



# Supporting the return to work of breast cancer survivors: perspectives from Canadian employer representatives

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## Abstract

**Purpose** A significant proportion of women with breast cancer want to RTW (return to work) after treatment. Employers play a key role in facilitating RTW for these employees who face distinct challenges. However, the portrait of these challenges remains to be documented from the perspective of employer representatives. The purpose of this article is to describe the perceptions of Canadian employer representatives regarding the management of the RTW of BCSs (breast cancer survivors).

**Methods** Thirteen qualitative interviews were conducted with representatives from businesses of various sizes (< 100 employees, 100–500 employees, > 500 employees). Transcribed data were subjected to iterative data analysis.

**Results** Three major themes emerged to describe employer representatives' perceptions of managing RTW of BCS. These are (1) providing tailored support; (2) remaining 'human' while managing RTW; and (3) facing the challenges of RTW management after breast cancer. The first two themes were perceived as facilitating RTW. The challenges identified concern uncertainty, communication with the employee, maintaining a supernumerary work position, balancing employee and organizational interests, reconciling with colleagues' complaints, and collaboration among stakeholders.

**Conclusions** Employers can adopt a humanistic management style by offering flexibility and increased accommodation for BCS who RTW. They can also be more sensitive to this diagnosis, leading some to seek more information from those around them who have experienced it. Employers require increased awareness about diagnosis and side effects, be more confident to communicate, and improved collaboration between stakeholders to facilitate the RTW of BCS.

**Implications for cancer survivors** Employers who focus on the individual needs of cancer survivors during RTW can facilitate creative and personalized solutions for a sustainable RTW and help survivors recover their lives after cancer.

**Keywords** Employer · Breast cancer · Cancer survivors · Return to work · Qualitative research · Canada

## Introduction

One in eight women in Canada will be diagnosed with breast cancer in her lifetime [1]. Approximately 88% will survive beyond 5 years due to major advances in early detection and treatment [1, 2]. Nearly half of the women diagnosed with breast cancer are of working age [1], and many want to RTW (return to work) in order to reintegrate an active social life and regain a sense of "normalcy" [3, 4]. Working allows survivors to maintain social interactions, self-esteem, psychological well-being, and financial security [5, 6]. However, the complex and multidimensional challenges encountered during RTW are often related to the survivors themselves (e.g., persistent side effects from cancer and its treatment, motivation to return to work) and to other stakeholders (e.g., health professionals, insurers) in which the employer representatives who

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manage RTW (i.e., direct supervisors, human resource managers/directors) have a primary role in supporting a survivors' RTW by being their first interlocutor within the organization [7-11].

A sustainable RTW for BCSs (breast cancer survivors) relies partly on maintaining working conditions adapted to the survivor [12]. Studies from Europe have highlighted how employers can facilitate a sustainable RTW for cancer survivors at all steps of the process [13, 14]. Efforts have been made to document the perspectives of Canadian employer representatives who manage RTW [15, 16]; however, to date, the scientific literature from Canada has mainly focused on understanding the experience of the RTW process [8, 9, 17, 18]. The European experience highlights in greater detail how employer representatives can provide accommodations for their staff member, participate in the development of a RTW plan, and support the survivor during their RTW [14, 19]. Employer representatives may also work closely with other stakeholders, such as health professionals, insurer representatives, and employer representatives to ensure that the RTW occurs [20]. However, employer representatives feel ill-equipped to accompany the RTW of cancer survivors on a daily basis [11]. Consequently, employer representatives have the power to provide accommodations, such as modifying tasks, work schedule, and environment to facilitate a RTW [21, 22], but, from their perspective, managing RTW after cancer is complex because of the many challenges and dilemmas that arise such as providing appropriate support, ensuring communication, balancing interests, and respecting privacy [13, 17, 23, 24]. If European studies, related to employer representatives, are well developed [13, 14, 19, 25-30], those in Canada should be enhanced insofar that RTW laws may vary from country to country and, as a result, employer representatives may be more or less involved in the RTW process of BCSs [10, 24, 31].

Considering the high number of BCSs in Canada and their unique challenges after cancer treatments (e.g., fatigue, physical limitations), this study aimed to explore Canadian employer representatives' perspectives on managing the RTW of a BCS.

