

The Importance of Work

Two women recently raised issues about their work that made me think more about it. One was about to return to work after being out on short-term disability because of breast cancer treatment. She had been the manager of a busy department and was very concerned about her ability to return to work and resume her responsibilities because she was experiencing “chemo brain.” The other woman had tremendous support from her coworkers who picked up some of her work during her cancer treatment. After her treatment was over, her coworkers expected her to manage her normal workload. However, chronic cancer-related fatigue made that very difficult to do. What struck me about these stories was the lack of information and resources available to help these women deal with work-related issues.

Although 60% of cancer survivors are older than 65 and may already be retired from the workforce, 39% are 20–65 years of age (National Cancer Institute, 2009). In a meta-analysis of cancer survivors and work (de Boer, Taskila, Ojajarvi, van Dijk, & Verbeek, 2009), cancer survivors were more likely to be unemployed than the general population. Of the studies that collected reasons for unemployment, physical limitations and/or cancer-related symptoms were most frequently cited.

For children with cancer, returning to school is the equivalent of adults going back to work. Pediatric oncology has long addressed school issues in children. School tutors are available at some hospitals. The Leukemia and Lymphoma Society’s (2009) Trish Greene Back to School Program for Children With Cancer was designed to allow communication among healthcare professionals, parents, children with cancer, and school personnel regarding the return to school and its related activities. Resources about reintegrating children into the classroom are available for parents and educators and include videos and printed pieces aimed at classmates and teachers that describe

how children with cancer feel, why they may look different, what type of treatment they have undergone, and any special needs they may have. The materials are available through all of the Leukemia and Lymphoma Society’s local chapters. Why don’t we have programs like that for adults and work?

I searched a number of sources for information about work for cancer survivors; what little I did find was related to workplace barriers and discrimination and the Americans With Disabilities Act. What about proactive information about working with your boss or coworkers, such as how to accommodate responsibilities during and after treatment? What options are available if problems develop? What about issues like “job lock” to keep one’s health insurance? What happens to cancer survivors who are unable to return to their previous work? Did you know that each state has a vocational rehabilitation program that survivors can access? However, in 2005, only 0.4% of those who received services from a state or federal vocational rehabilitation program did so because of a cancer-related disability (Chan et al., 2008).

Being able to work is important to all of us. It is an economic issue and also one of self-esteem. We look to work for our identity, social interactions, a way to structure our days, a way to contribute to society, and a way to feel “normal.” As nurses, we may not be able to directly address all of those issues, but we might want to think about how work-friendly some of our treatments are and how well symptoms are managed. For example, how many of us offer appointments or treatments late in the day or on a Saturday to accommodate those who are trying to work? What fatigue interventions are we using? We can start by asking our patients about their work, their

concerns, and how we might get them help to address the barriers they may face. We have much to learn from our pediatric colleagues and their school programs.



Why haven’t we designed programs for adults who are returning to work after a cancer diagnosis?

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