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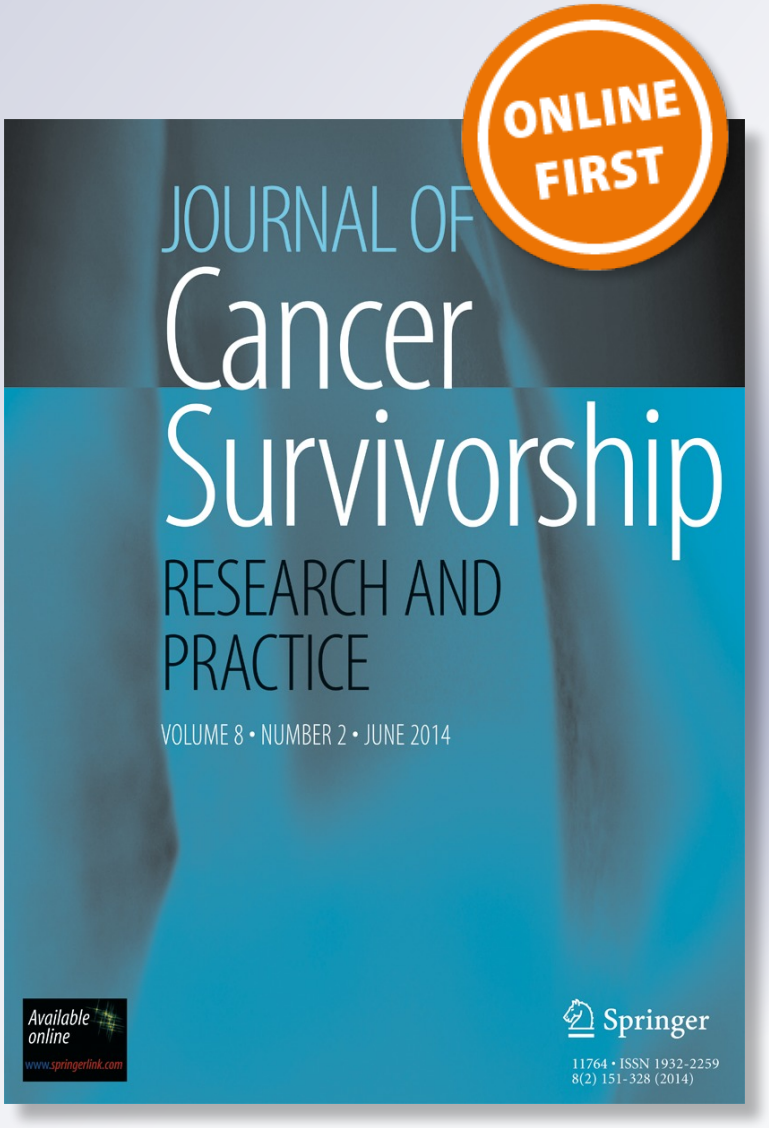

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REVIEW

Qualitative meta-synthesis of survivors' work experiences and the development of strategies to facilitate return to work

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Abstract
Purpose To review the empirical qualitative literature on cancer survivors' experiences of the return to work process in order to develop strategies for health and vocational professionals to facilitate return to work.
Methods A rigorous systematic search of five databases was completed to identify relevant qualitative studies published between Jan 2000 and July 2013. All potentially relevant titles and abstracts were reviewed by two reviewers. For studies that met eligibility, the full-text articles were obtained and assessed for quality. The collected evidence was then synthesized using meta-ethnography methods.
Results In total, 39 studies met the eligibility criteria and passed the quality assessment. The synthesis of these studies demonstrated that cancer diagnosis and treatment represented a major change in individuals' lives and often resulted in individuals having to leave full-time work, while undergoing treatment or participating in rehabilitation. Thus, many survivors wanted to return to some form of gainful or paid employment after treatment and rehabilitation. However, there was also evidence that the meaning of paid employment could change following cancer. Return to work was found to be a continuous process that involved planning and decision-making with respect to work readiness and symptom management throughout the process. Nine key factors were identified as relevant to work success. These include four related to the person (i.e., symptoms, work abilities, coping, motivation), three related to environmental supports (i.e., family, workplace, professionals), and two related to the occupation (i.e., type of work/demands, job flexibility). Finally, issues related to disclosure of one's cancer status and cancer-related impairments were also found to be relevant to survivors' return to work experiences.
Conclusions This review reveals that cancer survivors experience challenges with maintaining employment and returning to work following cancer and may require the coordinated support of health and vocational professionals.
Implications for Cancer Survivors Cancer survivors need integrated support from health and vocational professionals (e.g., assistance with defining work goals, determining work readiness, determining how symptoms may impact work performance, suggesting workplace supports, and accommodations) to maintain and return to work after cancer diagnosis and treatment. These supports need to be provided throughout the recovery and rehabilitation process.

Keywords Meta-synthesis · Qualitative research · Survivors · Work · Return to work

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Introduction

With improvements in screening, and diagnostic and treatment techniques, the number of individuals who are surviving cancer is increasing [1, 2]. As reported by the Canadian Partnership Against Cancer in their 2012–2017 strategic plan, the 2031 projected number of Canadians living with a

diagnosis of cancer will be 2.2 million, 2.5 times those with cancer in 2007 [3]. With increased rates of survival, the longer-term implications of cancer and its effect on individuals' function and abilities to integrate fully into life, including work, are becoming increasingly evident, and there is an increased interest in developing interventions and strategies to improve cancer survivors' long-term functional abilities and quality of life [4].

