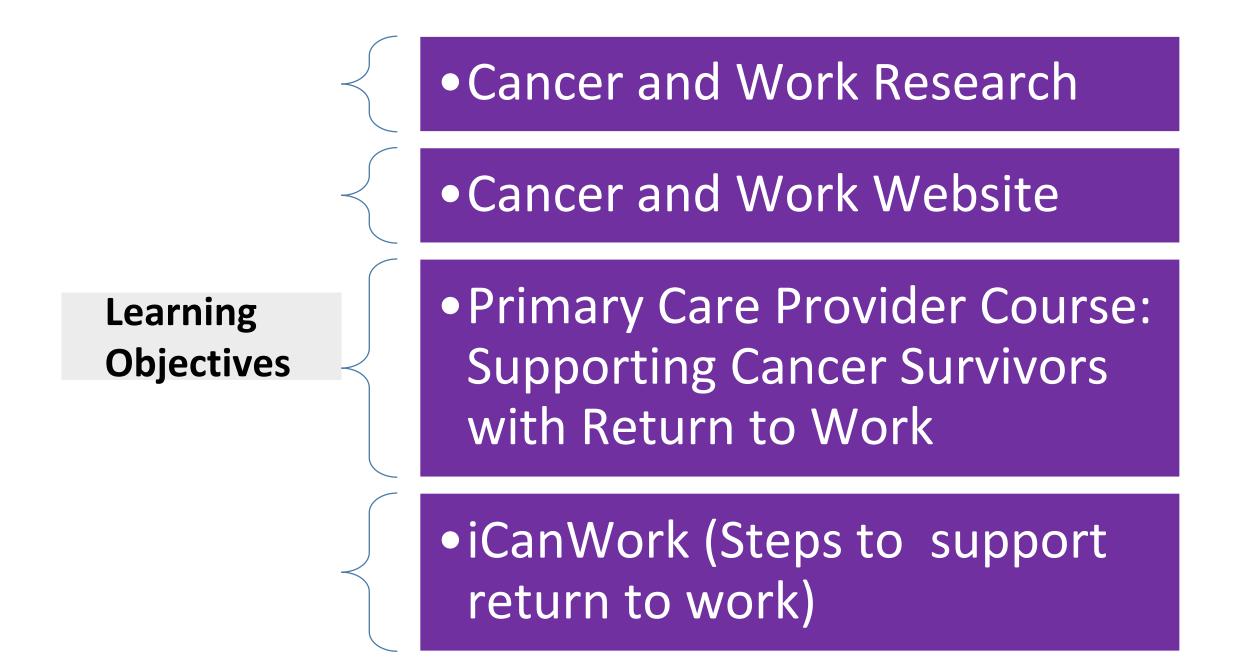


Provincial Health Services Authority

Return to Work for Cancer Survivors

Maureen Parkinson M.Ed., C.C.R.C. Provincial Vocational Rehabilitation Counsellor, BC Cancer

Acknowledgment: Dr. Christine Maheu, Associate Professor, School of Nursing McGill University



Relevance of Cancer and Work



CPAC projects that, by 2031, there will be 2.2 million Canadians living with cancer ~ 40% are between 20 and 65 *within age range of working population (de Boer et al 2015; Parry et al 2011) Are 1.4 more likely to be unemployed compared to healthy controls (de Boer, 2009; Steiner 2008)

While 63% of working age individuals will RTW within 1st year post-diagnosis (Mehnert, 2011) Between 26% to 53% of cancer survivors will lose their job or quit working during or after treatment (Mehnert, 2011)

57% reduced their hours by 4/week (Steiner et al 2008)



Literature Review

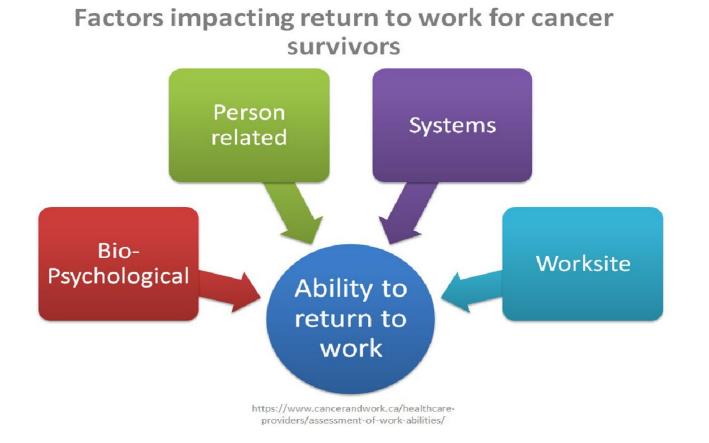
- Cancer can cause functional impairment which can lead to decrease work ability
- Employed cancer survivors report a reduction in physical work ability (31%) and reduction in in mental work ability (23%)
- Those experiencing cancer distress are more at risk of work stress





