Physical and psychosocial problems in cancer survivors beyond return to work: a systematic review

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Cancer and Work

• Medical developments in early diagnosis and more effective treatments → better and longer survivorship

• Europe: 3,2 million new cancer cases per year
  – 50% is of working age
• The Netherlands: 100.000 new cancer cases each year
  – Of these cancer patients, > 40.000 are of working age
Cancer and Work

• 40 years of research on cancer and work, specifically on return to work (RTW)

• Cancer survivors are motivated to RTW:
  – Symbol of recovery, re-establishing normality, determinant of quality of life, raises self-esteem, overcome negative effects of treatment, decreases financial loss

• About 62% eventually re-enters the workplace
Cancer and Work

• Many survivors are doing well, when it comes to RTW. However, ongoing symptoms can persist for years after primary treatment ends:
  – Fatigue, depressive or anxious mood, pain, menopausal symptoms, cognitive problems (memory, concentration)

• These difficulties may contribute to serious problems with functioning in the workplace
Cancer and Work

• Attention for the expanding group of cancer survivors at work, and the late effects and difficulties they are confronted with while working, has been limited

• Understanding of how physical and psychosocial problems impact cancer survivors at work may be an important step towards supportive interventions for survivors at work, and potentially towards prevention of work disability
No overview of studies on late effects in cancer survivors beyond RTW has been conducted so far. Therefore, the objective is to identify and summarize studies exploring ongoing physical and/or psychosocial problems related to functioning of employees with a history of cancer, beyond their RTW.
Search strategy

- Medline, PsycInfo, Embase and Cinahl
- January 2000 – March 2013
- No language restrictions
- Studies had to explore physical and/or psychosocial problems, e.g., fatigue, related to functioning at work, e.g., reduced capacity to perform tasks, in employees with a history of cancer, after their RTW
- Working-aged adults; at work during the study
- Both quantitative and qualitative studies
Quality assessment

- Low, medium, high quality
- Quality was assessed independently by two authors
- Criteria were for example:
  - Clear statement of the aims of the research
  - Appropriate research design
  - Appropriate recruitment strategy
  - Description of the method of analysis
  - Clear description of the data
Data extraction

• Two authors independently extracted a range of data:
  – General information, e.g., geographic area of the study
  – Study characteristics, e.g., design, measurements
  – Study population characteristics, e.g., tumor type, work status
  – Physical and/or psychosocial problems, e.g., fatigue, pain, cognitive limitations
  – Outcome measures, e.g., work productivity
  – Qualitative and quantitative results
Study characteristics

- 30 papers met inclusion criteria, describing 25 studies
- 20 studies reported quantitative and 10 reported qualitative results
- 24 had a cross-sectional and 6 a longitudinal design
- 28 of the included studies were of high quality, and only two studies of medium quality
Quantitative studies (N=20)

• 3 studies described physical problems (poor health status, functional limitations, chronic conditions) to influence work
• 6 described psychosocial problems (depression, fatigue, exhaustion, cognitive limitations) to affect work ability
• 11 described both physical and psychosocial problems (lack of energy, nausea, hot flashes, coping issues and the inability to perform physical/cognitive tasks) to influence functioning at work
Qualitative studies (N=10)

- 6 described psychosocial problems (coping issues, stress, cognitive limitations, fatigue and lack of social support and/or work accommodation) to influence work

A woman with cancer-related fatigue said: “Every 2 hours, I was going somewhere to sit down and relax, I couldn't think well. I couldn't coordinate everything that was going on.”
Qualitative studies (N=10)

- 4 described both physical and psychosocial problems (hot flashes, susceptibility to infections, hair loss and emotional strain) to influence functioning at work

A woman with menopausal symptoms said:
“I have deliberately got work where I am working on my own a lot and I can be shut away a lot of the time so people don't even see me.”
Recommendations

• Awareness should be raised in both clinical practice and in research about the presence of long-term physical and psychosocial problems in cancer survivors beyond their RTW

• The need of interventions to support cancer survivors at work should be explored
Thank you!

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