

RTW Interventions – Challenges & the need for feasibility studies

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HEOPS Spring Meeting, UoB

RTW Interventions – Outcomes

- RTW – time to event, rate (change in disability)
 - any duties, normal duties, PT, FT
- Work retention /stainability
- Workers experience (RTW trajectory)
- QoL (at work and away from work)
- Functional assessment
- General Physical Health
- Job satisfaction
- Productivity / Presenteeism

Do interventions have a +ve effect ?

RTW-Interventions -Evidence

□ Moderate / weak

□ Reasons

- Few studies or limited to few disabilities /occupational groups
- Not many RCTs
- Studies not well designed
- Varied quality of intervention
 - designs, implementation and evaluation methods
- Difficult to evaluate what worked and in which context
- Pooling of data (difficult)

Need for improved collaboration between researchers and those implementing workplace interventions

Research Evidence– **RTW enhanced by:**

- **Early contact with workers (Policies)**
- **Early treatment (on-site Physiotherapy, CBT)**
- **Educating line manager/supervisors**
- **Better understanding of RTW processes**
- **Feasible RTW plans**
- **Need for integrated approach –**
 - Involvement of rehabilitation, OH, line managers and positive work culture.
- **Understanding how stakeholders conceptualise ill-health and work**

U Cancer and RTW B

A guided Workbook
intervention

B. Grunfield, A. Sutton, S. A. Zarkar and S. Sadhra
Coventry University, University of Birmingham, University Hospital Birmingham

Cancer and survivorship

- UK – 325,000 new cases in 2012
- Increase in number of survivors a consequence of:
 - earlier detection
 - newer/more effective therapies
 - Improved surveillance /screening
- 2 M survivors in UK (3% increase per yr CR-UK 2011)
- 66% chance of surviving five years (adult patients)
(American Cancer Society 2008)
- Between 40-85% of cancer survivors RTW

- *I would gladly have given my job to someone younger. It scares me to return to work, because I've been absent for over a year. What frightens me most is how my colleagues are going to take my return. I guess they never expected me to return to work. Too much has happened over the past year. Mentally I haven't been able to keep track of things. First I prepared myself for dying- now I have to re-orientate myself in to work life*

53yrs old breast cancer survivor

(RTW –Cancer survivors and health and work assessment and advisory service The Work Foundation –Taskila et al 2013)

Cancer and work -challenges

100,000 people of working age diagnosed with cancer each year in the UK

- Emotional response to diagnosis
- Negative beliefs about consequences / own ability to RTW / fitness for work / effect on work on health
- Recurrence (fears of)
- On-going treatments
- Fatigue, pain, anxiety, depression (treatment and psychological)
- Negative attitudes of colleagues and employers
- Changes in functional ability
- Achieving productivity levels similar to healthy counterparts

**Importance of
Psychological factors**

“Workplan” study

A feasibility study of "WorkPlan" - a guided workbook intervention to support work-related goals among cancer survivors

We anticipate that a guided self-help treatment might be a valuable and cost efficient strategy that would lead to more positive beliefs about illness, quicker RTW, greater satisfaction with work and the return to work process.

Funded by NIHR

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Feasibility study of 'WorkPlan' -RCT

Inclusion

- Inclusion
 - 18-65 yrs. of age
 - Speak and write English
 - Working prior to receiving diagnosis
 - Plan to RTW

Diagnosis of breast, gynaecological, urological or bowel cancer

Aims

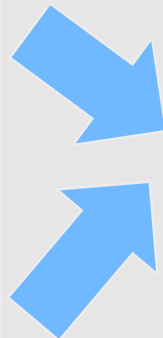
- Trial data collection materials – acceptability to participants
- Trial recruitment process
- Determine retention in control and intervention groups
- Inform development of a larger RCT including cost effective analysis

Psychological factors influencing RTW



Work Book –Topics

1. How might your illness or treatment impact on working
2. Managing your emotions
3. Setting goals and moving forward
4. Getting on top of problems and barriers
5. Building confidence
6. Getting support from others
7. Developing a plan
8. Talking to employers



