



Return to work after cancer

Occupational safety and health
considerations

Summary report 2017

IOSH, the Chartered body for safety and health professionals, is committed to evidence-based practice in workplace safety and health. We maintain a Research for Public Benefit Fund to support research and inspire innovation as part of our work as a thought leader in safety and health.

All recipients of funding from our Research for Public Benefit Fund are asked to compile a comprehensive research report of their findings, which is subject to peer review.

For more information, visit our [research page](#).

In this document, you'll find our review of the independent study 'Occupational safety and health considerations of returning to work after cancer', which we commissioned from researchers at the Institute of Occupational Medicine, Loughborough University and Affinity Health at Work. Our review aims to summarise this study and draw out practical advice to help OSH professionals deliver their roles more successfully.



Why did we fund this research?

Work is good for health and keeping people in work is good for business – this view is supported by plenty of evidence and supporting guidance on how to help people who are ill stay in work or return to work, including IOSH's own guide, *A healthy return*.¹ While the processes and good practice approaches required for successful rehabilitation would appear to be consistent for all types of ill health, when it comes to specific health and safety issues, there's little direct evidence to support this assertion when it comes to cancer.

With an estimated 23.6 million new cases of cancer worldwide each year by 2030,² the incidence of cancer within the working population will increase.³ In the UK, half of those now diagnosed with cancer survive for at least 10 years.⁴ Of those who have had cancer, 41–84 per cent of people return to work.⁵ This is hugely positive for those living with cancer, but it can be seen as creating challenges for employers and others involved in supporting those employees to stay in, or return to, work.

Based on studies carried out in the USA, Finland, the Netherlands and Canada, approximately two-thirds of people achieve a successful return to work two to three years after the initial diagnosis,⁶ but many experience difficulties in staying in work because of a lack of support, cancer recurrence or progression, demanding job requirements and problematic social interactions at work.⁷ Research in the UK found that in a sample of 168 people who had completed treatment and returned to work in the last five years, 7 per cent of employees who had returned to work after treatment had their entitlement to sick pay disrupted, and 13 per cent did not have reasonable changes made to their work to allow them to continue working, eg to cope with fatigue.⁸

There is an increasing amount of information available for line managers, human resources and occupational health professionals on helping individuals with cancer stay in work, such as Macmillan's Work and Cancer Toolkit. However, until this research, there had been a lack of evidence on specific health and safety issues and effective approaches to risk assessment and risk management for occupational safety and health (OSH) practitioners, and others, to support those undergoing treatment or returning to work after cancer.

¹ [iosh.co.uk/healthyreturn](https://www.iosh.co.uk/healthyreturn)

² cancerresearchuk.org/health-professional/cancer-statistics/worldwide-cancer#heading-Zero

³ Crepaldi C, Barbera M and Ravelli F. Cancer and in general long-term illnesses at the workplace. Policy Department Economic and Scientific Policy. Brussels: European Parliament, 2008.

⁴ Cancer Research UK. Cancer survival. Cancer Research UK. 2014.

⁵ Rowland J H, Aziz N, Tesaro G and Feuer E J. The changing face of cancer survivorship. *Seminars in Oncology Nursing* 2001; 17 (4): 226–40.

⁶ Taskila T and Lindbohm M L. Factors affecting cancer survivors' employment and work ability. *Acta Oncologica* 2007; 46 (4): 446–451.

⁷ Taskila T. Cancer survivors at work: work-related problems and factors associated with their employment, work ability and social support from the work community. *People and Work Research Reports*. 2007.

⁸ Online survey of 2,142 UK adults living with cancer. Fieldwork conducted 26 November to 14 December 2012. Survey results are unweighted.

Figures presented in this report are based on 168 respondents who had completed treatment within the past five years.

macmillan.org.uk/Aboutus/News/Latest_News/Riseincancerpatientsfacingdiscriminationatwork.aspx. Viewed December 2016.

