

Career Counselling for Cancer Survivors Returning to Work

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Abstract

Cancer can impact work-ability significantly more than other physical and psychiatric disorders. Accommodations are often required upon returning to work after treatment, and cancer survivors may experience discrimination during this process. This article discusses key career challenges cancer survivors face and presents relevant career counselling theories to assist clients in navigating them. Constructivist career counselling models and happenstance theory offer strategies to help survivors make meaning out of unexpected events, explore new possibilities for returning to work, and gain skills for coping with future challenges in the workforce.

Keywords: career development, cancer patients, cancer survivors, career theories, counselling interventions

In this society, we are faced with many advancements and challenges within the context of vocational exploration. Some changes that can be for better or for worse can include promotion, demotion, geographical change, leaving the workforce permanently or temporarily, and termination. These expected changes can be deemed normal in the progression of career

pursuits since most individuals will experience one or more of these changes. However, there can be significant distress when an individual faces an unexpected adjustment outside of the context of his or her working life. A diagnosis of cancer makes a huge impact on most, if not all, areas of an individual's life.

Recently, advancements in cancer treatments have increased rates of survival and functional recovery (Clarke et al., 2011; de Boer et al., 2009; Grunfeld, Low & Cooper, 2010; Wynn, 2009). As a result, there will be an increasing number of cancer survivors being treated for cancer in the workforce. The capacity to work productively after a cancer diagnosis can often be more significantly impacted than with the development of other major physical and psychiatric disorders (Wynn, 2009). For cancer survivors, work is often related to having a purpose in life, a sense of contributing, as well as a distraction (Feuerstein et al., 2010). After a cancer diagnosis, individuals express a re-evaluation of life as a major theme as well as changes in respect to their perspectives on life (Main et al., 2005). These are all important factors to keep in mind while working with individuals dealing with issues related to cancer in a career counselling setting.

This article discusses some of the important issues individuals face in their careers or in the workforce after cancer diagnosis and treatment. The three main issues addressed are impaired work ability due to symptoms or treatment, the return to work after treatment and any required modifications, and discrimination affecting cancer patients and survivors. After a discussion of these issues, some career counselling theories will be discussed in the context of a cancer diagnosis and cancer survivorship while in the workforce. This section will draw on specific strategies or techniques from career theories that could be used to address or assist a client who is presenting with issues related to the topic of cancer diagnosis and his or her career. This is closely linked to counselor implications and conclusions, which will be discussed in the final section.

It is important to explain in what way this article will be conceptualizing the idea of career counselling. The idea of career counselling will not be addressed as a separate entity from other areas of counselling. The perspective is that cancer is often an unanticipated, personal, and an influential factor in individuals' decision-making processes. It impacts decisions around personal life as much as

it impacts decisions in the area of work life.

Impaired Work Ability

The first issue that will be addressed is that of impairment in work ability due to cancer symptoms, side-effects of treatment, and some possible long-term implications. The work ability of individuals dealing with cancer or treatments is influenced by factors such as the type of the cancer, stage and prognosis (Lindbohm & Viikari-Juntura, 2010). Cancer treatment varies according to the site and stage and as a result can involve surgery, chemotherapy, radiation, hormone treatment or a combination of these factors (Amir & Brocky, 2009). Cancer can cause a wide range of impairments and issues. Side effects of treatments can include physical, psychological, and cognitive impairments (Lindbohm & Viikari-Juntura, 2010; Nieuwenhuijsen et al., 2009). For example, treatments can cause localized and highly visible problems such as amputations, to generalized less obvious issues such as fatigue or pain (Short & Vargo, 2006). Symptoms such as pain and fatigue have been associated with cognitive functioning, depression and reduced quality of life (Taskila & Lindbohm, 2007). In a study conducted by Schlich-Bakker et al. (2006) anxiety and depression were present in almost fifty percent of patients in the year following diagnosis, whereas intrusive thoughts and avoidance were found in eighteen percent.

