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


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 (16.3%) and headache (12.1%). Women also stated neck tension at most (36.5%), followed by feeling tense and rushed (42.9%, each). Women also stated feeling under time pressure (54.6%) and feeling exhausted/tired (45.1%). Women also stated neck tension at most (36.6%), followed by sleeping disorders (16.5%) and headache (12.6%). Main outcomes for mental strain in men were feeling under time pressure (54.6%) and feeling exhausted/tired (45.1%). 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.
that work may have on the transition between one’s work and non-work domains (i.e., commuting). We sought to examine the impact of work-related ruminative (WRR) as a cognitive distracting mechanism on employee’s commuting safety behaviours (CSBs) and the potential buffering effects of personal-protective factors (commute-as-relaxation) as employee’s commute from work to home.

Methods Data were collected via a baseline and 10 day daily diary study (two weeks, Monday – Friday) from employees (n=106) who worked full-time and commuted via private vehicle on a daily basis between March – April 2015. Data were analysed using Mplus version 7.3.1. and results were limited to the baseline and first week of daily diary collection.

Result On average, employees experience a decrease in risky CSBs over the work week, with a rise in risky CSB occurring from Thursday to Friday. Travel-speed disruptions and WRR significantly impacted the trajectory of risky CSBs, such that travel-speed disruptions and engaging in WRR resulted in riskier CSBs. Additionally, employees who view the commute as time for relaxation engaged in less risky CSBs than their counterparts. The final model fit the data well χ²(53)=67.81, p=0.08, RMSEA=0.058, CFI=0.94, TLI=0.93, SRMR=0.07.

Discussion Results indicated that employees who engage in WRR engage in riskier CSBs over the course of the working week. However, employees who view their commutes as time for relaxation engage in less risky CSBs over their counterparts. The findings of this study indicate the need for workplace intervention techniques that target the negative spill-over of WRR into employees’ commute time, as well as highlights the need for work-recovery mechanisms.

1027 QUALITY OF WORK LIFE AMONG DOCTORS IN THE UNIVERSITY HOSPITALS IN HEALTH AREA 7 OF THAILAND

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Introduction Despite extensive information regarding quality of work life in medical residents in Thailand, however no study has examined the quality of work life (QoWL) amongst hospital doctors in Thailand. The aim of study is to evaluate the QoWL of hospital doctors in the university hospitals in the health area 7.

Methods A descriptive study was conducted among all 910 doctors in the university hospitals in health area 7 of from May to June 2017. The data was collected by web-based Thai Work-Related Quality of Life Scale – 2 (Thai WRQLS-2).

Results Response rate was 39.1% (356/910). The mean rating of qwel was 106.36 out of 155 (SD 16.09). 61.0% of doctors rated their QoWL as moderate scale. The eight sub-factors were rated as moderate to high for control at work, homework interface, and working conditions; moderate and high for general well-being; high down to moderate for employee engagement, job and career satisfaction, and overall QoWL; and moderate down to low for stress at work. Details of factors which might influence their QoWL is being analysed and will be updated soon.

Conclusion This is the first study that assessed the QoWL among doctors in the university hospitals in health area 7.

Majority of doctors rated QoWL as moderate. The sub-factor which rated to be the lowest score was stress at work.