To improve readability, we use the term "manager" in what follows when referring to the employer representative (i.e., direct manager, supervisor, human resource manager) who manages RTW cases within the organization.

## Method

An exploratory qualitative study was conducted [32]. This type of study represents a first stage of research in the face of an ill explored problem.

### Sampling and recruitment

Purposive sampling was the preferred method for targeting participants for this study [33]. Multiple strategies were deployed for recruitment between September 2019 and December 2020 (Table 1), including (i) contacting Montreal area businesses (ii) targeted publicity via social networks (e.g., Facebook, LinkedIn), and (iii) personalized invitations by a key informant from a non-profit organization. It should be mentioned that recruitment was particularly difficult due to the COVID-19 pandemic which limited the availability of participants.

Inclusion criteria for participation were (a) holding a managerial or supervisory position; (b) having performed tasks related to RTW coordination or follow-up for sick leave; (c) having at least one coordination/follow-up experience related to the RTW of a BCS; (d) speaking and understanding French Canadian; (e) employed by a public or private sector organization located in the province of Quebec, Canada.

### Data collection and analysis

Data were collected with a questionnaire pertaining to participant demographics and work characteristics and an interview guide. Interviews focused on the roles of managers within the organization, challenges encountered during the RTW of BCSs, stakeholders involved during RTW, and

**Table 1** Recruitment strategies deployed and number of employer representatives recruited

Strategy	Number of shares or views	Number recruited
Invitations during events	N/A	5
Promotional video on LinkedIn	760 views, 14 shares	1
Key informants from a non-profit organization	Personalized email	4
Snowball	N/A	3
Phone call or email to Montreal area businesses	43 contacts	0
Targeted publicity on Facebook	5.4 K views, 33 shares	0
Publicity on the Facebook page for the study	1.1 K views, 19 shares	0

N/A: non-applicable

facilitators for RTW. Managers were invited to share a real-life situation involving the management of a RTW of a BCS. Given the context of the COVID-19 pandemic, the majority of interviews were held remotely (Zoom™) and lasted an average of 29 min. Interviews were transcribed *verbatim* and data were subjected to an iterative data analysis by AF and KB, including the following activities: data condensation, data presentation, and development and verification of findings [34]. First, the transcripts were read in their entirety, by AF, then, data were condensed by assigning codes inductively to sections of transcripts, based on meaning. At the same time, the condensed data were organized into tables for presentation and iteration. Iteration was performed by going back and forth between the condensed data (i.e., code) and the organized data (i.e., table) to bring out themes, networks of relationships, fields of representations and trajectories. Team members AF, KB, and MMG discussed their hypothesis in relation to data throughout the analytical process, taking into account transcripts and field notes to interpret findings. QDA Miner software v 5.0.28 was used to manage data. Study quality was ensured with the following criteria: internal credibility and validity (cross-judge validation between AF, KB, MMG, BP), procedural accountability (documentation of the research process), and external transferability/validity (detailed description of context) [34].

## Results

Thirteen ( $N=13$ ) individual interviews were held with managers from Montréal (Québec, Canada) area businesses. Table 2 provides participant and workplace characteristics. Ten managers identified as female. Nine held direct management positions, while three were human resource managers and one was an executive. The size of the businesses ranged from small ( $n=4$ ), medium ( $n=4$ ), and large ( $n=5$ ).

Three major themes emerged from our iterative data analysis to describe participants' perceptions of managing a RTW for BCSs. These are (1) providing BCS with tailored support during their RTW; (2) remaining "human" while managing RTW; and (3) facing the challenges of RTW management after breast cancer. The next paragraphs detail these themes.

