

the quantitative tools: Patient Specific Functional Score (PSFS) self-reporting of functional ability to complete tasks and the Numerical Pain Rating Scale (NPRS) self-rating of pain score. A cross-sectional analysis of absenteeism rates was also performed to determine the percentage of WBP participants with certified absence and work hours lost for back pain.

Result In 2012, 75% of participants found the WBP beneficial. This figure rose to 96% and 94% in 2015 and 2016 respectively.

In 2012, 52% of participants achieved a 2 point increase or greater for their average score in the PSFS. In 2015 and 2016 it was 88% and 72% respectively. A 2 point change for the average score is valid to be 90% confident that a real improvement occurred.

In 2012 66% reported a reduction in pain levels on the NPRS. In 2015 and 2016 this increased to 96% and 92%, respectively.

In 2012, 52% of the WBP participants had some certified leave of absence for back pain. This decreased to 21% in 2015 and to 12% in 2016.

Work hours lost for back pain in 2012 was 2.5% of the total percent of absenteeism. This decreased in 2015 and in 2016 to 0.4% and 0.6% respectively (a reduction of 76% in back related absence in a four year period).

Discussion The WBP demonstrated both personal and organisational benefits. It has proven to be a worthwhile health promotion initiative. It's ethos is based on an active approach in the management of back pain, enabling staff to remain at work while effectively managing back pain.

35 BARRIERS AND WORK IMPAIRMENT ASSOCIATED TO SICKNESS PRESENCE

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Introduction Sickness presence is a relatively new 'phenomenon that people, despite complaints and ill health that should prompt them to rest and take sick leave, go to work in any case'. The highest sickness presence is largely to be found in the care and welfare and educational sectors. The aim of the study is to investigate the relations between barriers and work impairment and sickness presence among health care workers.

Methods A cross-sectional study was conducted at the largest hospital in Slovenia involving 5865 health care workers employed at the University Medical Centre Ljubljana in the year 2010. Each employee obtained a questionnaire composed of three standardised international questionnaires. Logistic regression methods were used to assess the associations between risk factors and sickness presence. The questionnaire contained questions related to demographic factors and factors that describe one's own assessment of workability (absenteeism, barriers and work impairment, anticipated certainty about one's own workability in the following year). Data was analysed using SPSS.

Results In multivariate modelling the highest odds were calculated for barriers at work (OR=4,5; 95% CI: 3,8 to 5,3), anticipated uncertainty about workability (OR=1,9; 95% CI: 1,5 to 2,3), sickness absence more than twice a year (OR=3,6; 95% CI: 3,0 to 4,4) and sickness absence more than twice in the past year (OR=2,7; 95% CI: 2,2 to 3,3).

Conclusion This is the first surveillance on sickness presence indicates that besides the pre-requisite – bad health, sickness presence is associated with barriers at work, their consequences on behaviour of the workers and sickness absence. If continued they might have negative consequences on work and health care worker's health and require a response in health care organisation.

370 TITLE CORRELATES OF PRESENTEEISM: A STUDY OF NURSES WORKING IN GERIATRIC SETTINGS IN MALTA

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Introduction Presenteeism is usually defined as attending for work while ill. It is linked with lost productivity and increased sickness absence, and can be costly to organisations. Studies suggest a high prevalence of presenteeism in the healthcare sector. Additionally European statistics suggest that presenteeism is particularly frequent in Malta (EU). A study was therefore conducted to investigate the correlates of presenteeism in a sample of nurses working within a geriatric ward setting in Malta.

Methods A cross-sectional survey (n=270) investigated the suggested predictors of presenteeism that had emerged in an earlier qualitative study. Hierarchical binary logistic regression was used to identify the correlates of presenteeism. Data was analysed using SPSS.

Result Individuals who had engaged in presenteeism two or more times in the previous 12 months were more likely to have: engaged in sickness absenteeism frequently (OR 2.36, 95% CI: 1.02 to 5.94); felt emotional during their last presenteeism episode (OR 1.21, 95% CI: 1.07 to 1.37); felt that their last sickness absenteeism episode was good for their health (OR 1.72, 95% CI: 1.14 to 2.61); and felt presenteeism was necessary following recent sick leave (OR 1.45, 95% CI: 1.08 to 1.94). They were also less likely to have: reported a fracture (OR 0.06, 95% CI: 0.01 to 0.63) or gastric illness (OR 0.35, 95% CI: 0.15 to 0.82) during their last absenteeism episode; understood the illness that led to their last presenteeism episode (OR 0.80, 95% CI: 0.67 to 0.95); and to feel that they had managerial and peer support (OR 0.45, 95% CI: 0.26 to 0.91).

Discussion The study highlights that presenteeism is linked to overall health, however perceptions of individual illnesses can also influence the frequency of this behaviour. The study also supports previous findings that work attitudes and organisational factors also play a role. Interventions that benefit nurses' health and provide support at work may reduce the frequency of presenteeism.

460 DEVELOPMENT OF AN INTERVENTION TO FACILITATE RETURN TO WORK OF UK HEALTHCARE STAFF WITH COMMON MENTAL HEALTH DISORDERS

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