

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.