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# Rheumatology occupational therapists' line managers' views of a vocational rehabilitation programme delivered to patients with work problems

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**Y. Prior, A. Amanna, A. Hammond (2014) RHEUMATOLOGY OCCUPATIONAL THERAPISTS' LINE MANAGERS' VIEWS OF A VOCATIONAL REHABILITATION PROGRAMME DELIVERED TO PATIENTS WITH WORK PROBLEMS.** Ann Rheum Dis2015;74(Suppl2): 1352 DOI: 1136/annrheumdis-2015-eular.1998

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**Background:** Before becoming work disabled people with inflammatory arthritis experience work instability, which threatens employment. Occupational therapists (OT) are well-placed to assist patients to remain at work [1]. However, many OTs in the UK lack vocational rehabilitation (VR) skills [2].

**Objectives:** This study, nested within a pilot VR randomised controlled trial (RCT), aimed to explore the National Health Service (NHS) OTs' line managers' views of the VR training participating OTs received as part of the trial, and whether there are any potential barriers and facilitators to delivering the VR intervention in a future trial/clinical practice.

**Methods:** As part of the trial, Rheumatology OTs (n=9) attended three-days training in VR and the use of a structured interview: the Work Experience Survey – Rheumatic Conditions (WES-RC)[3-5]. After training and intervention delivery, semi-structured telephone interviews with these OTs' line managers were conducted, recorded, transcribed and thematically analysed by two researchers to ensure validity.

**Results:** All five OT line managers were contacted but only two agreed to be interviewed, although both provided rich data. Two main themes emerged were: (i) the impact of the VR training received, and (ii) the positive change in OT practice. Both line managers thought the training given was comprehensive. They reported positive practice changes, for example, the WES-RC helped the OTs identify and prioritise work problems of employed people with inflammatory arthritis (IA). As result, their practice now included work assessment and the VR programme. These changes in service provision were appreciated by the Rheumatology multi-disciplinary team, which works very closely across cases. The line managers identified the VR training OTs received as the most important facilitator to delivering the VR intervention in the future, suggesting this training should extent to their line managers to help understand and manage OT's role in VR. Potential barriers to delivering an OT VR intervention in a future trial/ clinical practice were: time and financial constraints around the attendance to comprehensive training in VR.

**Conclusions:** Rheumatology OTs' line managers acknowledged the need for training OTs in VR, and importance of providing VR to IA patients with work problems. For the OT VR service to be successful, prior training of OTs and if possible their line managers in VR delivery was deemed important by these line managers.

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