

Cancer Journey Advisory Group

Research Related to Workplace Support for Cancer Survivors

Perspectives of Employers

Acknowledgements

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Executive Summary

The Canadian Partnership Against Cancer (the Partnership) recently undertook research to explore the perspectives and challenges faced by employers in Canada when an employee's capacity to work is affected by cancer. The fundamental purpose of the research was to provide insights and a fuller understanding of what takes place in the Canadian workplace when an employee's capacity to work is diminished by a chronic disease such as cancer. The results of the research will be used to identify support services, programs and resources that could be provided to the workplace to support working cancer survivors and their employers.

The specific research objectives included the following:

- Determine the interest of employers in the issues and challenges presented when people living with cancer return to work during or after treatment
- Identify concerns, issues and challenges that are encountered by the workplace as people living with cancer return to work during or after treatment
- Identify any support services, education, training programs, resources or practical tools that are currently being offered by the workplace for employees living with cancer, their families and managers
- Identify what might be helpful to provide to the workplace to support employees, managers or family members when employees return to work during or after treatment

The research consisted of two stages. The first stage involved 41 one-on-one interviews with senior staff from workplace organizations, including employers, insurers, law firms and unions. Because of the nature of the research objectives, emphasis was placed on employers. The second stage was three focus groups that included respondents from employers of over 100 employees; 27 senior managers or those who held senior human resources positions participated.

Among the respondents in this research project, there was strong appreciation that many factors affect successful management of a situation when an employee's capacity to work is affected by a disease such as cancer. These factors include, but are not limited to, the nature of the employee's illness, the nature of the work, the size of the organization, the flexibility of managers and employees, the culture in the workplace, the employee's will to return, the manager's will to make things work, and the financial and organizational constraints of the employer. However, respondents generally agreed that a better understanding of the employee's situation, stronger communication between key stakeholders, increased awareness of options and strategies available, and an improved toolkit would increase the likelihood of successfully managing such workplace situations.

Respondents representing employers tended to describe the overall culture within their organization as supportive and compassionate. They stated that their organizations are committed to helping employees through their illness, and most talked about steps they would take to accommodate employees. However, some respondents indicated that the level of support tends to increase with tenure and seniority, with ability to backfill the position and for employees with strong performance. Support tended to decrease for work that is physically demanding, for hourly and part-time workers, and if the management team is extremely cost driven.

The incidence of actual, or known, employees dealing with cancer was quite low in most of these organizations. In smaller organizations, respondents could not think of any cases; in medium-sized organizations, it seemed to come up every few years; and in larger organizations, the rate seemed to be roughly 1% of the employee base. The majority of respondents indicated that they are concerned when an employee's ability to work is affected by cancer, but most said this is not a human resources issue they are actively focusing on. A key issue for employees and employers is adequate financial support. Employee benefits vary widely, largely in relation to the size of the employer. Financial pressure can be a significant factor in effectively managing an employee's position during their illness and their return to work. Respondents, particularly among those in small and mid-sized organizations, had little awareness of programs and services available outside their organizations for people dealing with cancer.

Key issues rated by respondents as highly important included:

- managing workload and productivity
- accommodating restrictions and diminished capacity
- confidentiality and level of information provided
- stress on colleagues and staff morale
- managers' lack of education and training
- costs incurred when an employee's capacity to work is diminished
- assessing readiness of an employee to return to work

Issues of moderate importance, relative to individual circumstances, were lack of financial support for employees; receiving timely and adequate information from the employee's health team; losing employees who need to care for loved ones who are ill; and issues with insurance providers. Respondents also discussed potential solutions to address these challenges.

The following recommendations are informed by the research findings and respondents' suggested solutions to the challenges associated with an employee returning to work during or after cancer treatment. The recommendations are grounded in this research only and are not necessarily aligned with the priorities or strategic direction of the Partnership.

1. Undertake a communication program to raise the profile and importance of being prepared to accommodate chronic illnesses such as cancer in the workplace
2. Develop educational materials for managers
3. Facilitate and provide training sessions for human resources managers
4. Build a toolkit of relevant resources
5. Provide access to external professionals with expertise in accommodation and the development of return-to-work plans
6. Compile and provide online access to a list and description of community services that could assist employees and employers who have workers with diminished capacity.
7. Assess the extent to which inadequate financial support impedes a successful return-to-work process (e.g., forces employees back before they are ready or induces considerable stress).
8. Explore the feasibility of providing an incentive or tax break for select employers who incur costs related to accommodation.
9. Consider quantifying some of the findings in this research by conducting secondary research or primary quantitative research.

