(ITW) could reduce the length of hospital stay (LOHS), among patients with non-ST Elevation Myocardial Infarction (NSTEMI). A before-and-after study was carried out, based on historical data from a total of 202 patients with NSTEMI admitted to a coronary ITW during two inclusion periods each lasting 100 days (Period I, 2004, no fast track, 95 consecutive patients; Period II, 2005, fast track implemented, 107 consecutive patients). Patients were followed during 180 days as concerns the total LOHS. A total of 33 patients passed through the FTPP. Their mean total LOHS was significantly shorter (3.3 days reduction; 95% CI 1.7, 5.5 days) as compared with all Period II patients. In total, Period II patients, however, spent significantly more days (mean, 1.7 days more; 95% CI 0.2, 3.3 days) in hospital than Period I patients. Thus, the implementation of FTPP reduced the mean LOHS for patients selected for the FTPP, but the mean LOHS for other patients rose and so the overall mean LOHS turned out to be significantly prolonged. The implementation of FTPP appears a complicated matter; changing one component has consequences for the wider health-care system.

B.2. POPULATION HEALTH

Workplace health promotion; views from managers at small companies

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Background
Workplace health promotion leads to better health, high morale, increased productivity and reduced absenteeism among employees. The role of leadership is vital when creating strategies for workplace health promotion. Small companies (less than 50 employees) have increased need for health promotion, as they often lack knowledge and resources to manage health and safety problems. Moreover, small companies have less access to occupational health service. The aim of this study was to describe how managers at small companies perceive their company as an arena for health promotion.
Methods
A sample of ten managers (four females) was strategically selected using maximal variation in terms of branch of industry. Semi-structured interviews were conducted. The interviews were transcribed and analyzed using qualitative content analysis. The analysis comprised of both manifest and latent content and triangulation between the authors was used.
Results
Three main categories emerged from the analysis; sees the workplace as a possible arena, sees the opportunity to promote employees health and sees a need for external support. More in-depth analysis resulted in six subcategories. The latent content of these categories is described by the theme; Health promotion leadership in order to perceive the company as a health promotion arena. A key factor for workplace health promotion was the manager's view of health promotion as a beneficial factor for the company. Furthermore, the managers expressed that they could promote employees' health by organizing health promotion activities and promote a positive psychosocial work environment. The findings showed a need for easily accessible external support to assist managers in their work with health promotion. It is essential that the external support contributes with inspiration and knowledge of health promotion activities, for example by highlighting good practice from other small companies.
Conclusions
Using the manager's view about the workplace as an arena for promoting health can be a step towards strategies for implementing workplace health promotion. However, for the development of healthy organizations it is necessary to have a comprehensive strategy in which employers, employees and society is pursuing the same goal.

Social factors of sickness absences and the significance of the nature-culture interplay in coping

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Introduction
The rate of sickness absence is a serious problem in Scandinavia as a whole. Individuals' sense of coping coincides with their ability to develop a stronger self, sustaining control over everyday problems, hence their own progress
Aims
The aim of this study was to focus on and to discuss how social factors influence sickness absence. There were two aims of this study: a) To explore and reveal the absentees experiences and perceptions of sickness absence in daily life b) To explore and reveal the absentees own perceptions and experiences of coping while being on sickness absence.
Methods
Qualitative method through a pragmatic synthesis of elements of ethnography and grounded theory were used. The sample from the county of Oppland, Norway (n = 30) had a mental or a musculoskeletal diagnosis in accordance with the ICPC-2 medical classification system.
Results
The interplay between working conditions and private life burdens has an impact on the development of illness and sickness absence, reinforcing the perception of a total life burden situation for women; including caring responsibilities. Two aspects related to how women coped with their illness and life situation; to what extent they had a supportive and caring network at work or in private life, and to what extent they had meaningful activities. Men experience stress and conflicts at work, mostly from the leadership. These social processes at work seem to be followed by lack of motivation for work by the employees. The majority of the sample used different techniques and strategies to cope with their illnesses, highlighting the significance of the Nature-Culture-Health interplay (NaCuHeal).
Conclusion
The whole life situation must be considered in order to understand gender differences in sickness absence. The importance of being involved in daily activities, and feelings of belonging to a social network and salutogenic activities were important for both men and women.

Effects of Work- and Personal-related Factors on Mental Health in the Teaching Profession

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Background
The teaching profession is characterised by an above-average rate of psychosomatic and mental health impairment due to work-related stress. This situation is reflected in particular in a high percentage of early retirements. The aim of this study was to find out differences in health components as well as work, and personal factors between teachers who are mentally

impaired from those who are not, and to detect predictor effects of mental health.

