

Appendix: Rehabilitation and return to work after cancer — instruments and practices

European Risk Observatory

Report

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9 Appendix

9.1 Policies, systems, programmes and instruments in the field of rehabilitation and RTW after a cancer diagnosis: 78 programmes found

Table 1 Interventions and good practice examples

Country (source)	Aim	Target	Type of intervention	Type of cancer	Parties involved	Reference(s), link(s)
UK (scientific literature)	The aim of the intervention was to improve physical and social recovery and adaptation to breast loss. Counselling was given by a specialist nurse and consisted of inpatient care (pre- and post-mastectomy), advice on exercises and encouragement to look at the scar(s) and discuss feelings and a possible external breast prosthesis. Follow-up consisted of counselling sessions every two months after discharge and home visits until it was clear the patient had adapted well. Counselling consisted of encouragement to return to work and be socially active.	<ul style="list-style-type: none"> • Employees 	<ul style="list-style-type: none"> • <u>Resources:</u> - • <u>Intervention:</u> Counselling 	Breast cancer	<ul style="list-style-type: none"> • Specialist nurse 	Maguire et al. (1983)
Sweden (scientific literature)	The aim of the structured rehabilitation programme was to provide physical training, information on RTW and advice on coping skills during 11 two-hour sessions.	<ul style="list-style-type: none"> • Employees 	<ul style="list-style-type: none"> • <u>Resources:</u> Information • <u>Intervention:</u> Counselling; Physical training 	General		Berglund et al. (1994)
Germany (scientific literature)	In the German healthcare system, patients with malignant diseases are entitled to a place on an inpatient rehabilitation programme provided by specialists. Health or annuity insurance companies pay for these programmes following cancer treatment. Participation is voluntary and health insurance providers encourage their members to participate, with the intention of	<ul style="list-style-type: none"> • Employees 	<ul style="list-style-type: none"> • <u>Resources:</u> - • <u>Intervention:</u> Counselling; Training 	General		Hensel et al. (2002), Rick et al. (2012)

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Country (source)	Aim	Target	Type of intervention	Type of cancer	Parties involved	Reference(s), link(s)
	improving the rate of reintegration into professional life. Most insurance providers have special contracts with specific rehabilitation centres. The components of cancer rehabilitation in Germany today consist of a programme for coping with the negative effects of cancer and/or its treatment and of a programme for changing unfavourable lifestyles (e.g. nicotine and alcohol consumption, little physical activity, a fat-rich diet and psychological stress). These are an adjunct to the active therapy elements in the sequential rehabilitation of physical function. In addition, counselling is provided as part of medical therapy focused on work-oriented rehabilitation for patients of working age. This counselling uses, for example, the diagnostic instrument AVEM (Arbeitsbezogenes Verhaltens- und Erlebensmuster, 'Work-Related Behaviour and Perception Patterns') and a structured work-oriented training programme.					
Netherlands (scientific literature)	One component of this intervention focuses on informing patients. The radiation oncologist gives the patient an educational leaflet that contains practical guidelines on how to return to work. The educational leaflet contains 10 steps that cancer survivors can take to enhance their RTW.	<ul style="list-style-type: none"> • Employees 	<ul style="list-style-type: none"> • <u>Resources:</u> Information • <u>Intervention:</u> - 	General	<ul style="list-style-type: none"> • Radiation oncologist 	Nieuwenhuijsen et al. (2006)
Scotland (scientific literature)	The Scottish Centre for Healthy Working Lives established 'Working Health Services' (WHS), which provides fast-track support to people to remain in or return to work following a period of injury or illness when they are employed in companies with fewer than 250 employees,	<ul style="list-style-type: none"> • Employees 	<ul style="list-style-type: none"> • <u>Resources:</u> Telephone support, referrals to support services 	Breast cancer		Hubbard et al. (2013)

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Country (source)	Aim	Target	Type of intervention	Type of cancer	Parties involved	Reference(s), link(s)
	where occupational health services are not routinely available. WHS adopts a biopsychosocial model and a multidisciplinary approach, whereby case management is used to assess individuals' needs. The aim is to enable work retention or RTW through signposting or direct referral to a range of supportive services according to need, such as physiotherapy, occupational therapy, an occupational health nurse, an occupational health doctor, a counsellor or psychological therapy and complementary therapy.		<ul style="list-style-type: none"> <u>Intervention:</u> Face-to-face support 			
Netherlands (scientific literature)	<p><u>Employees:</u> The intervention provides patient education and support at the hospital, as part of usual psycho-oncology care.</p> <p><u>OHP:</u> The intervention provides improvements in communication between the treating physician and the OHP.</p> <p><u>Employees, OHP and employer together:</u> The intervention provides help in drawing up a gradual RTW plan in collaboration with the cancer patient, the OHP and the employer (organised by the OHP).</p>	<ul style="list-style-type: none"> Employees OHP Employer 	<ul style="list-style-type: none"> <u>Resources:</u> Information regarding RTW for the OHP <u>Intervention:</u> Patient education and support regarding RTW (face-to-face) 	General	<ul style="list-style-type: none"> Oncology nurse 	Tamminga et al. (2013a), Tamminga et al. (2013b)
Netherlands (scientific literature)	The intervention aims to provide tailored work-related support to patients, consisting of three face-to-face meetings of approximately 30 minutes each. Based on the severity of their work-related problems, the intervention group will be divided into groups receiving three types of support: (1) carried out by an oncological nurse, (2) carried out by an oncological OHP	<ul style="list-style-type: none"> Employees Ongoing trial 	<ul style="list-style-type: none"> <u>Resources:</u> - <u>Intervention:</u> Consultation (face-to-face) 	Gastrointestinal cancer	<ul style="list-style-type: none"> Oncological nurse Oncological OHP Multidisciplinary team (oncological nurse, treating 	Zaman et al. (2015), Zaman et al. (2016)

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Country (source)	Aim	Target	Type of intervention	Type of cancer	Parties involved	Reference(s), link(s)
	(specialised in oncological patients' RTW) or (3) carried out by a multidisciplinary team (including, as a minimum, an oncological nurse, the treating physician and the oncological OHP). Every type of support consists of three meetings: Aim meeting 1: to inform patients about the importance of work during and after treatment, to identify work-related problems and to make a plan for RTW (face-to-face meeting lasting approximately 30 minutes). Aim meeting 2: to evaluate the goals of the first meeting. This meeting will be scheduled after the first meeting, in consultation with the patient and the supporting healthcare professional (depending on the diagnosis/treatment and the patient's preferences). Aim meeting 3: to evaluate the goals of the first and second meetings. This meeting will be scheduled at the request of the patient and/or the supporting healthcare professional at the second meeting, depending on diagnosis/treatment and the patient's preferences, and in a maximum of six to nine months after treatment.				physician and oncological OHP)	
Netherlands (scientific literature)	<u>Employees:</u> The intervention provides three counselling sessions with an oncological OHP and a 12-week moderate- to high-intensity physical exercise programme, starting at the onset of chemotherapy. In addition, four sets of written materials are provided: (1) a brochure on the consequences of cancer for work for the patient, (2) a comparable brochure for the employer, (3) a leaflet describing websites on cancer and work and (4) a leaflet in which the	<ul style="list-style-type: none"> • Employees • Employer • Ongoing trial 	<ul style="list-style-type: none"> • <u>Resources:</u> Information (brochure, leaflet describing websites and leaflet on goals for RTW) for employees; Information (brochure) for employers 	General	<ul style="list-style-type: none"> • Oncological OHP 	Groeneveld et al. (2012)

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Country (source)	Aim	Target	Type of intervention	Type of cancer	Parties involved	Reference(s), link(s)
	<p>patient can write down their attitudes towards, degree of self-efficacy in relation to, and short- and long-term goals for RTW.</p> <p><u>Employer:</u> The intervention provides a brochure on the consequences of cancer for work for the patient.</p>		<ul style="list-style-type: none"> <u>Intervention:</u> Counselling for employees; Physical exercise for employees 			
Belgium (grey literature, Europe)	Alles over Kanker provides information on all of the legal aspects of the rights and obligations that cancer patients and cancer survivors may face with respect to RTW.	<ul style="list-style-type: none"> Employees 	<ul style="list-style-type: none"> <u>Resources:</u> Information (website) <u>Intervention:</u> - 	General		Alles over Kanker
Belgium (grey literature, Europe)	LIKAS provides information on RTW; legislation; communication with the employer, GP and medical specialist; work adaptations; and collaboration with occupational health organisations, hospitals and employer organisations.	<ul style="list-style-type: none"> Employees 	<ul style="list-style-type: none"> <u>Resources:</u> Information (website) <u>Intervention:</u> - 	General		LIKAS
Belgium (grey literature, Europe)	Kom op tegen Kanker provides information on legislation, gives advice on work adaptations and RTW, and gives cancer survivors the opportunity to share experiences on cancer and work.	<ul style="list-style-type: none"> Employees 	<ul style="list-style-type: none"> <u>Resources:</u> Information (website); Consultation (telephone/ email) <u>Intervention:</u> - 	General		Kom op tegen Kanker
Belgium (grey literature, Europe)	Rentree provides patients with coping techniques for long-term side effects of cancer during the diagnosis and treatment period. Rentree also provides education for employees on legislation, including on developing an RTW plan with the involvement of the employer and colleagues.	<ul style="list-style-type: none"> Employees Employer Colleagues 	<ul style="list-style-type: none"> <u>Resources:</u> Consultation <u>Intervention:</u> Coaching (individual or group) 	General	<ul style="list-style-type: none"> Employer Colleagues 	Rentree

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Country (source)	Aim	Target	Type of intervention	Type of cancer	Parties involved	Reference(s), link(s)
Germany (grey literature, Europe)	Roche provides information on rehabilitation, including vocational rehabilitation, gradual RTW ('Hamburger Modell'), financial help and legal rights regarding termination of the work contract.	<ul style="list-style-type: none"> • Employees 	<ul style="list-style-type: none"> • <u>Resources:</u> Booklet • <u>Intervention:</u> - 	General		Roche Pharma AG
Germany (grey literature, Europe)	Krebs und Beruf provides information on conversations with the employer and colleagues, legal rights, disability status, vocational rehabilitation, workplace accommodations and financial support. In addition, Krebs and Beruf provides help with developing occupational goals, RTW motivation and job application training.	<ul style="list-style-type: none"> • Employees 	<ul style="list-style-type: none"> • <u>Resources:</u> Booklet; Consultation (telephone/ email) • <u>Intervention:</u> - 	General		Krebs und Beruf
Germany (grey literature, Europe)	The German Cancer Society provides face-to-face consultation at 'Krebsberatungsstellen' about anything cancer related (including cancer and RTW). The written material includes information on vocational rehabilitation, goal setting, first weeks at work and communicating at the workplace. The audio material includes expert interviews about cancer and RTW.	<ul style="list-style-type: none"> • Employees 	<ul style="list-style-type: none"> • <u>Resources:</u> Consultation; Information (written material); Information (audio material) • <u>Intervention:</u> - 	General		German Cancer Society
Germany (grey literature, Europe)	Krebshilfe provides information on any topic regarding cancer, including RTW.	<ul style="list-style-type: none"> • Employees 	<ul style="list-style-type: none"> • <u>Resources:</u> Consultation (telephone/ email) • <u>Intervention:</u> - 	General		Deutsche Krebshilfe
Germany (grey literature, Europe)	INKA provides a collection of links to information on gradual rehabilitation, legal rights and pensions.	<ul style="list-style-type: none"> • Employees 	<ul style="list-style-type: none"> • <u>Resources:</u> Information (website) • <u>Intervention:</u> - 	General		INKA

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Country (source)	Aim	Target	Type of intervention	Type of cancer	Parties involved	Reference(s), link(s)
Germany (grey literature, Europe)	NCT Heidelberg provides information on vocational and medical rehabilitation, gradual RTW and the work ability implications of cancer.	• Employees	<ul style="list-style-type: none"> • <u>Resources:</u> Information (website); Consultation (telephone/ email) • <u>Intervention:</u> - 	General		NCT Heidelberg
Germany (grey literature, Europe)	Integrationsämter BIH provides general information on cancer, unemployment, communication at the workplace, disability status and gradual RTW. In addition, cancer survivors' experiences are provided (audio material).	• Employees	<ul style="list-style-type: none"> • <u>Resources:</u> Information (website); Information (audio material) • <u>Intervention:</u> - 	General		Integrationsämter BIH
Germany (grey literature, Europe)	Sachsen-Anhaltische Krebsgesellschaft e.V. provides information on professional communication skills. In addition, it provides job coaching on stress management and it provides advice on personal resources, legal issues and adverse reactions to therapies. In addition, Sachsen-Anhaltische Krebsgesellschaft e.V. provides support groups in which different topics are discussed: information on the barriers of and facilitators to RTW, the work environment, flexibility for the employer, workplace adaptations, relationships with colleagues (communication), perceived discrimination, bullying, dealing with limitations and deficits, and developing solutions and strategies to remain in work.	• Employees	<ul style="list-style-type: none"> • <u>Resources:</u> Information (website); Support groups • <u>Intervention:</u> Coaching/ seminars (individual/ groups) 	General		Sachsen-Anhaltische Krebsgesellschaft e.V. Sachsen-Anhaltische Krebsgesellschaft e.V.

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Country (source)	Aim	Target	Type of intervention	Type of cancer	Parties involved	Reference(s), link(s)
Germany (grey literature, Europe)	<p><u>Employees:</u> Kobra-Berlin and Leben nach Krebs provide help in developing occupational goals and advice on the compatibility of a job and cancer care, job applications and communication at the workplace. Leben nach Krebs is an organisation specifically for young cancer survivors.</p> <p><u>Self-employed:</u> Kobra-Berlin and Leben nach Krebs provide help in developing a career plan and advice on work accommodations, work ability, working conditions, communication of limited capacities and job applications.</p>	<ul style="list-style-type: none"> • Employees • Self-employed 	<ul style="list-style-type: none"> • <u>Resources:</u> Information • <u>Intervention:</u> - 	General		Kobra-Berlin Leben nach Krebs
Germany (grey literature, Europe)	Leben mit Brustkrebs provides vocational rehabilitation and information on gradual RTW, working half time, disability status, unemployment benefits and pensions.	<ul style="list-style-type: none"> • Employees 	<ul style="list-style-type: none"> • <u>Resources:</u> Information • <u>Intervention:</u> - 	Breast cancer		Novartis Pharma GmbH: Leben mit Brustkrebs.de
Austria (grey literature, Europe)	<p><u>Employees, self-employed, unemployed:</u> Österreichische Krebshilfe and Krebshilfe Wien provide information on employment law, disability status, financial issues, self-employment, unemployment, rehabilitation and gradual RTW, as well as contact addresses for consultancy and answers to the 100 most popular questions regarding cancer and work.</p>	<ul style="list-style-type: none"> • Employees • Self-employed • Unemployed 	<ul style="list-style-type: none"> • <u>Resources:</u> Booklet • <u>Intervention:</u> - 	General		Österreichische Krebshilfe Krebshilfe Wien
Netherlands (grey literature, Europe)	<p><u>Employer:</u> Werkkracht bij Kanker (Re-turn) provides guidance that is often tailor made after the initial consultation (e.g. including creating an RTW plan, the employer's role and how to support the worker when he or she is back at work).</p>	<ul style="list-style-type: none"> • Employees • Employers • Self-employed 	<ul style="list-style-type: none"> • <u>Resources:</u> Information (website); Consultation 	General		Werkkracht bij Kanker

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	<p><u>Self-employed:</u> Re-turn provides guidance for those who are self-employed and are insured against work disability. The guidance is often tailor made after the initial consultation (e.g. including recovery, empowerment, a fitness plan and how to cope with the long-term side effects of cancer diagnosis and treatment).</p> <p><u>Employees:</u> Werkkracht bij Kanker (Re-turn) provides guidance that is often tailor made after the initial consultation (e.g. including recovery, empowerment and a fitness plan). It aims to help employees learn how to cope with the long-term side effects of cancer diagnosis and treatment, to provide education for employees and the employer, to improve communication, to provide the expert view of an OHP to create a good RTW plan and to provide RTW support for the employer to support employees with their RTW.</p>		<ul style="list-style-type: none"> <u>Intervention:</u> Individual coaching 			
Netherlands (grey literature, Europe)	oPuce provides individual support for one year to help cancer survivors who have no job to find gainful employment. A lot of enterprises are involved in this programme.	<ul style="list-style-type: none"> Unemployed cancer survivors Employers 	<ul style="list-style-type: none"> <u>Resources:</u> - <u>Intervention:</u> Coaching; Counselling; On-the-job support 	General		www.opuce.nl
Netherlands (grey literature, Europe)	<p><u>Employees:</u> Leven met Kanker ('Living with cancer') provides information and workshops for employees with cancer to support them in their RTW process. Online training is provided for employees.</p> <p><u>Employers:</u> Leven met Kanker provides in-house programmes for companies and HR personnel</p>	<ul style="list-style-type: none"> Employees Employers Self-employed 	<ul style="list-style-type: none"> <u>Resources:</u> Information <u>Intervention:</u> Workshop; Training 	General		Leven-met-Kanker

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	<p>with employees affected by cancer, with the aim of enhancing rehabilitation and return to work. It also provides the opportunity for employers to contact experts on the website, where brochures can also be ordered.</p> <p><u>Self-employed:</u> Leven met Kanker provides e-learning for cancer survivors when they want to start their own company.</p>					
Netherlands (grey literature, Europe)	<p>Do Some Good has extensive experience in the RTW of people with chronic disorders and has particular experience in the RTW of cancer patients. Do Some Good provides help for employers, employees and freelancers in RTW.</p> <p><u>Employees, unemployed:</u> Do Some Good provides help in realising targets and provides information. Coaching sessions (via email/online) are 1.5 hours long and take place once every three weeks (6-10 coaching sessions per employee).</p> <p><u>Employer:</u> Do Some Good provides in-house workshops/lectures to help employees better understand their situation.</p>	<ul style="list-style-type: none"> Employees, unemployed Employers 	<ul style="list-style-type: none"> <u>Resources:</u> Information (website) for employees, unemployed <u>Intervention:</u> Consultation (face-to-face) for employees, unemployed; Coaching (email/ online/ face-to-face) for employees, unemployed; In-house workshops/ lectures for employers 	General		Do Some Good
Netherlands (grey literature, Europe)	<p><u>Employees:</u> Cancer & Career provides coaching on areas such as energy, resilience, coaching on the job and career.</p> <p><u>Employers:</u> Cancer & Career provides coaching and training on areas such as fatigue and</p>	<ul style="list-style-type: none"> Employees Employers Self-employed 	<ul style="list-style-type: none"> <u>Resources:</u> - <u>Intervention:</u> Coaching for employees, employers and self-employed; 	General		Cancer & Career

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	concentration at work, creating a work plan and support for RTW. <u>Self-employed:</u> Cancer & Career provides coaching on creating a work plan for RTW.	<ul style="list-style-type: none"> Health insurance companies 	Training for employers			
Netherlands (grey literature, Europe)	Care for Cancer provides support for employees with cancer and their colleagues. In addition, Care for cancer provides help with practical issues at work.	<ul style="list-style-type: none"> Employees 	<ul style="list-style-type: none"> <u>Resources:</u> - <u>Intervention:</u> Training 	General	<ul style="list-style-type: none"> Colleagues 	Care for Cancer
Netherlands (grey literature, Europe)	Werken na Kanker is designed for cancer patients who continue working during their treatment and who return to work after treatment. Werken na Kanker is the first booklet on this complex subject that is written for a large audience. The booklet is useful for employees and those who are self-employed. It is also useful for employers, supervisors, colleagues and others who are professionally involved with cancer.	<ul style="list-style-type: none"> Employees Self-employed Employers Supervisors Colleagues 	<ul style="list-style-type: none"> <u>Resources:</u> Information (booklet) <u>Intervention:</u> - 	General		Werken na Kanker
Netherlands (grey literature, Europe)	<u>Employees/unemployed:</u> Stap.nu provides interventions (working/processing memory, Odin development compass training and mindfulness training) and coaching (job coaching after cancer and job application coaching after cancer). <u>Employer:</u> Stap.nu provides: <ul style="list-style-type: none"> The programme ‘Total care absenteeism support for cancer’ (in Dutch ‘Total Care verzuimbegeleiding bij kanker’). Using a multidisciplinary approach (at the beginning of the illness process), in addition to absenteeism coaching, oncological support is provided with respect to 	<ul style="list-style-type: none"> Employees Unemployed Employers OHPs Colleagues 	<ul style="list-style-type: none"> <u>Resources:</u> Information <u>Intervention:</u> Training; Coaching; Masterclasses 	General		Stap.nu

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Country (source)	Aim	Target	Type of intervention	Type of cancer	Parties involved	Reference(s), link(s)
	<p>physical activity, home situations and the effects of the treatment in relation to work.</p> <ul style="list-style-type: none"> The masterclass 'Cancer on the workforce' for HR professionals and OHPs. <p><u>OHPs:</u> Stap.nu provides the masterclass 'Cancer on the work floor' for HR professionals and OHPs.</p> <p><u>Colleagues:</u> Stap.nu provides the masterclass 'Help, my colleague is suffering from cancer'.</p>					
Netherlands (grey literature, Europe)	<p>'Blauwdruk kanker en werk' is a guideline for physicians, paramedics and occupational health professionals. The recommendations for these groups of professionals are largely based on the predictive factors for RTW of cancer patients. By anticipating these factors and recognising the vulnerability of this patient population, interventions can be used to facilitate the RTW of cancer patients.</p>	<ul style="list-style-type: none"> Healthcare professionals 	<ul style="list-style-type: none"> <u>Resources:</u> Information <u>Intervention:</u> - 	General		Online
Netherlands (grey literature, Europe)	<p><u>Employees:</u> Kanker-werk.nl provides help in RTW (for employees). Through this programme, it is possible to involve the employer, GP and OHPs in the RTW process.</p> <p><u>Employer:</u> Kanker-werk.nl provides information on RTW (i.e. on supporting the employee and legislation). In addition, employers are able to share experiences with other employers.</p> <p><u>OHPs:</u> Kanker-werk.nl provides information on RTW (i.e. 'Blauwdruk Kanker en Werk', communication between the employer and employees and interventions to increase RTW).</p>	<ul style="list-style-type: none"> Employees Employer GPs OHPs 	<ul style="list-style-type: none"> <u>Resources:</u> Information <u>Intervention:</u> - 	General		Kanker-werk.nl

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	<p>In addition, OHPs are able to share experiences with other OHPs.</p> <p><u>GPs:</u> Kanker-werk.nl provides information on RTW (i.e. on legislation, informing employees about RTW and interventions to increase RTW). In addition, GPs are able to share experiences with other GPs.</p>					
Denmark (grey literature, Europe)	<p><u>Employees:</u> Kræftens Bekæmpelse (Danish Cancer Society) provides support and information for cancer patients in Danish.</p> <p><u>Employer:</u> Kræftens Bekæmpelse has developed an employer's guide containing information, details on legislation and practical advice about how to support employees affected by cancer.</p>	<ul style="list-style-type: none"> • Employees • Employers 	<ul style="list-style-type: none"> • <u>Resources:</u> Information • <u>Intervention:</u> Employer's guide 	General		Danish Cancer Society
Finland (grey literature, Europe)	<p>Cancer Society Finland and its subsidiaries (regional and patient organisations; altogether there are 18) provide support and recommendations on RTW and rehabilitation (leaflets, information packages, rehabilitation courses, etc.). They provide individual counselling through helplines, which can be free of charge. They have helplines for social questions, including RTW issues. In addition, cancer patients may apply to take part in short-term rehabilitation courses (both outpatient and inpatient). Family members of cancer patients are also supported.</p>	<ul style="list-style-type: none"> • Employees • Family members 	<ul style="list-style-type: none"> • <u>Resources:</u> Information (website); Helplines • <u>Intervention:</u> Courses (inpatient and outpatient); Counselling 	General		Cancer Society Finland (http://www.kuntuusportti.fi/portal/fi/tutkimus/tutkimuskohteita/kohderyhmat/syopakuntoutus/)
Finland (grey literature, Europe)	<p>National Health Insurance (Kela) offers different rehabilitation services, e.g. vocational rehabilitation, medical rehabilitation, rehabilitation</p>	<ul style="list-style-type: none"> • Employees 	<ul style="list-style-type: none"> • <u>Resources:</u> - • <u>Intervention:</u> Courses 	General		Kela

