

Successful Return to Work for Cancer Survivors

by Nancy M. Nachreiner, PhD, MPH, RN, COHN-S, Rada K. Dagher, MPH, Patricia M. McGovern, PhD, MPH, RN, Beth A. Baker, MD, MPH, Bruce H. Alexander, PhD, and Susan Goodwin Gerberich, PhD

This study investigated factors associated with successful return to work for cancer survivors in accordance with the Americans with Disabilities Act. A focus group was held with seven female cancer survivors. Participants discussed return-to-work issues following a cancer diagnosis. Factors such as coworker support and job flexibility improved their experiences, whereas coworker and supervisor ignorance about cancer and lack of support made returning to work more stressful. Participants discussed personal, environmental, and cancer-related factors that influenced their experiences with returning to work following a cancer diagnosis. Knowledge of factors that support employees helps occupational health nurses ease their transition, and may improve quality of life for employees. Physicians and health care provider teams may play a critical role in the employees' positive evaluation of their recovery process. This pilot study serves as a basis for a larger, population-based study.

The American Cancer Society (2006) estimated that 2.4 million Americans were newly diagnosed with cancer in 2006; moreover, 10.1 million individuals with a history of cancer were alive in 2002. Advanced detection technology and enhanced treatment increased the

5-year relative survival rate among individuals with all types of cancer from 50% in 1974–1976 to 65% in 1995–2001 (American Cancer Society, 2006).

With improved survival rates, more cancer survivors employed at the time of diagnosis will return to the work force. In a recent literature review on work outcomes of cancer survivors, it was reported that 72% of women with breast cancer returned to work 3 months after diagnosis, 64% of individuals with a variety of cancers had returned by 18 months, and 67% of those surviving breast, lung, prostate, or colon cancer were working 5 to 7 years after diagnosis (Steiner, Cavender, Main, & Bradley, 2004). Sanchez, Richardson, and Mason (2004) found that 80% of 250 colorectal cancer survivors were employed at the time of diagnosis, and 89% of them

returned to work following diagnosis. In a more comprehensive literature review of cancer survivors, Spelten, Sprangers, and Verbeek (2002) identified the mean return-to-work rate as 62%, with a range of 30% to 93%. Returning to work after a cancer diagnosis is important for workers in terms of survival and well-being (Sanchez et al., 2004), improved quality of life (Spelten et al., 2002), and a sense of normalcy.

Cancer survivors who return to work may also benefit from legal protection under the Americans with Disabilities Act (ADA), in effect since 1992. This law prohibits discrimination by employers against individuals with disabilities. According to the Department of Justice (2002), the ADA pertains to all employment practices, including termination, advancement, compensation, training, leave, fringe benefits, and all other privileges and activities related to employment. Cancer is one of the conditions that sometimes qualifies as a disability under the ADA. To meet this requirement, cancer, treatment, or its side effects must substantially limit one or more of an individual's current major life activities; have substantially limited a major life activity in the past; or cause the employer to regard the employee as having a disability, even if cancer does not significantly affect the employee's major life activities. Under the ADA, the determination of whether an individual currently has a disability, has a history of dis-

ABOUT THE AUTHORS

Dr. Nachreiner is Assistant Professor, Dr. McGovern is Professor, Dr. Alexander is Associate Professor, and Dr. Gerberich is Mayo Professor, Division of Environmental Health Sciences, and Ms. Dagher is doctoral candidate, Division of Health Policy and Management, School of Public Health, University of Minnesota, Minneapolis, MN. Dr. Baker is Adjunct Assistant Professor, Division of Environmental Health Sciences, School of Public Health, University of Minnesota, Minneapolis, and staff physician, HealthPartners, St. Paul, MN.

Dr. Strasser is President, Partners in Business Health Solutions, Inc., Toledo, OH; and Adjunct Assistant Professor, University of Michigan, School of Nursing, Occupational Health Nursing Program, Ann Arbor, MI.

ability, or is regarded as having a disability is made on a case-by-case basis (Equal Employment Opportunity Commission [EEOC], 2005). If an individual has a disability, but is otherwise qualified for a job, the ADA makes it illegal for employers to discriminate in employment practices (American Cancer Society, 2005). Therefore, under the ADA, employers may not discriminate against cancer survivors who qualify for a disability under the ADA, during or after treatment.