Cancer survivorship is most typically defined as the period following treatment for cancer [5]. The number of adults of working age who have survived cancer has also increased, with almost half of cancer survivors currently representing individuals under the age of 65 [6, 7]. Individuals who have survived cancer report a desire and need to re-engage in paid employment in relation to financial needs, a sense of productivity and a sign of recovery, and return to their normal lives [1, 7, 8]. However, despite the significance attributed to return to work goals, epidemiological studies demonstrate that cancer survivors are 1.4 times more likely to be unemployed than individuals without health concerns [9]. In addition, only 60 % of individuals (on average) who are diagnosed with cancer have returned to work 1–2 years following cancer treatment [1]. This is problematic as many individuals who experience cancer may still be in the prime of their work lives, and if unable to return to work, pose significant cost to the health care system and financial losses at the individual, family, and societal levels.

Returning to work following an injury or illness can be a complex process [10] and requires an understanding of how factors within an individual, the demands of the job an individual is returning to, and the supports provided interact to influence vocational outcomes. Quantitative research in cancer and return to work has identified several factors associated with cancer survivors' successful return to work. For example, factors specific to the individual include sex; age; level of education; co-morbid health conditions; and persisting symptoms such as pain, fatigue, cognitive dysfunction, anxiety, and depression [1, 6, 11, 12]. Factors within the environment include the quality of support, advice, and services received from health or vocational service providers (e.g., counseling, training, job replacement, job search, assistance, and maintenance) [1, 3–7, 9–14] and workplace supports such as acceptance, lack of discrimination, and the provisions of workplace accommodations [6, 7, 12, 14–18].

While this quantitative data provides us with evidence of the factors associated with successful return following cancer, it does not adequately access the perspectives of cancer survivors and the stakeholders that provide them with support to re-integrate back to work. In addition, such analyses do not elucidate the *processes* that may be most relevant to successful return to work and *how* identified factors may interact to enable (or hinder) successful return to work. Qualitative studies provide an opportunity to involve the perspective and experiences of experts who have directly engaged in the return to work process (i.e., cancer survivors, service providers, employers, family who support cancer survivors) in defining elements most relevant to their return to work decision-making and success. This evidence can be used to inform the development of return to work interventions.

Previous reviews have examined cancer survivors' lived experiences with returning to work following cancer [19–22]. Common themes identified across these reviews illustrate a focus on survivors' lived experiences and include discussions related to (1) the importance of work (for providing a sense of purpose, identity, structure, normality, financial security), (2) the need for re-evaluating one's life and the value one places on work following cancer, (3) the effect of on-going symptoms on work abilities, and (4) the significance role that supports (e.g., family and workplace) play in enabling a positive return to work experience.

Purpose

While we consider an understanding of survivors' lived experiences beneficial, in this synthesis, we interrogated cancer survivors' reports with the aim of identifying key instances within the recovery process where survivors discussed *processes* or *strategies* that they found most relevant to ensuring a successful return to work process. This allowed us to identify points within the recovery and return to work process where supports were necessary in order to develop recommendations that health care and vocational rehabilitation professionals can employ to enhance both return to work experiences and outcomes. Where applicable, we also included qualitative studies describing family members', service providers', and employers' perspectives of assisting cancer survivors in returning to work.

A qualitative meta-synthesis is an approach for synthesizing findings across qualitative studies and can assist researchers to build more in-depth understandings of a specific phenomenon, develop recommendations for clinical practice, and identify areas for future research. This approach has been widely used to synthesize qualitative findings in the area of work for a variety of populations, including people with disabilities in general and breast cancer survivors more specifically [19, 23–25].

Method

The aim of this meta-synthesis was to gain a deeper understanding of the processes individuals engage in when returning to work following cancer survivorship in order to (1) identify elements within the individual, work, workplace, and environment that may challenge or facilitate survivors'

return to work process and (2) to translate this evidence into best practice recommendations for health and vocational service providers who support cancer survivors' return to work journey—from the point of initially determining work readiness to decisions related to disclosure, to the point of returning to the workplace and identifying on-going workplace supports.

Systematic methods as described by Gewurtz et al. [26] were utilized to guide this meta-synthesis. This includes the following: (1) identifying the relevant research/review question(s) (as defined above), (2) identifying study inclusion and exclusion criteria, (3) developing search strategies and retrieving relevant studies, (4) assessing study quality, and (5) extracting, analyzing and synthesizing the findings across studies. The following four inter-related questions guided this review:

1. How do cancer survivors describe the processes they engage in when returning to work?
2. What strategies do cancer survivors employ (either at an individual or systems level) to return to and/or maintain employment and to navigate through health, benefits, and employment systems?
3. What challenges do cancer survivors report experiencing when returning to work? These may include challenges related to impairments they experience as a result of the cancer or cancer treatments, job performance, or an unsupportive workplace environment.
4. What supports (e.g., formal, informal) do cancer survivors report to be most relevant to facilitating positive return to work processes and outcome?

