

# **Working after cancer: a systematic review and meta-synthesis of qualitative studies exploring experience, problems and strategies in relation to employment and return to work**

## **Researchers**

**Dr Mary Wells**, School of Nursing and Midwifery, University of Dundee

**Dr Thilo Kroll**, School of Nursing and Midwifery, University of Dundee

**Dr Brian Williams**, Social Dimensions of Health Institute, Universities of Dundee and St Andrews

## **Background**

Approximately two million people in the UK are living with or beyond a diagnosis of cancer and the number of survivors is estimated to rise by more than 60,000 a year. Most cancer survivors regard the return to work as a vital part of re-establishing a normal lifestyle. The structure and social support that employment provides can be critical to recovery from cancer, as it enables people to regain a sense of normality, self-concept and identity. Despite this, over 30% of survivors do not return to work and many who do, have expressed difficulty in coping with their career after cancer.

UK governments, have emphasised the need for more research into the long term physical and psychosocial consequences of cancer and its treatment and the challenges of living with cancer, in order to develop relevant health service and self-management interventions.

Most work related studies in cancer have used quantitative methods to determine rates of employment and factors affecting return to work. However, the development of interventions also requires a detailed understanding of the complex interplay of social, clinical and work related factors that influence patients' workplace related experiences and behaviours.

In-depth qualitative studies are central to uncovering complex processes and mechanisms, and are increasingly seen as a valuable precursor to the development of interventions, particularly where interventions are complex or where the phenomena being tackled exist in a complex context or vary in nature across different contexts or populations. Such complexity and variation is likely to exist for the issue of "working after cancer". A meta-synthesis is now an established method of identifying and synthesising data and findings from multiple qualitative studies.

This project is a systematic review and meta-synthesis of the literature surrounding the return to work after cancer to provide a means of developing the theoretical and empirical basis for a complex intervention.

## **Aims of Study**

To systematically review and synthesise findings from qualitative studies exploring cancer survivors', family/carers', and employers' attitudes, experiences, problems and strategies in relation to employment, retention and/or return to work, to determine cancer survivors;

- attitudes to work during and after cancer treatment
- experiences (both positive and negative) of gaining employment, working through treatment or returning to work.
- strategies to overcome any challenges experienced.

## **Methods of Working**

This meta-synthesis of qualitative studies will integrate and summarize the evidence which exists on cancer survivors' return to work and related challenges.

### **Search methods**

Seven databases will be searched during the review: Medline, Embase, Cinahl, BNI & Archive, ASSIA, SSCI, and PsycINFO. This will ensure that literature identified will reflect the relevant health, social, psychological and educational dimensions of the review. A combination of subject headings and keyword searching will be used to identify the pertinent literature. Three key search strings have already been established and tested:

- Qualitative research - using thesaurus terms(keywords / subject headings used to index the records in an electronic database); free text terms (a search string of qualitative research terms developed and tested by Shaw et al); and broad-based terms (including three simple descriptors - qualitative, findings, interviews);
- Cancer /neoplasms - using the protocol recently published by de Boer et al
- Employment/work - using the same protocol as above

As well as conducting a search of research databases, the research team will also use personal networks and contacts within major cancer charities to identify possible sources of unpublished 'grey' literature (for example researchers and key charity/voluntary bodies currently working in this area). Other health, social and psychological networks will also be contacted requesting that any relevant information be sent to the team for inclusion in the systematic review. Secondly, we will write to key authors identified during the review to identify unpublished studies. Thirdly, we will search databases of PhDs in this area.

In addition, we will use library databases to search for book chapters and/or reports published in this area in the last 10 years, which include empirical evidence relating to cancer and employment.

### **Study criteria & selection:**

Once a list of potential studies has been identified two members of the study team will independently read all titles and abstracts in order to filter initial studies prior to obtaining a full text copy. Where there is disagreement between the researchers full text copies of the paper will be sought for further examination. Selection will be based on the inclusion and exclusion criteria;

<b>Inclusion Criteria:</b>	<b>Eclusion criteria:</b>
<b>Cross-sectional or longitudinal qualitative studies</b>	<b>Single autobiographical accounts</b>
<b>Studies using structured or unstructured/indepth interviews, focus groups, group discussions.</b>	<b>Non-research based first hand accounts</b>
<b>Cross-sectional or longitudinal qualitative studies</b>	<b>Single autobiographical accounts</b>
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#### **Analysis:**

All interviews and focus groups were audio recorded and fully transcribed to derive emerging themes and conceptual schemes that informed the sampling and data collection processes as the study proceeded. The Framework Approach was used to structure the analytic procedure and provide a systematic approach to the analysis.

