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The post-treatment return-to-work transition experience for breast cancer survivors under 50 years of age

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ABSTRACT

The purpose of this study is to explore the experience of cancer survivors less than 50 years of age, as they transition back to work after the end of treatment. Eight survivors took part in this exploratory qualitative study. The results of the iterative content analysis suggest that these survivors want to put their illness-focused life behind them and resume a “normal” existence, of which a return to work is an integral part. The return-to-work transition is also influenced by various personal, family and societal factors that can facilitate or inhibit the experience. Lastly, a number of distinct challenges and a higher level of vulnerability must be taken into consideration by healthcare professionals to be able to better support these survivors transitioning back to work.

Keywords: breast cancer, woman, under 50 years of age, return to work, transition, cancer survivorship, qualitative study

INTRODUCTION

In Canada, breast cancer is the most common form of cancer in women (Canadian Cancer Statistics Advisory Committee, 2019). The survival rate for breast cancer patients has grown steadily in recent decades, as early screening methods have become more effective (Ristovski-Slijepcevic & Bell, 2014). Once their cancer is in remission, these women can resume a “normal” life (Tarantini et al., 2014). More than 80% of breast

cancer survivors are able to return to work (RTW) within two years of their diagnosis (National Cancer Institute, 2018). Numerous studies show that the RTW process after the treatment for breast cancer has finished is an important step, given the perceived benefits of work (Bilodeau et al., 2019a; Tarantini et al., 2014). Many survivors see the RTW as a symbol of their recovery, health and return to normalcy (Nilsson et al., 2013). RTW is a way to maintain their social interactions, psychological well-being and financial security (Banning, 2011; Nilsson et al., 2013). However, there are also a number of difficulties to overcome during RTW.

Studies exploring the RTW experience after a breast cancer diagnosis indicate that it is influenced by a number of factors linked to breast cancer survival (e.g., age) (Petersson et al., 2013), work environment (e.g., the lack of accommodation measures) (Sun et al., 2017; Zomkowski et al., 2019) and the support provided by family and friends, healthcare professionals and co-workers (Chow et al., 2014). The RTW experience after the end of breast cancer treatment can be seen as similar to a complex transition process (Sun et al., 2017; Wells et al., 2013). However, the scientific literature does not appear to take into account the entirety and uniqueness of the transition experience or the conditions that affect this experience. The available studies explore the RTW experience as an outcome in and of itself rather than a multifaceted, ongoing process or even a transition (Stergiou-Kita et al., 2014; Sun et al., 2017). Moreover, the studies describe the conditions influencing RTW as unique and singular facts and tend to focus on women older than 50 years of age. The available literature points out that women under 50 face distinct challenges that are less of a concern for older survivors, including the difficulties involved in RTW and financial problems (Eichenbaum-Voline et al., 2008). It is therefore fitting to explore the RTW experience specifically as it affects breast cancer survivors less than 50 years of age, given the scarcity of research on this group (Fortin et al., 2010). The goal of this study is to explore the experience of the RTW transition for survivors less than 50 years following the end of breast cancer treatment and to answer the study questions, namely: 1) How is the RTW transition experienced by breast cancer survivors less than 50 years of age who have finished treatment? 2) What are the conditions that facilitate or inhibit this transition?

FRAMEWORK

The transitions theory posited by Meleis et al. (2000) has served as the theoretical framework for this study. Transition is defined as a dynamic process that allows the passage between two relatively stable stages over an undetermined

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period of time (Meleis, 2010; Meleis et al., 2000). According to this theory, the person undergoing a transition will experience uncertainty and change at a personal level, culminating in a redefinition of their identity (Meleis, 2010). A successful transition, according to Meleis (2010), requires drawing on coping strategies, such as increased self-confidence, changes in certain behaviours and the acquisition of new resilience skills and optimistic outlooks. Transitions theory is built around four major interrelated elements: 1) the nature of the transition; 2) facilitating and inhibiting conditions; 3) patterns of response; and 4) nursing therapeutics (Meleis, 2010). Seen through the lens of Meleis's theory, the RTW transition experience can be addressed from an interactionist perspective, i.e., taking into account that the personal, familial and societal conditions influencing the RTW are related and that each plays a crucial role in the transition experience. Furthermore, the majority of available studies explore the RTW experience as an outcome and not a complex, continuous process or even a transition (Bilodeau et al., 2017). The decision to use Meleis's transitions theory as the theoretical framework is therefore a relevant avenue for guiding interview questions and developing a preliminary list of codes during data analysis.

