of stress reactions such as PTSD. Increased prevalence of PTSD in ambulance personnel has been found compared with the general population and other emergency frontline workers.

Objectives To determine the factors associated with an increased risk for PTSD in ambulance personnel and the barriers faced in accessing support for work related stress (WRS).

Methods A cross-sectional study of voluntary participants comprising 388 ambulance personnel was conducted. Participants completed self-administered questionnaires: Impact of Event Scale-Revised (IES-R), EMS Critical Incident Inventory (CII), EMS Chronic Stress Questionnaire (EMS-CSQ), SF-36 Quality of Life questionnaire (SF-36) and Connor-Davidson Resilience Scale (CD-RISC). There were used to assess PTSD and level of occupational stressors.

Results The prevalence of PTSD in the study population was 30%. Participants were predominantly female (55%), with a median age of 38 (Interquartile Range [IQR] 31–44) years. 83% had a professional qualification. Those with PTSD were more likely to be current smokers (Odds Ratio [OR]=1.76, 95% Confidence Interval [CI]: 1.05 - 2.95), to be current illicit drug users (OR=16.4, 95% CI: 1.87 - 143.86) and to have drinking problems (OR=3.86, 95% CI: 1.80 - 8.23). Self-reported mental health condition (OR=3.76, 1.96 - 7.21), being treated for a medical condition (OR=1.95, 1.22 - 3.11), chronic WRS exposure (OR=1.05, 1.04 - 1.07) and high critical incident stress score (OR=1.03, 1.02 - 1.04) were positively associated with PTSD risk. Barriers to seeking help for WRS included concerns that services were not confidential, and that the participant's career would be negatively affected.

Conclusion PTSD prevalence in ambulance personnel is considerably higher than those found in previous studies conducted among this occupational group in the Western Cape. Identified risk factors and exposures should inform prevention strategies and interventions designed to support ambulance personnel with a greater focus on addressing barriers to accessing care.

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WORK-RELATED TRAUMATIC FATALITY IN THE CANADIAN PROVINCE OF SASKATCHEWAN, 2007–2018: TRENDS AND ASSOCIATION WITH ECONOMIC FACTORS

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Background Understanding the extent of work-related fatality (WRF) burden can provide insight into prevention efforts. The Canadian province of Saskatchewan demonstrates an increased WRF burden over other provinces. Still, the evolution of this WRF burden over time remains unclear and this limits understanding of the true pattern of fatalities at the workplace and identification of potential WRF leading indicators. This study examined the WRF rate in Saskatchewan over the past decade, as well as potential risk factors.

Methods Retrospective linked Saskatchewan workplace traumatic fatalities and Statistics Canada labour force survey data were used. Fatality cases were then aggregated by year, season, worker characteristics (e.g., age, sex, and industry type), total employment, total labour force, and the number of unemployed workers. Yearly WRF rates were calculated using the

number of fatalities as the numerator and yearly total employment numbers as the denominator. A generalized additive model with Poisson distribution was carried out to examine the association of WRF rates to personal characteristics and economic indicators.

Results The study identified 220 traumatic WRF cases from 2007 to 2018. The average twelve-year WRF rate was 0.28 ± 0.07 per 100,000, with a stable WRF rate observed between 2013–2014 and 2015–2017 and an increasing trend between 2017–2018. Men were 13 times more likely to have WRF than women (RR=13.7, 95% CI: 10.48–17.9), and participants aged 60+ years were disproportionately affected by WRF (0.70 ± 0.21 per 100,000). The construction industry experienced the highest WRF risk (RR=9.2, 95%CI 6.1–13.8). Risk of WRF was found to increase with unemployment rate, but dropped when unemployment rate was highest.

Conclusion The study findings show a rising trend in recent (2017–2018) WRF rate, with transient increases in unemployment rate compounding the problem. Targeting prevention strategies towards high-risk population and age groups and during periods of economic downturn could help address fatalities at work.

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PHYSICIANS' EXPERIENCES OF WORK, SUPPORT AND LEADERSHIP DURING THE FIRST WAVE OF THE COVID-19 PANDEMIC: STORIES FROM SWEDISH HOSPITALS

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Introduction Positive work engagement can increase in times of hard pressures, and especially when organisational resources are at place. Nevertheless, such hard pressure as the COVID-19 pandemic on care processes is not seen in modern times in Sweden. Inherent unpredictability of a pandemic together with the initial lack of reliable scientific data have posed major challenges to healthcare professional.

Objective The aim of this study is to describe hospital-based physicians experiences of work, support and leadership in the health organisation they worked in during the first wave of the COVID-19 pandemic.

Methods A total of 25 physicians from different clinical units, and different hospitals in Sweden were interviewed between July and October of 2020. Interviews were transcribed verbatim and analysed using a qualitative content analysis as described by Graneheim, Lindgren and Lundman (2017). Analysis was inspired by a system approach sorting experiences on micro, meso and macro levels.

Results Preliminary results show that physicians experienced on micro level physicians struggled to keep their health and control over their work situation. On meso level, physicians described trust in and support from first line managers. However, organisational and health service leadership were lacking. Physicians led the transition from regular to pandemic care, which was perceived as positive.

Conclusions Health service organisation can learn from the physicians' experience both in preparation for the next crisis and the importance of including medical professions in the organisation of care.