Study inclusion and exclusion criteria

This review included qualitative studies published in peer-reviewed journals between the dates of January 1, 2000 and July 12, 2013. We decided to focus on more recent publications for two reasons. First, cancer treatments and the subsequent challenges that survivors may face have changed dramatically over the last decade. Second, this ensured that the state-of-the-art qualitative evidence would be used to develop practice recommendations. Empirical qualitative evidence was included if

- The authors used a qualitative research method (i.e., interviews, focus groups, document reviews, ethnographic observations)
- The study addressed some element of the return to work process (i.e., decision-making related to working, return to work, initial return to work, employment maintenance)
- Study participants were either cancer survivors (male/female, any type of cancer, including survivors of childhood cancer) or service providers/health professionals with experience working with cancer survivors

In line with a qualitative meta-synthesis method, studies were excluded if they used primarily quantitative methods such as surveys or questionnaires to gather data related to survivors' (or professionals') experiences (see for example [27–29]). Studies were also excluded if they did not discuss the return to work process or had limited findings related to work following cancer (see for example [30]). Only studies published in English were reviewed as per the research team's language fluency and prohibitive translation costs.

Search strategy and retrieval of studies

The search strategy was developed with input from medical librarians and included keywords and unique identifiers adapted to individual databases. We also mapped terms to existing subject headings in each database and used keyword searching with and without truncation. To identify literature across a breadth of research areas, five databases were searched (PsycINFO, Medline, Sociological Abstracts, CINAHL, Embase). To ensure comprehensiveness, hand searches were also completed in key cancer, rehabilitation, and work journals (*Qualitative Health Research, Work, Journal of Occupational Rehabilitation, Journal of Cancer Survivorship, Psycho-Oncology, Supportive Care in Cancer)*. Details regarding search terms, search strings, and search dates as per database are provided in Table 1.

The application of these search strategies initially resulted in 2,409 potential articles. The titles and abstracts of these studies were then reviewed by two members of the research team (EG, AG) to determine relevancy based on the inclusion criteria. All potentially relevant papers were then pulled for full-text review and also examined by a third member of the research team (MSK) to ensure relevancy. Primary reasons for excluding studies included the following: (a) they did not use a qualitative method (e.g., were primarily quantitative survey-based) and/or (b) did not address the work (or return to work) experiences of survivors. All articles retained for full-text review subsequently underwent a quality appraisal as outlined below and bibliographies hand-searched to identify additional references. Please see Fig. 1 for the full search and review process.

Quality assessment

All studies selected for full-text review were assessed for quality by the first author and two additional reviewers (EG and VT). This quality assessment was completed as per criteria described in McKibbon et al. [31] and Spencer et al. [32] and included 18 questions (Table 2). Appraisal questions address issues related to the study's design, sampling

Table 1 Summary of literature search

Database	Date	Search terms used
PsycINFO	July 5 2013	Work rest cycles, School to work transition, Work adjustment training, Work load, Quality of work life, Work scheduling, Work (attitudes towards), Family work relationship, Work related illness, Work, Reemployment, Sick leave, Return to work
		Cancer, Neoplasms
		Qualitative research, Interviews, Health care services methodology, Group discussion, Consumer research, Experimental methods, Focus group
Sociological Abstracts	July 9 2013	Work, Return to work, Sick Leave, Employment
		Cancer
		Qualitative, Interview, Focus group, Narrative, Case study, theory
CINAHL	July 9 2013	Cancer
		Work*, Employment,* sick leave
		Qualitative, Interview, Focus group, Narrative, Case study, Theory
Medline	July 11 2013	Work, work capacity evaluation, work schedule tolerance, work simplification
		Return to work, rehabilitation (vocational), return to work, employment
		Sick leave, absenteeism
		Qualitative research, qualitative
		Interview
		Focus group
		Case study
Embase	July 11 2013	Work, work capacity, work environment, work disability, work schedule, work resumption
		Return to work, vocational rehabilitation, return to work, employment
		Sick leave, medical leave
		Cancer, neoplasm
		Qualitative, qualitative analysis, qualitative research
		Focus group
		Unstructured interview, interview, structured interview, semi structured interview
		Case study
OTHER (Cancer, Work and Rehab journals)	July 12 2013	Cancer,
		Work, Return to work, Employment, Sick leave
		Qualitative, Interview, Focus group, Theory, Narrative, Case study

techniques, data collection analysis and reporting methods, the credibility of the findings, reflexivity, ethics, and auditability [32]. These criteria were developed using rigorous methods (e.g., a comprehensive review of existing qualitative appraisal tools and input from experienced qualitative researchers) and have been widely applied in other meta-syntheses [23, 24, 33]. Study reviewers not familiar with this appraisal tool (EG, VT, AG) were trained on its use by the first author (MSK) with expertise in qualitative and familiarity with qualitative appraisal tools.

The following steps were followed to complete the appraisals. First, each reviewer independently assessed each study and provided a total rating out of 18, using the 18 appraisal questions (i.e., Yes=1, No=0). The three reviewers then met to discuss their quality ratings and reach consensus on what evidence to retain for further data extraction and analysis. Studies were grouped into one of four categories (i.e., low, medium, high, very high) based on the final quality rating score (low quality=0–6, med=7–10, high=11–14, very high=15–18). Studies rated as "low" were subsequently excluded from the full synthesis to ensure that only studies with strong methodologies would be used to develop future recommendations.

