


## PAPER

# Cancer survivors' experiences of return to work: A qualitative study

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## Abstract

**Objective:** The study aimed to explore Iranian cancer survivors' experiences of returning to work.

**Methods:** Semistructured interviews were conducted with 20 cancer survivors at their workplace and in a referral cancer center. Data were analyzed using a conventional content analysis technique.

**Results:** Three main categories were identified as important in cancer survivors' experiences of returning to work: (1) individual perspectives, (2) nature of disease, and (3) access to support system. Results showed that returning to work contained different meaning for men and women. Also, it was found that cancer survivors had limited information about the disease and return to work that made them doubtful about returning to work.

**Conclusion:** Cancer survivors have different individual perspectives that affect their decision about returning to work. Their perspectives should be assessed before returning to work, and necessary support should be provided for them in returning to work process. In this regard, health care systems and rehabilitation specialists should inform cancer survivors about the disease and return to work. Also, employers should prepare work places for cancer survivors' entrance.

## KEYWORDS

cancer survivors, Iran, oncology, qualitative study, return to work

## 1 | BACKGROUND

Cancer survivor is a person with a history of cancer from the time of diagnosis through the remainder of him/her life.<sup>1</sup> Because of advances in diagnostic and therapeutic techniques in recent years, the number of cancer survivors has been increasing<sup>2,3</sup> and many of them are able to return to work.<sup>4,5</sup>

Returning to work is of great importance to cancer survivors, families, employers, and societies. It promotes the quality of life of cancer survivors and their families.<sup>6-9</sup> Moreover, it reduces financial burden of disease on employers and societies by easing labor shortage.<sup>10,11</sup>

Cancer survivors are interested in returning to work.<sup>12,13</sup> A systematic review study showed that 43% to 93% of cancer survivors would return to work in 6 months to 2 years after diagnosis.<sup>14</sup> In this regard, the only Iranian study showed that around 72% of cancer survivors had returned to work, but most of them did not return to full-time work.<sup>15</sup>

Studies on cancer survivors' return to work (RTW) have been mostly carried out in developed countries.<sup>13,14,16</sup> In this regard, in a study, numerous factors (eg, demographic, psychological, treatment, job, and disease-related factors) were found to affect cancer survivors' RTW.<sup>14</sup> In a meta-synthesis study, 3 groups of factors were detected

to influence in RTW: (1) personal factors, (2) existence of a supportive system, and (3) occupational factors.<sup>13</sup>

Although cancer is a high-incidence disease in developing countries,<sup>16,17</sup> little is known about cancer survivors' experiences of RTW in this area.<sup>14</sup> So far, no study has explored Iranian cancer survivor's experience of RTW. Iran is a developing country which has a different cultural and social context in comparison with Western countries. Conventionally, in Iran, working is 1 of the men's roles, and men are the breadwinners of their households. Only about 18% of Iranian people have life insurance. On the other hand, in recent years, finding of a job has been a difficult issue and unemployment rate reached up to 12% in Iran.<sup>18,19</sup>

Returning to work after cancer is a complicated social phenomenon.<sup>20,21</sup> Because qualitative designs are relevant methods for studying less known and complex phenomena,<sup>22,23</sup> this qualitative study aimed to explore Iranian cancer survivor's experiences of returning to work.

## 2 | METHODS

### 2.1 | Design and setting

This study used a qualitative exploratory design and was carried out in the workplaces of cancer survivors and in a referral cancer center in East Azerbaijan Province, Northwest of Iran.

### 2.2 | Participants and sampling

In this study, cancer survivors who were under 65 years old and those who had completed the initial treatment of cancer and had returned to work met the inclusion criteria. By using purposive sampling, 20 participants who had deep and rich experiences about returning to work were selected. Initial 7 participants were a homogenous group of males. The next participants were selected based on the findings of the previous interviews. To access the potential participants, each of the participants and cancer center staffs were asked to introduce eligible participants.

### 2.3 | Data collection

Prior to data collection, the research proposal was approved by the Ethic Committee of Tabriz University of Medical Sciences (approval number: TBZMED.REC.1394.755). Semistructured face-to-face interviews were held for data collection at the participants' discretion regarding place and time. Prior to interview, the participants were given oral information about the objectives of the study and informed consent was obtained from all of them. Interviews were conducted privately, and a number were allocated for each participant to ensure their anonymity. Data were collected from January 2016 to May 2017.