### Providing BCS with tailored support during their RTW

Participants expressed their willingness to accompany their staff member during a RTW after breast cancer. Although participants knew little about the side effects and recurring effects of cancer and treatment, they noted that the BCSs' abilities fluctuated during RTW. To accommodate the employee, participants provided flexible work schedules

**Table 2** Participant and workplace characteristics

Participant characteristics	$N=13$
Identified as	
Male	3
Female	10
Age	
(20–29)	1
(40–49)	3
(50–59)	8
(60–69)	1
Level of education	
University	13
Function within the organization	
Manager	9
Human resources manager	3
Management (executive)	1
Workplace characteristics	
Sector of activity	
Primary	-
Secondary	2
Tertiary	5
Public	6
Number of employees	
(< 100 employees)	4
(between 100 and 500 employees)	4
(> 500 employees)	5
Region	
Urban	12
Semi urban	1
Presence of an employee union	
Yes	7
No	6

(e.g., starting later, time off for medical appointments) or reduced work schedules. Participants also noted that it was difficult for the BCS to get back into the rhythm of things. This required reviewing tasks and workload for a gradual return to activity, as one participant explained:

When someone comes back who is not 100%, but, at the same time we have to be accommodating, and then we have to give them a chance to get back to their tasks. It's better for her to come back at a slower pace to gradually get back to her tasks, than to come back at 100%, but much later. I think it's definitely something we need to accommodate. [Participant 13, > 500 employees]

Some participants mentioned that they remained alert to any signs of fatigue, difficulty concentrating, or discomfort on the part of the BCS. Three participants explained how they discreetly observed the evolution of their employee's

RTW. Their observations allowed managers to adjust tasks or schedules, as one participant expressed:

During a gradual return, sometimes on Friday afternoon I would say to the employee, “Go home early today” (...) You notice it physically, the drop in energy. You could see there was nothing left on Friday. [Participant 10, <100 employees]

Four participants reported lowering their expectations when the BCS returned to accommodate her slower pace. Several participants perceived that the BCS may have been “slower” during her RTW but did not want to add pressure, as one participant recounted:

[...] she [the employee] was ashamed of being so slow. We told her, “It’s not your fault, so right now relax and do as much as you can, as you can”. [Participant 02, < 100 employees]

It was difficult for some participants to watch the BCS struggle through trial and error while gradually returning to her tasks. A participant spoke of their dilemma:

As a manager... without pity. I don’t like to say the word pity, but my empathy made me want to protect her [employee] so much. But I couldn’t protect her too much because otherwise her credibility as an employee would have dropped. [Participant 09, < 100 employees]

### Remaining “human” while managing the RTW of a BCS

For some participants, a staff members’ diagnosis of breast cancer evoked a unique sensitivity that was absent during other RTW cases. Four participants reported paying special attention to their employee while on sick leave for breast cancer (e.g., personalized gifts, increased friendly contact) that they did not do for other types of diagnosis such as mental health. Two participants, one male and one female, sought advice from BCSs in their personal lives to better understand their employee’s experience. One of these participants related:

[...], I’m a man, so I couldn’t say to her, “I understand,” because I am not a breast cancer survivor. Fortunately, I had women in my personal circle who had experienced breast cancer, so I asked them for a lot of advice [...]. [Participant 06, < 100 employees]

Indeed, participants specified adopting a ‘humanistic’ approach when managing the RTW of a BCS. Many maintained a strong relationship with their staff member, based on trust and respect. Eight participants spoke of their willingness to listen to the BCS experiences and discuss their

needs. Six participants kept in touch with their staff member during sick leave because of their close relationship. One participant explained:

I was very close to my employee (...) I have a trusting relationship with her, she talks to me. I’m lucky because she talks to me about what she went through. [Participant 10, < 100 employees]

Eight participants spoke of their role during RTW, which includes welcoming back the BCS and providing accommodations. One participant described their role while emphasizing the need for providing emotional support:

Where I intervene more precisely, I would say is in greeting the employee, and, in the adaptation of the task in relation to the person’s state of health at work. So that’s more my role, and I would say a major part of the role is really in the return process and then the emotional support of the person who is returning. [Participant 05, >500 employees]

### Facing the challenges of RTW management after breast cancer

Participants highlighted several challenges in relation to managing RTW after breast cancer. These include dealing with uncertainty, communicating with the employee, maintaining a supernumerary position during a progressive RTW, balancing interests of the employee and the organization, reconciling with co-worker complaints, and collaborating with stakeholders.

