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capacity. Rehabilitation measures with a comprehensive solution of issues of treatment, employment, motivation allows to prevent the progression of the OD and contributes to improving the quality of life of patients.

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Inspection of job risks, burn out syndrome and job satisfaction of Greek Public Health Inspectors

*Ioannis Adamopoulos*¹, *Demetris Lamnisis*², *Niki Syrou*³, *George Boustras*⁴

¹ EUROPEAN UNIVERSITY (E.U.C.), SCHOOL OF SCIENCE/ Center for Risk, Safety and Environment (CERISE), Athens, Greece, ² EUROPEAN UNIVERSITY (E.U.C.), Department of Health Sciences, School of Sciences, NICOSIA, Cyprus, ³ University of Thessaly, Department of Physical Education and Sport Science, TRIKALA, Greece, ⁴ EUROPEAN UNIVERSITY (E.U.C.), SCHOOL OF SCIENCE/ Center for Risk, Safety and Environment (CERISE), NICOSIA, Cyprus

The ever-changing business environment in which modern organizations operate, rapid technological developments, mergers, acquisitions, economic policy, changes in consumer and the economic slowdown of the recent decades, have increased the probability of existing job risks and has also introduced new risks for employees, such as psychological risks and burnout. In the EU, before the mid-1980s, Greece, Spain, Portugal and Italy had only fragmentary regulations, combined with weak control and enforcement capabilities. Since the 1987 adoption of the Single European Act, and the framework directive 89/391/EEC, a broad concept of occupational safety has been introduced, going beyond the traditional mechanistic approaches. In this frame, the examination of job risks and employees' risk perceptions is becoming increasingly important for the protection of health and safety at work, as well as the prevention of the consequences of harmful factors in the workplace. Yet, the risks that are related to the work life of public health inspectors are under researched, although this specific occupation possesses a range of threats to physical and psychological health of employees. It has been suggested that Public Health Inspectors face various work-related risks due to the specific nature of their responsibilities. One of the limited studies on the work-related health and safety risks of public health inspectors showed that public health inspectors face a variety of chemical, biological, physical, safety, ergonomic and psychological risks. The above-mentioned occupational and psychological risks are highly likely to be faced

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Update of the permanent clinical impairment adjudication guide for occupational mental diseases in France

*Quentin Durand-Moreau*¹, *Patrice Baro*², *Frédéric Jay*³, *Armel Lebon*⁴, *Luc Vassilief*⁵, *Gérard Lasfargues*⁶

¹ University of Alberta, Division of Preventive Medicine, Edmonton, Canada, ² Centre Hospitalier Universitaire de Grenoble, Centre de Consultations de Pathologie Professionnelle, Grenoble, France, ³ Mutualité Sociale Agricole, MSA Ardèche Drôme Loire, Valence,

France, ⁴ Caisse Nationale d'Assurance Maladie, DRSM Pays de la Loire, Nantes, France, ⁵ Caisse Nationale d'Assurance Maladie, DRSM Auvergne, Aurillac, France, ⁶ Université Paris Est Créteil, Institut Santé Travail Paris Est, Créteil, France

Introduction: The French Social Security system is responsible for determining the rate of permanent clinical impairment (PCI) once a claim for an occupational disease has been accepted. Rules for determining the PCI needed revision. Our objective is to present the proposal of the updated rules for determining the PCI for work-related mental diseases.

Material and Methods: Social Security has mandated a group of experts (listed as co-authors) of Occupational Medicine Specialists, Psychiatrists, and Social Security Medical Advisors from 2019 to 2021. We conducted a review of adjudication guides, and a survey sent to ICOH-WOPS members in 2019. Substance-use disorders, traumatic brain injuries, schizophrenia were excluded. Case scenarios have been used to test the new rules.

Results: The group proposed the adjudication of the PCI on a mixed approach, taking into account the diagnosis and the functional capacity. A ceiling rate has been set for each diagnosis: 40% for mood disorders and post-traumatic disorders, 30% for stress-related disorders. This ceiling rate would be multiplied by a functional capacity coefficient (from 0 to 1.2), based on the Global Assessment of Functioning (GAF) scale.

Conclusions: These updated grids aim to help the adjudication be fair and simple. The updated PCI rates are in the same range as the old ones. An additional compensation rate similar for all groups of diseases (mental and physical) will be added to this compensation rate, based on the age and job status of the claimant. The final report has been sent in June 2021 to Social Security who will decide on its implementation.

