

Sustained employability of cancer patients and survivors: are we getting any closer? (Editorial)

Author

Duijts, Saskia

Published

2017

Journal Title

European Journal of Cancer Care

Version

Accepted Manuscript (AM)

DOI

[10.1111/ecc.12759](https://doi.org/10.1111/ecc.12759)

Rights statement

© 2017 John Wiley & Sons Ltd. This is the peer reviewed version of the following article: Sustained employability of cancer patients and survivors: are we getting any closer?, European Journal of Cancer Care, 2017, 26 (5), e12759, which has been published in final form at <https://doi.org/10.1111/ecc.12759>. This article may be used for non-commercial purposes in accordance with Wiley Terms and Conditions for Self-Archiving (<http://olabout.wiley.com/WileyCDA/Section/id-828039.html>)

Downloaded from

<http://hdl.handle.net/10072/393147>

Griffith Research Online

<https://research-repository.griffith.edu.au>

EDITORIAL

Sustained employability of cancer patients and survivors: are we getting any closer?

Saskia Duijts, PhD, Senior Researcher, Fellow Dutch Cancer Society; VU University Medical Center; The Netherlands Cancer Institute, Amsterdam, the Netherlands.

Keywords: cancer, patients, survivors, return to work, employability

Correspondence address: Dr Saskia Duijts, VU University Medical Center, van der Boechorststraat 7-C573, 1081 BT Amsterdam, The Netherlands (e-mail: s.duijts@vumc.nl).

Worldwide, about 40-50% of all newly diagnosed cancer patients are of working age when their diagnosis is made (de Boer, 2014, Ferlay *et al.*, 2013). Because of developments in cancer screening and treatment, but also because of the increase of the retirement age in several countries, it is expected that this percentage will increase in the near future. Consequences of not being able to work do not only have an enormous impact on survivors, but also on the wider society. That is, for the individual, work provides a range of benefits, including a sense of normalcy and identity, and it facilitates social relationships and financial security. On a broader scale, it is an economic imperative to sustain survivors' employability (Barofsky, 1989, Disler and Pallant, 2001, Hakkaart-van Roijen, 1998).

It has been shown that cancer survivors in general are more likely to be unemployed than healthy controls (33.8% vs 15.2%; pooled relative risk 1.4; 95% confidence interval (CI) 1.2-1.6) (de Boer *et al.*, 2009). Being a researcher in the 'cancer and work' field, many cancer patients and survivors express their concerns to me regarding their return to work process and the chance of becoming unemployed. Recently, a young breast cancer survivor who participated in one of our focus group studies said: 'I survived cancer, but I don't know how to survive the financial situation I am currently in'. This woman's employment contract ended during her treatment and was not renewed by her employer. Not only was she unable to make ends meet, she also suffered from depression and anxiety, and described her life as going down blind alleys (Duijts *et al.*, 2016).

Since the beginnings of psycho-oncology in the mid 1970s, as a sub-speciality of oncology, attention for topics such as cancer-related fatigue, distress, sexuality, cognitive impairment, work-related problems, and many others, has shown a considerable (and necessary) expansion (Holland and Weiss Wiesel, 2015). Regarding work, cancer survivors report that it is one of the most important contributors to their quality of life (Peteet, 2000). Nevertheless, many health care providers do not ask the essential question: 'how is this diagnosis affecting your work?' Consequently, the first significant step in arranging adequate work-related support or preventing adverse work-related outcomes for cancer survivors is missed, or at least delayed.

The current issue of the European Journal of Cancer Care includes a supplement with a selection of papers around the theme of cancer and work. We consider this a key topic for both health care professionals and researchers, as many are unaware of the significance of cancer survivors' ability to work both during and (long-term) after cancer diagnosis and treatment. There's a particular focus on a number of overlooked groups, such as the self-employed, older survivors, and those who have become unemployed. Further, we have included interesting original research aiming to increase our knowledge of issues and challenges that impact upon work-related issues survivors encounter.

Gordon *et al.* (2017) describe in their study the financial hardship which may affect up to 30% of all cancer survivors; and emphasise that little research has addressed the effect of employment change on survivors' financial situation. Their aim was to gain a better understanding of the work situation and financial well-being of a specific group of cancer survivors, i.e., colorectal cancer survivors, during the 12 months following diagnosis. The authors compared data from an Australian cancer cohort (N = 187), working at time of diagnosis, with a general population group (N = 355). They found that middle-aged working cancer survivors who ceased/reduced work hours were more likely to perceive themselves as not being financially comfortable, compared with those who had continued work (adjusted prevalence ratio 1.7; 95% CI 1.1-2.4). They recommend that health care professionals and patients work together to identify strategies to ease the financial burden of a cancer diagnosis.

