factors, chronic diseases, unhealthy behaviors and working conditions. Data were analyzed using cause-specific Cox regression analyses. Models were evaluated with the C-index and the positive and negative predictive values (PPV and NPV). Models were externally validated using the Study on Transitions in Employment, Ability and Motivation (STREAM).

Results: Being female, low education, depression, smoking, obesity, low development possibilities and low social support were predictors of UN and DB. Low meaning of work and low physical activity increased the risk for UN, and all chronic diseases increased the risk of DB. Discriminative ability of the models of the development and validation cohort were low for UN (c=0.62, 95% CI 0.58-0.67) and DB (c=0.68, 95% CI 0.68-0.75). After stratification to the chronic diseases, discriminative ability of models predicting DB improved for cardiovascular disease (c=0.81), COPD (c=0.74) and diabetes (c=0.74). The PPV was low while the NPV was high. Conclusions: Models predicting DB are more accurate than models predicting UN. Taking workers’ type of disease into account may contribute to an improved prediction of DB. However, models are better at identifying predictors rather than making predictions.

622 Supporting work participation in clients with cardiovascular disease: exploring the patients’ experiences and needs using client journey experience mapping

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Introduction: Patient-centered care is increasingly being recognized as key in delivery of health care. However, little is known about what patients consider important in terms of work-focused health care. The objective of this study is to identify the workers’ experiences and needs regarding work-focused health care when suffering work participation problems due to cardiovascular disease (CVD).

Methods: The client journey experience mapping approach (CEJM) was used to design and graphically visualize the patients’ experiences and needs throughout the different phases of work-focused healthcare. Semi-structured interviews, preceded by preparatory assignments, were conducted with 19 patients diagnosed with a CVD and experiencing work participation problems. The interview data was synthesized and mapped in a client experience journey showing the needs, pains and gains.

Results: Currently, a draft design of the client journey is mapped. Final results will be presented during the ICOH conference. Employing the CEJM, work-focused healthcare phases are identified, including important touchpoints and involved stakeholders. Experiences and needs are mapped per phase, including an emotion curve showing the bottlenecks in the journey. Preliminary needs and bottlenecks have been identified in the timing of appointments with stakeholders, information provision towards the patient, information exchange between stakeholders, and the knowledge by the stakeholders. Conclusions: This CEJM facilitates the identification of bottlenecks in health care delivery over the full cycle of care and, thereby, point out possibilities for improvement.

623 Work-related social support affects return-to-work after total hip or total knee arthroplasty

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Introduction: There is strong evidence that social support is an important determinant of return to work (RTW). Little is known about the role of social support in RTW after total hip or knee arthroplasty (THA/TKA). THA/TKA is being performed on an increasingly younger population for which participating in work is of critical importance. Aim was to examine the predictive value of preoperative and postoperative perceived social support on RTW status 6 months postoperatively.

Methods: A prospective multicenter survey study was conducted. Patients planned to undergo THA/TKA, aged 18-63 and employed were included. Questionnaires were filled out preoperatively and 3 and 6 months postoperatively, and included three sources of social support: from home (friends, family), from work (coworkers, supervisors) and from healthcare (occupational physician, general practitioner, other caregivers). RTW was defined as having fully RTW 6 months postoperatively. Univariate and multivariate logistic regression analyses were conducted.

Results: Enrolled were 246 patients (median age 56 years, 57% female). The majority returned to work (64.2%). Preoperatively, social support from the occupational physician predicted RTW (OR 2.58, 95% CI 1.18-5.65). Postoperatively, social support from the occupational physician (OR 3.12, 95% CI 1.49-6.54) and the supervisor (OR 2.53, 95% CI 1.08-5.89) predicted RTW at 6 months postoperatively.

Conclusions: This study underscores the importance of work-related social support originating from the occupational physician and supervisor in facilitating RTW after THA/TKA, both preoperatively and postoperatively.