Additionally, cancer survivors have reported issues with concentration, new learning, and analyzing (Nieuwenhuijsen et al., 2009).

Nieuwenhuijsen et al. (2009) specifies that once diagnosed, the cancer itself or even the treatment can have negative implications for cognitive functioning. Specific detrimental effects include issues with attention, concentration, information processing speed, executive functioning and visual and verbal memory (Nieuwenhuijsen et al., 2009). It is important to keep in mind that survivors are two and a half times more likely to remain off work for longer if they experienced high levels of fatigue (Amir & Brocky, 2009). Chances of return to work increase when more time passes after treatment (Spelten, Spranger & Verbeek, 2002).

However, it has been found that twenty percent of cancer survivors report physical and psychological symptoms that can result in one in 10 survivors not being able to return to work (Chan et al., 2008). On a related topic, in a study conducted by Clarke et al. (2011) individuals with higher levels of education are less likely experience functional limitations. To add, there are specific characteristics, such as physical limitations, that place cancer survivors at a higher risk for issues that prevent a smooth return to work process (Amir & Brocky, 2009; Lindbohm & Viikari-Juntura, 2010). These barriers will be addressed in a later section.

Return to Work and Work Modifications

It is evident that there is a need to focus on work outcomes as a way to promote quality of life for cancer survivors (Main et al., 2005). Fortunately, many employers have health and wellness, work life, employee assistance, disability management or return to work programs that address many concerns cancer survivors may have (Short & Vargo, 2006). It is important for career counsellors to become familiar with specific programs and services offered to assist cancer survivors in their communities. Counsellors can work collaboratively with other health care professionals to ensure a smooth return to work process for clients (Spelten, Spranger & Verbeek, 2002).

Returning to work and continuing down the path of career development has been identified as an important part of the cancer survivorship process (Chan et al., 2008). For individuals who choose to return to work, the process can be influenced by health variables such as stage of the disease, cancer site, time since treatment and presenting physical issues (Feuerstein et al., 2010). It is important to be aware that different situations can arise when individuals are undergoing or have already gone through cancer treatment. Changes to work after diagnosis can include reducing hours at work, becoming temporarily disabled, and quitting or losing employment (Earle et al., 2010).

Not surprisingly, returning to work can improve the quality of life of an individual (Spelten, Spranger & Verbeek, 2002). It is the workplace adjustments that often result in the maintenance of employment over the long term for cancer survivors (Pryce et al., 2007; Taskila & Lindbohm, 2007). If an individual decides to keep working while undergoing treatment, it is the collaborative work adjustments that increase the likelihood of continuation of working or return to work (Pryce et al., 2007). The three different factors that are associated with a cancer survivor's return to work include positive attitude from coworkers, discretion over number of hours, and nature of work undertaken (Earle et al., 2010; Pryce, 2007). Practical support from supervisors in the form of taking the illness into consideration when planning and managing the work tasks of cancer patients is also positively associated with a smooth return to work process (Taskila & Lindbohm, 2007).

A mismatch between expectations and ability to perform in the workplace creates distress when individuals are unable to perform their pre-diagnosis work level (Grunfeld, Low & Cooper, 2010). Additionally, discrepancy between expectations of employer and survivor can create problems with the transition back to work (Grunfeld, Low & Cooper, 2010). It is important for counsellors who are to highlight both parties' expectations.

A study reviewed by de Boer and Frings-Dressen (2009)

showed that advice on returning to work should be given early in the cancer treatment process. In doing so, however, this could create further anxiety and pressure for individuals struggling with cancer related issues. There is ample room for improving the guidance cancer patients and survivors receive in their return to work process (de Boer & Frings-Dressen, 2009). As counsellors it is critical to put the needs of each specific client first, despite results of other client outcomes.

