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
2. 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: 41-59 (mean 52.6) 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

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
References