METHOD

An exploratory descriptive qualitative research design (Creswell, 2013) was selected for this study. The qualitative approach is useful in developing a clearer understanding of an individual's experience as a whole and in its parts (Creswell, 2013). Prior approval by the research ethics committee of the Centre hospitalier de l'Université de Montréal was obtained (#19.069).

The researchers opted to use the purposeful sampling method (Patton, 2002) in this study. The selection criteria for subjects were: 1) a breast cancer diagnosis; 2) at least one chemotherapy treatment; 3) 18 to 50 years of age; and 4) RTW at least six months ago. Participants were recruited using online ads sent to two organizations that help people with cancer. Interviews were conducted entirely in French between June and September 2019. Each interview lasted between 41 and 72 minutes and was carried out in a quiet environment, either at the participant's home (6/8), in a coffee shop (1/8) or in a private office (1/8).

The interview questions were informed by Meleis's transitions theory (Meleis, 2010) and focused on the RTW experience after the end of breast cancer treatment and the main factors that can influence this experience. Here are a few examples of these questions: How was your experience going back to work after you finished your breast cancer treatment? Could you tell us about any factors that made your transition back to work easier or more difficult? The researcher noted any questions or thoughts that arose while gathering and analyzing the project data in a research log. This information helped guide the data analysis process and validate various questions while the findings were being formulated. The digital audio interview files were transcribed in their entirety and exported to QDA Miner v. 5.0.19. An iterative content analysis was conducted while the data were being gathered (Miles et al., 2014).

All of the data were read, sorted and coded in order to answer the study questions. The codes were presented in tabular and matrix format to help synthesize the data and interpret the results (Miles et al., 2014). The data and materials analyzed were repeatedly checked and all coding was done and reviewed by two people (AF, KB) to ensure validity of the research findings and obtain intersubjective consensus, as proposed by Guba and Lincoln (1985). To increase the credibility of the study (Guba and Lincoln, 1985), the interpretation of the results was reviewed once again by an expert in oncology and qualitative research (KB). Reliability was also ensured by validating all the codes used in the analysis (AF, KB). To enhance the study's transferability, AF thoroughly documented the issue of RTW following breast cancer and ensured the sample's characteristics were sufficiently detailed, so that other researchers and readers could distinguish similarities with their own context, in line with Guba and Lincoln's suggestions (1985).

RESULTS

A total of eight interviews were conducted with breast cancer survivors aged 37 to 48 years. The majority (6/8) were married and had two or more dependent children. Six interviewees had a university degree, and the two others attended college. All eight had received chemotherapy along with at least one of the following: hormone therapy, radiation therapy, mastectomy or lumpectomy. At the time the interviews were conducted, six participants were back working at their old job on a full-time basis, one had changed jobs, and one was looking for work. All eight returned to work after at least eight months following the end of breast cancer treatment. The majority of them had a permanent, well-paying job with insurance.

Three main themes emerged in the study findings: 1) a life changed by cancer; 2) work is a sign of normality; and 3) facilitating and inhibiting factors that influence the transition.

A life changed by cancer

The first theme describes the participants' experience with regard to psychological and social changes associated with breast cancer and how they are learning to live with these changes. It includes two subthemes: 1) life is no longer the "same"; 2) learning to live with the changes.

Life is no longer the "same." Most of the women interviewed described how cancer had influenced their way of life since their diagnosis. They said everything was different and indicated that the disease had not only affected their body, but had also changed their identity and how they lived their life (e.g., social relationships, job circumstances, work-life balance and family dynamics). Most participants still felt death was a real "threat" and were scared the cancer would come back. In this context, Jasmine¹ said: *"When you get cancer, you live with the fear of not knowing whether or not it'll come back, and life isn't the same anymore. You go about things like before, but the people you work with and even your own family don't really understand."*

1 Fictitious names have been given to the participants to protect their anonymity

It's like you're going down two different, parallel hallways."

