Perceived Barriers and Facilitators for Return to Work Among Colorectal Cancer Survivors: Malaysian Healthcare Professionals Experience–A Qualitative Inquiry

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Abstract: Return to work (RTW) can be a challenging occupational health (OH) issue among previously-employed colorectal cancer survivors. This study aimed to explore the various perceived barriers and facilitators encountered during the RTW process in cancer survivorship, from the perception of healthcare professionals (HCP). Face to face, semi-structured interviews were carried out on twelve HCP (government and private sectors) from various disciplines. Data collected were transcribed verbatim and data management was aided by NVivo software 8.0. A new theory from contextual data was generated using open coding, axial coding and selective coding. The HCP shared numerous barriers and facilitators associated with RTW, under four categories. The key barriers were disturbing side effects, psychological barriers (personal factor), compensation (financial factor), poor ability to multitask (work-related factor), long paid medical leaves policy, employer’s lackadasical attitude, lack of knowledge and awareness of RTW (environmental factor). Key facilitators identified were desire to resume working life and to contribute to society (personal factor), financial pressure, maintain organizational health insurance (financial factor), less physically demanding job (work-related factor), supportive workplace and strict organizational policy on medical leaves (environmental factor). While not all HCP were trained in RTW, they all agreed that RTW is important for survivors and workplace. Occupational health doctors have a direct role in helping survivors RTW. Early Intervention on RTW during survivorship should involve occupational health doctors and employers, targeting the modifiable factors (environmental and work-related) to improve RTW after cancer.

Keywords: barriers and facilitators, colorectal cancer, return to work, Malaysian, qualitative study.

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Introduction

As a result of advancements in colorectal screenings, enhanced cancer treatments, the aging trend in the global population and the current trend of working longer before retirement, more and more colorectal cancer is being diagnosed in the working population [1, 2]. Hence, many scholars view this cancer as a chronic disease that individuals live with, and survivors are expected to be common in workplace [3]. “Cancer survivors” refers to individuals who have been diagnosed with cancer, beginning from the time of diagnosis through the remain-
ing years of life, encompassing a wide range of cancer status, from being cancer-free, living with intermittent periods of active disease requiring treatment, to living with cancer without a disease-free period [4].

The latest National Cancer Registry reported colorectal cancer as the most common cancer among Malaysian males and the third most common among Malaysian females. While there is no data on the prevalence of colorectal cancer in the Malaysian working population, the First Annual Report of National Cancer Patient Registry-Colorectal Cancer, 2007-2008 gave a glimpse of the disease burden in the country, as up to 44% of colorectal cancer was diagnosed among the working population, below the age of 60 years old. Therefore, among colorectal cancer survivors, Return to work (RTW) or remaining in employment is an important issue for the workplace.

Returning to, and staying in, work following illness is associated with better physical and psychological functioning. Employment is important for individual wellbeing and is needed for economic, socialisation and accomplishment reasons, as well as to be a contributor to society. Hence, being out of work is often associated with adverse health outcomes [1, 5].

Following the diagnosis and treatment of cancer, many patients experienced a change of employment status, prolonged sick leave, unemployment, and work cessation due to various factors. The factors that influence the RTW process have been found to differ across cancer types [6]. However, the conceptual framework of RTW, developed from a systematic review studying all adult cancers, identified similar factors associated with RTW in most cancer survivors [7]. Little is known about the Malaysia healthcare professional (HCP)’s perceived work-related issues among colorectal cancer survivors. Understanding these issues from HCP is crucial in addressing the work-related issues and improves RTW. Therefore, this study explored the perceived barriers and facilitators encountered by colorectal cancer survivors among HCP in Malaysia.

**Materials and Methods**

Purposive and snowball sampling technique was used to identify the HCP of the six disciplines: oncology, surgery, rehabilitation medicine, occupational health, psychology and primary care medicine. A total of 55 invitations to participate in this qualitative study were sent out to hospitals, medical associations and societies.