Extraction, analysis, and synthesis of findings

Evidence from studies that were rated as medium, high, or very high quality was subsequently extracted into electronic evidence tables. Evidence tables included data related to (1) the study's purpose and design, (2) sampling, (3) data collection methods, (4) data analysis methods, (5) themes identified, (6) challenges and supports relevant to return to work and employment maintenance, (7) conclusions, and (8) recommendations for future research.

A meta-ethnographic approach was employed to analyze and synthesize the collected data within the tables. This

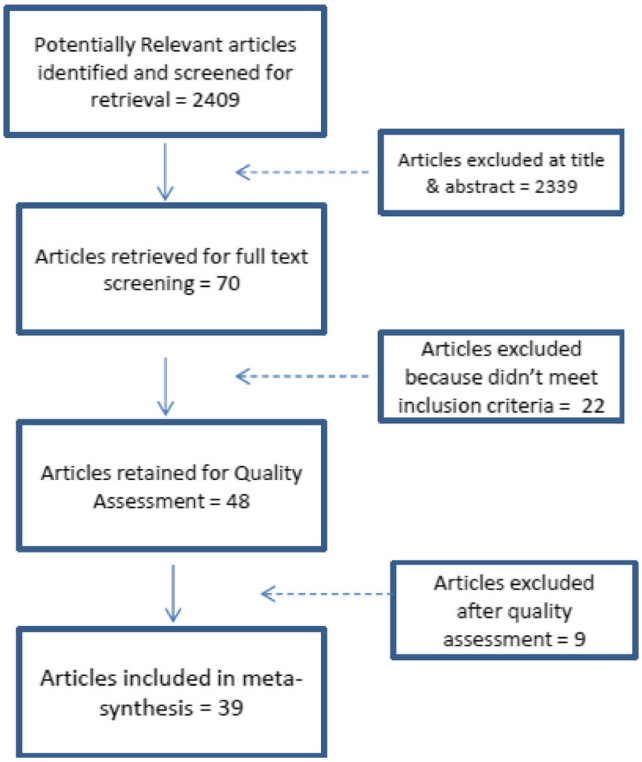

Fig. 1 Literature search results

approach uses interpretive (versus aggregative) methods and aims to develop a higher-order understanding from the synthesis of findings across the individual studies [34]. A meta-ethnography includes three levels of analysis as follows: (1) the identification of first-order concepts, (2) the development of second-order interpretations, and (3) the development of a third-order synthesis [26]. Additionally, Law et al.'s [35] Person Environment Occupational Model (PEO) was utilized in the first and second-order level of analysis to organize the factors identified as challenges or supports to return to work. The first- and second-order interpretations are presented in the results section and third-order synthesis in the discussion section.

Table 2 Quality assessment criteria

1. How credible are the findings?
2. How has knowledge or understanding been extended by the research?
3. How well does the evaluation address its original aims and purpose?
4. How well is the scope for drawing wider inference explained?
5. How clear is the basis of evaluative appraisal?
6. How defensible is the research design?
7. How well defended are the sample design/target selection of cases/documents?
8. How well is the eventual sample composition and coverage described?
9. How well was the data collection carried out?
10. How well has the approach to, and formulation of, analysis been conveyed?
11. How well are the contexts of data sources retained and portrayed?
12. How well has diversity of perspective and content been explored?
13. How well has detail, depth and complexity (i.e. richness) of the data been conveyed?
14. How clear are the links between data, interpretation and conclusions?
15. How clear and coherent is the reporting?
16. How clear are the assumptions/theoretical perspectives/values that have shaped the form and output of the evaluation?
17. What evidence is there of attention to ethical issues?
18. How adequately has the research process been documented?

Results

The systematic search identified 2,409 articles, of which 70 articles were retrieved for full review based on a review of title, abstract, and relevancy. Following the application of the inclusion and exclusion criteria, 48 empirical qualitative studies [8, 15, 36–81] were retained for full review and quality appraisal (see Fig. 1). Nine studies were subsequently excluded from the synthesis based on concerns related to quality or because they contained insufficient detail regarding the work or return to work process to answer the meta-synthesis questions. Following quality appraisal, 39 studies [8, 15, 36–38, 41–50, 52–54, 57, 60–69, 71–73, 75–81] remained and comprise the evidence base included in this synthesis.

Of the retained 39 studies, one was rated as medium quality, 21 as high, and 17 as very high quality. Summaries of these 39 studies are presented in Table 2. In general, studies within this review provided appropriate details regarding purpose/aim, design, and methodological approaches, and these parameters were viewed as strengths. However, few studies explicitly discussed the application of theoretical or conceptual framework to guide their study design and analysis. This has been similarly noted as a weakness in a previous review of work and cancer [19]. In addition, details regarding how return to work was conceptualized/defined (e.g., which point in the cancer journey participants were working or returning to work) and the specific process employed during data analysis and theme identification were frequently not provided. These weaknesses in turn made it challenging to compare themes across studies and to determine where in the cancer journey participants were located and speaking from.

Also noted was a tendency to focus on personal issues related to return to work decision-making rather than on environmental factors, such as workplace and employer supports. While workplace supports were identified as relevant to successful return to work, details regarding what this support should ideally entail and how it should be provided were lacking. Lastly, while most studies provided basic demographic descriptions of their samples, there was limited diversity in the issues examined, and the majority of studies focused predominately on one population of cancer survivors, middle-aged breast cancer survivors. Inadequate details regarding occupational demands, work conditions, and

participants' pre-existing work histories also limited the data available for the in-depth examination of how occupational demands may affect successful work resumption beyond the general perception that return to more physically demanding jobs may be more difficult.