Vocational Rehabilitation Model for Cancer Survivors

(Parkinson et Maheu, 2019)



Other reviews:

- Bijker et al., 2018;
- Feuerstein et al., 2010
- Kiasuwa Mbengi et al., 2016;
- Mehnert, 2011;
- Nitkin, Parkinson, & Schultz, 2011;
- Spelten et al., 2002;
- Verbeek & Spelten, 2007



Vocational Rehabilitation Model for Cancer Survivors (Parkinson et Maheu, 2019)



- Disease and treatment specific
- Prognosis of cancer and treatment
- Pre-existing condition
- Function and disability

Ahn et al., 2009; Amir et al., 2007; Bains et al., 2012; Balak et al., 2008; Beerman et al., 2021; Breckenridge et al., 2012; Bouknight et a., 2006; Chen et al., 2021; Dorland et al., 2018; Ehrenstein et al., 2020; Feuerstein et al., 2007; Jagsi et al., 2014; Johnsson et al., 2009; Horsboel et al., 2015; Lilliehorn et al., 2012; Marino et al., 2013; Kiasuwa Mbengi et al., 2016; Nitkin et al., 2011 Park et al., 2009; Steiner et al., 2008; Taskila et al., 2007; Razavi et al., 1993



Vocational Rehabilitation Model for Cancer Survivors

(Parkinson et Maheu, 2019)



- Meaning of work/change in priorities
- Attitudes about work "is work good or bad"
- Self-efficacy/expectations for recover
- Socio-demographic factors such as age, race, gender, and income

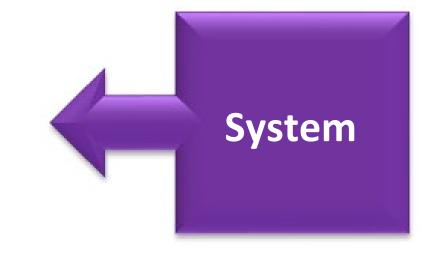
Amir et al., 2007; Bottcher et al., 2013; de boer et al., 2008; CPAC 2012; Dorland et al., 2016; Hankanen et al., 2008; Kane et al., 2020; Kennedy 2007; Maunsell et al., 2004; MacLennon et al., 2017; Lilliehorn et al., 2013; Main et al., 2005.; Nachreiner et al., 2007; Tamminga et al., 2019; Stewart et al., 2001; Rasmussen et al., 2008



Vocational Rehabilitation Model for Cancer Survivors

(Parkinson et Maheu, 2019)

- Medical/rehabilitation
- Family/culture
- Financial support/Economic situation
- Legal/Advocacy



Amir et al., 2008; Armaou et al., 2018; Blinder et al., 2017; de Boer et al., 2015; Chiu et al., 2014; Dorland et al., 2016; Drolet et al., 2001; Islam et al., 2014; Kennedy 2007; MacLennan et al 2017; Mckenna et al., 2007; S un et al., 2016

Heathcare Providers: Facilitators to RTW of cancer survivors

- Discussing the survivors return to work over time (Frazer 2009).
- Assistance with defining work goals, determining work readiness, determining how symptoms may impact work performance, suggesting workplace supports, and accommodations (Kita et al 2014)
- Provide for a treatment summaries increases discussion on RTW (de Moor et al 2018)
- Good relationships and trust between professionals from different settings (Bilodeau et al 2018)
- Patient preferred oncology occupational physicians than worksite (Zaman et al 2015)



Healthcare: barriers to addressing RTW of cancer survivors

- Lack of medical advice on how to prepare for returning to work and (Amir., 2008)
- Lack of advice on the appropriate time to get back to work (Amir et al., 2008)
- Waiting to discuss RTW until treatment completed (Peterson, et al., 2017)
- GP: Feel they do not know enough about the CS job role to provide advice on RTW (Bains et al 2011).
- HCP do not feel competent about advising on work-related question (Tiedtke et al 2012)
- Healthcare professionals require support in their work-related support role and need additional training for this role (Zaman et al 2019)

