

# **(Effect of an) Early onset municipal return to work management intervention in cancer survivors – challenges encountered during the trial**

Cancer and work  
Work & Rehabilitation, October 2018  
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AARHUS  
UNIVERSITY  
DEPARTMENT OF PUBLIC HEALTH

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# Study aim

- The objectives were to apply an early, individually tailored occupational rehabilitation intervention to cancer survivors in two municipalities parallel with cancer treatment
  - Stapelfeldt et al. Municipal return to work management in cancer survivors undergoing cancer treatment: a protocol on a controlled intervention study. BMC Public Health (2015) 15:720

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# Why occupational rehabilitation aimed at cancer survivors?

- Survival rates are increasing (40 % are in the working age)
  - Short hospital stays require improved transitions between hospitals and municipal sectors
- Demand for coherence in treatment and rehabilitation
  - Cancer patients feel they are left alone with work issues
- The majority of cancer patients RTW during and after treatment
- Few studies have been conducted on vocational rehabilitation offered parallel to cancer treatment
  - Thus, knowledge is scarce on whether occupational rehabilitation applied early and parallel to cancer treatment facilitates the RTW-process for cancer survivors.

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# The Danish Sickness Benefit Act

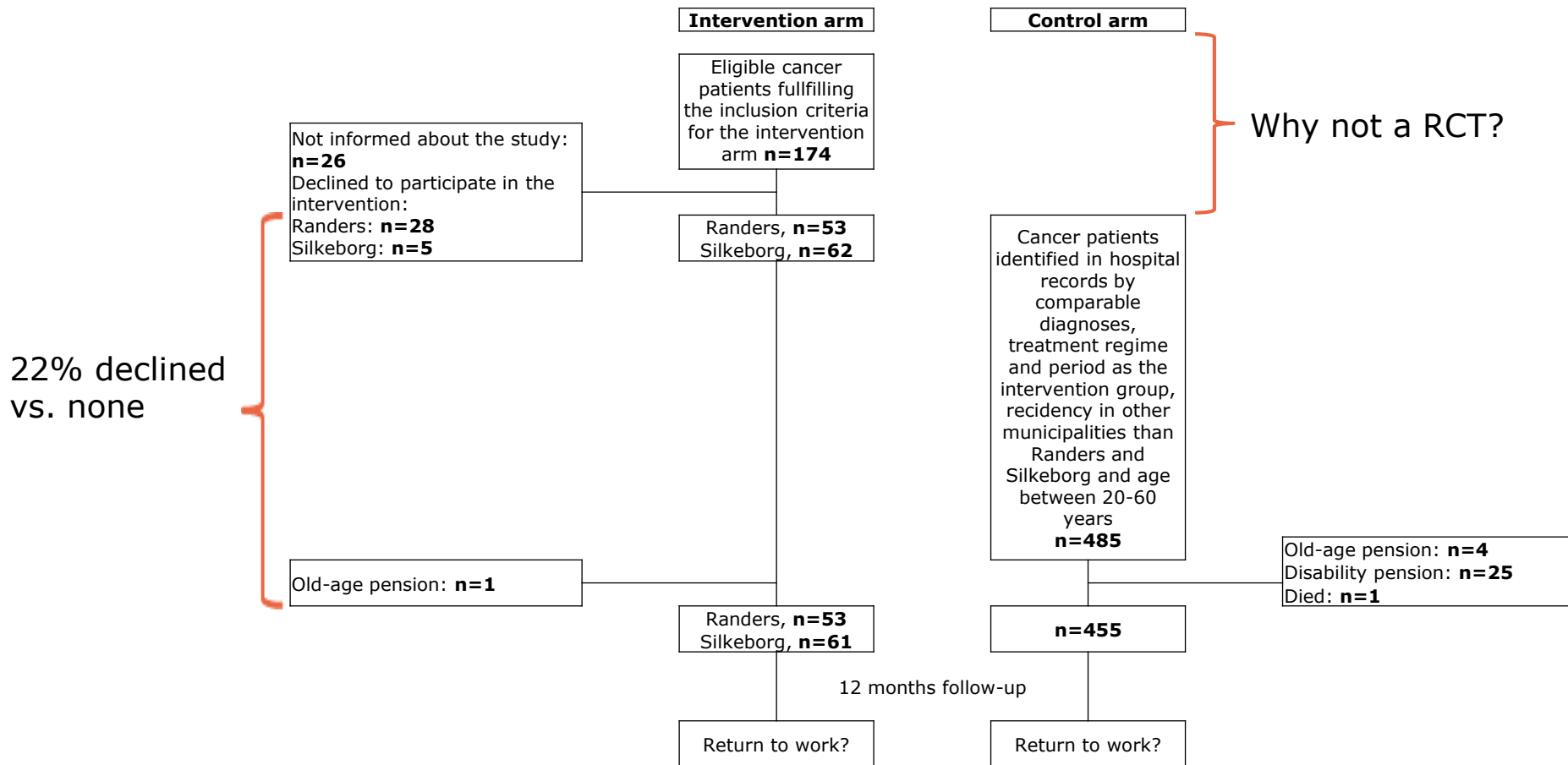
- Municipal job centres are responsible for paying sickness benefits and initiating vocational rehabilitation
- Employers have little responsibility for sickness absence management
  - 4-week employer period
- Regular follow-up interviews at least every four weeks
  - Cancer survivors are often spared the obligatory meetings
- July 2014; period of sickness benefit payment was reduced from 52 to 26 weeks
  - short time frame for vocational/occupational rehabilitation before the expiration of sickness benefits

