

# Navigating Return to Work Cancer Survivor

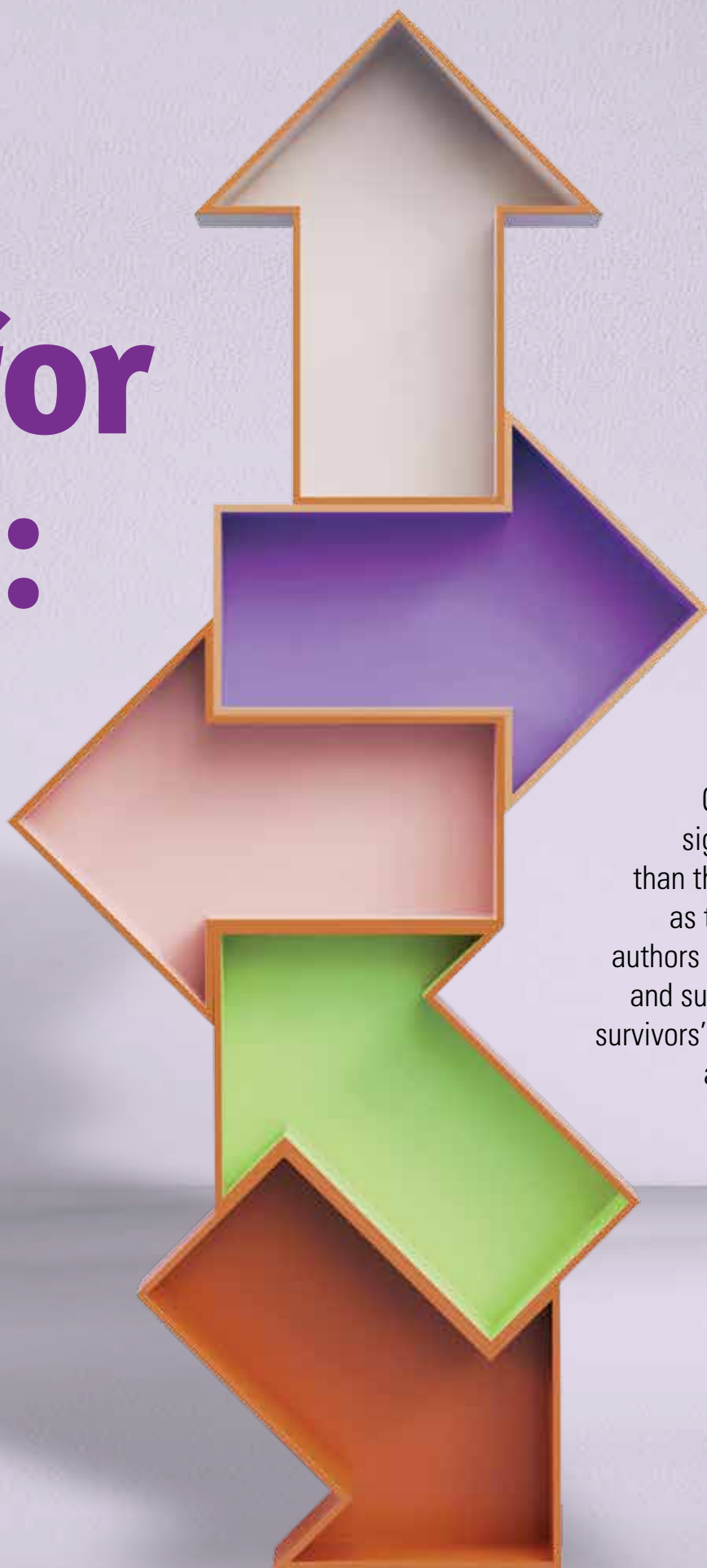
## Supportive Strategies and Insights

by | **Maureen Parkinson** and **Christine Maheu**

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Cancer survivors often face more significant employment challenges than those with other chronic illnesses as they transition back to work. The authors emphasize the need for targeted and sustained efforts to support cancer survivors' reintegration into the workforce and maintain their quality of life.

