

factors are likely to be overestimated when using traditional approaches that do not account for unobserved confounding, i.e. selection of individuals with a high likelihood of sickness absence into particular work environments.

O-208 IMMIGRANT WORKERS AND WORK DISABILITY DURATION IN BRITISH COLUMBIA, CANADA

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Introduction Immigrants are overrepresented in low prestige and precarious employment positions that may expose them disproportionately to work-related injury and illness but also longer work disability durations.

Objective To investigate differences in disability duration among immigrants (categorized as economic, family or refugees/other classification upon arrival to Canada) compared to Canadian-born workers with a work-related injury in British Columbia.

Methods Immigrants and Canadian-born workers were identified from linked workers' compensation claims and immigration records with back strain, connective tissue, concussion and fracture injuries requiring at least one day of work disability between 2009 to 2015. Quantile regression investigated the relationship between immigration classification and predicted disability days (defined as time on claim within one year of injury) at the 25th, 50th and 75th percentile of the distribution.

Results With a few exceptions, immigrants experienced greater predicted disability days compared to Canadian-born workers within the same injury cohort. The largest differences were observed for family and refugee/other immigrant classification workers, and in particular for women within these classifications compared to Canadian-born workers. For example, at the 75th percentile of the distribution of disability days, we observed a difference of 47.9 days longer for refugee/other women in the concussion cohort and a difference of 41.6 days longer for family classification women in the fracture cohort. Economic immigrants had comparable disability days with Canadian-born workers, especially in the connective tissue and back strain injury cohorts at the 25th and 50th percentiles of the distribution.

Conclusion Immigrant workers' longer disability durations may be a result of more severe injuries, or challenges navigating the workers' compensation system with delays in seeking disability benefits and rehabilitation services. Differences by immigrant classification speaks to vulnerabilities or inequities upon arrival in Canada that persist upon entry to the workforce and warrant further investigation for early mitigation strategies.

O-219 EMPLOYEES RECEIVING INPATIENT TREATMENT FOR COMMON MENTAL DISORDERS IN GERMANY: FACTORS ASSOCIATED WITH TIME TO FIRST AND FULL RETURN TO WORK

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Introduction In Germany, return to work (RTW) after inpatient treatment for common mental disorders (CMDs) is a complex process at the intersection of the mental healthcare system and the workplace.

Objectives This study examined 1) the time to first and full RTW and 2) associated factors among employees receiving inpatient treatment for CMDs.

Methods In this prospective cohort study, employees receiving inpatient psychiatric or medical rehabilitation treatment for CMDs were interviewed by phone during their last week before discharge. Follow-up interviews were conducted after 6, 12, and 18 months. Health-, personal-, and work-related factors were used from baseline measurement. Parametric survival analysis was conducted to identify factors associated with time to first and full RTW.

Results A total of N = 269 participants who stayed at a psychiatric clinic or a medical rehabilitation facility were included. Almost all participants (n = 252, 94%) from both treatment settings reported a first RTW and a full RTW. The time to first and full RTW was shortest among participants from medical rehabilitation (both median 6 days) and longer among participants from psychiatric treatment (median 17 days to first RTW and 73 days to full RTW). While only health-related and personal factors were associated with time to first RTW, leadership quality and needed individual RTW support were associated with time to full RTW.

Conclusion More attention to work accommodation needs for RTW in clinical practice and coordinated actions towards RTW in collaboration with key RTW stakeholders in the workplace may support a timely RTW.

O-282 ASSOCIATION BETWEEN PATTERNS OF RETURN-TO-WORK TRAJECTORIES AND LONG-TERM DEPRESSIVE SYMPTOMS AMONG BREAST CANCER SURVIVORS

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Introduction Depressive symptoms and fatigue are well known factors affecting return-to-work (RTW) after breast cancer (BC). However, the RTW process may in turn have a positive impact on long-term health and psychological well-being among breast cancer survivors (BCS).

Objective Our aim was to identify RTW trajectories within the 5-years following BC using a multi-phase and diachronic process and to assess their associations with depressive symptoms measured at least five year after their BC diagnostic.

Methods We used data from the French Constances cohort that included more than 200,000 participants from 2012 to 2020. Our study relied on a sub-sample of women aged up to 55 years at the time of their diagnostic, who were working at the time of their diagnostic and who fully completed their occupational calendar up to five years after their diagnostic (n=939). Sequence analysis was used to identify RTW trajectories among BCS from their diagnosis up to 5 years later. Depressive symptoms were assessed using the 20-items CES-D scale. Adjusted logistic regression analyses were performed to assess the association between RTW trajectories and depressive symptoms.