The research had three key goals to address this evidence gap:

- to understand the health and safety implications of returning to work after cancer and cancer treatment
- to identify what employers can do to facilitate return to work and what is good practice in dealing with health and safety issues
- to develop guidance to help employers implement and manage health and safety issues for those returning to work after cancer.

What did our research discover?

The research confirmed that effective sickness absence and rehabilitation practices are important factors in individuals being able to stay in, or return to, work successfully. The research provided evidence for a range of good practices, including:

- Tailoring approaches to the specific needs of the individual.
- The employee and employer holding regular discussions. The initial discussions should plan the return to work. There should be regular agreed contact during the absence, and a series of meetings after the return to work. A mix of formal (meetings) and more informal routes (having coffee, texting or calling) can work well. Principally, these should be between the line manager and employee, but it can be beneficial for others to be involved at key points, including HR, occupational health and the OSH practitioner.
- Having an agreed written plan for returning to work.
- Having a rehabilitation/return-to-work policy in place for all illnesses including cancer, and ensuring OSH practitioners are involved in policy development.
- Following guidance in relation to a graduated/phased return to work.
- Using flexible working to reduce the impact of fatigue, such as varying start or finish times or, where possible, permitting employees to work from home.
- Ensuring an individualised risk assessment is carried out for work tasks when an employee returns to work, and for those who continue to work through treatment.
- Ensuring that the risk assessment is reviewed regularly to reflect changes in capability during treatment and recovery.
- Identifying risk reduction measures, including the journey to work, work tasks and interactions with the public (or infection sources).
- Managing the workload to reduce any pressure points.
- Providing information and training to key people, including line managers, HR and OSH practitioners.
- Understanding the potential long-term impact of cancer and its treatments – this is important for all concerned in the return-to-work process.

Barriers to staying in work or returning to work

The research identified various barriers to staying in and returning to work, such as those associated with:

- the job role itself, covering physical and psychological factors, eg physical tasks, job content and job demands
- symptoms arising from the illness and treatment, in particular fatigue and infection risk.

Although limited, there was some evidence of concerns regarding increased accident risk, such as falls associated with physical weakness and fatigue.

Risk assessment

The research confirms that risk assessments should be carried out in an individualised manner for those returning to work after cancer and be followed up regularly due to the fluctuating nature of some of the potential longer-term symptoms. The evidence from the research⁹ showed that the risk assessment should cover the following:

- the physical aspects of the work:
 - physical demands and limitations
 - ergonomic or job design changes (reviewing display screen equipment assessments, for instance)
- the impact of fatigue and medication on work tasks
- the psychological demands of the work – this should include the individual's role, eg a manager may have additional demands
- risks of infection
- the journey to work, eg how far, which mode of transport
- access requirements at work, eg parking facilities that meet the needs of the individual, working on a ground or single floor, access to toilet facilities
- driving for work
- breaks in the working day
- managing working hours with flexible working or prohibiting overtime
- inclusion in emergency planning, eg writing a personal emergency evacuation plan (PEEP)
- if working at home, ensuring the environment is safe and ergonomically sound.

It is worth remembering that cancer is often covered under equality legislation, such as the UK's Equality Act, which includes requiring employers to make reasonable adjustments.

⁹ These are specific areas found during the research; additional factors may also be required

Safety-critical roles, human error and latent errors

Although this was not explored within the research, when carrying out the individual risk assessment and return-to-work plan, it is essential to establish whether the individual carries out a safety-critical role. If they do, they could make errors (associated with medication, treatment, fatigue, psychological strain and so on) that could increase the health and safety risk for them and/or others. Also, an error may not be identified and could become a hidden or latent error – such as a design, calculation or formulation error.

An individual who carries out a safety-critical role or tasks must be thoroughly risk-assessed. The end result may be that they need to do alternative work, or that they can stay in their role if additional checks are put in place, such as another person checking their calculations. These are important aspects in the health and safety field of human factors,¹⁰ and are often overlooked during risk assessment.

