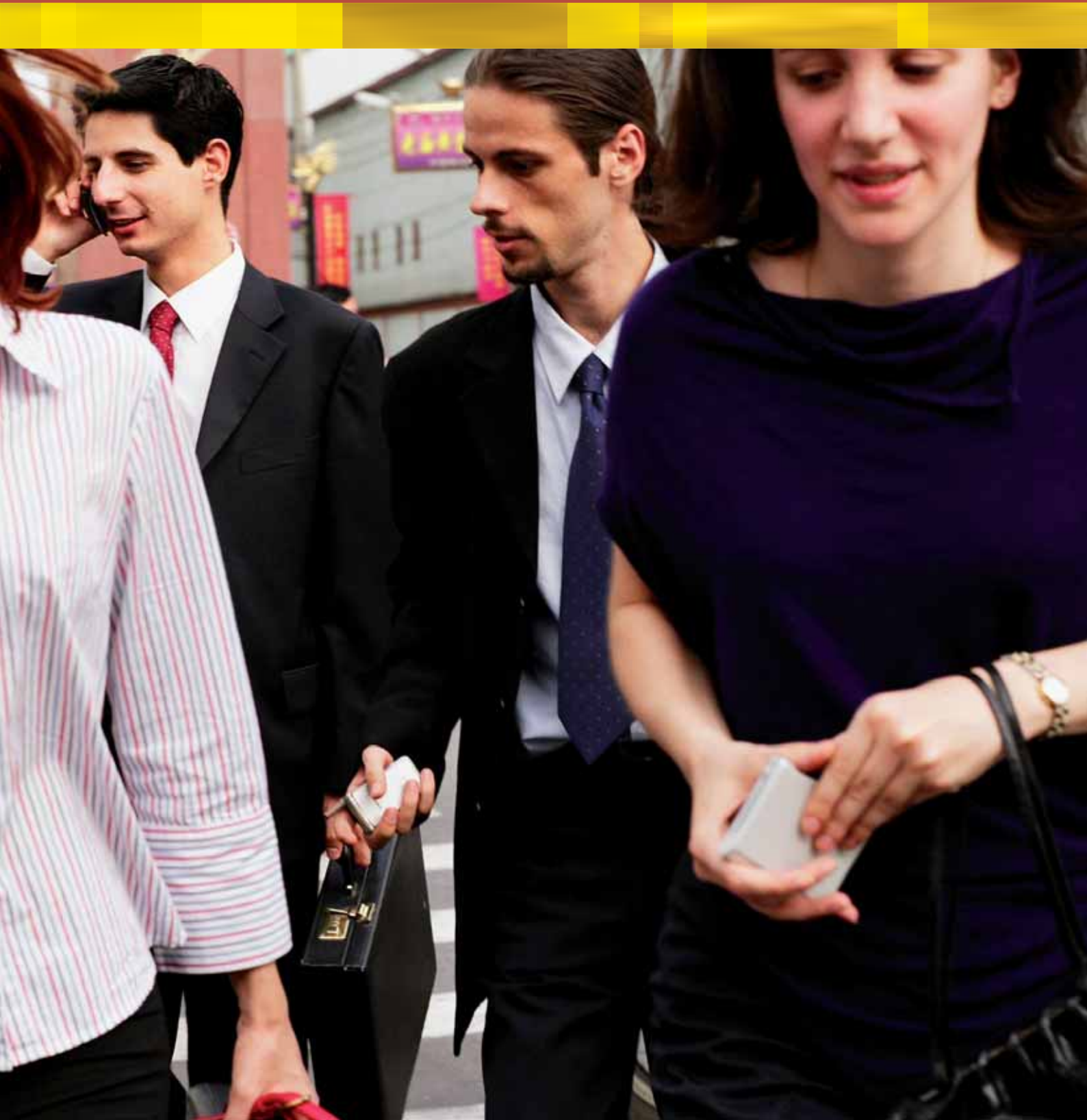


2: Cancer Impacts in the Workplace



The impact of cancer on employment patterns

- Cancer has a negative impact on employment patterns with studies estimating between 10% and 38% of employees do not return to work following treatment for cancer.
- As more people are diagnosed at earlier stages and surviving cancer, they are increasingly likely to be of working age, therefore issues regarding productivity and continuing employment must be addressed by patients and employers alike.
- Overall, the ability of people with cancer, and cancer survivors, to continue employment is supported by the available research.
- There is evidence that a supportive work environment is positively associated with rates of cancer survivors returning to work, and physically demanding manual labour is negatively associated with return-to-work rates.

