Reward could damage health with stress repercussions. A high level of organisational justice has been linked to better mental health (Elovainio, *et al.*, 2002). Results agree with Rodriguez-Martinez (2011) and Rodriguez-Bracho (2013), regarding exposure to emotional demands, predictability and leadership quality. Avendaño, *et al* (2009) found that relationships quality with superiors are important to face daily stressors. This also may indicate that company' leaders lack of teams' surveillance, with insufficient information to carry out the work expressed by Predictability. However, Colleagues/Superiors Social support, Clarity/Conflict roles and group feeling, were in favourable conditions. Factors as work compensation, social capital, emotional demands, leadership and predictability, were with greater consequences in mental health and employers must use important resources to manage daily stressors.

80 PSYCHOLOGICAL RISK ASSESSMENT – BRIDGING THE RESEARCH-PRACTITIONER GAP

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Introduction Due to the consequences of globalisation and digitalization on working conditions, psychological risk factors at work rise in importance. Prevention strategies for designing working conditions that maintain mental health and work functioning are needed.

Only few companies worldwide have implemented psychological risk management regularly. One reason might be the lack of suitable measurement tools. Although, many researchers developed reliable assessment instruments for psychosocial stress at work, most of them fail in helping redesigning working conditions on the technical or organisational level. With the help of existing measurements mainly personal prevention actions are possible. Therefore an instrument is needed that measures the objective work factor and not the subjective stress of the employees.

The aim of this investigation is to develop and validate a practical online assessment of psychological risk at work according to scientific standards.

Methods From November 2015 to March 2016, psychological work factors that have impact on mental health were determined by means of literature searches, workshops and telephone interviews with experts. An online assessment was developed between April 2016 and September 2016. From October 2016 to March 2017 risk analyses were carried out by experts and employees on the basis of 10 pilot companies from the public sector (about 2000 respondents).

Results The online assessment provides statements on the work content, work organisation, social relations and the work environment. With 48 items, psychological work factors with regard to the task (not the person) are recorded with value-neutral formulations. The response scale is a 4-step frequency scale. First analyses prove the objectivity, reliability and validity of the instrument.

Conclusion The online assessment contains psychological work factors that can be generalised to any work tasks. It might be used across all sectors. The instrument measures psychological risk at work economically and largely independent of the individual response.

1011 WORK PROCESSES AND MENTAL SUFFERING: A QUANTITATIVE ANALYSIS FROM THE SAUVI BETIM SURVEY, BRAZIL (2014–2015)

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Introduction This study aimed to analyse associations between work processes and suffering in workers of the SAUVI-Betim survey. It is a cross-sectional study, which analysed data from this survey, conducted in the years 2014–2015 in the city of Betim Brazil.

Methods Initially, general survey information was analysed comparing groups of workers and non-workers. Then, an analysis was made comprising only the group of workers (614 people). The statistical analysis included the application of the chi-square test in the contingency tables and the analysis of correspondences between 'Work' and 'Health' categories.

Results Statistical significance ($p < 0.05$) was found, mainly between being female and a higher frequency of depression, anxiety/other psychiatric problem and use of sleeping aids; being male and the positive CAGE result; 'separated/divorced' marital status and self-report of depression and use of sleeping aids; lower family incomes with self-reported depression; and the use of sleeping aids in the 50–59 age group. In addition, the correspondence analysis found the following associations: the consumption of alcoholic beverages was greater for those who carried out extensive journeys; the positive CAGE result was associated with worse working conditions; both the use of sleeping pills and the anxiety/other psychiatric problem was associated with night work; and self-reported depression was associated with overtime work.

Discussion This study pointed out that certain characteristics of the work processes were associated with the variables related to suffering in workers of the SAUVI survey. Other research that evaluates causation and investigates other variables should be conducted.

1134 DOES OPEN-PLAN OFFICES SUITE STAFF IN A PSYCHIATRIC CARE SETTING?

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Introduction In 2013, all psychiatric units (in-and outpatient) in Uppsala, Sweden, were relocated together into a new building at the hospital area. 500 employees moved from mainly cell offices to open design offices without flexible seating. Occupational medicine made an evaluation to investigate how the psychosocial work environment was affected by the change.

Methods Semi structured focus groups interviews, with a total of eight group interviews, four months before the relocation and 14 months after. The groups were divided by professional groups such as nurses, physicians, psychologists and in administrative groups such as managers, management team and staff. The participants were randomly invited to the interviews, all together 55 persons participated before, and 46 persons after the relocation. The interviews were transcribed and analysed using qualitative data analysis.