A total of 24 interviews with 20 participants were held of which 15 were in participants' workplace and 9 were in the cancer center. Four participants were interviewed again to complete and confirm preliminary findings. To establish effective communication and trust, the interviewer asked a number of general questions at the beginning of each interview. Then, he asked some open-ended questions such as *Why did you return to work? What helped you while returning to work?*

*What did motivate you to return to work? Which obstacles did you experience while returning to work? And what did hinder your returning to work?* To obtain rich data, probing methods (eg, asking for elaboration, asking to give example, and reflection on the participant's quotes) were used. Data collection was terminated after interviewing with 20 participants when no new code or concept was emerged in the 3 last interviews. The interviews lasted 20 to 70 minutes. The interviews were digitally recorded. Each interview was transcribed and analyzed immediately after it was conducted.

### 2.4 | Data analysis

Data were analyzed using a conventional content analysis technique described by Granheim and Lundman. This technique is an inductive approach for analyzing interview texts.<sup>24</sup> According to the technique, each interview text was broken down into the smallest semantic units including words and phrases. Then, the extracted units were labeled as a code. The emerged codes were constantly compared by the research team and then classified into 3 main categories. MAXQDA 10 software was used for data management.

### 2.5 | Trustworthiness

Trustworthiness of the study was guaranteed using Lincoln and Guba criteria.<sup>25</sup> Credibility was enhanced through member checking, peer checking, and by the ongoing presence of the main researcher in research setting. Transferability was increased by purposive sampling and rich description of the participants' characteristics. Confirmability was improved by keeping an easy-to-follow audit trail. To strengthen dependability, 2 qualitative research experts who were not member of the research team assessed the analysis process periodically.

## 3 | RESULTS

### 3.1 | Participants' characteristics

The mean age of participants was  $40.75 \pm 11.03$  years, and 11 of them (55%) were male. Full characteristics of the participants are presented in Table 1.

### 3.2 | Experiences of returning to work

Three main categories were identified as important in participants' experiences about returning to work: (1) individual perspectives, (2) nature of disease, and (3) access to support system. Full categories and subcategories are presented in Table 2.

#### 3.2.1 | Individual perspectives

This category comprised of the following 4 subcategories: (1) meaning of RTW, (2) expectations, (3) information, and (4) perceived health state.

##### Meaning of return to work

Returning to work contained different meanings for cancer survivors which include repairing damaged identity, accessing to financial resources, distraction from disturbing thoughts, and escape from

**TABLE 1** Demographics of participants

PN <sup>a</sup>	Age	Gender	Education	Marital Status	Cancer Site	Work Role	Time to RTW After Diagnosis (month)
1 <sup>b</sup>	42	Male	Illiterate	Married	Liver	Worker	5
2	51	Male	Under diploma	Married	Lung	Carpet weaver	7
3 <sup>b</sup>	28	Male	Diploma	Married	Testis	Worker	5
4	28	Male	Associate degree	Single	Leukemia	Self-employed	15
5	30	Male	Bachelor	Married	Colon	Self-employed	10
6	36	Male	Diploma	Married	Leukemia	Barber	4
7	48	Male	Under diploma	Married	Leukemia	Carpet weaver	14
8 <sup>b</sup>	48	Female	Bachelor	Single	Breast	Nurse	16
9 <sup>b</sup>	34	Female	Bachelor	Single	Breast	Pharmacy technician	10
10	52	Female	Bachelor	Single	Colon	Nurse	9
11	36	Female	Bachelor	Married	Breast	Nurse	11
12	35	Female	Bachelor	Single	Breast	Nurse	8
13	24	Male	Under diploma	Divorced	Leukemia	Worker	6
14	34	Male	Under diploma	Married	Leukemia	Mechanic	6
15	49	Female	Bachelor	Married	Breast	Nursing manager	9
16	32	Male	Diploma	Married	Hodgkin	Nurse aide	8
17	65	Male	Neurologist	Married	Leukemia	Physician	4
18	36	Female	Diploma	Married	Colon	Secretary	8
19	55	Female	Master degree	Married	Colon	Teacher	9
20	52	Female	Master degree	Married	Colon	Office clerk	7

<sup>a</sup>Participant number.

