

UNIT 9

Returning to Work

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Quick Overview

Work is an essential part of life for many people. A diagnosis of cancer may impact the cancer survivor's ability to continue working. Once cancer treatments are completed, some survivors find it difficult to return to work at full capacity depending on physical and emotional limitations. This can impact finances and ultimately personal and family needs. This is a significant but often overlooked stressor for cancer survivors. Health care providers are often asked by employers to provide assessments of the cancer survivor's functional status to facilitate a return to work. Nurses are well positioned to provide input and assist with this aspect of survivorship care.

Introduction

Work fills an important need for many survivors of cancer including fulfilling financial and social needs and is often regarded as an important psychological step to recovery (Maunsell et al., 2004). For many, working includes not only a regular source of income but also health benefits that may not be covered during treatment and recovery from cancer. Up to forty per cent of people with cancer stop working while receiving treatment (Short, Vasey & Tunceli, 2005). Therefore, the decision to return to work may be influenced by the need to regain regular income and access to health benefits (Maunsell et al., 2004). Additionally for many, work is how a person defines themselves and is part of a social support network (deBoer, Taskila, Ojajärvi, vanDijk & Verbeek, 2009). Being able to return to work after cancer treatment often indicates to the survivors, their families, and work colleagues that recovery from cancer is possible and life is returning to normal (deBoer et al., 2009).

For cancer survivors who are self-employed or who have been unable to continue with regular employment during treatment, a referral to a social worker can provide information regarding income replacement, health and life insurance, finding a new job, and employment discrimination.

Cancer survivors often experience ongoing physical, psychological, and social problems (e.g. pain, cognitive changes, depression, anxiety, fatigue) at the completion of treatment that may become chronic issues (deBoer et al., 2009). Working with their health care professionals, cancer survivors can discuss return to work plans keeping in mind the functional and, at times, the emotional restrictions that may be present. Often employers are willing to accommodate graduated return to work programs to assist with integration back into the workplace. Although employers are not permitted to inquire about medical history, a medical certificate can be requested to ascertain the employee's ability to function at work.

There are support services that can facilitate optimal functioning at work. For example a physiotherapist or occupational therapist can provide exercises to reduce pain, increase range of motion, improve fatigue, and recommend modifications that will maximize independence. An ergonomics assessment may provide information on how to modify the workspace to accommodate any functional changes (e.g. persons with lymphedema).

Cancer survivors who are self-employed may face unique challenges especially if they are unable to continue working in their business due to functional limitations. These individuals often have to consider giving up their business and finding other suitable work. The financial and emotional impact of “losing” a business can be a significant blow (CBCN, 2010).

CANO/ACIO’s Standard for the Specialized Oncology Nurse

Practice Standard 6: Decision Making and Advocacy

The specialized oncology nurse, in collaboration with other team members of the inter-professional health care team, facilitates self-determination and informed decision making for the individual/family. The specialized oncology nurse advocates on behalf of the individual/family, communicating and documenting their preferred approach to care.

Literature Review

As treatment for cancer improves, people are surviving for many years after the diagnosis and treatment of cancer (Rowland, Hewitt & Ganz, 2006). About half of the survivors of cancer are less than 65-year-old; thus actively part of the workforce (deBoer, Taskila, Ojajärvi, vanDijk & Verbeek, 2009). Improved cancer survival rates have been predicted to improve the return to work rate of people with cancer (Nachreiner et al., 2007). The capacity to return to work has a great influence on quality of life and financial well-being. The decision of whether or not to return to work affects not only the cancer survivor but also their family and society in general (Lee et al., 2008). Cancer survivors may experience physical or psychological effects after treatment ends that can impact the ability to return to work, thus understanding the impact of long term effects is important (deBoer et al., 2009). (See Unit 3: Late Effects of Cancer Treatment).

A cohort study of 1,433 cancer survivors found that those with haematological malignancies were less likely to return to work while those with breast or prostate cancer were more likely to return to work (Short, Vassey & Tunceli, 2005). This study showed that 20% of cancer survivors report cancer-related disabilities and that more than 50% of those who return to work quit within a year. The highest rates of disability or quitting work were noted among cancer survivors who had cancers of the head and neck, central nervous system, and those with Stage IV blood and lymph malignancies (Short, Vassey & Tunceli, 2005).

A population based retrospective cohort study of 646 women with breast cancer showed that they were slightly more likely than age-matched cohorts never diagnosed with cancer to not be working three years after diagnosis (Drolet et al., 2005). Older age, union membership, cancer recurrence and women with an annual income of less than \$20,000 increased the likelihood of these women in not working (Drolet et al., 2005). Two smaller studies comparing women with breast cancer against matched cohorts found that fatigue and cognitive changes were more prevalent in the cancer survivor group (Calvio, Peugeot, Bruns, Todd & Feuerstein, 2010; Hansen, Feuerstein, Calvio, & Olsen, 2008).