PURPOSE

Few studies have investigated cancer survivors' work experiences once they return to the work force, or how provisions in the ADA may relate to their experiences. Given the increasing number of cancer survivors, it is important to identify the factors influencing a successful return-to-work experience. The purpose of this pilot study was to investigate the factors associated with the successful return to work of cancer survivors in accordance with the ADA.

METHODS

This pilot study used a focus group to identify common themes about health, health care, economic security, and return to work after a cancer diagnosis. The study was approved by the University of Minnesota Institutional Review Board and the collaborating hospital (HealthPartners).

A convenience sample of adult cancer survivors was recruited from the oncology department of a metropolitan hospital in Minnesota in 2006. Eligible participants were 18- to 55-year-old Minnesota residents who were employed at the time of cancer diagnosis and diagnosed with, or treated for, cancer in the previous year. Age limits were set to capture those with a high likelihood of returning to the work force after diagnosis; work participation in the United States is highest for those ages 25 to 54 (Sanchez et al., 2004).

The head of the oncology department generated a list of 40 potential participants and sent the initial invitation for study participa-

tion. Those who chose not to participate were advised that they would not be penalized in any way for their decision; no additional follow-up was attempted for non-responders. Those who called the research office and wished to participate were sent a reminder letter with focus group details. The 2-hour focus group session was held at the hospital where treatment occurred, and questions addressed work situations prior to diagnosis; discussions employees had with their employers regarding work accommodations; and experiences of returning to work, including factors that helped and hindered the process. Discussions were taped for transcription. Basic demographic data were collected via a worksheet at the conclusion of the session.

Analysis

Analyses were descriptive and qualitative in nature. The methods described by Morgan and Krueger (1998) guided analysis. First, the analysts read the entire transcript and moderator notes. Then, they reviewed the transcripts and sorted, categorized, and rearranged the statements into general themes. Morgan and Krueger (1998) note that not every comment fits neatly into categories, but that these data should not be overlooked. After each category was assembled, a descriptive summary was written for each section, comparing similarities and differences. Selected notable quotes are included by section.

Sample Size

The ideal sample size for a focus group is 6 to 10 individuals (Morgan & Krueger, 1998). Forty potential participants were contacted, 9 indicated interest, and 7 survivors attended the focus group.

RESULTS

The Table presents the demographics of the seven focus group participants. All were female and four were breast cancer survivors. Most were White, were married, and had a Bachelor's degree or higher. Prior to their cancer diagnosis, par-

ticipants had worked for their employers from 8 months to more than 20 years. Four participants remained in the same job, two changed jobs, and one left her job. Although a primary focus of this study was to understand the impact of the ADA on return-to-work experiences, none of the seven participants formally requested accommodations under the ADA, although they were all aware of the law.

Reasons for Returning to Work

For five of the seven cancer survivors in the focus group, returning to work was an essential part of healing. For some, it was an important activity that relieved boredom; work was both a distraction and a source of focus and energy.

"I would have gone crazy just sitting there with nothing to exercise my brain. It was absolutely, I think, necessary to work."

"You can spiral down so quickly just thinking, 'I have cancer,' and when you sit alone or in the middle of the night and your little brain starts churning all these things and pretty soon you have cancer everywhere and it's in every bone and every pore of your body and you're going to die and it's going to take over your entire life, it just manifests. So [work is] pure sanity."

For others, work was part of their identity and what they enjoyed doing.

"I had to go back. I saw myself as this person who worked and did this particular job and that's who I identified with. I didn't want the cancer to take me away. I had to go back and prove that I could still do it."

"I love my job and so I had to go back just to have the routine and to feel good."

Not every participant had a positive connection to the respective work environment. One individual reevaluated her work situation after her cancer diagnosis and then quit.

"I had no job to walk into and the reason I left is because I remember sitting at my desk one day and thinking, if I got cancer again tomorrow . . . I would never forgive myself

Table
Focus Group Participants' Demographics

Case No.	Age (yr)	Race	Occupation	Education	Marital Status	Years Worked at Diagnosis	Cancer Type
1	54	White/non-Hispanic	Chemist	Master's degree	Married	8	Breast
2	54	Black/non-Hispanic	Teacher	Bachelor's degree	Married	20+	Breast
3	53	White/non-Hispanic	Professional fundraiser	Master's degree	Married	8 months	Breast
4	50	White/non-Hispanic	Consultant	Master's degree	Married	12	Breast
5	41	White/non-Hispanic	Finance director	Some college	Married	14	Lung
6	41	White/non-Hispanic	Interior designer	Bachelor's degree	Single	3	Acute myeloid leukemia
7	31	White/non-Hispanic	Teacher	Bachelor's degree	Married after diagnosis	2	Ovarian cancer

for being here another day. I would never forgive myself for wasting a healthy day here. And so I walked out and haven't looked back."

