Use of Visual Vignettes To Encourage Physicians’ Reflections About Cancer Survivors’ Work Integration

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INTRODUCTION
Many cancer survivors report needing to navigate work integration in a void of advice from healthcare professionals. Survivors are in fact more likely to be unemployed than healthy controls. This lack of support occurs despite physicians routinely commenting on survivors’ work abilities to insurers and employers. Vignette methodology was used as a means to sensitively explore physicians’ perspectives of survivors’ work integration. Vignette methodology can elicit rich responses, uncover covert and explicit perceptions, beliefs, and attitudes.

STUDY OBJECTIVE
• To explore physicians’ perspectives of survivors’ work integration

METHODS
• Vignettes were constructed using previous research findings representing survivors’ lived experiences of work following cancer.
• Vignettes included photographs taken by the survivors, as well as the survivors’ own words providing interpretation of the visual image.
• 1 semi-structured, individual interview/participant
• Inductive interpretive description was used to identify patterns and relationships (themes)

PARTICIPANT DEMOGRAPHICS
10 physicians with an active clinical role with cancer patients participated:
5 Oncologists:
• All from one large teaching hospital in Ontario, Canada
• Treatment foci: breast, gastrointestinal, skin, sarcoma, and melanoma.
• 2 females; 3 males
• Age range: 39-59 (mean 48.4) years
• Practice range: 6-34 (mean 21.6) years
5 Family Physicians:
• 5 males
• Age range: 41-59 (mean 52.6) years
• Practice range: 3 weeks-30 (mean 15.4) years
• Practice locations: Ontario, Newfoundland, Manitoba, Minnesota, North Carolina

Sample Vignette 1

Vignette Boundaries/Balance
Many survivors seek a healthier life balance in order to accommodate the engagements they value (e.g., family, work), enjoy (e.g., pets, leisure pursuits), and know to be important (e.g., physical fitness).

Carol explained, “I’m trying to depict in going back to work I have been very careful in setting boundaries. I do my eight hours, I go in and then I leave, I’m not going to hang around and do all this overtime anymore…The idea is you need to set firm boundaries to make sure that you’re taking care of everything else that’s important to you?…Your own health, your family, your home, your pets, life is all this—You do have to establish those boundaries and not feel guilty about it.”

Sample Vignette 2

Vignette Social Connectedness
Although Lisa’s employer invested in equipment to allow her to work from home during her various cancer treatments, Lisa attended the office several times per week for half days as her appointments and tolerance permitted. For Lisa, the sense of being connected to others at work was of utmost importance.

It’s my coffee cup…I realized maybe about a month and a half ago that one of my friends was still making the full pot, expecting me to come in at any time…there was always a full pot of coffee on…he was making the coffee just in case I came in. So how nice is that? [Lisa]

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 consider that WI falls within their mandate of care.
You’re talking about cancer, death, dying, misery, chemotherapy to avoid death…[work is] just so trivial when you’re talking about really bad things. (Oncologist)

2. Physicians Lack Work Integration Training
• Physicians lack WI training; hence, they identify other, better equipped professionals
Have I assessed how many pounds she can lift, for how many minutes, of course I’m not going to do that…I don’t know and I don’t really care…I’m not the occupational therapist. There are much smarter people who can do that sort of thing. (Oncologist)

3. Physicians Do Not Consider Making Work Integration Referrals
• Whether due to lack of resources or consideration, physicians do not routinely consider making referrals to address WI issues.
We have occupational therapy available but I do not think that it’s covered through Manitoba Health. I’m not positive, but I don’t think so. (Family Physician)

4. Most physicians appreciated visual vignettes
• Most physicians appreciated the human context provided by the vignettes’ images and survivors’ words.
I think having this context to talk to makes for a much richer conversation and understanding and thoughtful sort of process than just asking questions. (Family Physician)
I love that quote. Returning to work is part of the recovery process. That’s a very good quote. (Oncologist)

CONCLUSIONS
Despite an established reliance on physicians to provide WI guidance, physicians consider other professionals are better equipped. Currently, cancer survivors’ WI is falling into a gap. Integration of WI professionals, such as occupational therapists, into accessible multidisciplinary survivorship support teams is needed to address this important quality of life cancer survivorship issue.

Visual vignettes were an effective means to sensitively explore physicians’ perspectives of cancer survivors’ work integration.

REFERENCES: See handout

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References