- No consensus on whose role it is to initiate and communicate with CS on RTW (Bains et al 2011)
- Lack of clarity of each HCP role for the support of RTW (MacLennan et al 2017)
- OT are considered best to provide this support but too costly (Whitehorn 2019)
- GP considers specialist cancer nurses to be best to discuss RTW because of their frequent patient contact while nurses thinks should be reverse (Whitehorn 2019)
- Addressing RTW is viewed as a lack of priority compared to treating cancer for health care providers (Peterson et al 2017; MacLennan et al 2017)



Vocational Rehabilitation Model for Cancer Survivors (Parkinson et Maheu, 2016)

- Job demands
- Work hours/duties
- Accommodation
- Communication and relationships



Alleume et al 2020; Böttcher et al., 2013;Blinder et al., 2017; Dorland et al., 2018; Dorland et al 2016; Drolet et al 2005; Kennedy et al., 2007; Handschel et al 2013; Johnsson et al 2009; Lindbolm et al 2011; Mbengi et al., 2016;Mehnert et al., 2016; Nachreimer et al., 2007; Nitkin et al., 2011; Spelton et al., 2002; Stergiou-Kita et al , 2016; Torpe et al 2012; Tamminga et al 2019;



A patient reports they are afraid to return to work because they felt their work stress caused their cancer

Question: According

to the Vocational Rehabilitation Model for Cancer Patients, what factors does this fall under?

- 1. Biopsychological, Person Centred, Systems
- 2. Biopsychological, Worksite, Systems
- 3. Biopsychological, Person Centred and Work site

Cancer Interventions in RTW



1. Guidance from physicians / Hospital-based program

> (Tamminga et al., 2013; Tamminga et al 2019)

2. Education information

(Bains et al., 2011; Nieuwenhuijsen et al., 2005; Brown et al., 2012, Maheu et al., 2016)

3. Providing counselling, rehabilitation support

(Chan et al., 2008; Chui et al., 2014; Thijs, 2011; Sheppard et al 2019); Mewes et al 2015; Fauser et al 2019)

4. Case management and Navigation

(Hubbard et al., 2013; Aubel 2019)

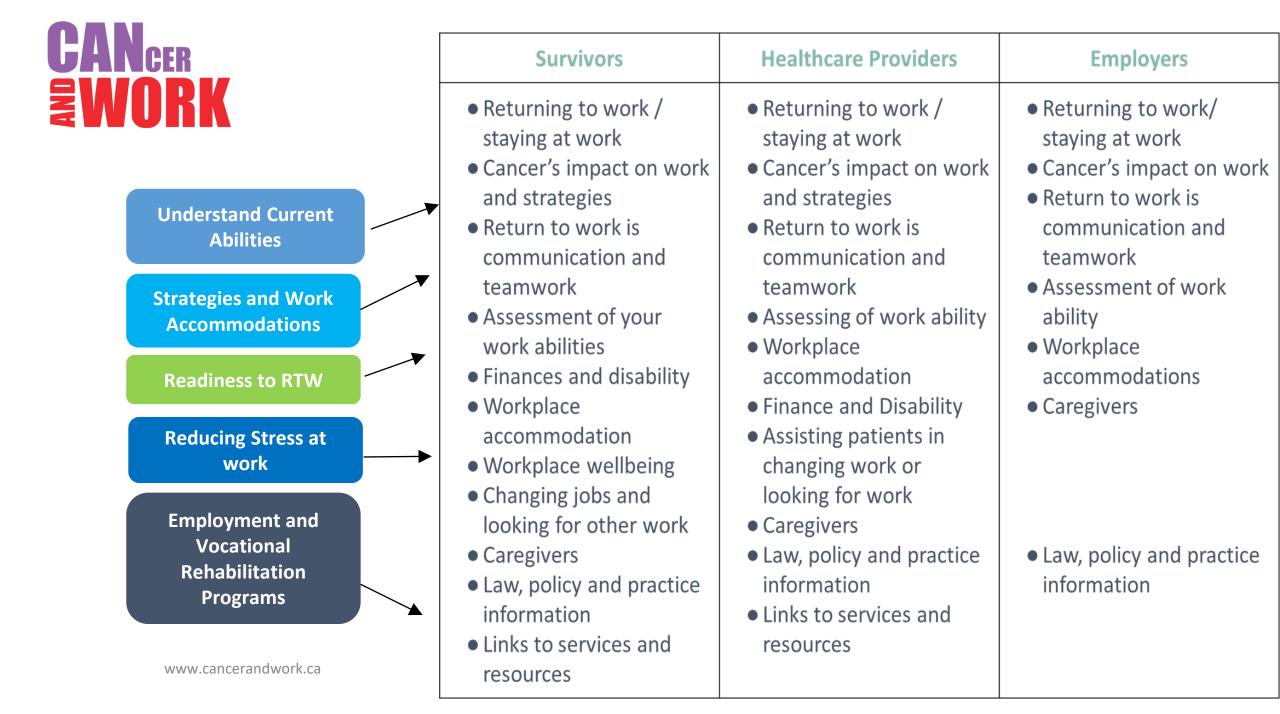
5. Cochrane Reviews: (de Boer et al., 2011, 2015)