Qualitative methods are useful in exploring and understanding particular people, problems and situations in great depth and detail [8]. Hence, it is especially helpful in understanding the work-related issues among colorectal cancer survivors since there is not much research conducted in this area. The face to face, semi-structured interviews were all conducted in English with the HCP practicing in the abovementioned disciplines in government and private medical centres, and lasted approximately 45 minutes. The interviews were audio-taped with the permission of the participants who were assured of confidentiality.

The key informants were asked questions based on an interview topic guide, developed from a systematic review on cancer and RTW [7], exploring perceived RTW issues encountered by colorectal cancer survivors. The key questions for HCP were as follows: What is your role in managing colorectal cancer patients? What encourages or hinders colorectal cancer survivors to resume work? What is the advice on RTW you give to colorectal cancer survivors? Is there anything you would like to share with us on how to enable or improve RTW among colorectal cancer survivors?

They were also encouraged to discuss other work-related issues associated with cancer that underlined the study objective. The researcher also took notes of the interview, despite having the interview recorded.

All interviews were recorded and transcribed verbatim. Data management was aided by NVivo software 8.0. To maintain confidentiality, each key informant was assigned a pseudonym. Transcripts were checked against the notes and original recording to improve data accuracy, reliability and trustworthiness. Three main coding procedures were involved in generating the theory from contextual data, open coding, axial coding and selective coding [9]. Coding is the analytical processes through which data is fractured, conceptualized, and integrated to form theory. The first procedure is an open coding where a basic description of data is done. The textual data was decomposed into parts, which were marked and coded. Subsequently, the parts were compared based on the similarities and differences that combined to form a new category.
Axial coding, the next procedure, refers to the conceptual ordering, which involves the linking process between various categories into groupings. These groupings resemble themes and are generally a new way of seeing and understanding the phenomenon under study. The information is refined and determined in relation to its conditions, context, strategies and consequences. The final procedure is selective coding, which involves a process of integrating and refining the emerging theory [10]. Consequently, a theory was constructed from well-developed categories that were systematically integrated [10, 11].

This study was approved by the Medical Research and Ethics Committee of the University Malaya Medical Centre.

Findings and Results

A total of eight HCP from hospitals, professionals' societies and associations responded to the 55 invitations, for a response rate of 14.5%. In-depth interviews were carried out with these HCP and with additional key informants who were then recruited via a purposive, snowball sampling technique. Such recruiting and interviewing processes were repeated until the interviews achieved the saturation level, which was twelve key informants. Among these participating key informants, a total of five (41.7%) were recruited through invitations to ten hospitals. While four (33.3%) HCP were recruited from scientific meetings on cancer, the remaining three HCP (25%) were from professionals' associations and societies.

The key informants comprised four Malays, four Chinese, three Indians, and one Punjabi. The mean age of the informants was 48.2 years. The educational level of the informants ranged from Master degrees to PhD, with an equal number of informants trained overseas and locally.

The HCP from the occupational health background contributed the most in issues pertaining to RTW after cancer. They are experienced, active occupational health practitioners for more than 10 years, trained in both occupational medicine in the Faculty of Occupational Medicine, Royal College of Ireland (RCI), as well as in safety and health from the National Institute of Occupational Safety & Health (NIOSH) in Malaysia. These occupational health practitioners are actively involved in workplace promotion at various organizations, and helping the employees to RTW after illness is part of their job.

All the informants agreed that RTW is crucial during survivorship, but they expressed mixed responses on their role in assisting RTW. However, all HCP had a direct or indirect role and experience in handling RTW problems in their practice.

There were 8 themes for the barriers (Fig. 1), while 7 themes were identified as facilitators in RTW (Fig. 2). These themes on barriers and facilitators were regrouped into four broad categories: i) personal ii) environment iii) work-related iv) finance (Fig. 3).

Barriers for RTW

The HCP spoke of how policy on medical leave affects the RTW outcome. Most of the HCP from oncology and surgery believed that a long medical leave policy did not favour early RTW; instead it may make rejoining the workplace a real challenge. Laziness and being happy in the comfort zone were the common obstacles.