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Country (source)	Aim	Target	Type of intervention	Type of cancer	Parties involved	Reference(s), link(s)
	allowance and discretionary rehabilitation. In addition, cancer patients may apply to take part in short-term rehabilitation courses (both outpatient and inpatient), which are financed by National Health Insurance (Kela) and the Finnish Lottery Fund (RAY) and coordinated by the Cancer Society of Finland.		(inpatient and outpatient)			
UK (grey literature, Europe)	<u>Employees and employers:</u> Bupa provides information on talking to employers, colleagues and HR managers, on the financial impact of cancer, on gradual RTW and on managing tiredness at work. 'Bupa' educates patients and employers about work-related factors, RTW considerations and common symptoms. Resources are available online and cover topics such as coping with cancer and work and tiredness at work; resources and signposts for specialist nurses are also available.	<ul style="list-style-type: none"> • Employees • Employers 	<ul style="list-style-type: none"> • <u>Resources:</u> Information (website) • <u>Intervention:</u> - 	General	<ul style="list-style-type: none"> • Macmillan 	Bupa
UK (grey literature, Europe)	<u>Employees:</u> Macmillan provides information on coping with side effects, treatment decisions, rights at work and working during treatment. In addition, it provides a 'Work and Cancer' toolkit, including guides for managing cancer in the workplace, for people living with cancer, for working while caring for someone with cancer and for coping with the situation, as well as information on self-employment and cancer and rights at work. <u>Employer:</u> MacMillan provides companies with help in setting up a cancer policy and provides support for possible changes to work arrangements and careers, financial support for	<ul style="list-style-type: none"> • Employees • Employer • Healthcare professionals • Self-employed 	<ul style="list-style-type: none"> • <u>Resources:</u> Information (written and audio material); Websites; DVDs and videos • <u>Intervention:</u> Consultation (telephone and face-to-face); In-company courses; Workshops 	General	<ul style="list-style-type: none"> • CIPD (see below) 	Macmillan

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Country (source)	Aim	Target	Type of intervention	Type of cancer	Parties involved	Reference(s), link(s)
	<p>employees in managing absence, occupational health roles, self-employment and cancer, and communicating about work with employees.</p> <p><u>Healthcare professionals:</u> MacMillan provides information on its website (about employment issues with people affected by cancer, delivering care, roles and responsibilities, as well as other resources) and provides consultations (help with service development, learning, volunteers, finance or promoting services).</p> <p><u>Self-employed:</u> Macmillan provides financial and emotional support, as well as information on working during treatment, giving up work, communication at work, treatment decisions and workload management.</p>					
UK (grey literature, Europe)	<p>Maggie's in collaboration with UNUM aims to understand the emotional and physical needs of people affected by cancer, and offers practical guidance for rehabilitation.</p> <p><u>Employees:</u> Maggie's centre and UNUM provide help with communication, RTW options and work/life balance, all through toolkits ('Returning to work after cancer'). Various means of support are provided, including a 'where now' course for people who have finished treatment, which includes an RTW element. It also has an 'online centre', where resources covering topics such as RTW and symptoms are available, as are a blog and live conversation area specific to 'work and cancer'.</p>	<ul style="list-style-type: none"> • Employees • Employer 	<ul style="list-style-type: none"> • <u>Resources:</u> Toolkits; Webinars • <u>Intervention:</u> - 	General	<ul style="list-style-type: none"> • UNUM 	<p>Maggie's Scotland LINK1</p> <p>Maggie's Scotland LINK2</p> <p>UNUM's UK LINK 1</p> <p>UNUM's UK LINK2</p> <p>UNUM's UK LINK3</p>

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Country (source)	Aim	Target	Type of intervention	Type of cancer	Parties involved	Reference(s), link(s)
	<p><u>Employer:</u> Maggie's centre and UNUM provide help with creating a graduated RTW plan, the employer's role, how to support the worker after RTW and how to plan RTW, all through webinars (cancer in the workplace webinar training regarding RTW strategies and psychological demands) and toolkits. In addition, guidance articles covering how to support someone working through cancer and male cancer are available.</p>					
UK (grey literature, Europe)	Breast Cancer Care provides information on legislation and advice on work adaptations, RTW and disclosure; it also provides the opportunity for cancer survivors to share their experiences of cancer and work.	<ul style="list-style-type: none"> • Employees 	<ul style="list-style-type: none"> • <u>Resources:</u> Information (website) • <u>Intervention:</u> - 	Breast cancer		Breast Cancer Care
UK (grey literature, Europe)	Cancer Research UK provides information on how to cope with RTW.	<ul style="list-style-type: none"> • Employees 	<ul style="list-style-type: none"> • <u>Resources:</u> Case study (story) • <u>Intervention:</u> - 	Bowel cancer		Cancer Research UK
UK (grey literature, Europe)	<p><u>Employers:</u> Working with Cancer advises employers on how to successfully manage cancer at the workplace. It provides employers with coaching, training and consultancy services to support those returning to work after cancer.</p> <p><u>Employees:</u> Working with Cancer advises employees on RTW, remaining at work or finding employment at any stage during or after cancer treatment.</p>	<ul style="list-style-type: none"> • Employers • Employees 	<ul style="list-style-type: none"> • <u>Resources:</u> Information; Support services • <u>Intervention:</u> Coaching; Training 	General		Working with Cancer

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Country (source)	Aim	Target	Type of intervention	Type of cancer	Parties involved	Reference(s), link(s)
UK (grey literature, Europe)	The NHS provides information and advice on work adaptations and RTW.	<ul style="list-style-type: none"> • Employees 	<ul style="list-style-type: none"> • <u>Resources:</u> Information (website) • <u>Intervention:</u> - 	Ovarian cancer		NHS
UK (grey literature, Europe)	Leukaemia Care provides information on work adaptations, RTW, etc.	<ul style="list-style-type: none"> • Employees 	<ul style="list-style-type: none"> • <u>Resources:</u> Information (website) • <u>Intervention:</u> - 	Blood and lymphatic cancers		Leukaemia Care
UK (grey literature, Europe)	Teenage Cancer Trust provides information on communicating with one's employer, RTW and looking for work.	<ul style="list-style-type: none"> • Employees 	<ul style="list-style-type: none"> • <u>Resources:</u> Information (website) • <u>Intervention:</u> - 	General		Teenage Cancer Trust
UK (grey literature, Europe)	Safe Workers provides information on legislation and advice on work adaptations, RTW, etc.	<ul style="list-style-type: none"> • Employees 	<ul style="list-style-type: none"> • <u>Resources:</u> Information (website) • <u>Intervention:</u> - 	General		Safe Workers
UK (grey literature, Europe)	CIPD provides information on legislation and advice on work adaptations, RTW and disclosure; it also provides the opportunity for cancer survivors to share their experiences on cancer and work.	<ul style="list-style-type: none"> • Employees 	<ul style="list-style-type: none"> • <u>Resources:</u> Information (website) • <u>Intervention:</u> - 	General	<ul style="list-style-type: none"> • CIPD Working with cancer, Cancer Backup 	CIPD
UK (grey literature, Europe)	<p><u>Employees:</u> Shaw Trust provides information, advice and support for remaining in work or RTW.</p> <p><u>Employers:</u> Shaw Trust provides information, advice and support for remaining in work or RTW.</p>	<ul style="list-style-type: none"> • Employees • Employers 	<ul style="list-style-type: none"> • <u>Resources:</u> Support service offering information • <u>Intervention:</u> Advice, training and support for 	General		Shaw Trust

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Country (source)	Aim	Target	Type of intervention	Type of cancer	Parties involved	Reference(s), link(s)
			employees and employers. Uses case managers with employees — referral from NHS (Christies)			
UK (grey literature, Europe)	Prostate Cancer UK provides information on legislation and working/RTW.	<ul style="list-style-type: none"> Employees 	<ul style="list-style-type: none"> <u>Resources:</u> Information (website) <u>Intervention:</u> - 	Prostate cancer		Prostate Cancer UK
Scotland (grey literature, Europe)	The NHS provides information on legislation and advice for employees on RTW and making work adaptations.	<ul style="list-style-type: none"> Employers 	<ul style="list-style-type: none"> <u>Resources:</u> Information (website) and competency framework <u>Intervention:</u> - 	General		Healthy working lives NHS link1 Healthy working lives NHS link2
UK (grey literature, Europe)	CLIC Sargent provides information, advice and support for remaining in work or RTW, and case studies for young people aged 16 and over who have been diagnosed with and treated for cancer.	<ul style="list-style-type: none"> Employees 	<ul style="list-style-type: none"> <u>Resources:</u> Information; Booklet <u>Intervention:</u> - 	General		CLIC Sargent
UK (grey literature, Europe)	GPs and employers across England and Wales can suggest employees who have been off work for four weeks or more for a free Fit for Work referral. Occupational health professionals identify obstacles that are preventing the employee from returning to work. An RTW plan is agreed on, providing recommendations tailored to the employee's needs. The RTW plan will direct employees towards services that will help	<ul style="list-style-type: none"> GPs Employers Employees, but not on long-term sick leave 	<ul style="list-style-type: none"> <u>Resources:</u> Information (website) <u>Intervention:</u> RTW service; RTW plans, referral to other services or 	General		Fit for Work: England and Wales Fit for Work services Scotland

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Country (source)	Aim	Target	Type of intervention	Type of cancer	Parties involved	Reference(s), link(s)
	them overcome any obstacles that are keeping them away from work. If the employee gives consent, Fit for Work professionals can also work directly with employers to help the employee return to work. The RTW plan can replace the need for doctors to issue fit notes, thereby relieving pressure on GPs' time. Support from the new service lasts for up to three months.		direct support provided			
UK (grey literature, Europe)	Salus provides a comprehensive RTW service to help people with mental or physical health conditions get back to work.	<ul style="list-style-type: none"> Healthcare professionals and providers Local authority (e.g. job centre) Employees 	<ul style="list-style-type: none"> <u>Resources:</u> - <u>Intervention:</u> Case management; Counselling; Physiotherapy 	General		Salus
UK (grey literature, Europe)	Royal College of Surgeons provides advice to those that have undergone a mastectomy about what to expect and about planning on and returning to work.	<ul style="list-style-type: none"> Employees 	<ul style="list-style-type: none"> <u>Resources:</u> Online leaflet covering practical areas including driving and RTW considerations <u>Intervention:</u> - 	Breast cancer		Royal College of Surgeons
UK (grey literature, Europe)	<u>Employers:</u> Government Fit for Work service aims to enhance employers' knowledge and understanding about cancer and work. Online resource in the 'advice hub' provide guidance for employers on symptoms at work, feelings, treatments and employer responsibilities.	<ul style="list-style-type: none"> Employers 	<ul style="list-style-type: none"> <u>Resources:</u> Information (website) <u>Intervention:</u> - 	General	<ul style="list-style-type: none"> Macmillan Cancer research UK 	Government Fit for Work service

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Country (source)	Aim	Target	Type of intervention	Type of cancer	Parties involved	Reference(s), link(s)
UK (grey literature, Europe)	The NHS advises people affected by cancer on RTW and working through treatment. It provides online guidance with brief information on practical issues, including talking to your manager, working during treatment and self-employment.	<ul style="list-style-type: none"> • Employees 	<ul style="list-style-type: none"> • <u>Resources:</u> Information (website) • <u>Intervention:</u> - 	General	<ul style="list-style-type: none"> • Macmillan 	NHS
Ireland (grey literature, Europe)	<u>Employers and employees:</u> Irish Cancer Society aims to support the needs of those affected by cancer and their work-related challenges. Top tips for employers include advice on confidentiality support, emotions, the importance of work and colleagues.	<ul style="list-style-type: none"> • Employers • Employees 	<ul style="list-style-type: none"> • <u>Resources:</u> Information (website) • <u>Intervention:</u> - 	General		Irish Cancer Society
UK & Ireland (grey literature, Europe)	<u>Employees:</u> Marie Curie provides education to those affected by cancer on what to do about work (e.g. online guidance covers how to approach the employer and when to consider giving up work for good).	<ul style="list-style-type: none"> • Employees 	<ul style="list-style-type: none"> • <u>Resources:</u> Information (website) • <u>Intervention:</u> - 	General		Marie Curie
UK (grey literature - Europe)	HSE educates employers on legal and statutory duties while also providing best practice guidance. HSE provides a series of guidance documents on managing absence generally and RTW and steps to take in managing RTW, including information for small businesses. It also provides advice on work-related cancers.	<ul style="list-style-type: none"> • Employers 	<ul style="list-style-type: none"> • <u>Resources:</u> Information (website) • <u>Intervention:</u> - 	General and work-related cancers	<ul style="list-style-type: none"> • CIPD 	HSE
Ireland (grey literature, Europe)	<u>Union representatives, union members, employees:</u> The Irish Congress of Trade Unions provides an overview of processes and policies for those affected by breast cancer and other illnesses. The booklet provides practical advice	<ul style="list-style-type: none"> • Union representatives • Union members • Employees 	<ul style="list-style-type: none"> • <u>Resources:</u> Information (booklet) • <u>Intervention:</u> - 	General		Irish Congress of Trade Unions

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Country (source)	Aim	Target	Type of intervention	Type of cancer	Parties involved	Reference(s), link(s)
	on talking to the employer, colleagues, time off for treatment and RTW plans.					
UK (grey literature, Europe)	<u>Employees and employers:</u> AXA PPP provides advice and guidance on cancer, symptoms and work considerations. Online guidance including YouTube clips covers how to work with an employee with cancer, as well as coping and living with cancer.	<ul style="list-style-type: none"> • Employers • Employees 	<ul style="list-style-type: none"> • <u>Resources:</u> Information (audio and written materials) • <u>Intervention:</u> - 	General		AXA PPP
UK (grey literature, Europe)	<u>Employees and employers:</u> Working With Cancer is a social enterprise that promotes the rehabilitation of people and RTW after or during cancer, by ensuring that stakeholders are knowledgeable, equipped and ready to respond.	<ul style="list-style-type: none"> • Employees • Employers 	<ul style="list-style-type: none"> • <u>Resources:</u> - • <u>Intervention:</u> Consultancy, training and coaching services 	General	<ul style="list-style-type: none"> • Macmillan 	Working With Cancer
UK (grey literature, Europe)	<u>Union representatives, employers:</u> The TUC Trade Union provides union representatives and staff with help to deal with the increasingly common situation of employees who are diagnosed with cancer. The TUC Trade Union organises a one-, two- or three-day course using standalone short activity sessions in conjunction with a Macmillan DVD for lunchtime sessions or a visiting speaker, delivered as a series of sessions over a number of weeks, along with self-study. It utilises information from the Macmillan website and Learn Zone or blended learning — part face-to-face and part online activities. Work smart information for colleagues is also available.	<ul style="list-style-type: none"> • Union representatives • Employers 	<ul style="list-style-type: none"> • <u>Resources:</u> Information • <u>Intervention:</u> Course; In-company sessions 	General	<ul style="list-style-type: none"> • CIPD/Macmillan 	TUC Trade Union Congress

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Country (source)	Aim	Target	Type of intervention	Type of cancer	Parties involved	Reference(s), link(s)
UK (grey literature, Europe)	<p><u>Employers, healthcare professionals and employees</u>: Working Towards Wellbeing provides a cancer support work service. It starts with a referral from an employer (or other actor). The initial appointment is a one-hour telephone consultation. Following the assessment, the case manager works with the worker to set goals and make a plan to either remain in work or return to work. Support is provided at one of three levels. Level 1 is signposting and support. This service provides information and resources to help the person start thinking about RTW. Level 2 is guided self-help. This is intensive case management with goal setting and RTW planning as a focus. It may include a package of treatment support such as physiotherapy, prescribed exercise or cognitive behavioural therapy to help the client get over problems such as anxiety, low mood and tiredness and to improve function. Level 3 is a 12-week vocational well-being programme. This programme helps those who are having difficulty coming to terms with their diagnosis and the prospect of living with cancer as a survivor. The programme helps individuals develop plans for their future, builds their confidence for RTW and develops skills to ensure they can communicate their health needs at the workplace.</p>	<ul style="list-style-type: none"> • Employers • Healthcare professionals • Employees 	<ul style="list-style-type: none"> • <u>Resources</u>: Information on government-related welfare support • <u>Intervention</u>: Training and work schemes 	General		Working Towards Wellbeing
UK (grey literature, Europe)	<p><u>RTW after cancer project (IOM case studies)</u>: The aim of the project was to identify what employers can do to facilitate RTW and the best practices for</p>	<ul style="list-style-type: none"> • Employers 	<ul style="list-style-type: none"> • <u>Resources</u>: Information and support • <u>Intervention</u>: - 	General		IOM

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Country (source)	Aim	Target	Type of intervention	Type of cancer	Parties involved	Reference(s), link(s)
	<p>dealing with the health and safety issues of cancer sufferers returning to work.</p> <p>It also aimed to develop guidance to support employers implementing appropriate adjustments for cancer sufferers and to support measures to manage health and safety issues relating to their RTW.</p>					
Australia (grey literature, USA and Australia)	<p><u>Employees:</u> Cancer Council NSW provides information, including answers to common questions, as well as reasons to work, what to consider when making a decision regarding RTW, flexible work arrangements, access to leave entitlements, managing and controlling side effects, making work adjustments, changing jobs and working carers.</p> <p><u>Employer:</u> Cancer Council NSW provides information on a supportive and fair work environment, including an overview, myths and facts, talking to your employee (the first conversation), managing treatment effects, creating cancer-friendly workplaces, supporting a colleague with cancer, supporting working carers, and death and bereavement.</p>	<ul style="list-style-type: none"> • Employees • Employer 	<ul style="list-style-type: none"> • <u>Resources:</u> Information (website) • <u>Intervention:</u> - 	General		Cancer Council NSW
Australia (grey literature, USA and Australia)	<p><u>Employees:</u> Cancer Council NSW provides information on colorectal cancer and RTW, work/life balance, financial issues and work, and legal issues.</p> <p><u>Self-employed:</u> Cancer Council NSW provides help in making a decision about working,</p>	<ul style="list-style-type: none"> • Employees • Self-employed 	<ul style="list-style-type: none"> • <u>Resources:</u> Information (website) • <u>Intervention:</u> - 	Colorectal cancer		Cancer council NSW

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Country (source)	Aim	Target	Type of intervention	Type of cancer	Parties involved	Reference(s), link(s)
	managing a business, telling clients about the cancer and financial issues.					
USA (grey literature, USA and Australia)	Livestrong provides information on employment options, steps to take to continue working, legal rights and resolving employment problems.	• Employees	<ul style="list-style-type: none"> • <u>Resources:</u> Information (website) • <u>Intervention:</u> - 	General		Livestrong.org
USA (grey literature, USA and Australia)	ASCO provides information on workplace issues and strategies for finding a job after cancer.	• Employees	<ul style="list-style-type: none"> • <u>Resources:</u> - • <u>Intervention:</u> - Counselling at the workplace 	General		Patient information website (1st , 2nd link) of the American Society of Clinical Oncology (ASCO)
USA (grey literature, USA and Australia)	Cancer Care provides information on the legal aspects of the rights and obligations that cancer patients and cancer survivors may face with respect to RTW.	• Employees	<ul style="list-style-type: none"> • <u>Resources:</u> Information (website); Consultation (telephone/ email) • <u>Intervention:</u> - 	General		Cancer Care
USA (grey literature, USA and Australia)	Cancer Advocacy provides information on employment rights.	• Employees	<ul style="list-style-type: none"> • <u>Resources:</u> Information (website) • <u>Intervention:</u> - 	General		Cancer Advocacy
USA (grey literature, USA and Australia)	<u>Employees:</u> The Job Accommodation Network (JAN) provides free consulting services for individuals with physical or intellectual limitations that affect employment. Services include one-on-one consultation about job accommodation ideas,	<ul style="list-style-type: none"> • Employees • Employer 	<ul style="list-style-type: none"> • <u>Resources:</u> Information (website); Consultation 	General		Job Accommodation Network

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Country (source)	Aim	Target	Type of intervention	Type of cancer	Parties involved	Reference(s), link(s)
	requesting and negotiating accommodations, and rights under the Americans with Disabilities Act (ADA) and related laws. Although JAN does not help individuals find employment, it does provide job seekers with information. <u>Employer:</u> JAN provides free consulting services for federal employers, including one-on-one consultation on all aspects of job accommodations, compliance assistance, information on federal initiatives and hiring programmes, and referral to federal resources.		(telephone/ email) • <u>Intervention:</u> -			
USA (grey literature, USA and Australia)	American Cancer Society provides information on communicating with co-workers, reasonable workplace accommodations, discrimination and legal protection, as well as other resources.	• Employees	• <u>Resources:</u> Information (website) • <u>Intervention:</u> -	General		American Cancer Society
USA (grey literature, USA and Australia)	Breastcancer.org provides information on how to keep a business running during treatment.	• Self-employed	• <u>Resources:</u> Information (website) • <u>Intervention:</u> -	Breast cancer		Breastcancer.org
Denmark (experts of COST CANWON)	This tailored occupational rehabilitation intervention aims to enhance commitment to and change behaviour towards RTW. The individual rehabilitation plan is tailored according to different stages of readiness for return to work (R-RTW) and the corresponding individual placement and support (IPS) actions that the job consultant initiates, accompanied by acceptance and commitment therapy (ACT)-inspired dialogue that should enhance commitment to and change behaviour towards	• Employees	• <u>Resources:</u> - • <u>Intervention:</u> Creating a tailored occupational rehabilitation plan	Breast cancer Colorectal cancer Head and neck cancer Thyroid gland cancer Testicular cancer	• Job consultant	Stapelfeldt et al. (2015)

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Country (source)	Aim	Target	Type of intervention	Type of cancer	Parties involved	Reference(s), link(s)
	RTW. The intervention continues for a maximum of one year or until RTW.			Ovarian cancer Cervical cancer		
France (experts of COST CANWON)	National Cancer Institute provides a programme after cancer which includes information on RTW.	• Employees	<ul style="list-style-type: none"> • <u>Resources:</u> Information (written material) • <u>Intervention:</u> - 	General		National Cancer Institute
Spain (experts of COST CANWON)	The Spanish Association Against Cancer (AECC), in coordination with the Employment Service in Andalusia, has been implementing a 'Job Placement Programme' to promote socio-labour integration of cancer patients since 2005. This programme focuses on addressing modulating factors in the job placement process, especially those related to cancer. For early detection of these factors, an adapted 'Job Placement Psychological Factors' Questionnaire' was employed. The elements analysis, along with customised employability diagnosis, provides specific strategies for each cancer patient.	• Employees	<ul style="list-style-type: none"> • <u>Resources:</u> - • <u>Intervention:</u> Job placement programme 	Breast cancer		AECC
Slovenia (experts of COST CANWON)	Vocational Rehabilitation Centre Ljubljana provides long-term vocational rehabilitation. First, there is an assessment of work ability (10 working days in the centre) and, if the client is able to return to work, a workplace visit is carried out and the employer is contacted. During the workplace visit, the following aspects are discussed: functional abilities, legal possibilities for RTW, restrictions on work, workplace adjustments and	• Employees	<ul style="list-style-type: none"> • <u>Resources:</u> - • <u>Intervention:</u> Vocational rehabilitation 	Brain cancer	• Employer	Vocational Rehabilitation Centre Ljubljana

Country (source)	Aim	Target	Type of intervention	Type of cancer	Parties involved	Reference(s), link(s)
	special equipment, description of working tasks and support during the job.					

