

The Lived Experience of Women Returning to Work after Breast Cancer

Maggi Banning^{1*}, and Elizabeth Griffiths²

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*Corresponding author: Maggi Banning, School of Health Sciences and Social Care, Brunel University, Uxbridge, Middlesex, England, Tel: 01895 268828; E-mail: Maggi.Banning@brunel.ac.uk

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Abstract

Breast cancer is a global concern and a common cancer in women. Treatment can involve chemotherapy, surgical intervention with possible radiation therapy. Many breast cancer survivors return to work, even though the availability of health care and occupational health services may be limited. This phenomenological study examined the return to work experience of six breast cancer survivors. In-depth, unstructured interviews were undertaken and analysed using an adapted version of Colaizzi's (1978) approach. Four themes emerged. Women noted that the impact of their disease on their work continued for some time. Some women gained an inner strength to progress their career on return to work. The provision of occupational health services emerged as a positive influence. These findings have implications for occupational health professionals, particularly the importance of positively supporting women so that the breast cancer return to work experience is fully understood.

Keywords: Breast cancer; Lived experience; Women's health; Occupational health; Phenomenology; Employer support.

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Method

This phenomenological study aimed to fully capture the perspectives of six women on their return to work experience following breast cancer. This experience focused on motivations for returning to work, the impact of breast cancer, and the role of OH. The significance of the phenomenological approach is based on the exploration of the meaning of individuals' lived experiences through their own description [24]. This generates insightful understanding and description of the phenomena of human experience [25]. It is this lived experience that presents to the individual what is true or real in his or her life and which gives meaning to each individual's perception of a particular phenomenon, influenced by all things external and internal to the individual [26]. The hermeneutic phenomenology of Martin Heidegger (1889-1976) and the existentialist phenomenology of Jean-Paul Sartre (1905-1980) substantiated the approach taken within this study as they not only aim to understand a given phenomenon but also guide interpretation [24]. This study was developed from the literature review which is commensurate with the phenomenological approach. Nurses clearly want to grasp the lived experience of their patients, to enter the world their clients live in and to have an understanding of the basic processes that illuminate health and illness [27]. This sphere of phenomenology aims to gain an insight into the lived experience of others, and was chosen as the approach for this study.

Sample

A purposive sample of six women who met the inclusion criteria participated in interviews. This concurs with the in-depth nature of the phenomenological research approach. The phenomenology method involves studying a small number of participants through deep and prolonged interaction to identify themes and relationships of meaning within the experience [28]. A sample size of six concurs with the nature of qualitative research and an acceptable size for a phenomenological study [29]. Key participants that had lived experience of recovering from breast cancer and had fully returned to work for at least three months were selected. This ensured that the six participants could describe their experience from the point of contemplating return to work until full reintegration into the workplace. All

	Admin	Admin		Management trainer	HR	
Absence from work	Intermittent	Intermittent	2 years	14 months	Intermittent	Intermittent
OH involved	Yes	No	Yes	No	Yes	Yes
Adjustments on return						

research was enhanced through the use of independent coding review across the research team (AC, MB) and the use of direct quotations to illustrate key findings [33,34].

Four overriding themes emerged from the data with several sub-categories which were novel findings. Even though findings enrich understanding of the lived rtw experience of six breast cancer employees and form the basis of future research [35], it is not assumed the findings will be transferable to all breast cancer employees. The University Research Ethics Committee approved the study.

Results

Four themes emerged from the analysis these included; employer perception and employer interventions, occupational health and employer support, difficulties encountered due to breast cancer and career progression.

Employer perception and interventions

The Fit Note [15], provided GPs with opportunities to recommend extra support from employers to assist employees to rtw through phased returns, flexible working amended duties and workplace adaptations. This recent change demonstrates the increased value of the employer in facilitating the rtw of sick employees.

