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RETURN-TO-WORK INTERVENTIONS FOR EMPLOYEES WITH BURNOUT: A SYSTEMATIC REVIEW

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Introduction Burnout is a work-related mental health problem and may cause long-term sickness absence. Return-to-work interventions for burned out employees on sick leave aim to prevent long-term work disability. This systematic review addresses 2 questions:

- Which return-to-work interventions for burned out employees on sick leave have been studied?
- What is the effect of these interventions on return to work?

Methods We performed a systematic literature review and searched Medline, CINAHL, EMBASE and Web of Science from Jan 1, 2000 to March 16, 2016. We searched for articles of return-to-work interventions for burned out employees on sick leave. We excluded studies of self-employed people and studies of employees suffering from mental health problems other than burnout. We conducted the review in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines. Outcomes were return to work and overall burnout symptoms.

Results We identified 1578 articles after removal of all duplicates. Ten articles met inclusion criteria of which 5 were person-directed interventions, 2 were organisation-directed and 3 were a combination of both intervention types. None of the person-directed interventions caused a significant improvement in return to work. In contrast, the 2 organisation-directed and 2 of the 3 combined interventions did significantly improve return to work. All interventions had a positive effect on overall burnout symptoms.

Discussion Although all interventions improved burnout symptoms, only the interventions that were (partly) organisation-directed had a positive effect on return to work. This finding is important in the development of return-to-work interventions for employees with burnout.

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WHAT IS THE PERCEIVED IMPORTANCE OF WORK AND WORK ABILITY OF PATIENTS WITH GASTROINTESTINAL CANCER SHORTLY AFTER DIAGNOSIS?

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Introduction Work is important for patients diagnosed with cancer. The aim of this study is to assess the perceived importance of work and work ability shortly after diagnosis of patients with gastrointestinal cancer.

Methods In a multicentre randomised controlled trial with a follow-up of twelve months, participants aged 18–63 years, diagnosed with a curative primary gastrointestinal cancer and employed at the time of diagnosis, were included. The

participants were randomised to usual care or the intervention group, which encompassed tailored work-related support. Both groups filled out a baseline questionnaire with questions on importance of work (VAS score 0 not important–100 most important) and WAI questions: general work ability (0–5 low work ability and 6–10 moderate to good work ability), physical- and mental work ability (5 point scale from very bad to very good).

Preliminary results At baseline 87 participants filled out the questionnaire, 66% of them were male with a mean age of 55 years. The majority was diagnosed with colon cancer (64%) or rectal cancer (21%). Participants scored the importance of work at moment of completion the baseline questionnaire shortly after diagnosis with a mean of 49.9 (SD 29.1). 54% of the participants scored their general work ability as moderate to good. The physical work ability was scored as very bad (2.3%), bad (16.6%), mediocre (34.5%), good (33.3%) and very good (13.8%), while mental work ability was scored worse respectively; bad (27.6%), mediocre (27.6%), good (33.3%) and very good (11.5%).

Discussion Half of the participants scored their work as (very) important at time of diagnosis. Half of the participants scored their work ability as moderate to good, their physical work ability was better than their mental work ability. The participants need tailored support early in their cancer treatment process, in which the occupational physician and oncological nurse should be involved.

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SUPPORTING WORK PARTICIPATION OF PEOPLE WITH A CHRONIC DISEASE

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Introduction A large amount of people with a chronic disease experience difficulties in participation in work, mostly irrespective of diagnosis. How can OHPs be facilitated in supporting people with chronic disease in work participation?

Methods First, evidence was gathered through two systematic reviews, examining factors and interventions influencing work participation. A questionnaire and five focus groups meetings were used to explore perspectives of people with a chronic disease regarding value of work, solutions to participate in work and need of support. Second, for OHPs to use the evidence in practice, a training was developed through input of focus meetings with OHPs and interviews with education experts. The training was evaluated on feasibility using a questionnaire.