9.2 Examples of enterprises: 28 enterprises found

Table 2 Examples of enterprises: 28 enterprises found

Enterprise (country)	Aim and content of the measure/ organisational and workplace adaptations	Actors and parties involved	Characteristics of the enterprise (e.g. type of enterprise, sector, number of employees)	Assessment of success
C1 (Netherlands)	<p>The C1 programme aims to give people outside the labour market the opportunity to work again. The programme provides work experience, education and training, thereby creating a larger labour market for unemployed workers diagnosed with cancer and looking for paid work. The programme is implemented by C1's HR department in the Netherlands. C1 works in collaboration with oPuce. In addition to the managers and supervisors of C1, there are other parties involved, which provide work positions for unemployed workers diagnosed with cancer, namely the Employee Insurance Agency (Uitvoeringsinstituut Werknemersverzekeringen (UWV)) and the municipalities, which suggest candidates for the C1 vacancies (for work experience). In addition, C1 is working together with other supportive organisations (oPuce, Emma at Work, etc.) that can also suggest interesting candidates for the C1 vacancies.</p>	<ul style="list-style-type: none"> ▪ Employer ▪ Unemployed cancer patients ▪ oPuce (which targets both genders and all types of cancer) ▪ Managers and supervisors ▪ Social security office ▪ Municipalities 	<ul style="list-style-type: none"> ▪ Electronics ▪ Healthcare technology ▪ Large international company ▪ 10,000 employees (in the Netherlands) 	<p>In addition to a year of work experience in combination with training, all applicants are offered a development programme aimed at the candidate's personal development.</p>

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Enterprise (country)	Aim and content of the measure/ organisational and workplace adaptations	Actors and parties involved	Characteristics of the enterprise (e.g. type of enterprise, sector, number of employees)	Assessment of success
	<p>C1 always takes into account the needs of the applicant. It may, for example, provide a specialised chair, computer glasses or specialised computer programs for the applicant. The support is always tailored to the needs of the applicant. Generally, the department where the applicant is employed must deal with these adaptations. The aim is that the applicant receives the resources required and thus has the capability to proceed through the process properly.</p> <p>The programme is not only for former cancer patients but for the broad target group 'persons outside the labour market'. C1 considers that it is important to help those people — those who are not able to currently find a job independently. It does so by offering them work experience. With help of oPuce, C1 can and does find work placements for applicants with different types of cancer.</p>			
C2 (Netherlands)	<p>C2 provides the services of Human Support, an organisation that helps employees regain balance in their lives. Through collaboration between the employer, the HR manager and the OHP, the employee will be provided with practical tools to communicate with the different stakeholders.</p> <p>In addition, C2 provides the opportunity to work with a 'Tailored Sport Plan' in collaboration with the Tegenkracht Foundation. The 'Tailored Sport Plan' is an intensive sport support programme for cancer patients who want to (continue to) take part in sports and rehabilitation. The employee, together with the</p>	<ul style="list-style-type: none"> ▪ Employer ▪ Employees ▪ HR manager ▪ OHP ▪ Human Support (which targets both genders and all types of cancer) ▪ Tegenkracht Foundation (which targets both genders and all types of cancer) ▪ Sports physician 	<ul style="list-style-type: none"> ▪ C2 is an international trading and service organisation with a workforce of 13,000 people in 32 countries ▪ Passenger cars, commercial vehicles and bicycles, as well as earth-moving equipment, ships' engines and electrical engineering ▪ 6,000 employees in the Netherlands 	<p>An effective approach increases the opportunities for job preservation among employees with cancer.</p>

Appendix: Rehabilitation and return to work after cancer — instruments and practices

Enterprise (country)	Aim and content of the measure/ organisational and workplace adaptations	Actors and parties involved	Characteristics of the enterprise (e.g. type of enterprise, sector, number of employees)	Assessment of success
C3 (Netherlands)	<p>Tegenkracht Foundation, the sports physician and a coach, will create a specific sports plan with short- and long-term objectives. The opportunity to obtain this help from the Tegenkracht Foundation is facilitated by the employer.</p> <p>Basically, this programme ensures that the supervisor and the employer together consider the employee's opportunities and needs regarding work. If possible, the adjustments are made so that the employee can leave any time or remain away from the workplace (e.g. if the employee feels particularly unwell or when a medical consultation is planned). When permanent adjustments are needed, these will be made in consultation with the OHP, the ergotherapist and HR or management.</p> <p>C2's services are for anyone who has to deal with restrictions to their work due to cancer. The programme can also for example, be used by someone whose spouse is seriously ill.</p> <p>C3 helps its employees to return to work in collaboration with Re-turn. Re-turn uses a comprehensive approach with different modules targeting multiple stakeholders: employees, companies and OHPs. The programme involves patients and companies, and has job coaches.</p> <p>To date, C3 has experienced one employee who was diagnosed with cancer, and in this case C3 collaborated with Re-turn. There are no set organisational or workplace adaptations, as in each</p>	<ul style="list-style-type: none"> ▪ Employer ▪ Employees ▪ OHP ▪ Re-turn (which targets both genders and all types of cancer) 	<ul style="list-style-type: none"> ▪ Factory for pet food (for dogs and cats) ▪ A full, continuous factory (24-hour producing and two weekends a month) ▪ Shift work ▪ Food industry ▪ 120 employees 	<p>Employees diagnosed with cancer need special attention. Re-turn is experienced in the RTW of cancer patients.</p>

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Enterprise (country)	Aim and content of the measure/ organisational and workplace adaptations	Actors and parties involved	Characteristics of the enterprise (e.g. type of enterprise, sector, number of employees)	Assessment of success
	<p>case the obstacles and issues that need to be addressed are likely to be different.</p> <p>This programme does not target a specific type of cancer or one gender in particular.</p>			
C4 (Netherlands)	In the future, C4 wants to provide a RTW programme within the organisation for employees diagnosed with cancer (by seeking expert consultation and in collaboration with Leven met Kanker). In addition, it wants to become a certified company (certification by Care in Company, which is an organisation that helps employers in the RTW process of their employees diagnosed with cancer).	<ul style="list-style-type: none"> ▪ Employees ▪ Employer ▪ Leven met Kanker ('Living together with Cancer') (which targets both genders and all types of cancer) ▪ Care in Company (which targets both genders and all types of cancer) 	<ul style="list-style-type: none"> ▪ C4 is specialised in providing full support services to focus their clients on their core business. C4 is a group split into different companies ▪ Facility management ▪ 30,000 employees (subdivision in cleaning sector: 8,000 employees) 	The programme has not yet been set up. C4 is working on a special RTW programme for cancer patients.
C5 (Netherlands)	C5 helps its employees to return to work in collaboration with Re-turn (the same programme as in C3).	<ul style="list-style-type: none"> ▪ Employer ▪ Employees ▪ Re-turn (which targets both genders and all types of cancer) 	<ul style="list-style-type: none"> ▪ Youth care (0-23 years) ▪ 930 employees 	
C6 (Netherlands)	C6 helps its employees to return to work in collaboration with Ciran (an organisation specialised in the treatment of complex chronic symptoms).	<ul style="list-style-type: none"> ▪ Employer ▪ Employees ▪ Ciran (which targets both genders and all types of cancer) 	<ul style="list-style-type: none"> ▪ C6 offers help and support to people with special psychiatric problems. Care and support is provided to ensure that everyone can participate as much as possible in society ▪ Psychiatric healthcare ▪ 600 employees 	The programme aims to focus positively on the abilities of workers diagnosed with cancer. An enterprise should not focus on negative issues, such as sick leave and the diminished work ability of the worker who is reintegrating. An enterprise

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Enterprise (country)	Aim and content of the measure/ organisational and workplace adaptations	Actors and parties involved	Characteristics of the enterprise (e.g. type of enterprise, sector, number of employees)	Assessment of success
				should not be thought of in terms of money (e.g. sick leave).
C7 (Netherlands)	C7 is actively involved in the RTW of employees diagnosed with cancer and it applies a 'relocation policy' within the company, i.e. workers are given a temporary job with adjusted (less intensive) tasks before they return to their original job.	<ul style="list-style-type: none"> ▪ Employees ▪ Employer 	<ul style="list-style-type: none"> ▪ Hospital ▪ Healthcare ▪ 3,500 employees 	
C8 (Netherlands)	<p>The aim of the programme is RTW. The employer provides the opportunity to work with a 'Tailored Sport Plan' in collaboration with the Tegenkracht Foundation. This is the same programme as the one used by C2. The employer gives the worker the opportunity to join the Tegenkracht programme.</p> <p>The only organisational adaptation is the additional deployment of colleagues. In practice, the employee diagnosed with cancer organised the hospital consultations with his physician outside his working hours, as far as his condition permitted.</p> <p>The programme would not be different if the worker was a woman or if he/she had another type of cancer.</p>	<ul style="list-style-type: none"> ▪ Employees ▪ Employer ▪ Tegenkracht Foundation (which targets both genders and all types of cancer) 	<ul style="list-style-type: none"> ▪ C8 is an employment agency for truck drivers ▪ Transport ▪ 105 employees (five office workers and about 100 temporary employees) 	
C9 (Netherlands)	C9 has no specific programme/policy for employees with oncological diseases, but instead decides on an individual basis what the appropriate actions are. C9 has a private-control policy, whereby employees and their superiors are jointly responsible for reintegration. The OHP gives advice on whether or	<ul style="list-style-type: none"> ▪ Employees ▪ Employer ▪ Case manager ▪ OHP ▪ Re-turn (which targets both genders and all types of cancer) 	<ul style="list-style-type: none"> ▪ ICT business (company is located in 40 countries) ▪ Consulting, technology outsourcing and local professional services ▪ 4,000 employees in the Netherlands 	The programme is characterised by an individual approach, the provision of a complete network of interventions and the fast provision of interventions to employees.

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Enterprise (country)	Aim and content of the measure/ organisational and workplace adaptations	Actors and parties involved	Characteristics of the enterprise (e.g. type of enterprise, sector, number of employees)	Assessment of success
	<p>not the organisation will need the help of Re-turn (the same programme as in C3) and the case manager can also make suggestions.</p> <p>Mostly, the programme involves a deliberate, gradual build-up of hours. It also involves a realistic assessment of the projects that the worker is involved in (i.e. focusing on jobs that are not too intensive and do not have tight deadlines or production peaks). The planning team must keep this in mind. Typically, it is the employee, with the help of Re-turn, who indicates and monitors what adaptations are appropriate.</p> <p>So far, the workers that have been involved in the programme have all been women except one (recently).</p>			
C10 (Netherlands)	<p>In 2017, C10 provided 'Werkkracht bij Kanker' for workers diagnosed with cancer. This programme consists of the provision of information regarding work and cancer through the workers' HR portal.</p> <p>C10 works in collaboration with the Dutch Cancer Society (KWF) and an OSH service (in Dutch 'arbodienst'); these collaborators help employers and employees formulate and implement working conditions and an absenteeism policy. They organise workshops for HR advisors and supervisors to educate them on cancer in the workplace.</p>	<ul style="list-style-type: none"> ▪ Employees ▪ Employer ▪ OSH service 	<ul style="list-style-type: none"> ▪ Bank 	-
C14 (Ireland)	<p>C14 aims to support staff during and after the difficult time of their cancer treatment. C14 liaises with members of staff on an ongoing basis during and</p>	<ul style="list-style-type: none"> ▪ Employer ▪ Employees ▪ Health services 	<ul style="list-style-type: none"> ▪ C14 is an independent not-for-profit healthcare provider ▪ Healthcare 	-

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Enterprise (country)	Aim and content of the measure/ organisational and workplace adaptations	Actors and parties involved	Characteristics of the enterprise (e.g. type of enterprise, sector, number of employees)	Assessment of success
	after their treatment for cancer. It provides special support for RTW.		<ul style="list-style-type: none"> ▪ 175 employees 	
C15 (UK)	C15 provides guidance on the Disability Discrimination Act and referrals to occupational health services to monitor long-term sickness absence cases. The employee receives full sick pay for the first six months, followed by half pay for another six months (statutory sick pay is provided for up to 28 weeks).	<ul style="list-style-type: none"> ▪ Employer ▪ Employees 	<ul style="list-style-type: none"> ▪ Police force ▪ Public sector ▪ Around 4,500 employees 	-
C16 (UK)	C16 provides an appropriate level of information and support for employees diagnosed with cancer. It has an absence management policy and it keeps in touch with employees affected by cancer. It provides contractual sick pay for up to a maximum of 40 weeks (statutory sick pay is provided for up to 28 weeks). The firm contracts an external GP's office to provide occupational health support.	<ul style="list-style-type: none"> ▪ Employer ▪ Employees ▪ GP 	<ul style="list-style-type: none"> ▪ Manufacturer of conveyor belting ▪ Private sector ▪ 130 employees 	-
C17 (UK)	C17 has a cancer-specific programme in place. It has developed guidance to help manage cancer at the workplace, based on guidance produced by Macmillan Cancer Support. Macmillan has a particularly comprehensive approach, with different modules targeted at multiple stakeholders, including employees, employers, HR managers and healthcare providers. The programme has multiple modalities, including online information, information in toolkits, consultation, e-learning modules, expert counselling,	<ul style="list-style-type: none"> ▪ HR managers ▪ Employer ▪ Employees ▪ Colleagues ▪ Macmillan (which targets both genders and all types of cancer) 	<ul style="list-style-type: none"> ▪ Higher education ▪ Public sector ▪ 7,500 employees 	-

Appendix: Rehabilitation and return to work after cancer — instruments and practices

Enterprise (country)	Aim and content of the measure/ organisational and workplace adaptations	Actors and parties involved	Characteristics of the enterprise (e.g. type of enterprise, sector, number of employees)	Assessment of success
	(telephone) support, peer support and in-company training courses.			
C18 (Belgium)	<p>C18 provides a special programme for employees diagnosed with cancer (aimed at RTW).</p> <p>Regarding the workplace adaptations, C18 does not have 'standard modifications'. Adjustments are always tailored to the employee, in accordance with his/her capabilities and limitations. They are always made in consultation with the OHP and the employer.</p> <p>The reintegration programme is for every employee, regardless of the type of cancer pathology and even disease type, whether it is a physical or mental (temporary) limitation.</p>	<ul style="list-style-type: none"> ▪ Employees ▪ Employer ▪ OHP 	<ul style="list-style-type: none"> ▪ Hospital ▪ Healthcare ▪ 3,000 employees and 300 physicians 	
C19 (Denmark)	C19 has developed a successful regime for RTW after sickness absence due to cancer or other diseases or traumas. It cooperates closely with the municipality in the project.	<ul style="list-style-type: none"> ▪ Employer ▪ Employees 	<ul style="list-style-type: none"> ▪ Bakery (producing cakes) ▪ Food industry ▪ 230 employees 	
C20 (France)	C20 aims to keep people with chronic progressive pathologies in work. The programme provides actions to target the company's specific needs (i.e. to reduce absenteeism and dismissals for health reasons), e.g. sensitisation sessions for top management to encourage and implement an integrated strategic plan.	<ul style="list-style-type: none"> ▪ Employer ▪ Employees 	<ul style="list-style-type: none"> ▪ Leading French producer of corn-fed free-range chickens ▪ Food industry ▪ 240 employees in this company, which is part of a larger group 	
C21 (France)	In C21, an HR professional follows up with the worker on sick leave. The HR professional has a	<ul style="list-style-type: none"> ▪ Employer ▪ Employees ▪ HR professional 	<ul style="list-style-type: none"> ▪ City hall ▪ Public sector ▪ 4,000 employees 	

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Enterprise (country)	Aim and content of the measure/ organisational and workplace adaptations	Actors and parties involved	Characteristics of the enterprise (e.g. type of enterprise, sector, number of employees)	Assessment of success
	<p>conversation with the OHP to understand the worker's physical limitations and the adjustments needed to enable the worker's RTW process.</p> <p>The HR professional has a conversation with the department in which the worker is employed and helps it implement the adjustments needed (i.e. at the workstation). The HR professional proposed that awareness raising of the managers be conducted, with the support of ARACT¹ and the Cancer League. If it is not possible for the worker to return to his/her former work, the HR professional assigns the worker to occupational retraining to suit both the worker's capacities (skills assessment, training) and the needs of the company (strategic workforce planning).</p>	<ul style="list-style-type: none"> ▪ OHP 		
C23 (Spain)	<p>C23's aims is to reduce the psychological impact of long-term absence and facilitate the RTW of people who have been out of work for a long time (by adapting their usual work).</p> <p>This programme is not cancer specific.</p>	<ul style="list-style-type: none"> ▪ Employees ▪ Employer 	<ul style="list-style-type: none"> ▪ Public administration and junior staff ▪ City hall ▪ Policemen, managers of parks and gardens, social services, public health, technical staff (architects, etc.) ▪ 350 employees 	
C24 (Spain)	<p>C24 runs a partnership with the Spanish Association Against Cancer (Asociación Española Contra el Cancer (AECC)), which provides a 'solidarity network' for C24 employees, allowing them to share their difficult experiences in this area.</p>	<ul style="list-style-type: none"> ▪ Employees ▪ Employer 	<ul style="list-style-type: none"> ▪ Spanish oil and gas company and gas station chain. Active in 29 countries, although its main focus is Spain and Algeria ▪ Oil and gas industry 	

¹ ARACT is the French Regional Association for the Improvement of Working Conditions. It promotes the RTW of employees diagnosed with cancer at the enterprise level.

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Enterprise (country)	Aim and content of the measure/ organisational and workplace adaptations	Actors and parties involved	Characteristics of the enterprise (e.g. type of enterprise, sector, number of employees)	Assessment of success
			<ul style="list-style-type: none"> ▪ 27,000 employees (more than 15,000 in Spain) 	
C25 (Netherlands)	C25 helps its employees to return to work in collaboration with Re-turn.	<ul style="list-style-type: none"> ▪ Employer ▪ Employees ▪ OHP 	<ul style="list-style-type: none"> ▪ Department store ▪ 9,000 employees 	
C26 (Netherlands)	C26 helps its employees to return to work in collaboration with Re-turn.	<ul style="list-style-type: none"> ▪ Employer ▪ Employees ▪ OHP 	<ul style="list-style-type: none"> ▪ ICT service provider 	
C29 (Belgium)	C29 has no special policy for workers diagnosed with cancer, but is planning to create such a policy.	<ul style="list-style-type: none"> ▪ Employer ▪ Employees 	<ul style="list-style-type: none"> ▪ Bank ▪ 166,000 employees 	
C30 (Belgium)	C30 has no special policy for workers diagnosed with cancer; instead, one policy is applied to all employees on long-term sick leave.	<ul style="list-style-type: none"> ▪ Employer ▪ Employees 	<ul style="list-style-type: none"> ▪ Auto dealer ▪ 2,900 employees 	
C31 (Belgium)	C31 takes a unique approach to the communication between different stakeholders. The employer, the OHP, the HR director, the HR assistant and the manager of the division in which the worker is employed have a meeting once every 14 days to discuss the RTW of the worker diagnosed with cancer.	<ul style="list-style-type: none"> ▪ Employer ▪ Employees ▪ OHP ▪ HR director (employer) ▪ HR assistant ▪ Division manager 	<ul style="list-style-type: none"> ▪ Hospital ▪ Public sector ▪ 2,500 employees 	
C32 (Belgium)	C32 is working on a policy for employees on long-term sick leave. This policy will not specifically target workers diagnosed with cancer. The aim of the programme is to eradicate burnout.	<ul style="list-style-type: none"> ▪ Employer ▪ Employees 	<ul style="list-style-type: none"> ▪ Television studio 	

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Enterprise (country)	Aim and content of the measure/ organisational and workplace adaptations	Actors and parties involved	Characteristics of the enterprise (e.g. type of enterprise, sector, number of employees)	Assessment of success
C33 (Belgium)	C33 has no special policy for workers diagnosed with cancer; instead, one policy is applied to all employees on long-term sick leave.	<ul style="list-style-type: none"> ▪ Employer ▪ Employees 	<ul style="list-style-type: none"> ▪ Company that offers a wide range of residential services and healthcare services to the elderly 	
C34 (Belgium)	C34 has a 'relocation policy' within the company. If it is possible and workers want to return to work, the company will provide temporary modified work (i.e. workers are given a temporary job with adjusted (less intensive) tasks before they return to their original job).	<ul style="list-style-type: none"> ▪ Supervisor ▪ Trade union ▪ Employer ▪ Employees ▪ OHP 	<ul style="list-style-type: none"> ▪ Car manufacturer ▪ 5,000 employees 	

9.3 Examples of enterprises: interviews

Table 3 Company C2.1

Background: company C2.1 is an independent family business and a branch of C2. With 100 highly educated employees in management positions, it is a medium-sized company. C2 offers a 'Vitality' programme to all its employees (with facilities that are not reimbursed by national insurers, i.e. C2 pays for these facilities). This programme offers additional help for workers diagnosed with cancer, which consists of support provided by Human Support (psychosocial and mental support) and the Tegenkracht Foundation (physical support). In addition, C2 provides its employees with attractive collective health insurance. The healthcare manager of C2 is responsible for the organisation/coordination of the 'Vitality' programme and is always located in the C2.1 building. A C2.1 worker who was diagnosed with cancer in 2012 had previously returned to work full time. The worker has now been diagnosed with metastases and works 33% of her initial contract hours.

Topic	Opinion: employer (HR director)	Opinion: worker	Opinion: OHP
<p>1. Practices</p> <p>The practices in which the employer and the OHP have been involved and the programme practices that the worker has used.</p>	<p>Until 1 January 2017, the HR director was responsible for the company's 'Vitality' programme. C2.1 has 100 employees, all of whom are highly educated. The absenteeism rate is low and turnover is minimal. Therefore, the HR director's time is not taken up with sick employees, because, of the 100 employees, there is only one chronically ill worker (with cancer) and one temporarily ill worker.</p> <p>The person responsible for the company's 'Vitality' programme (the healthcare manager) is located in the</p>	<p>Five years ago, the worker received support from Human Support³ through many meetings/appointments. The worker is now in touch with Human Support again, but feels that it is of no additional value, so does not want to schedule any new meetings/appointments.</p> <p>The worker received support from the Tegenkracht Foundation⁴ when she was first diagnosed with cancer. Tegenkracht referred her to an oncological physiotherapist.</p> <p>In addition, the worker pays for C2.1's collective health insurance. The health insurer is responsible for finding cover that is available to</p>	<p>The OHP only informs the workers about the programmes. The OHP does not receive feedback from Tegenkracht and/or Human Support. Only with the worker's permission does the OHP obtain the results of the process with Human Support. The OHP will always ask the workers about their experiences with the programmes. The OHP does not think that the lack of feedback from Human Support and Tegenkracht is a problem. If the OHP wants to know</p>

³ Human Support is a Dutch organisation that aims to restore a worker's balance between work and home after a cancer diagnosis or other life event. C2 offers the option of using Human Support. Human Support (psychosocial and mental support) services can be provided at any time (before, during and after treatment) to the worker. Human Support also provides assistance to the colleagues and family of the cancer-diagnosed worker. In addition, Human Support holds a meeting with the worker's colleagues to inform them and update them about the status of the worker.