In Malaysia, the government provides leave benefits to its employees to ensure a balanced work and personal life, in addition to public holidays. General Order (G.O.), Chapter C provides a complete guide on the various types of leave granted to public service employees. Civil servants diagnosed with cancer are entitled to not more than 24 months paid sick leave, regardless of the other sick leaves the officers have taken prior to the cancer.

There are two types of employees in private sectors in Malaysia: manual and non-manual. Manual workers, such as labourers, machine operators and all those doing manual work, with a contract of service, are covered by the Malaysian Employment Act 1955, irrespective of the amount of wages. For those non-manual employees like executives and clerks, their terms and conditions are usually stated in their employment contract. According to the Act, upon commencement of employment, an employee is entitled to 14 days of paid sick leave. The duration of paid sick leave increases to 18 days when the employee has worked for at least two years, and 22 days when the employee has
worked for at least five years. If hospitalization is necessary, then irrespective of the period of service, an employee would be entitled to 60 days' paid leave.

“Delayed RTW and poor motivation to rejoin the workforce...are the results of allowing the patients to have more than enough time to recuperate.” “Most of the government servants wished to enjoy the two years paid medical leaves.” “Long sick leaves may be helpful for the recovery process but may not motivate them RTW.”

Another barrier mentioned was employers’ lackadaisical attitude toward the RTW process. Besides the planning from HCP along with the motivated survivors, employers must play a part in the entire RTW process.

“Without implementing the recommendations, we are unable to comment if the job modification...would be helpful for the survivors. Hence, the RTW process is delayed...loss of time and our effort.” “Very often, employers advised colorectal cancer survivors to apply for an invalidity pension from the Social Security Organization (SOCSO) while we were trying to help the company to retain the employees.”

There were some views among the HCP suggesting that they lack knowledge and awareness in assisting RTW. Not every HCP considered helping their patients to RTW as part of their core duty, given that they were not trained in that aspect.

“The onus of approving the claim and certification of invalidity is on the medical board appointed by the SOCSO...A clinical oncologist like myself is not qualified to comment on that.” “Seldom had we discussed work issues during clinic consultation. May be a word or two to encourage them to work again if they are fit...but on how to assist them to go back and achieve their usual level of work performance...that is not within my field.”

“I am not sure how much more I could help in RTW besides writing a summary of the survivor’s treatment and the progress to the Human Resource manager...Isn’t that considered part of RTW assistance?”

Psychologists and rehabilitation physicians highlighted a few limitations when they were consulted to offer assistance on work-related issues. These issues were basically due to the delay in referring patients to them, and some HCP did not fully understand their roles and the scope of duties which could help in the RTW process.

“Cancer patients would be referred to me only when they have signs or symptoms suggesting anxiety, stress or depression. Treating doctors must have a high level of suspicion on survivors who are not motivated to work and refer them to us for immediate evaluation.” “Occupational therapists suggest therapy to achieve the level of functions required for the work task...we also have few screening tools to screen for mental health, and they are still underutilized thus far.”

Poor understanding of RTW opportunity among the colorectal cancer survivors was to be blamed for not utilizing the services and resources for RTW in their respective organizations. However, not all organizations have RTW services and assistance for the employees.

In Malaysia, the only known systematic, evidence based type of RTW program, involving multiple stakeholders, is undertaken by the SOCSO, also known as Pertubuhan Keselamatan Social (PERKESO), a statutory body under the Ministry of Human Resources. Employees earning less than Malaysian Ringgit (MYR) 3,000 (equivalent to United States Dollar 840) a month are required to register as an insured person in the SOCSO with contributions from both the employer and the employee. SOCSO’s main objective is to provide social security protection to all employees and their dependants through social security schemes based on the concept of a caring society in line with the National Development Policy and Vision 2020.