Employer perception

The findings indicate that a positive employer perception encourages and motivates rtw during and after ill-health. Bryony reflects on witnessing a colleague's rtw experience and indicates that without such high employer perception she may well have chosen not to rtw. Phoebe compares her employer with other patients' experiences and is grateful for her situation: 'I saw how she was looked after... it seemed that she was being treated very well and she was being allowed to ease back in... the Office actually does take its duty of care very seriously, so it never really occurred to me that there would be a problem, I completely trusted the Office to get it right' (Bryony)

'when I listen to other women at the hospital in there talking about their companies that they work for and how badly they're treated and how poor the service... they're getting I, I can't tell them what mines like because all it'll do is depress them even more' (Phoebe)

Employer interventions

Despite the Fit Note [15], recommendations being applicable to only Bryony and Phoebe's rtw, all women reported having shortened hours implemented following their rtw. For some, OH had recommended this, for others this was locally arranged with management. Women felt the reduced hours could ease them back into working without added pressure or risk of tiredness. Not travelling during rush hour in Central London was also a perceived benefit of shorter working hours: 'The experience of returning to commuting rather than returning to work, em was probably more difficult... the first couple of times I travelled in I wouldn't travel at peak rush hour' (Bryony)

'I didn't have to stand up on the tube for an hour and a half kind of in the rush hour, so that made quite a difference to whether or not I was able to come in, really' (Claire)

OH and employer support

Current OH research has focused on interventions rather than the rtw experience of breast cancer survivors [36,37]. Employers often delegate the task of recommending interventions to an OH provider. This not only facilitates the employer who will receive recommendations and advice from OH, but it also offers a confidential service for employees to access. Women's experiences of rtw and OH were positive, caring and appreciated often resulting in shorter working hours, follow up appointments and verbal support to ensure that they were coping with their workload. Regular supportive contact from employers while sick surfaced as a fundamental factor in easing the participants' rtw. Contact via letter, phone or person created a sense of inclusion within the workforce and assisted rtw: 'I got the odd em sort of envelope from the Office with, sort of keeping me up to date... I just felt it was nice that people hadn't forgotten me completely... I thought he was really good to bother to come to my house... if I hadn't had anything like that, if there had just been the odd letter and there hadn't been any personal contact I would have felt it incredibly difficult to come back' (Claire).

'I've got such a nice line manager who's sympathetic, I know I could just say to my line manager... "this part if the job is really pooping me out, I can't, I'm so tired I can't cope" then she would do something immediately' (Bryony)

Difficulties during RTW after breast cancer

Although work ability problems encountered after rtw from cancer have previously been acknowledged [17,19,20], research is limited to the experience of breast cancer survivors [6,16,37]. Breast cancer treatment can involve breast surgery and an extensive chemotherapy regime that can lead to extreme tiredness and cognitive dysfunction; both can last for several months post treatment. Three subthemes focused on the potential difficulties encountered during the rtw experience.

Confidence and anxiety surrounding work

When preparing to rtw during or after breast cancer treatment, some of the women reported feeling anxious and concerned about their abilities. Some women associated this and difficult g diÈ e

Body image concerns

All of the women disclosed concerns about their physical

health professionals. The provision of a supportive work environment is necessary for the successful integration in the work place and the resumption of work [16].

Communication from employers and human resources during absence can resolve women's concerns and uncertainties on rtw [16]. Supportive communication and regular employer contact appeared to positively influence rtw experiences; Claire felt like she hadn't been forgotten and Phoebe felt valued. Similarly, the narratives generated from [14], study also emphasise the importance of employer and employee social support. [18], further corroborates the impact of employer support and suggests it can also identify any hindrances to rtw. The positive employer support offered to all six participants studied here appears to contest [16] notion that women do not discuss rtw with employers.

The increased survival rate of working age cancer patients has inspired research focusing on the problems survivors may encounter, which may in turn facilitate rtw [22]. Difficulties of rtw from cancer have been acknowledged [17,19,22], however limited research has explored work problems experienced by employees with breast cancer [6,16,37].