⁴ The Tegenkracht Foundation is a Dutch organisation that is experienced in the supervision of cancer patients. It can refer the worker to a physiotherapist who specialises in cancer patients. Tegenkracht evaluates the progress of the worker with the physiotherapist. The fitness programme is tailored to the worker. The Tegenkracht 'fit test' evaluates the physical status of the worker, with the aim of increasing his/her physical power and providing advice on how to achieve this.

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Topic	Opinion: employer (HR director)	Opinion: worker	Opinion: OHP
	<p>building of C2.1 and therefore communication lines are short. If there is some 'bad news' regarding the situation of a worker, within one hour everyone will have been informed (the healthcare manager, supervisor, etc.).</p> <p>In addition, the HR director collaborated with oPuce for the first time in 2017. oPuce² is a Dutch organisation that helps unemployed cancer patients to find jobs. C2 will employ five cancer-diagnosed job seekers who are supported by oPuce.</p> <p>In addition, the worker has the opportunity to write a blog, via which he/she can give updates about his/her illness and situation. This is not obligatory.</p>	<p>her. The worker can take advantage of an oncological physiotherapist (free of charge).</p>	<p>something about these processes, he can ask the persons responsible.</p>
<p>2. Support</p> <p>How and where the company (the employer and the OHP) accesses support and how the worker receives support.</p>	<p>The healthcare manager of C2.1 has more knowledge about the programmes than the HR director. HR and the worker's supervisor thus rely on the healthcare manager.</p> <p>The HR director believes that the supervisor plays an important role in the worker's RTW experience and access to support. Because C2.1 is a family business, the supervisor's attitude</p>	<p>The worker feels absolutely no pressure to do more work, work longer, etc. The worker realises that it is difficult for the employer to deal with her absence. A person has been hired on a one-year contract to temporarily replace her. She feels comfortable with this.</p> <p>The worker is very happy with C2.1's collective health insurer, because she has received compensation for many physiotherapy consultations.</p>	

² oPuce is an organisation that focuses on the vulnerable and neglected group of unemployed cancer survivors in the Netherlands. oPuce works closely with enterprises that are willing to recruit these unemployed people.

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Topic	Opinion: employer (HR director)	Opinion: worker	Opinion: OHP
	<p>determines how everyone deals with the worker diagnosed with cancer.</p> <p>The company's 'Vitality' programme aims to prevent illness. For cases of cancer, it has some additional facilities, such as services provided by Human Support and Tegenkracht. Through collaboration with a collective health insurer, employees can obtain a great deal of support.</p> <p>The worker is free to indicate what he/she needs and C2.1 will look into what it can do.</p> <p>'Our worker has been sick for almost two years now and, despite this, we want to do everything to keep her and to optimise her working conditions, in accordance with the family business's view.'</p>	<p>In addition, the worker maintains very good contact with her supervisor. The supervisor often contacts her to ask how she is. The worker feels that the way in which the supervisor manages the situation is very important for her experience.</p> <p>The worker feels very much supported by her employer. She is asked to inform the employer if she needs anything, and the employer will look into it. The worker feels comfortable in telling her employer what her needs are.</p>	
<p>3. Advice and information</p> <p>How the information regarding the programme is provided (by the employer and the OHP) and how the worker receives this information.</p>	<p>The OHP is the one who informs the worker of these programmes.</p> <p>The company has no established policy (such as a form) on the steps to be taken in the process of providing the worker with programmes. The company does not want to patronise workers and has sought out helpful collaborators (such as Tegenkracht and Human Support).</p>	<p>The worker does not know who is responsible for informing her of the programme. She believes it is not important who this is; it is only important that workers are informed.</p> <p>If the worker wants more appointments with Human Support, she must contact the OHP, who will then facilitate this. If the healthcare manager works in the same building as the worker, he can arrange appointments with Human Support for the worker. The worker realises that she has easier access to the different sub-programmes (Human Support and Tegenkracht) of the company's 'Vitality'</p>	<p>The OHP informs the worker of these programmes. The worker can also find information about them on the internet. In addition, the HR department could also inform the worker of the programmes.</p> <p>Three to four weeks after the worker reports sick, the OHP must schedule an appointment with him/her (by phone or face-to-face). The OHP will always inform the worker of the cancer-specific possibilities of the company's 'Vitality' programme.</p>

Appendix: Rehabilitation and return to work after cancer — instruments and practices

Topic	Opinion: employer (HR director)	Opinion: worker	Opinion: OHP
		<p>programme than other workers of C2's subsidiaries (e.g. C2.2) because the healthcare manager is located in the C2.1 building.</p> <p>The OHP has introduced the worker to Tegenkracht twice. The first time was not the right moment, but the second time was successful, as the worker felt that she needed physical support.</p> <p>The worker feels that she should be informed by the OHP of both Human Support and Tegenkracht. However, she also thinks that it does not really matter who connects or refers her to the right persons, organisations or programmes. She believes you should have a person on whom you can rely, but exactly who that is does not matter.</p>	<p>However, whether or not a worker wants to use the programmes or be informed of the programmes is different in each case. The OHP assesses when it would be of value to give detailed information to the worker and when it is better to keep it simple (depending on the treatment phase and if RTW stagnates).</p> <p>Not every worker needs the assistance of the programmes in the RTW process and/or processing of the treatment periods.</p>
<p>4. Potential barriers to and facilitators of successful implementation, such as legislation</p> <p>The view of the employer, the worker and the OHP on this.</p>	<p>The combination of the company being a family business and it wanting to have the healthiest workforce of the Netherlands resulted in the creation of the 'Vitality' programme.</p>	<p>No answer to this.</p> <p>The worker wants to emphasise that people are always talking about reintegration, but that we should not forget 'disintegration' (the possibility of working less or leaving work when a worker's situation becomes worse, e.g. diagnosis of metastases).</p>	<p>There could be a financial barrier. The programme can be very useful, but the OHP cannot insist that employers implement it. Paying the sick worker's salary is often too much for an employer, and the costs of such programmes are smaller than paying the salary of a sick worker.</p>
<p>5. Financial incentives and information</p> <p>The view of the employer and the OHP on offering this programme to workers, and the view of the worker on taking advantage of it.</p>	<p>There is no limit on workers' access to the programmes. In the future, the worker could be given a choice of different programmes, and the worker could customise the chosen programme him-/herself. This programme could also be implemented in other subsidiaries of C2 abroad.</p>	<p>The worker would recommend this programme to every worker, but whether it would be useful or not would be down to each person's situation. The programme is delivered with respect to the needs of the worker, so it could be completely different for different people diagnosed with cancer.</p>	<p>The fact that the employer offers such a programme positively influences the attitude of the worker towards the employer. Workers are very happy with the employer's effort and understanding of their illness.</p> <p>There will of course be a fixed budget for this programme. However, the</p>

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Topic	Opinion: employer (HR director)	Opinion: worker	Opinion: OHP
<p>6. Factors that contribute to the success of the programme</p> <p>The view of the employer, the worker and the OHP on this.</p>	<p>Both the HR supervisor and the OHP ask the workers how they are: again this is the result of the company's family atmosphere. In addition, the company is very rich, so any forms of practical adjustments to the work situation are not a problem at all.</p> <p>Human Support is also available to both the supervisor and the worker's colleagues, as well as to the worker's family.</p> <p>The HR director understands that the specific focus of this project is the cancer part of the company's 'Vitality' programme. However, the experience of workers diagnosed with cancer consists of much more than just the company's 'Vitality' programme. The experience of being part of a family business is also a factor. The company's 'Vitality' programme also includes prevention and fun sections.</p>	<p>Conversations with Human Support are very helpful for understanding and organising things and for obtaining the views of a cancer survivor. It is excellent that the employer arranges this for the worker, as it is an opportunity to speak with someone who has experience in the field of cancer. Human Support also provides help with family issues and other personal situations. Human Support takes an objective view of the situation.</p> <p>It is good to speak with a physiotherapist who specialises in oncology, and this is facilitated by the employer. The worker was informed about this option by the OHP. The Tegenkracht Foundation was the mediator in contacting an oncological physiotherapist.</p>	<p>OHP has never heard of any financial limit.</p> <p>The combination of the psychosocial and the physical parts of the programme is extremely valuable for the worker, in addition to the fact that the programme is tailored to cancer patients.</p> <p>The OHP believes that workers feel supported by the employer; however, many factors can influence the effect of the programme, why and how it works, and whether or not it works.</p>
<p>7. Project organisation</p> <p>The view of the employer on this.</p>	<p>The OHP is the one who informs the worker of these programmes.</p> <p>The company has no established policy (such as a form) on the steps to be taken in the process of providing the worker with programmes. The company does not want to patronise workers and has sought out helpful collaborators</p>	<p>-</p>	<p>-</p>

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Topic	Opinion: employer (HR director) (such as Tegenkracht and Human Support).	Opinion: worker	Opinion: OHP
<p>8. Transferability to other enterprises</p> <p>The view of the employer, the worker and the OHP on this.</p>	<p>The company's ambition is to implement its 'Vitality' programme in other subsidiaries of C2 outside the Netherlands, but every company has its own HR policy, etc. However, how responsible the employer feels for the worker also depends on legislation. Legislation will play a role, but being a family business will also influence policies abroad.</p>	<p>The worker does not believe that legislation would influence the view of the employer towards the RTW of workers diagnosed with cancer; however, the way in which you experience the RTW process does depend on the supervisor. The operating assets of C2.1 are the employees (trading) who sell the cars. This is why, more than ever, you have to care as an employer for your employees. In addition, C2.1 is a family business that supports its workers, which can be very different from a publicly listed company.</p>	<p>There could be a financial barrier. The programme can be very useful, but the OHP cannot insist that employers implement it. Paying the sick worker's salary is often too much for an employer, and the costs of such programmes are smaller than paying the salary of a sick worker.</p> <p>The programme is universally applicable. It could also be useful for unemployed people. In the past, in the Netherlands, Herstel en Balans provided both mental and physical help to cancer patients; this was financed by health insurance and was also very useful. It would be great if health insurers could finance programmes such as that which C2.1 is providing.</p> <p>The OHP is not aware of the company's 'Vitality' programme being provided in other countries within C2. The OHP believes that whether or not an employer feels responsible for providing such programmes could depend on national legislation.</p>
<p>9. Cooperation with other partners and organisations</p>	<p>The HR director is not aware of any collaboration with other organisations. The healthcare manager should be consulted in this regard.</p>	<p>The worker is also supported by a buddies contact (people diagnosed with metastases).</p>	<p>Once every year and a half, all the OHPs of C2.1 gather to discuss the different healthcare issues of C2.1.</p>

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Topic	Opinion: employer (HR director)	Opinion: worker	Opinion: OHP
<p>The view of the employer, the worker and the OHP on this.</p>		<p>She found this support herself (Toon Hermans Huis⁵).</p>	<p>The experience of the OHP in question of the programmes was very good, hence he has not felt the need to discuss things with the GP (as would be the case in situations with workers not taking part in these programmes). The RTW processes of the programmes were very good.</p> <p>If there was no 'Vitality' programme, the OHP would cooperate with the GP to meet the (unmet) needs of workers' RTW.</p> <p>C2.1's trade union is not involved in the programme. Once a year, the OHP has a meeting with the trade union; however, the RTW of cancer patients was never on the agenda of such meetings. This is because such a small proportion of the company's employees get cancer. The trade union is more active in areas that involve larger parts of the worker population.</p>

⁵ Toon Hermans Huis is a Dutch meeting centre for anyone experiencing cancer (as well as family and other relatives).

Table 4 Company C2.2

Background: company C2.2 is an independent family business and a branch of C2. With 1,200 employees of different education levels and professions, it is a large company. C2 offers a 'Vitality' programme to all its employees (with facilities that are not reimbursed by national insurers, i.e. C2 pays for these facilities). This programme offers additional help for workers diagnosed with cancer, which consists of support provided by Human Support (psychosocial and mental support) and the Tegenkracht Foundation (physical support). In addition, C2 provides its employees with attractive collective health insurance. The healthcare manager of C2 is responsible for the organisation/coordination of the 'Vitality' programme and is always located in the C2.1 building. A C2.2 worker was diagnosed with cancer and was not aware of the sub-programmes for such employees within the 'Vitality' programme. Fewer than five of the company's employees are affiliated with a trade union. C2.2 does not work with collective bargaining agreements. Negotiations with trade unions regarding working conditions are not addressed. A C2.2 worker was diagnosed with skin cancer and returned to work three days after surgery.

Topic	Opinion: worker	Opinion: works council representative (OR)
<p>1. Practices</p> <p>The practices in which OR have been involved and the programme practices that the worker has used.</p>	<p>The hospital suggested that the worker go to the Helen Dowling Instituut⁶, which he did. After diagnosis, he started physical exercise himself without the help of the Tegenkracht Foundation.</p>	<p>The OR representative is aware of the programmes that are offered to employees diagnosed with cancer and is familiar with the case of a worker diagnosed with colorectal cancer who is now in the RTW process as part of C2's 'Vitality' programme, and with the case of a worker with skin cancer who has already returned to work.</p> <p>The OR representative is not informed of which workers are on long-term sick leave.</p> <p>The OR representative is not aware of where and how things are organised if the worker applies for the help of Human Support and/or Tegenkracht. The OR representative has found that some workers are reluctant to talk about their cancer with colleagues when they return to work.</p> <p>The OR representative is not aware of any collaborations with oPuce.</p>
<p>2. Support</p>	<p>The worker was expecting at least some commitment from his line manager regarding his diagnosis, and to be informed of the 'Vitality' programme and its cancer-specific sub-programmes.</p>	<p>These two workers were very happy with the support they received from C2.2 and with the facilities of the collective health insurer.</p>

⁶ The Helen Dowling Institute provides psychosocial help to patients diagnosed with cancer and their families and other relatives. It is the largest organisation specialised in psychosocial oncological care in the Netherlands.

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Topic	Opinion: worker	Opinion: works council representative (OR)
<p>How and where the company (OR) accesses support and how the worker receives support.</p>	<p>The line manager should have responsibility for this competence and should be assisted by HR.</p> <p>The worker was not on long-term sick leave and was back at work three days after surgery. Mentally, however, he suffered a significant breakdown. Therefore, it is important that the line manager be assisted by someone from HR to support the worker, because the diagnosis and the mental breakdown meant that the worker was not alert to everything that was possible in his situation. Regarding problems affecting colleagues (what you want to tell them and what you do not tell them about your status and when), support from line management is desirable.</p> <p>Because the worker was a very assertive person, he obtained the help he needed. However, a less assertive person would probably have unmet needs due to poor communication about what C2.2 offers in its cancer-specific programmes.</p>	
<p>3. Advice and information</p> <p>How the information regarding the programme is provided (by OR) and how the worker receives this information.</p>	<p>The worker was informed of the options provided by C2.2 by the HR manager in a casual conversation ('just to let you know, we could offer cancer-specific help if you need this; you know where my office is'). Later, the worker was informed by the OR representative of the programme that C2.2 offers.</p> <p>The worker indicated that he felt that his line manager should have provided complete and adequate information about the programmes.</p>	<p>Advice to the worker about the programmes is provided by the OHP. Informing the workers starts during the first consultation with the OHP. In addition, the company's intranet provides information on C2's 'Vitality' programme.</p> <p>The healthcare manager informs the OR representative about C2's 'Vitality' programme during their annual meeting. This information is sufficient. The OHP is also invited to this meeting.</p> <p>The OR representative is responsible for the communication channels in the company and for informing C2.2's HR personnel about C2's 'Vitality' programme.</p>
<p>4. Potential barriers to and facilitators of successful implementation, such as legislation</p>	<p>The worker had no consultation with the OHP because he was not on long-term sick leave. A consultation would not make the diagnosis better or worse and would not result in a worker</p>	<p>The drivers for implementing this programme are legislation and the employer's incentives to support the 'Vitality' programme. Another driver is the input of the OR</p>

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Topic	Opinion: worker	Opinion: works council representative (OR)
The view of the worker and OR on this.	<p>diagnosed with cancer returning to work quickly. The OHP is still not aware of the worker's diagnosis.</p> <p>At least one person (whether the line manager, the OHP or a HR representative) should be responsible for informing a person diagnosed with cancer of the facilities that are offered. Whether or not this is part of a protocol is irrelevant to the worker at that moment; just having a person in the organisation with this responsibility would be sufficient.</p>	<p>representative, who plays an active role in determining the programmes that could be offered to workers within C2.</p> <p>The OR representative can suggest adjustments/additions or improvements to the programme (a special OR committee focuses on these types of topics).</p> <p>Such improvements could include HR being more involved in the programme (HR is overloaded with other tasks). Most of the time, workers ask HR about the available programmes themselves. If the OR representative suggests something, it will be positively received and taken into account by HR.</p>
5. Financial incentives and information	-	<p>The financial incentives to implement the 'Vitality' programme have to come from the employer. The results of the programme include low absenteeism rates.</p> <p>The OR representative believes that there is no financial maximum set for the worker as regards the use of the programme.</p>
The view of OR on offering this programme to workers.	-	
6. Factors that contribute to the success of the programme	-	<p>The OR representative is not aware of the content of the programme. C2 always focuses on the capabilities, rather than the incapacities, of the worker.</p>
The view of OR on this.	-	
7. Project organisation	-	-
8. Transferability to other enterprises	-	<p>Whether or not this programme could work in smaller companies (SMEs) depends on the budget of the employer.</p>
The view of OR on this.	-	
9. Cooperation with other partners and organisations	<p>Physical and psycho-oncological care should have been more integrated in curative treatment, which also should have been covered by the health insurer.</p>	<p>The OR representative is not aware of any needs for cooperation with other organisations.</p>
The view of OR and the worker on this.		

Table 5 Company C10

Background: C10 provides cancer-diagnosed workers with information on work and cancer through the worker's HR portal (called 'Werkkracht bij Kanker'). C10 works in collaboration with the Dutch Cancer Society (KWF) and sponsors KWF by organising workshops with them and covering the costs. KWF and an OSH service (in Dutch 'arbodienst') organise workshops for HR advisors and supervisors to educate them about cancer at the workplace and about how to communicate in these situations. An 'arbodienst' helps employers and employees in the formulation and implementation of working conditions and absenteeism policy. This person can be internal (from the company itself) or external (hired by the company). C10 has an internal 'arbodienst' of its own. Initially, the workshop was held for OHPs and now it is given to supervisors. A worker of C10 is now in the process of returning to work and was aware of but did not use the information on 'Werkkracht bij Kanker' on the intranet. In February 2017, she had almost fully returned to work after initially returning part time in September 2016.

Topic	Opinion: employer (HR advisor)	Opinion: worker	Opinion: OHP
<p>1. Practices</p> <p>The practices in which the employer and the OHP have been involved, and the programme practices that the worker has used.</p>	<p>The employer was not involved personally in the RTW process of the interviewed worker.</p>	<p>The worker did not use the practices of the programme, but was aware of the programme.</p> <p>The worker received advice from the hospital on undertaking physical exercise during chemotherapy. The worker met others during these sessions who were also diagnosed with cancer.</p>	<p>The workshops given by the 'work and cancer' work group of C10's 'arbodienst', in collaboration with KWF, has been well evaluated by the participants (i.e. supervisors) and has been found to have added value.</p>
<p>2. Support</p> <p>How and where the company (the employer and the OHP) accesses support and how the worker receives support.</p>	<p>It is generally the worker's supervisor and the 'arbodienst' who are in contact with the worker before, during and after the RTW process. The supervisor stays in contact and involves the 'arbodienst' in cases of long-term sickness. The 'arbodienst' will give advice to the supervisor regarding RTW. The HR advisor will deal with subjects regarding communication and the supervisor's support of the worker.</p>	<p>The worker received a great deal of support from her supervisor. Every two weeks, they had an appointment to discuss progress. The supervisor informed the worker's colleagues of her situation.</p> <p>The worker had less contact with the HR advisor and received no HR support, but this was not a problem.</p> <p>The worker's contact with the OHP began first over the phone. The worker and the physician discussed how everything was going and what had to be arranged to help her achieve the attainments asked of every</p>	<p>The OHP suggested that particular attention be paid to workers diagnosed with cancer, as the number of people in this group is increasing and these people need specific support regarding RTW.</p> <p>Thus, the 'work and cancer' group organises workshops in collaboration with KWF for supervisors; the aim of these workshops is to raise awareness and to spread knowledge regarding the theme of 'work and cancer'. The content of the workshops comes from KWF. In this working group, an employment specialist together with OHPs and someone from C10's</p>

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Topic	Opinion: employer (HR advisor)	Opinion: worker	Opinion: OHP
		<p>worker in C10 (diplomas to remain qualified), which is more difficult when a worker is on sick leave. After chemotherapy, she started studying for her qualifications and she passed her exams; however, there was a lot of stress, pressure and uncertainty. The reintegration process went step by step.</p> <p>The OHP kept in touch with the supervisor about agreements and the worker's progress in returning to work.</p> <p>Later, the worker had a consultation with her employer.</p> <p>In addition, the treating physician provided a great deal of support and advice on programmes.</p> <p>Cancer is still a subject that is difficult to discuss, but the worker is an open person and has not found this difficult. However, returning to work after one and a half years away made her feel like a newcomer and resulted in some uncertainty. Luckily, her colleagues wanted to protect her and did not want her to feel uncertain. They formed a group on social media, via which the worker kept her colleagues updated.</p> <p>The worker felt supported by her employer (and more supported than other workers diagnosed with cancer whom she met). The employer understood the situation and provided tailored support. There were only a few misunderstandings about 'looking</p>	<p>organisation and research department work together and arrange these workshops.</p> <p>Potential future developments could include adding a note to the absenteeism application form for supervisors to tick 'worker has been diagnosed with cancer'. This could improve the speed of involving an OHP and/or employment specialist. In addition, developing a checklist for OHPs who support workers diagnosed with cancer (and to create a link to this checklist on the intranet) is one of the future developments planned.</p>

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Topic	Opinion: employer (HR advisor)	Opinion: worker	Opinion: OHP
		good and feeling better' and having 'hidden' difficulties from 'chemotherapy brain' ⁷ .	
<p>3. Advice and information</p> <p>How the information regarding the programme is provided (by the employer and the OHP) and how the worker receives this information.</p>	<p>The HR advisor is aware of the meetings organised by the 'arbodienst', but has never attended these meetings.</p> <p>Support for the RTW of workers diagnosed with cancer is customised and involves looking at what the worker needs and tailoring support according to these needs and to the advice of the 'arbodienst'. Workers diagnosed with cancer have told the HR advisor that they do not want to be treated as sick workers; instead, they would prefer to look for opportunities for them to remain in work.</p>	<p>The worker was informed (but she does not know by whom she was advised) of the facilities that can be found on the intranet and that are offered by C10 to workers diagnosed with cancer. The worker thinks that workers should be advised on RTW at the moment when they are thinking of returning to work, but this depends on the person.</p> <p>The worker is not aware of any workshops for C10 supervisors arranged by the OHPs and the 'arbodienst'.</p>	<p>The OHP does not inform the worker of the RTW support that can be found on the intranet.</p> <p>The OHP advises the worker if there is a need for supported care (psychosocial/physical) that was not advised by the treating physician.</p>
<p>4. Potential barriers to and facilitators of successful implementation, such as legislation</p> <p>The view of the employer, the worker and the OHP on this.</p>	<p>At the time when the HR advisor was introduced to the meetings organised by the 'arbodienst', the HR advisor was supporting two workers diagnosed with cancer who were almost fully reintegrated. This was the reason that the HR advisor did not need any extra meetings with the 'arbodienst'.</p> <p>In the reintegration process of workers diagnosed with cancer, it was difficult to determine whether workers were or were not working as they did before</p>	<p>The two-year paid sick leave was extended by C10 to avoid a worker being fired, as, after two years, workers are obliged to go into a work disability pension. Typically, a worker will receive a work disability pension, as two-year sick leave is often not sufficient for a worker with cancer because treatment and recovery often last longer than two years.</p>	<p>In a large organisation, it is difficult to make every supervisor aware of the importance of the RTW of workers diagnosed with cancer. The OHP thinks that people become aware of RTW when they are confronted with it. This is illustrated by the fact that, if there are no cases workers with cancer in the company, supervisors do not subscribe for the workshops.</p> <p>The collaboration between C10 and KWF is based on C10 sponsoring KWF, which could make it difficult for SMEs to implement such a workshop, because they would not have as</p>

⁷ 'Chemotherapy brain' is a common term used by cancer survivors to describe the thinking and memory problems that can occur after cancer treatment.

