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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 Vos<sup>1</sup>, Simone R. de Bruin<sup>2</sup>, Allard J. van der Beek<sup>3</sup>, Karin I. Proper<sup>1</sup>

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

<sup>2</sup> Windesheim University of Applied Sciences, Department of Health and Wellbeing, Research Group Living well with dementia, Zwolle, Netherlands, <sup>3</sup> 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 Mijakoski<sup>1</sup>, Aneta Atanasovska<sup>2</sup>, Dragana Bislimovska<sup>3</sup>, Hana Brborovic<sup>4</sup>, Liljana Cvejanov Kezunovic<sup>5</sup>, Milan Milosevic<sup>4</sup>, Jordan Minov<sup>6</sup>, Buhara Ōnal<sup>7</sup>, Nurka Pranjic<sup>8</sup>, Liliana Rapas<sup>9</sup>, Sasho Stoleski<sup>6</sup>, Katya Vangelova<sup>10</sup>, Roko Źajja<sup>4</sup>, Jovanka Karadzinska-Bislimovska<sup>11</sup>

<sup>1</sup> 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, <sup>2</sup> 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, <sup>3</sup> 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,

<sup>4</sup> University of Zagreb, School of Medicine; Andrija Stampar School of Public Health, Department for Environmental Health and Occupational and Sports Medicine, Zagreb, Croatia, <sup>5</sup> Medical Faculty Podgorica, University of Montenegro, Department of Family Medicine, Podgorica, Montenegro, <sup>6</sup> 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, <sup>7</sup> ICOH NS for Turkey, Occupational Health, Ankara, Turkey, <sup>8</sup> Medical Faculty, University of Tuzla, Department of Occupational Medicine, Tuzla, Bosnia And Herzegovina,

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

<sup>11</sup> 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, <sup>7</sup> ICOH NS for Turkey, Occupational Health, Ankara, Turkey, <sup>8</sup> Medical Faculty, University of Tuzla, Department of Occupational Medicine, Tuzla, Bosnia And Herzegovina,

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

<sup>11</sup> 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, <sup>7</sup> ICOH NS for Turkey, Occupational Health, Ankara, Turkey, <sup>8</sup> Medical Faculty, University of Tuzla, Department of Occupational Medicine, Tuzla, Bosnia And Herzegovina,

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

<sup>11</sup> 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, <sup>7</sup> ICOH NS for Turkey, Occupational Health, Ankara, Turkey, <sup>8</sup> Medical Faculty, University of Tuzla, Department of Occupational Medicine, Tuzla, Bosnia And Herzegovina,

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

<sup>11</sup> *Institute of Occupational Health of RN Macedonia, WHO CC, GAZLEN CC; Faculty of Medicine, Ss. Cyril and Methodius, University in Skopje, Department for Research and International Cooperation, Skopje, Macedonia*

**Introduction.** Workplace factors during COVID-19 pandemic impose significant risk to occupational health in health workers (HWs). This cross-sectional study analyzes associations of burnout with job demands/resources among HWs and compares findings between 12 South-East European (SEE) countries during the pandemic.

**Methods.** The actual on-line survey was conducted during autumn 2020 by SEE Network on Workers' Health (SEENWH) with SEE Health Network. Job demands and burnout were measured by Hospital Experience Scale and Maslach Burnout Inventory. Hospital Survey on Patient Safety Culture and the English version of the Questionnaire sur les Ressources et Contraintes Professionnelles were used for job resources assessment. Total sample involved 4.621 HWs (78.4% females, aged 43.7±10.7 yrs, tenure 18.8±11.4 yrs) from SEE countries. Ethical issues of the study were approved by SEENWH.

**Results.** Data showed significant differences in emotional exhaustion between SEE countries: Albania 21.7, Bosnia and Herzegovina 21.9, Bulgaria 23.8, Croatia 23.7, Israel 13, Moldova 22.9, Montenegro 22.4, RN Macedonia 24.1, Romania 18.2, Serbia 20.1, Turkey 20.4 (Welch F = 17.98, p<0.001). Cross-country differences were also registered in job demands/resources. Regression models, controlling for gender, age, tenure, working hours/week, night shifts, showed job demands (R<sup>2</sup>=.37, ΔR<sup>2</sup>=.35) and job resources (R<sup>2</sup>=.18, ΔR<sup>2</sup>=.16) as significant predictors of emotional exhaustion.