Cancer Impacts in the Workplace

This section of *Working with Cancer* is based on research studies carried out in the United Kingdom, the USA and Australia. From the available evidence, the information presented in the international studies holds true for Australian workplaces but more Australian studies are needed. Evaluation research will be undertaken as part of the implementation of *Working with Cancer*.

2.1 Impact of cancer on employment patterns

Cancer has a negative impact on employment patterns with studies estimating between 10% and 38% of employees do not return to work following treatment for cancer. As more people are diagnosed at earlier stages and surviving cancer, they are increasingly likely to be of working age, therefore issues regarding productivity and continuing employment must be addressed by patients and employers alike. Overall, the ability of people with cancer and cancer survivors to continue employment is supported by the available research. There is evidence that a supportive work environment is positively associated with rates of cancer survivors returning to work and that physically demanding manual labour is negatively associated with return-to-work rates.

Research commissioned by The Cancer Council WA suggests that about two-thirds (67%) of employees continue to work while undergoing treatment and that a large majority of carers (94%) also continue to work. This small Australian study suggested that about 10% of employees did not go back to work after treatment for cancer.

By contrast, research in the United Kingdom found that almost one-third (31%) of employees did not go back to work following cancer treatment; similarly a US study of long-term cancer survivors in Detroit found that only about two-thirds (67%) of those working at the time of their initial diagnosis were employed 5-7 years later. A review of research examining return-to-work rates of cancer survivors and factors impacting their return, published in 2002, revealed a mean average return-to-work rate of 62% (range 30-93%). Factors negatively associated with return to work were: a non-supportive work environment; manual labour; and having had head and neck cancer.

During consultation for *Working with Cancer*, comments made by HR managers suggest that a formal return-to-work program contributes to a supportive workplace environment for all employees and not just those people returning to work after cancer diagnosis or treatment. Such initiatives appear to be more prominent in Queensland, NSW and Victoria but there is nothing to stop individual organisations adopting the better practices from these schemes as appropriate. For examples, visit the following websites:

Victoria

<http://www.worksafe.vic.gov.au>
Search for Return to Work Training

NSW

<http://www.workcover.nsw.gov.au/ServiceProviders/RehabilitationProviders/rtwcoord.htm>

Queensland

<http://www.qcomp.com.au/medicalservices/glossary.html>

During consultation for *Working with Cancer*, comments made by HR managers suggest that a formal return-to-work program contributes to a supportive workplace environment for all employees and not just those people returning to work after cancer diagnosis or treatment.

Effects of cancer on people's working lives

- Cancer-related fatigue is very common among people being treated for cancer.
- Cancer-related fatigue can present significant challenges for workers: affecting their physical functioning, causing emotional distress and making it difficult to concentrate.
- Cancer-related fatigue can have a substantial negative impact on the physical, psychosocial and economic wellbeing of both employees with cancer and caregivers.
- Employees who are not offered alternative working arrangements during and following cancer treatment may be up to 15 times more likely to experience significant financial difficulties.
- There is evidence that the adverse effects of cancer-related fatigue can be significantly reduced by:
 - Work adjustment policies
 - Adjustments to working hours and alternative working arrangements
 - Return-to-work meetings
 - Regular consultations about managing workload.

Effects of cancer on people's working lives

Fatigue

A key thing about people being treated for cancer is that they commonly experience fatigue and that this fatigue often has negative impacts on their lives. A US study examining the prevalence and duration of fatigue among people being treated for cancer, and assessing the impacts of fatigue on patients and caregivers, showed that cancer-related fatigue is common among patients who receive chemotherapy resulting in substantial adverse physical, psychosocial, and economic consequences for both patients and caregivers. The study found that:

- 76% of patients experienced fatigue at least a few days each month during their most recent chemotherapy
- 30% experienced fatigue on a daily basis
- 91% of those who experienced fatigue reported that it prevented a 'normal' life
- 88% indicated that fatigue caused alterations to their daily routine
- Of patients who were employed, 75% changed their employment status as a result of fatigue
- 65% of patients indicated that their fatigue resulted in their caregivers taking at least one day (mean average of 4.5 days) off work in a typical month.

