

An integrative solution!

Improving work participation of cancer survivors from a multi-stakeholder perspective

Dr. Sietske Tamminga & drs. Michiel Greidanus

Coronel Institute of Occupational Health, Amsterdam UMC, location AMC, University of Amsterdam, The Netherlands





Acknowledgement

No conflict of interest to declare



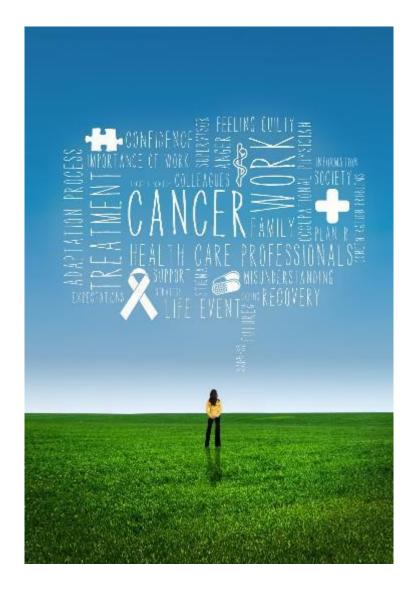
Angela de Boer, PhD Prof. Monique Frings-Dresen, PhD Sietske Tamminga, PhD





Prof. Angelique de Rijk, PhD Corine Tiedtke, PhD





Tamminga et al. 2012 | Launch event I-KNOW-HOW



Return to work journey in 4 phases

Disclosure

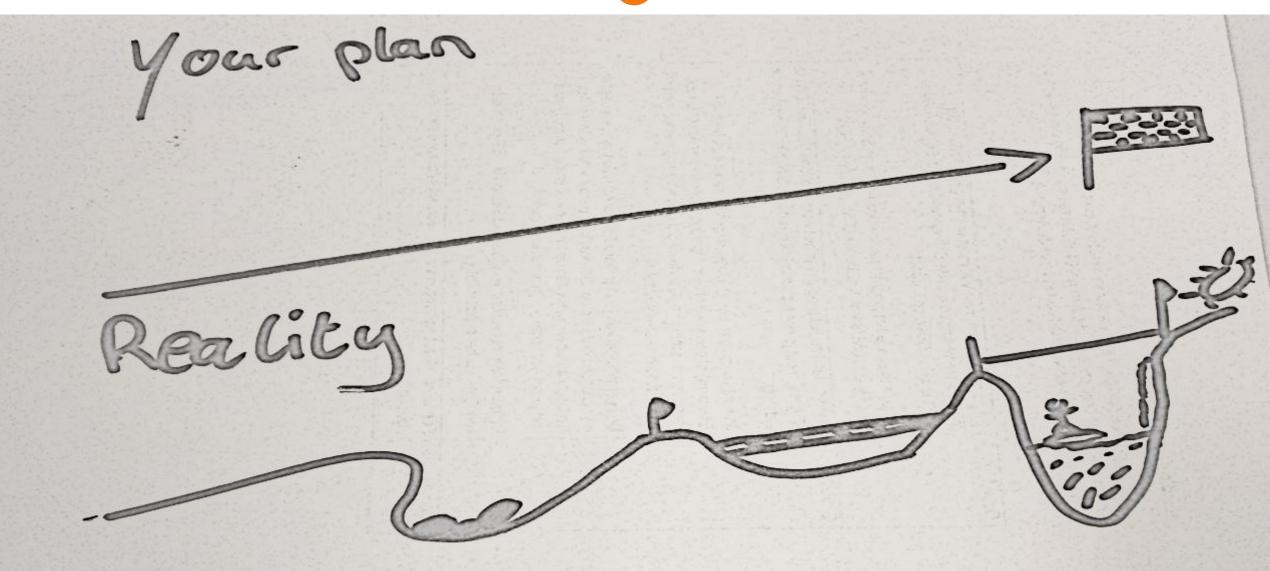
Treatment

RTW planning

RTW









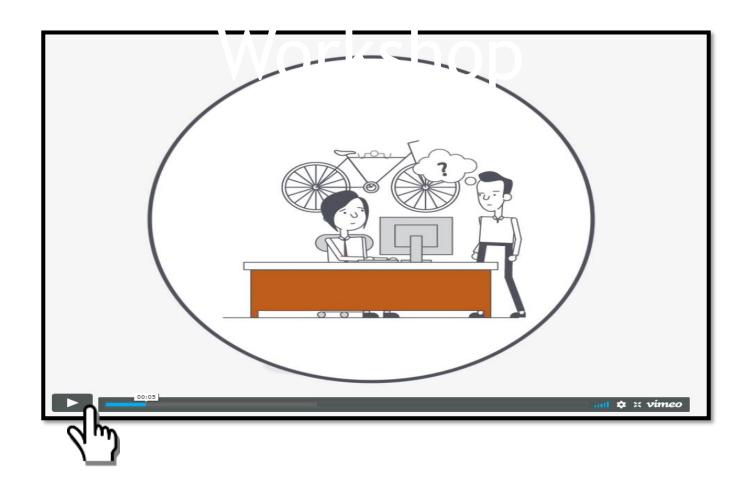


Greidanus et al. 2019 | Launch event I-KNOW-HOW



Employer actions:	Employers				Employees			
RTW phase:	1	2	3	4	1	2	3	4
Assess work ability								
Emotional support								
Plan return to work								
Handle unpredictability								







Journal of Occupational Rehabilitation (2019) 29:550-559 https://doi.org/10.1007/s10926-018-9818-2



Barriers to and Facilitators of Implementing Programs for Return to Work (RTW) of Cancer Survivors in Four European Countries: A Qualitative Study

Sietske J. Tamminga¹ · Anna M. Braspenning¹ · Anna Haste² · Linda Sharp² · Monique H. W. Frings-Dresen¹ · Angela G. E. M. de Boer¹

Published online: 22 November 2018 © The Author(s) 2018

Abstract

Purpose Implementation of return to work (RTW) programs for cancer survivors has proved to be challenging. The purpose of our study was to gather experiences about barriers to and facilitators of implementing RTW programs for cancer survivors in four European countries. Methods Separate multidisciplinary focus groups were held in Belgium (n=8), the Netherlands (n=8), Ireland (n=6), and UK (n=4) in 2017 and included among others a physician, and a representative of an employer, a cancer society, and the government. Primary focus of thematic