the workplace can all adversely affect the mental health of workers. Anyone suffering mental health issues will either become absent from work on sick leave, attend work but be far less effective, or may even leave their employment. Either way this is a cost to many businesses and one that is being recognised at government levels too. Organisations are now thinking about how mental health can be better managed and how workers can be rehabilitated while at work.

In most countries mental health is still a difficult topic for employees to discuss. They often feel that they may be accused of not being up to the task and are afraid of losing their job.

**Session description** The session will be delivered as a panel discussion. It will explore and reflect upon raising awareness,

reducing stigmatisation, improving collaboration between professionals and implementing programmes for rehabilitation. Each speaker will give a short introductory presentation on their perspective on mental health in the workplace. This will be followed by a panel interview conducted by the session chair and include opportunity for questions to be asked from the audience.

**IOSH research** This session builds on recent research funded by IOSH into the 'Barriers and facilitators of return to work after sick leave in workers with common mental health disorders' (Joosen, *et al*). This study was completed in the Netherlands. Interviews were utilised to explore what occupational health professionals, mental health professionals, general practitioners, managers and workers saw as the barriers to and facilitators of work resumption by workers suffering from common mental disorders. The work includes reflection on the workers' own perspectives on what had led to sickness absence.

The research identified four main areas for improvement:

- The need for different agencies and professionals to collaborate more closely with each other when dealing with each case.
- Personalise workers' return to work support by focussing on their values, views and needs.
- Support workers in gaining self-awareness and regaining control.
- Improve manager's skills and knowledge in guiding workers after suffering a common mental disorder.

This research embellished IOSH's work in this area and is complimentary to its OH Toolkit, webinars and other information sources it has published. These tools are freely available and actively promoted to our members and wider audiences.

#### 1709 A GLOBAL VIEW OF IMPACT OF PSYCHOSOCIAL FACTORS ON HEALTH, WORK AND WELLBEING

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**Aim of special session** Global Impact on productivity and health of psychological factors such as fatigue, depression, sleep deprivation in a company population

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#### 1709a GLOBAL VIEW OF IMPACT OF PSYCHOSOCIAL FACTORS ON HEALTH, WORK AND WELLBEING

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**Introduction** Employers around the globe are being encouraged, recommended or legally mandated to consider the health of their employees beyond the scope of physical health. This broader scope of psychological health and safety in the workplace encompasses issues like depression, inadequate sleep, excessive job

demands, low job satisfaction, extending their consideration into areas of direct and indirect business impact.

**Methods** Responses of 4 20 000 employees in 123 countries to an online health risk appraisal that included measures of psychological and organisational factors were used to compare and correlate the impact of these factors, stratified by level of severity, on health and work. Psychosocial factors included work-related sources of personal stress, depression, sleep and organisational stress, the imbalance of job satisfaction and job stress. Impact on work was measured based on self-reported limitations on performance of work functions and absence from work.

**Results** As the severity of psychosocial risk factors increases, so does the unfavourable impact on job performance limitations and absenteeism, directly and indirectly, through the interaction with worsening physical health risk. For example, for individuals screened for depression (PHQ-9), comparing those with no depression symptoms to those with severe depression, we see globally 3.6 times the prevalence of individuals with 4 or more lifestyle-related risk factors, 13.0 times prevalence of 4 or more chronic conditions, 7.2 times prevalence of severe sleep problems and 11.5 times prevalence individuals reporting more stress than satisfaction from their work. Globally, prevalence of psychosocial risks varies by region, country and site. (e.g. prevalence of mild to severe depression ranges from 16% for North America to 37% for Asia and 39% for Africa and Middle East.

**Discussion** When evaluating health risk, it is important to include psychosocial factors. More studies are required to investigate the impact of psychosocial factors on work and interaction between psychosocial factors and health.

#### 1709b EXPERIENCE OF THE IMPACT OF PSYCHOSOCIAL FACTORS IN A COMPANY IN SEVERAL COUNTRIES IN LATIN AMERICA REGION

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**Introduction** This work was conducted at a company of massive consuming products located in nine Latina-American countries. Total working population 12,235, male: 7,716, female: 4519. 97% of population covered by On-Site Health Centres. Have 29 sites, 19 (65%) with certified Wellness Program, covering 83% of the working. 79% of the population participate in any of the site medical/Wellness programs. 32% of the population completed the Health Risk Appraisal questionnaire called Wellness Check Point.

**Methods** From the 4564 employees who filled the HRA questionnaire out, it was calculated absenteeism, presenteeism, depression, level of stress and engagement (job stress vs job satisfaction). Rates of presenteeism and absenteeism were calculated for each of the variables (depression, stress and engagement). After that, the weighted average of the company Latin-American employee's salary was calculated. Having at the end the cost of each level variable was divided as follows: Depression (normal, with some symptoms, mild, moderate, severe); Stress (no risk, low moderate, high/very high); and engagement (much more satisfaction than stress, more satisfaction than stress, equal/neutral satisfaction than stress, more stress than satisfaction, much more stress than satisfaction).