On the other hand, factors existed that compelled some participants to go back to work despite their health status. For some, these were financial reasons that included preserving their health insurance or protecting their "turf."

"Well, the first time I had cancer, I continued working. It was not a good choice, but I felt like I had to protect my turf, my job. . . . I wanted to keep that job. I was the only one making any money in the family, the only one carrying health benefits. . . . I got very sick from the chemo, lost a lot of weight, developed neutropenia, and landed in the hospital. I shouldn't have been working."

"I'm hanging on to work because if I ever need to be on my own, work better be there. I can't count on retiring. My husband is retired and I'm carrying the health insurance."

ADA Accommodations

All focus group participants were aware of the ADA provisions

and agreed that these provisions applied in their situations, although none had formal conversations with their employers regarding accommodations under the ADA.

"I'm sure [my employer is] acutely aware of the Americans with Disabilities Act. Yes, they've been helpful and I've gotten a lot of support."

"I asked not to do sales. . . . With chemo, you feel you don't shine. I just want to sit at my computer."

Despite informal accommodations being applied for all participants during cancer treatment, subsequently two women claimed their employers later denied them deserved promotions following diagnosis. These two participants felt their employers promoted unqualified individuals. One of them considered pursuing the matter legally but chose not to due to the amount of energy and resources it would require.

"I was passed over for a promotional opportunity. The person who got it was much younger, much dumber, much healthier. She always had hair. . . . I can't figure out why the other person got [the promotion] and I was not given any reason."

Factors Aiding Return to Work

Despite the lack of formal requests for accommodations under the ADA, participants did describe informal requests, such as job flexibility, that assisted in the transition back to work.

Job Flexibility. Job flexibility, whether it was being able to work from home, flexibility in setting one's starting and stopping times, or the ability to schedule specific work activities, was important for these cancer survivors. This flexibility allowed them time to complete treatment and cope with the fatigue they experienced.

"When I was ill, my treatments were 24 hours a day, 7 days in a row . . . and I was physically locked here at [the hospital], so I couldn't go to work. They brought work to me."

". . . flexibility on the part of my employer in when I came, when I left. I could even close my door and take a nap, and I did. That was very helpful for me."

Coworker Support. Social support from coworkers, whether it was instrumental or emotional, was an important factor that facilitated

the experience of returning to work. Sometimes coworkers' support compensated for an employer's inadequate response to the situation.

"[My coworkers] all pitched in their vacation for me. And they all took up a collection and actually raised money for 3 months of my mortgage."

"He [her boss] didn't know what to do with me and so he kind of went into hiding and I was able to get my work done and my coworkers helped me a lot. There were times when I shouldn't have been at work and so my people who used to report to me, they would farm out [my] work on my really bad days."

Health Care Provider Support.

Participants in this focus group were all treated by the same health care team; these health care providers were identified as positive factors in returning to work.

"I was thinking, 'Now what do I need to do? Do I need to take off from work and stay home?' [My personal physician] said, 'Why would you do that? There's nothing wrong with you.' I said, 'You sit on this side of the table.' He was helpful, most helpful. Like why would you stay home? And it was the best thing for me."

Factors Hindering Return to Work

Ignorance About Cancer in the Workplace. Some participants felt coworkers and supervisors were relatively ignorant about cancer health effects and treatment. Some coworkers and supervisors did not comprehend the impact the disease had on the participants and judged their status based on physical appearance.

"Back at work my one boss who did bring my work to the hospital, he happened to be the most helpful and the least helpful, I think just through his ignorance of how ill I was. I don't think he intentionally meant to be the least helpful, but I don't think he understood the fatigue, the limitations of my body, because I was 35 when I was diagnosed and 35 year olds don't get tired."

"So when my hair came back, people didn't know. I was starting new jobs with people I'd never met

before and they didn't know that I'd been a cancer survivor because I didn't look sick. Then when it would come up, in some ways I think people would really blow it off. 'Like, you're fine now, aren't you?'"