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Topic	Opinion: employer (HR advisor)	Opinion: worker	Opinion: OHP
	<p>their treatment. In addition, telling a worker (who has to accept their dysfunction) that he/she is no longer working as they did before is difficult, and it is especially difficult close to the end of the two years of employer-paid sick leave. After this, a worker gets WIA insurance (when a worker is on sick leave for more than two years, the insurance is paid by the social services). Solutions for improving acceptance include providing psychosocial support (by a psychologist) to help clarify the situation. These kinds of conversations will be held by the supervisor and possibly with the assistance of the HR advisor. If possible, adjusted work will be found for the worker if they can no longer carry out their current job.</p>		<p>many stakeholders involved in the RTW process as larger companies.</p>
<p>5. Financial incentives and information</p> <p>The view of the employer and the OHP on offering this programme to workers, and the view of the worker on taking advantage of it.</p>	<p>Compared with other companies, C10 does a lot for its workers. If the two-year paid sick leave could be extended for a valid reason, C10 would do this. The financial costs of extending this sick leave would be the same as losing the worker from the workplace. Because of this, C10 would do everything possible to help the worker comfortably return to work.</p>	<p>The two-year paid sick leave was extended by C10 to prevent a worker from having to enter a work disability pension.</p>	<p>The collaboration between C10 and KWF is based on C10 sponsoring KWF.</p>
<p>6. Factors that contribute to the success of the programme</p>	<p>Supervisors are very content with the options on the intranet that can help the worker. The 'arbodienst' workshop could</p>	<p>C10's RTW policy focuses on possibilities rather than impossibilities.</p>	<p>The success factors of the workshop include the fact that it offers supervisors the possibility of discussing the subject of RTW with others.</p>

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Topic	Opinion: employer (HR advisor)	Opinion: worker	Opinion: OHP
<p>The view of the employer, the worker and the OHP on this.</p>	<p>be of added value if there is a worker diagnosed with cancer in the company. If there is not, such a workshop has no added value. The financial costs of the programmes provided on the intranet, e.g. Herstel en Balans, are covered by the employer.</p>		<p>There is no strict policy for workers diagnosed with cancer: the actions taken must be individually tailored in every case. Trying to implement one strict policy for these workers is inappropriate, as there is no one solution. This is one of the key points of the workshop.</p> <p>The workshop gave the OHP an insight into the problems experienced by supervisors in this subject. Fatigue is particularly underestimated by supervisors, as well as by the Employee Insurance Agency (UWV). Some people have permanent limitations after treatment. In addition, people who are returning to work but undergo hormonotherapy for five years will also experience limitations after treatment. More consideration must be given to the fact that people may have changed after treatment.</p> <p>It is also essential to remember that people may be dying from cancer, and that not everyone is recovering and returning to work. For these people, special tailored support for work is needed.</p>
<p>7. Project organisation The view of the employer on this.</p>	<p>HR is involved in difficult cases, where they assist the worker's supervisor in conversations, work progress and RTW.</p>	<p>The worker can check the intranet for additional services. Support comes from the supervisor.</p>	<p>The OHP organises workshops for HR professionals and supervisors and plays an advisory role with the supervisor with respect to individual cases of workers diagnosed with cancer.</p>
<p>8. Transferability to other enterprises The view of the employer, the worker and the OHP on this.</p>	<p>-</p>	<p>-</p>	<p>Conducting the workshop in SMEs would be more difficult and financially less attractive than in larger companies, as fewer</p>

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Topic	Opinion: employer (HR advisor)	Opinion: worker	Opinion: OHP
			<p>supervisors/OHPs are involved in smaller organisations.</p> <p>Conducting the workshop would not be more difficult for an internal 'arbodienst' than for an external 'arbodienst'. An external 'arbodienst' could easily organise this workshop and then invite several companies to attend together, e.g. SMEs. For SMEs, this would be a great solution, as it would allow them to take advantage of the workshop arranged by an external organisation.</p> <p>Transferability to other countries is difficult. The organisation of occupational medicine in the Netherlands is completely different from that in other countries. Dutch OHPs have both supporting and judging roles. In other countries, OHPs are more focused on prevention.</p>
<p>9. Cooperation with other partners and organisations</p> <p>The view of the employer and the OHP on this.</p>	<p>No additional cooperation was needed from the employer. If additional cooperation is needed, it is likely to be from the perspective of the worker, e.g. accepting their possible dysfunctions.</p>	<p>The worker found the RTW process to be very good.</p>	<p>In general, there should be more communication about the programmes available for workers diagnosed with cancer, and centralising this information for OHPs would make it easier to refer the worker to organisations.</p>

Table 6 Company C14

Background: C14 has a programme that provides healthcare, both mental and physical, for its workers. It is not specifically for workers diagnosed with cancer; workers with other serious illnesses can also take advantage of this programme. In addition, an external facility is offered where workers can address, in confidence, any personal matters that they feel they need support with. The interviewed worker had breast cancer.

Topic	Opinion: employer	Opinion: worker	Opinion: HR professional
<p>1. Practices</p> <p>The practices in which the employer and the HR professional have been involved and the programme practices that the worker has used.</p>	<p>The programme provides healthcare, both mental and physical, for workers. It is offered to those with serious illnesses, not just to cancer patients. It concentrates on employees' RTW process, with a focus on maintaining consistent contact with the employees from the beginning of the RTW process and offering phased RTW. If necessary, employees are directed towards external support. The philosophy behind this provision is a humane approach that is flexible in understanding what the employee wants and needs. The main actors are the HR department and the actual department the employee works for. In some cases, external counselling is used, provided by a third party, namely Employee Assistance. This is an external facility where the employee can, in confidence, address any matters of a personal nature that they need support in.</p>	<p>Rather than there being a structured policy or programme in place, things were being dealt with in response to the situation. There should be some sort of general framework, and this may very well exist. But the worker was not aware of any framework and felt that the situation was being dealt with on a one-to-one basis.</p> <p>The main point of contact was the head of HR, with whom the worker had a personal friendship as well as a professional relationship. The main issues dealt with were visits at the beginning of the RTW process, adjustments, phased return, etc. Everything was done on a personal rather than a professional level.</p>	<p>Dealing with an employee affected by cancer is different from dealing with an employee with any other condition. Normally, an employee on a long-term absence is referred to the OHP working for the company. Individuals with cancer are not referred through the normal occupational health pathway. The programme includes keeping in touch with the person over the phone and/or on personal visits by the HR professional. In the RTW process, the company offers phased return and tries to maintain the appropriate income by utilising annual leave.</p>
<p>2. Support</p> <p>How and where the company (the employer and the HR professional) accesses support and how the worker receives support.</p>	<p>The programme is available for any worker who has an illness, such as cancer.</p>	<p>The worker considered the help and support she received as an outcome of her good, friendly relationship with the head of HR. The worker supposed that this friendship made it easier to get the support. If a different person was in this</p>	<p>Any employee on long-term sick leave is entitled to the support this programme provides. The employer does not advertise the programme, but it offers an Employee Assistance Programme, an external service that is paid for by the</p>

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Topic	Opinion: employer	Opinion: worker	Opinion: HR professional
		<p>situation and they had a different relationship with the head of HR, the worker does not know if the support would have been provided in the same way.</p>	<p>employer. This is a counselling service that provides staff with legal information on a range of issues. It is a free service for the employees but the company pays for it. Employees become aware of the company's programme through the Employee Assistance Programme. During the induction process, the new employees are given information about this service.</p>
<p>3. Advice and information</p> <p>How the information regarding the programme is provided (by the employer and the HR professional) and how the worker receives this information.</p>	<p>Since the programme is relatively new, information about the programme has not been formalised yet. There are no written or audio materials. Employees become aware of the programme by word of mouth.</p>	<p>There is no formal information. The worker heard about the programme through conversations with the head of HR. With regard to practical aspects, information and advice was needed about legal rights and illness benefits, which of the worker heard about in a cancer support group maybe three or four months later. The worker would have preferred to receive information 'handed to them on a plate'.</p>	<p>There is no official information provision. The company does not provide information until somebody enters the process.</p>
<p>4. Potential barriers to and facilitators of successful implementation, such as legislation</p> <p>The view of the employer, the worker and the HR professional on this.</p>	<p>Generally, there are no barriers because there is not, as such, a cost to the organisation. However, one barrier could be trying to implement the programme in an organisational culture where people cannot differentiate between serious illnesses and ordinary absenteeism.</p> <p>The shift in the company's thinking about employees who return to work after serious illness has been a significant facilitator. Being empathetic with the</p>	<p>Regarding colleagues, they could have been better informed about the situation. If a worker steps out of their role and someone else steps into that worker's role, the second person may fulfil the role in a different way. There is high staff turnover in C14, so some staff thought that, when the worker returned from illness, she was a new employee. Other employees knew that the worker was returning to work, but some did not know that she had had breast cancer and had been away for the best part of a year.</p>	<p>The Board of Directors and other senior managers understand the importance of looking after people. The workers receive support from senior managers and resources are allocated to ensure that all of the services discussed are in place. Although providing such services has financial implications for the company, that was never considered a problem.</p> <p>The current legislation imposed some barriers.</p>

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Topic	Opinion: employer	Opinion: worker	Opinion: HR professional
	person who is ill to reduce his/her level of stress also served as a facilitator.		Furthermore, the nature of the company — it is a hospital — means that there are no light duties, which makes phased return problematic.
<p>5. Financial incentives and information</p> <p>The view of the employer and the HR professional on offering this programme to workers, and the view of the worker on taking advantage of it.</p>	<p>The company has not defined a particular proportion of the budget for the programme. The programme is at the beginning of its implementation, so when it becomes more widespread, the company will have to look at allocating a certain amount of money each year to this programme.</p>	<p>The worker initially returned for two days a week, then for three days a week and then for four days a week, taking the rest as annual leave, which had financial implications. But when living on social welfare rates, these implications preyed on the worker's mind all the time. The worker would advise that the company considers the way workers structure their time in RTW.</p> <p>Once the worker was back, her situation was financially better. The worker had lost about two thirds of her income, so returning to work had a financial incentive.</p>	<p>The company has not defined a particular proportion of the budget for that the programme. The programme is at the beginning of its implementation, so when it becomes more widespread, the company will have to look at allocating a certain amount of money each year to this programme.</p>
<p>6. Factors that contribute to the success of the programme</p> <p>The view of the employer, the worker and the HR professional on this.</p>	<p>Factors that contributed to the programme's success included its flexible approach, the development of an understanding of the problems that the employees experience and, most importantly, the published guidelines for employers.</p>	<p>Communicating with other staff that the worker is returning to work is very important, as is the ability to have an open discussion in terms of determining the best options for phased RTW and working with the existing situations.</p>	<p>Factors that contributed to the programme's success included its flexible approach, the development of an understanding of the problems that the employees experience and, most importantly, the published guidelines for employers.</p>
7. Project organisation	-	-	-
8. Transferability to other enterprises	<p>This programme is definitely transferable to other companies. Small companies might have some issues in terms of longer term payment or flexibility around</p>	<p>If the programme were transferred, it would definitely need to include phased RTW. It takes time to adjust to returning to work but with a new routine, so it is</p>	<p>The programme could absolutely be transferred to another workplace, even in a different country with different</p>

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Topic	Opinion: employer	Opinion: worker	Opinion: HR professional
<p>The view of the employer, the worker and the HR professional on this.</p>	<p>payment, but with good intentions that should be manageable.</p>	<p>essential, particularly for that early period, to determine when a worker returns. The worker had felt that she had to motivate herself back into the workplace, which was quite stressful. It probably would have been helpful to have had some form of counselling along with the RTW.</p> <p>It is important to recognise that the worker involved has been through traumatic periods. Culturally, there is not much emphasis on this but it needs to be communicated. At the very heart of it all is the need to recognise this disruption to somebody's life and the help they need in transitioning back to work.</p>	<p>legislation. There is nothing complex or complicated about it.</p>
<p>9. Cooperation with other partners and organisations</p> <p>The view of the HR professional on this.</p>	<p>-</p>	<p>-</p>	<p>Apart from liaising with the medical doctor (oncologist), there was no cooperation. However, sometimes we do liaise with the Department of Social Welfare with regard to the company's payments, but no more than this.</p>

Table 7 Company C25

Background: company C25 is a Dutch department store. C25 helps its employees in RTW in collaboration with Re-turn. A worker from C25 was diagnosed with cancer in 2012 and received a treatment but three months later she was diagnosed with cancer again. After treatment, she returned to work at 50% of her original working time. However, understaffing and a heavy workload put pressure on her and she quickly started working full time again. After 15 months of working, she became depressed because of her workload and became ill with a respiratory infection. After this, Re-turn was approached and the worker returned to work again. Despite the help of Re-turn, at this moment, the worker is 100% incapacitated and would not consider returning to work again. In her daily profession, the worker was ultimately responsible for an affiliate of the department store.

Topic	Opinion: employer (HR manager)	Opinion: worker	Opinion: OHP
<p>1. Practices</p> <p>The practices in which the employer and the OHP have been involved and the programme practices that the worker has used.</p>	<p>Within C25, the HR manager, the OHP and the supervisor are all involved with a system (regarding absenteeism) called 'sick leave signal'. The HR manager does not play an active role when a worker is absent. Line management is responsible for arranging things, which has to be done very quickly in case the prognosis is long-term sick leave.</p> <p>The employer was involved in a meeting with Re-turn, the worker, the supervisor and the HR manager to discuss what needed to be arranged.</p>	<p>First, a baseline Re-turn questionnaire was given to the worker to gain an insight into the problems that needed to be solved. Re-turn made an RTW plan together with the worker.</p>	<p>The OHP introduced C25 to Re-turn. It was essential to get the employer, the worker and HR together with Re-turn to create a better atmosphere in which new appointments could be made. In addition, the employer's understanding of the worker's situation was vital.</p>
<p>2. Support</p> <p>How and where the company (the employer and the OHP) accesses support and how the worker receives support.</p>	<p>The case with this worker was the first time C25 had collaborated with Re-turn on an RTW process.</p>	<p>The worker did not have a very good relationship with her supervisor when Re-turn⁸ became involved. Re-turn helped improve this relationship and recommended that the worker begin <i>Herstel en Balans</i>⁹. After finishing <i>Herstel en Balans</i>, Re-turn asked: 'how are you doing, what could you do, and what do you want with respect to RTW?' The</p>	<p>The case with this worker was the first time C25 had collaborated with Re-turn on an RTW process.</p>

⁸ Re-turn is a Dutch organisation that supports employees with cancer and their employers (preferably at the same time) with all aspects throughout the process, from absence to reintegration.

⁹ *Herstel en Balans* is a rehabilitation programme for patients diagnosed with cancer in the Netherlands; it takes into account both the physical and the psychosocial aspects of the illness.

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Topic	Opinion: employer (HR manager)	Opinion: worker	Opinion: OHP
<p>3. Advice and information</p> <p>How the information regarding the programme is provided (by the employer and the OHP) and how the worker receives this information.</p>	<p>The OHP introduced the HR manager to Re-turn. The HR manager asked C25 to get approval for collaborating with Re-turn.</p> <p>No information is provided on the intranet regarding the subject of RTW and cancer.</p>	<p>worker started working in a small affiliate of the department store, on the floor (no management and planning). After this, the worker moved to a larger affiliate of the department store and started working in management and planning again. Unless there is an improvement in her condition, Re-turn determined that the worker would never return to a full-time position.</p> <p>The worker first consulted her GP, then went to the HR assistant and finally got in touch with the OHP, who was not working at that time. The OHP was replaced by another OHP who proposed to C25 that Re-turn could help the worker. At this time, the worker was depressed and very tired and her mind-set was that she was not ready to return to work at all.</p>	<p>Due to poor communication between the supervisor and the worker, and the difficulty of the situation, a collaboration with Re-turn was proposed, as this would support both the employer and the worker.</p> <p>In addition, the OHP suggested that the worker begin Herstel en Balans.</p> <p>Re-turn provided the OHP with feedback on the worker's progress. The OHP also stayed in touch with the HR manager about the worker's progress.</p> <p>After this case, it has become apparent that HR should have full knowledge of Re-turn.</p>
<p>4. Potential barriers to and facilitators of successful implementation, such as legislation</p>	<p>No barriers were mentioned.</p>	<p>The worker did not have a daily supervisor, as she was a manager. Re-turn listened to the worker and made her aware of her own feelings. It is very important that workers in leading positions also receive the help they</p>	<p>The administrative part of the programme could be better. Clear (written) mid-term and final evaluations would be useful in reporting the administrative issues to</p>

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Topic	Opinion: employer (HR manager)	Opinion: worker	Opinion: OHP
<p>The view of the employer, the worker and the OHP on this.</p>		<p>require through an organisation such as Re-turn.</p> <p>It was hard for the worker to get used to the concepts discussed with Re-turn, as she was exhausted. She would not recommend Re-turn to anyone who is not ready to go back to work. However, the OHP advised her to give it a try.</p> <p>The worker said that involving Re-turn when she first returned to work, instead of the second time when she was exhausted and depressed, would have been more effective. Re-turn came too late.</p>	<p>the Employee Insurance Agency (UWV).</p> <p>The advice of the treating physician (oncologist) regarding disabilities such as fatigue and dysfunction in the movement of the arm, which were most probably caused by the treatment, was not always accepted by the UWV. Re-turn could help in this 'translation'.</p>
<p>5. Financial incentives and information</p> <p>The view of the employer and the OHP on offering this programme to workers, and the view of the worker on taking advantage of it.</p>	<p>C25's new policy is to involve Re-turn in the RTW process of workers diagnosed with cancer if they have significant responsibilities or are leaders. In the future, the OHP, in collaboration with the HR manager, should first suggest the involvement of Re-turn. However, the OHP will not suggest Re-turn to all workers diagnosed with cancer (only to those who could benefit from Re-turn, as not every worker needs the assistance of Re-turn).</p>	<p>C25 paid for Re-turn. The worker is not aware of other financial incentives of the employer.</p>	<p>Re-turn could provide more flexibility than the fixed consultation scheme of the OHP.</p> <p>Re-turn is very much specialised in helping the employer to understand the effects of treatment on daily life and on RTW, and is more effective than an OHP in this respect.</p>
<p>6. Factors that contribute to the success of the programme</p> <p>The view of the employer, the worker and the OHP on this.</p>	<p>Although the help of Re-turn in this case did not result in full-time RTW of the worker, it provided the HR manager, supervisor and OHP with many insights into the possibilities regarding the RTW of workers diagnosed with cancer. The help of Re-turn in dealing with the situation and letting the worker become aware that not everything is possible any more is</p>	<p>Re-turn gave the worker the insight to think herself about her working physical condition, and to accept that she may never return to a full-time position and may become incapacitated as a result of the diagnosis of cancer, to accept the feeling that she 'does not have to'. Re-turn's mediation between the worker and</p>	<p>To give the worker an insight into the situation and to help with the acceptance of dysfunctions as a result of cancer.</p> <p>In addition, Re-turn's flexibility is very important. It fluctuates between mail</p>

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Topic	Opinion: employer (HR manager)	Opinion: worker	Opinion: OHP
	essential. In addition, preparing for RTW at an early stage is extremely important (what is feasible and what is not, how does a worker have to communicate with the supervisor, how does a supervisor have to communicate with the worker?).	the supervisor was very helpful, as was creating the RTW plan and informing of colleagues (in the small and bigger affiliate) of the worker's situation. This was all a step-by-step process.	contact and home visits, which is not an option for an OHP. Moreover, Re-turn's experience is extremely valuable for cancer patients, and is greater than the experience of the OHP in this field.
<p>7. Project organisation</p> <p>The view of the employer on this.</p>	The OHP suggests involving Re-turn, the Head of HR approves it and the adaptations in the workplace are based on an appointment with Re-turn and an RTW plan developed by the supervisor, the worker and Re-turn.	-	The OHP suggests involving Re-turn, the Head of HR approves it and the adaptations in the workplace are based on an appointment with Re-turn and an RTW plan developed by the supervisor, the worker and Re-turn.
<p>8. Transferability to other enterprises</p> <p>The view of the employer, the worker and the OHP on this.</p>	Transferability to larger or smaller companies does not matter; what is important is that a worker receives assistance from someone who understands the situation. The employer has learnt from the support of Re-turn. The usefulness/urgency of the support of Re-turn depends on the function/role of the worker.	<p>The first time the worker returned to work, she did not receive very much support; the second time, with the assistance of Re-turn, it was good.</p> <p>Transferability to larger or smaller companies is equally possible. It is important that a worker receives assistance from someone who understands the situation and is given the opportunity to return to work, despite their incapacities (fatigue, concentration loss, etc.). The more hectic the job, the more important the role of Re-turn (therefore, the need for Re-turn depends on the profession of the worker). Having a daily supervisor (in the workplace) is also essential in the RTW process.</p>	<p>In SMEs, the OHP could play a greater role, and the role of the supervisor/employer would be more immediate, than in larger companies. Larger companies deal more often with risks regarding employees on long-term sick leave.</p> <p>Everything depends on the budget of the organisation.</p>

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Topic	Opinion: employer (HR manager)	Opinion: worker	Opinion: OHP
<p>9. Cooperation with other partners and organisations</p> <p>The view of the employer and the OHP on this.</p>	<p>The HR manager is not aware of any cooperation with the trade union/OR.</p> <p>The HR manager would not advise any other cooperation with respect to the RTW of workers diagnosed with cancer.</p> <p>Referral to other organisations is mainly done by the treating physician, who is active in the field regarding references to a psychologist and/or physical and psychosocial oncological care.</p>		<p>No more cooperation is needed with other partners.</p> <p>Herstel en Balans was an excellent option for combining the physical part (acceptance of being more tired/fatigue) and psychosocial part of rehabilitation. Unfortunately, this is no longer an active organisation and organisations that combine these two things are lacking.</p>

Table 8 Company C29 (continued in the following table)

Background: C29 has no concrete policy in place for the RTW of workers diagnosed with cancer. However, workers are well informed about RTW by the ‘well-being team’, the legislative facts regarding RTW and the contact persons and opportunities within the organisation regarding RTW. The interviewed worker was diagnosed with bladder cancer, had surgery in June 2016 and returned to work in March 2017. The worker wanted to return to work on her own initiative. She is currently working 40% of her initial contract hours (four half-days per week).

