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ORIGINAL ARTICLE

Strategies for promoting cancer survivors' return to work: an integrative literature review

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ABSTRACT

Objective: To identify strategies to promote maintenance and return to work for cancer survivors in different countries. **Method**: This is an integrative literature review carried out between October 2020 and January 2021, without time frame, using the Lilacs, PubMed, CINAHL and PsycINFO databases, and the descriptors "Neoplasms", "Return to Work", "Survivorship" and the keywords "Strategy". **Results:** No national publications were identified. The identified strategies are related to communication and guidance of workers and the work team, multidisciplinary work in healthcare and adaptations in the workplace. **Conclusion:** There is a need and feasibility to implement actions based on international scientific evidence, favoring the maintenance or return to work after cancer diagnosis, with planning that includes the health team, employers, supervisors and work team. Assessments are needed from the time of hospitalization, until after reintegration into the workplace, with workplace adaptations that require feasible organizational planning, involving adaptations of workstations, flexible workloads and hours to attend consultations and necessary therapies. Although not described, nursing work is essential both from a clinical and occupational perspective.

Descriptors: Neoplasms; Cancer Survivors; Return to Work; Occupational Health Nursing; Occupational Health.

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INTRODUCTION

Cancer is a growing problem globally, with 18 million new cases occurring in 2018[1]. In Latin America, there is a growing record of morbidity and mortality, associated with cases of advanced staging, due to difficulties in accessing the public health system[2].

In Brazil, this is a public health concern, with an estimated occurrence of about 625,000 new cases annually. As in other developing countries, the incidence of malignant neoplasms is increasing, accompanying the increase in the population's life expectancy and the exposure of individuals to habits and attitudes associated with urbanization, such as sedentary lifestyles, inadequate nutrition, among others[1].

Since 2013, the Union for International Cancer Control (UICC), through the "World Cancer Declaration", has encouraged government leaders and health policy makers to reduce cancer burden by promoting greater equity and integrating cancer control into a global health agenda that aims, by 2025, to, among other goals, reduce the stigma associated with cancer and dispel harmful myths and misconceptions about the disease[3].

Currently, with the possibility of early detection and effective treatments, people live longer dealing with chronic diseases, such as cancer, with a greater possibility of occurrence of functional limitations and biopsychosocial alterations[4]. Thus, from the 2000s onwards, the discussion about the period of treatment being as important as the one that follows it has gained relevance, whether it is control or remission, being necessary to face the challenge of "living with a cancer diagnosis", i.e., being a "cancer survivor"[5].

It is noteworthy that there are multiple definitions for cancer survival, the most used being the one that indicates a process that begins at the time of diagnosis and extends, throughout life in a continuum that starts at a time of illness, to a state of cure, free from the disease or with an active chronic disease, demanding individualized care plans[6].

The challenges faced by cancer survivors trying to return to everyday life are diverse. New meanings are sought, re-evaluated and re-signified in relation to new limits, controls, goals and values. Otherwise, even after the end of treatment, they are

immobilized by the fear of recurrence and late complications, preventing them from making decisions, new plans, guiding their future. Thus, it can be said that, in addition to the permanent and disabling symptoms, there are issues in the psychosocial field that make it difficult to return to their routine[7].

Undesirable therapeutic effects can lead to functional, physical and psychological limitations, which can be a barrier to returning to work, resulting in long-term leave or retirement. Believing that it is possible to change this reality with interventions from healthcare professionals, a return to work planning must be carried out during and after treatment[8]. Changes in public policies and workplace management are needed to support these workers in their professional rehabilitation.

Maintaining work activities is necessary not only as a compensation, but also because it can represent potential social support. For many individuals undergoing cancer treatment, remaining professionally active is a challenge. Work is often related to having a purpose in life, a sense of contribution, a distraction and a self-esteem, which helps with physical, cognitive, emotional and interpersonal recovery[9]. However, many survivors face difficulties in achieving great results at work due to high levels of fatigue, depression and cognitive limitations[10].