www.cancerandwork.ca



www.cancerandwork.ca

- 500 pages of content
- 9 videos
- 8 online tools
- 27 expert writers
- Designed for health care providers, cancer survivors and employers
- First Canadian website resource that links to resources within Canada and the globe
- Available in English and French
- 2018-2020: Awarded Leading Practice Award by Health Standards Organization



Cancer and Work Structure Cancer and Work



ability and readiness to return to work. A job analysis will help your doctor better understand your ability to do your former job or any alternative job your employer proposes. Your job analysis can also help your doctor specify limitations that will need to be accommodated. Based on your doctor's recommendations, your employer will determine whether or not they have a job ready for you or if they can make the necessary changes for you to return to work. Your doctor's assessment is also helpful for determining eligibility for insurance.

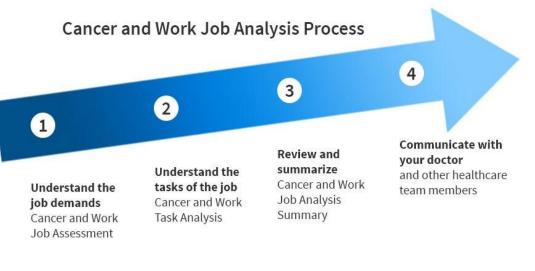
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Search

Q

A **job analysis** is an in-depth description of a particular job. It breaks down the job's specific tasks as well as the expectations of and demands on the employee who does it. This can include detailed information about the tasks of the job, working conditions, requirements of the job including aptitudes, attitudes, skills, temperaments, as well as physical, psychological and cognitive demands. Job analyses are often created to help with recruiting, training and returning to work and human resources planning. In the case of returning to work following disability or illness such as cancer, a job analysis is a useful tool to provide information about a job to assess whether someone is ready to return to work or what parts of the job need to be changed to enable someone to work again.

Create a cancer and work job analysis



2. Physical Demands Never = Not part of your jab Occasionally = 1-2 hours a day Frequently = 3-5 hours Constantly Fingering Picking, pinching, or otherwise working primarily with fingers rather than with the whole hance in handling. Required for job: Never Occasionally Frequently Constantly Selzing, holding, grasping, turning, or otherwise working with hand or hands. Fingers are involved only to the extent that they are an extension of the hand, such as torm a switch or shift automobile gears. Required for job: Never Occasionally O

3. Reaching

Extending hand(s) and arm(s) in any direction and should include full elbow extension. Could include reaching forward, overhead, to the side and across the body. Required for job: O Never O Occasionally O Frequently O constantly

equired for job. O Nevel O Occasionally O Frequency O cons

4. Feeling

Perceiving attributes of objects, such as size, shape, temperature, or texture, by touching with skin, particularly that of fingertips.

O Occasionally O Frequently O Constantly

Required for job: O Never

5. Vision

Required for job: O Never O Occasionally O Frequently O Constantly

6. Color Discrimination

Required for job: O Never O Occasionally O Frequently O Constantly

7. Hearing

Required for job: O Never O Occasionally O Frequently O Constantly

8. Talking

Required for job: O Never O Occasionally O Frequently O Constantly

Example Part 2 of 3: Understanding the job

Areas assessed:

1. Physical Strength

2. Physical Demands

4. Psychological and

Cognitive Demands

3. Temperaments

5. Environmental

Conditions

Description of duty	% of day	Temperaments	Physical	Cognitive psychological	Areas of potentia challeng
Taking food orders	30%	Flexibility Dealing with people Working under stress	Light work (standing) Fingering (writing with a pen) Vision Hearing	Time pressures Verbal fluency Distracting stimuli (other people coming into restaurant or making demands) Exposure to confrontation- al situations	None
Serving customers	30%	Same as above	Light: Lifting up to 20 lbs Frequent: Walking, standing, handling and feeling Occasional reaching	Same as above	Fatigue Concerr Cannot stand/ walk fo more than an hour
Clearing	30%	Working under stress	Same as		Same a

www.cancerandwork.ca

10/16/2017



Cognitive Symptoms at Work Checklist

Step 1: Say **Yes** or **No** to 21 potential cognitive challenges at work.