#### Dealing with uncertainty

Participants reported facing uncertainty during the RTW of BCSs in terms of current and future workload, progression of work activities, and the late effects of cancer on BCSs’ abilities (e.g., fatigue, loss of concentration, physical limitations). Managers emphasized lacking information and training on the topic of managing this type of RTW. Lessons remained anecdotal and participants mentioned having had little guidance. One participant explained:

I didn’t have a little book in my office that said, “How do you plan for the return of an employee who has breast cancer? Even then, it was really from experience. So, I imagine people who are first-time managers, it can’t be easy because even if it went well, I didn’t find it easy because sometimes I felt like I was being gauche. Did I say the right things? Is that what she wants to hear?” [Participant 06, < 100 employees]

In addition, providing appropriate support and accommodations for BCSs proved difficult if survivors did not

disclose ample information about their condition. Participants felt powerless because they did not receive sufficient information from the human resources (health unit) or the employee to provide appropriate support. One participant expressed:

What's most difficult is that not every employee is going to provide a lot of details about what they've been through, so we can help them. [Participant 13, > 500 employees]

### Whether or not to contact the BCS during sick leave

Participants' views varied when discussing procedure about contacting employees during sick leave. For some, it was difficult to determine when to make contact. For those who said they had a close relationship with their staff member, contact was regular. Other participants were uncomfortable inquiring about the BCS while on sick leave. One participant reported:

When people are on sick leave, I tend to take a back seat. As much as I practice empathy and humanism, when people are on leave, we must not forget that we are still the boss. Even a message of encouragement can generate stress for the employee. So... I remain very, very discreet when people are on leave, and I wait to hear from them. [Participant 05, > 500 employees]

### Maintaining a supernumerary employee during a gradual RTW

Replacing the BCS while on sick leave and during a gradual RTW requires planning and coordinating a supernumerary employee, which was also a challenge for participants. Five participants explained how they must plan employee schedules accordingly during a progressive RTW. This requires keeping the person who was acting as a replacement in place during a RTW. One participant gave an example of their challenge:

When it's a progressive return, the challenge is to coordinate with the person who did the replacement. At that point, it requires coordinating with the person who replaced them, getting on the same page, perhaps learning about the students' files, particularly in this context: knowing where the students are at. [Participant 05, > 500 employees]

### Balancing organizational and employee interests

Three participants noted that it was challenging to balance the interests of the employee and the organization when managing the RTW of a BCS. While keeping the employee's

well-being in mind, participants negotiate accommodations they can maintain over time within the organization. Some participants anticipated setting precedents, especially within larger organizations (e.g., multinationals, many employees). Some spoke of their efforts to apply any collective agreement between employers and employees with "humanity." On the other hand, they felt powerless when options seemed limited, as one participant explained:

She came back, but she told us she wasn't able to come back and work in the store. So, I didn't know what to offer her. I didn't have a job to offer her at the corporate office. I didn't have any other options for her because sometimes they do't necessarily have the skills to come and work either in accounting, or they're not bilingual [French, English]. So, it was hard to balance the two...the interest of accompanying her...But we always try... [Participant 12, > 500 employees]

### Reconciling with colleagues' complaints

Another significant issue that was reported by three participants were the complaints from other employees about extra workload due to the RTW of the BCS. Some co-workers became impatient with the employee's reduced work capacity.

In the beginning, as an HR [human resources manager], I had to deal with people coming to me saying, "How long do we keep it up here? Because it's made work more tiring." [Participant 02, < 100 employees]

### Collaborating among different stakeholders

Seven participants spoke of how the lack of collaboration among the different stakeholders involved in RTW can impede RTW. Participants noted a lack of communication or common understanding among the employer, the health care team and the insurers. It was mentioned that communication with the employee is often made with Human Resources personnel who handle the medical records of organization's employees, but managers receive limited information about conditions of employment or duration of RTW. Participants had no contact or information from the health care team. This lack of collaboration can be a factor hindering RTW management as this participant stated:

I think there's a disconnect between the different stakeholders involved in RTW. [Participant 08, > 500 employees]

One participant noted that disagreements may arise between employers and the union representing employees that can delay or complicate the management of RTW. She expressed:

