

Results The results revealed that 71.1% of the concessions were denied and 28.9% were granted. It was showed divergent values between the medical evaluation with lower values (mean scores of 0.4) in the activity/participation domain compared with results of higher values obtained from the social assistants (mean scores of 3.0) for the same domain. These results were statistically significant with $p < 0.001$.

Discussion The results were divergent when comparing the evaluations made by the medical examiners and social workers. These results may help assist in a better understanding of the analysis of the ICF as an instrument for the evaluation of BPC. It is suggested the need of possibly better standardisation in the method of the ICF instrument application in order to minimise the divergence of results

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HEALTH PROBLEMS IN EARLY ADULTHOOD PREDICT DISABILITY RETIREMENT

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Introduction Disability retirement causes a substantial burden on the society and affects the well-being of individuals. Early health problems as determinants of disability retirement have received little attention. The aim was to study, whether interrupting compulsory military service is an early indicator of disability retirement among Finnish men and whether seeking medical advice during military service increases the risk of all-cause disability retirement and disability retirement due to mental disorders and musculoskeletal diseases. We also looked at secular trends in these associations.

Methods We examined a nationally representative sample of 2069 men, who had entered their compulsory military service during 1967–1996. We linked military service health records with cause-specific register data on disability retirement from 1968 to 2008. We explored secular trends in three service time strata. Cox regression model were used to estimate proportional hazard ratios and their 95% confidence intervals.

Result During the follow-up time 140 (6.8%) men retired due to disability, mental disorders being the most common cause. The men who interrupted service had a remarkably higher cumulative incidence of disability retirement (18.9%). The associations between seeking medical advice during military service and all-cause disability retirement were similar across the three service time cohorts (overall hazard ratio 1.40 per one standard deviation of the number of visits; 95% confidence interval 1.26–1.56). Visits due to mental problems predicted disability retirement due to mental disorders in the men who served between 1987 and 1996 and a tendency for a similar cause-specific association was seen for musculoskeletal diseases in the men who served in 1967–1976.

Discussion Health problems, in particular mental problems, during late adolescence are strong determinants of disability retirement. Conscription examinations and military service provide access to the entire age cohort of men, where persons at risk for work disability can be identified and early preventive measures initiated.

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PEOPLE WITH DISABILITIES: PERCEIVED WORK EXPERIENCE AND HEALTH CONSEQUENCES

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Introduction Brazilian private and public employers must reserve jobs to hire persons with disabilities. The inclusion operates precariously. Often employees are required to work in low skills jobs following taylorism-fordism or toyotism production modes. This study aimed to investigate perceived job experiences of workers with disabilities and impact on health.

Methods This is a qualitative case study carried in São Paulo, Brazil. Focus groups (6) and interviews (4) with people with physical disabilities and deaf were performed. Physical disabilities were acquired in some cases as a result of work injuries, due to unsafe work conditions, and the perversity of the system projecting the worker to a condition of disabled person.

Results It prevails the discourse of disabled workers with unqualified skills. It is sought to include those who depend on few adaptations of the work environment. The requirements for professional qualification are based on the ‘ideology of adjustment’. It becomes effective as inclusion programs aim to discipline behaviours, organisers of social life. These are requirements regarding subjectivity, modes of living, with emphasis on individual persistence and overcoming difficulties. Subtle control operates through the discourse of inclusion and the worker acquires the condition of reification.

Discussion Nowadays the deaf are limited in the use of their main mode of communication, the hands. There is a discourse in the companies about the ‘productive deaf’ reproducing the cultural isolation of the deaf people. The excluded, disguised as included, experience suffering related to social injustices and psychological violence. Regarding the work injuries, the degradation and precariousness of work generate a subpopulation of persons with disabilities, but denies them access to an effective rehabilitation system. Public policies should prevent the production of a double discrimination. It is also necessary to change the common speech labelling the disabled person as a disqualified professional.

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PREDICTING LONG-TERM SICKNESS ABSENCE AND SUPPORTING RETURN-TO WORK PROCESSES USING QUESTIONNAIRES

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Introduction Promoting good health and attendance, instead of penalising absence, has become a growing policy issue, since long-term sickness absence is increasing in 27 European member states and Norway. As most employees will return to work spontaneously, resources for return to work projects should be dedicated to the high-risk group for long-term sickness absence.