Step 2: Rate level of **Concern** for each questions answered yes

1 = Very low 2 = Low 3 = Moderate 4 = High 5 = Very high

Example of a cognitive challenge question



www.cancerandwork.ca

Cancer and Work

You are here: Cancer and Work > Interactive Tools > Cognitive symptoms at work checklist

Cognitive symptoms at work checklist

Author(s): Cancer and Work Team

Modified from: Ottati A, Feuerstein M. Brief self-report measure of work-related cognitive limitations in breast cancer survivors. J Cancer Surviv. 2013 Jun;7(2):262-73. doi: 10.1007/s11764-013-0275-9. Epub 2013 Apr 4.

Instructions: If there are concerns whether cognitive challenges may affect your ability to successfully return or stay at work in a safe, productive, and competitive way, completing this tool and showing the results can inform a discussion between relevant parties (patient, healthcare provider, employer, and insurance provider). This tool has been validated in those actively working. However, your answers may also help those anticipating your return to work to identify, anticipate and address challenges.

In step 1, you say yes or no to the sample of cognitive challenges questions.

In step 2, you will be prompted to rate the level of difficulty for each question answered yes.

Done! Here are your results:

The scores below give you an idea of which tasks you have said gives you the most difficulty. Keep an eye on these and try to work on them or think about getting some help from co-workers, supervisor or professional counselor, especially if these concerns interfere with your ability to get work done in the way you or your workplace expects.

Score	Difficulty	
5	Remembering the name of a familiar object or person	
5	Completing all steps of a task or activity	
4	Remembering my train of thought as I am speaking	
4	Remembering the content of conversations and/or meetings	
4	Following the flow of events	
4	Staying with a task until completion	
3	Remembering what I intended to write	



Physician's guide to navigating insurance forms and the insurance process

Faith Hayman video

Available at: www.cancer andwork.ca search: Faith

Hayman <u>https://www.cancerandwork.ca/healthcare-providers/returning-to-work-is-communication-and-teamwork/communicating-with-insurance-providers/</u>

Or from the e-course, google: Supporting Cancer Survivors with Return to Work:

https://ubccpd.ca/learn/learningactivities/course?eventtemplate=261-supporting-cancersurvivors-return-to-work

Healthcare providers Returning to work/staying at work Cancer's impact on work and strategies Returning to work is communication and teamwork + Assessment of work abilities + Workplace accommodations + Workplace wellbeing + Finances and disability Assisting patients in changing work and looking for work + Caregivers Law, policy, and practice information Human rights information Private Insurance + Links to services and resources Tell us what you think Events Research References

You are here: Cancer and Work > Healthcare providers > Law, policy, and practice information > Private Insurance

Private Insurance

Author: Faith Hayman, Trial and Appellate Lawyer

Physician's guide to navigating insurance forms and the insurance process from a legal perspective

By Faith Hayman, Trial and Appellate Lawyer

This video was filmed at the BC Cancer Agency as part of combined Provincial Radiation Oncology Patient and Family Counselling rounds and for the purposes of www.cancerandwork.ca. Ms. Hayman discusses legal principles that guide long-term disability claims, different medical and insurance perspectives, how physicians can address invisible disabilities with insurance providers, as well as tips on how to communicate with insurance providers about disability claims.



Law, policy, and practice information

Legal resources on human rights

Human rights laws are different in each province and territory, and for workplaces under federal law. To find out more about the law that covers your workplace, visit the Canadian Human Rights Commission.

Here is a list of non-profit organizations that provide general information on human rights or legal representation to individuals.

Non-profit organizations providing general information on human rights or legal representation to individuals

Organizations in each province or territory provide general information on human rights but not legal advice specific to individual cases. In some provinces, there are organizations that provide free legal advice specific to individuals and may represent clients for free. If you belong to a union, contact your local steward before you consider making a claim under human rights legislation.