Introduction and Research Objectives

The Canadian Partnership Against Cancer (the Partnership) recently undertook research to explore the perspectives and challenges faced by employers in Canada when an employee's capacity to work is affected by cancer. The research included an exploration of current workplace attitudes, workplace policies, activities and programs, and employers' level of interest in this area. It was also used to identify any support services, education and training programs, and resources and practical tools currently being offered by the workplace to assist employees and managers. The fundamental purpose of the research was to provide insights and a fuller understanding of what takes place in the Canadian workplace when an employee's capacity to work is diminished by a chronic disease such as cancer. The results of the research will be used to identify support services, programs and resources that could be provided to the workplace to support working cancer survivors and their employers.

It is important to emphasize that this research focused on the topic of working cancer survivors from the perspective of the workplace, not the employee living with cancer.

In the fall of 2011, Phase 5 was engaged to conduct this work on behalf of the Partnership. The Phase 5 team worked closely with staff from the Partnership and received assistance from the National Survivorship Advisory Group, specifically Holly Bradley, Anne Katz and Maureen Parkinson.

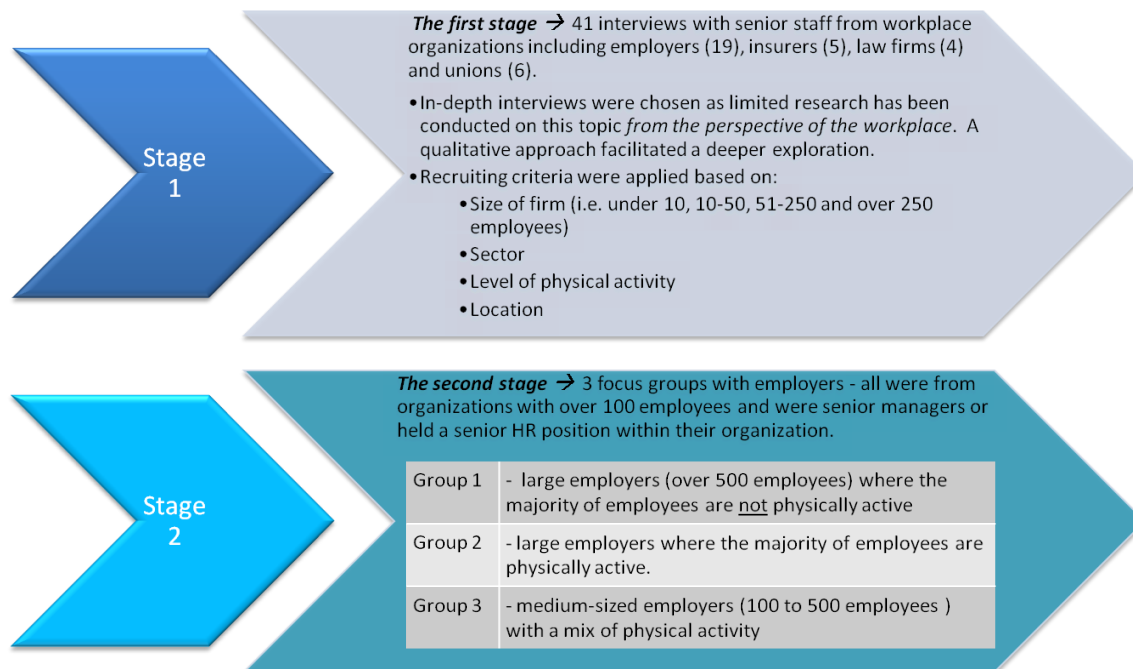
The specific research objectives included the following:

- Determine the interest of employers in the issues and challenges presented when people living with cancer return to work during or after treatment
- Identify concerns, issues and challenges that are encountered by the workplace as people living with cancer return to work during or after treatment
- Identify any support services, education, training programs, resources or practical tools that are currently being offered by the workplace for employees living with cancer, their families and managers
- Identify what might be helpful to provide to the workplace to support employees, managers or family members when employees return to work during or after treatment

Approach

To meet the research objectives of this study, Phase 5 conducted a two-staged research process.