Mehnert *et al.* (2016) designed a longitudinal study to assess patients' desire for early retirement and to investigate which cancer-related factors and psychosocial characteristics are associated with early retirement in Germany. Of the 750 cancer patients the authors included in their study, 22% expressed a desire to retire early. These patients reported significantly longer sick leave periods, less favourable workplace environments, lower work ability, higher psychological distress and lower quality of life than other patients. Twelve months after inpatient cancer rehabilitation, about one in eight cancer patients actually received temporary or permanent early retirement pensions. One of the most influential predictors of early retirement the authors identified was being on sick leave (odds ratio (OR) 5.6; 95% CI 2.7-21.5).

Workplace discrimination in individuals with a history of cancer is the central theme in the study of Feuerstein *et al.* (2017). In the mid 1970s, the first studies related to occupational rehabilitation of cancer survivors began to address the topic of discrimination. Worryingly, there is ample evidence that problems such as being treated poorly, being passed over for promotion, and experiencing discrimination at the workplace, still exist today. In their study, Feuerstein and colleagues report that survivors with comorbid health conditions were more likely to file allegations in America related to terms of employment, such as salary and advancement (OR 1.4; 95% CI 1.0-1.8). They recommend that efforts be made to effectively prevent discrimination of survivors at work.

Turning attention to specific overlooked groups, Van Egmond *et al.* (2015) focus in their study on cancer survivors with job loss experience in the Netherlands. The aim of this qualitative study was to explore barriers and facilitators for return to work in this specific patient group, and in insurance physicians who support these survivors in their return to work. During focus group interviews, participating survivors expressed fear over undertaking job applications, a lack of opportunities to increase work ability through gradual, incremental processes, and reluctance from employers in hiring them. Insurance physicians expressed a need for more frequent and longer consultations with cancer survivors who had experienced job loss. The authors conclude that cancer survivors who experience double loss (i.e., loss of health and job loss) encounter specific barriers in the return to work process, necessitating a tailored approach regarding return to work support.

To continue with overlooked groups, the commentary by Sharp *et al.* (2017) describes the impact of cancer among individuals who are self-employed. The authors state that this is a group which is growing in size and is of considerable importance to European economies and society. However, they may be at risk of poorer work-related outcomes, health and quality of life than salaried cancer survivors. There are clear knowledge gaps in this area, and there is a need for robust research to better quantify the impact of cancer on this population, and to understand their experiences and preferences.

Zaman *et al.* (2015) evaluate in their study the concept of the Dutch oncological occupational physician (OOP) – people who are trained in oncological work-related problems, and in providing work-related support to cancer patients within the curative setting. The authors assessed facilitators and barriers that affect the activities of an OOP in the Netherlands, and the satisfaction of the OOPs and patients with this relatively new form of health care. Major barriers that were identified concerned, for example, a lack of financial support for the OOP and the unfamiliarity of patients and health care providers with the specialised occupational physician. Conversely, the additional knowledge of the OOPs about cancer and work-related problems was considered an important facilitator.

Following this line of research, i.e., providing information, advice and support regarding work, MacLennan *et al.* (2017) explore ways in which the information and advice needs of those diagnosed with urological cancer, and other stakeholders, might be met. Semi-structured interviews were conducted with cancer patients, health care providers and managers from large organisations in Scotland. The authors identified five key themes: perceived importance of work engagement; decision-making; treatment, work and cancer; roles and responsibilities; education and training; information, advice and support resources. One of the participating urological cancer survivors in this study mentioned: ‘I was glad to get back to work and actually have a point in life. Having a purpose of getting through the day is what helps you recover’.

Finally, an explorative review on the application of behavioural change models and the consideration of behavioural determinants in the context of ‘cancer and work’ has been included (Duijts *et al.* (2016)). We performed this review as previous studies have shown that behavioural change models have successfully been used to develop effective lifestyle interventions, e.g., to increase physical exercise, in cancer survivors. Also, in patients with other chronic diseases, such as mental health problems, the influence of several behavioural determinants, e.g., motivation, on return to work have been determined. As many work-related interventions for cancer survivors so far lack statistically significant effects, a plea is made in this review to use knowledge from related fields and apply a behavioural approach in the development of such interventions for these survivors.