These results are supported by a US research review which found that women with breast cancer are at high risk of fatigue as a side effect of treatment with surgery, radiation, and chemotherapy. The risk is compounded by the multiple roles of women who return to work during treatment. Cancer-related fatigue can present significant challenges for workers: affecting their physical functioning, causing emotional distress and making it difficult to concentrate.

Other side effects from treatment

Chemotherapy drugs are designed to enter the body, kill the cancer cells, and be expelled before they can damage the more slowly dividing healthy or normal cells. However, the cells in the lining of the intestine, the hair-producing cells, and the bone-marrow cells are also affected by the drugs resulting in the three most common side effects of chemotherapy:

- Nausea and vomiting
- Hair loss
- Bone-marrow depression.

Nausea and vomiting can be controlled by anti-nausea drugs and sometimes by meditation, guided imagery and other psychological therapies. Some people get sick no matter what they do and there is no way to predict this. Most people will recover from nausea between four and 24 hours after it starts; and severe nausea usually follows a pattern, with the bouts of vomiting occurring farther and farther apart.

Hair loss resulting from cancer treatment is mainly a psychological problem, there is no associated pain and the hair does grow back. The extent of hair loss varies with some people experiencing a little thinning while others lose all their hair including their eyebrows and body hair. The rate of hair loss also varies tremendously, for some it is gradual and for others it occurs literally overnight. When the hair begins to grow back it is very fine, baby-like hair. When chemotherapy is completely finished, regular hair grows. Wigs and scarves can make things easier.

Bone marrow produces essential parts of the blood and immune system. Some drugs used in chemotherapy slow down or depress that production, making people more vulnerable to infections. If the depression is serious, the person is likely to be hospitalised and given antibiotics till their immune system recovers. If the recovery takes too long, they may be switched to other drugs.

Practical suggestions for people trying to manage their side effects include:

- Taking short naps at work
- Having an exercise regime (helpful for fatigue)
- Going for short walks (perhaps accompanied by work colleagues).

For more ideas refer to Section 3: 'What workmates can do to be supportive'.

Deterioration in working life

Research, from the UK, into how cancer affects people's working lives reported:

- 41% said their working lives had deteriorated as a result of cancer
- 42% had experienced no change
- 12% said their working lives had improved.

Importantly, those whose working lives had deteriorated were significantly less likely to have had adjusted working hours or alternative working arrangements, return-to-work meetings or regular consultations about managing their workload.

Ability to do their job

- 50% said there had been no change in their ability to do their job as a result of cancer
- 5% said their ability to do their job had improved
- 41% felt less able to do their job.

Career prospects

- 37% said their career prospects had deteriorated
- 54% said there had been no change
- 4% said they had improved.

Those who experienced no change were significantly more likely to have had adjusted working hours or alternative working arrangements, return-to-work meetings or regular consultations about managing their workload.

Financial situation

- 36% experienced significant financial difficulties
- 38% of women experienced significant financial difficulties, compared to 31% of men.

Employees who were not offered alternative working arrangements, during and following cancer treatment, were up to 15 times more likely to experience significant financial difficulties.

Organisational Policy and Practice

A minority of respondents in the UK research reported poor organisational practices:

- 2% said they had experienced direct discrimination (women only reported this)
- 6% reported they had been overlooked for promotion (3% of women; 4% of men)
- 7% had received changes to their job without their agreement (9% of women; 5% of men)
- 2% had felt pressure to resign (6% of women; 2% of men).

Available Australian research findings are broadly consistent with the overseas studies. Some 43% of research participants reported a deterioration in working life as a result of cancer. However, only a small percentage of people returning to work (15%) and carers (27.8%) reported that they were treated unfairly or unsympathetically by their employers. A West Australian study concluded that discrimination in this field is the exception rather than the rule, but that it does exist.



IN SHORT – WORKSHOP HANDOUT WHO 5

Effects of cancer on individual employees

- Work is an important part of life and living. Continuing to work while undergoing treatment for cancer is very important to people in maintaining as much of their daily routines as possible.
- The greatest benefit many employees with cancer gain from their employers and colleagues is the emotional support afforded by the social network of the workplace rather than specific work-related assistance.
- An individual employee's desire for privacy should always be respected and their wishes as to whether or not they want their work colleagues to know about their diagnosis should be clarified as early as possible.
- The vast majority of employees diagnosed with cancer inform their work colleagues; one-third of employees prefer to tell close colleagues and ask them to inform others; only 3% choose not to share their diagnosis with colleagues.
- Among the most common side effects of cancer treatment are fatigue and difficulty concentrating; employers can help by scheduling a person's work to avoid very physically demanding tasks and by encouraging individuals to plan their work around times when they have the most energy.
- It is difficult to know exactly how cancer treatment will affect an individual; employers need to be alert to changing work plans at short notice if necessary.