analysis was what could be done to improve the implementation of RTW programs for cancer survivors. Analysis used the 'Arena in work disability prevention model' as the conceptual framework. Results Many barriers to and facilitators of implementing RTW programs for cancer survivors were described including the personal, workplace, healthcare and legislative system as well as the overall societal and political context. That is, for example cooperation between stakeholders, time, money and ability issues at the workplace, and insufficient/inadequate legislation. Insufficient knowledge of cancer and its implications for work was identified as an overarching theme in all countries leading to stigma, misconceptions and lack of communication. This was mentioned in relation to the workplace, personal and healthcare system, and in the overall societal context. Conclusions Results indicate that a prerequisite for implementing RTW programs is raising sufficient knowledge regarding cancer and its implications for work. Greater knowledge could be a first step to better implement RTW programs which may result in better supporting cancer survivors with their RTW.

Keywords Neoplasms · Return to work · Implementation · Intervention · Focus groups





Workshop

Bottlenecks; own stakeholder perspective

Solutions; needs from other stakeholders





Launch event I-KNOW-HOW



Part 1: Bottlenecks; own stakeholder perspective

- > Create groups per stakeholder perspective
- > Individually: identify main bottlenecks from own perspective (max 3 min)
- ➤ In groups: identify 4 main bottlenecks from stakeholder perspective (10 min)





Part 2: Solutions; needs from other stakeholders

- ➤ In groups: what information or support do you need from other stakeholders, in order to tackle the bottlenecks? (15 min)
 - → Min 2 per stakeholder





Wrap-up and discussion

Employers' experience of employees with cancer: trajectories of complex communication