<sup>b</sup>Reinterviewed.

**TABLE 2** Categories and subcategories of cancer survivors' experiences of returning to work

Categories	Subcategories
Individual perspectives	Meaning of returning to work Expectation Information Perceives health state
Nature of disease	Restrictive Time consuming
Access to support system	Financial support Emotional support Occupational support

social isolation. The results showed that returning to work had different meanings for cancer survivors based on their gender. In this regard, men considered returning to work more as a means of repairing their damaged identities and accessing to financial resources. But, women saw returning to work more as a means of distracting from disturbing thought and escaping from social isolation.

**Repairing damaged identity** Returning to work freed cancer survivors from the feeling of dependency and being a burden to others. Also, it helped them to restore their social status and demonstrate their capabilities. Men saw RTW as reclaiming their masculine identity.

*"I was a man ... I couldn't imagine myself without a job, when I didn't work I felt useless ... I felt like a burden" (p. 16).*

**Access to financial resource** Cancer survivors experienced many financial problems because of high costs of diagnoses, treatments,

and rehabilitation. On the other hand, absence from work and reduced income escalated these problems. Cancer survivors considered returning to work as a means of accessing to financial resources and meeting material needs. This subcategory mostly mentioned by men.

*"The costs were high ... Numerous tests and imaging, doctors' visits, drugs, commuting ... I had some saving and spent all of it too ... I had to provide the household expenses" (p. 6).*

**Distraction from disturbing thoughts** During separation from work, cancer survivors constantly think about the disease and its prognosis. They felt that it is the end of the road, and they are going to die. They believed that returning to work would help them to get rid of these thoughts and destructive feelings. This subcategory mostly mentioned by women.

*"It was very hard to sit at home unemployed, I always thought about when I was gonna die, I was overwhelmed by thoughts" (p. 20).*

**Escape from social isolation** Some cancer survivors had left out from society after the disease and were not allowed to attend social activities. For cancer survivors and especially for women, returning to work meant returning to society and ending their social isolation.

*"My husband had a good income and we didn't have financial problems ... I was tired of being home alone, I*

couldn't go to my colleagues and help my patients. So, I decided to return to work" (p. 15).

### Expectations

Cancer survivors expected that employers would consider their conditions and assign them a job according to their abilities. Moreover, they expected to be supported financially, be respected at work, and work in a low-stress environment. Survivors who had received a response commensurate with their expectations experienced fewer problems and were interested in returning to work.

*"When I requested to return to work, as I expected the employer changed my work place and transferred me to the hemodialysis ward which was compatible with my condition" (p. 16).*

But, those who had not received their expected response from workplace and perceived employers and colleagues' demands as beyond their expectations described returning to work as a challenging decision.

*"It was a challenging position, they never considered that I'd just recovered recently, they expected me to work like before" (p. 12).*

### 3.2.2 | Information

Most of the participants had little information of the disease, duration of treatment, potential complications, and prognosis. This made it hard for them to plan and decide on returning to work.

*"I didn't know when I'd get better, when they'd put the bag (colostomy) back into my abdomen ... I can't think much about RTW" (p. 5).*

It was also found that most of the participants were not sure about whether they were allowed to work. They had little information about the proper time of returning to work, impact of working on their health state, and the suitable job for their conditions.

*"I didn't know when I could start working again or what I could do, what was or wasn't harmful to me" (p. 2).*

On the other hand, the participants declared that health care personnel (doctors and nurses) had not provided them with much information about disease and returning to work. The participants stated that the personnel were more focused on the disease rather than the patient's occupational roles.

*"They didn't say anything about my ability, my interests and preferences for returning to work" (p. 3).*

In contrast, the participants who had some information about their disease and returning to work were able to manage returning to work more successfully.

*"I knew that I shouldn't put myself under pressure and that stressful environments were bad for me, so I asked for workplace replacement" (p. 8).*

### 3.2.3 | Perceived health state

#### Physical readiness

With disappearance of symptoms and complications like weakness, fatigue, nausea, and vomiting and also, with enhanced physical strength, cancer survivors felt themselves ready enough to RTW.