- Work Book,
- Face to face guided Sessions and
- Telephone support discussions



Patient consent in to study



Assessment interview



Pre-intervention questionnaire



60 Participants randomised
(age and site of cancer)



Intervention Group
Receive workbook
(Wk1-Wk4) & usual care

Usual Care Group



Questionnaires and interviews
•Post intervention, 6 and 12 months

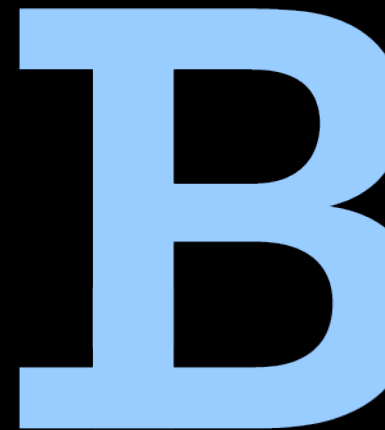


Assessment-

Mood, Beliefs about illness,
QoL, Workability, RTW and
Satisfaction with work



Identifying interventions
for individuals at work
with COPD



P. Adab, S. Sadhra, K. Kalirai, R. Jordan & J. G Ayres
School of Health and Population Sciences

Funded by NIHR

COPD

- Progressive lung disease
- Prevalence 5-10%
- Predominant cause - Cig. Smoking
- Occupational risk factors ?
- **Effect of work on COPD poorly understood**
- Employment rates
 - with COPD (47%), asthma (68%) and other chronic conditions (71%) (Eisner 2002)

COPD – Workplace Interventions

- **Conflicting evidence – effectiveness in improving performance at work**
- **Justification for the choice of intervention ?**
- **Study design and compliance with intervention not well documented**
- **Few based on patient driven approach to identifying suitable interventions**
- **Characteristics of successful interventions**
 - **Multicomponent, education about the disease, physical exercise**

Aims – COPD feasibility study

- To assess the feasibility of delivering an occupational health assessment amongst patients with COPD
- **To identify suitable workplace adjustments for patients with COPD**
- **To assess the acceptability of the identified suggestions – employees and employers**
- To explore barriers towards acceptability and implementation of suggestions.

COPD -Feasibility study

□ Inclusion

- Patient registered with the practice, have been diagnosed with COPD, age >40 year and at work

Aims – 40 patients

Birmingham COPD working sub-cohort



Assessment of work performance



Invite patients for OH assessment



**Suggestion made by OH practitioner
for both employee and employer**



Suggestions discussed with patient



**Consent from patient to forward
suggestions to employer**

OH assessment (30-45min.)

General

- Smoking history
- When diagnosed (COPD)
- Working when diagnosed
- Previous jobs caused /aggravated symptoms
- Ever unable to work because of COPD
- Breathing problems in each job held

OH Assessment - Current job

□ **Employer**

- **Changes made to manage COPD symptoms**
- **Under respiratory surveillance**
- **Advice on how work may affect lung health**
- **Respirator provided**
- **Contacts with OH services**

OH assessment- Current Job and format of report

Worsening of symptoms due to:

1. Substances /materials used
2. Job task /work methods
3. Work environment
4. Work organisation
5. Use of RPE

Suggestions for changes (where applicable) under each of 5 headings

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Workplace Wellbeing in Construction and Retail

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F. Carmichael, S-J Fenton, M.P. Roncancio, M.Sing and S. Sadhra