We hope this interesting selection of papers in the current issue of the European Journal of Cancer Care will prompt both health care professionals and researchers to give prominence to work-related issues, and to recurrently ask cancer survivors the question: ‘how is this diagnosis affecting your work?’ Even those who are unemployed and perhaps are looking for a new job. We are happy to hear your innovative ideas about necessary next steps in the field of ‘cancer and work’ and your answer to the question ‘are we getting any closer?’ Even if you can not provide the answer (yet), we do hope you enjoy the selection of papers in our current issue.

References

- Barofsky I. (1989) *Work and Illness: The Cancer Patient.*, Praeger, New York.
- De Boer A. G. (2014) The European Cancer and Work Network: CANWON. *J Occup Rehabil* **24**, 393-398.
- De Boer A. G., Taskila T., Ojajarvi A., Van Dijk F. J. & Verbeek J. H. (2009) Cancer survivors and unemployment: a meta-analysis and meta-regression. *JAMA* **301**, 753-762.
- Disler P. B. & Pallant J. F. (2001) Vocational rehabilitation. *BMJ* **323**, 121-123.
- Duijts S. F. A., Van Egmond M. P., Gits M., Van Der Beek A. J. & Bleiker E. M. (2016) Cancer survivors' perspectives and experiences regarding behavioral determinants of return to work and continuation of work. *Disabil Rehabil* 1-9.

- Duijts, S. F. A., Bleiker E. M., Paalman C. H., van der Beek A. J. (2016) A behavioural approach in the development of work-related interventions for cancer survivors: an exploratory review. *Eur J Cancer Care (Engl)*. doi: 10.1111/ecc.12545
- Ferlay J., Steliarova-Foucher E., Lortet-Tieulent J., Rosso S., Coebergh J. W., Comber H., Forman D. & Bray F. (2013) Cancer incidence and mortality patterns in Europe: estimates for 40 countries in 2012. *Eur J Cancer* **49**, 1374-1403.
- Hakkaart-Van Roijen L. (1998) *Societal Perspective on the Cost of Illness.*, Judels and Brinkman, Delft.
- Holland J. & Weiss Wiesel T. (2015) History of Psycho-Oncology. In: *Psycho-Oncology* (eds. HOLLAND, J., BREITBART, W. S., BUTOW, P. N., JACOBSEN, P. B., LOSCALZO, M. J. & MCCORKLE, R.). Oxford University Press, New York.
- Mehnert A., Barth J., Gaspar M., Leibbrand B., Kegel C. D., Bootsvelde W., Friedrich M., Hartung T. J., Berger D. & Koch U. (2016) Predictors of early retirement after cancer rehabilitation – a longitudinal study. *Eur J Cancer Care (Engl)*. doi: 10.1111/ecc.12528
- Peteet J. R. (2000) Cancer and the meaning of work. *Gen. Hosp. Psychiatry* **22**, 200-205.
- Van Egmond M. P., Duijts S. F. A., Loyen A., Vermeulen S. J., van der Beek A. J. & Anema J. R. (2015) Barriers and facilitators for return to work in cancer survivors with job loss experience: a focus group study. *Eur J Cancer Care (Engl)*. doi: 10.1111/ecc.12420
- Zaman A. C., Bruinvels D. J., de Boer A. G. & Frings-Dresen M. H. (2015) Supporting cancer patients with work-related problems through an oncological occupational physician: a feasibility study. *Eur J Cancer Care (Engl)*. doi: 10.1111/ecc.12378

References that have to be added (after acceptance of the manuscripts):

- Feuerstein M. & Gehrke A. (2017) Comorbidity and workplace discrimination in individuals with a history of cancer. *Eur J Cancer Care (Engl)*. doi: ...
- Gordon L., Beesley V., Mihala G., Koczwara B. & Lynch B. (2017) Reduced employment and financial hardship among middle-aged individuals with colorectal cancer. *Eur J Cancer Care (Engl)*. doi: ...
- MacLennan S., Murdoch S. & Cox T. (2017) Changing current practice in urological cancer care: providing better information, advice and support on work engagement. *Eur J Cancer Care (Engl)*. doi: ...
- Sharp L., Torp S., Van Hoof E. & de Boer A. G. (2017) Cancer and its impact on work among the self-employed: a need to bridge the knowledge gap. *Eur J Cancer Care (Engl)*. doi: ...