*"Chemo complications were gone, no pain, no nausea and vomiting, no diarrhea, why shouldn't I get back to work?" (p. 16).*

In contrary, physical complications such as difficulty sitting and standing, reduced physical strength, nausea, vomiting, pain, dizziness, hypotension, fatigue, and physical inability hindered cancer survivors returning to work.

*"My mouth would dry up and taste bad, I might get nausea and vomit while talking to someone, I couldn't get back to work like this" (p. 15).*

#### Emotional stability

Cancer survivors perceived the abilities to think, concentrate, relieve stress, and acceptance of their condition as signs of recovery which motivated them to RTW.

*"I hadn't much mental concerns and was able to think and evaluate my abilities for getting back to work" (p. 8).*

But, irritation, getting emotional, reduced concentration, memory failure, intolerance of crowded spaces, depression, and ill temperedness hindered cancer survivors returning to work.

*"I'd lose my temper, I'd get angry, my mind was always overwhelmed and I couldn't focus on my work" (p. 4).*

### 3.3 | Nature of disease

Cancer adversely affects career life of sufferers even after it is treated. This category consisted of the following 2 subcategories: (1) restrictive and (2) time consuming.

#### 3.3.1 | Restrictive

Cancer affliction disturbs person's mental image, endangers their health, and reduces their physical abilities and productivity. They lose their precancer occupational capabilities and cannot perform their tasks as before.

*"After illness, I no longer had my previous abilities, busy shifts would make me tired. I couldn't tolerate night shifts" (p. 11).*

#### 3.3.2 | Time-consuming

Cancer engages survivors for a long period of time during which various diagnostic and treatment techniques—that are usually time-consuming—are used. Prolonged diagnosis and treatment process, the need for periodic visits, and intermittent checkups would delay cancer survivors returning to work and interrupt their occupational roles.

*"I was hospitalized for 45 days after the diagnosis and now for follow-ups I have to leave the work sometimes for doctor appointments" (p. 6).*

### 3.4 | Access to support system

Participants indicated numerous supportive sources that affected their returning to work including employers, colleagues, families, and health care staff. The supportive range of these sources varied in the range of (1) financial, (2) emotional, and (3) occupational support.

#### 3.4.1 | Financial support

Monthly payment of pension, salary, and benefits by the employer and family's help in providing daily and medical expenses prevented excessive financial pressure on cancer survivors.

*"Fortunately my wife was also working and helped me a lot with expenses ... since I have been returned my employer pay me the same salary and benefits I had before" (p. 16).*

However, a large number of survivors complained about reduced salary and benefits, termination of remuneration, rejection of medical loan request, and lack of help with financial costs.

*"They just paid my base salary which wasn't enough for my expenses; I asked for medical loan several times but they didn't give me a clear answer" (p. 8).*

#### 3.4.2 | Emotional support

Most of the participants pointed out the importance of emotional supports in their decisions to RTW. This could mean a lot of different things: encouraging to RTW, respecting one's autonomy at work, giving hope, appreciating the survivor's abilities, inviting to RTW, accepting the survivor at work, respecting their dignity, and asking about their health.

*"My colleagues always called me and asked about my health, after I returned to work they treated me in a way that I didn't feel sick" (p. 15).*

On the contrary, destructive behaviors such as sarcasm at work, ridiculization, indifference, strange looks, meddling in survivors' affairs, pitying, avoiding survivors, lack of cooperation, dishonesty, unappreciated abilities, insult, and discrimination against survivors' made returning to work an unpleasant experience.

*"Once I couldn't pick up a heavy book my colleague said sarcastically "do you want me to get a wheelbarrow?" (p. 12).*

#### 3.4.3 | Occupational support

Workplace replacement and providing an easier job, reducing work load, changing work shifts and eliminating night shifts, giving medical

leave and hourly leave by employers, colleagues' helping with works, and avoiding pressure at workplace encouraged survivors to RTW.

*"When I got back to work, our boss had my back, he told me try not to go through a lot of pressure and finally he gave me an easier job" (p. 20).*

On the contrary, some of the participants stated that they were not supported during and after returning to work and described returning to work as difficult and overwhelming.

*"The employer was aware of my problems. He did not consider my condition. Every time I asked him to reduce my work load he would say I'll give you an easier work, but he did nothing" (p. 14).*

## 4 | DISCUSSION

This paper is 1 of the first studies that investigated the experiences of Iranian cancer survivors regarding returning to work. It was found that RTW is influenced by individual perspectives, nature of disease, and access to support system.