A Two-Tiered Research Process



Stage I of the Research Process

The first stage involved 41 one-on-one interviews with senior staff from workplace organizations, including employers, insurers, law firms and unions. Due to the nature of the research objectives, emphasis was placed on employers.

The interviews involved a mix of in-person and telephone interviews. The in-person interviews allowed us to gain an in-depth understanding of particular contexts, by visiting the respondents in situ. The inclusion of telephone interviews allowed us to speak to respondents across Canada, yet do so in a cost-effective manner.

The interviews were one-hour in length and all respondents were offered an honorarium for their time. The interviews were conducted in October 2011.

In-depth interviews were chosen as it is our understanding that limited research has been conducted on this topic from the perspective of the workplace. As such, a qualitative approach that facilitated probing and a deeper exploration of each of the research objectives and topics raised by employees was more likely to yield valuable insights than a quantitative approach that is, by nature, more descriptive. The first

stage addressed each of the stated research objectives but emphasized the first three objectives identified above.

The first stage of the research was designed to ensure we gained insights related to a good mix of workplace scenarios. To do this, we used specific recruiting criteria:

- Workplace audiences: employers, benefits managers, employment lawyers, unions, and insurers
 - The breadth of respondents enabled us to view the workplace from different perspectives.
- Size of firm: <10, 10–50, 51–250, >250 employees
 - We spoke with employers with very few employees to those with 1,000s; sole proprietors were not included in the research
- Sector: no more than two respondents were selected from the same sector
 - Respondents were drawn from several sectors.
- Level of physical activity: quite physically active and not physically active
 - The interviews with employers, benefits managers and unions included a mix of those where the majority of employees or members are quite physically active in their work and those where the majority are not physically active.
- Location: all regions of Canada
 - Quotas were developed to ensure respondents were drawn from the West, Ontario, Quebec and the East.
- Best practices: To include employers who may exemplify best practices in this area, some respondents were selected from the *Globe & Mail's* “50 Best Workplaces in Canada” list.

Distribution of Employees in Canada by Size of Employer

Size of Organization	# of Employees in Canada	% of Employees in Canada
All employees	14,374,623	100%
0 – 4	970,691	7%
5 – 19	1,972,207	14%
20 – 49	1,546,158	11%
50 – 99	1,160,925	8%
100 – 299	1,517,490	11%
300 – 499	602,339	4%
500 +	6,604,814	46%

Note that 32% of employees in Canada work in organizations with fewer than 50 employees, 23% work in organizations with 50 to 499 employees and 46% work in organizations with more than 500 employees. Source: Statistics Canada, figures are from 2010

Stage 1: Profile of Research Respondents

Audience	# of interviews	Profile of respondents
Benefit Managers	7	<p><i>Responsibilities:</i> All respondents were directly involved in decisions related to policies and programs for employees whose capacity to work is affected by a chronic illness. The majority had direct experience with an employee with a chronic illness that affected their work.</p> <p><i>Sectors:</i> Respondents were drawn from a broad range of sectors, including finance, healthcare, manufacturing, professional services, education and social services.</p> <p><i>Size:</i> All worked in organizations with over 250 employees.</p> <p><i>Physical activity:</i> 4 had a majority of employees who were quite physically active, 1 had a majority who were not and 2 had a balanced proportion of both.</p> <p><i>Location:</i> Respondents were located across Canada.</p>
Insurers	5	All offered group benefit programs and 2 of the respondents were drawn from the top 3 group insurers in Canada.
Unions	6	<p><i>Sector:</i> The unions represented auto, electrical, energy, paper, education, communications and healthcare workers.</p> <p><i>Location:</i> Respondents were located across Canada.</p>
Law Firms	4	Respondents were all senior employment lawyers whose client base consisted of employers (versus employees). Respondents included representatives from 3 of the “seven sisters” law firms.
Total	41	

Stage II of the Research Process

The second stage was three focus groups with employers. All respondents were directly involved in decisions related to policies or programs for employees whose capacity to work is affected by a chronic illness. All were from firms with over 100 employees and were a member of the executive team or held a senior human resources (HR) position within their organization.

The focus groups were used to address each of the research objectives outlined above, but in contrast to Stage 1, more emphasis was placed on identifying strategies and solutions to address challenges raised in the Stage 1 and those raised at the outset of the discussion groups. The interviews conducted in Stage 1 were very useful for surfacing key issues and challenges. The focus groups conducted in Stage 2 provided an interactive forum for respondents to brainstorm solutions and build on each other’s ideas.