First- and second-order analysis

Twenty-five relevant concepts with respect to the work and return to work experiences of cancer survivors were identified in the first order of analysis (see Table 3). These concepts were subsequently grouped into four second-order categories described below:

1) Experiences of work

Discussions related to the significance of work and the meanings that survivors ascribed to working were evident across all studies. In general, cancer diagnosis and treatment represented a major change in individuals' lives and frequently required individuals to leave full-time work while undergoing treatment or participating in rehabilitation. As a result, many survivors expressed the desire to return to some form of gainful or paid employment—either when they were undergoing treatment, if well enough, or upon completion of their treatments.

Many survivors described various benefits of working or returning to work. Being able to return to daily work activities served as a means of distraction from the painful and difficult aspects of undergoing treatment, as a means of keeping one's mind occupied to decrease depressive feelings, and as a means of feeling competent and in control [49, 69]. Additionally, working while receiving treatment was beneficial in provided structure to survivors' days and relieved feelings of boredom or isolation [8, 37, 49, 54, 62, 69, 76, 77]. For some survivors, an overall sense of social belonging within a workplace was also viewed as more important to their recovery process than the direct benefits they derived from engaging in work tasks themselves [37, 57].

For many survivors, returning to their workplaces and resuming work activities also represented their return to "normality" or the life that they led prior to their cancer diagnosis [8, 43, 46, 48, 54, 62, 66, 68, 69, 71, 73, 76, 82]. This included a sense of overcoming cancer, leaving their "sick" or "patient" role behind, reasserting their identity as a "worker" or "hard worker" [46, 68]. Working and returning to work was also valued by many as a key rehabilitation goal for its therapeutic benefits and ability to enhance quality of life [37, 49, 52–54, 65–67, 69]. Work was particularly important for survivors who were professionals, for whom the work role was a key component of their identity [45, 69] and for whom return to work was valued as a means of contributing to the well-being of their family and society [76, 77].

In addition, many survivors cited the financial need to work as a key motivator for returning to work. Several studies discussed the negative impact that cancer and cancer-related treatment had on familial finances, survivor's future earning potential, and the related pressures that survivors felt to return to work to support themselves and their families [8, 15, 36–38, 43, 46, 50, 54, 60, 62, 67, 79, 83].

However, while multiple examples of the importance of work to survivors were evident, there were equally prevalent discussions about how the meaning of work could change following cancer. Survivors discussed how their recovery processes included an evaluation of their current lives and the place of paid work within their lives. For some, this meant that paid work became less important following cancer or that they no longer derived the same sense of fulfillment from their work [78, 82]. For others, this involved seeking a less stressful or demanding job following treatment in order to accommodate changes in their work abilities and/or to allow them to maintain a sense of balance in their lives [15, 37, 43, 60, 62, 66–68, 71, 72, 78, 83]. Thus, while work and returning to work was frequently imbued with significant meaning, this meaning could also be tempered by the challenges survivors faced during the return to work process.

2) Management of work decisions and planning for returning to work

A second key category of concepts related more specifically to the processes that survivors engaged in when making return to work decisions. Several studies highlighted the notion that resuming work activities and returning to full-time or part-time work was not a single event, but rather a process that survivors needed to actively engage in and, in many cases, take an active role in managing. This involved making decisions regarding their work readiness and considering a number of personal and support factors.

To begin with, participants across the studies discussed the need to determine the best time for returning to work and whether or not they felt ready to return to work activities [8, 37, 52, 53, 60, 67, 68, 75, 77, 79]. Determinations of work readiness could be based on a number of considerations including (1) a self-assessment of one's health and its potential effects on one's work abilities and work performance, (2) a sense of responsibility and loyalty to the workplace, and (3) a sense that one had improved and that return to work was the next "natural" step in their recovery process [8, 79, 82]. Timing related to return to work could also however be complicated by uncertainties related to diagnosis or prognosis throughout their cancer journey [75, 77].

In addition to needing to consider their work readiness, survivors also discussed the importance of understanding whether they could access adequate sick leave benefits and, if so, for how long [37, 47, 49, 52, 64, 73, 77, 79]. While a

Table 3 Concepts identified across studies

Concepts	Allen 2003	Amir 2008	Amir 2012	Bains 2012	Bennett 2009	Blinder 2012	Boykoff 2009	Ferrell 2003	Fesko 2001	Frazier 2009a (quality)	Frazier 2009b (tasks)	Fu 2008	Groenveld 2013	Grunfeld 2012	Grunfeld 2013	Johnsson 2010	Kennedy 2007	Main 2005	McGrath 2012	McKay 2013
Experiences of work																				
Distraction		X								X				X			X			X
Return to normal						X		X			X			X		X	X	X		X
Therapeutic		X								X			X	X						
Financial need		X	X			X		X				X		X	X	X	X	X		X
Reevaluation of work/life		X				X									X	X		X		X
Managing RTW																				
Timing		X											X		X		X			
Readiness															X			X		
Economic influences	X		X			X	X			X		X				X	X	X		
Access to benefits/leave		X							X	X			X							
Perception of supports				X		X												X		
Perception of managing													X	X			X	X		
Factors related to success of RTW																				
P—Symptoms (CA or Tx)		X		X	X		X		X	X			X	X	X		X	X	X	
P—Work ability		X					X		X			X	X			X	X	X	X	
P—Coping/emotional		X					X							X				X	X	
P—Motivation		X														X	X	X		
E—Work supports		X			X	X			X	X		X				X		X	X	X
E—Social support (F&F)							X	X								X		X		
E—HCP support		X									X						X	X		
O—Type of work	X	X		X							X	X			X		X			
O—Job flexibility	X	X			X	X			X								X	X	X	
Disclosure																				
To managers						X			X			X		X	X		X			
To co-workers									X			X		X	X		X	X		X
To others														X						
As strategy	X								X								X			
As fear	X					X								X	X					X