The RTW program by SOCSO involves a proactive approach taken in helping insured individuals suffering from employment injury or claiming to be invalid, and providing opportunities for safe and productive work activities. It is a collaborative process that facilitates recommended efficient treatment plans to assure that appropriate medical care is provided to insured people in order to achieve an early and safe RTW. The entire return to work process is facilitated by a case manager who is responsible for implementing and coordinating the rehabilitation plan with the healthcare providers and the insured person. The RTW program is part of an effective, evidence based disability management system which relies on a partnership involving various stakeholders, such as the employers, employees,
health care providers, rehabilitation service providers, government agencies, and non-government organizations to reduce the disability duration. Insured individuals would be screened by case managers after being referred by SOCSO’s Medical Board or Medical Appeal Board and the Special Appeal Medical Board as part of the disability management.

Two HCP noticed that none of the colorectal cancer survivors were aware of the RTW program under the Social Security Organization (SOCSO), even though they were SOCSO contributors. Not aware of RTW services and delayed in informing the employers on the survivors’ status by the HCP were examples of the barriers which lead to missing the RTW opportunity.

“Some of them are not aware of the RTW program conducted by SOCSO...all they know is the compensation from SOCSO.” “Sometimes, services like Employee Assistance Program (EAP) are out-sourced to different service providers and the employees were not being updated about such changes...” “Poor communication between the survivor’s immediate manager and the occupational health or human resource department...does not help in this RTW process.”

Disturbing symptoms related to treatment and disease were challenging obstacles for colorectal cancer survivors to RTW early. Fatigue, tiredness, numbness of the hands and feet besides frequent loose stools were among the common complaints and hurdles reported by the colorectal cancer survivors to the HCP during the clinical follow up.

“Almost all of them complained of fatigue...tiredness disturbing their working life.” “They still find it hard to battle against the symptoms like diarrhoea and the odour...their main concerns were going to public places as well as to the workplace.” “Some patients had numbness of the hands...but that was not the real hurdle for returning to the workplace...compared to the gastrointestinal symptoms like nausea, vomiting...passing loose stools.”

The HCP of occupational health and rehabilitation medicine agreed that psychological barriers rather than disability hindered early RTW. They expressed frustration when survivors were seen by them later than expected. Some survivors were in the denial stage after being diagnosed with cancer and took some time to seek help for their depression.

“When a patient is found to have some signs suggesting depression...they were referred to the psychological department. Usually, it took some time for them to come to terms with that additional health issue following cancer diagnosis...that explains why some cases were seen by us later than it was scheduled.”

“Anxiety, stress and depression of varying degree are the commonest indications for medical leave, despite them having completed the entire cycles of chemo.”

One HCP brought up another problem in the workplace which could add to the burden of the patient’s health, especially the mental health.

“Unable to adjust to the working environment and the constant worries of discrimination at the workplace could really take a toll on their mental health...”

Occupational health doctors and rehabilitation practitioners reported challenges in suggesting a modified job for those survivors who had no higher education or with limited skills and experience. They attributed this problem to the poor ability to multitask among certain individuals.

“Staff with limited skills offers us a real challenge in planning RTW for them.” “A jack of all trades may be of advantage...but the reality is not so ideal. Most employees are master at some specialised task...thus it is not easy to introduce a new task to them.”

Compensation from an organization like SOCSO has been viewed as a hurdle to resume work by most HCP. Few of the survivors would try applying and appealing to the medical board few times just to get certified as invalid and receive the invalidity pension from SOCSO.

“Some patients were planning how to get the invalidity pension since diagnosis...rather than RTW.” “SOCSO compensation is meant to help those who deserved it, but many insured employees would just try their luck hoping to be certified by the medical board as invalid and need not work again.”
Facilitators for RTW

All HCP opined that many colorectal cancer survivors wanted to move on with their life and going back to work means regaining a normal life. Such a desire was seen more in the colorectal cancer survivors of a young age who had been diagnosed with an early stage of disease.

"Some survivors consider working as part of their life... so to have a good quality of life means work resumption is a must for them." "Once we told them the treatment was over...they wanted to move into a new chapter...that is, to lead a new normal life...that includes to work again." "In the cancer support group, we have members who had successfully RTW after cancer treatment. These are good testimonies for new survivors."