**A**s the number of individuals diagnosed with and surviving cancer steadily increases, so too does the need for effective support systems to help survivors navigate life after treatment. According to the Canada Cancer Society, 239,100 Canadians were diagnosed with cancer in 2023, with a five-year survival rate of 64%, suggesting an estimated 2.6 million Canadians are currently living with cancer.<sup>1</sup> With over 1.9 million survivors of working age in 2023 alone, many face a difficult road back to employment. While about 63% of these individuals return to work (RTW) within a year, RTW can be daunting due to physical, cognitive and emotional challenges. Twenty-six percent to 53% will lose or leave their jobs during or after treatment, yet comprehensive support programs remain scarce.<sup>2</sup>

### Assessing Survivors' Needs

The reasons for job loss among cancer survivors are complex, including short- and long-term effects of the disease and its treatments. These effects include physical challenges like fatigue, neuropathy (characterized by pain, and loss of sensation in the arms, fingers, feet and legs), pain and restricted mobility such as reduced arm range of motion or difficulty walking. Cognitive issues often referred to as “brain fog”—along with psychological challenges like anxiety, depression and fear recurrence—also significantly impact survivors’ ability to work.

Despite the significant number of working-age cancer survivors and the potentially complex challenges they en-

counter, there is a notable lack of comprehensive RTW support on a global scale, including in Canada.<sup>3</sup> This gap impacts not only survivors themselves but also employers and health care providers who are key partners in their reintegration into the workforce. While work-focused vocational rehabilitation programs are essential for supporting cancer patients, such programs are scarce and often insufficient to address the widespread demand for assistance in helping cancer survivors return to and sustain employment.

Compared to individuals with other chronic illnesses, cancer survivors face greater employment challenges. They are more likely to be absent from work, retire early or lose their jobs.<sup>4</sup> In fact, cancer survivors are 1.4 times more likely to be unemployed than their healthy counterparts.<sup>5</sup> Furthermore, a third of cancer survivors are not re-employed five years after their diagnosis.<sup>6</sup> These statistics highlight the profound impact cancer has on employment and underscore the urgent need for targeted support to help survivors maintain their work and quality of life.

After conducting an environmental scan of existing research, services and resources,<sup>7,8,9</sup> a significant lack of information and support related to RTW for cancer survivors became evident. This gap extended not only to survivors themselves but also to health care providers and employers that play crucial roles in the RTW process. Recognizing this critical shortfall, the Canadian Partnership Against Cancer commissioned the development of [www.cancerandwork.ca](http://www.cancerandwork.ca). This website specifically consolidates and disseminates the best available information from Canada and around the world, empowering all partners—cancer survivors, health care providers and employers—to more effectively support the RTW journey for cancer survivors.

Recently, a vocational rehabilitation model for cancer survivors was updated to serve as both a conceptual model and practical guide for organizations. This model helps elucidate the complex factors that impact work, thereby guiding effective interventions. The vocational rehabilitation model for cancer survivors, which informs both practice and research, is structured around four main factors: cancer’s impact on function, person-related characteristics, support systems and resources, and work context and conditions.

**Factor 1—Cancer’s Impact on Functions:** Research highlights several critical factors in this area that affect a cancer survivor’s ability to RTW. Individuals facing a limited prog-

### Takeaways

- Cancer survivors often face physical, cognitive and emotional challenges like fatigue, pain, neuropathy, anxiety, depression and “brain fog,” making RTW difficult. Despite this, comprehensive support programs are scarce, impacting not only survivors but also employers and health care providers.
- Many cancer survivors face greater employment challenges compared to those with other chronic illnesses. Survivors are 1.4 times more likely to be unemployed and may lose or leave their jobs during or after treatment.
- Employers and health care providers play a vital role in facilitating a smooth RTW process through accommodations, flexible work schedules and clear communication. Organizations that tailor their interventions to address the unique challenges of cancer survivors and offer timely access to rehabilitation and support services can significantly improve employment outcomes.