There's like confrontation when you're fighting with the union because the employer doesn't agree. Even with the employee, when the employer challenges doctor's note or... They won't challenge the diagnoses, but they will challenge, for example, the RTW arrangements. There are debates around: yes, she is capable/not capable. (...) it's not helpful at all. [Participant 05, > 500 employees]

Positive aspects of collaboration among stakeholders were raised to address these issues. A participant from a large organization noted the critical role played by insurance representatives in facilitating communication and data transmission during the RTW collaboration:

The proximity we have with the insurer also makes it much easier for both sides to pass on information, it's been rigorous every month. So, I think having that connection helps us and helps them understand the employee and then get her back to work faster. [Participant 13, > 500 employees]

Six participants explained that it was easier to support RTW when the BCS had a positive and open attitude. They noted that the openness and resilience of some employees were conducive to collaboration. Some also illustrated that the collaboration of co-workers can have a positive effect on RTW management. It was reported that employers and co-workers can show a genuine interest in supporting and accompanying the BCS during RTW. This is revealed in this excerpt:

She was so anxious to come back because there is a very positive atmosphere in the team. We never stop congratulating her, encouraging her. So that obviously makes it easier to get back to work. [Participant 08, > 500 employees]

## Discussion

The purpose of this exploratory qualitative study was to describe the perceptions of Canadian employer representative regarding the management of the RTW of BCSs. The results show that managers can accompany the BCS at her own pace during RTW, adopt a humanistic management style, and attempt to overcome challenges. The participants in our study spoke of the importance of providing tailored support during RTW, but encountered multiple challenges, including the complexity of providing accommodations, limited information available to support the BCS (e.g., late effects of cancer, changes in work capacity) or the challenge of maintaining a supernumerary employee. Tensions exist among the informational, human, and organizational resources available to the manager and the personal and

professional values of the latter. This can make it difficult to balance the interests of employees and employers in the RTW process or in the implementation of accommodations [16, 19, 29].

Not unlike other studies on the same topic, issues about communication between managers and employees during sick leave were present in our results. Maintaining contact with an employee during sick leave is perceived as good management practice [35, 36]. However, some managers were uncomfortable communicating with their staff member while on sick leave because of the breast cancer diagnosis, believing this added pressure to the BCS. Yet, one study found that communicating with an employee during sick leave is highly valued by BCSs [17]. In addition to issues of communication between employer representatives and BCS, employer representatives also experienced challenges communicating and sharing information among the different stakeholders involved in RTW. Although many participants had a good relationship with their employees, they knew little about the diagnosis, the effects of cancer and long-term treatment or the employee's abilities. The issue of diagnostic disclosure is also described in other studies of RTW [19, 26, 27, 37, 38].

The results of this study remind us that collaboration among all RTW stakeholders is essential (employee, employer, health professionals, insurers) to ensure a sustainable RTW. Like other studies, the employee's commitment to her RTW was crucial for a sustainable return [19, 26, 29]; however, it was impossible to determine the contribution of health professionals to RTW, as managers had no contact with them. This means that crucial information such as the employees' abilities is not passed on to the manager. In Canada, it is the family physician or oncologist/surgeon who manages the evolution of RTW in the case of breast cancer. This could limit information sharing. It is therefore not surprising that a widely reported issue by our participants was the need to be adequately equipped with information regarding the BCSs' work abilities and the late effects of cancer. Indeed, limited access to information, resources, or training for managers has been a recurring theme over the past 10 years [11, 26, 27, 30].

Our results also highlight that managers must reconcile with other employees' complaints and preconceptions about the abilities of the BCS. In previous work, Peterson et al. [25] noted that co-workers may be sympathetic at the onset of RTW, but may complain that the RTW is taking longer than anticipated and that accommodations are extended over time. This can lead to uncertainty among colleagues as to the BCSs' real abilities. The manager must therefore add this component when coaching his or her team following the RTW of the BCS.

The description of managers' unique sensitivity regarding their staff member with breast cancer diagnosis may have

encouraged closer monitoring of the employee by some participants, greater flexibility for the RTW (e.g., schedule, tasks, enforcement of the collective agreement), and special care for the employee. Our results also highlight that expectations were lowered, and additional supervision was present. There can be a fine line between support and overprotection. Kwan [39] emphasized the importance of balancing control (e.g., marking interactions, assessing risk and need, providing options) with developing/maintaining trust (e.g., developing a relationship, reviewing expectations, communicating) in the context of RTW. It is even considered that balancing trust and control on the part of stakeholders is a best practice for facilitating RTW [40].