Results In our sample, 12.8% of BCS suffered from depressive symptoms at their inclusion in the cohort. Four types of

RTW trajectories were identified: full-time RTW (n=645), late or no RTW (n=114), early and progressive RTW (n=134), full time RTW before early retirement (n=46). BCS that had a late or did not RTW within the five years following their diagnostic were associated with an increased risk of long-term depressive symptoms (OR : 2.73, 95% CI [1.47–5.04]).

Conclusion This study highlighted that a late or absence of RTW within the 5 years after BC was associated with poorer long-term psychosocial factors and confirmed the potential of using sequence analysis to capture the multi-state aspect of RTW trajectories.

0-320 RETURN TO WORK AND JOB LOSS FOLLOWING HIP REPLACEMENT: FINDINGS FROM TWO LONGITUDINAL COHORTS

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Introduction People are increasingly encouraged to work to older ages, thus returning to and staying in work is an important outcome for younger arthroplasty recipients.

Objectives We examined the impact of physically-demanding occupational activities on the risk of leaving a job because of difficulties with the replaced hip.

Methods A survey was mailed to 1,457 unilateral THA recipients of working age (18–64 years) from the Geneva Hip Arthroplasty Registry and the Clinical Outcomes in Arthroplasty study. People were eligible if they had received their arthroplasty 5 years before. We collected demographic data, time to reach best function and post-operative recreational activities. For each job held post-operatively, participants self-reported exposure to activities that loaded the joint (standing, walking, kneeling/squatting, climbing ladders, lifting, digging). The risk of job loss in relation to occupational activities was calculated using Cox regression models adjusting for age at operation, sex, body mass index, time to reach best post-operative function, cohort and follow-up.

Results In total 514 of 817 respondents (57% response rate) resumed work post-arthroplasty. Amongst these (206 men and 205 women), 411 self-reported usable occupational information. The median follow-up post-THA was 7.5 years (IQR 6.2–12.1). Adjusted models showed that there was an increased risk of exiting work post-arthroplasty because of problems with the replaced hip were increased if workers were exposed to: standing >4 hours/day (HR:3.81, 95%CI 1.62–8.96); kneeling/squatting (HR:95%CI 3.32, 1.46–7.55) and carrying/lifting >10 kg (HR:5.43, 95%CI 2.29–12.88) compared with those who did not.

Conclusion Certain types of occupational activities may hamper job retention following THA. Our results, although subject to replication, suggest that some types of more physically-demanding work may be more challenging to continue post-hip arthroplasty. There may be a role for focussed rehabilitation or career advice or re-deployment of people in some types of jobs.

Sex and Gender

0-91 WORKPLACE INJURIES AND ILLNESS: WHAT DIFFERENCE DO SEX AND GENDER MAKE? A SYSTEMATIC REVIEW

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Introduction As policymakers become increasingly interested in taking gender/sex differences into account in their primary prevention approaches to occupational health and safety, there is a need to summarize the existing research evidence to find where health outcome differences associated with occupational hazard exposures exist between men and women.

Objective To understand similarities and differences between men and women in health outcomes related to occupational hazard exposures, across different occupations and in the same occupations.

Methods A systematic literature review was conducted on peer-reviewed prospective epidemiological studies published from 2009 to 2019, with no language restrictions. The methodological quality of studies was assessed, with medium to high scoring studies included in the evidence synthesis. Selected studies were qualitatively analysed and compared according to the magnitude of health risks for men and women for each occupational exposure category across occupations and in the same occupations.

Results 105 studies were reviewed. Across occupations, men were at higher risk of kidney disease from occupational heat stress, and injury/disability from physical and biological/chemical hazards. Women were at higher risk of injury/disability, musculoskeletal disorders from biomechanical strain, and poor mental health from workplace stress. In the same occupations, women in the healthcare industry were at greater risk of cancers and injury compared to men in the same jobs. Both men and women exposed to work stress in the same white collar and blue jobs were at risk of injury and heart disease. Men and women working in chemical manufacturing were at risk for different cancers.

Conclusion Men and women have different health risks from exposures to occupational hazards, with differences not solely due to the gendered distribution of occupations. These results may be useful to policy makers seeking to reduce gender inequalities in occupational health, and to researchers wishing to analyse these determinants in greater depth.

0-124 MEN AND WOMEN AT WORK IN CANADA, 1991–2016

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Introduction Women's increased labour force participation in Canada is a well-known trend over the past 40 years, and there is a perception that the gendered division of the labour force has decreased over time.