FIGURE 1

## Four Factor Vocational Rehabilitation Model



Source: *Cancer and Work: Four Factor Vocational Rehabilitation Model.*

nosis with more severe forms of cancer have the highest percentage of adverse work outcomes,<sup>10</sup> and those undergoing intensive treatments such as chemotherapy or multimodal therapies,<sup>11</sup> and mastectomy<sup>12,13</sup> are particularly vulnerable.<sup>14,15</sup> These factors contribute to increased treatment toxicity and tend to negatively influence the likelihood of RTW and sustaining employment.<sup>16</sup> Furthermore, the cumulative effects of preexisting conditions, including other chronic illnesses, fatigue, depression, anxiety, cognitive challenges, chemotherapy, lymphedema and reduced range of motion, significantly increase the likelihood of extended sick leave and decrease the chances of returning to employment.<sup>17,18</sup>

**Factor 2—Person-Related Characteristics:** For some individuals, work

is perceived positively—It provides a sense of normalcy, social interaction and control, and it can be a distraction from illness as well as a means to restore identity and improve finances.<sup>19</sup> Conversely, others may view work as less important or even detrimental to their health. Those who perceive work stress as a contributing factor to their cancer or as a barrier to recovery may be more hesitant to RTW. Additionally, cancer survivors who were previously overcommitted to their jobs or who anticipate poor workability are less likely to re-enter the workforce.<sup>20</sup> Following a cancer diagnosis, some individuals seek greater work-life balance. Higher levels of occupational stress have been associated with a greater likelihood of early retirement<sup>21</sup> In contrast, those who find work

meaningful, appreciate its structure and view it as a healthy distraction are more likely to RTW.<sup>22</sup>

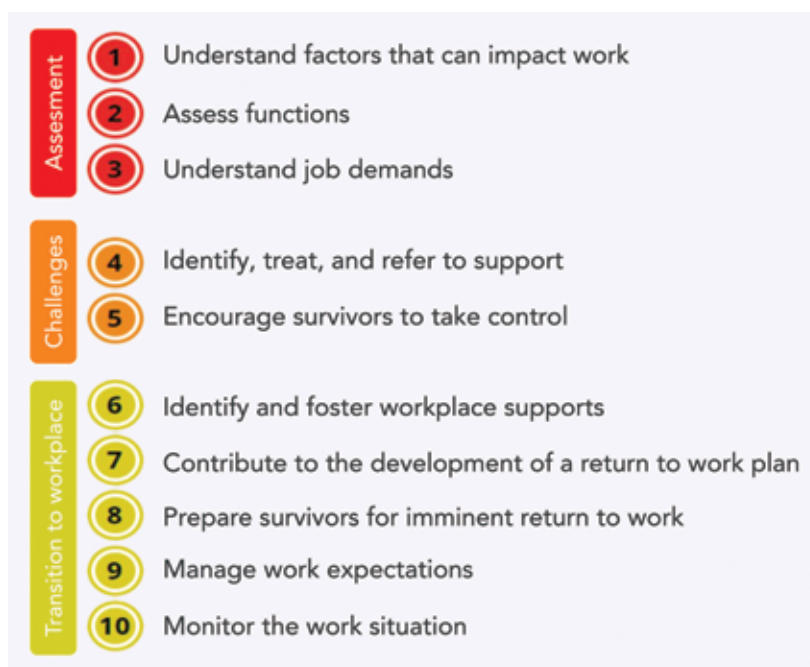
Demographic factors such as race, age, income and education also influence RTW outcomes. Research indicates that among cancer survivors, those who are older, women, non-white, lower income or less educated are more likely to experience difficulties in returning to work.<sup>23</sup>

