

for those with lower community functioning. Participation in competitive employment was also promoted by shorter initial working hours, higher education and disclosure of disabilities. Future prospective, longitudinal research with larger samples, in stratified baseline conditions, is needed.

533 EVALUATION OF SUBJECTIVE SCALES FOR MEASURING MENTAL WORKLOAD: LITERATURE REVIEW

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10.1136/oemed-2018-ICOHabstracts.1727

Introduction Workers' mental health should be valued since the causes of work abandonment due to problems related to mental health already occupy the first position in the statistics in some countries. Knowledge about the means of measuring the mental load in the work environment can help the occupational health team to identify causes of absence, propose ways of prevention, seeking a better adaptation of the work cycle to the worker. The comprehension of the measurement methods available in the literature also helps to guide the choice of the most appropriate scale according to the type of demand to be applied.

Methods Literature review about the forms of evaluation of mental workload, carried out between June and November of 2016, using the following descriptors combined: 'occupational mental load', 'Mental work load', and 'NASA-TLX' at SciELO, Lilacs and Medline databases.

Result A total of 34 articles were selected, of which 80% used the NASA-TLX scale as a method of analysis or as a comparison for validation of new scales.

Discussion The mental workload scales should be selected according to what is prioritised in the research results. In addition, variability may occur in the application of the same scale with different populations; which corroborates with the definition that the mental load has factors that are specific to the individual and his sociocultural environment. Thus, external and personal factors may interfere in different ways in the assessment of mental load expenditures according to the task.

534 MENTAL DISORDERS AMONG URBAN BUS DRIVERS

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10.1136/oemed-2018-ICOHabstracts.1728

Introduction The urban bus driver work has several implications, being of great importance the fact that it develops in a public environment. The traffic isn't a defined workspace, being an environment of constant shift and, for that reason, differently from most workers, the bus driver practice his labour outside of the territorially demarcated business

environment. This situation exposes this profession to the interference of a diversity of risk factors that many times are out of the scope of its competence. The aim of this study was to identify the most prevalent risk factors and prevention strategies to avoid the illness among the urban bus drivers, in the period of 2006–2016.

Methods A literature survey involving the subject of mental health and the urban bus drivers was made by a direct consultation of scientific articles published in Scielo, Lilacs and Medline database, published from 2006 to 2016.

Result After peer-reading and selection of abstracts according to the parameters described above, fourteen articles were selected and analysed.

Discussion The labour influences the physiological and mental state of the driver, which can lead to irritability, insomnia and attention disturbances. The act of driving is exhausting and its performance is related specially to environment factors of the labour working space and the individual form of coping. Therefore, labour and health conditions of the urban collective bus driver may be considered as psychic and organic pathologies sources. The organisational aspect of labour exerts a great influence over the psychic disorders in this group of professionals, such as the relationship with bosses and colleagues, stability and professional bond and work requirement in relation to the conditions offered. External factors such as road conditions, intense traffic, transit regulations and violence, also exerts a strong influence over the psychosocial health of the urban bus driver.

828 IS THERE A RELATIONSHIP BETWEEN LEADERSHIP AND PRESENTEEISM?

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10.1136/oemed-2018-ICOHabstracts.1729

Introduction According to the literature presenteeism (defined as people turning up at work despite illness) is closely related to work related factors such as high job demands, time pressure or difficulties in staff replacement. On the other hand, there is growing evidence that managers and supervisors have a huge impact on employees' health and well-being. We have been wondering if leadership also has an effect on employees' behaviour in case of illness.

Methods PubMed, Business Source Complete and PsycINFO were searched for relevant literature. Internet search and scanning reference lists complemented our search. Two authors independently reviewed titles, assessed articles' eligibility and extracted relevant data. Papers examining presenteeism in the context of management or leadership were included. Articles in languages other than English or German were excluded from further research.