This theme is little studied in Brazil, unlike countries like the United States of America and the Netherlands, where it is widely researched. Being diagnosed with cancer in these countries is not synonymous with a death sentence. These people are seen as survivors and no longer as victims of cancer. Moreover, to avoid discriminatory measures with workers, federal and state laws were created[11].

In this context, the following research question was proposed: What strategies to promote maintenance or return to work for cancer survivors have been implemented and reported around the world?

Thus, this study aimed to identify strategies to promote maintenance and return to work for cancer survivors in different countries.

METHOD

This is an integrative literature review, considered a method that summarizes previous literature, which allows the analysis and synthesis of experimental and non-experimental studies, providing a more comprehensive understanding of a given phenomenon or health problem. Thus, it contributes to theoretical development and with direct applicability to practice and policy formulation[12].

This method consists of six stages: topic identification and research question selection, definition of criteria for inclusion and exclusion of studies, definition and categorization of data to be extracted from selected studies, evaluation of included studies, data interpretation, and presentation of knowledge synthesis[13].

Fulfillment of the first stage was based on the PCC (Population, Concept and Context) strategy, with which a broader approach and inclusion of less restrictive criteria were obtained. It was defined as Population (P) the workers diagnosed with cancer, as Concept (C) the aspects of the population to be studied, i.e., the maintenance and return to work and Context (C) o the strategies established in different countries.

To search for studies with thematic affinity (second stage), the search was carried out between October 2020 and January 2021, without temporal delimitation, in the Latin American Literature on Health Sciences (LILACS), PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL) and American Psychological Association (PsycINFO) databases.

The Medical Subject Headings (MeSH) descriptors were used: Neoplasms, Return to Work, Survivorship, and the keyword Strategy, using the Boolean operators AND and OR. Figure 1 presents the syntaxes applied to databases.

Works available in full text, written in Portuguese, Spanish or English, with a theme related to strategies to promote the return to work of cancer survivors were included. The flowchart with the representation of eligibility and inclusion of articles in the selection of studies (step three), performed with double checking, is shown in Figure 2[14].

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LILACS: tw:((“neoplasms” [AND] “return to work” [AND] (“survivorship” [OR] “strategy”))
PubMed: ((“neoplasm” [AND] “return to work” [AND] (“survivorship” [OR] “strategy”))
CINAHL: (“neoplasm” [AND] “return to work” [AND] “survivorship”)
CINAHL: (“neoplasm” [AND] “return to work” [AND] “strategy”)
PsycINFO: ((“neoplasm” [AND] “return to work” [AND] (“survivorship” [OR] “strategy”))

Figure 1: Syntax between descriptors and Boolean operators applied to database searches. Rio de Janeiro, RJ, Brazil, 2021

work of cancer survivors were included. The flowchart with the representation of eligibility and inclusion of articles in the selection of studies (step three), performed with double checking, is shown in Figure 2[14].

