Introduction: Recent epidemiological research has shown that people with higher socioeconomic status (SES) (e.g., educational attainment) have better psychological health than those with lower SES. However, the psychosocial mechanisms of underlying this relationship remain unclear. In addition, most previous studies focused on negative outcomes rather than positive ones. To fill this gap, the current study examines the mediating effects of job demands and job resources in the relationship of educational attainment with psychological distress and work engagement.

Methods: The hypothesized model was tested using 2-wave panel data of 7,549 Japanese employees from 12 workplaces with a 1-year time lag per wave (J-HOPE 20130819 version).

Results: Structural equation modeling revealed that (1) educational attainment had both a positive and a negative relationship to psychological distress (T2) through job demands and job resources (T1), respectively; (2) it had a positive relationship to work engagement (T2) through job resources and work engagement (T1); and (3) standardized total effects of educational attainment were <0.06 (p>0.05) for psychological distress and 0.03 (p<0.01) for work engagement, respectively.

Conclusion: The effects of educational attainment were weak and its underlying mechanisms were different by outcome. The effect on psychological distress (T2) was mediated by job demands and job resources (T1), whereas that on work engagement (T2) was mediated by job resources and work engagement (T1).

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P642 ASSOCIATIONS OF WORK DEMANDS AND RESOURCES WITH METABOLIC SYNDROME - FINDINGS FROM A CROSS-SECTIONAL STUDY

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Introduction: The prevalence of metabolic syndrome (MetS) increases steadily in industrial societies. Work stress, amongst others, is known as a modifiable risk factor. Work stress can be conceptualized in several ways, like in terms of demands (e.g., quantitative, physical) and resources (e.g., social support, control) at work. It is unclear however, which of these resources and demands are associated with higher or lower risk for MetS, which, therefore, was the aim of this study.

Methods: Cross-sectional data of a healthy occupational sample (n=4154) was used. MetS was assessed according to latest American Heart Association criteria. Work demands (quantitative, physical, cognitive, emotional) and resources (social support, operational control, skill stimulation) at work were measured by validated questionnaires. Logistic regressions estimated the associations between demands and resources at work and MetS. The analysis was adjusted for age, sex, smoking, alcohol consumption, physical exercise, job position and mutually for the other demands and resources.

Results: In the fully adjusted model higher physical demands (OR = 1.21; 95%CI = 1.11-1.32) were positively, social support (OR = 0.89; 95%CI = 0.80-0.98) negatively associated with MetS while all other factors did not pass significance of below 0.05.

Conclusion: Reducing physical demands and enhancing social support might provide an angle for early prevention of Cardiovascular Disease and Diabetes Mellitus Type II, thus protecting a large segment of the adult population. However, more research regarding specific work stress factors and intervention studies are needed.

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Conclusion: The interplay of physical and psychosocial stressors, buffers and resilience affect FDW health. Coping and resilience borne out of the FDW's vulnerable conditions ought to be considered when addressing migrant health needs.

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DATA ANALYSIS OF THE HEALTH EFFECTS OF MAJOR ORGANIZATIONAL CHANGES IN A HOSPITAL
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Introduction: Recent systematic reviews and observational research suggest that there is growing concern about the potential deleterious consequences of organizational changes on employee health. This analysis aimed to describe an association between organizational changes and employee mental health in hospitals.

Methods: We analyzed personnel data from 2001 to 2012 concerning administrative leave and history of major organizational changes in a University Hospital. We confirmed the causes of mental health leave by consulting counseling records. Job type was categorized as medical doctor, nurse, engineer, and clerical staff.

Results: We found 218 cases of mental health leave during 2001-2012. The average number of leave days was 206. Mental health leave was highest in nurses (n=149). There were two exponential increases in nurse leave in 2007 and 2012. Nurse mental health may have been affected by implementation of an electronic clinical record system in 2005, an increase in the number of new nurses in 2007 owing to a change of nursing system, and opening of a new hospital in November 2011. However, the number decreased after 2008-2011. Organizational measures, such as group education, occupational self-improvement and return to work program were established for nurses in 2008, may have had positive effects on nurse mental health.

Conclusions: The results suggested that major organizational changes had a negative effect on employee mental health in this hospital. If major organizational change is planned beforehand, it should be possible to estimate potential adverse effects on employee health and take appropriate organizational measures.

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EXPLORING CAUSAL ILLNESS ATTRIBUTIONS AMONG WORKERS WITH COMMON MENTAL DISORDERS
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Introduction: Common Mental Disorders (CMDs) are major causes of sickness absence and disability. Disability prevention requires knowledge of causal mechanisms and risk factors. In this study we sought to examine causal illness attributions in a population struggling with work participation due to CMDs.

Methods: Causal attributions of CMDs from 1122 participants were measured by an open-ended item of the Brief Illness Perceptions Questionnaire, asking participants to list the three most important causes of their illness. Responses were subjected to thematic content analysis, and organized in mutually exclusive causal attribution categories. Analysis was performed in two stages; a preliminary analysis to identify work-related causal attributions, and a selective analysis to explore the work-related attributions in more detail.

Results: Work-related attributions were the most frequently reported causal illness attributions. The selective analysis identified the following specific work-related attributions; work stress, leadership, unemployment, job dissatisfaction, work conflict, social work environment, job insecurity and change, workplace bullying, and physical strain.

Conclusions: These findings point to several work-related risk factors for people suffering from CMDs and work disability. Work participation and mental health could for this population be improved through work coping and individual adjustments at the workplace. We suggest that work-focused individual therapy and workplace interventions that specifically target work-related causal illness attributions would be useful to include in this process. In CMDs, workplace interventions should aim at reducing work stress and enhancing coping at work by promoting social support, job satisfaction, employee-employer relations and organizational trust.

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QUALITY OF LIFE OF WORKING AND NON-WORKING INFORMAL CAREGIVERS: WHO IS BETTER OF AND WHY?
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Introduction: The combination of informal care and paid work is becoming increasingly common. Currently, in the Netherlands more than 70% of all caregivers aged 65 or younger combine informal care with work, and an increase is expected. The quality of life of informal caregivers plays a central role in their willingness and ability to provide and continue this important care. Our aim is to study whether fulltime working, parttime working, and non-working informal caregivers differ in their quality of life, and what the underlying factors of these differences are.

Method: The study sample consists of informal caregivers in the Lifelines cohort study, who participate in an additional informal care questionnaire. Within 7 months of recruitment, more than 600 informal caregivers are included in the study. We aim to include 1000 informal caregivers. The questionnaire consists of questions about quality of life (EuroQol-5D), caregiver burden (Caregiver Reaction Assessment (CRA)), work, support, and the informal care situation (i.e., relation with the care receiver, hours and types of care). To compare the three groups of informal caregivers t-tests for more than 2 independent samples (continuous outcomes) and chi-square tests (categorical outcomes) are performed.

Results: Results will be presented at the congress.

Conclusions: Conclusions will show whether working and non-working informal caregivers should be approached differently when aiming to improve their quality of life.

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Innovations in emotion regulation and health
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INNOVATIONS IN EMOTION REGULATION AND HEALTH
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Emotion regulation and psychological health are intricately related to each other. Techniques that are typically used to regulate emotions include cognitive reappraisal, attentional deployment (e.g., avoidance), and emotional modulation (e.g., humour) have been related to different psychological outcomes. In this symposium, we will present findings using various theoretical frameworks that exemplify the relationship