Methods In this project, a questionnaire was developed to predict the risk of long-term sickness absence.

By combining a literature review of the predictive factors for long-term sickness absence, with a review of existing questionnaires that question long-term sickness absence, a new questionnaire was developed. A study has been set up including 10 000 participants, to assess the predictive value of the questionnaire and the model to predict the risk of long-term sickness absence.

Results The literature study revealed 16 predictors for long-term sickness absence. The most predictive factor is the patient's expectancy regarding their return to work. As the other predictive value of the other factors was ambiguously, the pilot study will explore the value of the complete model and each separate parameter. The developed questionnaire is not specific for a certain illness, nor for use in a specific country.

Discussion The questionnaire developed in this research aims to support physicians to assess the risk of long-term sickness absence, wherefore an earlier start of return-to work support becomes possible. We aim to guide more employees successfully and sustainably back to work.

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RECOGNITION AND SUPPORT OF NURSES IN ACUTE CARE HOSPITALS TOWARD STROKE PATIENTS' RETURN TO WORK

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Introduction Stroke is a major cause of disability in Japan especially among middle-aged and elderly workers. Nurses take part in patients' care as front-line professionals; thus, they may play an important role in patients' return to work (RTW). However, there is limited research on a clinical nurse's role in RTW. The purpose of this study was to clarify the aspects of recognition and support of nurses in acute care hospitals toward stroke patients' RTW.

Methods Participants were ten nurses with clinical experience of 7 to 20 years. The data were collected using semi-structured interviews conducted from August to September 2014. A Qualitative descriptive approach was employed. The study was approved by the Ethics Committee of the Yokkaichi Nursing Medical University and the hospital.

Result Participants felt they were providing insufficient support for patients' RTW, and that they were busy and providing inadequate care without long-term prospects. Meanwhile, they were aware of the importance of increasing awareness regarding RTW through care that consisted of work and support for patients since hospitalisation. Therefore, they extended support to motivate patients for RTW, and helped expand the activities of daily living and care to increase patients' self-confidence. They also extended the provision of care among other staff through cooperation and coordination. As the care reached and helped the patient and provision of care expanded in the hospital, they realised the rewarding feeling of being a nurse, their recognition as a patient's advocate, and the effect of care. At the same time, they were aware of the importance of prevention and promoting a healthy lifestyle for their patients.

Discussion Nurses were involved in providing care by assessing the occupational background of patients since hospitalisation. Recognition of RTW was deepened by continuous interaction with patients, and the recognition was fostered over a course of time.

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SUPPORTING EMPLOYERS DURING RETURN TO WORK OF EMPLOYEES WITH CANCER; DEVELOPMENT OF AN ONLINE INTERVENTION USING THE INTERVENTION MAPPING APPROACH

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Introduction Employees with cancer experience difficulties returning to work. Employers play an essential role during return to work (RTW) of employees with cancer, but current RTW interventions pay little attention to the employer. Adequate employer support might be the missing link for successful RTW of employees with cancer. The purpose of this project is therefore to optimise RTW of employees with cancer, by supporting employers.

Methods An online intervention for employers was developed using the Intervention Mapping approach. Firstly, a needs assessment was conducted; the role and support needs of employers during RTW of employees with cancer were assessed (interviews with 30 Dutch employers) and employer-related perceived barriers and facilitators for work participation of employees with cancer were identified (systematic review) and prioritised (delphi study). Secondly, the objectives of the intervention were specified, practical strategies were chosen, based on interviews with e-health experts, and the online intervention was developed.

Result RTW of employees with cancer requires tailored support from the employer and specific employer/employee communication during different phases:

- disclosure of cancer,
- absence employee during treatment,
- RTW planning,
- actual RTW,
- no return. The review included five and 47 studies representing the employers' and employees' perspectives, respectively.

The identified barriers and facilitators were prioritised by 22 employers and 26 employees with cancer. Subsequently, an online toolbox with 'to-the-point' and tailored support for employers is developed.

Discussion RTW of employees with cancer is a complex trajectory, during which employers play an important role and express a need for support. By involving employers and experts during its development, the online toolbox is expected to fit employers' needs, be feasible in practice and contribute to a successful RTW of employees with cancer. The online toolbox will be evaluated on feasibility in a pilot-RCT with ± 65 pairs of employer/employee with cancer.