Learning to live with the changes. Participants said the traumatic experience of having cancer caused them to develop "fortitude," think more positively and be resilient in dealing with the resulting challenges. Most described their "fight" against cancer using military metaphors. As Carole said: *"In my mind, I told myself I had to do something, I had to do battle against the cancer. It was difficult to get through, but I did because I'm strong and positive."*

More than half of the participants mentioned that their experience had a "silver lining." They wanted to get more out of life and enjoy its beauty. Accordingly, Maude said: *"I'm definitely still dealing with some post-traumatic shock, but you have to learn to live with the disease. You have to appreciate the fact that you're going to work, appreciate the people who are there to support you and, basically, just appreciate life."* Jasmine mentioned she had to "work" at accepting herself after her bout with cancer: *"There's a lot of life and beauty in disease. Like I always used to say: accept the disease and take it one step at a time. In the beginning, I was worried I'd lose myself, and it did take me a long time to accept the new Jasmine. But now I am totally fine with who I am, without any hang-ups whatsoever."*

Work is a sign of normality

After a period of cancer treatment being the centre of their lives, all of the participants felt the need and the desire to "move on" and take back "normal" control by resuming an active social life, one of the aspects of which was RTW. They felt that their RTW was a main "marker" of the end of their disease, as Maude explained: *"I was excited at the idea of going*

back to work because I saw it as a way of putting this behind me." Similarly, Lyne said: *"The decision to return to work was a purely personal one. I just wanted to get my life back and say that the cancer was a thing of the past."* This yearning for a return to normality was also about shedding the identity associated with disease and no longer being labelled in the workplace as "the one with cancer." In Maude's words, *"The way I see it, I'm more than that. I'm more than a disease. That's over and done with. It's time to move on."*

Factors that influence the RTW transition

The third theme covers the main factors that facilitated or inhibited the RTW transition for study participants. These factors are listed in order of importance and recurrence in Table 1.

Factors related to breast cancer survival. A number of personal factors had a positive influence on the transition toward the breast cancer survivors' RTW. All the survivors in this study agreed that, after cancer, the perceived benefits of work, such as the social and ethical aspects of their jobs, were factors that can help in facilitating this transition. According to these women, work is a source of continuous learning, as Jasmine explained: *"After cancer, work is where I feel fulfilled."* But it is also a symbol of remission and a return to an active social life, as Céline put it: *"I'm happy to be able to work because it means I'm healthy."* The feeling that they are performing well at their job seems to facilitate this transition. Some participants mentioned how productive they were at work, despite their side effects, such as Maude: *"Even though I had 'chemobrain,' I still felt like I was working at about 98%."*

In contrast, some personal factors were described by study participants as hindering the RTW transition. The intensity of the side effects of treatment experienced at work, such as fatigue and memory problems, tended to undermine on-the-job performance. Two of the participants brought up new restrictions related to their difficulty concentrating and forgetting certain tasks. As Céline put it: *"I was living on tamoxifen and Demerol, and I was working full time, so it was hard. I can't stay focused when I'm on those drugs."* Other inhibiting personal factors, such as the obligation to go back to work early because of financial realities and the prioritization of personal and family needs, appeared to have had a negative influence on the experience of the RTW transition for these women.

The work environment. Some of the participants explained that substantial support from employers and co-workers helped them in their return to work. Less than half said their employers and co-workers supported them and were empathetic and encouraging. Two said they were welcomed back warmly by their teammates. Jasmine remembered that: *"I got such a great reception. My co-workers were very sensitive and caring, and I received lots of messages of support."* Simultaneously, accommodation measures provided by employers were useful and beneficial during this transition back to work. This is clearly expressed in Stéphanie's remarks: *"They were very helpful. If I couldn't do something, it wasn't the end of the world. They also let me stay on sick leave for an extra month."*

Table 1		
Factors Facilitating and Inhibiting the Return-to-Work Transition		
	Facilitating Factors	Inhibiting Factors
Factors linked to the breast cancer survivor	<ul style="list-style-type: none"> –Perceived benefits of work –Feeling of productivity and fulfilment 	<ul style="list-style-type: none"> –Intensity of side effects of treatment experienced at work –Prioritization of personal and family needs –Financial worries
Work environment	<ul style="list-style-type: none"> –Importance of support in the workplace –Availability of accommodation measures 	<ul style="list-style-type: none"> –Lack of support in the workplace –Reluctance of employer to adopt accommodation measures –Job conditions changed upon return to work
Healthcare professionals	–NA	–Lack of adequate support of healthcare professionals with regard to the return to work
Family	–Availability of moral and practical support	–NA

