Understanding Healthcare Providers' Role in Cancer Survivors' Experiences Returning to Work After Primary Treatment: A Longitudinal Qualitative Study

Emily K. Drake^{1,2} & Robin Urquhart^{1,2}

¹Faculty of Health, Dalhousie University, ²Department of Surgery, Nova Scotia Health Authority

BACKGROUND

- The number of cancer survivors is growing due to:
 1. Increased cancer incidence
 2. Improved cancer survival through earlier detection and better treatments
- With cancer survivorship comes practical and economic implications, with many survivors reporting difficulties reintegrating into the work environment following an absence due to treatment
- There is limited research aimed at understanding survivors' reintegration into work after treatment

OBJECTIVE

To explore cancer survivors' perspectives on and experiences with their healthcare providers' roles in their return to work (RTW) following primary cancer treatment.

METHODS

- A prospective qualitative longitudinal study, using in-depth telephone interviews (three interviews/survivor), was used to provide a rich understanding of how 13 cancer survivors experienced RTW
 - Female = 10; Male = 3
 - Average age = 45 (25 – 62 years)
 - Location: Urban (10); Rural (3)
 - Marital status:
 - Single = 4
 - Common-law = 3
 - Divorced = 1
 - Married = 5
 - Average number of children: 1.3
 - Cancer types: Various (Breast = 5; Ovarian = 2; Other = 6)
 - Occupation: Worked in healthcare = 4; Customer Service = 3; Other = 6
- Data were analyzed using thematic analysis

RESULTS

Findings indicate that healthcare providers play an important role in the RTW process:

- 1) **But, oftentimes the system lacks adequate psychosocial care**

"It was never offered to me"

"Well, I think the psychologist appointment probably earlier would have helped ... Somebody that, you know, from there that deals with people going through cancer and has dealt with this. I think if, I think if we had done that earlier that might have been more helpful"

- 2) **Many survivors feel they are left to advocate for the provision of these services themselves and, as a result, their needs are often unmet or sub optimally met.**

"Even when I was umm admitted for my stem cell transplant where I was like in isolation ... I never saw a social worker and I think initially actually when I first umm was sick umm and was I didn't know how to apply for EI or any of that kind of stuff. I had asked to talk to a social worker to figure out like funding or that kind of stuff and I never. They told me they had put in a referral to a social worker and I never heard from them. So, they never ever contacted me... So, then it was just kind of on my own figuring everything out from then on in. So, it was never offered to me and even when I asked I still didn't get it."

"I have a therapist because I went out on my own to get one."

- 3) **When available and accessed, specialist psychosocial oncology providers/programs helped patients deal with their diagnosis and the challenges that present after surviving cancer, often times connecting them with others who understand what they are going through and helping them with the social, emotional, and practical components of the RTW process.**

"Oh, it was wonderful. It was it is a six week program ... you are sitting with like twenty other people who have gone through cancer and at least one of them feels the same way as you do about something."

"And, going to those and talking to other people that are in the same position you find out that you're not the only one doing all these things."

"... the retreat oh there's a new one coming up this weekend that's out in [rural area] for the weekend and you go there and you talk with other people and you get to know what they went through and what you went through and now you don't feel like you're all alone because when cancer you feel like you're alone."

- 4) **Patients can at times feel pressure from healthcare providers who overlook the psychosocial and practical issues they face returning to work**

"I feel like my family doctor is also putting pressure. Like he doesn't really fully understand brain fog and fatigue and, you know, just the the way he deals with what I say, he just he doesn't understand that these are such serious side effects of cancer and he tells me that they are just short-term and if I go back to work and once I get back in the routine of things I'll be fine. And so, I just feel like no one really is taking it seriously that I have these side effects and I'm expected to just kind of ignore them and go back to work and that's not something I can do at this point. I just, there's no way I can do a full-time job right now."

DISCUSSION

- ❖ Access to specialist psychosocial oncology providers/programs within the healthcare delivery model enhances survivors' RTW after primary treatment
- ❖ Understanding the psychosocial impact of cancer and its treatment on a patient's return to work experience is needed for both empathy and understanding, in addition to providing an adequate provision of services that will help facilitate their re-entry to the workforce

Emily Drake
@EK_Drake

Robin Urquhart
@UrquhartRobin