Carers

This research did not look at the impact of caring for someone with cancer, but it's important to remember that those supporting/caring for individuals with cancer also need support at work. Many of the principles set out above apply equally to carers, especially flexible working, taking into account the psychological demands of their work and regular contact. In the UK, carers also have certain legal rights for emergency time off for dependents and the right to request flexible working.¹¹

How was the research done?

Review

First, the research team carried out a systematic review of recent research to fully integrate existing evidence on the OSH aspects of return to work after cancer. The team searched various electronic databases using defined terms. To help them decide which publications were relevant, they initially screened each abstract before obtaining the full publications of those considered relevant. Each publication was then reviewed and assessed for quality, based on a recognised methodology. The researchers summarised the information they had collected into a description of the research, evidence statements and an evaluation of the quality of the evidence. The review looked at research that covered returning to work after cancer in relation to:

- safety and health considerations
- workplace changes, adjustments and mechanisms of support
- implications of cancer and cancer treatment
- evidence of best practice.

¹⁰ hse.gov.uk/humanfactors/topics/errors.htm

¹¹ macmillan.org.uk/information-and-support/organising/work-and-cancer/if-youre-a-carer/your-rights-as-a-carer.html

Case studies

The second stage of the project built on the knowledge gained from the review to evaluate the return-to-work process in different organisations. Structured interviews were developed to use with stakeholders in each organisation. Stakeholders included the participant who had returned to work, their line manager, and other work-based staff who had been involved in the process, such as human resource managers, safety representatives and occupational health staff. Factors discussed in the interviews in relation to returning to work after cancer included:

- workplace adjustments required and/or received
- support given, and by whom
- health and safety risks identified
- perceived costs to the organisations
- the ease or difficulty of implementing the advice available.

Development of guidance

The third and final stage of the work was the development of a toolkit based on the evidence collated from the review and the case studies, to cover return to work after cancer in relation to occupational safety. This was designed to fit with the current OH toolkit on the IOSH website, providing information on:

- support for employees returning to work
- advice for employers and employees
- good practice in rehabilitation and return to work.

Don't forget...

Like most studies, this one had some limitations.

The case study research was limited by the small number of organisations involved and a predominately female sample, although it did not aim to be a representative sample. Engaging organisations in this type of work does result in a positive bias where only those who have been successful will want to be involved in research.

Important findings from the work include the need for an individualised approach and the lack of consistent risk assessment. This was perhaps due to the nature of the work being carried out, as office jobs tend to be seen as lower risk and are not necessarily the focus of risk assessments in many organisations. The case studies did identify that individuals were involved in lifting and other physical demands, even in office environments. There is a clear need, therefore, to understand work tasks for a particular individual, and not make assumptions about the tasks by job title alone.

One perception from the employee participants was that once they were fully returned to work, the process was complete and they were back to full health. This suggests a lack of awareness of the potential impact of longer-term changes and the possible need for continued monitoring.

Next steps

- The material developed in the third phase of the research, for IOSH's OH toolkit, was added to the IOSH website early in 2017. This includes sample risk assessments and checklists.
- The findings from this research and other IOSH research, such as that on the fit note,¹² will be included in IOSH's response to the UK government's Green Paper on work, health and disability.¹³
- IOSH will promote the findings from the research to our various global stakeholders and use it as additional evidence to champion effective rehabilitation approaches in organisations.

Other IOSH resources

Other resources on some of the topics covered in this research can be found at [iosh.com/research](https://www.iosh.com/research) and include:

- Return to work after cancer - occupational safety and health considerations
- Getting the best from the fit note

Our review gives you all the major findings of the independent project report by the Institute of Occupational Medicine, Loughborough University and Affinity Health at Work. If you want to read about the study in more depth, you can download the full report at [iosh.com/research](https://www.iosh.com/research).

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