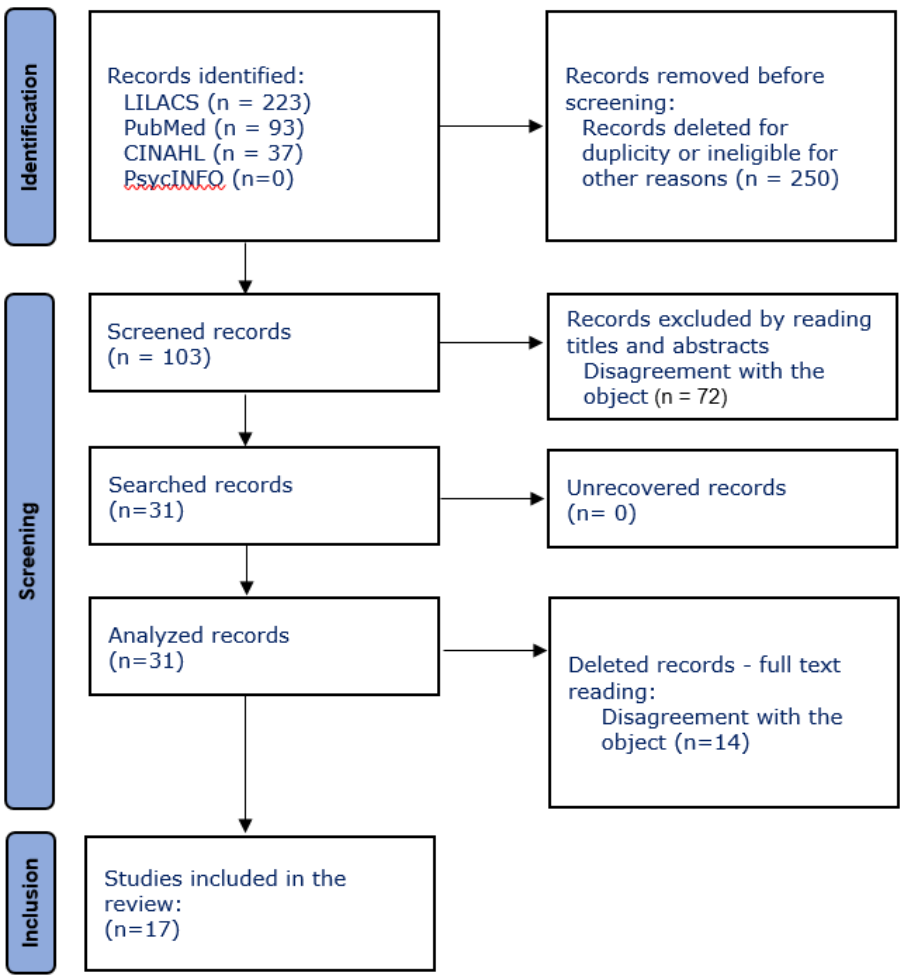

Figure 2: Informational resources consulted, search strategies, retrieved and selected references. Rio de Janeiro, RJ, Brazil, 2021

To extract relevant information from the selected articles, during the fourth stage, a form previously prepared in Microsoft Excel® was used, in order to ensure the collection of all relevant data, minimize the risk of transcription errors, ensure accuracy in the verification and recording of information[15]. This form contains information on: title, country of publication, objectives, study design, type of cancer/tumor/neoplasm, main results/proposals and systematization of findings (fourth step) and was double-checked.

The summarized and analyzed results, related to the proposed fifth and sixth phases, are presented in the results and discussion sessions.

RESULTS

After the search shown in Figure 1, 17 studies that presented proposals for interventions aimed at promoting the maintenance or return to work of cancer survivors were included.

Among the manuscripts, studies carried out in the United States, Canada and Europe predominate, with no publications on the subject in Brazil and Latin America being found.

As for interventions adopted to promote maintenance or return to work, the results were classified into three categories: *Communication and guidance between healthcare professionals, workers and the work team*; *Multidisciplinary performance in healthcare*; *Management strategies and interventions*.

Six manuscripts were included in *Communication and guidance between healthcare professionals, workers and work team*, presented in Figure 3. This group includes studies that present evidence on the improvement of relationships at work, through communication between managers, co-workers and healthcare professionals.

In *Multidisciplinary performance in healthcare*, 16 manuscripts were inserted, with a summary of the results presented in Figure 4.

This group includes studies that sought to provide data to improve relationships at work through interventions related to guidance, education, guidance, physical training and coping skills, psychological and social support, which can

be provided by various professionals such as, for example, occupational nurse, oncologist nurse, psychologist or social worker.

Location	Strategies and interventions
United Kingdom	Improve lines of communication in the workplace; Preparing managers and colleagues to address the ongoing needs of survivors[16]
The Netherlands	Improve communication between assistant physician, social service and occupational physician[17]
United Kingdom	Provide information to employers about the consequences of cancer at work[18]
The Netherlands	Improve communication between assistant physician and occupational physician by sending correspondence[19]
The Netherlands	Promote meetings with nurses trained for intervention[20]
The Netherlands	Provide more guidance to supervisors, employers, and occupational physicians to improve their understanding of possible side effects of cancer treatment that may occur during initial diagnosis, treatment, and long-term[21]

Figure 3: Strategies and interventions related to communication and guidance between healthcare professionals, workers and the work team. Rio de Janeiro, Brazil, 2021

Location	Professional Strategies and interventions
The Netherlands	Social worker Patient guidance and occupational health team as a complement to psycho-oncological care[17].
United Kingdom	Multidisciplinary team: occupational physician, psychologist and social worker Psychosocial approach supported at personal, relational and/or professional levels, providing support to families[18]
The Netherlands	Medical and occupational physician Guidelines to support work carried out in the hospital environment and educational support integrated into the usual psychotherapeutic care Meetings with nurses trained for this intervention, lasting 15 minutes[19]

Continues...