Effects of cancer on individual employees

Privacy

Although colleagues and workplaces can offer a lot of potential support to employees diagnosed with cancer, an individual's desire for privacy should always be respected. Whether or not an individual wants their colleagues to know about their diagnosis should be clarified as early as possible. Most individuals do not mind if their colleagues know and cancer survivors suggest that informing colleagues about their diagnosis can be highly beneficial as it gives them the opportunity to be supportive. If an individual is uncertain about sharing their diagnosis with their colleagues it may be useful to tell them about how others have benefited and allow them to 'think it over'.

Research commissioned by The Cancer Council WA found that:

- 61.7% informed their work colleagues of their cancer diagnosis straight away
- 18.3% did so within one week
- Only 3.3% did not inform their colleagues of their diagnosis
- More than half (56.7%) informed close colleagues first and let others know over time
- One-third preferred to tell close colleagues and have them inform others.

Work is a very important part of many people's lives. Besides income, it provides satisfaction and a chance to be with workmates. Returning to work as soon as they are physically able is one way people try to make their lives feel normal again.

Work is an important part of life and living

Work is a very important part of many people's lives. Besides income, it provides satisfaction and a chance to be with workmates. Returning to work as soon as they are physically able is one way people try to make their lives feel normal again. Focus group participants, from a West Australian study, agreed that it was important to maintain as much of their normal daily routines as possible while undergoing treatment for cancer; they identified continuing to work as an important aspect of this. It has been suggested that the greatest benefit many employees with cancer gain from their employers and colleagues is the broader emotional support afforded by the social network of the workplace rather than specific work-related assistance. Patients in one US study indicated that they valued the ability to return to work as highly as their overall health.

Cancer related fatigue can affect memory and concentration

One of the most common side effects of cancer treatment is fatigue. People undergoing cancer treatment can easily become physically and mentally tired. The mental impact can include memory loss and difficulty concentrating; cancer patients sometimes refer to it as "chemofog". Physically demanding tasks can pose the greatest challenge. Employers can help by scheduling a person's work to avoid very physically demanding tasks and by encouraging

individuals to plan their work around times when they have the most energy. Individuals can consider using a Fatigue Diary to keep a record of their energy levels (see Appendix 5). Research has shown that people who have had treatment for cancer are as productive as people who have not had cancer. People who have had treatment for cancer also tend to take less time off work than other employees. It may be helpful for employers to let colleagues know this.

A supportive workplace makes all the difference

People may need to take time off during their treatment. It may be taken as sick leave, or an agreed reduction in working hours or working days. Taking a lot of time off can make individuals feel out of touch with what's going on at their workplace and they can lose confidence in their ability to do their job well. Employers may suggest an arrangement to keep the employee informed of work matters; the individual could be encouraged to choose how they would like this to happen and how often.

The feelings and emotions that accompany a cancer diagnosis may also make it difficult to concentrate or work effectively. Employers should be sympathetic to this, and the person's doctor can sign them away from work for a short time, if necessary. Before treatment for cancer starts, it is often difficult to know exactly how it may affect individuals; employers need to be aware that people may need to change their work plans at short notice. A supportive work environment can help people talk honestly about their feelings and emotions, and increase the likelihood of anticipating and avoiding logistical problems, such as having insufficient lead time to make alternative arrangements or delegate tasks. Note the comments about the importance of Return to Work Coordinators in Section 2.1.