Results Health-related, environmental and personal factors such as age, social support and motivation were reported to influence participation in work irrespective of diagnosis. Effective interventions that increase work participation irrespective of diagnosis, focused on changes in work tasks, work environment, work organisation and work conditions. People with a chronic disease reported to value work. They had several solutions to retain or return to work, e.g.: energy management, changes in work tasks or environment. They needed support from colleagues, OHPs or patient federations to find or implement these solutions. OHPs reported several training needs to use the evidence in practice, which can be learned through the use of teaching methods as a case study, debate, role play

or interview with stakeholders. Evaluation of the feasibility of the training will follow.

Discussion Various factors and interventions, the role of people with a chronic disease, and perceived value of work influence work participation irrespective of diagnosis. A training is developed to facilitate OHPs in the use of the evidence to optimise their support to people with a chronic disease.

1609 WORK DISABILITY PREVENTION: AN EXPANDING FRONTIER IN OCCUPATIONAL HEALTH

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Aim of special session The goal of this special session will be to provide an overview of emerging research in work disability prevention from a variety of national, disciplinary, and stakeholder perspectives. The session will not only address disability after work injuries, but also cancer, mental illness, and chronic medical conditions. Presenters will present research related to public and institutional policies, patient screening and assessment, job accommodation, employer and provider communication, and disability risk factors related to employee characteristics, medical diagnosis and treatment, and employer and family support.

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1609a WORK DISABILITY PREVENTION IN PEOPLE WITH A CANCER DIAGNOSIS

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In the last decades, work disability prevention in people with a cancer diagnosis has received growing attention worldwide. Approximately 14 million new cases of cancer are diagnosed globally each year with every 1 in 4 people ever diagnosed with cancer. The prevalence of cancer survivors within working age is expected to grow because of an ageing population, higher retirement age and continued improvements in treatment of many forms of cancer.

Almost half of all cancer survivors are younger than 65 years and of working age. Most cancer survivors will want to resume work after treatment but, regrettably, not all survivors are able to do so and unemployment is 40% higher than in people who never had cancer.

For this reason, innovative interventions that could mitigate the economic impact of surviving cancer and improve the quality of life of survivors are urgently required. In the past

two decades, several interventions have been developed with approaches that were either psychological (e.g. counselling), physical (e.g. physical exercise, clinical interventions), vocational (e.g. job placement services, vocational rehabilitation), occupational (e.g. educating employers, implementation of work adjustments), and/or legislative (e.g. anti-discrimination acts) in their emphasis.

Multidisciplinary interventions have been proved to be most effective in return to work and work retention of cancer survivors. However, research has shown that collaboration between stakeholders can be challenging. Positive results can nevertheless be achieved when barriers for collaboration are removed.

There is a growing international awareness towards the work situation of cancer survivors. International networks uniting professionals, researchers, employers and stakeholders concentrate on disseminating research knowledge and best practice. Collaboration between countries on the development of evidence-based, validated interventions for work participation of cancer survivors to prevent unemployment will be highly beneficial.

1609b RETURN TO WORK AFTER WORK INJURY FOR PRECARIOUSLY EMPLOYED WORKERS

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This paper presents results of a Canadian study looking at workers' compensation regulatory frameworks, designed to optimise return to work outcomes, as applied to precariously employed workers. Comparing frameworks in the two Canadian provinces of Québec and Ontario we find that in both provinces the quality and nature of incentives placed on employers and insurers to return workers to their maximum earning capacity is largely driven by their earnings at the time of injury, while the nature of the incentives placed on workers also varies depending on their earnings at the time of injury, but in different ways. Workers employed by temporary employment agencies are also disadvantaged because of the system design, regardless of their earnings. The disparity in incentives, particularly with regard to employers and insurers, leads to situations of systemic discrimination, whereby those whose work is undervalued at the time of injury, such as recent immigrants who are over-qualified for the positions they hold, receive minimalist support in return to work as compared to workers whose claims will be more costly for the system and the employer. Support is thus predicated on costs rather than potential employability or needs. Those in non-standard employment relationships are further undermined by the diffuse nature of responsibilities in return to work.

The study relies on classic legal methodology combined with interview data drawn from interviews undertaken in 2016 and 2017 with workers, employers, and key informants, a mixed methods approach which allows us to identify the specific rules in each of the two systems that favour or undermine adequate support in reducing work disability.