Physicians’ Reflections About Cancer Survivors’ Work Integration

Tricia Morrison, Roanne Thomas, Paulette Guitard
University of Ottawa, Faculty of Health Sciences

INTRODUCTION
Cancer survivors are more likely to be unemployed than healthy controls. Employment offers many advantages including normalizing structure, social connections, financial security, and a sense of fulfillment. Despite physicians’ frequent contact with survivors and routine of providing work ability guidance requested by insurers and employers, survivors report receiving limited advice. Survivors are thus left to independently navigate work integration, often experiencing unnecessary challenges.

STUDY OBJECTIVE
• to explore physicians’ perspectives of cancer survivors’ work integration

METHODS
• 10 semi-structured, individual interviews with physicians using vignettes designed directly from survivors’ lived experiences
• Vignette methodology can elicit rich responses, uncover covert and explicit perceptions, beliefs, and attitudes
• Inductive interpretive description approach identified patterns and relationships (themes)

PARTICIPANT DEMOGRAPHICS
10 physicians with an active clinical role with cancer patients including:

5 Oncologists:
• 2 women; 3 men
• Age range 39-59 (mean 48.4) years
• Practice range 3 weeks-30 (mean 15.4) years
• Treatment foci: breast, gastro-intestinal, skin, sarcoma, and melanoma.
• All from one large teaching hospital in Ontario

5 Family Physicians:
• 5 men
• Age range 41-59 (mean 52.6) years
• Practice range 6-34 (mean 21.6) years

FINDINGS
1. Physicians’ Roles in Survivors’ Work Integration (WI)
Physicians, focussed on medical needs, do not spontaneously discuss WI. Despite completing insurance forms, physicians do not otherwise consider that WI falls within their mandate of care.

2. Physicians Lack Work Integration (WI) Training
Physicians lack WI training; hence, they identify other, better equipped professionals

3. Physicians Do Not Consider Making Work Integration (WI) Referrals
Whether due to lack of resources or consideration, physicians do not routinely consider making referrals to address WI issues.

REFERENCES: See handout

For more information: TMorris2@uOttawa.ca
References


9. Thorne S. *Interpretive Description*. Walnut Creek, CA: Left Coast Press; 2008