Aleve, Bryony and Claire described apprehensions when contemplating rtw. Aleve and Claire both felt they had lost confidence and Felicity describes being over-cautious with her work, fearful of making a mistake. This is not a new finding [6] found women had productivity concerns and were apprehensive of being less competent in their work. Similarly, women are often uncertain about their ability to work [16]. In earlier studies, a fear of being less competent on rtw led to concern surrounding job loss and unemployment [6,16,17]. None of the six women here felt their jobs were at risk although Phoebe contemplated whether she would be considered a valuable team member and worthy of development. The women studied here largely portrayed positive employer perceptions which may have eliminated apprehensions regarding possible job loss.

The findings generated from this study corroborate earlier research and emphasize that women who rtw after breast cancer are concerned about body image and physical appearance [6,7,16,17]. The women's experiences of losing their hair indicate that this issue had a greater impact upon body image than breast surgery. This is not unique; hair loss was reported among cancer patients as one of the worst things that can happen [17]. Felicity and Aleve felt hair loss was a symbol of ill-health which affected their decision to rtw during treatment. [16] also found that uncertainties about physical appearance affect women's decisions about work [16].

Aleve, Bryony and Felicity explained how hair loss forced the disclosure of breast cancer amongst colleagues when choosing to work during treatment. This substantiates earlier work which indicates disclosure to colleagues is associated with continuing to work during treatment [5,7,21] indicate that breast cancer survivors can feel pressured to leave their jobs if they experience inadequate reactions from their managers when disclosing their illness. This infers that women are apprehensive about being forced to disclose breast cancer when dealing with changes to their physical appearance.

Only Bryony and Claire underwent surgical mastectomies, though some women divulged how they would often find colleagues staring at their chests. Uncomfortable work situations surrounding body image after breast cancer is not uncommon [6]. Aleve revealed how her colleagues would talk about her breasts and how unnatural this was to experience.

The introduction of shortened hours to assist the women during their rtw was perceived to minimise the physical effects of the illness and treatment. This was the case for all women. [5] suggest whether managing illness and work may increase poor physical health outcomes and question if work adjustments actually buffer the effect of these. The negative effect of breast cancer upon long-term employment and career progression has previously been explored [6,37]. Anxieties surrounding career progression were experienced by Claire and Phoebe, however it was Claire who encountered the most difficulties when she was posted into an unbecoming role where she struggled to regain confidence. Felicity also described being allocated a menial role which she felt was a consequence of having breast cancer. This substantiates the work of [21] Stewart et al. (2001) who report that 56% of women believed cancer had affected their work or career. Similarly, [6] report that breast cancer survivors experience unwanted task changes, altered job responsibilities and demotion upon rtw. Felicity described working harder and doing more than was expected to avoid being treated differently and to prove she was capable of progressing. Phoebe demonstrates similar traits when she describes participating in the training course for her new role. This may have emerged from a fear of being less competent in carrying out their duties compared to before breast cancer. [6], also found women work harder after breast cancer in fear of disappointing employers and job loss which could explain Felicity and Phoebe's behaviours.

Women have reported negative experiences and feeling discriminated against when returning to work from breast cancer [16]. Here, Phoebe successfully secured a new job during her treatment however did express angst that she may not have been considered for the role due to her health. This is however quite unsettling and can easily be interpreted as a form of discrimination. This has previously been identified by [16], although conversely, [38], report job discrimination was not experienced by their participants.

Previous studies report that breast cancer survivors bring about fundamental changes in the way they view life [39]. They experience a greater gratitude for life and have altered responsibilities [40]. Breast cancer can also adjust the importance of work [6,14,16], encourage a more equal work-life balance [19] and alter work priorities and ambitions [21]. The findings generated here largely substantiate the findings of earlier work; Aleve and Phoebe describe putting work into perspective and Felicity declares being more assertive in work and putting a greater emphasis on work life balance.

Conclusion

The rtw journey begins when women and their employer prepare for making a return to the workplace. Throughout the study it became apparent that the employer plays a pivotal role within the rtw experience, with support, interventions and OH provision having an assured influence. The role of OH within the experience of rtw after breast cancer has received little attention in the literature; the findings

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posting allocations and the potential job discrimination experienced by Anne. A positive employer perception appeared to minimise the effect of the reported problems. Finally, the findings generated here substantiate earlier work which implies breast cancer alters women's

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