Factors Influencing Return-to-Work(RTW) Acceptance for Chinese Healthcare Worker(HCW) Cancer Survivors:

A Focus Group Study with Key Stakeholders

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Background & Research Gap

- China’s cancer 5-year relative survival is rising (43.7%; Zeng et al., 2024).
- RTW is critical for QoL, income and social integration - yet China’s RTW rate is volatile (21.4%-83.4%).
- HCWs face higher cancer risk than general population, but their RTW is under-researched.
- **Research Gap**:

  • Lack of research on the **workplace stakeholder-perspectived factors influencing RTW acceptance** among Chinese HCW cancer survivors within China’s specific healthcare context.

  • No culturally grounded, psychometrically sound tool to assess RTW workplace acceptance for Chinese HCW cancer survivors (rooted in workplace factors).

Objectives

- Explore socio-cultural factors influencing RTW acceptance among Chinese HCW cancer survivors via 2 stakeholder focus group discussions: managers FGD & colleagues FGD.
- Develop and validate the Workplace Acceptance Questionnaire for RTW of Healthcare Worker Cancer Survivors in China (WAQ–HCW–C).
- Identify key predictors of WAQ scores among stakeholders.

Methodology - Phase 1 (Qualitative)

- Literature review: Total 62 initial RTW-influencing factors identified.
  - 38 items targeting the manager perspective.
  - 24 items targeting the coleague perspective.
- Pre-Questionnaire Design, Administration & I-CVI Calculation.
  - Threshold: I-CVI > 0.85 for manager-focused items; I-CVI > 0.7 for colleague focused items.
- Focus Group Discussions: 2
  - 2 focus groups: Managers FGD, n=7; colleagues FGD, n=7.
  - Revised ambiguous items; Added context-specific items; Removed low-consensus items via group voting.
- Output: managers 42 factors & colleagues 38 factors → Merged & refined to 35 items.

Phase 1 (Qualitative)

Literature Review
62 items (38M/24C)

Pre-Questionnaire & I-CVI
Admin & Validity Check

Focus Groups
2 groups (7 each: M/C)

Output
35-Item Initial Questionnaire

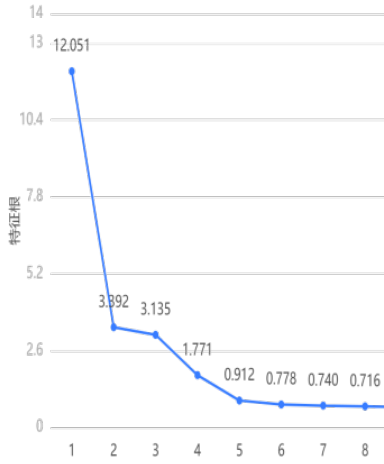
→ Phase 2

Results: Factors Extraction

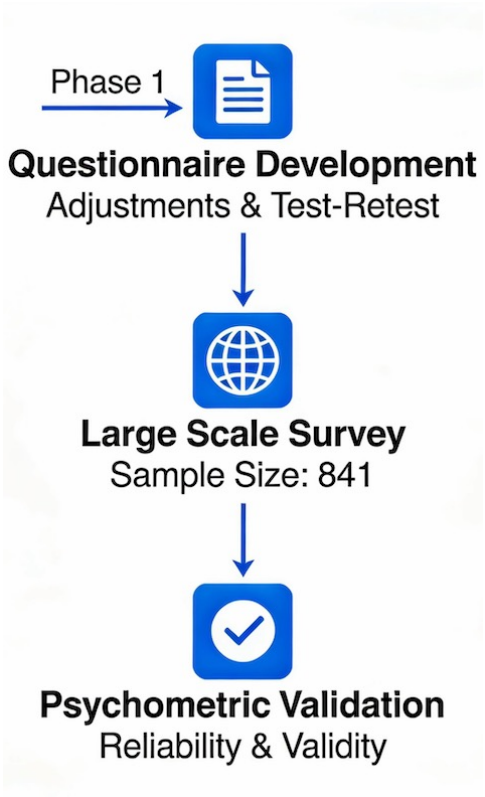
- 35 iterms with 4 dimensions (Cumulative variance explained: 58.14%)

Dimension	Items included	Representative item
Supportive Practical Actions	10	Factor No.30: Colleagues' care and communication for RTW
Organizational Factors and Management Support	10	Factor No.4: Policies and laws followed by the institution
Cognitive and Psychological Interaction	10	Factor No.11: Manager's attitude tendency towards survivors
Social Support Networks and Individual Characteristics	5	Factor No.31: Survivors' workplace personality traits

Figure 1: Scree Plot of the Questionnaire Factor Analysis



Phase 2 (Quantitative)



Results: WAQ Reliability and Validity

Reliability

- Overall Cronbach's α = 0.934
- Dimension Cronbach's α: 0.787-0.924
- Test-retest ICC: 0.944