Topic	Opinion: worker	Opinion: trade union representative
<p>1. Practices</p> <p>The practices in which the trade union has been involved, and the programme practices that the worker has used.</p>	<p>The worker does not see the situation as a formal support programme of which she used different modalities, but instead she sees it as good communication with the supervisor and the ‘well-being team’ regarding how to return to work and their positive attitude towards her reintegration.</p>	<p>Unique in Belgium is the fact that C29 has representatives of different trade unions (Socialist Trade Union, Christian Trade Union, Liberal Trade Union) located in the company. The trade unions are involved when there are problems or issues to be solved between a worker and the manager/supervisor of the worker. The trade union representative is not often involved in the RTW of workers diagnosed with cancer. In general, the RTW of all the workers on long-term sick leave is going well.</p> <p>One example of the involvement of the trade union representative in the RTW of a worker diagnosed with cancer was in the case of a worker who needed to work 100% of the contract hours at home (in general workers are allowed to work 40% of the contract hours at home). The trade union representative helped to convince the worker’s manager/supervisor of the medical necessity for this. Another example was in the case of a worker who was expected to work 80% of the contract hours by the manager, but could (for medical reasons) work a maximum of 60%. The trade union convinced the manager of the necessity for this.</p>
<p>2. Support</p> <p>How and where the company (the trade union) accesses support and how the worker receives support.</p>	<p>During the treatment period, the worker was supported by colleagues (email and face-to-face contact) and the supervisor (email contact).</p> <p>While returning back to work, the worker was supervised by the OHP and by the well-being team. If the worker had questions or issues, the person she contacted was someone in the well-being team.</p>	<p>Trade unions support workers if needed (if workers have questions) and/or when problems between workers and employers need to be solved.</p> <p>The trade unions have a positive view of the employer regarding its RTW process for workers diagnosed with cancer. The company always considers whether the worker should work fewer hours, do adjusted work, etc.</p>

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Topic	Opinion: worker	Opinion: trade union representative
<p>3. Advice and information</p> <p>How the information regarding the programme is provided (by the trade union) and how the worker receives this information.</p>	<p>The worker was sent information by the employer about work and reintegration; this information was very complete and nothing was unclear from the worker's perspective regarding RTW. The worker informed her supervisor about her plan to return to work. After that, the worker first had a consultation with someone in the well-being team (an intermediary between the worker and the supervisor) and then had a consultation with the OHP about the possibilities of returning to work. If the OHP thinks it is not feasible for the worker to return to work, the worker will not get approval to return to work. After the OHP decided that the worker could return to work, the worker discussed the proposals of the OHP and the plans with someone from the well-being team and her supervisor.</p>	<p>The quality of the advice depends on the kind of information that the worker's manager/supervisor gives to the worker if the worker suggests that he/she would like to return to work. The manager/supervisor should provide accurate information and, if there is information lacking, for example, and a problem arises, the trade union will become involved and mediate. All of the information for workers is available on the intranet and is provided by the well-being team; however, the manager/supervisor must also inform the worker and must communicate with the worker about the RTW process (after approval from the OHP).</p>
<p>4. Potential barriers to and facilitators of successful implementation, such as legislation</p> <p>The view of the trade union and the worker on this.</p>	<p>-</p>	<p>It is really important that a worker is not pushed into returning to work. This is the main goal of the trade union in the RTW process, namely to take care of the worker. It should be the worker's individual choice to return to work. Due to the amendment to the law in January 2017 in Belgium, the trade unions are particularly aware of protecting the worker from being pushed into returning to work.</p>
<p>5. Financial incentives and information</p> <p>The view of the trade union on offering this programme to workers, and the view of the worker on taking advantage of it.</p>	<p>-</p>	<p>The worker could get additional insurance (until retirement), through which social insurance could provide a worker with 90% salary if he/she is on long-term sick leave. All workers on long-term sick leave could benefit from this; however, the company would adjust this regulation for workers with mental disorders (burnout) so that they could take advantage of this regulation for only one year. For workers diagnosed with cancer, the regulation remains the same.</p>

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Topic	Opinion: worker	Opinion: trade union representative
<p>6. Factors that contribute to the success of the programme</p> <p>The view of the trade union and the worker on this.</p>	<p>A letter was sent to the worker by the employer containing information on all of the relevant information regarding RTW, which was very useful.</p> <p>There was good communication between the worker and the supervisor, between the worker and the well-being team and between the worker and colleagues. In addition, the positive vibe between the supervisor and the worker regarding the worker's RTW (the worker felt that the supervisor could be relied upon) was of added value for good reintegration. In addition, the worker's tasks were tailored to the worker's capabilities; the workload was perfect and the supervisor did not increase the workload at all.</p> <p>In addition, the worker's attitude towards RTW is important too. If the worker looks forward to returning to work, instead of feeling obliged by the social insurance provider, or if the worker was replaced with another worker during the treatment period, it will create a positive vibe with the employer.</p>	<p>The view of the company towards the reintegration of workers diagnosed with cancer is positive. This, in addition to the information provided by the well-being team to the worker and the communication between the manager/supervisor and the worker, created a positive company atmosphere in relation to returning to work after a long period of illness. The trade union mediates in case of problems.</p>
<p>7. Project organisation</p>	<p>-</p>	<p>-</p>
<p>8. Transferability to other enterprises</p>	<p>-</p>	<p>-</p>
<p>9. Cooperation with other partners and organisations</p>	<p>-</p>	<p>-</p>

Table 9 Company C29 (continues on from the previous table)

Topic	Opinion: HR business partner	Opinion: OHP
<p>1. Practices</p> <p>The practices in which the HR business partner and the OHP have been involved.</p>	<p>The HR business partner is involved in the RTW process only if it is a complex case; in these situations, the HR business partner mediates between the well-being team and the worker's manager/supervisor. The well-being team is the representative of the worker, the OHP advises the well-being team and the HR business partner mediates between the well-being team and the worker's manager/supervisor.</p>	<p>The OHP is involved when the worker wants to return to work. The OHP will approve the reintegration of the worker and will advise the worker's supervisor/manager on what adjustments need to be made and how many hours the worker is able to work during a week. In addition, the OHP will follow the worker in his/her RTW process.</p> <p>Since January 2017, the OHP has also been involved if the employer asks the worker if reintegration is feasible.</p> <p>Note: the employer is allowed to ask the worker about this after four months of illness. In these cases, the RTW is the initiative of the employer.</p>
<p>2. Support</p> <p>How and where the company (the HR business partner and the OHP) accesses support.</p>	<p>The worker and the worker's managers/supervisor could be supported by an external organisation (see section 9, 'Cooperation with other partners and organisations').</p>	<p>The worker is supported by the well-being team after one month of illness. The information provided by the team will cover all of the issues and arrangements the worker could experience regarding RTW. The worker felt very supported by this provision of information and the information was considered complete.</p> <p>In the case of a problem or in a more complex case regarding RTW, the OHP is involved by law. However, in more straightforward RTW cases (e.g. in cases of 'display work', namely work behind a computer desk) without any difficulties, the OHP does not need to give approval for the worker to return to work. In C29, the OHP meets all workers before RTW, despite 'display work'.</p>

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Topic	Opinion: HR business partner	Opinion: OHP
<p>3. Advice and information</p> <p>How the information regarding the programme is provided (by the HR business partner and the OHP).</p>	<p>The well-being team provides information to the worker about RTW.</p> <p>In addition, C29 organises workshops to support the worker's manager/supervisor, providing them with the information that they need to know about reintegration. Currently, some knowledge is lacking on this.</p>	<p>The OHP makes recommendations to the worker's manager/supervisor about what the worker needs during the RTW process. The manager/supervisor must make an RTW plan for the worker. The well-being team will help the OHP, providing contact persons to whom the OHP can forward his/her recommendations about the RTW of the worker.</p>
<p>4. Potential barriers to and facilitators of successful implementation, such as legislation</p> <p>The view of the HR business partner and the OHP on this.</p>	<p>-</p>	<p>The OHP is experiencing increasing pressure from the social insurance provider that RTW must be a return to 100% of the initial contract hours as fast as possible. When workers are facing problems of fatigue and the employer insists on the worker working 50% of the contract hours, it can sometimes be hard to justify this situation to the social insurance provider, which will eventually suggest that both parties sign a smaller contract (50% of initial contract hours) if a worker can work only these hours, due to fatigue problems.</p> <p>Working together with the well-being team is sometimes not the most convenient way of working, because the well-being team has to provide the OHP with contact persons, while, in other companies, the OHP knows who to get in touch with. The well-being team works as a 'go-between', which is not always the most practical way of working.</p> <p>A barrier in Belgium is that the employer has to give its approval if a worker is advised to start back at work on 50% of the initial contract hours. If the employer does not agree with that (which is what is legally allowed), then the worker cannot reintegrate.</p> <p>The worker's supervisor/manager of the worker should be better informed (possibly by the OHP or the well-being team) about RTW and legislation.</p>

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Topic	Opinion: HR business partner	Opinion: OHP
<p>5. Financial incentives and information</p> <p>The view of the HR business partner and the OHP on offering this programme to workers.</p>	<p>Investing in a well-being team, an external company, ultimately results in a healthy work atmosphere that will include less absenteeism in the long term; this is the financial incentive for a company.</p>	-
<p>6. Factors that contribute to the success of the programme</p> <p>The view of the HR business partner and the OHP on this.</p>	<p>A good reintegration process has two ingredients. First, it involves good contact between the worker's colleagues and managers to create awareness among colleagues, so that they can help each other if needed if a worker notices a colleague has problems. In addition, the Employee Assistance Programme of the external company is a crucial factor, with information available about this programme on the intranet of C29.</p> <p>In addition, absenteeism is not solved by punishing people for it; instead it should be prevented. That is why C29 collaborates with the external organisation (providing sessions for workers on all types of problems). Providing good support to workers and creating a good working atmosphere are much more important than looking at the financial costs of absenteeism.</p>	<p>The support provided by the well-being team is excellent. Complete information is given to the worker and nothing is unclear regarding when a worker will return to work.</p>
<p>7. Project organisation</p>	-	-
<p>8. Transferability to other enterprises</p> <p>The view of the HR business partner and the OHP on this.</p>	<p>It is important that a company has money for a well-being team and that it has a positive attitude and empathy towards the reintegration of workers. The company needs to see the benefit of such a well-being team.</p>	<p>Having a well-being team in place, or even just one contact person, that will arrange everything for the worker is a good initiative and feasible. However, it depends on the company's view towards well-being and its budget for working with such a well-being team. In most companies, the tasks of the well-being team will be performed by someone in HR.</p>

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Topic	Opinion: HR business partner	Opinion: OHP
<p>9. Cooperation with other partners and organisations</p> <p>The view of HR business partner and the OHP on this.</p>	<p>C29 is in collaboration with a company that provides an Employee Assistance Programme (six sessions) for the workers of C29 and/or their relatives (workers can discuss personal problems on any topic). The aim of the company in collaborating with this independent company that helps employees with problems is to create sympathy for employees, which will result in a good worker-employer relationship and in less absenteeism. The worker's manager could take advantage of the external company's Leadership Support Programme to learn how to deal with difficult situations with colleagues.</p>	

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Table 10 Company C31 (continued in the following table)

Background: C31 organises multidisciplinary mini-teams that consist of the HR director, the HR assistant, the division manager and the OHP. Every two weeks, they discuss the progress of workers who have been on long-term sick leave and are returning to work or will be returning to work. The division manager or the worker's supervisor keeps in touch with the worker and contacts the HR assistant, who organises these fortnightly mini-team meetings if a worker wants or has to return to work. These mini-teams cover topics such as whether or not the worker can return to the original profession and whether or not their role will have to be adjusted. With respect to communication, the division manager and the supervisor must attend a communication course on work and illness (with specific cancer-related themes). The interviewed worker started working in 2007 and was diagnosed with breast cancer for the second time in 2009 (the first time being in 2005). She has been on sick leave for three years and began RTW in 2013. She is now working 50% of her initial contract hours and will never work more than this.

Topic	Opinion: employer (HR director)	Opinion: worker	Opinion: OHP
<p>1. Practices</p> <p>The practices in which the employer and the OHP have been involved, and the programme practices that the worker has used.</p>	<p>The employer is involved in the mini-team of different stakeholders that discusses the RTW of the worker.</p>	<p>The worker wanted to return to work. The worker informed the OHP of C31 and the HR assistant that she wanted to return to work on the advice of the social insurance OHP. This OHP advised her on whether or not she was able to return to work. In addition, another person, a 'work coach' of the social insurance provider, helped her to create a good reintegration plan. During reintegration, the worker keeps in touch with the HR assistant, the OHP and the social insurance 'work coach'.</p> <p>The worker was not aware of any support (psychosocial support) in addition to the RTW support.</p>	<p>The OHP is involved in the mini-team of different stakeholders that discusses the RTW of the worker. These mini-team meetings are held for workers who needs progressive or definitive adaptations to their work, and other workers who have been on long-term sick leave but have not been diagnosed with cancer.</p> <p>C31 employs three OHPs. Every day, at least one of them is present.</p>
<p>2. Support</p> <p>How and where the company (the employer and the OHP) accesses support and how the worker receives support.</p>	<p>The worker can obtain the support of a C31 psychologist if needed, which is arranged by the HR assistant.</p> <p>The worker can also get support from his/her supervisor, who will keep in touch with</p>	<p>The worker received a lot of support (cards, flowers) during her absence in the treatment and recovery phase.</p> <p>The worker was afraid that the employer might not have wanted her</p>	<p>The worker will have an RTW examination, conducted by the OHP, to determine his/her options and needs in terms of RTW. The OHP also discusses the worker's case with the treating physician. With this input, the OHP</p>

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Topic	Opinion: employer (HR director)	Opinion: worker	Opinion: OHP
	<p>him/her during treatment. The supervisor will inform the worker's colleagues and the HR assistant of the worker's progress. The HR assistant may then also contact the worker. The supervisor will encourage colleagues to keep in touch with the worker. Keeping in contact has the advantage of creating a trusting relationship so that, if the worker decides to or has to start work again, everyone is up to date on the worker's situation.</p>	<p>back. The HR assistant reassured the worker that this was not the case.</p> <p>The worker is satisfied with the reintegration process and the support of the employer, the HR assistant and her colleagues. The worker has never felt pressured by the employer regarding her RTW. It could not have been better. Her employer is still very concerned about her RTW process and asks her weekly how she is.</p> <p>The first step in the RTW process was hard. The worker received support from the HR assistant, the OHP and the supervisor in this. Physically, she is not entirely able to do everything she did before her treatment. This makes the worker uncertain sometimes.</p>	<p>proposes adaptations to the worker's tasks.</p> <p>After creating an RTW plan, the mini-team, the OHP and the worker have a monthly meeting to discuss the worker's progress.</p> <p>The worker felt supported and unstressed due to clear communication regarding RTW by the members of the mini-team.</p>
<p>3. Advice and information</p> <p>How the information regarding the programme is provided (by the employer and the OHP) and how the worker receives this information.</p>	<p>The worker will communicate with his/her supervisor and, if the supervisor is replaced during the worker's sick leave, the HR assistant will communicate with the worker about the mini-team's solutions and plans regarding reintegration. The choice of contact person is also tailored to the case. All of the participants of the mini-team will know who is in charge of communicating with the worker. In addition, the supervisor or HR assistant will inform the worker's colleagues of his/her reintegration, what is needed and what to pay attention to.</p>	<p>The worker received information from the social insurance OHP (which pays the sick leave of the worker).</p> <p>In the first period of reintegration, the worker had appointments with the social insurance provider once a month to discuss progress. The worker forwarded the outcomes of these appointments to C31's OHP, who discussed it with the mini-team.</p> <p>Now the worker has appointments with the social insurance provider</p>	<p>If the worker's RTW process runs smoothly, no more mini-team meetings will be scheduled.</p>

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Topic	Opinion: employer (HR director)	Opinion: worker	Opinion: OHP
	<p>The worker is informed about HR topics by a weekly newsletter, sent via email.</p>	<p>once a year and with the C31 OHP once every three months.</p> <p>The worker did not receive any information about the mini-teams before they began. It was completely new, which is not negative; it was new because the worker had never before been confronted with such a situation.</p>	
<p>4. Potential barriers to and facilitators of successful implementation, such as legislation</p> <p>The view of the employer, the worker and the OHP on this.</p>	<p>The policy regarding working together in mini-teams was the result of various channels communicating RTW options to the worker. With this policy, the communication with the worker is clear and uniform. In addition, the different stakeholders can discuss the worker's possibilities for reintegration together. The OHP must approve the RTW of the worker, and may ask for adjusted work circumstances without giving any information about the physical status of the worker. This is seen by the employer as a barrier to an open-minded setting for and collaboration in the mini-teams, the aim of which is to find the appropriate adjusted work for the worker.</p> <p>The employer can ask the worker to make an appointment regarding RTW with the OHP, but this is not mandatory.</p> <p>Barriers could include the fact that adjusted work for the worker who wants or has to reintegrate is dependent on good communication in the mini-teams.</p>	<p>The communication regarding RTW before the worker got in touch with the social insurance 'work coach' was a bit 'stiff', as nothing in the worker's situation was changing. Getting in touch with the 'work coach', who helped the worker with the reintegration plan, made it more comfortable.</p> <p>The worker found it valuable that the employer kept in contact with her during and after the treatment period, as she stayed informed. In addition, the clear and honest communication from the employer/OHP and the social insurance provider was extremely valuable for the worker.</p>	<p>No suggestions for improvement to the RTW of workers diagnosed with cancer in C31 were mentioned.</p>
<p>5. Financial incentives and information</p>	<p>C31 has a budget that allows the worker to temporarily return to work with no tasks to do</p>	<p>-</p>	<p>-</p>

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Topic	Opinion: employer (HR director)	Opinion: worker	Opinion: OHP
<p>The view of the employer and the OHP on offering this programme to workers, and the view of the worker on taking advantage of it.</p>	<p>(mostly for periods of a month). The worker is also assigned a support person to lean on. Not every Belgian employer has a budget for this. This atmosphere makes it easier for the worker to reintegrate without feeling work pressure.</p> <p>In addition, when returning to work, the worker may begin by working half of his/her initial contract hours (paid by the employer) and, for the other half (which is paid by social insurance), the worker is on sick leave. These financial arrangements make it attractive for the employer to begin the RTW process. If it is too much for the worker, the worker can easily switch back to full-time sick leave (which again will be paid by social insurance).</p> <p>Another scheme to support the employer in reintegrating a worker is compensation that the employer receives for a loss in productivity due to limitations (e.g. shoulder dysfunction) that affect a worker's ability to perform (called 'Vlaamse Ondersteuningspremie' (VOP-premie)). Through this scheme, the employer could afford, for example, to pay for more contract hours to cover the loss in productivity of the worker.</p> <p>By returning to work with no assigned tasks, the worker has the possibility of returning to work for only half of the initial contract hours; this scheme also has the advantage, through the VOP-premie, of making gradual reintegration both financially and practically feasible.</p>		

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Topic	Opinion: employer (HR director)	Opinion: worker	Opinion: OHP
<p>6. Factors that contribute to the success of the programme</p> <p>The view of the employer, the worker and the OHP on this.</p>	<p>To guarantee good reintegration, all the stakeholders who are involved in the RTW process have to gather to discuss the RTW of a worker. In addition, clear information and an open dialogue help improve the RTW of a worker diagnosed with cancer.</p>	-	<p>Communication is the key factor for good RTW. Open communication ensures that there are no misunderstandings.</p> <p>In addition, collaboration with the other OHPs of C31 is beneficial. They are aware of each case, because all of the OHPs attend the mini-team meetings.</p>
<p>7. Project organisation</p> <p>The view of the employer and the OHP on this.</p>	<p>C31 organises multidisciplinary mini-teams made up of the HR director, the HR assistant, the division manager and the OHP. These mini-teams meet every two weeks to discuss the progress of a worker who has been on long-term sick leave and is returning to work or will be returning to work.</p>		<p>C31 organises multidisciplinary mini-teams made up of the HR director, the HR assistant, the division manager and the OHP. These mini-teams meet every two weeks to discuss the progress of a worker who has been on long-term sick leave and is returning to work or will be returning to work.</p>
<p>8. Transferability to other enterprises</p> <p>The view of the employer, the worker and the OHP on this.</p>	<p>It is a company's policy that determines whether it would be willing to work in a system with mini-teams.</p>	<p>Working in mini-teams is considered very helpful for workers who want to return to work, irrespective of their profession.</p>	<p>It is important that the situation of the worker is discussed with all the stakeholders involved. The employer is responsible for providing adaptations to the worker's tasks. Within a company, one person should organise the mini-teams; in C31, the HR assistant organises the meetings. In addition, the employer must believe in open communication with other stakeholders about RTW.</p>
<p>9. Cooperation with other partners and organisations</p> <p>The view of the employer and the OHP on this.</p>	<p>Since 1 January 2017, in accordance with the new law regarding RTW in Belgium, the worker has been able to involve the trade union in RTW meetings with the employer. Trade unions do not really advocate contact</p>	-	<p>More cooperation is needed with the treating physician and the social insurance physicians. Without good communication, the employer cannot anticipate whether or not social insurance will continue to pay for the worker. Adjustments to work</p>

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Topic	Opinion: employer (HR director)	Opinion: worker	Opinion: OHP
	<p>with the employer and the OHP in mini-teams, due to privacy reasons.</p> <p>The social insurance provider (which pays the sick leave of the worker) sometimes contacts the employer (mini-team) to discuss or make suggestions regarding the worker's RTW.</p>		<p>situations require preparation, so the employer needs to know when the worker will return to work. Otherwise, the employer cannot guarantee adaptations to the work situation, which means the worker could be unemployed for a while.</p>

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Table 11 Company C31 (continues on from the previous table)

Topic	Opinion: division manager	Opinion: HR assistant
<p>1. Practices</p> <p>The practices in which the division manager and the HR assistant have been involved.</p>	<p>The division manager was involved in the reintegration trajectory of a worker not diagnosed with cancer (the policy regarding working in mini-teams targets all employees on long-term sick leave). The worker has been on sick leave for four years after a bad car accident. The division manager, together with the worker's supervisor (the supervisor will stay in touch with the worker), will encourage the worker to visit the OHP to discuss if RTW would be feasible and how.</p>	<p>The HR assistant is part of the mini-teams and arranges this meeting.</p>
<p>2. Support</p> <p>How and where the company (the division manager and the HR assistant) accesses support.</p>	<p>The division manager, together with the worker's supervisor, made the step-by-step plan and had conversations with the worker.</p>	<p>The HR assistant sent flowers to the worker in empathise and create open communication. It is not mandatory for the workplace to stay in touch with the employee during an illness period.</p>
<p>3. Advice and information</p> <p>How the information regarding the programme is provided (by the division manager and the HR assistant).</p>	<p>The division manager convinced the worker of the importance of a step-by-step reintegration.</p> <p>The HR assistant is the contact person for the division manager in daily issues.</p> <p>The colleagues of the worker will be informed by the worker's supervisor before the RTW process begins.</p>	<p>The HR assistant is the contact person for the mini-teams.</p>
<p>4. Potential barriers to and facilitators of successful implementation, such as legislation</p> <p>The view of the division manager and the HR assistant on this.</p>	<p>The aim is to find a modified form of work for the worker, who wants to return to their former position but is struggling with productivity loss and dysfunction. The treating physician and the rehabilitation physician were asked what was feasible in this case. To be sure of the worker's capabilities and theoretical knowledge after four years, the worker had to pass the regular exams that other workers also take. Later, the worker's practical skills were assessed. The worker was impatient with this form of reintegration; it was hard to convince the worker that there was value in reintegrating gradually. Reintegrating into a familiar work situation was</p>	<p>It is difficult when the employer cannot provide modified work (if needed) for a worker who is ready to return to work, and this can result in unemployment for medical reasons.</p> <p>In 2011, C31 started to work in mini-teams as a result of the poor communication experienced between stakeholders. It was very important that the supervisor kept in touch with the worker (it was also the reason why the supervisor went on a course on absenteeism). This is hard in Belgium because trade unions want employers to leave their workers in peace ('let them rest'). The</p>

