1268

A CBT INTERVENTION FOR LONG TERM SICKNESS ABSENCELorraine Begley, Thérèse Hodgins, John Mc Dermott. *Vhi Corporate Solutions, Dublin*

10.1136/oemed-2018-ICOHabstracts.1565

Introduction The longer an individual is out of work the less likely that individual will ever return to work. Research has shown that, after six consecutive months of absence an individual has only a 50% chance of returning to work, this falls to 20% after 12 months' continuous absence and 10% after 24 months' continuous absence.

To evaluate if a cognitive behavioural intervention (CBT) impacts on an individual's decision to return to the workplace following a long term absence as measured by an individual's successful return to their previous work or a decision to seek alternative employment in a cohort of 27 individuals who are long term absent from work (8–57 months).

Methods We reviewed all cases referred, over a three year period (2014–2016), for a CBT intervention. (12–14 sessions over an average of a 6 month period).

Results 70% of a cohort of 27 individuals returned to their previous work or were in a position to seek alternative employment.

Discussion The findings suggest that a CBT intervention does support recovery and rehabilitation to work. Although the intervention involved a small cohort, the findings provide justification for continued investment and expansion of the current programme.

763

INFLUENCE OF SIGNIFICANT OTHERS' PERCEPTIONS, BELIEFS, ATTITUDES AND BEHAVIOUR ON WORK OUTCOME OF INDIVIDUALS WITH CHRONIC DISEASES: A SYSTEMATIC REVIEW

¹NC Snippen*, ¹HJ de Vries, ²SJ van der Burg-Vermeulen, ³M Hagedoorn, ¹S Brouwer. ¹Department of Health Sciences, Community and Occupational Medicine, University of Groningen, University Medical Centre Groningen, Groningen, The Netherlands; ²Coronel Institute of Occupational Health, Academic Medical Centre, University of Amsterdam, Amsterdam, The Netherlands; ³Department of Health Psychology, University of Groningen, University Medical Centre Groningen, Groningen, The Netherlands

10.1136/oemed-2018-ICOHabstracts.1566

Introduction It is recognised that significant others (SOs) may play an important role in recovery and return-to-work processes of individuals with chronic diseases. However, not much is known about how cognitive behavioural factors of SOs (spouse/partner, family member or friend) influence work outcome of their relative. This systematic review assesses the available evidence on perceptions, beliefs, attitudes and behaviours of SOs related to work outcomes of individuals with chronic diseases.

Methods Relevant articles were identified in PubMed, Embase, PsycINFO, SocINDEX and Web of Science. We included studies reporting on SO factors related to work outcomes (return to work, staying at work, job retention, and work functioning) in working populations with various chronic diseases. A quality assessment was performed, level of evidence was assessed for factors found in quantitative studies, and the evidence was thematically synthesised.

Result Out of 5168 articles, 18 studies were included (15 qualitative and 3 quantitative) of moderate to high quality. Studies were on cancer, chronic pain, brain injuries and mental health disorders. Results show that SOs with a positive

and encouraging attitude concerning the disease and its consequences had a positive influence on work outcome of their relatives. Negative illness perceptions and attitudes regarding the disease and its consequences were negatively associated. Additionally, encouraging and motivating behaviour and practical help with activities had a positive association, whereas advising and exerting pressure not to work were negatively associated with work outcome.

Discussion Perceptions, beliefs, attitudes and behaviours of SOs may have a facilitating or obstructing influence on work outcome. Therefore, involving SOs in prevention and intervention strategies may facilitate a positive work outcome of individuals with chronic diseases. More quantitative research is needed to confirm these findings, as the evidence was mostly based on qualitative studies.

102

REALIST REVIEW OF WORKPLACE INTERVENTION PROGRAMS FOR MUSCULOSKELETAL DISORDERS

^{1,2}M-J Durand*, ^{1,2}C Sylvain, ³J-B Fassier, ⁴WS Shaw, ⁵JR Anema, ^{1,2}D Tremblay, ⁶P Loisel, ^{1,2}M-C Richard. ¹Université de Sherbrooke, Longueuil, Canada; ²Centre de recherche de l'Hôpital Charles-Le Moyne, Longueuil, Canada; ³Hospices Civils de Lyon et Université Claude-Bernard-Lyon-1, Lyon, France; ⁴Liberty Mutual Research Institute for Safety, Boston, USA; ⁵VU University Medical Centre, Amsterdam, Netherlands; ⁶University of Toronto, Toronto, Canada

10.1136/oemed-2018-ICOHabstracts.1567

Introduction Musculoskeletal disorders (MSDs) are one of the main causes of work disability (TMS), yet some rehabilitation programs (RPs) effectively promote return to work. However, the level of implementation of these RPs remains low. Better understanding of what works in these programs is needed to improve implementation.

Objective Explain which contextual elements and components of these RPs work, for whom and in what circumstances.

Method A realist review of the literature was conducted using Pawson's approach (2006). Searches were performed in the Cochrane Work Trials Register, CENTRAL, MEDLINE, Embase and PsycINFO databases using pertinent keyword combinations. Each member of a group of experts (n=4) analysed the articles independently and generated configurations (Context-Mechanism-Outcome). The configurations were compared and discussed to produce a final list by consensus. Demi-regularities (patterns) were sought in the configurations as a whole to discern groupings. A Web survey of potential users was conducted to assess the clarity, pertinence and exhaustiveness of the recommendations.

Results A total of 24 articles were retained and analysed. Around 50 configurations were developed and then grouped. Five RP components emerged:

- assessment of the individual, including the work situation;
- timeliness of the workplace intervention;
- diversity of stakeholders;
- intersectoral information-sharing, and
- workplace accommodations.

These RP components yield positive RTW outcomes for various types of workers (manual or sedentary), regardless of MSD site (back or upper limb) and MSD phase (acute, sub-acute or chronic). The results of the 31-user survey revealed that the recommendations were mostly deemed clear, pertinent and exhaustive. However, four were considered difficult to implement in workplaces.