Concepts	Munir 2010	Munir 2011	Munir 2013	Nachreiner 2007	Nilsson 2011	Parsons 2008	Picard 2004	Schmalenberger 2012	Semple 2008	Tamminga 2012	Tan 2012	Tidtke 2011	Tiedtke 2012a (vulner)	Tiedtke 2012b (stakeh)	Tighe 2011	Timmons 2013	Von Ah 2013	Wilmoth 2003	Yarker 2010
Experiences of work																			
Distraction							X					X	X						
Return to normal				X		X	X	X			X	X							
Therapeutic		X		X	X		X												
Financial need										X						X			
Reevaluation of work/life				X		X		X	X	X					X				
Managing RTW																			
Timing					X														

Table 3 (continued)

Concepts	Munir 2010	Munir 2011	Munir 2013	Nachreiner 2007	Nilsson 2011	Parsons 2008	Picard 2004	Schmalenberger 2012	Semple 2008	Tamminga 2012	Tan 2012	Tidtke 2011	Tiedtke 2012a (vulner)	Tiedtke 2012b (stakeh)	Tighe 2011	Timmons 2013	Von Ah 2013	Wilmoth 2003	Yarker 2010
Readiness					X	X							X	X		X			
Economic influences			X	X									X			X			
Access to benefits/leave			X								X		X			X			
Perception of supports			X									X				X		X	
Perception of managing		X										X	X	X		X	X	X	
Factors related to success of RTW																			
P—Symptoms (CA or Tx)	X	X		X				X	X	X	X				X	X	X	X	X
P—Work ability	X	X		X				X	X	X	X						X	X	X
P—Coping/emotional	X			X					X		X			X	X			X	
P—Motivation				X		X				X	X								
E—Work supports	X		X	X	X	X			X	X			X	X					X
E—Social support (F&F)					X	X					X		X			X		X	X
E—HCP support	X	X			X			X		X							X		X
O—Type of work					X	X				X	X				X	X			
O—Job flexibility	X			X	X	X			X	X	X				X	X			
Disclosure																			
To managers	X				X				X					X					
To co-workers	X				X				X				X	X					
To others							X			X									
As strategy	X				X									X					
As fear	X					X				X			X	X				X	

number of studies identified the importance of survivors returning to work on their own time rather than as a result of external pressures [68, 75, 77, 79, 82], financial concerns [8, 29, 36, 43, 44, 49, 50, 57, 64, 77, 79] were frequently cited as key factors in survivors' decision-making. As a result, while many survivors wished to take some time off during their treatments, this option was not always available to all. Being self-employed was a key factor frequently cited as necessitated an earlier return to work [53].

Lastly, survivors' perception of the potential supports [41, 43, 45, 64, 76, 79, 82] that they would receive, both within the workplace and through established social and professional support systems, were also key considerations in their return to work decision-making. Supports could include emotional supports from employers and co-workers, instrumental supports such as accommodations and time to attend medical appointments, and family support with driving to appointments. Survivors also reported valuing advice they received from health professionals regarding the best time to return to work [60, 61, 67, 72].

3) Factors associated with successful return to work

Nine key facilitators and barriers to work and/or return to work were identified across the studies. These were organized into three subcategories as per the person, environment, and occupation framework [35] (see Fig. 2 below).

The most commonly cited personal factor identified as key to successful return to work was the lack of on-going cancer or treatment related impairments or symptoms. The most commonly cited impairments included issues related to upper arm lymphedema (in breast cancer survivors), cognition impairments, and fatigue [8, 15, 37, 41, 42, 44, 45, 47, 49, 52, 54, 61, 62, 65, 66, 71–73, 78–82]. The presence of these symptoms could delay individuals' return to work or negatively affect their ability to retain paid employment. Linked to discussions of impairments were survivors' discussions regarding how on-going symptoms may affect their ability to be at work and/or their ability to effectively complete their essential tasks and duties [8, 15, 37, 44, 45, 47, 50, 52, 57, 60, 61, 63, 65, 66, 71–73, 80, 81]. The presence of emotional symptoms (i.e., anxiety and stress) and survivors' abilities to cope with these symptoms were also relevant personal factors [37, 44, 45, 53, 61, 66, 72, 73, 75, 78, 82]. Finally, some survivors' also reported that their personal motivation to return to work after cancer diagnosis or treatment was also a key factor in their success [8, 15, 37, 57, 60, 66, 68, 73].