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Topic	Opinion: division manager	Opinion: HR assistant
	<p>more urgent for the worker than a step-by-step reintegration process whereby other work situations (different from the familiar work situation of the worker) were needed.</p> <p>It is hard when the employer cannot propose modified work to a worker who wants to reintegrate. Social insurance is often the reason people return to work, but if the employer has no modified work for the worker who wants to reintegrate, the worker may become unemployed.</p> <p>The division manager would like to share worker's RTW experiences with other division managers so that they can learn from each other.</p>	<p>company must believe in and value cooperation between the different stakeholders in mini-teams.</p>
<p>5. Financial incentives and information</p> <p>The view of the division manager and the HR assistant on offering this programme to workers.</p>	<p>The division manager had a budget that allowed the worker to temporarily return to work with no tasks (mostly for periods of a month). In addition, when returning to work, the worker started by working only half of the initial contract hours (which was paid by the employer); for the other half (which was paid by social insurance), the worker was on sick leave.</p>	<p>The worker decides whether he/she is able to go back to work (based on advice from the treating physician) or the social insurance physician decides whether a worker is able to go back to work (based on advice from the treating physician). After one of these decisions, the worker goes back to work and schedules an appointment with the HR assistant, the supervisor or the OHP. If needed, a mini-team will be set up.</p> <p>The HR assistant is convinced that the mini-team structure is cost effective and that it saves time and money through good communication. In addition, through this process, the worker feels that the employer shows empathy and wants to do everything to get the worker back to work.</p>
<p>6. Factors that contribute to the success of the programme</p> <p>The view of the division manager and the HR assistant on this.</p>	<p>Collaboration between HR, the work floor (the division manager and the supervisor) and the OHP is essential in the mini-teams. Involving the work floor helps when regarding the feasibility of the worker returning to their original profession. A step-by-step programme was set up to reintegrate this worker.</p> <p>It is vital that the RTW process is tailored to suit the worker. The following questions must be considered: what are the</p>	<p>The mini-teams allow the case of the worker to be discussed between the different stakeholders, and they stop the worker from being given different versions of events from different stakeholders.</p>

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Topic	Opinion: division manager	Opinion: HR assistant
	needs and possibilities of the worker, what work circumstances need to be adjusted? There is no strict policy for this.	
7. Project organisation	-	-
8. Transferability to other enterprises The view of the division manager and the HR assistant on this.	Working in mini-teams is transferable to other enterprises. The focus should be on RTW possibilities and what is feasible, as well as on good communication with all of the important stakeholders involved.	<p>This form of communication through mini-teams is unique in Belgium. Implemented on 1 January 2017, the new legislation states:</p> <ul style="list-style-type: none"> ▪ the social insurance physician must review the worker's status after two months; ▪ the employer is allowed to ask for a reintegration plan after four months. <p>The results of this new legislation could be that workers are on sick leave for four to six months and the employer will ask for a reintegration plan that will result in no modified work being available, leading to the worker becoming unemployed.</p> <p>Due to the new legislation, the employer is given more influence over the RTW of its workers. Before this legislation, it was not mandatory for the employer to give a worker the opportunity to reintegrate.</p>
9. Cooperation with other partners and organisations The view of the division manager and the HR assistant on this.	Cooperation with other partners, if needed, is arranged by the HR assistant.	<p>The HR assistant refers the worker for additional support by, for example, a C31 psychologist. Asking for psychosocial help, which is a taboo in Belgium, is not common.</p> <p>Those involved through social insurance in the RTW of workers are the treating physician, an OHP and a work coach (who is a paramedic). These three people discuss whether or not a worker is able to reintegrate.</p> <p>Sometimes the social insurance work coach takes part in the mini-team meetings for better communication.</p>

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Table 12 Company C34 (continued in the following table)

Background: C34 has no concrete policy in place regarding the RTW of workers diagnosed with cancer. However, workers are given the opportunity to reintegrate, which, at the time, was quite unique in comparison with many other Belgian companies (since this was not mandatory before 1 January 2017). The interviewed worker was diagnosed twice with cancer (first in 2011 and then again in 2014) and reintegrated twice (Period 1 and Period 2). During these periods, the worker had different supervisors (Supervisor 1 in Period 1 and Supervisor 2 in Period 2). Before the worker was diagnosed with cancer the first time, he was a team leader in C34. Returning to his original position for 50% of his contract hours would not have been an option (due to, for example, night shifts), so he returned in a different role, assisting other team leaders as a replacement of his former role. During Period 1, at the start of Supervisor 1's coaching, Supervisor 1 was replaced by another supervisor. Later during Period 1, the worker fell ill from depression. After recovering from this depression, he started work again (at 50% of his contract hours) but was diagnosed with cancer again in 2014. After treatment, he returned to work again and is currently working 50% of his initial contract hours in a different role.

Topic	Opinion: worker	Opinion: trade union representative	Opinion: OHP
<p>1. Practices</p> <p>The practices in which the trade union and the OHP have been involved, and the programme practices that the worker has used.</p>	<p>The worker reintegrated for the first time in January 2013 (after treatment and a recovery period in 2012).</p>	<p>In difficult cases, the trade union, together with the OHP, decides what adjustments should be made to provide modified work for the RTW of the worker. The trade union is involved if the social insurance provider proposes that the worker returns to work in a situation with which the worker is uncomfortable or if the social insurance provider wants the worker to return to work regardless of the fact that the situation is impossible for the employer.</p>	<p>C34 has developed a kind of job-matching programme, in which the OHP determines the possible physical and mental difficulties of the adjusted work circumstances. This programme is used for all workers who have been on long-term sick leave and are reintegrating.</p> <p>Every day, at least one OHP is present in the company building. Compared with other companies, this ensures shorter communication lines. For example, in other companies, a worker may have to visit the OHP in another city (most of the time, the OHP is not situated in the company of the worker).</p>
<p>2. Support</p> <p>How and where the company (the trade union and the OHP) access support and how the worker receives support.</p>	<p>C34 gave the worker the opportunity to start working at half of his initial contract hours (paid by the employer) and to be on sick leave for the other half of his contract hours (paid by social insurance).</p>	<p>-</p>	<p>Attitudes towards the reintegration of workers who have been on long-term sick leave has changed over recent years. It is not financially attractive to take a worker who has been on long-term sick leave back into the workplace. The employer always wants a</p>

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Topic	Opinion: worker	Opinion: trade union representative	Opinion: OHP
	<p>First, the worker started working shift work (in his original role). Later, the social insurance provider asked the OHP to provide work for the worker only during the day.</p> <p>For the first six months of his RTW, the worker felt good doing his tasks, but later no longer felt good doing the adjusted tasks compared with the tasks of his original profession (he felt unappreciated and useless). He became depressed. Working half of his contract hours and losing shift work made work unattractive to him. Questions arose, such as what is my role and what is my function? After recovering from depression, his tasks were reformulated and the worker felt comfortable.</p> <p>The RTW of the worker has now been stabilised and the worker feels supported by HR, which now has a more administrative role.</p>		<p>completely healthy worker instead of a 50% healthy worker. The change in thinking came from the mother organisation of C34, which is located in Sweden. Previously, RTW possibilities were offered only to workers who had had an occupational accident and not to workers recovering from a disease.</p>
<p>3. Advice and information</p> <p>How the information regarding the programme is provided (by the trade union and the OHP) and how the worker receives this information.</p>	<p>Once a year, the worker has an appointment with the OHP. This is sufficient, as the most important thing for the worker is that he is satisfied with his tasks and feels good at work.</p>	<p>-</p>	<p>The OHP has the first conversation about possible RTW with the worker. The worker then meets with HR to discuss the adjustments needed in the workplace and suggested by the OHP. A trade union representative sometimes joins this meeting. HR decides on the new role of the worker.</p> <p>The evaluation of the worker who is returning to work for 50% of their initial hours takes place in scheduled</p>

Topic	Opinion: worker	Opinion: trade union representative	Opinion: OHP
<p>4. Potential barriers to and facilitators of successful implementation, such as legislation</p> <p>The view of the trade union, the worker and the OHP on this.</p>	<p>The worker is not aware of legislation regarding RTW.</p>	<p>Barriers to a successful RTW process depend on the profession of the worker. When a worker is in a management role, a replacement role can easily be found in administrative tasks. For workers working in a factory using technical skills, it is less easy to find modified work.</p> <p>In general (not specific to C34), the view of the employer on the reintegration of workers who have been on long-term sick leave is more frequently less supportive than supportive. With the help of the changed legislation (since 1 January 2017), it is likely that employers will be more open-minded with respect to this issue in the future. However, this legislation (which makes it mandatory for employers to set up an RTW plan) could result in more dismissals. An employer could say 'I could not give the worker modified work', a solution to which would be to dismiss the worker. Whether or not there is an option for modified work is decided by the OHP, in collaboration with the worker's treating physician and the advising social insurance physician.</p> <p>In this situation, without the new legislation, nothing would have changed,</p>	<p>meetings. Sometimes, the OHP will contact the supervisor when adjustments need to be made to the work situation of the worker.</p> <p>Social insurance can be very directive. If the social insurance provider decides that a worker must return to work and the employer cannot immediately make adjustments to the work situation of the worker, the worker will become unemployed for a while.</p> <p>Sometimes it is difficult to create a new work role for the worker because of their incapacities.</p>

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Topic	Opinion: worker	Opinion: trade union representative	Opinion: OHP
		<p>but now employers can be fined for not setting up an RTW plan if needed. The new legislation requires an effort on the part of the employer, which was not previously mandatory.</p> <p>If the trade union does not agree with the decision of the social insurance provider to let a worker return to work, it begins an appeal against the social insurance provider.</p> <p>Another barrier is that the government does not compensate the employer for productivity loss from a worker (the worker is paid social insurance for this) but provides financial contributions to fund the adjustments to working conditions.</p>	
<p>5. Financial incentives and information</p> <p>The view of the trade union and the OHP on offering this programme to workers, and the view of the worker on taking advantage of it.</p>	-	<p>Membership of the trade union is EUR 16 per month and, after a year, the worker is refunded EUR 130 by the trade union. Membership of a trade union is not mandatory in Belgium.</p>	<p>The employer takes advantage of the VOP-premie, which is a compensation scheme for workers' loss in productivity due to limitations (e.g. shoulder dysfunction) that affect their ability to perform.</p>
<p>6. Factors that contribute to the success of the programme</p> <p>The view of the trade union, the worker and the OHP on this.</p>	<p>The employer keeping in contact with the worker is the most important way to make the worker feel supported and to prepare for a good RTW process. In addition, a worker must be brave and talk about things that are not going well at work to make the situation better. It is also important that the employer/supervisor guide the worker and</p>	-	<p>The main feature of good reintegration is the mind-set of the employer, as well as the company's view of the RTW of workers diagnosed with a disease that could cause long-term side effects that may negatively influence their work capabilities.</p>

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Topic	Opinion: worker	Opinion: trade union representative	Opinion: OHP
	regularly assess how the RTW process is going.		
7. Project organisation The view of the OHP on this.	-	-	<p>Before 1 January 2017, the policy was that the employer called the worker every month and, after six months of absenteeism, the worker was invited for a meeting with the OHP (to see what could be better with respect to their health and what opportunities exist for returning to work). However, it was not mandatory for the worker to come to this meeting.</p> <p>Since 1 January 2017, it has been mandatory for the employer to set up an RTW plan for the worker.</p> <p>In scheduled ‘rehab meetings’, the representatives of different departments discuss their options on getting a worker who has been on long-term sick leave back into their department.</p>
8. Transferability to other enterprises The view of the trade union, the worker and the OHP on this.	The amount of effort that is put into the RTW of workers depends on the view of the company.	-	In Sweden (the country of C34’s mother company), for example, during a rehab meeting, the OHP, the employer, someone from the social insurance provider and the worker discuss what has to be done about the RTW of the worker.
9. Cooperation with other partners and organisations	The worker mentioned no cooperation with other organisations.	Workers are not often referred for supportive care (psycho-oncological help) and the trade union is not aware of other such referrals.	Referral for psychosocial help is generally done by the curative sector (treating physician) and not very often by the OHP. In Belgium, asking for

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Topic	Opinion: worker	Opinion: trade union representative	Opinion: OHP
<p>The view of the trade union and the OHP on this.</p>			<p>psychological help is a taboo. Although this kind of help is offered, it is not very often taken advantage of.</p> <p>Collaboration with the social insurance provider is difficult, as it is hard to reach.</p> <p>Collaboration with trade unions comes into play when an RTW process becomes, or looks like it will become, problematic.</p>

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Table 13 Company C34 (continues on from the previous table)

Topic	Opinion: Supervisor 1	Opinion: Supervisor 2
<p>1. Practices</p> <p>The practices in which the supervisor 1 and the supervisor 2 have been involved.</p>	<p>The supervisor was responsible for four teams. The worker was responsible for one of those teams before he was diagnosed with cancer. During his treatment, he was replaced by a colleague.</p> <p>The supervisor discussed the worker's tasks with him while supporting him in the RTW process. The new tasks were less stressful than his former tasks. The responsibilities and the stress involved in the worker's former tasks needed to be limited in his new role.</p> <p>The worker's tasks remained the same during the RTW process.</p>	<p>The supervisor supervised the worker after his depression.</p>
<p>2. Support</p> <p>How and where the company (the supervisor 1 and the supervisor 2) accesses support.</p>	<p>Supervisor 1 had the feeling that the worker felt supported in his RTW.</p> <p>C34's policy is that, during the long-term absence of a worker, his/her supervisor stays in touch with him/her.</p>	<p>Due to a personal experience of being incapable of working for a long time, Supervisor 2 thinks that it is important to support the worker for the first couple of weeks by talking and listening to them. The work needs to be adapted to suit the worker in the RTW process.</p>
<p>3. Advice and information</p> <p>How the information regarding the programme is provided (by the supervisor 1 and the supervisor 2).</p>	<p>Supervisor 1 felt comfortable informing the worker's colleagues of his RTW process. In addition, Supervisor 1 felt comfortable in the conversations with the worker.</p> <p>The OHP and the HR manager advised Supervisor 1 on what the worker's tasks should be.</p>	<p>Supervisor 2 and his supervisor looked in detail at which tasks the worker could fulfil after his depression. The OHP and HR were not involved.</p>
<p>4. Potential barriers to and facilitators of successful implementation, such as legislation</p> <p>The view of the supervisor 1 and the supervisor 2 on this.</p>	<p>-</p>	<p>-</p>

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5. Financial incentives and information	-	-
The view of the supervisor 1 and the supervisor 2 on offering this programme to workers.		
6. Factors that contribute to the success of the programme	<p>Because C34 is a multidimensional company, it has many opportunities to adjust work circumstances to reintegrate a worker.</p> <p>A good RTW process also depends on collaboration between HR, the OHP and the social insurance provider. In addition, the attitude of the worker and whether or not he/she feels comfortable in the new adjusted work role is extremely important.</p>	It is important for the supervisor to give the worker tasks in which he/she can work independently.
The view of the supervisor 1 and the supervisor 2 on this.		
7. Project organisation	-	-
8. Transferability to other enterprises	<p>The possibilities, aims and wishes of the worker should have been listened to. The individual RTW processes of different workers cannot be compared.</p>	-
The view of the supervisor 1 and the supervisor 2 on this.		
9. Cooperation with other partners and organisations	<p>The supervisor had no contact with the OHP or the employer about the progress of the worker's RTW process after the worker started his RTW.</p>	-
The view of the supervisor 1 and the supervisor 2 on this.		

9.4 Focus groups: facilitators of and barriers to implementing programmes

In the tables below, the facilitators mentioned during the focus groups are marked with a plus sign (+) and the barriers mentioned are marked with a minus sign (–).

The results show that the focus groups mentioned different themes at the different levels of the Sherbrooke model (see chapter 3 of Methodological Annexes for details; available at: <https://osha.europa.eu/en/tools-and-publications/publications/rehabilitation-and-return-work-after-cancer-instruments-and-0/view>). Below, the results are highlighted and quotes are given to demonstrate the findings.

Overall societal context

Table 14 Facilitators of (+) and barriers to (–) implementing programmes: overall societal context

	BE	NL	IE	UK
Gap between hospital and workplace			–	
Neither worker nor employer wanted to take the initiative in RTW			–	
Worker and employer understand the process			+	
Trying to hide cancer			–	
People not aware that a simple individualist approach is often enough			–	
Low usage of online platform: uncertainty that information is reliable; needs maintenance		–		
Difficulty moving from job to job		–		
Lack of clarity regarding who is responsible for supporting the employee's RTW				–

In the Dutch focus group, the lack of flexibility in the labour market and the effect of this on remaining in work was seen as a barrier: 'I think there is a lot more needed for "staying at work", especially when we think of the flexibility of the labour market, you're getting more and more and 95% of the contracts are temporary contracts for one year. So, you really have to think differently, "staying at work", I think it's the absolute key to the problem. I don't think it's true that it always works, so it's also a question of how "staying at work" could be improved next to return to work.'

Participants from the Irish and British focus groups indicated that there was some ambiguity regarding who should take responsibility for and initiate RTW programmes.

Irish focus group: 'Neither side wants to be the first one to initiate it, because they're afraid that they might do something wrong, or say something wrong.'

British focus group: 'So, I think one real barrier is that there's no recognition that we're already in a situation where money needs to be spent to rectify this situation, and we have no clarity as to who's the responsible party for ponying up, and this lack of clarity means everybody sits on their hands and hopes that somebody else picks up the ball and runs with it.'

■ **Culture and politics**

Table 15 Facilitators of (+) and barriers to (–) implementing programmes: culture and politics

	BE	NL	IE	UK
No separate programmes for workers with cancer	–			
Stigma: cancer is seen as a work disability and it is difficult to get people to understand that it is possible to work with cancer	–	–	+/-	–
Sharing best practices			+	
Cooperation between stakeholders			+	
Scientific evidence regarding the size of the problem			+	
Evidence of hazards facilitates work being adjusted			+	
Being able to ask for time off because of psycho-oncological challenges			+	
A culture in which disclosure about cancer diagnosis has a positive effect		+		
No culture of disclosure		–		
Workers are not aware that they have been unprotected for a long time		–		
Workers wanting disclosure during their job interview — this is not easy due to privacy issues		–		
Politics focusing on wage replacement rather than RTW support		–		
Employer selecting only ‘healthy people’		–		
Occupational health service as a term — it should be called occupational rehabilitation				–

In the Belgian focus group, the need for specific programmes for workers diagnosed with cancer was a point of discussion: ‘In the discussions with employers’ organisations we found that, for example, they said “employers are positive towards a programme for cancer patients, however there are a lot more pathologies that also needed a specific programme”. So, on the other side, employers say “ahem”, because, other people said yes, but they can’t design a policy for people with cancer, so that has got to be more generous, and these two things clash during conversations with employers.’

In all of the countries considered, cancer seems to be stigmatised, which is considered a barrier to the implementation of programmes.

Belgian focus group: ‘But a lot of people are facing a lot of uncertainty and I often notice that in conversations, also with employers, like someone with an actual health problem, but definitely with cancer, one only sees what the person is not able to do any more. And actually, I’m seeing a lot of people going through this process, finding out new things about themselves, putting things in a different perspective, communicating differently. I think it’s important to take these elements into account and not always focus on what people are not able or less able to do, but also to look at what they may sometimes benefit from these periods. Because I’ve really seen many people who say this too, and that also changes them, which makes sense.’

Dutch focus group: ‘Could provide information also, not just work stigmatically? For an employer to accept someone or not, to say goodbye, not to invest? Well, that stigma is not the employer’s, that’s the

social system. Society. And that information, I speak a little from my own frame of reference, but it might indeed be broader.'

Irish focus group: 'Okay, and just thinking culturally, that you will have people, somebody will say: "Well, you know she had cancer?" That it seems to follow people around, and maybe years after the treatment: "She's doing great, you know she had cancer. You'd better not put any pressure on her, don't stress her".'

British focus group: 'Somebody talked about how her employer had said that she had been on a "cancer holiday" and how she felt about that, how stigmatised she felt and how it made her feel so powerless that she didn't really know whether she wanted to return, and actually, I think subsequently it turned up because the tread went on because people were so incensed that she'd left the organisation.'

'With some of these individuals that we were working with there was all this cultural taboo that we needed to unpick around what cancer meant and so we needed to ensure that there was a bit more thoughtful facilitation, so it was around storytelling and actually having somebody that facilitated the sessions that had experienced breast cancer herself but was further down the line.'

▪ Workplace system

Table 16 Facilitators of (+) and barriers to (-) implementing programmes: workplace system

	BE	NL	IE	UK
Workers' assistance plans				
Support from one or two experienced people	+			
Effective only when tailor made			+	
External environment				
Sharing good practices with other employers		+		
Problems associated with OHPs (limited time, increased costs, many changes, no preventive consultation, no preventive consultation in SMEs)	-	-	-	
Occupational health service in place			+	
Organisation				
Structural implementation of the programme, policy or RTW policy (with definitions of who within the company may contact the sick-listed employee)	+	+		+
Organisational culture (no reluctance to see the OHP, company culture, level of replacement of worker)	+/-		+/-	
Organisational culture (employability being an important theme)		+		
Organisational culture (looking at possibilities rather than impossibilities)		+		
Organisational culture (caring, interested)		+		
No structural implementation of RTW to support SMEs				-
Disability a stigma in itself	-			

Appendix: Rehabilitation and return to work after cancer — instruments and practices

	BE	NL	IE	UK
People stigmatised because of work accommodations			–	
Employer belief: the cancer patient will very soon be sick-listed again	–	–		
Understanding of rights and responsibilities			+	
Training of supervisor, HR professional, case manager	+	+		
Feeling that, as a supervisor/employer, you have to be an expert			–	
Employer's difficulty in understanding the impact of cancer			–	
Employer being willing to act			+	
Supervisor's view of working from home	+/-			
RTW and work adjustments costing time and money	–			
Structured approach to RTW/work accommodations			+	
Financial difficulties of SMEs	–			
Financial options		+		
Informing workers of resources		+	+/-	
Involving employers and colleagues			+	
Lack of time			–	–
Health and safety concerns			–	
Employer's understanding of employability (allowing implementation of programme)		+		
Employer's understanding of employability (own responsibility/own initiative)		+		
Employer's understanding of employability (ambition to be a healthy company)		+		
Employer's understanding of employability (looking at possibilities rather than impossibilities)		+		
Employer's understanding of employability (management must support the programme)		+		
System of reciprocity (offering programmes but worker takes initiative)		+		
Less knowledge and understanding needed for supporting remaining in work		–		
Choosing who to keep and who to dismiss		–		
Insufficient skills to support the RTW of the worker with cancer				–
Employer's view on access to rehabilitation				–

	BE	NL	IE	UK
Department				
Manager leaving people with cancer alone			–	
Open discussion about cancer			+	
SMEs finding it difficult to accommodate work and gradual RTW/having less flexibility	–		–	–
Worker not wanting accommodations because it creates extra work for colleagues			–	
Misunderstanding work accommodations			–	
Fearing conversations about cancer			–	
Way of dealing with cancer at the workplace (doing nothing out of fear)		–		
Believing there is no need to act until there is a problem		–		
Management changing views, but no changes in workplace		–		
Supportive work environment that allows some form of disclosure				+
Support of colleagues in reducing stigma				+
Job position				
Difficulties in accommodating work		–		
Not possible to accommodate work		–		

As regards the workplace system, in the Belgian, Dutch and Irish focus groups, it was highlighted that the role of the OHP was notable.