DOI: 10.1007/s11764-017-0626-z

C. M. Tiedtke¹ · B. Dierckx de Casterlé² · M. H. W. Frings-Dresen³ · A. G. E. M. De Boer3 + M. A. Greidanus3 + S. J. Tamminga3 + A. E. De Rijk1

Received: 28 March 2017 / Accepted: 23 J

Abstract

cancer survivors, and employers plastudy aims to provide insight into (1 riences with RTW of employees wil Academic Merical Center, University of ployers' needs for support regarding. Amsterdam, Department: Caronel Institute of Methods Thirty employer represe Groupational Health, Amsterdam Public large for-profit and non-profit organ Health research institute, Amsterdam, The to investigate their experiences and ployees with cancer: A Grounded TI Institute Primary Care and Public Health Results We revealed a trajectory of EAPHRI Faculty of Health, Medicine, and and decision-making during different. Life Sciences, Massricht University. the employee disclosed that they is Maastricht. The Netherlands period after RTW, permanent disabilit 2 Department of Public Health and Primary ing away. Employers found this proc. Care, Academic Center for Nursing and Midwifery, Katholieke Universiteit Leuven. ious dilemmas. Dealing with an ur Leuven, Belgium balancing both the employer's and the Correspondence found to be challenging. Two types of M.A. Gordanus, MSc. Academic Medical of employees with cancer were dist. Center, University of Amsterdam, Department. oriented approach and (2) a care-orier
Coronel Institute of Occupational Health, in approach were related to difference Meibergdreef 9, 1100 DC Ainsterdam, The ture and employer and employee e Netherlands

Perceived employer-related barriers and facilitators for work participation of cancer survivors: A systematic review of 83 The Author(s) 2017. This article is an employers' and survivors' perspectives

Purpose Remaining in paid week! M.A. Greidanus¹ | A.G.E.M. de Boer¹ | A.E. de Rijk² | C.M. Tiedtke² | ing this. Return to work (RTW) is by B. Dierckx de Casterlé³ | M.H.W. Frings-Dresen¹ | S.J. Tamminga¹

² Department of Social Medicine, Research

Amsterdam Public Health research institute,

Email: m.a.greidanus@amc.nl

Funding information

Dutch Cancer Society, Grant/Award Number. UVA 2014-7153

cancer survivo these perceiv

Methods: wors' perspect IMEDLINE, EN and the qualit and facilitators

Abstract

Objective:

Results: Fix the cancer sur related to sup and roles, and a cation, work o that the emplo

survivor, goals knowledge abo Conclusions related barrie understood to

for interventi

participation (

What Employer Actions Are Considered Most Important for the Return to Work of Employees with Cancer? A Delphi Study Among Employees and Employers

M. A. Greidanus¹ · S. J. Tamminga¹ · A. E. de Rijk² · M. H. V

© The Author(s) 2018

Abstract

Purpose Employers are important stakeholders in the return what employer actions are most important to that process. Tl actions are considered most important for the RTW of en Methods A two-round online Delphi study was conducted to employees with cancer. The results from each panel were a ticipants selected the 10 they considered most important for treatment, (3) RTW plan, and (4) actual RTW. The consens The employer and employee expert panels both reached con port', 'allow sufficient sick leave', 'plan return to work', 'adj Employers also reached consensus on 'communicate' and All these employer actions were considered to be specific consensus on the importance of nine employer actions, en similarities, but did vary regarding important employer act ing interventions targeting the employer, meeting both empl support for employees with cancer.

European Agency for Safety and Health at Work

DOI: 10.1002/pon.4514

https://osha.europa.eu/nl/tools-andpublications/publications/rehabilitation-andreturn-work-after-cancer-instruments-and

DOI: 10.1007/s10926-018-9800-z

Rehabilitation and return to work after cancer — instruments and practices

European Risk Observatory

Launch event I-KNOW-HOW



Thank you!

Sietske Tamminga & Michiel Greidanus

m.a.greidanus@amsterdamumc.nl