

P-256

RETURN TO WORK AFTER BREAST CANCER: AN OPPORTUNITY OF TUNISIAN WOMEN EMPOWERMENT¹Lamia Bouzgarrou, Amen Moussa, Slama Anis, Amira Omrane, Hayet Laajili. ¹University of Monastir, Tunisia

10.1136/OEM-2021-EPI.253

Introduction Returning to work after breast cancer, is associated with different benefits such financial independence and engaging in a meaningful occupation, but often limited by several difficulties.

Objectives To assess the return to work among active Tunisian women after breast cancer and to identify its determinants and barriers.

Methods Women treated for breast cancer, in one of the biggest Tunisian gynecology centers, at least two years and at most five years before the cross-sectional survey onset, and under a regular employment contract at diagnosis time, were included (n=112). Socio-demographic and medical characteristics were collected from medical files. Return to work and its circumstances were investigated during a face-to-face interview.

Results At diagnosis, 26% of patients were under 41 years old (mean age=48±11 years). Patients worked in the public sector in 87% of cases, in a middle or senior management position in 35% and in a limited-term employment contract by 4% of cases. After cancer, 97% of women needed a sick leave (mean duration=9.5 ± 2.5 months). Sick leave was significantly prolonged among patients working in the public sector (p = 0.01), blue collar officers (p=0.01), unlimited employment contract (p=0.02) and surgical treatment (p=0.01). At investigation time, return to work was noted among 72% of patients, with regain of initial occupied workstation only in 5% of cases. After returning to work, 76% of patients reported incomes decrease and 49% of them co-workers discrimination. Hostility at work motivated 3% of patient to ask for early retirement. Return to work was significantly higher among married women (p=0.02), blue-collar officers category (p=0.01), in case of early diagnosis cancer stage and better health auto assessment (p=0.01).

Conclusion Return to work, an important step in the recovery of a normal life, should be better prepared through a reinforced collaboration between occupational and attending physicians.

P-257

WORK-FAMILY CONFLICT AS A RISK FACTOR OF BACK PAIN AMONG NURSES.¹Hibat Allah Mosbah, Ines Rassas, Marouen Hayouni, Aouatef Mahfoudh, Amira Khelil, Adnene Hanchi, Mohamed Akrouf, Irtyah Merchaoui. ¹Fattouma Bourguiba Hospital, Tunisia

10.1136/OEM-2021-EPI.254

Introduction Work Family Conflict (WFC) is one of the most specific sources of stress in the nursing profession. Although the impact of this phenomenon on both family life and mental health of nurses has been well documented, its role as a risk factor for musculoskeletal disorders (MSDs) has only recently been the subject of scientific research.

Aim To examine the impact of WFC on the occurrence of back pain among nursing staff in a public district hospital in Tunisia.

Methods This cross-sectional study was conducted on nurses assigned to a District Hospital in Tunisia, whose job seniority was at least one-year. Data collection was based on an administered questionnaire on the socio-demographic and occupational characteristics of the participants. Psychosocial factors at work and work-family interface were evaluated using the Organizational Psychological Constraints questionnaire and Carlson's work-family conflict scale. Screening of musculoskeletal disorders of the spine was conducted through a Nordic-style questionnaire.

Results 72 nurses were included in this study with a mean age of 42.3±10.8 years. Over the past 12 months, the prevalence of back pain has been 77.8%. It was associated with gender (p=0.009), age (p=0.021), marital status (p < 10⁻³), BMI (p=0.009), history of chronic disease (p=0.009), job seniority (p=0.008), the duration of home-hospital journey (p=0.024), work-family conflict (p < 10⁻³) and family-work conflict (p=0.005). Multivariate analysis showed that the significant predictors of back pain were personal history of chronic diseases (p=0.009; OR = 6.5; CI95% = [1.6–26.7]) and Work-Family Conflict (p < 10⁻³; OR = 11.8; CI95% = [2.9–47.3]).

Conclusion Work-family conflict is one of the most important stress factors that cause back pain among nurses. The extent of this phenomenon in this professional category justifies its consideration in any precautionary approach to prevent musculoskeletal disorders in healthcare settings.

P-259

WORK-RELATED BIOMECHANICAL EXPOSURE AMONG NURSES: SEMI-QUANTITATIVE ERGONOMIC RISK ASSESSMENT¹Lamia Bouzgarrou, Ben Afia Latifa, Kamoun Salma, Dafaâ Amine, Touka Yahyaoui, Irtyah Merchaoui, Neila Chaari. ¹University of Monastir, Tunisia

10.1136/OEM-2021-EPI.255

Introduction Care activities associated biomechanical constraints induce musculoskeletal disorders with heavy consequences, notably for exposed nurses.

Objectives This study aimed to assess biomechanical exposure among nurses in 28 patient hospitalization services.

Methods Concerned services were classified according to the nurses' usual physical workload in 'light', 'moderate', 'important' and 'high' physical demanding group. A specific software was used to encode nurse activity observations. Indeed, at regular intervals of 15 seconds, each relevant biomechanical parameter of work situation is observed and instantly associated to a physical load score. The 'patient handling score' integrates both the adopted posture and the patient characteristics. In order to estimate the overall physical arduousness, the software calculates a global score and distributes it according to the Chamoux scale.

Results Most constraining postures were adopted during significantly longer periods in 'heavy' services. 'Standing with leaning or twisted back' was observed during 22.99% of working time in 'high physical demanding service', during 19.23% in 'important physical demanding services', during 15.60% and 15.33% in 'moderate' and 'light' demanding ones. The fraction of time spent with 'Arms raised over the shoulders' decreased from 2.14% in heavy demanding services to 1.44% in moderate ones. In total, patient handling activity took 0.71%