A pilot study found that factors that aided a smooth return to work after a cancer diagnosis included job flexibility, co-worker, and supervisor support, health care provider support as well as limited physical effect from the cancer and cancer treatments (Nachreiner et al., 2005).

A population-based cross-sectional survey of 1,511 long-term survivors of prostate, endometrial cancer, non-Hodgkin's lymphoma, and Hodgkin's lymphoma from the Netherlands explored the prevalence of employment issues in those who were long-term cancer survivors (Mols, Thong, Vreugdenhil & van de Poll-France, 2009). Forty-nine percent were working in their jobs without any limitations, while 17% worked fewer hours and 34% stopped working or retired due to their cancer diagnosis. In this study, it is important to note that after excluding those who didn't have a job prior to their cancer diagnosis, only 403 survivors remained (Mols et al., 2005) with their pre-diagnosis employers.

Physical limitations, functional, and cognitive changes can impact the ability to remain employed after a cancer diagnosis in individuals who experienced childhood acute lymphoblastic leukemia (ALL) (Mody et al., 2007). 4,151 cancer survivors identified through the Childhood Cancer Survivor Study (CCSS) were matched with siblings who did not have cancer, and compared to their siblings, cancer survivors of childhood ALL experienced lower rates of employment, health insurance, graduation from college, and marriage than their siblings ($p < 0.001$). When compared to their siblings, the survivors also experienced adverse cognitive and functional impairment, physical limitations, and adverse mental health ($p < 0.001$) (Mody et al., 2007). Another study considering the same population (CCSS) found that cancer survivors of childhood cancers are often unemployed due to health limitations or inability to remain employed. Their findings recommend that vocational assistance may be a helpful strategy for this group (Kirchoff et al., 2010).

A comprehensive report by the Canadian Breast Cancer Network (2010) indicated that 80% of women diagnosed with breast cancer in Canada experienced a financial impact with long-term financial consequences for both breast cancer patients and their families. On average, the patient household experienced a 10% drop in annual income with 44% of respondents depleting their savings and retirement funds, while 27% took on debt to cover treatment costs. The report also determined that Employment Insurance benefits covered only 15 weeks of the average treatment length of 38 weeks, thus adding to the financial burden. The diagnosis and treatment of breast cancer caused a significant disruption in labour force participation. Of the 81% of respondents who were employed in salaried jobs at the time of diagnosis, 16% had their jobs terminated while undergoing treatment and 17% were unable to return to their previous job with the same title and salary. Over one-fifth (21%) of respondents reported returning to work before they were fully able due to financial pressure (accessed www.cbcn.ca). This report indicated that women with breast cancer continued to experience unexpected hurdles when re-entering the workforce and it is likely that many other people with cancer have similar experiences.

This brief review has identified that approximately half of the people diagnosed with cancer are able to return to their jobs post-treatment (Mols et al., 2009; Drolet et al, 2005). At times those who are close to retirement age when cancer treatments are completed retire (Drolet et al., 2005). Long-term side effects may impact the cancer survivor's ability to function in, or return to their pre-diagnosis job capacity (Mody et al, 2007). Physical and psychological changes are often the limiting factors. Supportive services and physical rehabilitation programs aimed at maximizing physical and psychological functioning would likely improve cancer survivors' ability to function to their pre-diagnosis standards within their jobs (Short, Vasey & Tunceli, 2005; Nachreiner et al., 2005). Additionally vocational counseling and employment support services may assist transition back to work (Short, Vasey & Moran, 2008).

Facilitating a Systematic Assessment

Here are some common questions a nurse can ask a cancer survivor to assess readiness for returning to work.

1. How would you know if you are ready to return to work?
2. How does your financial situation impact your decision to return to work? Do you need to return to work for financial reasons?
3. How has your diagnosis and treatment affected the work you want to do?
4. How many hours of uninterrupted sleep to you have in a night?
5. What affects your energy level?
6. How is your concentration (short term memory)? If your concentration is affected please give an example.

Nurses and health care team members can assist cancer survivors by ensuring physical dysfunction and cognitive changes are dealt with as effectively as possible. Some strategies to consider are:

- Encourage regular exercise during treatment, during the follow-up period, and ongoing to decrease the risk of long-term physical dysfunction and increase sense of well-being
- Cancer survivors with functional changes will likely benefit from some form of rehabilitation or physiotherapy
- Survivors with chronic pain could be referred to pain and symptom management services to identify strategies for dealing with pain more effectively
- Psychiatric services and/or cognitive behavioural therapy may benefit those who have psychological or cognitive changes
- Social workers may be able to assist patients in vocational counselling and financial counselling
- Partner with the family doctor to ensure there is no duplication of services

Priority Content for Intervention and Patient Teaching

Here are some common questions that cancer survivors may ask nurses related to returning to work:

1. How long are people with cancer usually off work for?
2. What will happen if my insurer thinks I'm ready and I don't think I am?
3. Who will decide when I can go back to work?
4. Can I return to my prior job? If not, what are my options?
5. How will know if I am physically and psychologically ready to return to work?