University of Birmingham in collaboration with Health Exchange

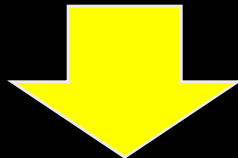
Workplace wellbeing Interventions

□ **Aims**

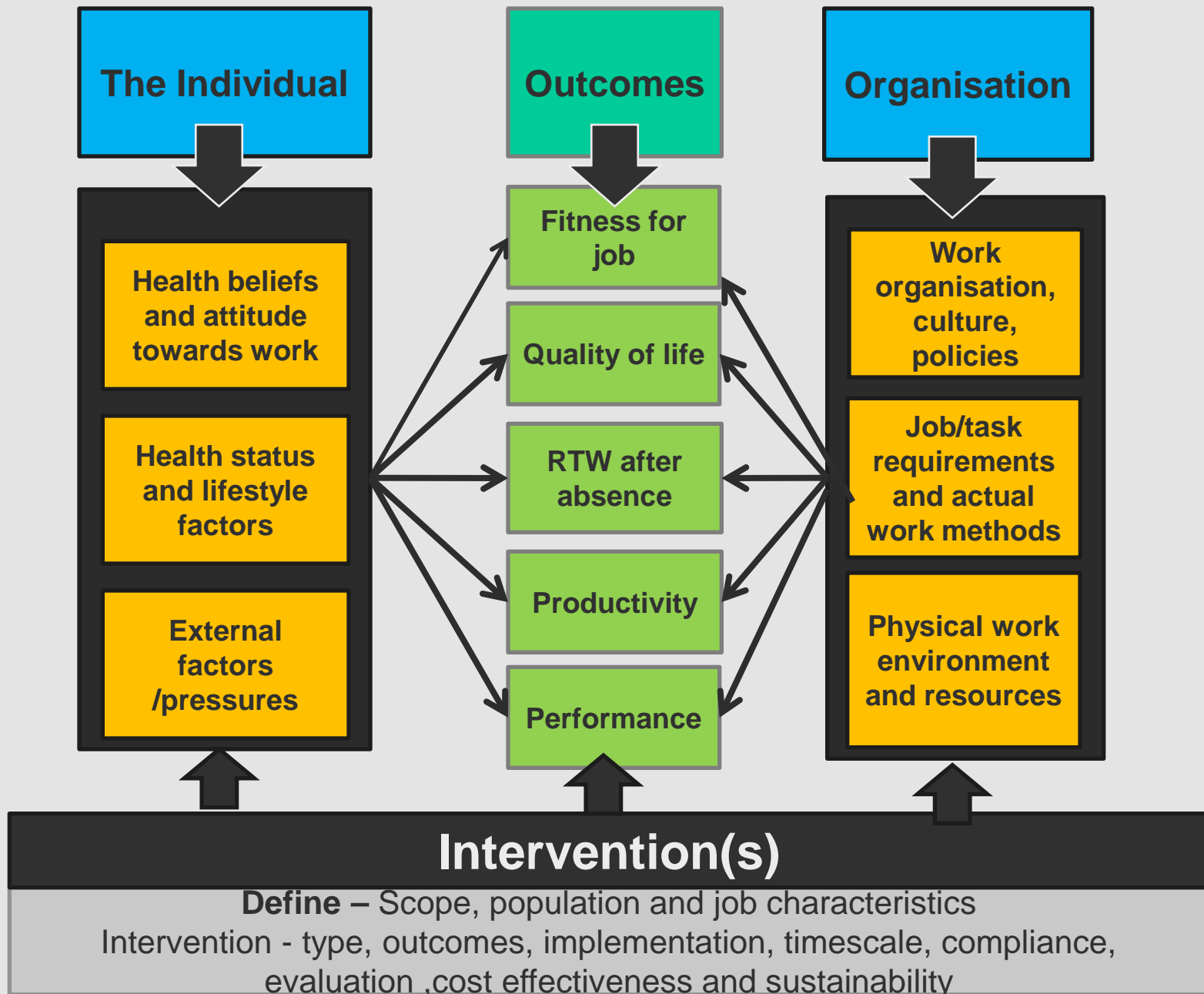
- How workplace wellbeing is conceived by employers and why and how enacted in the workplace (Retail and Construction)

□ **Approach**

- 1. Literature review
- 2. In-depth semi-structured interviews conducted with representatives from both sectors.



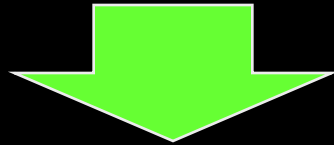
Inform design of future WW interventions



Summary

Workplace Interventions for RTW

- Need for feasibility studies to identify both suitable interventions and barriers.
- Development of methodologies to understand which interventions work and in what context.



- **Factors associated with RTW**
- **Factor affecting sustainability**
- **Evaluation of cost effectiveness**