IN SHORT – WORKSHOP HANDOUT WHO 6

Effects on colleagues, friends, families and carers

- A close colleague or friend can be a good advocate for the employee with cancer and can correct any myths or assumptions that the person will, or should, automatically stop working as soon as they have been diagnosed with cancer.
- Providing staff with a brief overview about the nature of the cancer, prognosis, treatments and duration, side effects, and sources of further information can have positive effects.
- For some people, the news of a colleague being diagnosed can affect their own emotions such that they may need to be offered counselling.
- There are many practical ways for work colleagues to show support; one well-received example is to donate some of their sick leave into a pool for the employee with cancer.
- Carers have very real needs which may not be as readily apparent. People caring for cancer patients may be twice as likely to suffer depression as the patients themselves and their needs are often unmet (especially among women).
- Asking someone in the workplace, who has survived cancer, to be a mentor to a newly-diagnosed employee has been shown to be effective. The person with cancer must be in agreement and, of course, a suitable person must be available. Mentors should be chosen carefully, have clearly defined roles and have counselling and supervision as required.
- Organisations may wish to link *Working with Cancer* with their current Employee Assistance Program to develop strategies which are more proactive and pitched at the organisation and not just at the individuals.

Effects on colleagues, friends, families and carers

Sharing the news of a diagnosis

As noted in Section 1, one-third of people newly diagnosed with cancer prefer to tell close colleagues or friends about their diagnosis and have them inform others in the workplace. The information and tips in *Working with Cancer* can prepare people taking on this role. Research indicates that work colleagues may not fully appreciate the importance placed upon continuing to come to work. In one case, on learning about a person's cancer diagnosis, well-meaning colleagues asked, "What are you doing here?"; having assumed that a person with cancer would automatically stop work. A close colleague or friend can be a good advocate for the employee with cancer and can correct this myth.

Brief accurate information can help dispel myths²

A person's colleagues may want to know more about their cancer. One approach is to brief staff about the nature of the cancer, the prognosis, likely treatments and duration, and any side effects such as fatigue and memory deterioration. The briefing does not have to be very detailed; a brief overview is sufficient together with details about where staff can access further information. If colleagues are feeling uncomfortable around a person with cancer they may be less likely to want to engage and may end up ignoring the person just when they may be most in need of contact and signs of support. Brief, accurate information is likely to make colleagues more comfortable around the person with cancer and may encourage them to open up a more supportive dialogue, for instance around how the treatment is progressing. It can also help dispel myths which tend to surround cancer.

Some of the common myths include:

Myth: Cancer is catching.

Truth: It's not. Some people worry that they can catch cancer from other people, especially if the cancer is around the genital area (eg cervical cancer in women or testicular and prostate cancer in men). But this isn't true. Cancer isn't a disease that is transmitted to other people.

Myth: Cancer is always fatal.

Truth: It's not. More than 50% of cancers can be successfully treated. For some cancers, the success rate is very high. In the case of testicular cancer, the cure rate is more than 95%. It's important to remember that cancer is more likely to be treated successfully if it's detected early.

Myth: Some injuries such as falls can cause cancer later in life.

Truth: Falls, bruises and other injuries do not cause cancer. People might visit the doctor with an injury and coincidentally a tumour is found during the examination; however the injury did not cause the cancer – it was already there. In very rare cases, longstanding and/or severe injuries can increase the risk of cancer, but these instances only account for a small fraction of cancer cases.

Myth: A bump to the breast can cause breast cancer.

Truth: A bump or a blow to the breast will not cause breast cancer but it may draw attention to an underlying lump.

Myth: Breast cancer is contagious.

Truth: Breast cancer is not contagious. As stated above, you can't catch any sort of cancer from another person.

Myth: People are better off not knowing that they have cancer.

Truth: Advances in treatment mean, in general, that the earlier a cancer is diagnosed the more effective the treatment will be and the greater the chance of a cure.

Myth: There is no effective treatment for cancer.

Truth: For most people, regardless of how advanced their cancer may be at the time of diagnosis, treatment can improve symptoms and quality of life.

Myth: Treating cancer with surgery causes it to spread throughout the body.

Truth: Specialist surgeons know how to safely take biopsy samples and to remove tumours without causing the cancer to spread. Surgery is often an essential part of a cancer treatment plan. For a few types of cancer, surgeons take extra precautions to prevent any chance of the cancer spreading.

Myth: People with a cancer diagnosis always die a painful death.

Truth: Many people diagnosed with cancer never have any pain other than the discomfort expected after an operation (if their cancer was treated surgically). When people do have pain, many medications are available to control it, in accordance with their doctors' instructions.

Myth: If a Pap test for cervical cancer shows abnormal cells, it means a woman has cancer.