Methods

A sample of 986 male and female teachers (average age 47 ± 7 years) was investigated in extended occupational medicine examinations. The sample was classified into a group of mentally fit (G0: n = 794) and mentally impaired teachers (G1: n = 192) according to the case classification of GHQ-12 (≥5 G1). There are no differences regarding age, gender or marital status. The work-related factors included conditions of employment (e.g. class size, class number, lessons, weekly work time) and duties (e.g. additional functions, preparation and post processing, extracurricular activities). The components of physical health were examined by medical conditions and cardiovascular risk factors (blood pressure, body-mass-index, waist-hip-ratio, fitness). Personal-related factors were captured by an anamnesis-questionnaire, the work ability index (WAI), the effort-reward-ratio (ERI-Q), the incapacity of recovery (FABA), and health behavior (e.g. eating habits, smoking, sports).

Results

The working conditions at school of the two groups differ from each other significantly, however, the differences have no practical relevance. The highest correlation coefficients were determined for the GHQ-12 with WAI, the number of physical complaints and the ER-Ratio (r = .40-.43). As expected, these three factors prove to be relevant predictors of mental health and elucidate a variance of 27%. Calendrical age does not prove to be a predictor of mental health among teachers.

Conclusions

Working conditions make hardly any contribution to the variance elucidation of mental health. Personal-related factors and individual attributes are more relevant factors for analysing risks and resources of teachers' health. These factors should become a part of preventive arrangements for the conservation of health in teachers' in the future.

Physical activity and healthy diet: Perceptions of groups with a low socio-economic status from different ethnicities in The Netherlands

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Background

Individuals with low socio-economic status (SES) are less likely to be physically active or follow a healthy diet. In particular, individuals from Turkish and Moroccan origin living in The Netherlands are at increased risk of developing obesity, diabetes and cardiovascular disease. This study aimed to explore which barriers and enablers influence the diet and physical activity (PA) behaviour of low SES adults from different ethnicities in order to tailor lifestyle interventions to their needs.

Methods

In this study, 14 focus group interviews were held with female and male groups of Moroccan, Turkish and Dutch ethnicity with low SES. The recruitment took place through community workers and chairmen of mosques in disadvantaged neighbourhoods. Participants were encouraged to share their perceptions and their considerations regarding barriers and enablers for healthy eating and PA behaviour.

Results

Differences in perception of barriers and enablers between ethnic groups were small. In all groups uncertainty about what constitutes a healthy diet and sufficient PA was reported. Participants described lack of willpower and lack of a supportive environment as barriers for healthy eating or physical activity. On the other hand, social support was frequently mentioned as important enabler for a healthy lifestyle. Furthermore, participants indicated that absence of stress and moments of pleasure are relevant factors contributing to their health. Participants seem to struggle in their attempt to balance the perceived obligation to live healthy with other (enjoyable) moments of daily life.

Conclusions

Our results stress that lifestyle is deeply embedded in an individual's social context, which can make changes difficult regardless of a person's ethnic origin. Furthermore, feelings of conflict between seeking pleasure and health behaviours should be addressed in lifestyle interventions targeting at low SES individuals with different ethnic origin. Emphasising these personal issues in the design of lifestyle interventions may improve successful long term behaviour change.

Country level cultural indicators and self-rated health in 21 European countries

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Background

Social capital or its dimension of generalized trust is granted the mediating role in the hypothesized positive health impact of participation in cultural and arts activities. The present study centered on the relative importance of individual level socio-demographic factors and country level cultural factors for self-reported health status and self-reported generalized trust of individuals and on the impact of cultural variables on self-related health.

Methods

Individual level data for 25–64-year-old respondents (N = 24 887) on self-rated health (outcome) and socio-demographic characteristics in the European Social Survey (ESS 2006) were individually linked with country level data on the frequency of participation in selected cultural activities and the volume of the production of cultural goods. Cultural statistics (21 items) were taken from the Internet. Generalized trust was measured on individual and country level. Linear multilevel regression analysis was used to analyze the relative association of individual and country level explanatory variables with self-rated health. The impact of Gross Domestic Product (GDP) was controlled.

Results

Three cultural variables were statistically significantly and positively associated with self-rated health when controlling for the individual level variables. When controlling for country level generalized trust, only imports of cultural goods retained the statistical association. Five cultural variables were statistically significantly and positively associated with generalized trust when controlling for the individual level variables. No statistically significant associations remained after controlling for GDP.

Conclusions

Selected cultural variables were positively connected with self-rated health and generalized trust, a dimension of social capital. Generalized trust may in part mediate meaning or significance of the cultural investments and activities in a country for health. And finally, both cultural variables and generalized trust may merely be concomitants of the general prosperity of the society.