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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