Results Overall, the staff experienced difficulties performing their duties in an optimal way in the open workplaces. Both

the psychosocial environment, the organisation and logistics was affected, making the workflow more inefficient. The closeness to the hospital was appreciated by all groups. The staff perceived the managers to be both near and far away. Contacts with managers seated in an open workplace became more visible, while managers seated in specific head departments were not easily accessible. The hierarchy of the organisation became more visible in the open design office.

Conclusion An important contribution from this evaluation is to learn from what works for the staff and find success factors for a good work environment in the open workplaces. For example, allocate time to educate staff in new methods and approaches needed in the open workplace, seat managers together with staff to increase flow of information and to strengthen relations, promote flexibility by modern information technology and continuously evaluate and adjust to ensure that offices are suited optimally for the organisation's needs.

755 WORKPLACE INCIVILITY AMONG HEALTH CARE WORKERS AND ITS HEALTH OUTCOMES: MENTAL HEALTH AND PHYSICAL COMPLAINTS

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Introduction For decades, workplace mistreatment such as psychological aggression, bullying, violence or interpersonal conflicts have received worldwide attention. On the other hand, health effects from milder mistreatment such as workplace incivility are not fully investigated. The aim of the study was therefore to investigate the association between workplace incivility and its mental and physical consequences.

Methods A cross-sectional study was conducted in various private health care centres in 2013 and 600 self-administered questionnaires were returned with sealed envelope (response rate: 91.2%). Supervisor incivility, co-worker incivility, subordinate incivility and instigated incivility were measured by Straightforward Incivility Scale (SIS) (Leiter, 2012) and mental health such as vigour, anger-irritability, fatigue, anxiety, and depression and physical complaints were measured by the New Brief Job Stress Questionnaire (Inoue, *et al.*, 2014). Hierarchical multiple regression analyses were conducted to estimate the effect of each incivility on mental health and physical complaints.

Result Average age of the participants was 45.4 (SD:11.5) years old and occupations included nurses (34.7%), care workers (25.0%), clerks (18.0%), doctors/pharmacists (5.1%), other co-medicals (17.1%). The results of correlation analyses showed that all incivility variables had positive and significant associations with mental health except for vigour, which showed a negative association. Results of hierarchical multiple regression analyses showed that supervisor incivility had a significant main effect on depression, while co-worker incivility on fatigue and anxiety and instigated incivility on anger-irritability.

Discussion Health effects from workplace incivility among health care workers may vary depending on who the perpetrators are. This contributes to understanding of mental health consequences from workplace incivility.

329 GENDER DIFFERENCES IN TEACHERS' PERCEIVED PHYSICAL AND MENTAL STRAIN

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Introduction Teachers are facing various types of strain. Research of gender differences in teachers' health is scarce and not conclusive so far. The aim of this study was to assess gender differences in teachers' perceived physical and mental strain within the framework of a psychological risk assessment.

Methods A standardised questionnaire was handed out in 13 schools in Bavaria, Germany. Amongst other items, frequencies of diverse physical strain were assessed by a 6-point scale ranging from 'daily' to 'never/almost never'. The same scale served for assessing frequencies of mental strain. Gender differences were measured using Chi-square test.

Result 359 questionnaires were completed (return rate 45.4%). 91 participants were male, 262 female (6 missing values). Main outcomes for physical strain in men were neck tension (22.0%), sleeping disorders (16.5%) and headache (12.1%). Women also stated neck tension at most (36.6%), followed by back pain (25.6%) and sleeping disorders (16.8%). Main outcomes for mental strain in men were feeling under time pressure (58.2%) and exhausted/tired (49.5%), followed by feeling tense and rushed (42.9%, each). Women also stated feeling under time pressure (54.6%) and feeling exhausted/tired (52.3%), followed by feeling rushed (38.9%). Chi-square test didn't show significant gender differences in mental strain. Regarding physical strain, significant differences in men and women were found for neck tension ($p=0.042$) and back pain ($p=0.025$).

Conclusion Based on the sample, conclusions have to be drawn with care. Nevertheless, results suggest that there are gender differences in neck tension and back pain. In order to carry out sustainable interventions promoting teachers' health based on psychological risk assessments, possible influence by gender aspects should be taken into consideration or ruled out. However, further studies are needed to take profound action.

569 INFLUENCE OF WORK AND PERSONAL-PROTECTIVE FACTORS ON COMMUTING SAFETY BEHAVIOURS: A GROWTH MODELLING APPROACH

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Introduction Research has shown that attitudes and behaviours developed in the work domain can spill over into non-work domains, however little attention has been paid to the impact