




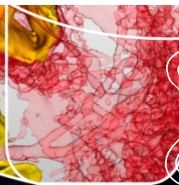
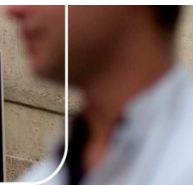
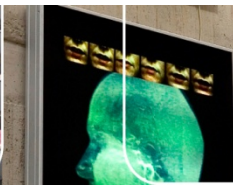
Presentation on company case studies and focus groups on key success factors and major pitfalls in promoting effective reintegration programmes: methodology and results

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Project team

Company case studies	Focus groups
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Objective ‘Company case studies’

- To get insight in programmes applied in practice aimed at the return-to-work (RTW) of workers diagnosed with cancer
- To build a more complete picture of the problems encountered by enterprises by exploring the visions of those most directly affected.



Methods

Semi structured interviews in 8 companies

- The Netherlands (NL): 4
- Belgium (BE): 3
- Ireland (IE): 1



4 semi structured interviews in each company

- Employer (e.g. HR supervisor, HR manager etc.)
- Worker with cancer
- Occupational physician
- Representative of Trade Union



Selection of companies

Long list of 28 companies

Selection criteria for interviewing:

- Different OSH systems and approaches
- Variety of workplace sizes, including medium-sized companies
- Variety of activity sectors
- Potential to be transferable to other circumstances (e.g. country, sector, size class)



Results: Practices & Support

Practices

- Specific programme in place for workers diagnosed with cancer
- General RTW programmes not focussing on cancer

Support

- Supervisor
- External agencies
- Occupational physician



Results: Advice and information

Advice and information

- Communication lines in companies
- Skilled person
- Occupational physician acts as mediator between worker and employer
- No fixed policies
- Mini-teams / well-being-teams
- Intranet



Results: Programme needs

Factors that contribute to the success of the programme

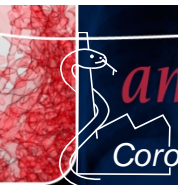
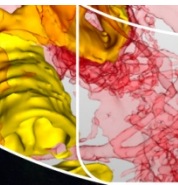
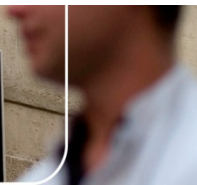
- Tailoring
- Multidisciplinary programme
- Communication between different stakeholders
- Good provision of information
- Positive attitude of both employer and worker towards RTW



Results: Transferability of programmes

Transferability to other enterprises

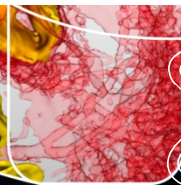
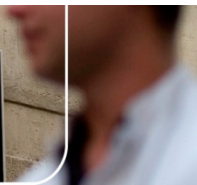
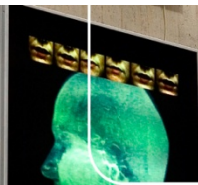
- Assistance from someone who understands the situation of the worker
- Occupational health physician
- Budget employer
- Communication between stakeholders
- Issues of small-sized companies



Results: Co-operation

Co-operation with other partners and organisations

- General physician
- Integration of physical and psycho-oncological care in the curative treatment phase
- Collaboration between the involved stakeholders



Summary

- Variety of programmes
 - Internal / external programmes
 - Multidisciplinary programmes
 - Involvement of stakeholders
- Facilitators for execution of the programmes
 - Legislation encouraging RTW
 - Communication between stakeholders
 - Knowledge on cancer and work and RTW processes
 - Positive attitude towards RTW
- Percieved barriers
 - Impossibilities to implement adjustments
 - Insurance issues



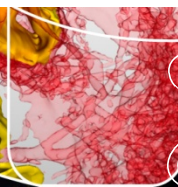
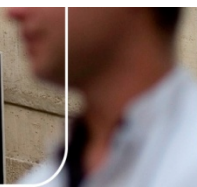
Objective 'Focus groups'

To identify barriers and facilitators of the successful implementation of policies, systems, programs, and instrument in the field of rehabilitation or RTW for workers diagnosed with cancer in their various countries and within their companies



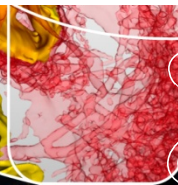
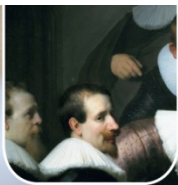
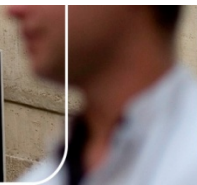
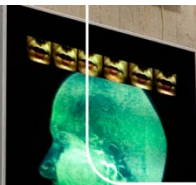
Methods (1)

- 4 focus groups in April – May 2017
 - Netherlands: 8 participants
 - Belgium: 8 participants
 - Ireland: 6 participants
 - UK: 4 participants



Methods (2)

- Divers group of stakeholders:
 - Employer representative
 - Representative of an employee organisation
 - (occupational) physician
 - Oncological/OSH nurse
 - Vocational rehabilitation specialist
 - Government representative
 - Research scientist
 - Representative of fund for occupational diseases