Following the first round of interviews, we found, not surprisingly, that challenges and issues faced by employers varied across different workplace scenarios. Key factors that drove these differences tended to be the size of the organization and the nature of the work (e.g., physically versus not physically active and degree of specialization). The sector and level of unionization also shaped, to a lesser extent, the nature of the

challenges and issues faced. To ensure these perspectives were reflected and that the group dynamics were facilitated by a level of homogeneity, we structured the sessions in the following manner.

Group 1	– large employers (over 500 employees) where the majority of employees are <i>not</i> physically active
Group 2	– large employers (over 500 employees) where the majority of employees <i>are</i> physically active
Group 3	– medium-sized employers (100—500 employees) with a mix of physical activity (i.e., some employers with a majority of employees who are physically active and some with a majority of employees who are not)

All three sessions also included a mix of industry sectors (i.e., no more than 2 respondents from the same sector), a mix of those who had a high percentage of unionized workers and those who did not, and at least half who had been personally involved in a situation where an employee was dealing with a chronic illness that affected their capacity to work.

The three tables on the following page show the distribution of employers by size of firm and the distribution of respondents by sector and by location.

All sessions were conducted in professional focus group facilities in Toronto in December 2011 and respondents were offered an honorarium for their time.

Research Considerations

Readers are reminded that the results of qualitative research are not statistically representative. They therefore cannot be generalized to a wider population and represent only the perceptions and opinions of a select group. Notwithstanding this point, the feedback obtained through the interviews and focus groups provide useful insights on the topic of working cancer survivors from the perspective of the workplace and provide strong guidance related to services and programs that could be provided to employers to support working cancer survivors.

Of note are a couple of factors that may affect the nature of the research findings. Most respondents were employees commenting on practices and experiences within their workplace. Although confidentiality was promised, some respondents may have been hesitant to be critical of their employers. In addition, most, if not all respondents, demonstrated empathy for employees whose capacity to work is affected by an illness. As such, there may be a tendency to emphasize positive steps they are taking and to minimize weaknesses. In short, the research may over-estimate strengths and under-estimate weaknesses related to support for employees whose capacity to work is diminished.

The Context

Distribution of Employers by Size of Firm

Size of Organization	Stage 1: Interviews	Stage 2: Focus Groups	Total
Small	10	n/a	10
Medium	4	8	12
Large	12	19	31
	26	27	53

Classification of sizes for Stage 1

- Small: under 50 employees
- Medium: 51–249 employees
- Large: 250 or more employees

Classification of sizes for Stage 2

- Small: n/a
- Medium: 100–499 employees
- Large: 500 or more employees

Distribution of Respondents by Sector

Size of Organization	Stage 1: Interviews	Stage 2: Focus Groups	Total
Accommodation and food services	4	2	6
Construction	2	-	2
Educational services	1	-	1
Finance and insurance	*7	5	12
Health care and social assistance	1	2	3
Legal services	4	-	4
Manufacturing	4	5	9
Professional, scientific and technical services, including IT	5	6	11
Public sector/administration	-	4	4
Real estate, rental and leasing	-	1	1
Retail and wholesale trade	1	1	2
Services (other)	2	1	3
Transportation, warehousing and distribution	4	-	4
Unions and associations	6	-	6
Total	41	27	68

*Includes insurers as a segment/audience of interest; two were invited as employers.

Distribution of Respondents by Location

Location	Stage 1: Interviews	Stage 2: Focus Groups	Total
Ontario (including GTA)	23	27*	50
Quebec	9	-	9
East (NB, NS, NL)	4	-	4
West (BC, AB, SK, MB)	5	-	5
Total	41	27	68

*By nature of the research design the majority of those interviewed are located in Ontario, specifically in the Greater Toronto Area (GTA).

The Workplace Context

Culture and Attitudes

How would you describe the culture within your organization?

Representatives from employers (i.e., senior executives, human resources (HR) professionals and benefits managers) were asked to describe the culture in their organization (i.e., the shared assumptions, values and norms that represent the unique character of their organization).

Most described the culture in their organization very positively. Only 4 of 26 gave an overall negative impression. It was also clear that the subject matter of the interview affected their responses. The following summarizes the key themes raised.