Canada



For general information on human rights in federally regulated sectors only (e.g., employees of chartered banks, television and radio stations, telephone companies, federal government departments and agencies): Canadian Human Rights Commission

Quebec



For general information on human rights: Commission des droits de la personne et de la jeunesse Québec [Quebec Human Rights and Children's Rights Commission], Service on Reasonable Accommodation offers advice for employers

Quebec community legal information centres: Centres de justice de proximité, Éducaloi

Legal advice on individual cases: Pro Bono Québec provides free or low-cost legal advice to inwhose cases are of public interest (for example, people with disabilities)

New Brunswick



For general information on human rights: New Brunswick Human Rights Commiss Legal Education and Information Service of New Brunswick

Nova Scotia



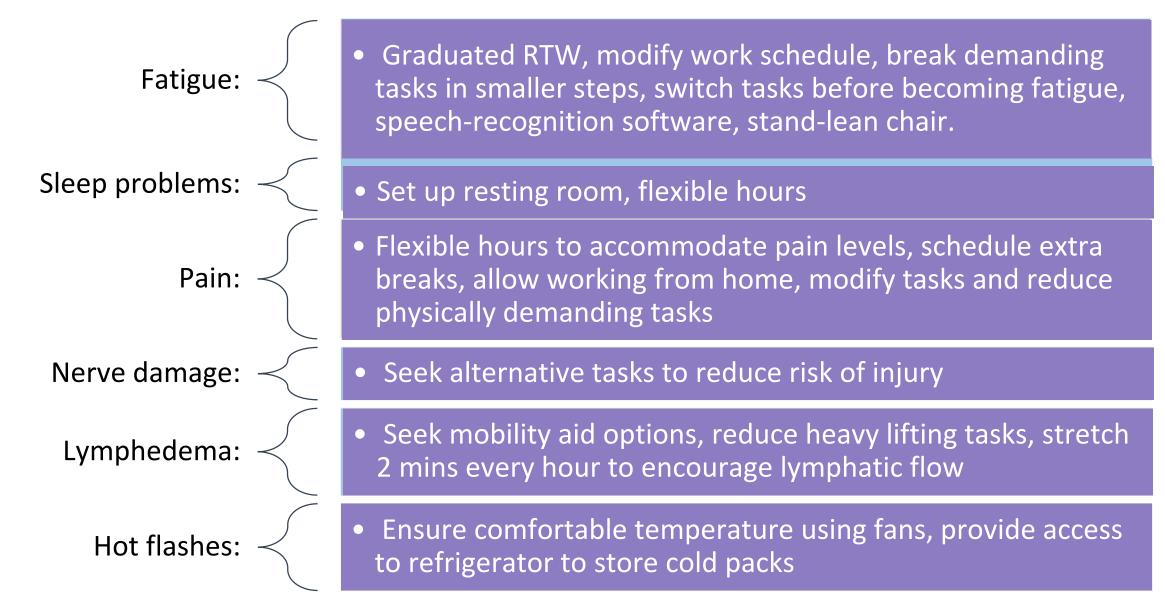
For general information on human rights: Nova Scotia Human Rights Commission Information Society of Nova Scotia

For legal advice on individual cases as well as general information on human rights: reachAbili referrals to lawyers who provide one hour of free advice. They also give education sessions on topics relevant to people with disabilities, including employment and accommodations. Dalho Aid community local clinic

Accommodation ideas specific to common cancer symptoms and treatment side effects



Author: Kyla Johnson, Occupational Therapist, Segal Cancer Centre, Jewish General Hospital



Healthcare providers

Returning to work/staying at work

- ▶ iCanWork: 11 Steps to
- support cancer survivors with return to work
 - 1. Understand factors that can impact work
 - 2. Assess function
 - 3. Understand job demands
 - 4. Identify, treat, and refer to support
 - 5. Communicate about return to work
 - 6. Encourage survivors to take control
 - 7. Identify and foster workplace support
 - 8. Contribute to the development of a return to work plan

9. Prepare survivors for

You are here: Cancer and Work > Healthcare providers > Returning to work/staying at work > iCanWork: 11 Steps to support cancer survivors with return to work



iCanWork: 11 Steps to support cancer survivors with return to work

Authors: Ms. Maureen Parkinson, Vocational Rehabilitation Counsellor, M.Ed. C.C.R.C, BC Cancer , Dr. Christine Maheu, RN, PhD



iCanWork: Nurse version

Adult Cancer Survivorship: A self-learning resource for nurses

Canadian Associatio

anadian Association of Nurses in Oncology ssociation canadienne des infirmières en oncologie Canadian Association for Nurses in Oncology: <u>https://www.cano-</u> <u>acio.ca/page/survivorship</u> <u>manual</u>

