Supporting work participation for clients with cardiovascular disease: Exploring the patients' experiences and needs using client experience journey mapping.

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factors, chronic diseases, unhealthy behaviors and working conditions. Data were analyzed using cause-specific Cox regression analyses. Models were evaluated with the C-index and the positive and negative predictive values (PPV and NPV). Models were externally validated using the Study on Transitions in Employment, Ability and Motivation (STREAM).
Results: Being female, low education, depression, smoking, obesity, low development possibilities and low social support were predictors of UN and DB. Low meaning of work and low physical activity increased the risk for UN, and all chronic diseases increased the risk of DB. Discriminative ability of the models of the development and validation cohort were low for UN (c=0.62; c=0.60) and DB (c=0.68; c=0.75). After stratification to the chronic diseases, discriminative ability of models predicting DB improved for cardiovascular disease (c=0.81), COPD (c=0.74) and diabetes (c=0.74). The PPV was low while the NPV was high.
Conclusions: Models predicting DB are more accurate than models predicting UN. Taking workers' type of disease into account may contribute to an improved prediction of DB. However, models are better at identifying predictors rather than making predictions.

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Supporting work participation in clients with cardiovascular disease: exploring the patients' experiences and needs using client experience journey mapping

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Introduction:Patient-centered care is increasingly being recognized as key in delivery of health care. However, little is known about what patients consider important in terms of work-focused health care. The objective of this study is to identify the workers' experiences and needs regarding work-focused health care when suffering work participation problems due to cardiovascular disease (CVD).
Methods:The client experience journey mapping approach (CEJM) was used to design and graphically visualize the patients' experiences and needs throughout the different phases of work-focused healthcare. Semi-structured interviews, preceded by preparatory assignments, were conducted with 19 patients diagnosed with a CVD and experiencing work participation problems. The interview data was synthesized and mapped in a client experience journey showing the needs, pains and gains.
Results:Currently, a draft design of the client journey is mapped. Final results will be presented during the ICOH conference. Employing the CEJM, work-focused healthcare phases are identified, including important touchpoints and involved stakeholders. Experiences and needs are mapped per phase, including an emotion curve showing the bottlenecks in the journey. Preliminary needs and bottlenecks have been identified in the timing of appointments with stakeholders, information provision towards the patient, information exchange between stakeholders, and the knowledge by the stakeholders.
Conclusion:This CEJM facilitates the identification of bottlenecks in health care delivery over the full cycle of care and, thereby, point out possibilities for improvement.

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Work-related social support affects return-to-work after total hip or total knee arthroplasty

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Introduction: There is strong evidence that social support is an important determinant of return to work (RTW). Little is known about the role of social support in RTW after total hip or knee arthroplasty (THA/TKA). THA/TKA is being performed on an increasingly younger population for whom participating in work is of critical importance. Aim was to examine the predictive value of preoperative and postoperative perceived social support on RTW status 6 months postoperatively.
Methods: A prospective multicenter survey study was conducted. Patients planned to undergo THA/TKA, aged 18-63 and employed were included. Questionnaires were filled out preoperatively and 3 and 6 months postoperatively, and included three sources of social support: from home (friends, family), from work (coworkers, supervisors) and from healthcare (occupational physician, general practitioner, other caregivers). RTW was defined as having fully RTW 6 months postoperatively. Univariate and multivariate logistic regression analyses were conducted.
Results: Enrolled were 246 patients (median age 56 years, 57% female). The majority returned to work (64.2%). Preoperatively, social support from the occupational physician predicted RTW (OR 2.58, 95%CI 1.18–5.65). Postoperatively, social support from the occupational physician (OR 3.12, 95%CI 1.49-6.54) and the supervisor (OR 2.53, 95%CI 1.08-5.89) predicted RTW at 6 months postoperatively.
Conclusions: This study underscores the importance of work-related social support originating from the occupational physician and supervisor in facilitating RTW after THA/TKA, both preoperatively and postoperatively.

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A mixed methods implementation study of a participatory intervention to prevent health problems among workers with a lower socioeconomic position

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