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Contributors to stress and burnout in junior doctors during the COVID-19 pandemic

*Anli Yue Zhou*¹, *Maria Panagioti*², *Mark Hann*³, *Raymond Agius*¹, *Martie Van Tongeren*¹, *Aneez Esmail*², *Peter Bower*²

¹ University of Manchester, Centre for Occupational and Environmental Health, Manchester, United Kingdom, ² University of Manchester, Centre for Primary Care and Health Services Research, Manchester, United Kingdom, ³ University of Manchester, Centre for Biostatistics, Manchester, United Kingdom

Introduction: Junior doctors have reported high levels of burnout and additional stressors emerging from the COVID-19 pandemic may further accelerate burnout. There is a need to identify which stressors are most likely to lead to burnout in order to develop appropriate interventions. This project therefore aims to compile a comprehensive list of stressors relevant to junior doctors and assesses which stressors are most strongly associated with burnout. **Materials and Methods:** An anonymous online questionnaire was sent in July 2020 to 1000 randomly selected junior doctors in the North West of England. It included 37 questions on general and pandemic specific stressors and the Maslach Burnout Inventory Health Services Survey. Stepwise regression analysis was undertaken to explore associations between stressors and burnout.

Results and Conclusions: In total, 326 responses were received. Six of the 10 highest rated stressors were specific to the pandemic. Fatigue ($\beta=0.43$), pandemic-related workload increase ($\beta=0.33$)

and feeling isolated ($\beta=0.24$) had the strongest associations with Emotional Exhaustion. Fatigue ($\beta=0.24$), uncertainty around COVID-19 information ($\beta=0.22$) and doing unfulfilling tasks ($\beta=0.22$) had the strongest associations with Depersonalisation. Lacking in ability ($\beta=-0.24$) and not feeling valued ($\beta=-0.20$) had the strongest associations with Personal Accomplishment. In conclusion, junior doctors reported a combination of general and pandemic-specific stressors that significantly impact burnout. Monitoring these stressors and targeting them as part of interventions could help mitigate burnout in junior doctors.

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Precarious work in the care sector in Finland: A matter of collective agreements or local conditions of job quality?

Marja Hult

University of Eastern Finland, Nursing Science, Kuopio, Finland

Introduction: Precarious work refers to insecurity, low pay and problems in worker rights. The study aims to examine the dimensions of precarious work and job quality in the care sector and analyse their association with psychosocial health and work experience.

Material and Methods: Surveys were carried out in 2020 and 2021 among care workers ($n=7925$). The first survey used Employment Precariousness Scale EPRES (temporality, wages, agreements on working hours and wages, worker rights and their realization and vulnerability). 2021 survey added working community, professional development, workload, benefits, work-life balance and employability. Associations of the dimensions with psychosocial health and work experience were analysed with linear regression. **Results:** The most significant dimensions of EPRES were inadequate wages, perceived vulnerability and lack of rights. The most prominent job quality issues were lack of professional training and development options, mental workload and lack of control over working times. Factors negatively associated with psychosocial health were wages, vulnerability and exercise of rights. Vulnerability and exercise of rights, support, mental workload, control over working times, and overtime were negatively associated with work experience.

Conclusions: The results highlight the harmful structures in care work, which hinder the sector's development, are causing labour shortages and lead workers to leave the sector. By targeting these structures, the sector's attractiveness, well-being at work and willingness to continue at work could be increased.

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"It's like juggling, constantly trying to keep all balls in the air": A qualitative study of the support needs of working caregivers taking care of an older adult

Eline Vos¹, Simone R. de Bruin², Allard J. van der Beek³, Karin I. Proper¹

¹ National Institute for Public Health and the Environment, Center for Nutrition, Prevention and Health Services, Bilthoven, Netherlands,

² Windesheim University of Applied Sciences, Department of Health and Wellbeing, Research Group Living well with dementia, Zwolle, Netherlands, ³ Amsterdam Public Health research institute,

Amsterdam UMC, Department of Public and Occupational Health, Amsterdam, Netherlands

Introduction: Many informal caregivers of older adults combine their caregiving tasks with a paid job. Adequate support is important to enable them to combine paid work with caregiving, while maintaining their health and wellbeing. To date, however, knowledge about working caregivers' support needs is fragmented. This study therefore aimed to obtain more insight into support needs of working caregivers of older adults.