Truth: It doesn't. The Pap test detects abnormal changes in cells so that they can be treated before they have a chance to become cancerous.

Some employees can be upset by the news of a workmate's diagnosis

It is possible that work colleagues may have had cancer themselves or have experienced their own cancer-related tragedies and news of a colleague being diagnosed might bring up emotions that they need to deal with. If possible, affected staff should be offered counselling, although this may be beyond the scope of a typical Employee Assistance Program (EAP). EAPs provide counselling and consulting services that focus on the prevention and/or remediation of personal problems experienced by employees; or members of their families. EAPs are currently considered one of the main vehicles for

occupational stress management and are rapidly evolving into providers of holistic wellbeing programs in the workplace. EAPs in Australia have recently been criticised for tending to focus interventions at the individual rather than at the organisational level. There may be scope to explore linking *Working with Cancer* with an organisation's Employee Assistance Program to develop approaches which are more proactive and pitched at the organisational rather than just the individual level.

Some practical ways of providing support

Staff may wish to find some immediate and practical ways of helping a work colleague and to make symbolic gestures to show that their support is available. One action that employees who had had cancer thought was a "brilliant idea" is for colleagues to donate some of their sick leave into a pool for the employee with cancer. Another effective strategy is seeing if there is someone in the workplace who has survived cancer who can take on a mentor role to the newly diagnosed employee

During the consultation to develop *Working with Cancer* it was also suggested that organisations could help by organising financial help (for medical costs, child care etc) possibly through low-cost or interest-free loans. Other practical ideas include:

- Sending cards and flowers
- Hospital visits
- Telephone calls
- Weekly emails
- Cooking meals
- Providing transport to treatment
- Donating money.

Carers needs for a supportive workplace may be less visible but are very real

The need for carers to have supportive workplace environments may not be as apparent as for employees with cancer but they are nonetheless very real. A 'carer' may be described as someone who provides physical and emotional support to someone who is ill or disabled. A carer might be the partner (husband, wife, girlfriend or boyfriend), son, daughter, relative, friend or neighbour of a person with cancer. Some people don't see themselves as 'carers' because they perceive what they do as being part of the relationship they share with a person with cancer. Studies indicate that caregivers take at least one day off work in a typical month (mean average 4.5 days) as a result of cancer patients' fatigue.

We know that informal cancer carers experience high levels of anxiety, depression, and unmet support needs, with women carers at higher risk than men. Some studies show that cancer carers are twice as likely to suffer depression as cancer patients themselves. However, little is known about the factors underlying the gender difference, and existing support services have not specifically targeted the needs of female and male cancer carers. [The Cancer Council NSW, Carers NSW, the University of Western Sydney and Westmead Hospital are partners in a research project exploring the concerns, self-perceived needs, and psychological wellbeing of informal cancer carers living in New South Wales, comparing the experiences of female and male carers, at different stages of the care-giving journey. A program of targeted supportive interventions will be developed, and then systematically evaluated, based on the findings.]

Refer also to Section 3.2:

'What workmates can do to help'.

We know that informal cancer carers experience high levels of anxiety, depression, and unmet support needs, with women carers at higher risk than men. Some studies show that cancer carers are twice as likely to suffer depression as cancer patients themselves.

Dealing with fear and perceived threats to health and life

- Bad news about cancer can cause friends and colleagues to become distanced just at a time when they are needed most in listening or empathising roles.
- Some of the more common concerns associated with a cancer diagnosis include: the threat to health, uncertainty, unfamiliarity, physical symptoms, visible signs of treatment or disease, social isolation and the fear of death.
- A once 'popular' model describing the various stages experienced by a bereaved person is now considered less helpful because grief is not necessarily sequential and may not be as predictable as once thought.
- With supportive family, friends and work colleagues a bereaved person will be able to cope, recover and accept in their own time rather than according to a pre-determined set of stages.

2.5 Dealing with fear and perceived threats to health and life

When people have advanced cancers

While different individuals will experience different emotions the uncertainty which accompanies the recurrence or spread of cancer is likely to be physically and emotionally demanding for all. Learning that cancer has spread or come back can be even more devastating for people than hearing they have cancer for the first time. People in this situation can experience a sense of loss or feelings of failure; they had hoped they were cured and now their cancer has come back despite their efforts to overcome it. Some people can be tearful and depressed for some time, others are stunned and resentful to see life going on as normal around them when their own world is in such turmoil. Many are afraid: afraid of the illness itself; afraid of the treatment; afraid of the effect it may have on their family, friends and colleagues; afraid of symptoms such as pain; or afraid of dying. A person who has a work colleague who has an advanced cancer or a cancer which has come back may react in unexpected ways which might include:

- Trying to deny the seriousness of the situation with false jollity
- Withdrawing from company rather than risking saying the wrong thing to the person with cancer
- Completely avoiding discussing the person's illness
- Being overprotective and trying to 'wrap the person in cotton wool'.