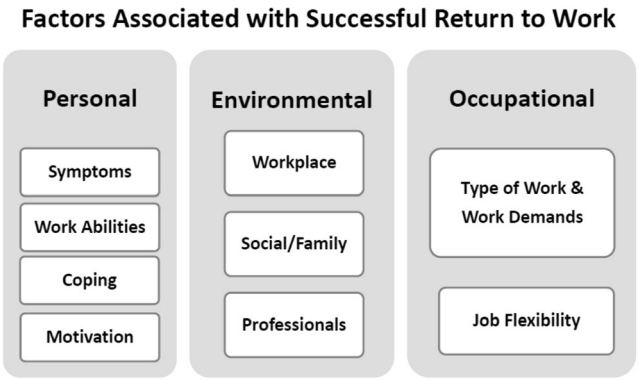

Fig. 2 Factors associated with successful return to work

Environmental factors identified as relevant to successful return to work included, the presence of work supports such as workplace accommodations, a supportive work environment [15, 37, 42, 43, 47, 49, 50, 57, 61–64, 66–68, 72, 75, 77, 81, 82], and social support from friends and family members [44–46, 57, 67, 68, 77, 79, 81, 82]. In particular, friends and family were seen as elevating survivors' emotional well-being, providing practical supports with transportation, and assisting with financial shortfalls. Finally, health care providers were identified as an important source of support, particularly in relation to their ability to advocate for individuals to receive sick leave benefits and workplace accommodations [8, 15, 37, 48, 63, 65, 67, 71, 80–82].

Two key occupational factors were identified as relevant to successful return to work: the type of work and job flexibility. Situations viewed as enabling successful work resumption involved work that was less stressful and matched survivors' post-cancer physical and cognitive abilities [8, 15, 36, 37, 41, 48, 50, 53, 67, 68, 73, 78, 79], work that enabled survivors to choose their work tasks based on their abilities, or work that could be gradually resumed [8, 15, 36, 37, 42, 43, 47, 61, 63, 66–68, 72, 73, 78, 79, 82].

4) Disclosure

A fourth category of discussions addressed more specific decisions related to whether to disclose (or conceal) their cancer diagnosis and whether or not to share information regarding their cancer-related treatments and resulting impairments. Decisions related to disclosure could involve family, friends, employers, and co-workers [8, 15, 43, 47, 50, 53, 54, 60, 62, 63, 67, 69, 72, 75, 77]. Survivors needed to weigh the benefits of disclosure, such as receiving the supports they needed [15, 54, 63], with the risks of disclosure, such as being ostracized or discriminated against. In fact, several studies discussed the impact of disclosure on survivors' experiences of returning to work and co-workers and managers' negative attitudes and responses [15, 36, 43, 45, 49, 53, 54, 62, 63, 66, 68, 75, 77, 78].

While survivors were aware that disclosure to managers [8, 43, 47, 50, 53, 54, 63, 67, 72, 75] and/or co-workers [8, 47, 50, 53, 54, 60, 62, 63, 67, 72, 75, 77] was necessary to obtaining work benefits and necessary accommodations, they feared that disclosure of their diagnosis and corresponding challenges may call into question their work abilities and lead to

negative appraisals of their potential or actual work performance and productivity [36, 62]. This in turn could lead to discriminatory actions, termination, demotion, or affect future career advancement [45, 47, 53, 75]. Reasons given for not disclosing included preservation of self-esteem, a desire to avoid being viewed as a person with a disability and hence stigmatized, and a need to avoid emotionally hurtful responses as a result of any noticeable physical and/or cognitive changes [36, 49, 75, 77].

Discussion

Third-order interpretations

We further analyzed the first-order concepts and second-order categories of themes to gain an understanding of survivors' experiences with returning to work, the challenges they experience, and the strategies they employ to facilitate success. This analysis revealed several third-order interpretations which we believe can be used to inform and guide return to work practices with cancer survivors.

First and foremost, survivors' discussions clearly suggest that working and returning to work following cancer may be more an evolving process than an outcome that occurs at one discrete point in time. This suggests that cancer may need to be re-conceptualized as more of a chronic (versus acute medical) condition, with survivors requiring continued attention and implementation of strategies and workplace accommodations to ensure employment success. Further attention should also be directed at identifying strategies that will facilitate survivors' retention of employment and career advancement.

Second, while many survivors expressed a desire to work or return to work following cancer many also indicate that they required assistance to navigate the many complicated situations they faced as they moved through their cancer journey. Three key areas where survivors required particular assistance or knowledge included (1) understanding how their health-related issues may affect their job performance, (2) information regarding income replacement benefits, and (3) information regarding the workplace supports and accommodations they could request and that their employers would provide [64, 75, 77]. However, despite the need for support and professional advice, many survivors indicated that they received limited or no employment-related advice. Survivors also expressed discontent that the advice provided did not always consider their individual situations and that return to work decisions were most frequently left up to survivors themselves [8, 37, 41, 52, 71]. A limited awareness of and access to information regarding potential cognitive impairments, which could result from 'chemo-brain,' was also reported to affect return to work success [52, 63, 80]. Thus, we would suggest that education and information related to the frequent sequelae of cancer (e.g., fatigue, lymphedema, cognitive challenges) and their impact on work performance, income replacement benefits, and workplace accommodations be provided to all cancer survivors early within their recovery and rehabilitation process [49] to facilitate return to work decision-making.

