

modelling indicated a good fit of the hypothesized model ($\chi^2 = 295.051$, $df = 205$, $\chi^2/df = 1.439$, $p < .001$, CFI = .96, RMSEA = .04, SRMR = .06). Quantitative demands were significantly and positively related to stress ($\beta = .38$, $p < .01$), and psychological detachment from work partially mediated this relationship (indirect effect: $\beta = .17$, $p < .001$). Social support was significantly and negatively related to stress ($\beta = -.21$, $p < .01$), while influence at work was not ($\beta = -.07$, $p = .30$).

Conclusions: The results indicate that especially psychological detachment from work and social support constitute resources for offshore workers that might be beneficial for reducing their stress levels. Health promotion interventions should be carried out that focus on strengthening these resources among offshore staff.

P117: Propensity for Presenteeism and Sickness Absenteeism in Nurses Working with Older Adults

Luke Anthony Fiorini^{1,2}, Jonathan Houdmont¹, Amanda Griffiths¹

¹University of Nottingham, Nottingham, United Kingdom. ²University of Malta, Msida, Malta

Introduction: Presenteeism is usually defined as attending for work whilst ill and contrasts with sickness absenteeism, where individuals do not attend work when ill. Whilst sickness absenteeism is often health promoting, presenteeism has been linked with lost productivity, increased sickness absence, and can be costly for organisations. Findings that presenteeism was highly prevalent in healthcare workers led to several studies that analysed the predictors of presenteeism frequency in this sector. Very few studies however, have studied the reasons why some healthcare workers exhibit presenteeism more frequently than sickness absenteeism and vice versa.

Aim: To investigate the correlates of propensity for presenteeism (engaging in presenteeism more frequently than sickness absenteeism) and propensity for sickness absenteeism (engaging in sickness absenteeism more frequently than presenteeism) in a sample of ward-based nurses working with older adults in Malta.

Methods: Multinomial logistic regression was used to determine the correlates of propensity for presenteeism and propensity for sickness absenteeism in a cross-sectional survey of ward-based nurses working with older adults in Malta ($n = 270$). The investigated predictors were informed by an earlier qualitative study and included: illness perceptions during participants' last episodes of presenteeism and sickness absenteeism; work engagement; adjustment latitude; replaceability; work demands; co-worker support; supervisor support; workplace relationships; the Big Five personality factors; work attendance attitude; general health; emotional exhaustion; and demographic information.

Results: Compared to those with a propensity for sickness absenteeism, those with a propensity for presenteeism were significantly more likely to have: attributed the cause of their illnesses during presenteeism to organisational factors; held expectations that had they stayed home during their last presenteeism episode it would not have benefitted their illness; reported lower levels of workability during their last presenteeism episode; reported greater levels of work demands. Compared to those who reported equal presenteeism and sickness absenteeism, those with a propensity for presenteeism were more likely to have: reported greater emotional representations during sickness absenteeism; and greater levels of work engagement. Compared to those who reported equal presenteeism and sickness absenteeism, those with a propensity for absenteeism were more likely to have: attributed their illness to a non-organisational cause; held expectations that staying home during their last presenteeism episode would have benefitted their illness; reported lower levels of work demands.

Discussion: In this sample, propensity for presenteeism was influenced by work demands and illness attributed to organisational factors, as opposed to non-organisational factors. Furthermore, propensity for presenteeism was linked with both poorer levels of occupational health and with positive attitudes towards work. The findings indicate that workplace interventions which reduce exposure to organisational causative factors and make work demands more manageable might lead to reductions in presenteeism frequency. Study limitations, are that findings might not apply to nurses working in areas other than the care of older adults, or to similar nursing populations in other countries. Large-scale replications in other healthcare contexts are needed.

P118: Organization-Based Self-Esteem (OBSE): A Buffer or Amplifier of the Job Insecurity-Health Association?

Morteza Charkhabi

Université Clermont Auvergne, Clermont-Ferrand, France

Background: One of the current priorities of occupational health psychology is to explore particular personal resources that have the potential to decrease the deleterious effects of job insecurity in the workplace. This study intends to examine the moderating role of organization-based self-esteem (OBSE) as a potential personal resource of the association between job insecurity and health outcomes. The health outcomes were divided into general (mental & physical health) and job-related (job satisfaction & emotional exhaustion) outcomes. Hypotheses were developed according to the predictions of Conservation of Resources theory and Social Role theory.

Method: To test our hypotheses, we sampled nurses who worked in two large Iranian hospitals. Respondents were divided into males ($N=187$) and females ($N=369$). Participants completed scales on job insecurity, job satisfaction, emotional exhaustion and organization-based self-esteem.

Results: The moderation test suggested that OBSE differently influenced the association between job insecurity and health outcomes in male and female groups. More specifically, OBSE buffered the association between job insecurity and job satisfaction and emotional exhaustion in females, however, OBSE did not moderate the association between job insecurity and any of the health outcomes in males.

Conclusion: OBSE has a more buffering role in reducing the job insecurity-health link in females than in males.

Impact: OBSE has a buffering role in this association; however, this impact can vary based on the gender.

P119: Qualitative and Quantitative Job Insecurity: Testing the Building Blocks Approach

leva Urbanaviciute^{1,2}, Jurgita Lazauskaite-Zabielske¹, Birute Pociute¹, Hans De Witte^{3,4}

¹Vilnius University, Vilnius, Lithuania. ²University of Lausanne, Lausanne, Switzerland. ³KU Leuven, Leuven, Belgium. ⁴North-West University, Vanderbijlpark, South Africa

In the turbulent world of work, job insecurity has become one of the major stressors, with compelling evidence of its far-reaching detrimental effects on employee health and wellbeing (De Witte, Pienaar, De Cuyper, 2016). An increasing number of studies thus aim to identify the mechanisms through which job insecurity unfolds. In doing so, it is necessary to account for the multidimensional nature of the construct, as different dimensions may produce different effects that remain largely underexplored.