As stated above, there are some factors that cause vulnerabilities and barriers to a smooth return to work. Physically demanding work has been identified as a factor that decreases the likelihood of returning to work after cancer treatment (Amir & Brocky, 2009; Lindbohm & Viikari-Juntura, 2010). Additionally, levels of education also impact return to work (Amir & Brocky, 2009). Lower levels of education are associated with more physically demanding jobs, and this can impact the return to work, salaries, and benefits of cancer survivors (Amir & Brocky, 2009). Amir & Brocky (2009) found that postgraduate qualified cancer patients were less likely to stop working than other educational groups. Higher educated cancer survivors are more likely to experience positive employment outcomes despite the extent of vocational services (Chan et al., 2008).

Career counsellors should determine the need for return to work support in the early stages and communicate with other

professionals that could make individual and tailored accommodations and return to work plans (de Boer & Frings-Dressen, 2009). It is important to determine which individuals are at higher risk for employment barriers. Manual work, median income, vocational education, depression, and older ages were risk factors for unemployment in cancer survivors (Carlsen et al., 2008; Taskila & Lindbohm, 2007).

Another issue that should be addressed is related to disclosure. Disclosure has the potential to be very hard for some individuals. There can be issues around if, when, and how to disclose information about diagnosis and treatment with peers or co-workers (Zebrack, 2011). There are also areas of concern in regards to rejection and discrimination among supervisors and co-workers. United Kingdom cancer organizations that deal with cancer survivors have addressed problems in regard to perceptions of employers after the disclosure of a cancer diagnosis (Wynn, 2009).

Discrimination

The issue of disclosure raises the issue of discrimination that cancer survivors and individuals still dealing with cancer confront in the workplace. Work plays an important role with social relationships and psycho-social support (Chan et al., 2008). The effects can be detrimental when an individual experiences toxic situations in his or her work life. Distress is likely to occur, espe-

cially if it is based on a factor that is beyond an individual's control. The work-related discrimination has the potential to lead to work related problems, vulnerability and termination in the years following diagnosis and treatment (Carlsen et al., 2008).

Qualitative research has suggested that discrimination against cancer survivors may not only result in termination of service, but also imposed changes in working hours and responsibilities that were usually unwarranted from the perspective of the employee (Wynn, 2009). Even survivors who do not have ongoing issues that impact work ability are at increased risk of employment discrimination. It is largely related to supervisors and other coworkers who doubt their productivity or see them as poor candidates for promotion (Short & Vargo, 2006). Instances of different treatment, demotion, being passed over for promotions, denial of promotions and undesired transfers have been reported by cancer survivors (Earle et al., 2010).

Problems cancer survivors experience can include acts of discrimination in the form of unwanted changes in tasks and the inability to change jobs for fear or losing health coverage. (Taskila & Lindbohm, 2007). Additionally, economic issues significantly influence the work related decisions of nearly all individuals dealing with cancer, despite socioeconomic status (Main et al., 2005). Employment can be a source of emotional and financial support, especially if the workplace pro-

vides health insurance (Yu et al., 2012). Survivors who have health insurance through their workplace need to consider the implications of leaving their jobs, whether they change positions within the same company or quit altogether (Short & Vargo, 2006).

There is little literature that can be found that is based on the Canadian context, so it is important to keep in mind that the rates may be slightly different due to the fact that the health care system in the United States is significantly different than that of Canada. Leaving a place of employment increases risk of losing income, social support, and important health coverage. Additionally, with preexisting conditions, it will be very hard for cancer patients to qualify for other insurance (Clarke et al., 2011). These circumstances are forms of systemic discrimination that individuals dealing with cancer can face in the context of career.

Relating Issues to Theory

There has been some research focused on identifying effective rehabilitation and services that facilitate return to work for cancer patients and survivors (Carlton et al., 2018; Chan et al., 2008; Strauser et al., 2010). Specific models and perspectives within career counselling can also help with this topic. A relevant theory is Savickas' (2008) Constructivist theory. Briefly, this theory takes into account many different aspects of the occupational world in the context of the

specific individual. The foundation is based on clients making meaning of their own personal experiences (Savickas, 2008). Savickas (2008) acknowledges that people are self-defining, self-regulating and self-organizing.