However, the work environment can also be an inhibiting force during the RTW transition. A few of the study participants identified a lack of support from their co-workers and employers as a problem. In Céline's words: *"I didn't get much support from my work. At any point."* Three of the participants expressed disappointment in their co-workers and managers, saying they felt let down. Reluctance on the part of the employer to initiate accommodation measures was also mentioned by two participants. Their comments indicate that their employers were not open to the idea of flexible hours and refused to go along with a physician-prescribed gradual return to work. Maryse, for one, said: *"I would've liked to have been able to adjust my schedule. That would've been helpful considering everything else going on in my life, but the bosses were against it."* Certain changes in working conditions during an RTW seemed to have an adverse effect on these women's transition. A few participants mentioned they were forced to go back to work with new conditions they didn't agree with. In Mélanie's case: *"At first, they told me my position had been eliminated. When they finally did assign me somewhere, it wasn't like I had any say in the matter."*

Healthcare professionals. Healthcare professionals played a central and critical role in the RTW experience of the participants in this study. Nevertheless, the analysis of the data shows additional inhibiting factors in connection with this subtheme. A lack of adequate support from healthcare professionals was mentioned by more than half of the interviewees. In fact, the topic of going back to work was never addressed in their follow-up appointments with nurses and physicians, as Carole explained: *"Going back to the work wasn't something my doctor or nurse ever brought up. We never talked about it, and they never said anything to us about it."* Likewise, some of the participants who sought out the services of a private psychologist described this support as inadequate and insufficiently aligned with their realities and needs with regard to their RTW transition.

Family context. The family context played a significant role in the RTW transition for the participants in this study. The support provided by their partner, family members, and friends was reported to have had a positive influence on the RTW experience. The majority of the participants talked about the support they received from their partner, some of whom were described by survivors as their "guardian angel." Others highlighted their partner's help with household chores. Carole put it this way: *"He was a real lifesaver. Those first few weeks when I was back at work, he did the food prep and the cooking, tidied up and helped our son with his homework. He was doing it all."* The support of family and friends was also identified as an important factor by the majority of participants. Several mentioned their families and close friends pitching in, including Stéphanie: *"I had a great family who helped out a lot. My mother and my sister were there for me the entire time. A bunch of neighbours dropped off food."*

DISCUSSION

This qualitative study explored the RTW transition for breast cancer survivors under 50 years of age. Understanding this experience as a transition process is an innovative aspect

of this study. To the best of our knowledge, this is the first qualitative study in Canada that has looked into this kind of experience with women in this age group.

This study explored the RTW transition for breast cancer survivors under 50 years of age once their treatment was over. It should be recalled that, according to Meleis's theory (2010), a person in transition moves from a state of uncertainty to one of greater awareness and newly acquired coping behaviours. Our findings show that the sense of uncertainty about their disease disrupted the life of the cancer survivors under 50 who were interviewed for this study. Their life seemed to have been marked by personal changes (e.g., anxiety, fear), family changes (e.g., separation), and professional changes (e.g., changes in the workplace). Other problems related to family and financial obligations were noted by the study participants. These difficulties corroborate the findings in other papers on the RTW among breast cancer survivors (Magalhães et al., 2020; Stergio-Kita et al., 2014). The survivors in our study, being under 50, were confronted with issues associated with their younger age, such as the fear of recurrence and the lack of adequate social support. In addition, there seemed to be other major obstacles from a family perspective (e.g., dependent children, household chores) and a career perspective (e.g., RTW preparation), which may have been an additional source of stress for these participants. These challenges were unique to these survivors, in that survivors over 50 are generally less concerned about their RTW and do not tend to have children to take care of (Hamood et al., 2018). These differences translated to a higher level of vulnerability and greater exposure to family, work and other difficulties that seem to have had an impact on the RTW transition of these breast cancer survivors compared to others in an older age group.

All of the study participants expressed a desire to resume their professional activities. None said they wanted to quit their job or take early retirement. The reason given in most cases was the desire to return to a "normal" life. These results are similar to those of other studies where the RTW is a symbol of "normality" (Sun et al., 2017; Wells et al., 2013). It is easy to imagine that RTW is a fundamental aspect of their lives, as a source of a certain level of stability and, as such, a way of completing their transition.

On the other hand, it would appear that the feeling of uncertainty in the lives of these breast cancer survivors was not limited to this transition process. According to Meleis (2010), awareness and self-acceptance are expected parts of this journey and this transition. Individuals tend to develop coping strategies and new behaviours that make the transition easier (Meleis, 2010). Based on our findings, these survivors seem to have found a silver lining in their cancer experience. Their remarks indicate that several of the participants appear to have developed coping strategies such as greater awareness and acceptance of themselves and the state of their health. They mentioned the personal fortitude that has emerged as a result of this ordeal. These findings are similar to the ones described by Boyle et al. (2017), who concluded that survivors under 50 tend to have a more positive outlook on their personal future and career prospects than do survivors in an older age bracket.