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# Scientific background

- RTW interventions aimed at individuals sick-listed due to cancer have revealed inconsistent results regarding efficiency and content
  - de Boer AG et al. Interventions to enhance return-to-work for cancer patients. Cochrane Database Syst Rev 2015 Sep 25;9:CD007569.
- The inconsistency may partly be explained by a misfit between the content of an intervention and the actual needs encountered by the cancer survivors
  - Duijts et al. Psycho-Oncology 2016. DOI 10.1002/pon.4235
- Maybe more attention on the workplace arena in interventions
  - Amir et al. Employer's management of employees affected by cancer. Support Care Cancer. 2018 Mar;26(3):681-684.
  - Greidanus et al. Perceived employer-related barriers and facilitators for work participation of cancer survivors: A systematic review of employers' and survivors' perspectives. Psycho-Oncology 2018 Mar;27(3):725-733.

# Study design - introduction of bias



**Figure 1** Flow-chart of the selection procedure to the controlled intervention study.

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# Obtaining consent from study participants

- Inclusion started in December 2013 at the Department for Oncology, Aarhus University Hospital
  - Patients giving their consent to hospital staff => **30%**
- Alterations in inclusion procedure March 2014 allowing the job consultants to be part of the inclusion
  - Patients giving their consent to job consultants=> **95%**

# Possible explanations for the observed differences in consent percentages


- Methods
  - Semi-structured individual interviews and participant observations at a hospital department and two municipal job centers were carried out
- Results
  - Treatr ORIGINAL ARTICLE
  - Work **Return-to-work intervention during cancer treatment - The**
  - Challe **providers' experiences**
- Interpret
  - None | **k (RTW)**  
issues | **RTW plans or**  
interference between treatment and work.
  - RTW interventions are viewed differently by providers, leading to challenges in conducting vocational rehabilitation across sectors aimed at cancer patients .
    - visualised in the recruitment percentages

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ORIGINAL ARTICLE

WILEY **European Journal of Cancer Care**

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# Reintegrating cancer patients undergoing treatment into the workplace: a qualitative study of employer and co-worker perspectives.

## Unpublished data

- Methods
  - 16 semi-structured individual interviews and participant observations at seven workplaces, involving seven employers and nine co-workers employed in various professions.
- Results
  - 6 major themes emerged from the interviews on employer and co-worker-experienced challenges on having an employee undergoing cancer therapy and returning to work
  - Gradual return to work (RTW) with few work hours and changes in the allocation of work tasks was not experienced as a problem in the beginning of the RTW process
  - Over time, employers encountered difficulties in finding suitable work tasks and co-workers found that they had to do extra work.
  - Employers felt unmet needs for information

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# General Data Protection Regulation within the EU

- April 2017: Inclusion of study participants according to sample size calculations finalized
- May 2018: General Data Protection Regulation
  - Prolongation of the procedures allowing identification of the control group in hospital records
- August 2018: All data were available and ready for effect analyses

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# Thank you



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- Social worker, Janne Loftager

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# Study milestones

## Baseline:

First meeting with  
the JC  
RTW plan  
R-RTW

Entry time  
in analyses of  
time to RTW?

Cancer  
treatment  
completed

1 year follow-up

Endpoint RTW (4 consecutive weeks)

