

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

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 rumination (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 [$\chi^2(53)=67.81$, $p=0.08$, 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.

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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 qowl 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, home-work 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.

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HOLISTIC APPROACH TOWARDS EMPLOYEES' LIFESTYLE MANAGEMENT THROUGH WELLNESS PROGRAMS TO REDUCE NON COMMUNICABLE DISEASES BURDEN

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Introduction With the increased levels of competition in the business, employees today are being faced with a serious threat of non-communicable diseases like Diabetes, Blood Pressure, Heart diseases etc. Various factors affecting the lifestyle are Bad Food Habits, Smoking, stress, overweight, sedentary lifestyle etc. To halt the progression of unhealthy lifestyle and its outcome, a tailored education and lifestyle management interventions is designed which directly or indirectly lower the risks and improve outcomes.

Methods All the employees who undergo for annual health examination are considered in the study. From annual health examination data the age, past history, family history smoking and alcohol habits, BMI, Blood pressure, Fasting Blood sugar, and Cholesterol and exercises habit were considered. Accordingly the employees were divided in mild, moderate and severe risk group.

A tailored and personalised intervention programs were conducted with targeting modifiable risk factors and behaviour changes focus on encouraging physical activity, weight management, smoking cessation, and stress management. Multi modal communication like awareness talks, Diet Counselling, Health tips, Health talks, guest lectures, structured health programs, Yoga session, one to one counselling session electronic media, movie etc. helped in raising awareness and changing attitude towards lifestyle management.

Results The health status of employees has shown tremendous improvements month on month basis as they have become more sensitised and aware towards their health issues and its consequences. Improved work culture, reduction in sickness absenteeism, employees coming forward for counselling sessions.

Conclusion Poor Lifestyle management is one of the main culprits in rising numbers of non-Communicable disease. Holistic approach is required to improve the unhealthy lifestyle and to change the attitude toward it. Successful Wellness programs are one of the most effective tools for the same.

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SOCIAL DETERMINANTS AND GENDER DIFFERENCES IN WORK-LIFE CONFLICT: THE EFFECTS OF AGE AND MARRIAGE

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Introduction Work-life conflict (WLC) is defined as '...a form of inter-role conflict in which work and family demands are mutually incompatible, meeting demands of both the domains is difficult' and has become a new topic of research interest.