The fact that this theory takes into account the Holland Codes model is also very relevant for this population. Holland's Theory of Career Choice helps with the exploration of possibilities of potential careers that would be of interest to clients (Savickas, 2008; Holland, 1997). This is important, especially in the case that client's face termination of their employment. It could also be appropriate for the modification of employment or duties at work in the collaborative process between employer and employee. When clients voluntarily leave their place of employment this aspect of Constructivist Theory can be of assistance in helping explore some rewarding options. This could bring fulfillment to individuals who are experiencing negativity in relation to diagnosis, treatment, and symptoms.

There are many Constructivist career counselling tools described by Brott (2004). The tools in this article include Life Line, Card Sorts, Life Role Circles and Goal Map. The Goal Map is particularly relevant for individuals experiencing a cancer diagnosis or return to work after cancer for many reasons. Constructivist theory relies on a storied approach that uncovers a client's narrative and helps him or her build a future narrative based on a preferred

way of being (Brott, 2004). The Goal Map model allows clients to set out a goal, the steps that need to be followed to reach the goal, resources available and potential obstacles. For example, if a client has the goal of returning to work shortly after surgery or amputation there will be some steps that will be influenced by doctors and nurses. Some obstacles could involve doctors setting a different time frame for return to work, based on the extent of the treatment. Additionally, it would be good for the individual to include possible complications with the healing process. The resources available could include family, friends, health professionals and perhaps a support group for encouragement and advice. This is an effective way to outline and engage clients in an action-oriented model (Brott, 2004) and help reduce some of the stress and anxiety brought on by the cancer.

Another model that is relevant topic is the Happenstance Learning Theory (Krumboltz, 2009). The strength of this theory is that it acknowledges the importance of unplanned or chance events, and the ability for clients to take positive action and create opportunities (Krumboltz, 2009; Sharf, 2010). Krumboltz's Happenstance Theory has the potential to be able to help clients with career issues related to one or multiple issues stated above. This theory acknowledges that chance events may not always lead to positive results or opportunities (Krumboltz, 2009; Sharf, 2010). Krumboltz realizes that clients

may need to develop coping skills to help with the issues that are not positive to career development (Sharf, 2010). This aspect of the Happenstance Theory fits very well with the issues surrounding cancer diagnosis.

The Happenstance Theory outlines four steps that are relevant for individuals dealing with cancer and return to work. The first step is to 'normalize planned happenstance in the client's history'. With an individual dealing with a cancer diagnosis and return to work, the counsellor would obtain information from the client in regards to how he or she has dealt with chance issues in the past, prior to the cancer diagnosis (Sharf, 2010). The second step is to 'assist the client to transform curiosity into opportunities for learning and exploring'. It is very important in this step to be cognizant of the perspective the client has on their experience of cancer and the return to work. There is a possibility for a misuse of language while following the guidelines of this step. In the second step, the individual can explore and develop future possibilities in relation to treatment while continuing to work and return to work post treatment (Sharf, 2010). It is noteworthy that this step acknowledges that unexpected events can create a new ability to deal with future unexpected events (Sharf, 2010). The third step, 'teach clients to produce desirable chance events', would be relevant to this population if the individual can learn to advocate for their needs in treatment, and in the return-to-

work process. The fourth step is to 'teach clients to overcome blocks in action'. This step highlights the importance of clients engaging in positive actions. It also acknowledges that there is a possibility for clients to become discouraged or overwhelmed (Sharf, 2010). This is a very important acknowledgment especially with the complex circumstances cancer diagnosed and survivors face.