"I heard tons of 'You look wonderful.' 'You look fantastic.' 'I can't understand why you're tired.'"

Lack of Emotional Support.

Two group members reflected on the emotional problems of going through a cancer experience and returning to work.

"About 3 or 4 months ago, I got hit with just a horrendous depression. I had a new boss and I just burst into tears and I was crying all the time. It was tricky because, just falling apart at work, you're not supposed to do that."

"I was physically quite well by that point in time but emotionally I hadn't received any care, so to speak, or been warned that I would need some, I didn't feel. Or not sufficiently warned and that was just really hard . . . after a traumatic situation, a life-shattering situation as you called it, depression is going to happen. . . ."

Physical Effects of Cancer.

The profound impact of cancer and its treatment on physical health hindered return-to-work experiences of some participants.

"It took years for me to get back to the level of physical energy and vigor that I had before, probably 5 years."

"In my head, I felt awesome and wonderful and I could do anything. My body, by a couple hours after being there, would just stop and it would just wilt."

"I would say fatigue was one of my biggest issues and I found that that was so hard to describe to other people. . . . Fatigue is such a puny little word to describe that it's been co-opted by everybody else. 'Oh, I'm so tired.' Oh, no, you don't know tired. And I think that was something people really could not grasp. Physicians too. And your employers, your family members. "

"I think I actually did suffer a little cognitive loss. . . . I felt like I just wasn't on top of things the way I

was before. . . . I just don't have the same mental acuity that I used to."

Impact of Cancer on Individuals' Priorities

A recurrent theme emerged among the focus group members of the importance of reevaluating priorities and rethinking the meaning of work and life.

"I feel like work is stealing from me . . . am I going to regret all this work that I've done to keep myself functional at work? Another issue is when is it time to quit? Not because my environment is toxic, but because it's taking so much of my life force."

"I refuse to allow stress to enter my life because I know that stress causes disease. I did not want to bring cancer back because I was not going to allow anyone to put me through that kind of stress."

DISCUSSION

This qualitative pilot study is one of the first studies to investigate factors that facilitate or hinder return-to-work experiences of cancer survivors. Major reasons to return to work included the importance of work as a distraction from thinking about cancer; a means to defeat boredom; and a source of identity. In this group, few individuals mentioned economic or health insurance factors as prime reasons for going back to work; however, this group of middle class female cancer survivors may have had more socioeconomic and financial resources than other survivors. These findings suggest that work can be an important healing mechanism for many cancer survivors, improving their self-esteem and providing them with ways of coping with the cancer experience. Return to work can be facilitated through ADA provisions, supervisor support, and coworker support.

All of the members of this focus group received some type of accommodation, and they were all familiar with the ADA and its provisions. Interestingly, none of them had explicitly discussed the ADA with their employers; all requests were accommodated informally. For example,

several employers voluntarily granted more work flexibility. Future studies should investigate the prevalence of these informal practices of complying with the ADA among various workplaces and the outcomes associated with formal, compared with informal, application of ADA policies. Two of the women mentioned possible job discrimination. These women believed they were overlooked for promotions, which they felt were given instead to less qualified, yet healthy, employees. This is consistent with the literature on workplace discrimination against cancer patients (Hoffman, 1997; Schultz, Beck, Stava, & Sellin, 2002).

Several factors facilitated the return-to-work experiences for survivors, although they were not formally requested accommodations under the ADA. Job flexibility on the part of some employers played an essential role in helping these employees balance their work roles and their personal needs as cancer patients. Telecommuting, setting one's own work hours, and flexible scheduling of certain work activities were some of the most important accommodations.

Coworker support was another vital factor that enhanced the return-to-work experience. Some of the participants cited the importance of emotional support from their coworkers who showed caring attitudes and understanding. A few also received instrumental support when coworkers did some of their work on "bad days." One participant was fortunate to have her coworkers donate their vacation days for her and they also collected donations to cover three mortgage payments. A comprehensive literature review spanning 14 studies on work experiences of cancer survivors found that coworker support was positively associated with return to work (Spelten et al., 2002).

The cancer survivors in this study were all recruited by the head of the oncology department at one hospital; therefore, the experiences they shared may not be generalizable across the population of cancer survivors.