Continuation of figure 4

The Netherlands	Assistant physician, occupational physician and nursing Encourage self-assessment of skills at work by individuals undergoing treatment; Improve work ability by providing patients with education and support that addresses misconceptions about returning to work; Guidelines to support work carried out in the hospital environment and educational support integrated into the usual psychotherapeutic care; Meetings with trained nurses for this intervention[20]
The Netherlands	Multidisciplinary team Detection that supervisor support and reduction of elements that lead to fatigue support the return of women with breast cancer. Participation in support groups, with patient orientation, colleagues and supervisors can help in this process[21]
The Netherlands	Physical educator High-intensity exercise training program for all cancer survivors after chemotherapy to minimize reduced work ability[22]
United Kingdom	Multidisciplinary professional rehabilitation team Interventions in the form of symptom management based on patients and workplace; Fatigue management through the gradual return of activities; Cognitive rehabilitation, providing strategies to overcome cognitive impairments within the context of work[23]
United States	Occupational therapist Assessment of psychosocial needs and the context involved in returning to activities. Plan actions adapted to specific situations, supporting the return to daily activities and work. Empower everyone involved with patients (partner, family, employer, social insurance physician, etc.)[24]
France	Psychologist Identify the repercussions of the disease and treatment at work, clarifying their needs, expectations and difficulties in relation to this situation, through an interview; Clarify the gap between the real situation and the desired one, using problem analysis techniques, based on psychological tests; During the last chemotherapy session patients is invited to develop new strategies to reduce the difficulties identified through problem solving techniques[25]

Continues...

Continuation of figure 4

United States	Physical educator Encourage and facilitate physical exercise before and during the return to work process Strategy that can improve fitness levels and reduce fatigue, in addition to cognitive symptoms during work[26]
Germany	Multidisciplinary rehabilitation team Multidisciplinary rehabilitation with medical treatment, physical training, psychological support, therapy, social guidance, as well as patient education, in-patient or outpatient, favors early return to work[27]
Scotland	Multidisciplinary professional rehabilitation team Assess individuals' needs to return to work and refer to support services as needed, such as physical therapy, occupational therapy, nursing consultations, occupational physician, counselor/psychological therapy, and complementary therapy. Early actions reduce professional leave days[28]
Germany	Multidisciplinary team Sensory-motor training program, resistance and strength, with increasing volume and intensity, allowing the recovery of occupational fitness by colorectal cancer survivors with ostomy[29]
The Netherlands	Occupational healthcare professional Interview to identify obstacles, possibilities for returning to work activities Elaboration of a job profile that includes desires and abilities for the work. Referral to employment agencies if they consider themselves able to work Referral to medical specialists or psychologists, if necessary[30]
The Netherlands	Multidisciplinary team Guidance program with occupational physician combined with routine physical exercise intervention → consequent reduction in budget impact[31]

Figure 4: Strategies and interventions related to multidisciplinary actions in healthcare for cancer survivors. Rio de Janeiro, Brazil, 2021

Finally, in Managerial strategies and interventions, eight manuscripts were inserted, presented in Figure 5. These are studies that seek to find evidence to improve working conditions through workplace adaptations or management changes.