Very often there is some level of desire to contribute to the society according to HCP practising clinical psychology. This motivation could be guided by some spiritual and religious teaching where colorectal cancer survivors wanted to do something for society, given a second chance to live after battling with cancer. Many colorectal cancer survivors value their work as an opportunity to pay back to society.

"I would expect a lecturer to retire after the treatment...given her age, but she stayed on giving lectures on a part time basis. That is truly a calling...certainly teaching is more than a job for her."

One of the HCP also believed that humans need something meaningful in life.

"Perhaps it is the need to seek personal growth and self fulfilment."

Another reason reported was the financial reason to RTW. In view of the inflation and increased cost of living, many colorectal cancer survivors had no choice but to continue working in order to support their families. Thus, this was a common motivation for many survivors to RTW, regardless of the positions they held in the organizations.

"Financial pressure is evident, more so among those sole breadwinners in the family...who need to support the entire family." "Everyone is being affected by the increased cost of living...regardless whether one is in government or in private sector." "Many of the survivors whom I have met in the support group wanted to be financially independent and hence keep their job."

Another push for RTW among colorectal cancer survivors was the health insurance coverage by the organization. All employees working in the private
sectors have certain health insurance coverage of varying amount by the employers. This is one of the basic medical benefits offered to the employees. The amount of health insurance coverage depends on the individuals’ position in the organization.

“They would usually enquire the Human Resource on the limit of their health insurance coverage for cancer. After all, they do not need to pay if the company’s insurance covers their cancer treatment and follow up.” “The bigger and more established a company, the better the health insurance coverage offered to its employees.” “...it is hard for them to get insured after being diagnosed with cancer...thus, they wanted to maintain the health insurance.”

Strict organizational policy on medical leave and performance allowed no room for complacency among colorectal cancer survivors and was the reason for them to RTW without any delay. Medical leave and employees’ performance were under great scrutiny by the human resource department and the supervisors after survivors’ RTW.

“Medical benefits are good in most of the private companies, especially those listed companies. However, once the medical leaves are over; patients need to take unpaid leaves to rest or recuperate.” “I call that company’s policy shape up or ship out, which expects you to perform and meet the Key Performance Indicators (KPI) once you have completed the cancer treatment and received support to RTW from the organization.”

Supportive and accommodative employers worked along with the HCP in preparing the survivors’ RTW. Such important communication and follow-up between employers and HCP made timely RTW possible.

“I assured the employer that these work recommendations would be evaluated and changed slowly for the employees. Once they are aware of the aim...they are usually very supportive and ready to work with us.”

Colorectal cancer survivors with a less demanding nature of work were found to have a smooth RTW. The key informants noticed that survivors with work that demand more physical effort, like climbing, lifting and carrying heavy objects, had lower RTW rate as compared to those working in a mentally demanding job.

“Patients working in an office tend to be more ready to RTW and managed to cope with their work compared to those in assembly...and manufacturing industries. The difference could be due to the difference in job demands.”

![Fig. 2. Facilitators for return to work (RTW) as reported by healthcare professionals. n=12](image-url)
Discussion

The perceived barriers and facilitators associated with RTW were consistently different among those survivors from the government sector and those from private sectors. All key informants agreed that intervention needs to be improved in order to assist employees RTW after cancer. However, only a few offered some insights into areas to be improved upon and recommendations for future intervention.

The findings of the responses underlined the necessity of referring the colorectal cancer survivors to the relevant HCP for further RTW assistance. The HCP showed mixed responses in assisting colorectal cancer survivors in RTW. Except for the HCP from rehabilitation medicine, occupational health and psychological, most HCP did not subscribe to the role of assisting patients in work-related issues, apart from issuing the medical leaves. Some of the HCP reported that they wished to help, but they were not trained and not qualified to handle issues pertaining to work after cancer. Occupational health doctors from both the government and private setting were most expressive in discussing services that they have rendered in RTW. Occupational health doctors are aware of the legal aspects of occupational and safety issues at work and coordinate well with the employers in handling the work-related issues. Input from the HCP of rehabilitation medicine on job analysis and clinical psychology on psychological barriers may also be needed in preparing survivors’ timely RTW.
Personal factors

Personal experience in coping with the side effects of cancer treatment exerts a strong influence on the survivors’ RTW [12]. Fatigue, tiredness, cognitive impairments, anxieties and frustrations served as key barriers which hindered early RTW, regardless of gender and ethnicity [13, 14]. However, those cancer survivors who had joined a cancer support group seemed to cope better with those effects. This study suggests that more efforts should be undertaken by HCP in addressing the treatment related effects and ways to overcome them.