By having answers to these questions, nurses can help cancer survivors plan for their return to work.

Here are some suggestions for cancer survivors recommended by Maureen Robinson (Vocational Rehabilitation Counselor, BC Cancer Agency; see website below in Resource section) as they prepare to return to work:

- ask your family doctor or your oncologist to give you an estimate of when you might be able to return to work and any limitations you might have
- ask your employer and/or union representative how returning to work is coordinated
- if you are unable to return to your former job due to limitations, you can inquire regarding modifications to the job or if another job is available that you can do
- if you have long-term disability through an insurance company you will want to determine if the plan includes rehabilitation
- if you are on Canada Pension Plan disability find out if they are able to provide return to work top up benefits and vocational rehab
- know your Human Rights; contact the human rights coalition within your province or the Ministry of Labour for advice

Learning Activity: Case Study

M.N. is a 46-year-old man who has completed treatment using high dose interferon for melanoma of his right shoulder that had spread to one lymph node. Not only has he had a wide excision of the melanoma, but he also had a radical auxiliary node dissection. Since completing his induction therapy, he continues to feel quite fatigued. M.N. has just begun maintenance dosing of the interferon and his oncologist has indicated that if he feels well enough he could return to work, as side effects from maintenance therapy are not as significant. He will still require monthly follow-up at the cancer centre while on treatment. Functionally M.N. has noted difficulty experiencing full range of motion of his right arm and at times it seems that when he lifts objects more than 10lbs that he might drop them.

He expresses his concern to you about returning to his job at the factory due to the repetitive nature of his work on the assembly line and the requirement to be lifting items that can weigh up to 15 lbs each. He is also worried about his fatigue level. His major concern is being able to provide for his family. Although his wife works outside the home, it is his wages that bring in the bulk of the family income as well as a full benefit plan for his family (wife and 3 children). He feels that if he doesn't get back to work soon, that he might be at risk for losing his job.

1. Explain how you might facilitate an assessment of M.N. that will provide you with information to devise a return to work plan.
2. What resources would you recommend to M.N.?

Answers to Case Study

1. In coordination with the oncologist facilitate a functional inquiry along with a focused physical assessment of musculoskeletal and neurological testing of M.N.'s upper body with specific attention to his right arm and shoulder. The functional inquiry would provide information about M.N. ability to carry out normal ADLs while the physical assessment would inform you about physical limitations. Findings may suggest that occupational therapy or physiotherapy may be helpful to regaining full function. He may require teaching on how to manage fatigue. Oncology nurses can provide this information, or if there are fatigue management services within your facility you may refer him there.
2. Other resources may include referral to social work for a vocation assessment and/or a financial assessment. You may want to refer him to website that provides information about returning to work. (See website below: <http://www.bccancer.bc.ca/PPI/copingwithcancer/emotional/Work+Related+Issues.htm>.)
3. Periodic reassessment at follow-up visits to ensure M.N. is tolerating his return to work.

Resources

When looking for resources for cancer survivors, consider that several provincial cancer-related websites have begun to develop web pages and programs that may assist cancer survivors returning to work. These websites may have information that may be applicable to people anywhere in Canada, however nurses may have to search provincial sites for appropriate information.

For example, CancerCareManitoba is starting a program in the fall of 2010 called "Moving Forward After Cancer Treatment" which will assist patients with survivorship issues, and specifically returning to work. Another example is from the BC Cancer Agency which provides concrete advice about returning to work (see link below):

<http://www.bccancer.bc.ca/PPI/copingwithcancer/emotional/Work+Related+Issues.htm>

This website includes information on the following topics:

1. Disclosing your cancer experience at work
2. Returning to work and long term disability forms
3. Things to consider when returning to work
4. Returning to work checklist
5. The emotional impact of returning to work

RESOURCES and REFERENCES:

Getting Back on Track: Life After Treatment (Breast Cancer Centre of Hope, Winnipeg, Manitoba).

Coping with Financial Concerns When you have Breast Cancer (Willow Breast Cancer Support Canada).

Life After Cancer (Canadian Cancer Society).

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BC Cancer Agency website regarding vocational counselling: <http://www.bccancer.bc.ca/PPI/copingwithcancer/emotional/Work+Related+Issues.htm>.

www.cancerandcareers.org resources providing tools for employees with cancer.

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