Belgian focus group: ‘An important difference with [the Dutch] system is that in the Netherlands after two weeks, I think, the OHP is aware of the worker’s labour productivity. This is totally not the situation in Belgium. They sometimes know by chance that the worker has cancer. Only when there is a prior visit regarding RTW does the OHP become aware of the worker’s situation.’

Dutch focus group: ‘Because I think the OHP is really a key figure when we talk about RTW and “staying at work” but that role has changed. Yes, we have already realised that the role of the OHP is very important in absence procedures, and the total amount of prevention has been subverted.’

Irish focus group: ‘I think that’s the difficulty we have, when you look at different employers, it’s just that it’s easier for a large employer with an occupational health support system in place, that allows them to properly put that plan in place.’

Participants of the Belgian, Dutch and Irish focus groups said that the organisational culture of a company could serve as either a facilitator of or a barrier to implementing programmes.

Belgian focus group: ‘So if the employer has a social attitude, then the OHP will apply that social attitude. If the employer doesn’t, especially in those external services, it won’t work, and as a result, the OHP will put less effort into the adjustments that the worker needs, by saying; “they are not possible”.’

Dutch focus group: ‘Firstly, the biggest success is the fact that an employer allows such a programme to be introduced.’

Irish focus group: ‘Yes, even some of the bigger companies, we have come across companies who are concerned about the creation of a precedent, that if we do this for one person, where does it stop for us? And that’s, I think, where having a structured approach to this is vital.’

In both the Dutch and the Belgian focus groups, participants reported that the employer is sometimes afraid that a worker will return to being on sick leave.

Belgian focus group: ‘They are also afraid that it will come back, that’s the stigma of cancer, it’s feared that it will return, and have to be paid for again each time the employee is absent.’

Dutch focus group: ‘And what I see in dismissal is that, in fact. Which candle do we like, in our basket, and which do we not like? Also, I see a lot of dismissals of 50+ aged people. Huge. Breast cancer conditions. Today, what you see is, for example, that people who have been treated are pestered.’

In both the Belgian and the Dutch focus groups, participants said that a facilitating factor would be the training for the supervisor, HR professional or case manager.

Participants of the Irish focus group said that one barrier to implementation is that it is difficult for employers to understand the impact of cancer. In the British focus group, members reported that employers have insufficient skills to support the RTW of workers diagnosed with cancer, which is a barrier to the implementation of programmes.

Irish focus group: ‘There is a danger then, within the workplace that is perceived as a single entity, as opposed to a range of very different diseases, with very different outcomes and impacts on the individual. And that’s one of the challenges of producing a policy or a booklet; that it can be very individualised, the requirements in terms of returning to work, and it’s, well, do we have central support for OHS, or an employer that has that experience?’

‘Because it would be very difficult for an individual employer to understand the range and complexity of cancer, and the needs of a cancer patient, depending on their diagnosis, and the complexity of the treatment that they’ve had.’

British focus group: ‘I think one thing that might be a barrier is blind spots. When we started talking to HR in a number of our client organisations, to persuade them that this would be something they should...like a workshop would be quite useful, their initial response was: “No, I think we’ve got it thanks.” And then coming along anyway, as a sort of goodwill gesture and then thinking: “Oh, yes, I see what you mean, I had no idea.” And so, the unknown, unknowing, I think is a big part of the problem.’

‘It may be hard, information and knowledge and skills that the stakeholders have, their involvement, because whether or not it’s going to be effective depends on those involved in the RTW process and whether or not they’re equipped with the knowledge that they need for implementing the same practices.’

‘From the perspective of wanting to train employers, it’s more general things that they should be thinking about and doing, but maybe there needs to be more from the medical side too, in relation to specific cancers and treatments. This should be flagged, because you can’t expect the employer to know everything about all cancers and all treatments.’

Participants of the Belgian, Irish and British focus groups stated that it is more difficult to accommodate work and implement gradual RTW in SMEs.

Belgian focus group: ‘And there are cancer patients who will be fired, especially in small businesses that are unable to constantly pay for someone who is not productive. So, if we could solve that problem, RTW for workers would be an option in smaller companies, but otherwise it is an illusion that cancer patients can return to work in smaller companies.’

Irish focus group: ‘I think that’s the difficulty we have, when you look at different employers, it’s just that it’s easier for a large employer to put an occupational health support system in place that allows them to properly put the plan in place. I think there’s always the argument that comes around, about SMEs that don’t have access to OHS.’

‘We find that when people are rehabilitated back into the workplace, where they’re given a bit of time, and they’re allowed to work it out over a period of time, it works much better for everybody. And some of the bigger employers can do this. But the smaller employers don’t have that kind of support, where

they might be able to have somebody who can help them kind of bring somebody back into the workplace, starting off on a temporary basis, and you work your way into it gradually.’

British focus group: ‘I guess this also depends on the size of the company, like, a small business, they really struggle to...I mean, it’s not about there being no good will, they might want to every day but it’s just that they can’t. Either they lose the business or they support the cancer survivor, but I guess there’s more flexibility for big companies to make accommodations and make adjustments.’

▪ **Legislative and insurance system/society’s safety net**

Table 17 Facilitators of (+) and barriers to (–) implementing programmes: legislative and insurance system

	BE	NL	IE	UK
Friction between legislation and policy			–	
Employers having no responsibility		–		
No legislation outside the public sector			–	
Provincial and federal laws				
Employer not obliged to pay the worker’s salary during RTW		+		
Possibility to work part-time while retaining job		+		
Laws serving as a framework for employers		+		
Being so complicated that nobody understands it any more		–		
Difficulty working part-time and having part-time work disability		–		
There being more benefit from social welfare than from RTW part-time			–	
Too easy for employer to put no effort into RTW		–		
Privacy hampering open communication		–	–	
Employer entitled to dismiss worker		–		
Self-employed not obliged to have disability insurance			–	
Privacy (employer not allowed to register disclosure by worker)			–	
Privacy (regulations will not change)			–	
Not possible to work for fear of losing disability benefits			–	
Employer being obliged to continue paying wages			–	
Self-employed having uncertainty over who delivers RTW programme			–	
Employer being willing to support RTW, otherwise premium rises				+
Regulations of jurisdiction				

	BE	NL	IE	UK
Privacy regulations (clarity about what is and is not allowed)		+		
Privacy regulations (decision of worker regarding what is and is not disclosed)		+		

Different aspects were identified. As regards legislation, a striking finding in both the Belgian and the Dutch focus groups was that privacy legislation was a barrier to implementing programmes and communication regarding cancer.

Belgian focus group: ‘Workers who have been absent long term, there is a confidential secret. The employer effectively doesn’t always know why someone is absent. But on the other hand, it’s also a bad thing when there is no contact from the workplace with the people involved, because a worker will return to work whenever possible. Therefore, a procedure should have been agreed on within a committee.’

Dutch focus group: ‘For privacy reasons, you can’t actually use the word cancer, but I see that it’s important for an entire group to know that an employer knows.’

▪ **Personal system/personal coping**

Table 18 Facilitators of (+) and barriers to (–) implementing programmes: personal system/personal coping

	BE	NL	IE	UK
Being highly motivated to return to work			+	
Own initiative/own responsibility		+		
Realising that you must plan RTW/remaining in work		+		
Affective				
Not being ready to discuss RTW		–		
Difficulty reaching people who do not engage				–
Physical				
Uncertainty regarding side effects of treatment		–		

People have different coping techniques and personal attitudes. Not much was said about this as regards barriers to or facilitators of implementing programmes. The participants of the Irish focus group mentioned that, when a worker is motivated to return to work, this serves as a facilitator: ‘If they have this personal motivation, that they want to “get to where I was, if I can”, in my experience, if I see these patients, I try to see what accommodations we can make for them; talk to the manager, see what accommodations we can make. And I’m a bit biased, because I work with the Health Service Executive (HSE) at the moment, and they’re very accommodating, they can accommodate clients. But I suppose that personal motivation would have a very powerful impact on them, to facilitate somebody coming back to work.’

Healthcare system/variety of care management

Table 19 Facilitators of (+) and barriers to (–) implementing programmes: healthcare system

	BE	NL	IE	UK
Limited availability of oncological rehabilitation		–		
No transparency regarding which oncological rehabilitation programmes are available		–		
Too many supportive care programmes		–		
Interdisciplinary and interorganisational team				
Insufficient communication between physicians and different stakeholders	–			–
Other healthcare professionals				
Involving paramedical staff		+		
Nurse not being informed about social insurance benefits		–		
Poor awareness of importance of RTW advice			–	
No interest in or insecurity about RTW			–	
No advice regarding oncological rehabilitation			–	
Attending physicians				
Physicians' lack of awareness of existing policies				–
GPs not being able to consult with the occupational health service regarding those working in smaller companies				–
Work not addressed right from the start	–			–
Attending physicians being too protective regarding RTW/having negative views of RTW	–			–
Work not seen as a clinical outcome and not structurally assessed in the medical file		–		–

Participants of both the Belgian and the British focus groups reported insufficient communication between physicians and different stakeholders.

Belgian focus group: ‘It’s essential that there is communication, easy communication opportunities between the three involved physicians. Between the treating physician, the insurance doctor for social insurance and the OHP. There is still no systematic solution to this.’

British focus group: ‘The problem is how to enhance communication between these different parties. Employers do something, and then the treating clinicians do something and then OHS [the occupational health service] is somehow involved. Then there’s organisations like Macmillan for cancer support that the cancer survivor him-/herself has to contact for support. It’s all these layers of how to enhance communication somehow, so that everybody knows what’s happening.’

Regarding the timing of addressing work and who is responsible for addressing work in the first place, the participants of both the Belgian and the British focus groups said that it would be good to start talking about this right from the start.

Belgian focus group: ‘In the early stages there is a problem. When and who should initiate RTW? That’s another problem.’

British focus group: ‘I think what’s missing at the point of care, in the health system, is a multidisciplinary approach. Talking about work as part of the clinical outcome. What we have is a serial process, first we’re going to look after you and make sure you don’t die, then we’re going to try to get you better, then at some point down the line, maybe we’ll think about work. Whereas I think that doing it in parallel would work best.’

In addition, participants of the Dutch focus group said that work is not structurally assessed as part of the medical status of the patient, and the participants of the British focus group said that work was not seen as a clinical outcome.

Dutch focus group: ‘Are you putting the work profession in the medical status, because I met someone in France who said that in the status, next to name and all those things, profession was also included. Depending on your profession, you could also look at, for example, what the options are regarding, for example, a lifting motion.’

British focus group: ‘Or it’s like, I think its occupational health therapist actually that they...because they have a really much more...they have a, like a, significant role from the very beginning in Scandinavia and in the Netherlands which is not the case here. So, and they are obviously experts in rehab and rehabilitation, which clinicians are, but they are not, they should suppose not to be, I mean they are there to treat cancer.’

9.5 Focus groups: requirements for and obstacles to the success of programmes and initiatives for rehabilitation and RTW

Overall societal context

Table 20 Requirements for the success of programmes: overall societal context

	BE	NL	IE	UK
Better knowledge in society regarding the options of working after cancer		x		x
Better knowledge in society regarding the long-term side effects of cancer and its treatment		x		x

Focus group participants in the Netherlands and the UK discussed the importance of society being provided with enough information regarding different aspects of rehabilitation.

Dutch focus group: ‘The importance of staying active, continuing to do good because it facilitates the outcomes of the treatment, and I think RTW would serve as a similar facilitator of the outcome of treatment. That means that for a few months at least, keeping in touch with your employer, with your colleagues, knowing that you can just be there as a worker instead of a patient.’

British focus group: ‘Transparency is, I think, a very big principle, which is very hard when it’s something as personal as an illness, particularly cancer, which has an undertone of societal taboo. The more you can share, the more open you can be, the more information everybody has, so that we’re all looking at the same thing, I think that would make a big difference. So that there’s no 11 blind men and an elephant, trying to figure out what this thing in front of them is. Everybody has their own view and we don’t know when we have a different view from the person next to us. I don’t know what an app would look like, but I can imagine that one exists. Technology could help smooth out some of these communication issues.’

■ **Culture and politics**

Table 21 Requirements for the success of programmes: culture and politics

	BE	NL	IE	UK
Employer should be informed during a job application (job interview) about a worker's limitations, instead of the cancer diagnosis		x		
Government should have a clear and reliable online platform		x		

Only participants of the Dutch focus group said anything about culture and politics: that the government should have an online platform with clear, reliable information about cancer and work and the programmes that are available.

■ **Workplace system**

Table 22 Requirements for the success of programmes: workplace system

	BE	NL	IE	UK
Workers' assistance plans				
Continue to work rather than leaving work altogether			x	
Effectiveness even when not tailor made			x	
Multidisciplinary approach: work, worker and health		x		
Different programmes for employed cancer survivors and for unemployed cancer survivors		x		
Same support for self-employed cancer patients as for workers diagnosed with cancer		x		
Aimed not only towards RTW but also at remaining in work	x	x		
Timely support tailored to individual preferences (adjusted to type of worker)				x
External environment				
Access to and support of OHP for the worker and employer early on	x		x	x
Organisation				
Buddy system				x
Peer support				x
Effective communication between employer and worker			x	
Clear management policies			x	
Trainee posts for unemployed cancer patients that could convince employers to offer them jobs	x	x		

Appendix: Rehabilitation and return to work after cancer — instruments and practices

	BE	NL	IE	UK
Programme adapted to organisational culture		x		
Practical information (e.g. about reasonable accommodation)	x		x	
Policy regarding responsibility for contacting the sick-listed worker	x			
Set of guidelines that allow personalised care			x	
Checking for work options outside the company earlier in the process		x		
Proper communication regarding diagnosis	x		x	
Provision of information, support and/or training for the manager (e.g. about long-term side effects of cancer and its treatment, communication)	x	x	x	x
One contact person		x		
Employer-worker relationship		x		
Employer learning from other (experienced) employers				x
Transparent notes from meetings				x
Emotional support for manager who supports worker				x
Consultation with healthcare consultant if needed		x		
Support of workers in their choice of treatment/hospital		x		
Referral to external party				x
Risk assessment				x
Incentives/view of employer with respect to the RTW of workers diagnosed with cancer	x			
Department				
Face-to-face contact with worker during illness period	x			
Colleagues (communication: make sure everyone has the same knowledge about the situation)	x	x	x	
Colleagues (think about what the worker wants colleagues to know about the situation and have a conversation with colleagues before RTW)	x			
Colleagues (alignment of accommodations at work for the worker)	x			
Colleagues (alignment of tasks of the replacement worker)	x			
Colleagues (Flemish support grant (VOP) creates envy among colleagues regarding the worker's privileges)	x			
Productive work tasks for person returning to work			x	

	BE	NL	IE	UK
Reasonable adjustments				x
Staying in contact with employer/line manager			x	x
RTW plan/option of adjusting RTW plan/part-time RTW			x	x
Stepped process			x	
Discussion regarding (temporarily) restructuring team/responsibilities				x
Good employer-worker communication, including about loss of identity				x
Job position				
Accommodations tailored to job				x
Accommodated work: help in daily tasks and importance of job tasks				x

Participants of the Belgian and Dutch focus groups said that the programmes should focus not only on RTW, but also on remaining in work.

Belgian focus group: ‘So, actually, what we need is not only support for getting back to work, but also support when they are back at work. And sometimes you’ll see people who, after two years, three years, get sick again because they suffer from burnout or because it was too much all the time.’

Dutch focus group: ‘Well, returning to work, in addition to “staying at work”, should have been part of the programme. And I’m sure we should give that advice. Especially now that cancer has become a chronic disease.’

For participants of the Belgian, Irish and British focus groups, access to support from the OHP or another external organisation was very important.

Belgian focus group: ‘In our system, OHPs are integrated in such a way that there’s no taboo about going to an OHP any more. The workers know they can be supported by them.’

Irish focus group: ‘I just remember that in my organisation, there is this external company that does the coaching and mentoring. And I don’t know if you have it as well, it’s psychological support, which helps, which focuses on workers settling back and readapting to work, if they have been given a new task, or if they have been promoted to a new post. But I think cancer would be, coming back with cancer and trying to adapt, I think it would work well. And it would help with the issue of training managers, instead of managers just saying, “Okay, why don’t you engage with this?” And it’s confidential. To be honest, I don’t know how successful it is though. But it’s a resource that our organisation can provide, instead of training all managers, and allocating financial resources for that, there is this thing, called “Coaching and Mentoring”.’

British focus group: ‘So, in Finland you automatically get an OH [occupational health] therapist if you are diagnosed with cancer at working age. So...it’s not something you need to enquire about...it’s like something to be discussed regarding returning to work and making a plan. So, I don’t really know...how similar, what similarities there are.’

Participants of both the Belgian and the Dutch focus groups discussed the position of the unemployed. They said that it is important to also provide support for these people.

Participants of the Dutch and British focus groups agreed that practical information and good communication from the beginning were important for a programme to succeed.

In all of the focus groups, participants said that training managers was essential for the success of a RTW programme for workers diagnosed with cancer.

Belgian focus group: 'Better provision of information for employers is also needed.'

Dutch focus group: 'So what's another option, that's not a programme; initiatives are being raised, employers are looking more closely at this theme, which is the result of the fact that they are following workshops, comparing their cases and often learning from each other more than those who accidentally provide information.'

Irish focus group: 'We train managers. We don't specifically address cancer, but all sorts of illness, and there's basic criteria, like after four weeks, you have a definite conversation about RTW, and what your needs would be. But I'm just wondering if that's something we're doing, training managers how to have those conversations with workers.'

'Well I think training has now been democratised by the fact that we can do online training, in a lot of these cases, when we can get access. So, whether you're a small or a large company, you can get access to training support, across a range of different areas that you don't have to create yourself, but it's just, I suppose, the understanding that this training support is there.'

British focus group: 'Considering things like this needs to come into that. It might be the line manager who contacts someone. You support the line manager in terms of what they're going to agree on with the worker. That needs to come in somewhere.'

In addition, the involvement of colleagues was considered an important aspect of the programme in the Belgian, Dutch and Irish focus groups.

Belgian focus group: 'That is very important in the preparation phase of RTW, having a conversation with colleagues.'

Dutch focus group: 'And I think regarding colleagues, that they have to learn patience, that it's not something that is temporary. It's not the flu.'

Irish focus group: 'And that goes as well, I think, that communication process, with their work colleagues, because they may not feel, "Well, how do I need to pick up the slack for this person coming back? Do I treat it like nothing has ever happened? How do I even ask about it?'''

In the Irish and British focus groups, participants said that staying in contact with the employer and having the option of adjusting the RTW plan were important aspects of a programme.

Irish focus group: 'Yes, and I think that's the key, if people keep in touch, even if it's just to say, "How are you?" That allows you then to say, "How are you getting on? Are you getting any better?" And you can stay in there, you're seen as part of the workplace. And it allows that to come in, when you have that in place, people tend to come back more easily, because it's taken for granted that they will come back. Because contact has remained.'

British focus group: 'So many times, it can be something quite...not that costly. It's just because research has shown, for instance, that even keeping in contact with your employer or line manager, that can help, it can make a huge difference and it doesn't really cost much money.'

'For instance in the Netherlands and in Finland...there is this tailored RTW plan for cancer patients: once they are diagnosed, they get onto this tailored plan. And then revisited at certain points as well, kind of moving it into the long term, because obviously some symptoms are only short term, some longer term, so taking account of that could help make RTW more effective.'

- Legislative and insurance system/society's safety net

Table 23 Requirements for the success of programmes: legislative and insurance system

	BE	NL	IE	UK
RTW policy for cancer			x	
Provincial and federal laws				
Government surveillance of awarded social insurance premiums and work accommodations	x			
Self-employed (disability insurance not enough to safeguard RTW)		x		
No-risk policy for employers: no financial risk if worker gets sick again		x		
Policies to financially support people to take sick leave				x
Regulations of jurisdiction				
Better information for patients about their rights regarding privacy during job interviews	x			
VOP social insurance ¹⁰ must have benefits for the employer	x			
Avoid using the term 'disabled' after RTW	x			
VOP social insurance not being disclosed to colleagues	x			
Easier qualification for VOP social insurance	x			
Online platform delivered by someone other than the social insurance company		x		

Due to differences in legislation, social insurance systems and curative care, each focus group mentioned different aspects of legislative and insurance system programmes. The participants of the British focus group, for example, said that financial support policies for taking sick leave are needed.

British focus group: 'Of course, if it is a choice that you have made yourself. In some cases, especially with patients that are quite young, they do not have the option of not going back to work. It's not possible, they have a mortgage, they have children, a family to take care of, it's not an option for them. There should be policies in place that make it the patient's decision. They should facilitate SAW [staying at work] and provide all the support available. They can stay at work, and not be forced to leave because the employer can't manage their fatigue and dysfunction, or their line manager doesn't understand them, so there's no support available once they return.'

'What would a service look like that would fit your needs? One of the things that came out was that sometimes people have to work through treatment because there's no other choice, they are on zero-hour contracts or whatever else, so their needs are quite specific to the broader demographic of women that use Breast Cancer Care services.'

¹⁰ This Flemish premium is a compensation for employers for the loss of income as a result of an employee having a labour disability, and for promoting the reintegration of that employee into the workforce.

Personal system/personal coping

Table 24 Requirements for the success of programmes: personal system/personal coping

	BE	NL	IE	UK
Taking personal preferences into account in the timing of addressing RTW		x		
Tailored programme: not everyone needs support		x		
Social relationships				
Consideration of which subjects could be discussed during RTW and which should not	x			
Staying in contact with the workplace (for formal, practical and informal issues)			x	x
Employer involving worker's relatives				x
Provision of information on how to address RTW and worker's rights				x
Affective				
Early contact to serve as a 'door-opener' for the next conversation			x	

Different topics were mentioned. For example, in the British focus group, members highlighted that, despite willingness to return to work (which is personal), workers are limited due to insufficient knowledge regarding their rights: 'So, I think there is probably a lot around people wanting to return to work but not being signposted as to how they can do it effectively and what their rights are with their employers.'

Healthcare system/variety of care management

Table 25 Requirements for the success of programmes: healthcare system

	BE	NL	IE	UK
It is only important what physical function(s) will be affected (whether this is caused by cancer, diabetes or multiple sclerosis is irrelevant)			x	
Treatment plan			x	
Oncological rehabilitation (online programme to address work issues, sports and exercise programme, cognitive rehabilitation)		x		
Care pathways (address work as early as possible)		x		
Other healthcare professionals				
Programme delivered by case manager		x		
Attending physicians				
Advice and referral by nurse, GP and/or attending physician		x	x	
Convalescence recommendations		x	x	

Different topics were mentioned. For example, participants of the Dutch focus group said that the programme should be delivered by a case manager. A case manager offers support during the entire illness process. The case manager is the contact person for the patient/worker: 'Hospitals are now also required to work with case managers, who are nurses who guide the patient from diagnosis to the end of treatment and also a little after, they call it a consultant because the case managers are aware of other options as well as treatment, including RTW.'

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