Results. There were several key organizational factors that participants reported positively impacted their well-being. Most commonly, participants mentioned the programs and services that were specifically created, or modified, for CANSOFCOM employees. For example, participants often mentioned the Special Operations Mental Agility course (SOMA), which is a program that aims to increase mental health literacy and enhance mental performance. Participants reported SOMA provided valuable strategies to improve mental well-being and helped to reduce stigma surrounding mental health issues. Participants also reported on the benefits of having dedicated strength and conditioning coaches. Physical health is highly linked to member well-being in SOF forces; thus, having dedicated coaches to help work around injuries and create personalized workouts was seen as very beneficial. Some participants also mentioned the benefits of having a dedicated Military Family Services centre (MFS). MFS provides programs and services to support the families of CANSOFCOM personnel, and participants reported that knowing their families were well-supported improved their well-being. Another organizational factor participants felt improved member well-being was the opportunity for members to request a posting to a non-operational unit. Members are able to be posted to units where they will not deploy in order to take time to recover from physical or mental injuries or burnout. Lastly, participants often reported that a positive and supportive leadership within CANSOFCOM increased their well-being. Participants reported that their chain of command was supportive when members requested accommodations to reduce stress and improve well-being. They also reported that their superiors encouraged members to seek care. In addition, participants provided recommendations to help increase well-being among personnel. The most common recommendation was to increase attempts to decrease unit tempo. Participants also reported wanting more mental health education including: SOMA refreshers, supervisor training, and more information on accessing the mental health system. Finally, they indicated that having dedicated or embedded mental health professionals would increase well-being.

Implications. Broadly, understanding the organizational factors that help promote well-being and resilience amongst members of SOF is likely to strengthen the forces and increase operational effectiveness. At the organizational level, a better understanding of the organizational efforts that translate into increased well-being among members will allow CANSOFCOM, and potentially other SOF partners, to strengthen existing programs, as well as use the findings to create new programs and services.

The Impact of Work Organization and Work Environment on Health Behaviors of Construction Apprentices

Diane Rohlman (University of Iowa)

In addition to high injury rates, construction workers have higher rates of mortality and morbidity from chronic diseases compared to workers in other occupations (Ringen et al., 2014; Dong et al., 2011). Construction workers also report higher rates of alcohol use (Barnes et al., 2013), smoking (Lee et al., 2007), and low consumption of fruits and vegetables (Harley et al., 2010; Devine et al., 2007). The organization of work and the work environment in the construction industry (e.g., multiple job sites, long hours, irregular employment, harassment and discrimination on the job site, and long commute times) can impact health behaviors. For example, construction workers often travel long distances to worksites and work long days, which impact sleep, exercise, and the ability to prepare and eat healthy foods. The goal of the current study was to examine the impact of organizational and environmental factors in the workplace on health behaviors (i.e., diet, physical activity, sleep, alcohol consumption, and smoking).

Construction apprentices recruited from local trade unions (N=991) completed a paper survey. Because of the low number of female participants (1.9%) only males were included in the analysis. Workers who were not currently employed (4.6%) were also excluded. The average age was 28 years and apprentices reported working in the trades an average of 2.6 years. The apprentices were general healthy as 95% reported no conditions hindering their job performance and many engaged in physical activity outside of work. However, 23% reported pain impacted their normal activities. A large proportion of this young population engage in unhealthy habits: 38% currently smoke and 32% engage in heavy drinking, with many receiving inadequate sleep (mean of 6.7 hours a day). Apprentices reported coworker and supervisor support was high and most worksites had some health and safety policies (e.g., smoking, cell phone use, hearing protection). On average the apprentices commuted 42 miles one-way to work each day.

Univariate analyses were conducted to identify variables associated with health behavior outcomes to include in multivariable stepwise regression models. Age was associated with the most health outcomes in univariate models (e.g., increasing age was associated with better diet, less physical activity, less drinking and more smoking). Other variables with a p-value <0.1 were included in regression models. Linear regression models for diet, physical activity, and sleep outcomes and modified Poisson regression models for heavy drinking and current smoking outcomes were used to examine the relationship between work organizational factors and health behaviors.

Important predictors of current smokers were increasing age, perception of lower work ability from greater job demands, and no limit on maximum work hours. Heavy drinking, defined as binge drinking five or more days during a month, was associated with younger workers who have been with the same employer for over 14 months. These workers also perceive greater job demands, higher self-perceived workability, and fewer workplace health and safety policies. Less sleep was associated with higher workloads, younger apprentices, more commute miles, and lower mental health scores. Lower leisure time physical activity was associated with increased work load, lower perceived work ability from greater mental health demands, fewer health and safety policies, and lower physical health scores. Poorer eating habits were associated with younger apprentices and those with lower mental health scores.

The results show that high job demands, heavy workload, longer commute time, as well as poorer mental and physical health were associated with adverse health behaviors. In contrast, better mental health and workplace policies addressing safety and health were associated with better health behaviors. Young workers were more likely to have worse eating habits and to engage in heavy drinking more frequently. These behaviors can have a long-term impact on their health and safety.

Interventions addressing health behaviors (e.g., diet and smoking) that target individuals may have limited benefit unless coincidentally supported by the work environment. Policies implemented through the work environment may have more widespread benefit to all workers, even those with better health behaviors. There is a need to prospectively examine the relationship between environment, organization, and behavior in order to develop effective interventions to improve health and safety of this high-risk population.

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