The results showed that individual perspectives including meanings of returning to work, expectation, information, and perceived health state affected cancer survivors RTW. In this study, cancer survivors perceived returning to work as means of repairing their damaged identity, distraction from disturbing thoughts, escape from social isolation, and accessing to financial resources. These results are almost consistent with previous studies.<sup>26-28</sup> An interesting finding of this study was that returning to work had different meanings for men and women. In this regard, men mostly considered RTW as a means of repairing their damaged identity and accessing to financial resource, while women mostly returned to distract from disturbing thoughts and escape from social isolation. These findings are almost consistent with Iranian context. Conventionally, men are the sole breadwinners of their households in Iran, and unemployed men are seen as burden. But, women are not responsible for the household expenses, and also, they are supported financially by their families or by their husbands.

One of the novel findings of this study was the fact that cancer survivors' expectations affected their decision about returning to work. Results showed that meeting cancer survivors' expectations encouraged them to RTW. But, inattention to their expectations made them doubtful about RTW. Previous studies have reported that reasonable demands from cancer survivors will motivate them to RTW.<sup>29-31</sup> So, it is necessary that employers and colleagues consider cancer survivors' expectations and make a logical balance between their own demands and cancer survivors' expectations.

In this study, it was found that cancer survivors had limited information about disease and RTW. Similar results were reported in previous studies.<sup>9,17</sup> Also, it was found that health care staffs (doctors and nurses) insufficiently provide information about the disease and the possibility of returning to work. It was found that cancer survivors were uncertain about returning because of limited information. Limited information may cause potential delay in getting back to work



but also might result in resuming work too soon without necessary preparations. Either way, this can have irreparable damages to survivors, employers, and societies.<sup>32</sup> Therefore, health care systems and rehabilitation specialists should inform cancer survivors about the disease and its impact on their occupational life.

In this study similar to previous studies,<sup>14,29,33,34</sup> it was found that existence of a supportive system affected cancer survivors' returning to work. The results showed that a supportive system which provided a broad range of financial, emotional, and occupational support facilitated RTW process. It was found that family members, employers, colleagues, and health care staffs as a support resource had an important role in cancer survivors returning to work.

In recent years, there have been efforts in Iran in line with supporting cancer survivors. However, little attention has been paid to their occupational rehabilitation. So, it is necessary that employers, health care systems, and rehabilitation specialists beside families take steps toward occupational rehabilitation of cancer survivors. Also, workplaces should be prepared for cancer survivors' return based on their perspectives and capabilities. In this regard, job adjustments such as reducing working hours and offering flexible jobs, occupational counseling and training, providing assistance with tasks, and granting medical and hourly leaves will help cancer survivors through the process of returning to work.<sup>30,35</sup>

## 5 | STUDY LIMITATION

In this study, only cancer survivors' experiences were explored and other influential persons such as employers, family members, colleagues, and health care staffs were not entered to the study. Therefore, further studies are recommended to explore these influential persons' experiences about cancer survivors' RTW. Also, it should be noted that the results might not reflect all the facts in this area. So, further studies are recommended with a wide range of participants regarding age, cancer type, and occupation to validate the study findings.

## 6 | CONCLUSION

Returning is influenced by individual perspectives, nature of disease, and access to support system. Cancer survivors' had different individual perspectives that affect their decision about returning to work. In this regard, positive meaning of returning to work, consistency between expectations, and responsibilities and feeling of physical and emotional readiness make them eager to RTW. But, limited information about disease and RTW make them doubtful about returning to work. Results showed that access to support system which provides a broad range of financial, emotional, and occupational support facilitates returning to work.

## 7 | CLINICAL IMPLICATIONS

The study findings can help health care systems, employers as well as rehabilitation specialists better understand returning to work process

and apply necessary intervention to facilitate returning to work. The results suggest that health care systems and rehabilitation specialists should assess cancer survivors' perspective and capabilities and provide them with necessary information about the disease and RTW. Moreover, employers should consider cancer survivors' expectations before returning to work and prepare workplaces for their entrance.

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## CONFLICT OF INTEREST

The authors declare no conflict of interest in this study.

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