Third, further complicating the situation, health care professionals indicated that they lacked knowledge about how cancer and cancer treatment may influence work abilities and employment sustainability and lacked the resources to assist survivors with employment goals [41]. Similarly, both treating and occupational health physicians reported lacking knowledge regarding return to work procedures, information regarding survivors' condition and insurance policies, or the ability to influence employers' practices [75]. Thus, we would also recommend that physicians (i.e., oncologists, general practitioners, occupational physicians) and other health care providers be provided with further education regarding the impact of cancer on work abilities and training on how this can be communicated to employers to facilitate successful employment outcomes. This may be particularly important as employer and co-workers' understandings of cancer can enhance the supports provided at the workplace [8]. Employers may need health professional's re-assurance of survivors' fitness and safety to work [62], as the often invisible signs of cancer may lead some employers and co-workers to assume that survivors are fully recovered when they return to work [8]. Lastly, it may be particularly beneficial for professionals to address issues related to disclosure with their clients and develop personalized disclosure plans [36] based on the knowledge of workers' rights to workplace accommodations, survivors' support needs, and an understanding of what the workplace can provide. This may require further understanding of relevant workplace and human rights legislations that support the provision and implementation of workplace accommodations. It is important to note that these types of legislations are jurisdiction-specific and thus have different definitions of work accommodation and disability as well as employee and employer rights and responsibilities (e.g., the European Union's Employment Equality Directive, the Canadian Human Rights Code and Act, The Americans with Disabilities Act).

Implications for practice

We would like to suggest several key recommendations for health and vocational professionals who assist cancer survivors at various points within their cancer journey. To begin with, professionals need to take an active role in initiating conversations with survivors related to work and their work-related goals. Findings from this synthesis reveal that it is important to recognize that individuals may attach variable

importance to their return to work goals, may see varied benefits to working, and may need to re-evaluate their motivations for working following cancer. As such, goal development needs to be an individual process and involve some initial discussion and post-cancer reflections on the significance and meaning of work.

Health and vocational professionals may also be in an ideal position to assess for and assist survivors in determining if they are ready to return to work. This requires developing an integrated understanding of how personal factors (e.g., ongoing symptoms, work abilities, coping skills, and motivations) may interact with the specific job demands, job flexibility, and workplace environmental supports to facilitate or hinder future work success. Such supports may be particularly relevant for cancer survivors who may be simultaneously facing multiple vulnerabilities in relation to their own survival, work abilities, and what their employers will offer in relation to workplace accommodations and supports [75, 77]. Finally, health and vocational professionals may be able to provide specific recommendations regarding survivors' readiness to return to work, gradual work schedules, and modifications to work tasks and duties as well as additional treatments, interventions, and supports that can enhance recovery, work ability, and employment success.

Limitations and suggestions for future research

There are several limitations to this meta-synthesis that should be acknowledged when interpreting its findings and recommendations. First, as the vast majority of studies focused on survivors' early return to work experiences, there is less data that can inform recommendations related to work maintenance and long-term career planning following cancer. Thus, we do not yet have a comprehensive understanding of whether the factors identified as relevant to initial return to work decision-making will be similar or different to those relevant to maintaining one's employment. Further longitudinal studies of cancer survivors' experience of working following cancer can enhance our understanding of the full recovery process, the impact of symptoms, and impairments on survivors' career trajectories and explore whether meanings attached to work change.

Attention should also be paid to examining how diverse factors may impact the work and return to work experience following cancer. As noted previously, researchers have predominantly focused on relatively young, white North American and European breast cancer survivors. A more diverse lens which incorporates survivors with other cancer diagnoses, from various backgrounds, geographical locations, and social economic status can broaden our understanding of how these intersecting factors can influence experiences and outcomes. Also, an examination of sex and gender differences in work experiences and outcomes post-cancer can inform the development of specific work strategies.

From an occupational perspective, there is a lack of detailed information available regarding whether or not survivors returned to their pre-injury jobs or different jobs and their rationales for choosing one over the other. This limits our understanding of survivors' occupational choices and the types of jobs that may be more/less conducive to employment success. Future studies should include data which can differentiate individuals who returned to work with their pre-cancer employer from those who have secured alternate employment following their cancer. Additionally, future studies should investigate the influence of job tasks, occupational demands, and work environment on survivors' return to work experiences.

From a workplace perspective, studies examining employers' perspectives, understandings of cancer, and roles in supporting cancer survivors to return to work are also required. While some studies have indicated the significance of workplace supports and the provision of gradual return to work schedules, an in-depth understanding of the processes needed to identify and ensure successful implementation of workplace accommodations is lacking. In addition, while discrimination has been identified as an issue limiting successful return to work, there is limited understanding of how and why discrimination of cancer survivors occurs. For example, it would be relevant to explore whether this is related to fear of cancer, employers' concerns about costs that they may incur in relation to income disability benefits of accommodations, or challenges related to how issues are communicated within the workplace. Lastly, intervention studies can be developed to test the effectiveness of various educational and treatment initiatives targeting return to work strategies.

Conclusion

This review found that cancer survivors experience challenges with maintaining employment and returning to work and may require the coordinated support of health and vocational professionals. Additionally, it was found that return to work was a process-based experience that was affected by personal, environmental, and occupational factors. More research is needed on occupational and environmental factors that support successful return to work and on diverse survivors' experiences of return to work and work-based accommodations. The findings of this review have implications for cancer survivors, health and vocational professionals, and service delivery.

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