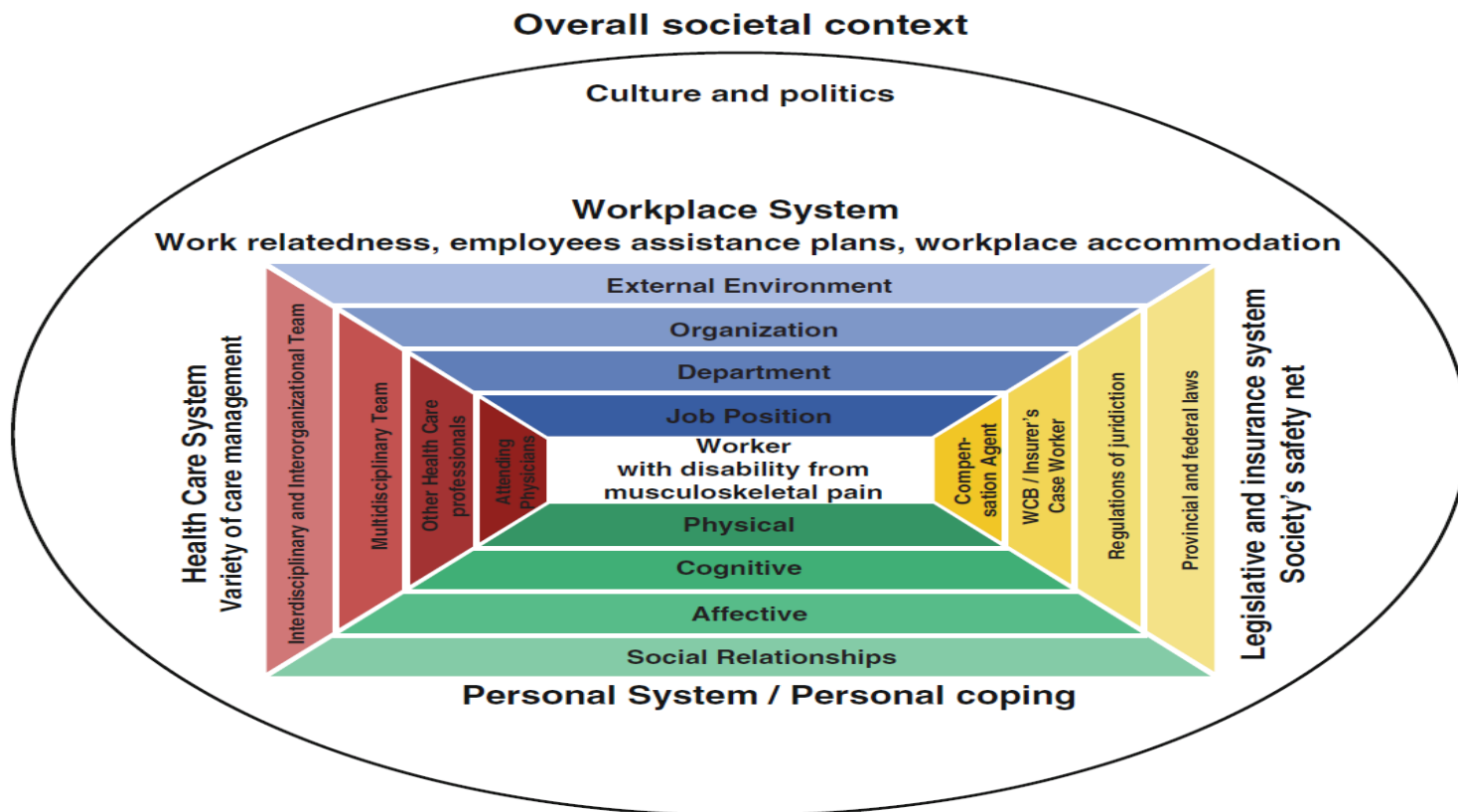


Methods (3)

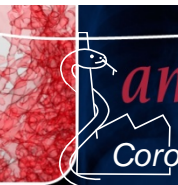
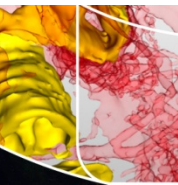
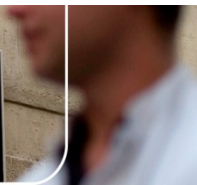
- Barriers and facilitators at the level of:
 - Societal context
 - Culture and politics
 - Laws and regulations
 - Policy
 - Occupational and curative care
 - Workplace (HR, colleagues, supervisor, employer)
 - Employee with cancer
 - Collaboration between various stakeholders



Sherbrooke model

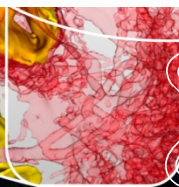
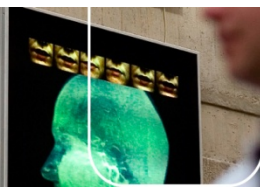


Sherbrooke model or ecological/case management model (Loisel, Buchbinder et al. 2005)



Results (1) - Overall

- Very diverse range of barriers and facilitators affecting all levels
- More difficult for SMEs to implement programmes



Results (2) - Macro-system level:

- Lack of clarity: who is responsible?
- Stigma and misconceptions



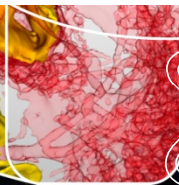
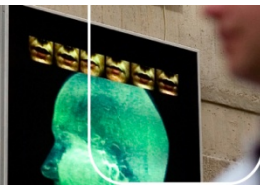
Results (3) - Meso-system level:

- Lack of involvement occupational physician
- Gap between hospital and workplace
- Structural implementation RTW programme
- Role of the employer
- (privacy) legislation
- Advice from treating physician
- Rehabilitation programmes



Results (4) - Micro-system level:

- Worker's own motivation



Conclusion

- Lack of information on occupational cancer
- Lots of similarities between countries:
 - Stigma
 - Structural implementation
- Lots of country specific barriers and facilitators:
 - Laws and regulations
 - Employer responsibility
 - Culture



What is needed?

- Not only aim at RTW but also at 'staying at work' (SAW)
- Early support by occupational physician
- Training of supervisors/employer
- Colleagues involved
- RTW policies for cancer
- Early advice by treating physician/nurse and referral if needed