- Most frequently mentioned
 - Caring and supportive; other terms used included sensitive, understanding and compassionate
 - Family-like, family atmosphere
 - Commitment to teamwork, work well together
 - Honest, fair and decent
 - A focus on success, profitability
 - “...cooperative, caring and focused on the success of the company. Get the job done but have fun doing it.”
 - “...very fun loving and open culture, very accepting – like a family. They go above and beyond for those who are ill. They have expedited surgeries and consultations for people.”
 - “...care about employees, have to be fair and treat employees like they matter if you are going to keep them engaged.”
 - “...honesty, excellence, value professional growth – like a big family.”
- Less frequently mentioned
 - Fun loving
 - Committed to professional growth
 - Committed to achieving a work-life balance
 - Creative
 - Young, vibrant
 - Entrepreneurship
 - Old boy’s club, paternalistic

Those who were negative referred to decisions being driven by a short-term focus on the bottom line or outdated and inflexible attitudes of owners and managers. A couple in very large organizations mentioned that there are multiple cultures, ranging from the old boys club to younger managers whose work ethic and approaches are very different.

“The owners are very old school in terms of taking time off. All decisions affect the bottom line and ultimately that is the driving force for decisions. At that point family or personal relations get tossed aside.”

“It is all around money – profit and loss. Everything is driven by sales.”

Observation

It is likely that if employees of these organizations were polled, the responses would be less positive. However, it is important to note that this is how employers want to be perceived or portrayed – that the values articulated are aligned with cultures that would accommodate employees living with a chronic illness.

What are employers’ prevalent attitudes toward employees whose capacity to work has been affected by cancer?

Respondents representing employers tended to describe their organizations’ attitudes toward employees with cancer as *caring*, *supportive* and *compassionate*. They stated their organizations are committed to helping employees through their illness, and those in larger organizations talked about doing what they can to *accommodate employees*.

We also explored factors that may affect the level of support. Some said all employees are treated the same, but many talked about factors that affect the level of support or extent to which they can or will accommodate employees.

- *Tenure and seniority*: Some, particularly those in smaller to mid-sized organizations, stated that tenure, and to a lesser extent seniority, can affect their willingness to make accommodations.
- *Ability to backfill*: Some jobs are easier to fill temporarily and some employers have cross-training programs and thus are better prepared for temporary absences. *Employee’s past performance*: A few stated that colleagues and managers are more likely to “go the extra mile” for those that are well liked or are strong contributors.
- *Physical demands of the work*: It can be more difficult to accommodate employees carrying out physically demanding work.
- *Culture in the work unit*: A few in large organizations stated that the views of individual managers can have a significant impact on prevalent attitudes and willingness to accommodate.

However, some respondents indicated their management team is very cost or performance driven and an important focus would be on how the chronic illness would

affect profitability and performance. These respondents tended to be from medium-sized employers in certain sectors.

“In general I think one of our bigger challenges is that, among executives, the concern is cost, how it is going to impact benefit costs and so forth.” (medium-sized employer)

“...for the manufacturing group... If it is WSIB get them in there right away but otherwise they have to be fit to work. We have a policy that we will accommodate them for two weeks, but they are supposed to be back at their full job in two weeks.” (medium-sized employer)

“Our culture is very performance driven. If you are going to be here, you need to be here switched on and ready to go – performing at the level we expect. The expectations are high across the organization.” (medium-sized employer)

Those working with employers had similar reactions. The employment lawyers stressed that their clients are pretty enlightened and sympathetic to the employee’s situation. An insurer noted that trends over the past 10 years are moving in a more humanitarian direction. However, one insurer that focuses on long-term disability (LTD) said employers fall into two camps: those who are very proactive about working with a return-to-work company and finding out what they can do to support the employee’s return to work, while others do not want to get involved until the employee is ready to come back 100%.

“My clients really want to do the right thing and at times will counsel a person to go back on disability until they are ready. They want to do the best thing possible while managing and running their business.” (lawyer)

“Today there is a more humanitarian approach – employers do more to take care of employees and their well-being. I feel there has been a positive shift from viewing employees as a commodity to recognition that an employer is better off retaining their employees and encouraging loyalty, which will pay off.” (insurer)

Incidence and Focus

Can you estimate the percentage of employees within your organization who have had a diagnosis of cancer?

Large employers indicated that the number away from work due to cancer is likely less than 1% to 2%; these are not hard numbers, but estimates. A few seemed quite certain, but many said due to confidentiality they do not have reliable numbers.