624 A mixed methods implementation study of a participatory intervention to prevent health problems among workers with a lower socioeconomic position

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Introduction: Workers with a lower socioeconomic position (SEP) often have problems on multiple life domains and less problem solving skills. The Participatory Approach (PA) is an evidence-based approach to support workers to solve problems at the workplace. To develop an intervention for lower SEP workers with problems on multiple life domains, the PA was extended to a broader perspective on health. This study evaluated the implementation process of this intervention in occupational health practice.

Methods: A process evaluation was performed with quantitative (checklists) and qualitative methods (interviews) among occupational health professionals (OHPs) and lower SEP workers with problems on multiple life domains.

Results: The intervention was delivered among 27 workers, and among 16 workers all intervention steps were implemented. For the majority of the workers problems and solutions for multiple life domains were identified. For seven workers the supervisor was involved, and in only 2 cases stakeholders from outside the workplace were involved. The visual materials that were developed for the broader perspective on health, helped workers to identify their problems. OHPs were essential to guide workers in identifying and solving problems. The intervention was perceived useful, increased workers' awareness on health and feelings of self-control, and led to small and practical solutions.

Conclusions: This study provides valuable information on whether and how this intervention fits in occupational health practice, and how to further improve support for lower SEP workers with problems on multiple life domains.

Single-item Work Ability Score as a predictor of rehabilitation and disability pensions: a German longitudinal study among employees with back pain

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Introduction: Sickness absence, disability pensions, and use of healthcare due to disabling back pain are a high economic burden in Germany. Assessments are needed to identify employees who are likely to need sustained and intensive support. Our cohort study examined whether rehabilitation and disability pensions can be predicted by self-rated work ability in employees with back pain in Germany.

Material and Methods: Employees aged 45 to 59 years who reported back pain in the last 3 months completed the Work Ability Score (0–10 points) in 2017. Individual scores were categorized into poor (0–5 points), moderate (6–7) and at least good (8–10) self-rated work ability. Data on rehabilitation and disability pensions were extracted from administrative records covering the period from baseline until the end of 2018. Proportional hazard models were fitted to determine the prognostic value of the Work Ability Score.

Results: Data of 6,917 participants were included (57.8% women). Maximum follow-up was 644 days. Of the participants, 52.1% had a good or excellent, 27.7% a moderate, and 20.2% a poor Work Ability Score. During follow-up, 548 persons were granted rehabilitation measures and 57 persons disability pensions. Fully adjusted analyses showed an increased risk of a rehabilitation measure (Hazard ratio; HR = 2.65; 95% CI 2.11; 3.34) and a disability pension (HR = 4.12; 95% CI 2.02; 8.39) in employees with poor work ability.

Conclusions: The single-item Work Ability Score is a potential tool to identify individuals reporting back pain with an increased risk of health-related early retirement and work disability.

Return-to-work of transgender people: a systematic review through the blender of occupational health

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Introduction: Return to work (RTW) of trans individuals during transitioning at work and following chosen steps in gender affirming care, is a challenging process but clear information of job re-entry (RTW-rate, time-to-RTW, sick days, RTW-experiences) of this population is lacking.

Material and methods: We systematically explored databases concerning health, psychosocial publications as well as grey literature (PubMed, Embase, EBSCOhost, Proquest, CINAHL, Scopus, Epistemonikus and Web of Science) for quantitative, qualitative and mixed methods studies between 2006 to March 1st 2021, reporting on (return to) work outcomes of adult trans people. A synthesis of the quantitative data was performed together with a thematic analysis of (return to) work experiences.

Results and conclusions: Database searches identified 14,592 records, from which 97 full text articles were screened which resulted in 20 articles as our final sample. Objective RTW outcomes were lacking, wherefore other relevant work outcomes such as employment rate and status, turnover were reported. Trans populations experienced more economic distress with 9–12% unemployment, a majority having precarious work or being on benefits, and a high turnover. General work experiences were highlighted by the importance of coming out, support from supervisors and co-workers, personal coping skills, a transition plan along with work accommodations. To the best of our knowledge, this is the first review to evaluate return to work of trans people which showed a clear gap of knowledge among all stakeholders including occupational health professionals.

Expanding the Paradigm of Occupational Safety and Health In Integrated Disability Management

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