Location	Managerial strategies and interventions
The Netherlands	Creating a return to work plan together with patients, occupational physician and supervisor[19]
The Netherlands	Develop a return to work plan together with patient, occupational physician and supervisor[20]
The Netherlands	Make a clear and comprehensive return to work plan that includes tasks, hours, and responsibilities[21]
United Kingdom	Improve commuting assistance and workplace adaptations[23]
United States	Elaboration of a bespoke program, which includes visits to the workplace[24]
United States	Modification of working hours; Perform less or other work tasks to reduce physical stress by modifying or altering the work environment; Reduce non-operational work and activities during the workday to minimize physical effort, using cognitive instructions and acting preventively to do manageable tasks after return[32]
Canada	Know the workplace and establish employers' ability to provide accommodations; Implement and monitor planning; Development of gradual return to work and recommendations for flexible scheduling; Modification of job functions and performance expectations; Recycling and support in the workplace; Modifications to the physical work environment and/or the provision of adaptive or auxiliary technologies[33]
Norway	Change work tasks; Reduce working hours[34]

Figure 5: Strategies and management interventions for cancer survivors' return to work. Rio de Janeiro, Brazil, 2021

DISCUSSION

Considering that work activity provides income, self-esteem, representation of talents and skills for cancer survivors, in addition to maintaining social relationships, which are important for their recovery[33], the identified studies point out as essential the elements discussed below, based on the categories listed in the results.

Communication and guidance between healthcare professionals, workers and the work team

The importance of involvement between the occupational physician, the employer and the work team was highlighted for a successful return. However, this partnership still has some barriers that should be better explored, such as the implementation of early interventions, reducing the time taken to leave work, since the longer the period of absence the more difficult it is to return to work. The literature shows that the involvement of occupational physicians and employers is not a simple task[19,20].

Approaching co-workers and supervisors to provide more information about the long-term impacts of illness and treatment can make a difference in positive or negative experiences in returning to work.

Communication and guidance can meet the needs and difficulties to be faced by those who return to the workplace, in addition to deconstructing the negative perception of employers about the impact of cancer on survivors' work capacity. Thus, they can make a difference when there is a possibility of a positive or negative feedback experience[16,18-19].

Improving communication between occupational physicians and other healthcare professionals, in addition to employers, supervisors and co-workers plays a central role in maintaining cancer survivors' work activities[16-21]. Communication between the other health team members with the occupational physician can be optimized by sending correspondence, but one-to-one communication can have a better impact[16,19-20].

From the perspective of communication and guidance, the incipient evidence on the different categories of professionals in the health team who work in health promotion and in the planning of return to work strategies is highlighted here, not well explored in the studies found. More studies are needed involving nursing, physiotherapy, occupational therapy, social care and psychology.

Multidisciplinary performance in healthcare

It appears that many survivors are in

a situation of social, psychological, or occupational fragility. Thus, it is important to identify them and offer personalized service that encompasses health and work-related care.

From this perspective, interventions conducted by a multidisciplinary team are proposed, with the objective of identifying expectations, desires and difficulties in relation to work, so as to assist in the development of psychosocial skills and promote a return to work[17-21,23-24,27-28].

Occupational therapists and social workers are mentioned as those who can carry out a survey of psychosocial needs, from the moment of diagnosis, in addition to being able to guide patients, partners, family members, co-workers, employers and social security physicians. The idea is that working together will collaborate to achieve the agreed goals[18,24].

Psychologists are identified as the professional who can identify the gaps between the desire to act and the cancer survivor's real ability to stay or return to work[23]. In addition to individual psychological support, participation in support groups can provide psychosocial information at the personal, relational and/or professional levels, helping patients who want to return or have returned to work activities[21].

These groups bring together cancer survivors in different places, who share the same concerns about the disease and its consequences in their professional life, with the aim of reducing feelings of isolation and promoting identification among participants in the different stages of this process. Also, they can provide psychosocial support to spouses and family members who work in the support network during the course of the disease and in the return to work process[18].

Programs focused on training, guidance and adapting to the physical and cognitive needs of patients are innovative and can identify obstacles, possibilities for returning to work activities and develop work profiles that include the desires and abilities[23,30].

Nurses' work in carrying out work support guidelines and educational support integrated to the usual psychotherapeutic care is also highlighted, with the aim of encouraging self-assessment of skills and improving work-related capabilities[19-20]

In addition to psychological and social support, it is observed that physical training programs have been implemented, with the guidance of physical education professionals, with a significant reduction in fatigue, in addition to improved performance and quality of life, immediately after rehabilitation, as well as long term. Additionally, reports of feelings of happiness, greater ability to remain active and well-being for the return to daily activities are also associated[22,26-27,29-30].