“We started tracking in 2006 and we have only had 11 cases.” (2,000 employees)

“We do not have as many as we are a young organization. For cancer specifically in 2010 it was 1.6% of those on disability and in 2011 it was 2.1% – so roughly 20 people per year.” (8,200 employees)

“About 3 of 2,000 that are known; there may be others. Information goes directly to the insurer and bypasses the employer. We only know if the employee tells us.” (2,000 employees)

Most respondents from medium-sized firms (<250 employees) who had been with the company for a period of time could readily recall the number of employees who had had a diagnosis of cancer. Firms of this size seemed to be experiencing a diagnosis every few years.

“Three that I am aware of and all had to take extended leave.” (100 employees and 25 years with the company)

“We had 3 in the past 10 years.” (70 employees)

Most in smaller firms had not had an employee with a diagnosis of cancer in recent years; some had employees with another chronic illness or who needed extended leave, but not due to cancer.¹

Observation

The incidence of actual or known employees with cancer is quite low in most organizations. In many smaller organizations (<50 employees), the employer could not recall any cases of an employee with cancer. In medium-sized organizations (<250 employees), the situation appears to occur on average every two to three years or less frequently. In larger organizations, the incidence appears to be 1% or less of the employee base. However, many representatives of large employers were not sure of actual numbers because of confidentiality and privacy laws. For many employers, and particularly individual managers, it is not a common occurrence. This predictably influences the extent to which managers are prepared for the situation when it does arise.

¹ A recruiting quota was set for interviewees and focus group respondents to ensure that a minimum number of respondents had been involved in a situation where an employee was dealing with a chronic illness that diminished their work capacity. This may have inflated the incidence of a chronic disease in smaller organizations.

To what extent is assisting cancer survivors a significant concern for your organization? Is it something you are actively focusing on?

The majority of respondents indicated that they are concerned when an employee's capacity to work is affected by cancer, but this is not an HR issue they are actively focusing on.

Several respondents, particularly from small and medium-sized firms, said they deal with this on a case-by-case basis. They stated the incidence is not high enough to warrant increased attention or they feel they have handled situations well in the past. They deal with chronic illness in a reactive, not proactive manner.

Some representatives from larger firms said that other HR issues are regarded as higher priority. For example, one respondent stated the focus in her organization is on diversity and accommodating disabilities. Another said that workplace health and safety is the focus. Others commented that other health concerns receive more attention, such as hypertension, heart disease and depression.

Some in large organizations emphasized that the return-to-work process is important to them, but the focus is on a broad range of illnesses; cancer is not seen as a distinct illness to plan for.

A few from large organizations said this is a significant concern. It is a part of their culture and important to retaining valued employees. It is interesting to note that most who indicated it is a significant focus were benefits managers.

A couple of respondents from insurance companies and unions indicated it is a growing concern among employers as the labour force ages and the incidence of cancer increases.

*"We have a higher percentage of people that are suffering from a mental health disorder and depression and stress than from cancer. It is the biggest workplace health issue – mental health issues."
(large employer)*

*"Over the years it has become very important. We have great people who have been with us for years and we don't want to lose them to illness."
(small employer)*

*"Until it lands in your lap you don't worry about it."
(small employer)*

*"We focus on the back to work plan, but we don't have a lot of cases so it's not a big issue."
(large employer)*

“It’s a growing concern, but other health issues are more pressing such as hypertension, heart disease and depression. It is on the radar screen like other types of disabilities.” (large employer)

“It is not a concern until it happens and so far it has not happened very frequently. The ratio is low so it is not in the forefront.” (medium-sized employer)

“It’s such small number – at one or two percent. Within our little HR microcosm it’s very important, but in terms of day-to-day running of a business, not so much.” (large employer)

“It is not that relevant. It doesn’t affect us that much. We are reactionary and we deal with situations as they come.” (medium-sized employer)

“Ninety percent of employers are reactive. Ten percent know the drill and will be ready to say how they can accommodate, the others are totally reactive.” (Insurance company)

Group Benefits

What group benefits are in place to assist employees whose capacity to work has been affected by cancer?

Of the 26 interviews conducted with employers, only four did not have a group plan. All of these companies had less than 10 employees, and the representatives of the companies stated they had considered a group plan but could not afford it. For example, one small employer stated he would have to drop the hourly wages of staff in order to offer a dental plan that had been requested by employees.