Coming soon: video version <u>www.bloodcancercontinui</u> <u>ngeducation.ca</u>

iCanWork: Primary care provider course



eCourse: Supporting Cancer Survivors with Return to Work https://www.cancerand

work.ca/events/

Acknowledgements: Supporting Cancer Survivors with Return to Work e-course for Primary Care Providers

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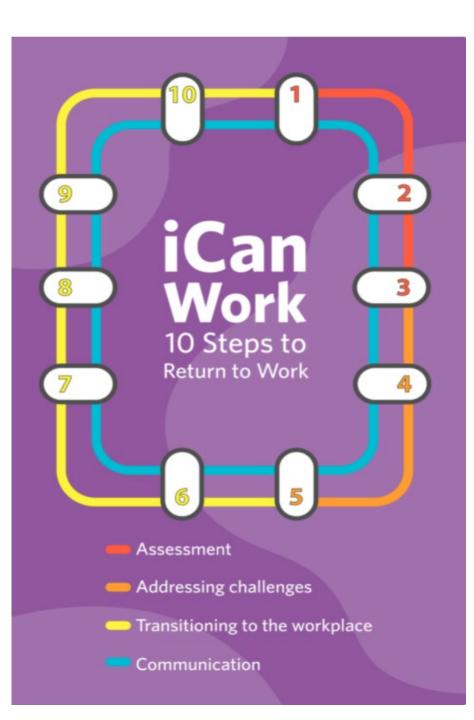


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Continuing Professional Development Faculty of Medicine

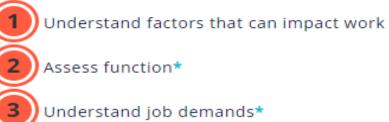


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iCanWork steps include:

Assessment



Addressing Challenges



6

7

Identify, treat, and refer to support*

5 Encourage survivors to take control

Transitioning to the Workplace

Identify and foster workplace supports

Contribute to the development of a return to work plan

- 8 Prepare survivors for imminent return to work
- 9 Manage work expectations

10 Monitor the work situation

Communication is the central tenant of the iCanWork framework.

Communication

- integrated into each step of the iCanWork framework

 involves engaging with cancer survivors, health care providers, insurance and employers

Click on the tabs below to learn more about considerations for communicating with each of the following:

🖳 Insurance Provider

iCanWork

Communication

Employer/Workplace

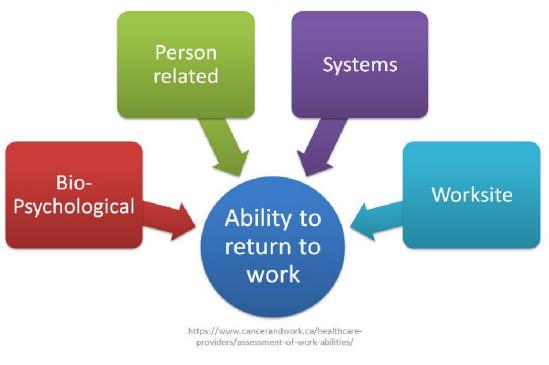
Other Healthcare Providers

🔍 Cancer Survivor



Step 1: Understand Factors that Impact Work

Factors impacting return to work for cancer survivors



Use the vocational rehabilitation model for cancer survivors to as guidance to assess the factor that can impact work

(Parkinson & Maheu, 2016)





Step 2: Assess Function

Assess physical, psychological, cognitive abilities that might impact work.

Inquire, use self report forms, medical assessments obtain professional assessments.





Step 3: Understand job demands

- Ask the survivor about the demands of her job in relation to her perceived abilities
- Ask for job analysis or job description from her employer (if available) to determine the employer's expectations
- Have the survivor complete job analysis (see <u>www.cancerandwork.ca</u> tools section) to compare perceived abilities versus job demands.





Step 4: Identify, treat or refer to support

- Provide medical treatment
- Suggest/refer to a rehabilitation to improve function and manage symptoms.
- Discuss and aid in referral to resources (if indicated) such as counseling in-house, within the healthcare system, in the community or offered privately.



Common side effects

Supporting Cancer
Survivors with Return to
Work





Step 5 Encourage the survivor to take control

- Encourage the survivor to explore and self-refer to services (rehabilitation, psychological, etc.).
- Recommend online (e.g. cancer and work online tools), written materials or attending group programs.
- Encourage self-education on long-term disability.
- Encourage self advocacy with health care or insurance provider to obtain services to support her return to work.