Tiredness and physical limitations are problems that affect work often identified after cancer. Improving cancer patients' understanding of these issues, needs and concerns can improve the effectiveness of occupational rehabilitation interventions.

The literature demonstrates that a rehabilitation program developed in Germany, which included medical treatment, physical training, psychological support, therapy, social guidance, as well as education for prostate cancer survivors, demonstrated high rates of return to work. It was considered that these cancer patients return earlier when compared to those diagnosed with other types of cancer[27].

Finally, a study carried out in the Netherlands stands out, showing that a strategy that combines guidance with physical exercise has a positive budgetary impact from the point of view of social security[31].

Managerial strategies and interventions

The return to work process can be hampered due to the physical and psychological side effects of cancer, and it is important to study strategies to change this pattern. The elaboration of a clear and comprehensive plan that includes support for this worker, alternating their working hours, their tasks and responsibilities are some of the measures described[21,23].

Patient and supervisor involvement in the construction of this plan, in a concrete and gradual way, is relevant. Furthermore, it is important for nurses to start professional rehabilitation in the hospital environment, focusing on patient education and improving communication with the occupational physician regarding diagnosis and treatment[19-21,34].

In an attempt to bridge the gap between the hospital and the workplace, an early connection between workers and work

should be created, including communication with the employer and visits to the workplace, setting goals and developing a plan for customized action according to defined objectives, including continuous assessment and adjustments to goals and actions[24].

Corroborating this idea, in a program developed in the UK for patients with brain tumors, experts contact employers to suggest specific workload adjustments and create a return plan. Moreover, they advise workers on how to deal with physical difficulties on site and organize job coaches to support them in programming new work strategies[23].

In the case of breast cancer, the use of several strategies is suggested as a way of acting preventively to make work tasks manageable after return. These measures include modification of working hours, changing or decreasing tasks, changing or changing the environment and use of cognitive alerts[32].

These strategies are important to minimize the negative effects of cancer and treatment on the environment. For example, changes in the days worked allow survivors to attend chemotherapy appointments andtreatments, which is important, as it guarantees the right to continue with their healthcare needs. In addition to this, reducing work hours during or after treatment is sometimes necessary in response to fatigue or other physical limitations associated with cancer or its treatment[33-34].

Employers' ability to accommodate and receive this worker differently will make a difference in the return to work process. Providing successful accommodation demonstrates that employers are aware of their responsibilities to provide accommodation and survivors of their right to request accommodation. These workplace accommodations refer to environmental modifications and, therefore, should focus on identifying how the work or workplace can be modified to help survivors carry out their tasks.[35].

The relevance of the work of occupational nursing professionals was not clearly pointed out in the literature, with a known important role in identifying the needs for adaptation of work posts, as well as the monitoring of these workers.

CONCLUSION

This study provided an in-depth understanding of the strategies capable of supporting cancer survivors around the world in maintaining or returning to work.

The studies demonstrate the need and feasibility of implementing actions based on international scientific evidence, which involve communication and guidance of workers and the work team, with emphasis on the role of the occupational physician as a facilitator in the process of understanding the disease by actors in the work environment, which can determine positive or negative experiences in this return process. There is still a gap in evidence on the role of other professionals in the health team in these interventions.

The multidisciplinary role in healthcare evidenced the relevance of nursing, psychology, occupational therapy and physical education professionals to enable the early return of those who wish. The role of nursing in identifying needs and planning interventions is highlighted here at the time of hospitalization.

Workplace adaptations demand feasible organizational planning, which involves adaptations of workstations, workloads and hours, and flexibility to attend consultations and necessary therapies. Although not described, nursing work is essential both from a clinical and occupational perspective.

Thus, it is possible to favor the maintenance or return to work after the diagnosis of cancer, with an important insertion in the field of nursing. Assessments are required from the time of hospitalization, until after reintegration into the workplace. It is suggested that such strategies are observed and implemented through intervention studies in the Brazilian scenario, with coordinated actions between workplace teams, managers, researchers, workers' healthcare professionals and public health policy makers.

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