With regard to factors related to work environment, this study showed that the amount of support provided by an employer and co-workers, and the availability of flexible scheduling and accommodation measures, together have a positive impact on RTW. These same elements are frequently mentioned in other studies (Cocchiara et al., 2018; Petersson et al., 2013). The findings of this study underscore that negative RTW experiences are often characterized by a lack of support from an employer and/or co-workers and the absence of modified work conditions (e.g., schedule, tasks). Drageset et al. (2016) warn that breast cancer survivors may be subject to workplace discrimination, ranging from a “simple” change of schedules or tasks to out-and-out dismissal.

With regard to the factors related to healthcare professionals, participants reported a lack of support and follow-up from nurses about their RTW. These findings are similar to those of Bilodeau et al. (2019b), indicating a discontinuity of care for breast cancer survivors as they transition back to work. As for family context factors, participants reported receiving moral and practical support from their partner and family members during their RTW. Other studies have suggested that family members sometimes tend to adopt highly protective behaviours and caution against RTW (Fantoni et al., 2010; Stergio-Kita et al., 2014). This advice is often perceived as unhelpful by survivors given their strong desire to resume their work life (Wells et al., 2013).

STRENGTHS AND LIMITATIONS

This study was guided by transitions theory (Meleis, 2010), thereby promoting a holistic and comprehensive vision of the RTW transition experience for breast cancer survivors. By targeting a specific age group (37–48 years), this study focused on hitherto under-documented experiences and the main factors facilitating and inhibiting this transition for the study subjects. Some limitations may influence the interpretation of these findings. First, it is likely that the participants were already interested and involved in the RTW experience, which might imply a selection bias. Second, the majority of the participants had white-collar, permanent, well-paid jobs. Few had blue-collar (working class), temporary, low-paid jobs. This heterogeneity may flatten some of the important or unique aspects of the RTW transition experience. Third, the results were not validated with participants, which may restrict the conclusions that can be drawn. However, the process was subjected to an inter-rater validation process (AF, KB) throughout the analysis to ensure overall quality. Finally, the study was conducted in Quebec, and the findings should be interpreted in this particular context.

IMPLICATIONS FOR CLINICAL PRACTICE, RESEARCH, ADMINISTRATION, AND EDUCATION

In terms of clinical practice, nurses are encouraged to initiate discussions early on about a breast cancer survivor's eventual return to work. During these conversations, nurses

should take into consideration their patient's potential to redefine their priorities and beliefs and identify their strengths and weaknesses as they determine whether they are fit to go back to work. In so doing, nurses can explore the personal factors (e.g., feeling of fulfillment), professional factors (e.g., accommodation measures), family factors (e.g., support from family members), and societal factors (e.g., social relationships) affecting these women. Similarly, nurses need to provide women living with breast cancer the necessary advice and information about the various side effects of treatment and their potential consequences on their ability to continue working. From a research perspective, studies could be conducted in order to gain a better understanding of the role of oncology nurses and the barriers to supporting breast cancer survivors' RTW transition. Our sample consisted of highly educated women. It would be advisable to extend this to women from a wider variety of sociodemographic backgrounds and those with working-class (blue-collar) jobs. Their experience may differ, either substantially or in more subtle ways. As for recommendations for teaching, the RTW transition of breast cancer survivors should ideally be incorporated into the curricula for nursing students and professional development programs for oncology nurses. This knowledge is important in ensuring patients receive an optimal level of care. From a management perspective, managers in this area are advised to reflect on how to review and systematize post-treatment appointments during which nurses assess the patient's living environment and conditions for going back to work.

CONCLUSION

This study focuses on the RTW transition experience for breast cancer survivors under 50 years of age. The findings indicate that these survivors hoped to put their cancer behind them and resume a “normal” life by, among other things, going back to work. This experience seems to have been influenced by a range of facilitating and inhibiting factors. It also appears that women under 50 are more vulnerable during this transition with regard to certain constraints (e.g., dependent children, household chores, uncertainty). In light of our findings, subsequent research would be useful in gaining a better understanding of the various facets of the RTW experience for women in the under-50 age group.

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CONFLICTS OF INTEREST

The authors declare no conflict of interest or competing interests in relation to this paper.

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