

were 2.7 times more likely to develop safe mobility plans than men (OR 2.7, 95% CI: 1.1–6.9).

Conclusions The program engaged older drivers in self-regulation but this did not translate to reduced mileage. The logic model informs decision making to channel resources to those who will benefit most.

Occupational Safety

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191 OCCUPATIONAL SAFETY BEHAVIOUR OF ONTARIO ELECTRICIANS: A MENTAL MODELS APPROACH TO INJURY PREVENTION

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Background Electric current is a leading cause of occupational fatality in North America. For each fatal electrical occupational injury in Ontario there are about five critical and 18 non-critical injuries. Analyses show that unsafe work practices and human error play a role in about 70% of fatal electrical occupational injuries. Electric workers are at especially high risk. To understand the cause of unsafe work practices, one must first understand the influences on electric workers' real-time decisions and behaviours.

Methods We used a mental models research approach to identify and gain insight into those influences. First, we developed an "expert model" of influences on electricians' judgments and decision making regarding safe work practices based upon a literature review and a workshop with electricians and representatives from electrical associations, unions, NGOs and government. The expert model informed development of a semi-structured interview protocol to elicit electricians' "mental models" – their complex webs of beliefs about safe work behaviours. In-depth interviews were then conducted with 60 Ontario electricians in Fall 2015 to discuss work experiences and influences on safe work practices. Responses were coded against the expert model.

Results We will present the results of the mental models research with electricians using the expert model as a framework. The expert model itself is an important research product, providing a structured representation of experts' perceptions of influences on electric workers' behaviour. It can be used as a framework for further research and for development of risk communications and other safety initiatives.

Conclusions This study is the first to use a decision analytic mental models approach to understand influences on electricians' decision making and safety behaviours. Resulting insights will inform development of behaviour-focused interventions to reduce injury and death.

192 IS BURNOUT AMONG COMMUNITY MIDWIVES JUST A PROBLEM OF HIGH-INCOME COUNTRIES? CROSS-SECTIONAL STUDY FROM SRI LANKA

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Background Burnout is a state of physical and psychological fatigue and exhaustion, which is attributed to personal, work and client related spheres in a person's life. It has major behavioural and health implications. Being a grass root level health care worker, Community Midwives (Public Health Midwives) are at risk of burnout due to their responsibilities with community and their commitment to services. This study was carried out to establish whether community midwives (Public Health Midwives) in Sri Lanka suffer from the problem of occupational burnout described in high-income countries.

Methods A cross sectional descriptive study was conducted in a sample of 556 PHMs in Western Province of Sri Lanka selected by stratified random sampling. A self administered questionnaire was used including validated Sinhala version of Copenhagen Burnout Inventory (CBI-S).

Results Burnout was a much bigger problem in younger than older midwives. In those with 5–9 years service, 26.1% (95% CI: 14.3 to 41.1%) scored >50 (the threshold which have suggested indicates a significant problem). Personal burnout (mean score in all age groups 44.5, 95% CI: 43.0 to 46.1) was a significantly bigger problem than client or work related burnout (mean scores 21.2 and 26.4 respectively). As in Europe, high workload was a risk factor but lack of a supportive work environment was equally important. The most important personal factor was housework burden.

Conclusions Burnout among community midwives, particularly junior midwives, is not a problem restricted to high-income countries. It undermines care quality and threatens the sustainability of the service. Despite country-specific cultural differences, the underlying causes and solutions are almost certainly the same. Resource constraints make it difficult to reduce workload but providing better recognition and professional support for younger midwives working in isolated community settings is not resource-intensive and likely to impact substantially on sustainability and future service quality.

193 INJURY AMONG OLDER WORKERS IN AN AGEING NEW ZEALAND WORKFORCE

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Background The New Zealand (NZ) workforce is experiencing rapid demographic ageing and older workers (aged 55+ years) are a fast growing segment of the working population. Few analyses have examined the nature and cause of injury for older workers in any depth despite older workers having high rates of work-related injury. This study aims to describe the nature and cause of work-related injuries in older NZ workers for the period 2008–2014.

Methods Retrospective descriptive cohort data for older workers were extracted from national work-related injury accepted claims data (2008–14) and analysed by gender, employment status, industry, injury type and external cause. Comparisons by age groups (55–59, 60–64, and 65+) were also undertaken.

Results Of 44,061 unintentional work-related injury entitlement claims 2008–14 in workers aged 55 years or older; 17,098 were 55–59; 14,160 were 60–64 and 12,803 were 65+ years. Fatal injuries were sustained by 307 workers with 171 deaths in workers aged 65+. Preliminary analyses reveal patterns of injury differ by age, particularly for the oldest 65+ group. Overall, males