Friends and colleagues can be distant just at the time when they are most needed by the person with cancer. It may be some help for everyone to remember that all of us are shocked by bad news.

Listening and empathy

It may create a more supportive environment if work colleagues are helped to empathise with the individual dealing with cancer; to understand something about what the person is facing, and to see the fears that he or she may have. There are many aspects of a cancer diagnosis that inspire fears and concerns, some of the more common concerns are listed on page 22.

Learning that cancer has spread or come back can be even more devastating for people than hearing they have cancer for the first time. People in this situation can experience a sense of loss or feelings of failure; they had hoped they were cured and now their cancer has come back despite their efforts to overcome it.

Issue the person with cancer may be facing

What you can do to help the person with cancer

Threat to Health	With good health, the threat of serious illness seems far away, and few of us think about it before it happens. When it does happen we can be quite shocked and confused, and possibly angry or bitter. Acknowledge your feelings to yourself, and as appropriate, to the person with cancer.
Uncertainty	A state of uncertainty may be even harder to bear than either good news or bad news. Similarly not knowing where you are and not knowing what to prepare for is a very painful state in itself. People can be helped a lot by colleagues or friends simply acknowledging the unpleasantness of uncertainty.
Unfamiliarity	Treatment for cancer often involves many different professionals, each with special expertise. The person with the cancer may feel uninformed or vulnerable. They may need some reassurance that health care professionals will explain medical terms or treatment regimen. Cancer organisations such as The Cancer Council can also give information to help people understand more about their situation. It may help to emphasise that as cancer treatment is a very specialist area, nobody can really be expected to know all of the details in advance.
Physical Symptoms	Physical symptoms can be a major concern. The individual dealing with cancer may, at different stages in their treatment, have various symptoms (for example, pain or nausea). They need to be allowed to talk about them.
Visible Signs of Treatment or Disease	People may have to deal with outward signs of cancer or its treatment: for example, hair loss due to chemotherapy or radiotherapy. People can be helped to feel less self-conscious by talking about the signs. Some people might appreciate help in choosing a wig or scarf.
Social Isolation	Many serious diseases, and particularly cancer, seem to be capable of putting up what amounts to an 'invisible barrier' between the person who is ill and the rest of society. Visiting the person and encouraging mutual friends to do the same is a good way of helping to break down that barrier. Allowing the person with cancer to talk about their experience is another.
Fear of Dying	Many people are cured of cancer but the threat and fear of dying can remain. It can be difficult for people to lose that fear, but allowing people to talk about it is important. Listening can reduce the impact and the pain of that threat. It isn't necessary to have all the answers; simply listening to the questions can help a lot.

2.6 We don't always get a happy ending – dealing with death

Not all people with cancer will recover. If an employee is caring for someone with cancer who dies they will need to grieve, likewise if an employee with cancer dies close colleagues will be affected.

Compassionate leave

After the death of a close relative or friend it is customary for the bereaved person to be allowed compassionate leave from work. Often this may not allow sufficient time for the funeral to be arranged or for the bereaved person to recover emotionally. Some people may find it very difficult to return to work while others may find work diverts them from their loss. It is worth reminding people that a doctor can provide a medical certificate for a worker's inability to work.

An employee, who has lost somebody through death, may approach his or her employer seeking payment for time spent away from work. This might be to attend a funeral or, in some instances, to make the necessary funeral arrangements. Although such a request from an employee may seem rather straightforward, there are circumstances where an employee may not have an entitlement to this leave. More detailed information is provided in the sections Roles of Managers and Tips for Employers (Section 3) and Rights, Responsibilities and Tips for Employees (Section 4).

Informing work colleagues

Some people find it helpful to send a statement to their place of work to inform them of their bereavement, to avoid having to tell their workmates and colleagues individually. Discussion between the bereaved person and their manager can help to prepare a plan for returning to work, such as discussing how much time to have off and

negotiating flexible hours if required. Prioritising tasks can ensure the most important jobs get done and can take pressure off both parties.

