TRANSFORMATIONAL LEADERSHIP AND FIREFIGHTERS’ WELL-BEING: A STUDY WITH EMERGENCY TEAM PROFESSIONALS

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Introduction Although research on leadership has privileged its effect on performance, there is also some empirical evidence that leadership can have a beneficial effect on the well-being of subordinates. The analysis of this effect in professions with high demands that can affect stress and well-being, as is the case with firefighters, is especially relevant.

Objectives In this study based on the theory of transformational leadership, we considered that with this leadership style, subordinates had more resources to face the situations of high demands that characterize their profession. In this way, we analyzed the effect of leadership on well-being, namely exhaustion and flourishing.

Method With a sample of 90 firefighters from emergency intervention teams, in T1 we assessed transformational leadership and in T2, about 3–4 weeks later we assessed well-being. In this period, we recorded the daily number of critical incidents in which each firefighter intervened.

Results The results obtained allowed us to observe that the different dimensions of transformational leadership were significant predictors of both exhaustion and flourishing and this effect occurred after controlling for the number of critical incidents.

Conclusion There must be tools that invest in the development of transformational leadership skills of the heads of firefighters, in order to promote a healthy work context for these professionals.

ASSESSMENT OF MULTIDISCIPLINARY INTERVENTION OF OCCUPATIONAL MEDICINE AND PHYSIOTHERAPY ON RETURN TO WORK OF PATIENTS WITH MUSCULOSKELETAL DISORDERS

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Introduction Musculoskeletal disorders (MSD), are a major public health concern worldwide, leading to substantial individual and societal burdens, incurring disability, work incapacity, and absenteeism. Multidisciplinary interventions focusing on rehabilitating MSD are generally effective in facilitating integration and return-to-work (RTW). Israel serves as an ideal milieu for conducting multidisciplinary interventions, because OM service is free, egalitarian, and nationally provided to every worker by four Health Maintenance Organizations (HMOs), comparable to the physiotherapy (PT) service.

Objectives Evaluating the effectiveness of a joint OM and PT intervention program in terms of RTW rates and time to RTW.

Methods A quasi-experiment was conducted among MSD patients referred to the OM clinic of Jerusalem District’s Clalit HMO between 1/2016 and 6/2018. Patients allocated to OM-OT multidisciplinary intervention were matched to usual-care OM patients, receiving uncoordinated OT. Work status was followed-up using electronic medical records, employers’ communication, and phone interviews in 1/2019 assessing RTW. Multivariate adjusted regression and survival analyses were performed to evaluate associations between the intervention and RTW rates or time to RTW, including stratified analyses for symptom anatomy.

Results Of 249 patients included in the study, 94 (38%) were treated by the multidisciplinary OM-OT intervention which demonstrated higher proportions of full-RTW (71.2%) compared to the usual care (51.6%). The intervention proved effective in RTW (OR=2.6, CI=1.4–4.8), which was earlier (HR=1.7, CI=1.2–2.4), with a median time to full-RTW of three months (SE=0.44) in the intervention group versus nine (SE=6.6) in the usual-care group. Higher odds for RTW were demonstrated among intervention patients with back/neck symptoms (3.3) compared to limbs (1.9).

Conclusions Our field study proves the effectiveness of OM-OT collaboration in RTW, coordinating existing public medical systems that provide holistic treatment approaches. OM physicians’ involvement assists in tailoring rehabilitation OT treatment towards occupational-oriented goals. Additional multidisciplinary collaborations which include psychotherapists, occupational therapists, etc. should be further studied.