#### **Validity:**

participant consent was sought to triangulate participant reported activity levels (PADS scores) and interview data against advice on activity recorded in stroke liaison nurse records and physiotherapy records. GP records were also examined in some cases. Deviant case analysis was conducted, in which evidence was sought to disconfirm the researcher's emergent theory ensuring that the data was not being selectively analysed, and that the emerging theories explained all or most of the findings. two applicants will meet regularly with the interviewer to discuss emerging codes and categories, interpretation of key texts and potential new lines of enquiry.

#### **Key references**

1. Macmillan Cancer Support. Two million reasons. London: Macmillan Cancer Support, 2008.
2. Department of Health. Cancer Reform Strategy. London: Department of Health, 2007.
3. The Scottish Government. Better Cancer Care, An Action Plan. Edinburgh: Scottish Government, 2008.
4. Macmillan Cancer Support. Working through cancer. The road to recovery: getting back to work. London: Macmillan Cancer Support, 2007.
5. Spelten E, Sprangers M, verbeek J. Factors reported to influence the return to work of cancer survivors: a literature review. *Psycho-Oncology* 2002;11:124-31.
6. Rasmussen DM, Elverdam B. The meaning of work and working life after cancer: an interview study. *Psycho-Oncology* 2008;17(12):1232-38.
7. Amir Z, Neary D, Luker K. Cancer survivors' views of work 3 years post diagnosis: A UK perspective. *European Journal of Oncology Nursing* 2008;12:190-97.
8. Peteet JR. Cancer and the meaning of work. *General Hospital Psychiatry* 2000;22:200-05.
9. Frazier LM, Miller VA, Horbelt D, Delmore JE, Miller BE, Averett EP. Employment and quality of survivorship among woman with cancer:

domains not captured by quality of life instruments. *Journal of Moffitt Cancer Center* 2009;16(1).

10. Cancer Bacup. *Work and cancer. How cancer affects working lives.* London: Cancer Bacup, 2005.

11. Amir Z, Moran T, Walsh L, Iddenden R, Luker K. Return to paid work after cancer: A British experience. *Journal of Cancer Survivorship* 2007;1:129-36.

12. de Boer AG, Taskila T, Ojajarvi A, van Dijk FJ, Verbeek JH. Cancer survivors and unemployment: a meta-analysis and meta-regression. *JAMA: The Journal Of The American Medical Association* 2009;301(7):753-62.

13. Lee MK, Lee KM, Bae JM, Kim S, Kim YW, Ryu KW, et al. Employment status and work-related difficulties in stomach cancer survivors compared with the general population. *British Journal of Cancer* 2008;98:708-15.

14. Main D, Nowels C, Cavender T, Etschmair M, Steiner, J. A qualitative study of work and work return in cancer survivors. *Psycho-Oncology* 2005;14:992-1004.

15. Bennett J, Brown P, Cameron L, Whitehead L, Porter D, McPherson K. Changes in employment and household income during the 24 months following a cancer diagnosis. *Supportive Care In Cancer* 2009;17:1057-64.

16. Hoving J, Broekhuizen M, Frings Dresen M. Return to work of breast cancer survivors: a systematic review of intervention studies. *BMC Cancer* 2009;9(117).

17. Dixon-Woods M, Agarwal S, Jones D, Young B, Sutton A. Synthesising qualitative and quantitative evidence: a review of possible methods *Journal of Health Services Research & Policy* 2005;10 (1):45-53.

18. Finfgeld D. Metasynthesis: The State of the Art - So Far. *Qualitative Health Research* 2003;13(7):893-904.

19. Medical Research Council. *A Framework for development and evaluation of RCTs for complex interventions to improve health.* London: Medical Research Council, 2000.

20. Medical Research Council. *Developing and evaluating complex interventions: new guidance.* London: Medical Research Council, 2008.

21. Dixon-Woods, M., Sutton, A., Shaw, R., Miller, T., Smith, J., Young, B., Bonas, S., Booth, A. & Jones, D. (2007) "Appraising qualitative research for inclusion in systematic reviews: A quantitative and qualitative comparison of three methods" *Journal of Health Services Research Policy* 12 (1): 42-47

22. Shaw R, Booth A, Sutton A, Miller T, Smith J, Young B, et al. Finding qualitative research: an evaluation of search strategies *BMC Medical Research Methodology* 2004;4(5).

23. de Boer A, Taskila T, Tamminga S, Frings-Dresen M, Feuerstein M, Verbeek J. Interventions to enhance return-to-work for cancer patients (Protocol) *Cochrane Database of Systematic Reviews* 2009; Issue 1. Art. No.: CD007569. DOI:10.1002/14651858.CD007569.

24. Tong A, Sainsbury P, Craig J (2007) Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups *International Journal for Quality in Health Care* 19 (6): 349-357

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For more information about this project- contact Dr. Mary Wells  
([e.m.wells@dundee.ac.uk](mailto:e.m.wells@dundee.ac.uk))