**Conclusion.** There is an urgent need for implementation of country-specific preventive measures towards burnout prevention and improvement of work ability in HWs during pandemic.

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### ***Global Cry for Strategies to Support the Mental Health and Well Being of Health Care Workers***

*Denise Minnie*

*SASOHN, OCCUPATIONAL HEALTH, Johannesburg, South Africa*

**INTRODUCTION:** Health care workers are often at the forefront of most medical scenarios and crisis, the latest being the COVID-19 pandemic. Due to their pledge of service to society and humanity, they suffer from fatigue and mental exhaustion which is attributed to an over expanding health care system. This goes unnoticed due to their acts of kindness whilst their own health and mental well-being is jeopardised. Moreover, they suffer an internal conflict of wanting to do what is right despite their own challenges.

**METHOD:** A group of health care workers that assisted during the COVID-19 outbreak was interviewed. They completed questionnaires on their emotions before and during the start of the pandemic and the availability of any support structures.

**RESULTS:** Overall, health care workers indicated they felt frustrated and fearful as employers exploited and exposed them to many adversities at workplaces. Their extension of working hours, and disappointment at the lack of appreciation was noted. Demands on their energy, strength and resources were placed on them. No

support systems were in place to assist with their burnout, mental exhaustion, nor any incentives for additional services rendered.

**CONCLUSION:** Health care workers are the building blocks of any country's health system and investigations should be done on their mental health, well-being and challenges. It is critical to develop global policies, wellness strategies and coping mechanisms to ensure emotionally stable persons assist our nations to good health. Employers need to be well informed of such strategies so that early interventions are sought for quick recovery.

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### ***Work Engagement (WE) of Nursing Faculties in Japanese Universities***

*Yuki Goto<sup>1</sup>, Noriko Hagi<sup>1</sup>, Mutsumi Kato<sup>2</sup>*

*<sup>1</sup>Yokkaichi Nursing and Medical University, Faculty of Nursing and Medical Care, Yokkaichi, MIE, Japan, <sup>2</sup>Fujita Health University, Faculty of Health Sciences, Toyoake, AICHI, Japan*

**INTRODUCTION:** The purpose of this study is to identify the work engagement (WE) of nursing faculties in Japanese universities.

**METHODS:** The research design was that of a qualitative study. A self-administered questionnaire was sent to randomly selected nursing faculty members from universities in Japan, and 170 who expressed their opinions about WE were included in this study. The codes were categorized. The approval of the ethics committee of Yokkaichi Nursing and Medical Care University was obtained.

**RESULTS and CONCLUSION:** 325 codes were obtained regarding WE and they were divided into two categories: [Stressors of Nursing Faculty] and [Strategies to Activate WE]. In the category of [Stressor of Nursing Faculty], eight subcategories were extracted: including "Relationships among faculty members," "Unreasonable requests from students," "Balance between research and teaching," "Long working hours," "Lack of manpower," "Impatience due to employment deadlines," "Too much work," and "Unclear university policies". In the category of [Strategies to Activate WE], eight subcategories were extracted: comprising "Education to faculty members," "Good relationships with colleagues and supervisors," "Ensuring work-life balance," "Goal setting and sharing," "Mutual respect among teachers," "Improving the environment," "Financial guarantees," and "University leadership providing direction". The stressors of nursing faculties were consistent with the findings of previous studies. Strategies for activating WE were divided into individual efforts and organizational system building.

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### ***"Morality Matters": The Relative Impact of Moral Demands on Indicators of Wellbeing in Hospital Personnel***

*Celine Baelle<sup>1</sup>, Johnny Fonatine<sup>1</sup>, Ellen Delvaux<sup>2</sup>, Lode Godderis<sup>3</sup>*

*<sup>1</sup>Ghent University, Work, Organization and Society, Gent, Belgium, <sup>2</sup>IDWE, Knowledge, Information & Research, Leuven, Belgium, <sup>3</sup>KU Leuven, Centre for Environment and Health, Leuven, Belgium*

**Introduction:** In order to prevent stress and promote health and well-being of health care employees, a better knowledge of the job aspects that may impact well-being is important. In nursing