However, these survivors were thankful to have health care providers who encouraged them to return to work. This is somewhat contrary to prior studies implying that physicians gave little guidance to cancer patients regarding work-related issues (Main, Nowels, Cavender, Etschmaier, & Steiner, 2005; Maunsell, Brisson, Dubois, Lauzier, & Fraser, 1999).

Given the benefits of returning to work (e.g., self-esteem and facilitation of healing) for this group of cancer survivors, providers can assess the ability of cancer survivors to resume working and provide constructive advice about the benefits of work. Some survivors mentioned immediate family members were not helpful in their transition back to work. Health care providers can share information about cancer support groups and other resources and provide appropriate referrals. Focus group members shared similar experiences, such as discussing fatigue, that they felt only fellow survivors could appreciate.

The participants mentioned several factors that impeded their return-to-work experiences. Ignorance from supervisors and coworkers about the cancer experience was a hindering factor voiced by most members of the focus group. At times, the cancer survivors felt others judged how well they were doing solely on their physical appearance. They sensed a lack of appreciation for their pain or how sick they were, reflected in the amount of work expected from them. Some cancer survivors noted the lack of emotional support at work, which could be tied to coworkers' ignorance of the seriousness of cancer survivors' conditions and the need for support.

The physical and mental effects of cancer and chemotherapy (fatigue, loss of ability to concentrate, cognitive changes, loss of memory, and emotional issues) also hindered returning to work. Focus group members admitted it was challenging to return to work when they were fatigued and had cognitive changes that decreased their ability to concentrate on tasks. These barriers,

including physical difficulties and cognitive challenges with work tasks, have been reported in the literature on the effects of cancer and its treatment on employees' work experiences (Bradley, Neumark, Luo, Bednarek, & Schenk, 2005; Howden, Jones, Martin, & Nicol, 2003; Steiner et al., 2004). Furthermore, fatigue is a significant predictor of time off work; employees who felt tired after treatment were 2.5 times more likely to be absent from work longer than those who experienced little fatigue (Spelten et al., 2003). Of all the side effects of chemotherapy, fatigue was reported to have the greatest impact on quality of life (Curt et al., 2000).

Some members of this focus group re-prioritized their lives as a result of their cancer experience, placing less emphasis on work and more on giving themselves personal time. Time was considered precious. This change in priorities among cancer survivors has been reported in another qualitative study of 28 cancer patients (Main et al., 2005). The cancer survivors cited fear of recurrence and uncertainty about life as reasons for this shift of priorities. In contrast, some participants felt that surviving cancer had some positive aspects: it made them stronger and encouraged them to no longer "sweat the small stuff."

This convenience sample of middle-income women may not reflect the experience of all cancer survivors. However, this pilot study was designed to identify potential factors to assess in future population-based studies.

Given the scope of the ADA and the increasing number of cancer survivors, it is important to understand what factors influence a successful return-to-work experience. Spelten et al. (2002), in a literature review of cancer survivors' returning to work, found only 14 relevant articles published since 1985. Consistent, systematic information on these influencing factors is currently lacking in the literature (Bradley & Benarek, 2002; Spelten et al., 2002; Verbeek, Spelten, Kammeijer, & Sprangers, 2003). With a better understanding of these factors, and compliance with

IN SUMMARY

Successful Return to Work for Cancer Survivors

Nachreiner, N. M., Dagher, R. K., McGovern, P. M., Baker, B. A., Alexander, B. H., & Gerberich, S. G.

AAOHN Journal 2007; 55(7), 290-295.

- 1 With improved screening and treatment, more employees with cancer are returning to the work force.
- 2 Occupational health nurses must understand the positive and negative factors that influence return-to-work experiences to ease employees' transition back to work.
- 3 In some cases, cancer survivors may be covered by the Americans with Disabilities Act. Employees and employers must be able to work together to establish positive outcomes and comply with legal requirements.
- 4 With their knowledge, occupational health nurses may improve the quality of life for cancer survivors, coworkers, and families and assist employers in effectively managing employee experiences.

the intent of the ADA, appropriate interventions may lead to positive experiences and may improve the quality of life for cancer survivors who return to work.

IMPLICATIONS FOR OCCUPATIONAL HEALTH NURSES

With improved screening and treatment options, more employees with cancer are returning to work. Occupational health nurses must understand the positive and negative factors that influence return-to-work experiences to help employees make this transition. Occupational health nurses can help coworkers and supervisors understand the physical and emotional challenges and capabilities of cancer survivors returning to work.