Step 6: Identify and foster workplace support

- Provide letter, fill out forms or communicate with the workplace in a timely manner
- If possible give as much advanced notice for return to work start date
- Encourage the survivor to learn about the types of support such as job accommodations that might be available at her workplace.
- Encourage the survivor to foster support from her colleagues by staying in contact with them to maintain positive relationships
- Refer survivors to counselling if they are concerned about speaking to their employer





Step 7: Assist in developing a RTW plan

- Provide guidance on graduated return to work plan
- Provide start and end dates for graduated return to work plan
- Indicate re-assessment dates
- Indicate medical restrictions and limitations
- Suggest job accommodation ideas
- Indicate the return to work plan is trial



Step 8: Prepare the survivor for imminent return to work



- Discuss symptom management (fatigue, sleep, pain, nutrition, etc.)
- Encourage cancer survivors to do work simulation
- Try out accommodation ideas





Step 9 Manage Work Expectations

- Discuss with the cancer survivor what recovery will look like over time
- State restrictions and limitations in the return to work plan
- Encourage cancer survivors to refer to medical guidance at work
- If survivors are having fears or difficulties with boundaries refer to counselling





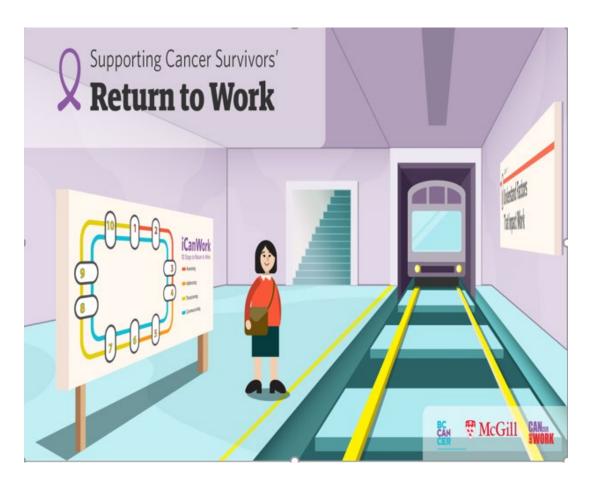
Step 10: Monitor the work situation

- Schedule check in meeting to discuss progress with return to work
- Discuss symptom management and how to improve work function
- If needed, refer for rehabilitation support
- Update medical notes for employer and insurance providers if needed
- Ideally encourage cancer survivors to arrange medical appointments at non work hours





Looking for a primary care provider who is supporting a cancer survivor with return to work



- Willing to implement the iCanWork 10-step program to support cancer survivors with return to work.
- Complete <u>Supporting Cancer Survivors with Return to Work</u> on line (http://surl.li/bmucp)
- Must be working with a cancer survivor who is eventually planning (does not need to be ready to return to work at this moment) to return to work at the former workplace and who is within two years post-surgery, chemo, or radiation therapy.
- Implementation includes meeting with a cancer survivor at least once to three sessions and completing an evaluation questionnaire
- Able to commit before the end of April and start before end of April .
- A stipend of \$300 will be provided to primary care providers and \$100 to the cancer survivors.
- Please consider contributing to this project!
- For those interested, contact: <u>christine.maheu@mcgill.ca</u>

BC Cancer Vocational Rehabilitation Support

Counselling, education, consultation, resource referral • Return to work

• Job search

- Insurance concerns
 - (Long term disability and Canada Pension Plan Disability)
- Human rights legislation
- Rehabilitation supports



Returning to former workplace

virtual seminars (by zoom) for those with a history of cancer (once a week for 4 weeks for 2 hours)

How do I know I am ready to return to work?

• Understanding the return to work process

Learn about: <

- Preparing for your workplace for your transition
- Enhancing workplace wellbeing



for those with a history of cancer 2 hours (offered online via zoom)

To register Call your local Patient and Family Counselling Services, at BC Cancer

- How to address gaps in a resume because of cancer
- Obligations for disclosure about health history
- Human Rights protection



To register: Call **Patient and Family Counselling Services** at your local cancer center

Provincial Health Services Authority



Referrals

Provincial Health Services Authority

Refer patients who are in treatment or up to 18 months post treatment

Outside Vancouver

• 1-800-663-3333 ext 672124 or fax referral to: 604-877-6249

Vancouver

• 604-877-6000 ext 672124 or fax referral to 604-877-6249

Email: mparkins@bccancer.bc.ca



Thank you

Maureen Parkinson,

MEd, CCRC, Provincial Vocational and Rehabilitation Counsellor, BC Cancer

Contact: 604-877-6000 or

1-800-633-3333

• Tuesday, Wednesday, Thursday extension 672189