Helping bereaved work colleagues

During the development of *Working with Cancer*, managers emphasised that where an employee's prognosis is poor or where cancer leads to death, arranging counselling for fellow employees is important to their ongoing wellbeing. Some people have little experience in dealing with grief following a death. Many people do not know what to do or say in such circumstances. Thoughtful gestures of sympathy and compassion, even when people are at a loss for the 'right' thing to say, are usually appreciated and leave a lasting impression of caring. It is helpful if managers:

- Communicate a clear, simple message of support to staff to help them recover from the event
- Have an 'open door' to staff
- Have available current accurate information about counselling services, such as through Employee Assistance Programs (EAPs).

Managers may be affected too, so involving professional help provides advice and support for them too. Other strategies that can contribute to a supportive workplace environment include:

- Immediate acknowledgement of the death through a note or flowers from management
- Having a representative from the workplace at the funeral to demonstrate support
- Showing continued interest in and listening to how the bereaved worker is feeling
- Providing flexible hours and time off to help the worker cope with the combined stress of work and grief

- Showing patience and understanding that the grief process takes time and that the worker cannot just "snap out of it".

Stages of bereavement – perhaps an unhelpful way of thinking

A popular model for understanding grief and loss identifies certain stages that a bereaved person typically experiences³. The stages include denial, anger, bargaining and acceptance. While it may be true that grief includes a wide range of emotions, thoughts and behaviours, it may not always be helpful to think that feelings will occur in a particular order or sequence, or be limited to particular stages which everyone moves through in a predictable way. This belief may lead to expectations that a bereaved person will ultimately put the experience behind them and "snap out of it" or eventually "move on". It might also lead to perceptions that a person is not going through a given stage quickly enough. Many experts have expressed reservations about this way of thinking about the grieving process, because grief is not necessarily sequential nor is it always predictable.

There is no right way to grieve. People's feelings and reactions often depend on a range of personal, family and social factors, including their own health, personality, age, culture, spiritual beliefs, previous experience of loss, their relationship with the deceased person and the degree of family and social support available. The grieving process can be as short as a month or last up to, and well beyond, 12 months. Support from family, friends and work colleagues may increase a bereaved person's ability to cope, to accept their loss and to recover in their own time.

³ It is worth noting that in their book on grief and grieving: *Finding The Unseen Gift of Grief Through The Five Stages of Loss* (Scibner 2005, New York) Elizabeth Kubler-Ross and David Kessler: state that it was never their intention that the stages of grief be used as a rigid model for grieving.

References for Section 2

Bradley, C. J. and H. L. Bednarek (2002) "Employment patterns of long-term cancer survivors." *Psycho-Oncology* 11(3).

Carter, O. (2006) "Cancer in the Workplace Project: Report on Consultations with Managers and Employees." Curtin University of Technology: Centre for Behavioural Research in Cancer Control, Cancer Council Western Australia. <http://www.cbrcc.curtin.edu.au/reports/060123.pdf> Accessed 1 February 2007.

Curt, G. A., W. Breitbart, et al. (2000) "Impact of cancer-related fatigue on the lives of patients: new findings from the Fatigue Coalition." *Oncologist* 2000; 5(5): 353-60.

Hoang, C. D., M. C. Osborne, et al. (2004) "Return to work after thoracic surgery: an overlooked outcome measure in quality-of-life studies." *Thoracic Surgery Clinics* 14(3).

Kirk, A. K. and D. F. Brown (2003) "Employee Assistance Programs: A Review of the Management of Stress and Wellbeing Through Workplace Counselling and Consulting." *Australian Psychologist*. Vol 38(2) Jul 2003, 138-143.

Mock, V. (1998) "Breast cancer and fatigue: issues for the workplace." *AAOHN Journal*; 46(9).

Morrell, J., PR & Pryce, J.; (2005). *Work and Cancer: how cancer affects working lives*. CancerBACKUP February 2005. London. <http://www.cancerbackup.org.uk/Home> Accessed 1 February 2007.

Spelten, E. R., M. A. G. Sprangers, et al. (2002) "Factors reported to influence the return to work of cancer survivors: a literature review." *Psycho-Oncology* 11(2).