Bullying/Stress/Violence

PREVALENCE OF WORKPLACE VIOLENCE AMONGST HEALTHCARE WORKERS: ESTIMATES FROM A BEFORE-AFTER STUDY ON INCIDENT REPORTING IN NORTHERN ITALY

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Introduction Prevalence estimates on workplace violence (WV) in healthcare workers (HCWs) in Italy range between 36% and 98%, but are mostly limited to studies on high-risk sub-populations and subject to participation bias. Hospital incident reporting registers cover the entire HCW population, but suffer from known underreporting. The DeVOS study implemented a new reporting procedure in two large (n=9037 HCW) general hospitals in Lombardia (Northern Italy), effective from Nov, 1st, 2021. We aimed to compare violence prevalence estimates on HCWs before and after the new procedure’s implementation.

Material and Methods In the before period (2015–2020), notification procedures were hospital-based and not specific for WV. We introduced a simplified, regional guidelines-compliant WV reporting, which was explained to the work force coordinators; and a web-based data collection platform. Underreporting was estimated as the observed to expected WV ratio (from literature). WV prevalence was estimated on the number of HCWs, in the after period disentangling the contribution of first reports from reunions on the same worker.

Results In the 6-year before period, the observed to expected WV ratio was 0.54 (95%CI:0.48–0.62), ranging from 0.32 to 0.87 in the two hospitals. Victim’s demographic/job title information was not reported in most of the reports. WV prevalence declined in one hospital (2015=1.68%, 2020=0.30%), and raised in the other (2015=0.2%, 2020=1.0%). In the 12-month after period, the HCW reported 170 WV, 80% more than expected based on the before prevalence. Data completeness was above 97%. WV prevalence was 1.80% (95% CI:1.55%–2.10%); of this, 1.47% and 0.33% was due to first and recurrent aggressions, respectively. Among the HCWs, young (3.33%), nurses (3.06%) and men (2.44%) reported the highest prevalence. Psychiatric wards and emergency-urgency departments reported the highest WV prevalence.

Conclusions A guidelines-compliant incident reporting system reduces workplace violence underreporting in HCWs, possibly allowing more accurate prevalence estimates to inform prevention strategies.

COVID 19

A RANDOMIZED CONTROLLED TRIAL OF AN EDUCATIONAL INTERVENTION IN WILLINGNESS OF THE COVID-19 VACCINE BOOSTER SHOTS AMONGST NON-HEALTHCARE WORKERS

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Introduction Despite a high proportion of workers infected with SARS-CoV-2 experienced no or mild symptoms, the business ought to shut down when there is an outbreak. Observational studies showed that willingness of COVID-19 vaccine increased vaccination rate. Although receiving booster shots may reduce infection and release symptoms, the public has concerns on booster vaccines and whether educational intervention improves the willingness remains unclear. This study aimed to evaluate the effectiveness of a theory-based educational programme on improving willingness/intention/actual uptake of booster doses and reducing infection in non-healthcare workers.

Materials and Methods This is an ongoing 9-month randomized controlled trial (RCT) with two arms and single blinding. From April to June 2022, 299 workers enrolled from a variety of work settings were randomly allocated to intervention and control group. Intervention was an online educational programme based on the theory of planned behavior (TPB), which was implemented at the beginning and repeated at 3-month. The outcomes were changes of willingness intention/actual uptake of booster vaccine and infection, measured at pre- and post-intervention of baseline, at 3-month, 6-month and 9-month follow-up. The ethics approval number is CREC-2021.531-T.

Results At the baseline, about 61% workers received 3 doses and 38% had ever been infected with SARS-CoV-2. Compared with the pre-intervention, both the post-intervention and control group had improved attitude (26.5±9.4 vs 26.7±9.4) and perceived behavioral control (30.7±8.1 vs 29.5±8.5), with a slightly better for the intervention group. These scores decreased slightly at 3-month intervention (28.7±8.7 vs 28.7±8.9), but they were still higher than the pre-intervention measurements. A similar pattern was observed for willingness intention to uptake booster doses but not for the infection rate.

Conclusions This RCT shows that education intervention increases willingness of getting booster shots via improving attitude and perceived behavior control, but the effect was not significant. [HMRF#COVID1903008, shelly@cuhk.edu.hk]