For those who underwent colorectal surgery, the time taken to RTW is expected to be longer than those who did not have surgery. Common complications following colorectal resections are surgical site infection, anastomotic leakage, intra-abdominal abscess, ileus, and bleeding, which could prolong hospital stay, increase morbidity, add to treatment costs and eventually delay work resumption [15].

To some colorectal cancer survivors, not returning to work was a choice rather than due to circumstances. The choice to focus on living a better life, spending more quality time with family members [16], may have improved the Quality of Life (QOL) for the survivors, but certainly did not favor RTW. Hence, it is crucial for HCP to gauge the survivors’ decision and level of motivation to work again soon after treatment. The assistance for RTW must include those motivated survivors at the earliest so that they could continue working and contributing to society even after treatment.

Environmental factors

Occupational Safety & Health Act 1994 (OSHA 1994) is an Act that provides a legislative framework to secure the safety, health and welfare among all Malaysian workers and to protect others against risks to safety or health in relation with the activities of individuals at work under OSHA 1994.

Essentially, the OSHA 1994 is based on the philosophy of self-regulation approach, that is the primary responsibility to ensure safety and health at work lies with those who create the risks (employer) and those who work with the risks (employees). The concept of self-regulation encourages consultations, cooperation and participation of workers and management in efforts to upgrade the standard of safety and health at the workplace. Hence, the employer is responsible for ensuring the safety of the employees during the entire process of RTW.

The knowledge and awareness of RTW among the HCP had a great impact in ensuring the safety and health of colorectal cancer survivors not compromised while RTW. Lack of knowledge and low awareness of RTW are some of the modifiable barriers which must be looked into while developing a work-directed intervention for RTW. The RTW process can be facilitated through early contact with the employer, good communication between occupational health and employer, collective effort in planning RTW and effort to support and accommodate survivors in the workplace. Therefore, any intervention to assist survivors going back to the workplace must involve the HCP and the employers. Such a collaborative effort would ensure that any recommendation offered by a HCP in view of the survivors’ health status and safety issues at the workplace would be addressed and accommodated by the employers for a safe RTW, as required by the Occupational Safety & Health Act (OSHA) 1994.

Financial factors

Three recurrent themes emerged under this category: compensation, source of income and organizational insurance. While compensation is meant to help the survivors after being diagnosed with cancer, the HCP believed that it was also a barrier for them to work again. The scenario of going all out to obtain compensation by insurance and choosing not to work has been reported among breast cancer survivors in Malaysia as well [17].

Under SOCSO, there are two schemes: The invalidity Scheme and the Employment Injury Scheme. The former is more relevant to colorectal cancer survivors, while the latter provides coverage and protection for insured employees who suffer from an employment injury as a result of an accident or occupational disease. The Invalidity Scheme provides 24-hour coverage to an employee who suffers death due to any cause or from invalidity by specific morbid condition of per-
manent nature either incurable or unlikely to be cured and no longer capable of earning, by work based on his strength and physical ability, at least one-third (1/3) of the customary earnings of a sound insured individual. The invalidity pension aims to financially help insured individuals who have been certified invalid, while the RTW program, both under the benefits of the scheme meant to assist those who are not certified as invalid to resume work after a period of sick absenteeism [18].

Most of the colorectal cancer survivors chose to RTW out of financial pressure rather than choice, as they have financial commitments to meet. Health insurance coverage by the organizations was one of the reasons for many survivors to rejoin the companies. Such a benefit could be used as a reminder to motivate survivors to consider RTW after treatment.