Krumboltz's theory details five skills relevant to managing chance events. This perspective outlines chance in events quite similarly to the Hopson & Adams' Seven Phase Model Accompanying Transitions, which will be addressed later in the article (Sharf, 2010). The first skill is 'curiosity', wherein opportunities and options are explored as a result of a chance event (Sharf, 2010). The second skill is 'persistence' which is characterized by clients learning about setbacks in one's experience. In the context of the issues presented, this could be continuing to work despite symptoms. The third skill is 'flexibility', which is developed through dealing with chance events (Sharf, 2010). 'Optimism', which will be addressed in a later section as well, is usually associated with positive outcome of efforts (Sharf, 2010). For example, if an individual is optimistic about his or her return to work, scheduling meetings with supervisors and seeking support through services can result in a positive return to work process. The fifth skill 'risk taking', is less applicable to this topic in a general sense, but may be very relevant to a specif-

ic client. Although the five skills may not all be applicable to clients dealing with chance events that are negative, there is absolutely room for modification for negative situations and specific issues presented by clients.

Sharf's (2010) chapter *Adult Career Crises and Transition* is a great resource to incorporate with a complicated issue such as cancer at work and return to work. In this chapter, Sharf (2010) addresses The Hopson and Adams's Seven Phase Model Accompanying Transitions, which is a particularly helpful resource to reference (Sharf, 2010). The phases that are especially relevant to the issues raised above are, Immobilization, Self-Doubt, Search for Meaning and Internalization (Sharf, 2010). It is fair to assume that after the initial shock (Immobilization) of the cancer diagnosis or the realization that modifications are needed in the workplace an individual would begin to question his or her abilities (Self-Doubt). With such an unanticipated event, it would be expected to start asking questions and seeking answers about issues related to the cancer (Search for Meaning). In an ideal situation, changes in values and way of life would occur, and new coping strategies would arise (Internalization). With that context, it is very important for counsellors to recognize that the changes occurring in a client's life might present differently than the model suggests.

Counsellor Implications

There are many things to take into consideration as a career counsellor assisting a client with such a difficult situation. It is important to keep in mind that individuals who seek assistance through vocational services are most likely to be in need of other services to get their basic needs met (Carlton et al., 2018; Chan et al., 2008). As stated above, there are some characteristics that place individuals in a more vulnerable position, therefore it is reasonable to take the perspective that these individuals are the ones who need the most support (Earle et al., 2010). As career counsellors assisting clients with work related issues, it is important to provide support consistent with their current physical or psychological functioning (Chan et al., 2008). Additionally, services that address issues such as psychosocial adjustment, accommodation and workplace support, do not usually focus on career counselling and job placements for people experiencing cancer or other long term illnesses (Chan et al., 2008).

It is important for counsellors to recognize the idea of personal resources. This idea is linked to Krumboltz's Happenstance Theory mentioned in an earlier section. In the study conducted by Hakanen & Lindbohm (2008), optimism can be viewed as one of the best personal resources. It has been associated with lower levels of anxiety in the long term and better engagement at work (Hakanen & Lindbohm,

2008). This reinforces the notion that empowering clients is very important and should be acknowledged by counsellors. However, a lack of optimism does not mean an individual is inherently pessimistic (Hakanen & Lindbohm, 2008).

Finally, it is important for career counsellors to become active in ways that promote equality for individuals struggling with cancer related problems. Short & Vargo (2006) recommend that to help combat discrimination it is important to become involved and aware of cancer programs, advocacy organization and strategies to educate the public about recent improvements and advancements. Not all survivors are aware of existing legal protection, and career counsellors may help with the interpretation and understanding of legal issues in relation to the individual context (Short & Vargo, 2006), or refer to those who may have more expertise.

Conclusion

This article briefly discussed some of the many issues faced by individuals impacted by cancer in the workplace. The purpose is to raise awareness related to the strengths and challenges faced by this specific population in the workforce. Constructs such as work ability and impairments, work modifications and the return-to-work process, as well as different factors resulting in discrimination were explored. More research is needed to determine the long-term effects of cancer for survivors so that resources can be distrib-

uted efficiently, and employment opportunities, job satisfaction and workplace productivity can be maximized for cancer patients and survivors (Short & Vargo, 2006). As stated above, there is a lack of research within the Canadian context and would constitute a worthy area to explore to determine if the needs and issues facing Canadian cancer patients and survivors is different than the European and American context.

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