Materials and methods: We conducted six online semi-structured focus group interviews with in total 25 working caregivers of older adults living at home. Data were complemented with information from seven working caregivers participating in the study's advisory board. Data were analyzed using inductive and deductive thematic analysis.

Results: Six themes related to working caregivers' needs were identified: 1) Recognition of caregivers including the challenges they face; 2) Attention for caregivers' health, wellbeing and ability to cope; 3) Opportunities to share care responsibilities; 4) Help with finding and arranging care and support; 5) Understanding and support from the work environment; and 6) Technological support tailored to the needs and capacities of caregivers and older adults. To address these needs, working caregivers' suggested several options in multiple domains of life (i.e. work, home life, personal health and wellbeing).

Conclusions: To successfully support working caregivers, a multifaceted approach including actors from multiple settings, is needed.

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Burnout and its predictors during pandemic in health workers from South-East European countries

Dragan Mijakoski¹, Aneta Atanasovska², Dragana Bislimovska³, Hana Brborovic⁴, Liljana Cvejanov Kezunovic⁵, Milan Milosevic⁴, Jordan Minov⁶, Buhara Ōnal⁷, Nurka Pranjic⁸, Liliana Rapas⁹, Sasho Stoleski⁶, Katya Vangelova¹⁰, Roko Źajja⁴, Jovanka Karadzinska-Bislimovska¹¹

¹ Institute of Occupational Health of RN Macedonia, WHO CC, GA2LEN CC; Faculty of Medicine, Ss. Cyril and Methodius, University in Skopje, Allergy Center, Skopje, Macedonia, ² Institute of Occupational Health of RN Macedonia, WHO CC, GA2LEN CC;

Faculty of Medicine, Ss. Cyril and Methodius, University in Skopje, Department for Traffic Medicine, Skopje, Macedonia, ³ Institute of Occupational Health of RN Macedonia, WHO CC, GA2LEN CC;

Faculty of Medicine, Ss. Cyril and Methodius, University in Skopje, Department for Occupational Medicine, Skopje, Macedonia,

⁴ University of Zagreb, School of Medicine; Andrija Stampar School of Public Health, Department for Environmental Health and Occupational and Sports Medicine, Zagreb, Croatia, ⁵ Medical Faculty Podgorica, University of Montenegro, Department of Family Medicine, Podgorica, Montenegro, ⁶ Institute of Occupational Health of RN Macedonia, WHO CC, GA2LEN CC;

Faculty of Medicine, Ss. Cyril and Methodius, University in Skopje, Department for Functional Diagnostics, Skopje, Macedonia, ⁷ ICOH NS for Turkey, Occupational Health, Ankara, Turkey, ⁸ Medical Faculty, University of Tuzla, Department of Occupational Medicine, Tuzla, Bosnia And Herzegovina,

⁹ Ministry of Health, Directorate of Public Health Bucharest, Bucharest, Romania, ¹⁰ National Center of Public Health and Analyses, Department of Health at Work, Sofia, Bulgaria,

¹¹ Institute of Occupational Health of RN Macedonia, WHO CC, GA2LEN CC; Faculty of Medicine, Ss. Cyril and Methodius, University in Skopje, Department for Occupational Medicine, Skopje, Macedonia,

¹² Institute of Occupational Health of RN Macedonia, WHO CC, GA2LEN CC; Faculty of Medicine, Ss. Cyril and Methodius, University in Skopje, Department for Occupational Medicine, Skopje, Macedonia,

¹³ Institute of Occupational Health of RN Macedonia, WHO CC, GA2LEN CC; Faculty of Medicine, Ss. Cyril and Methodius, University in Skopje, Department for Occupational Medicine, Skopje, Macedonia,

¹⁴ Institute of Occupational Health of RN Macedonia, WHO CC, GA2LEN CC; Faculty of Medicine, Ss. Cyril and Methodius, University in Skopje, Department for Occupational Medicine, Skopje, Macedonia,

¹⁵ Institute of Occupational Health of RN Macedonia, WHO CC, GA2LEN CC; Faculty of Medicine, Ss. Cyril and Methodius, University in Skopje, Department for Occupational Medicine, Skopje, Macedonia,

¹⁶ Institute of Occupational Health of RN Macedonia, WHO CC, GA2LEN CC; Faculty of Medicine, Ss. Cyril and Methodius, University in Skopje, Department for Occupational Medicine, Skopje, Macedonia,