**Work-related factors**

The common work-related barriers for RTW point towards the imbalance between work demand and survivors’ work ability. Work modifications aim to restore such an imbalance. Hence, supportive employers who provided time flexibility and accommodated survivors’ limitation were able to promote survivors’ timely RTW. Studies have also shown that psychological support at the workplace can contribute towards early RTW [19], while poor support from colleagues resulted in delayed returning to work [20].

The fear and myths of exposure towards hazards at the workplace had delayed and hindered a few colorectal cancer survivors to resuming their work. RTW must take into consideration the safety of the survivor as well as individuals working in the same environment.

This is the first known qualitative study on colorectal cancer and RTW with HCP from various disciplines in this region. Perceived barriers identified from this study allow more attention to be focused on those modifiable barriers to improve the RTW outcome. At the same time, those facilitators identified underline the necessity to gauge and further assist colorectal cancer survivors who desire to resume work after treatment.

This study was not without limitations. As inherent in a qualitative method, its purpose was not to generalise to the entire HCP in Malaysia. Instead, this qualitative inquiry provided an in-depth exploration of the perceptions of HCP on RTW issues among the survivors of one of the commonest cancers in this country. These findings could be augmented by conducting a quantitative random survey on Malaysia HCP.

This paper offers an insight into the barriers and facilitators associated with RTW from the HCP’s point of view. It would be helpful to understand the challenges and motivators from the colorectal cancer survivors themselves as well as the hiring employer. It is not uncommon that certain issues faced by patients are not reported to HCP in usual clinical consultations. Issues like how colorectal cancer survivors cope with change of bowel habit and diet following cancer treatment during working life is crucial to explore in order to relate to the findings from HCP. Such findings from these stakeholders (HCP, survivors and employer) offer an opportunity to work together in retaining the employee in employment after colorectal cancer treatment.

In conclusion, work-related issues among colorectal cancer survivors were explored under various categories. It is crucial for HCP to address the effects following treatment, get access to RTW information and intervention from occupational health practitioners, and work with the employers in assisting the RTW process.

**Conflicts of Interest**

The authors declare no conflicting interest in carrying out this study.

**References**

大腸がん生存者の職場復帰への阻害・促進要因：マレーシアの保健医療従事者についての質的調査

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要旨：大腸がん生存者である被雇用者の職場復帰は労働衛生上の困難な課題である。本研究は大腸がん生存者の職場復帰の過程で生じる種々の阻害要因と促進要因を保健医療従事者の認知から探ることを目的とした。多様な分野の保健医療従事者（政府および民間部門）12名を対象に半構造化面接による聞き取り調査を実施した。得られた情報は逐語的に筆記し、情報処理をNVivo software 8.0により行った。オープン・コーディング、軸足コーディングおよび選択的コーディングにより文脈情報から仮説を生成した。保健医療従事者は、職場復帰について、4つのカテゴリーに分けられる阻害要因と促進要因を数多く共有していた。主要な阻害要因は、副作用と心理的阻害要因（個人的要因）、補償（経済的要因）、さまざまな仕事に従事することの困難さ（労働関連要因）、長期病気休職制度、雇用者の消極的な姿勢、知識と意識の欠如（環境要因）である。確認された主要な促進要因は、就労生活の再開意欲、社会への貢献意欲（個人的要因）、健康保険の財源を維持するための経済的圧力（経済的要因）、仕事上の要求水準の軽減（労働要因）、支援的職場、病気離職に対する厳格な職場の方針（環境要因）である。保健医療従事者は必ずしも職場復帰について訓練されてはいなかったが、職場復帰ががん生存者と職場にとって重要であることはすべての保健医療従事者が認めた。がん生存者の職場復帰の援助において、産業医には直接的な役割がある。がん生存者の職場復帰への早期の取り組みには、闘病後の職場復帰を改善するために調整可能な要因（労働関連要因および環境要因）に照準を合わせ、産業医と雇用者を加えることが重要である。

キーワード：阻害・促進要因、大腸がん、職場復帰、マレーシア、質的調査。