Results In total 418 studies were identified. 27 met the inclusion criteria. The majority of studies addressed the role of managers with regard to the disclosure of diseases, within return-to-work discussions or in integration management. Others analysed the impact of different leadership styles on presenteeism in general. Studies suggest that the leaders' own behaviours in case of illness as well as their attitudes towards

illness play an important role in the context. Leaders serve as role models and therefore tend to have a huge impact on the pressure perceived by employees. Moreover, support from management, leadership qualities as well as leadership style tend to be an issue. Correlations often were no longer significant when other variables such as health problems, demographic variables or organisational factors were incorporated.

Discussion Results from quantitative and qualitative studies suggest that there is a correlation between leadership and presenteeism. However, results are not conclusive. Moreover, significant correlations disappeared when multivariate analyses were undertaken. Thus, results have to be interpreted with care.

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NIGHT WORK AND COMMON MENTAL DISORDERS: ANALYSING OBSERVATIONAL DATA AS A NON-RANDOMISED PSEUDO TRIAL

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10.1136/oemed-2018-ICOHabstracts.1730

Introduction This paper investigates the relationship between working regularly in night shifts for long periods and common mental disorders, including depression, anxiety disorders, severe stress, adjustment disorders, neurotic disorders and insomnia. The investigation of this association can help position intervention policies concerned with regulations of work schedule and workers' mental health.

Methods A non-randomised pseudo trial was conducted on two populations of social and healthcare employees (the Finnish Public Sector Study) for a duration of eight years. Study one tested the effect of moving from continuous day work to work in night shifts on the development of common mental disorders for 30 019 employees and study two examined the recovery rate from mental disorders when 944 night workers with common mental disorders changed their working schedule to day shifts. Data were analysed using logistic regression with GEE.

Result Study one showed a 3% higher odds of acquiring common mental disorders among night workers compared to day workers; (odds ratio 1.03, 95% CI: 0.82 to 1.30) whereas study two showed a 99% higher odds of recovery from common mental disorders among night workers who changed their work schedule to day shifts compared to night workers who continued to work night shifts (odds ratio 1.99, 95% CI: 1.20 to 3.28). Both results were adjusted for several covariates.

Discussion Our paper introduces a novel approach to analyse observational repeat data on night work which is closer to randomised controlled trials than conventional epidemiologic analyses. The results from study one could not support a causal association between night work and the development of common mental disorders. However, study two shows increased recovery rates from common mental disorders when night workers change their work schedule back to day work. These findings suggest that change in work schedule may have a role in the prognosis of common mental disorders.

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HEALTHY ENTERPRISE STANDARD (HES) EVALUATION: IMPACT ON ADVERSE PSYCHOSOCIAL WORK FACTORS AND PSYCHOLOGICAL DISTRESS

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10.1136/oemed-2018-ICOHabstracts.1731

Introduction Adverse psychosocial work factors are recognised as a significant source of psychological distress. The *Healthy Enterprise Standard* (HES) targets four intervention areas: *Lifestyle*, *Work-life balance*, *Workplace environment* and *Management practices*; this latter area referring to interventions aimed at improving the psychosocial work environment. The aim of this study was to evaluate the impact of implementing the HES on exposure to adverse psychosocial work factors and the prevalence of psychological distress among ten Quebec organisations.

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. Psychosocial work factors were assessed with the validated demand-control-support and effort-reward imbalance models. Psychological distress was assessed with the validated K6. Intervention exposure was measured by questionnaire and complemented by qualitative analyses.

Result The prevalence of low social support at work and high psychological distress decreased among all participants between T1 and T2. In organisations that were less exposed to interventions in the *Management practices* area, an increase in the prevalence of several adverse psychosocial work factors was observed while a decrease in the prevalence of these adverse factors was observed in organisations more exposed to *Management practices* interventions. Moreover, a more important decrease in high psychological distress was observed in organisations more exposed compared to those less exposed to interventions in this area.

Discussion These results suggest that organisational psychosocial interventions implemented in the context of this standard may be effective in reducing both adverse psychosocial work factors as well as high psychological distress and may therefore be an effective means to improve the mental health of workers.

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THE INFLUENCE OF WORKPLACE SOCIAL CAPITAL ON HBA1C LEVELS AMONG JAPANESE WORKERS: A 2-YEAR PROSPECTIVE COHORT STUDY (J-HOPE)

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10.1136/oemed-2018-ICOHabstracts.1732