**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?**

1. Anne-Claire GNM Zaman, 2Angela GEM de Boer, 3Kristien MAJ Tytgat, 4Jean HG Klinkenbijl, 5Monique HW Frings-Dresen. 2Academic Medical Centre, University of Amsterdam, Department Coronel Institute of Occupational Health, Amsterdam Public Health research institute, Amsterdam, The Netherlands; 2Academic Medical Centre, University of Amsterdam, Department of gastroenterology, Amsterdam, The Netherlands; 2Gele Hospital, Department of Surgery, Apeldoorn, The Netherlands; 6University of Amsterdam, Amsterdam, The Netherlands

**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%), 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.