A notable finding from this study is how some managers demonstrated commitment to be adequately equipped to accompany the RTW of BCSs by seeking testimony from relatives/colleagues, who are BCSs themselves. These managers had access to information about diagnosis and the late effects of cancer otherwise unavailable to them and in turn were able to better understand the breast cancer experience. Others have also highlighted how empathy towards employees affected by cancer has influenced managers to propose informal arrangements or alleviate workload [25, 28, 30]. Moreover, several studies have emphasized how feeling supported in the workplace, flexibility, and the implementation of support measures favor sustainable RTW and its maintenance after a cancer diagnosis [3, 9, 11, 27, 41]. A recent expert consensus, including cancer survivors and managers who had experienced the RTW process, identified actions that may be taken by managers to improve the RTW of cancer survivors [13]. Actions reflecting empathy were as follows: “offering emotional support,” “treating the survivor normally,” “reducing work related pressure,” and “tailored support” [13]. Other authors have suggested that managers should develop emotional support skills given the unique and sensitive nature of cancer [42]. This unique sensitivity may have led our participants to adopt a humanistic approach while supporting the RTW of their staff member. Some participants were aware that accommodations were more naturally offered to employees who had been off work due to breast cancer than for other health reasons (e.g., mental health). Regarding our results, managerial actions should be driven by humanism rather than by performance or the obligation to provide support. Finally, “focusing on the human” facilitates creative and tailored solutions in the context of the RTW of BCSs.

### Strengths and limitations

This study is one of the few to describe the perceptions of employer representatives of the RTW of BCSs in Canada. Despite complex recruitment, 13 managers participated in the project, allowing for a diverse sample in terms of

organization size. As for study limitations, although the prevalence of breast cancer is steadily increasing, the probability of a single employer being affected by several employees with breast cancer remains relatively low, especially in a large countries, like Canada. This may explain the limited availability of participants and their limited experience managing the RTW of BCSs. Nevertheless, the data provides a complete picture of managers’ perspectives by revealing the humanistic aspect of their management. Moreover, it should be noted that in Canada, reasonable accommodation during RTW is required by law. The employer must reintegrate the employee into the organization, subject to the demonstration that this imposes undue hardship [43]. The results must be interpreted in this context.

### Implications for practice and research

This study highlighted the sensitivity of managers to the experience of BCS. Since a relational dimension is omnipresent in our results, we propose that training programs include educational activities presenting testimonials from survivors, situational exercises, and even simulations. This would reassure managers as to their ability to provide adequate support and to learn from a safe and non-judgmental experience. Nevertheless, taking time for communication by initiating contact or establishing a RTW plan are good starting points to the RTW process. In addition, informational resources from oncology non-profit organizations can be consulted online.

In terms of research initiatives, a few are underway in Europe to develop adapted interventions for employee managers. It remains to be seen whether this type of intervention can be developed in other industrialized countries, such as Canada, currently facing a labor shortage. In addition, ethnographic and biographical approaches could be used to describe how employers use their knowledge and experience to support employees affected by breast cancer. Finally, it is essential to involve all RTW stakeholders in research on the theme of cancer. It is only with the active participation of all that the issues of RTW after cancer can be better understood and overcome.

### Conclusion

Cancer is a unique experience that requires humanistic management on the part of the managers who handle the RTW of survivors. Managers would like to feel more competent to support the RTW of BCSs by being better equipped to reconcile with the BCSs’ variable capacity, improving communication during sick leave and providing support during RTW. Research projects and tools (e.g., training, information, practice guidelines) involving managers are still needed to facilitate the sustainable RTW of BCSs.

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**Data availability** N/A.

## Declarations

**Ethics approval and consent to participate** This study was approved by the University of Montreal Ethics Board (ref. number CERSES-19–035-D). All participants signed consent forms, of which they received a copy, and were informed that the data would remain non-identifiable.

**Consent for publication** N/A.

**Competing interests** The authors declare no competing interests.

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