

Employer's management of employees affected by cancer

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Introduction:

Return to work (RTW) following treatment can be problematic for cancer survivors. Although some people affected by cancer are able to continue working, a greater proportion of these survivors end up unemployed, retire early or change jobs than those without a diagnosis of cancer (1). One of the reasons for not returning to work is the lack of understanding and support from employers and supervisors (2). Currently, it is not clear what factors are likely to influence the employer's management of employees recovering from cancer. This article reports the outcome from a review of the published literature on factors related to the current employer management of employed cancer survivors.

Method:

We conducted an in-depth review (scientific literature from 1980 to 2016) and used the National Institute for Health and Care Excellence evidence based systematic review guidelines (3). Articles were identified using PubMed, Google Scholar, Web of Science, Science Direct, Embase, PsychInfo and Cochrane Central Register of Controlled Trials. Inclusion criteria were: 1) original empirical articles; 2) data on supervisors and/or employers of patients returning to work after a cancer diagnosis; 3) data on supervisors and/or employers from the employer and/or employee perspective; 4) articles focusing on adult cancer patients; 5) English language articles; and 6) availability of the full article. Results were synthesized according to the Resource Dependence Institutional Cooperation Model (RDIC) model (4).

Results:

Twenty-six papers were identified including 11 from the Europe; 4 from Asia; 6 from the United States of America and 5 from Australia. Among these, 16 were qualitative studies predominantly and 10 were quantitative studies (5-30). Review of these articles provided insight into the range and complexity of factors that influence an employer's management of employees diagnosed and treated for cancer and were synthesized using the RDIC model (Figure 1).

Employers' perception and/or implementation of their organisation's RTW policies:

As with other chronic health problems in the workplace, RTW policies were crucial for supervisors or employers to support the RTW of employees following cancer treatment. (10,20, 23). Yet in many organisations, RTW policies were not available and for most organisations, practices and procedures for managing RTW following cancer were neither uniform nor specific to cancer (19). Organisations that did not have explicit RTW policies (19,30) often had poor lines of communication between the supervisor or employer and the employee and between the manager and other stakeholders involved in the RTW process (e.g. occupational health). This lack of guidance available to supervisors and employers_on how to facilitate RTW for employees resulted in a process that was often 'trial and error'. As a result, supervisors and employers were reluctant to proactively contact their employees and instead would defer to 'second hand' information channels to keep themselves informed about their employees. These types of practices increased the risk of employees experiencing distress when their RTW was being managed (19).

Whilst the studies reviewed here have been conducted in different countries with different healthcare and social systems, consistently, they report that the way

supervisors or employers implemented workplace RTW policies depended on how clear such policies were. This suggests that there is currently much variation within organisations in how RTW is managed for employees returning from leave for cancer treatment.

A UK study (7) reported that managers held favourable attitudes towards enabling employees with cancer to maintain normalcy and supporting them in the process of RTW. Despite these positive attitudes, some managers perceived the requirement to make appropriate work accommodations for cancer survivors as a burden and they harboured negative attitudes regarding the individual's ability to work and meet the demands of the job (7, 12).

Employees' perception of their employer's role and support:

The evidence for employees' perception of their employer's role and support was variable. Some studies reported positive perceived employer support for cancer survivors (13,18,26) while others highlighted perceived discrimination and low levels of management support (23,25,28).

One possible explanation to the variability in evidence is the inconsistent availability of relevant policies applicable to individuals with a history of cancer (16), differences in employee expectations and type of cancer and/or the cancer treatment received (27,28).

However, a good relationship with the supervisor or employer was a major factor perceived by employees as influencing RTW after cancer treatment (5,19, 20). Employees expressed this relationship as a "contract" between the employee and the employer, which consisted of mutual respect, compassion and effective communication (19). This set of expectations or "contract" was based on the duration

of service prior to the cancer diagnosis (5) and was strongly perceived by employees as contributing to long-term employment following cancer treatment (18).

Conclusion:

Demand-side employment research is emerging as an important line of employment and disability research. One focus of this type of research is to examine the perceptions of chronic illness and disability (e.g. cancer) from the employer perspective.

There is a strong need for more comprehensive studies that are methodologically sound and that build on many of the qualitative studies reported here. There is little available evidence as to how employer management and support of cancer survivors impacts on their ability to RTW.

Furthermore, our review found no intervention studies related to the effectiveness of employer management. Intervention studies could explore the feasibility and/or effectiveness of various interventions of employer management and support of cancer survivors. Interventions should include the use of explicit workplace RTW policies, and employer training on managing a successful RTW or work retention. Furthermore, specific cancer survivor-related accommodations and education on the impact of employers' perceptions of employee characteristics on poor RTW outcomes are important components which need to be included in any interventions. Results from these interventions will enable those cancer survivors who wish to continue to work to achieve this goal which is important for their quality of life.

Conflict of Interest:

None.

We allow the Journal to review the data.

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