In addition, occupational health nurses must understand legal requirements, such as the ADA. Occupational health nurses can work directly with cancer survivors and health care providers to establish a healthy workplace and comply with any legal re-

quirements and restrictions set forth by primary health care providers.

Knowledge of factors aiding and hindering return to work and knowledge of legal requirements may improve the quality of life for cancer survivors, coworkers, and families. It also may assist employers in effectively managing employee experiences.

The authors thank Dr. Jeffry P. Jaffe for his assistance with this study and help in recruiting focus group participants.

REFERENCES

- American Cancer Society. (2005). *Questions and answers about employment discrimination*. Retrieved November 27, 2006, from www.cancer.org/docroot/MIT/content/MIT_3_2x_Questions_and_Answers_about_Employment_Discrimination.asp?sitearea=MIT
- American Cancer Society. (2006). *Cancer facts and figures 2006*. Retrieved July 21, 2006, from www.cancer.org/downloads/STT/CAFF2006PWSecured.pdf
- Bradley, C. J., & Bednarek, H. L. (2002). Employment patterns of long-term cancer survivors. *Psycho-Oncology*, 11(3), 188-198.
- Bradley, C. J., Neumark, D., Luo, Z., Bednarek, H., & Schenk, M. (2005). Employment outcomes of men treated for prostate cancer. *Journal of the National Cancer Institute*, 97(13), 958-965.
- Curt, G. A., Breitbart, W., Cella, D., Groopman, J. E., Horning, S. J., Itri, L. M., et al. (2000). Impact of cancer-related fatigue on the lives of patients: New findings from the fatigue coalition. *The Oncologist*, 5(5), 353-360.
- Department of Justice. (2002). *Americans with Disabilities Act: Questions and answers*. Retrieved August 10, 2005, from www.usdoj.gov/crt/ada/q%26aeng02.htm
- Equal Employment Opportunity Commission. (2005). *Questions and answers about cancer in the workplace and the Americans with Disabilities Act (ADA)*. Retrieved November 27, 2006, from www.eeoc.gov/facts/cancer.html
- Hoffman, B. (1997). Is the Americans with Disabilities Act protecting cancer survivors from employment discrimination? *Cancer Practice*, 5(2), 119-121.
- Howden, S., Jones, D., Martin, D., & Nicol, M. (2003). Employment and chronic non-cancer pain: Insights into work retention and loss. *Work*, 20(3), 199-204.
- Main, D. S., Nowels, C. T., Cavender, T. A., Etschmaier, M., & Steiner, J. F. (2005). A qualitative study of work and work return in cancer survivors. *Psycho-Oncology*, 14(11), 992-1004.
- Maunsell, E., Brisson, C., Dubois, L., Lauzier, S., & Fraser, A. (1999). Work problems after breast cancer: An exploratory qualitative study. *Psycho-Oncology*, 8(6), 467-473.
- Morgan, D. L., & Krueger, R. A. (1998). *The focus group kit* (Vols. 1-6). Thousand Oaks, CA: Sage.
- Sanchez, K. M., Richardson, J. L., & Mason, H. R. C. (2004). The return to work experiences of colorectal cancer survivors. *AAOHN Journal*, 52(12), 500-510.
- Schultz, P. N., Beck, M. L., Stava, C., & Sellin, R. V. (2002). Cancer survivors: Work related issues. *AAOHN Journal*, 50(5), 220-226.
- Spelten, E. R., Sprangers, M. A. G., & Verbeek, J. H. A. M. (2002). Factors reported to influence the return to work of cancer survivors: A literature review. *Psycho-Oncology*, 11(3), 124-131.
- Spelten, E. R., Verbeek, J. H. A. M., Uitterhoeve, A. L. J., Ansink, A. C., van der Lelie, J., de Reike, T. M., et al. (2003). Cancer, fatigue and the return of patients to work: A prospective cohort study. *European Journal of Cancer*, 39(11), 1562-1567.
- Steiner, J. F., Cavender, T. A., Main, D. S., & Bradley, C. J. (2004). Assessing the impact of cancer on work outcomes. *Cancer*, 101(8), 1703-1711.
- Verbeek, J., Spelten, E., Kammeijer, M., & Sprangers, M. (2003). Return to work of cancer survivors: A prospective cohort study into the quality of rehabilitation by occupational physicians. *Occupational and Environmental Medicine*, 60(5), 352-357.