Dimension	Cronbach's α Coefficient	Number of Items
Overall Questionnaire	0.934	35
Dimension 1: Supportive Practical Actions	0.924	10
Dimension 2: Organizational Factors and Management Support	0.921	10
Dimension 3: Cognitive and Psychological Interaction	0.916	10
Dimension 4: Social Support Networks and Individual Characteristics	0.787	5

Validity

- Criterion validity (AUC): 0.824 (95% CI: 0.796–0.852, asymptotic Sig. = 0.000); Cut-off: 113.5.
- KMO=0.953 (Bartlett's p<0.001)

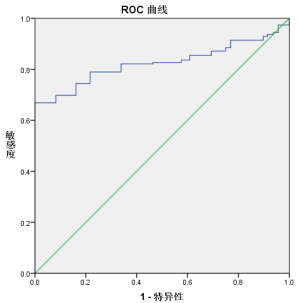


Figure 2: ROC Curve for Predicting Successful Return-to-Work Based on Total Questionnaire Score

Results: Predictors of RTW Acceptance

- Key Predictors & Commonalities in RTW Acceptance
  - Strong and Consistent Predictor: Work Role.
  - Partial or Contextual Predictors: Gender, Education Level (Bachelor's vs. Master's), Organization Type (Public vs. Non-public), and Organization Size (Medium-sized vs. others) .
  - Non-Significant Factors: Organization Tier.

Factor	Significant Difference?	Key Finding	Effect Size
Work Role	Yes	**Managers scored significantly higher than colleagues across all dimensions and total score.**	Large (d = 0.983–1.571)
Gender	Partial	Males scored higher in Organizational Support & Social Networks; no difference in Practical Actions or Psychological Interaction.	Small ($d \leq 0.156$)
Highest Education	Partial	No significant differences across most dimensions; only a weak variation in Organizational Support between Bachelor's and Master's degrees.	Very Weak ($\eta^2 \leq 0.011$)
Organization Type	Partial	Difference only in Organizational Support, where public institution scores > non-public.	Small ($\eta^2 \leq 0.007$)
Organization Tier	No	No significant differences found between primary, secondary, tertiary, or other tiers for any dimension.	Negligible
Organization Size	Partial	Medium-sized institutions (300–1000 employees) scored higher in Organizational Support, Practical Actions, Social Networks, and Total Score.	Small ($\eta^2 \leq 0.009$)

- Regression Model
  - The final regression model explains 29.7% of variance in total acceptance score.

$$\begin{aligned}\text{Total Score} = & 81.573 + 34.519 \times (\text{Work Role}) + 2.223 \times (\text{Education Level}) \\ & + 1.624 \times (\text{Gender}) + 2.365 \times (\text{Org Type}) \\ & + 1.811 \times (\text{Org Tier}) + 1.043 \times (\text{Org Size})\end{aligned}$$

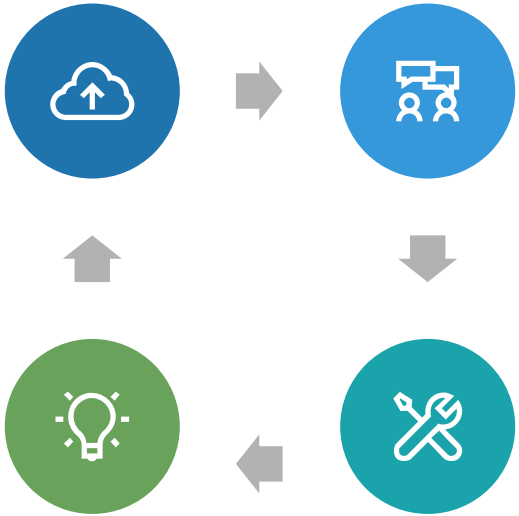
Inovation & Value of the Study

- Inovation
  - First stakeholder-focused tool in Chinese healthcare (covers managers + colleagues; fills prior gaps) and innovatively captures culturally specific factors that shape RTW acceptance.
- Cultural Fit
  - Aligns with Chinese workplace norms via the culturally rooted factors identified: Managerial support (fits hierarchy); Peer connections (relationship-centric).
- Local Relevance
  - Matches China’s unique context: Fits >90% public hospital-dominated system; Aligns with national healthcare policies.

Practical Applications of the Study

Organizations/Managers

- Spot managerial support gaps
- Design tailored workplace accommodations



Policymakers

- Inform public-hospital-focused RTW policies
- Guide national workplace support framework adjustments

Workplace Interveners

- Build peer interaction programs
- Strengthen social support networks

Researchers

- Validate stakeholder perception comparisons across regions
- Test cross-cultural adaptability in healthcare systems

Limitations & Acknowledgements

- Limitations
  - Cross-sectional design limits causal inference.
  - Sample over-represents public hospitals.
- Future Work
  - Validate findings with longitudinal studies.
  - Expand to non-healthcare sectors.
- Acknowledgements
  - Participants & healthcare institutions.
  - Research team and supervisors.

  - WFOT CONGRESS 2026

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Thank you!