**Factor 3—Support Systems and Resources Facilitating the RTW to Process:** Timely access to work-focused medical and rehabilitation support is helpful.<sup>24</sup> Health care providers can assist by discussing RTW plans over time, helping to define work goals, assessing work readiness and addressing how symptoms might impact work performance.<sup>25</sup> They can

also recommend appropriate workplace accommodations.<sup>26,27</sup> According to Frazier et al.,<sup>28</sup> it is essential to address the unique challenges cancer survivors face across different stages of their treatment. This includes assistance just after diagnosis, during primary treatment and after the completion of primary treatment. Addressing these needs effectively requires a comprehensive approach from the cancer care team, including screening for job concerns, providing tailored information, formulating a structured RTW plan, treating symptoms that affect work performance and consulting with professionals who specialize in employment-related issues. Evidence supports that multidisciplinary interventions—including combinations of physical, psychological and vocational components with exercise programs—are best to achieve higher RTW rates than standard care alone.<sup>29</sup> That is, the review supports that state vocational services providing counselling, miscellaneous training, rehabilitation technology services, job placement services, job search assistance and maintenance services lead to a higher odds ratio of employment (de Boer et al. 2024). However, access to work-focused rehabilitation services in Canada through public service remains minimal; it varies regionally and its impact is understudied. Some private payers, such as insurance providers, offer work-focused rehabilitation services to support return to work. Several other system factors significantly influence a cancer survivor's RTW. These include family dynamics, cultural context,<sup>30</sup> legislative frameworks and union support.<sup>31</sup> The effectiveness of the work reintegration process is

FIGURE 2

## iCan Work Ten Steps to Return to Work



contingent upon the accessibility and quality of resources with these systems, which can either support or impede a survivor's RTW and ability to sustain employment.

**Factor 4—Work Context and Conditions Influencing RTW:** Positive work conditions that facilitate RTW include high levels of job autonomy and roles that demand less physical and cognitive strain.<sup>32</sup> Moreover, less demanding roles<sup>33</sup> also support successful reintegration into the workplace.

Additionally, workplaces that are willing to provide customized accommodations significantly aid this process. These accommodations might include a graduated RTW program, job flexibility options such as telecommuting or working from home, flexible work hours,<sup>34</sup> adaptive work aids and technology, modification of work

duties and adjusted performance expectations to allow time for reorientation to the job.<sup>35</sup>

The perception of a supportive workplace environment—along with actual support received from management, immediate supervisors and colleagues<sup>36,37</sup>—significantly enhances the likelihood of a successful RTW. Effective communication strategies, including noninvasive channels such as emails and texts while on sick leave,<sup>38</sup> and maintaining open dialogue during the transition back to work and thereafter<sup>39</sup> are helpful.

Moreover, ongoing employer communication and monitoring to ensure that accommodations are properly implemented and adjusted are essential for supporting the RTW.<sup>40</sup> Workplace support should encompass understanding the survivor's situation,

## BIOS

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maintaining their privacy, demonstrating commitment to their return, and fostering a positive work environment perceived as normal and caring. Respectful and positive communication acts as a facilitator for RTW, from the duration of the illness through the reintegration process. Regular discussions about developing RTW plans, understanding work limitations, making necessary work adjustments and regular check-ins are also key facilitators for a successful RTW.<sup>41</sup>

This Vocational Rehabilitation Model<sup>42</sup> guides the first step for the assessment of challenges as encapsulated in the iCanWork: Steps to Return to Work, developed for both cancer survivors and health care providers. An employer version of iCanWork is currently under construction.

It is categorized into three main areas: assessment (evaluating work-related challenges and job demands), utilizing resources (such as counselling and rehabilitation) and facilitating a successful transition (workplace support, accommodations, RTW plans, addressing expectations and ensuring that the work situation is monitored to address unexpected challenges). The guide aims to align the efforts of survivors, health care providers and employers to foster communication and ensure a smoother RTW process.

## Conclusion

Although many cancer survivors successfully return to work, a significant portion face considerable challenges due to the lasting effects of cancer and its treatment. The challenges can be compounded by a lack of comprehensive RTW support systems to address the range of physical and psychological challenges in the workplace.

Rehabilitation programs and workplace accommodations serve as a vital framework for understanding the difficulties

of RTW. Organizations that tailor interventions that address these elements, along with timely access to multidisciplinary services, can significantly improve employment outcomes for survivors. Collaboration between health care providers, employers, plan sponsors and survivors is crucial in providing survivors with tools and structured steps to help navigate this process. More robust support systems and resources ensure that cancer survivors can return to work in a meaningful and sustainable way, ultimately enhancing their quality of life. ☺

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