Large employers typically had plans that included extended health, dental, short-term disability (STD) and LTD. A few who did not offer STD had generous programs for paid sick leave. Some very large companies offered company-insured STD to help manage their costs. Many large firms also offered employee assistance programs (EAP), which, in most cases, can also be accessed by direct family members.

Some of the best plans, typically offered by organizations with more than 500 employees, included additional benefits such as the following:

- The “Best Doctor” program
- Critical illness coverage (often only for a certain group of employees, such as managers)
- Access to health and wellness websites provided by their insurance company

Less frequently mentioned offerings included the following:

- LTD coverage that included costs related to childcare and transportation
- STD for selected employees who needed leave to care for family members
- Cancer support programs (e.g., CAREpath) that provide access to healthcare professionals who help survivors with the cancer journey; these may or may not be part of a plan

“A service we have used on an infrequent basis is CAREpath which is a cancer care organization that helps the employee and their family in a couple of ways. One is to navigate through the medical system after the diagnosis and then there can be some counselling provided with nutritional consultants and a number of other services like that.”
(large employer)

Most small and medium-sized firms had health and dental coverage, and LTD. However, it is common for small and mid-sized companies to not offer STD or access to EAPs. This leaves those who require short-term leave to rely on employment insurance (EI), unused vacation or sick leave, or the generosity of their employer. Some large employers said that the gap between STD and LTD can be significant and can cause financial hardship for employees who have to rely on EI.

In addition, some employers, particularly those with hourly or many part-time workers (e.g., manufacturing and hospitality), stated only their full-time salaried workers are part of the group plan. This implies that some, likely many, workers employed by these large organizations are working without benefits.

Some companies that want or need to contain group benefit costs also place a limit on some benefits, such as placing a cap on drug expenses or offering less generous coverage (e.g., longer period before LTD can be accessed). A few described situations when employees were struggling to pay for needed prescription drugs that were not fully covered or not covered at all by the plan. This was most common among small employers, but some larger organizations mentioned it as well.

Most companies supported the idea behind the EAPs and know the extent to which the service is accessed; however, due to the highly confidential nature of the service, they do not know the reasons for access. Some had broad statistics on nature of use (e.g., financial, stress, family issues and mental health) but had no way of knowing if usage was linked to a chronic disease.

A few respondents stated concerns with their EAP because they said it typically includes a limited number of sessions (e.g., six). It seemed to depend on the nature of the plan or organization as to whether employees could receive additional assistance. Because of the highly confidential nature of the service, companies did not have information of how or if employees continued with counselling when coverage ran out.

Some employers stated they had high utilizations rates, while others stated it is quite low. In one case, the company had recently dropped its coverage of an EAP because of low utilization and to top up other benefits. As such, adequate access to longer-term counselling through group plans and proper internal promotion of these programs may be issues. Those in many medium and small firms do not have access to this type of counselling service through their group plan.

Some companies offered additional services outside of their group plans. Several respondents mentioned wellness and fitness programs, which are seen as preventative measures and include a range of activities from information sessions and challenges to the partial coverage of fitness club fees. One financial institution offers unlimited People Days for those who need to be absent from work for short periods (e.g., to go to appointments, be with a loved one, have treatments or tests done). Of course, the company watches for abuse since the People Days are meant to cover one- to three-day absences only and are not meant to cover extended leave.

Observation

A key challenge for employees is inadequate financial support. Those with no STD who require short-term leave must rely on EI, unused vacation or sick leave, or the generosity of their employer. Those with no LTD who need long-term leave have to rely on a government disability pension. This means that financial stress is a reality for many people who need to take extended leave but are not covered, typically those working in small and medium-sized organizations, and part-time and hourly workers. In addition, those with a chronic illness may experience significant financial hardship if they have weak drug plans that do not cover a significant portion, or any, of the cost of expensive drugs.

Other Programs and Services

Outside of a formal group plan, are there any programs, services or activities you are aware of that support employees whose capacity to work is affected by cancer?

Respondents from small organizations had very low, if any, awareness of external programs or services that could support employees, though a few did mention the Canadian Cancer Society (CCS). Those from medium-sized organizations also mentioned the CCS, but were also more likely to mention provincial or federal social programs:

- Employment Insurance (EI)
- Ontario Disability Support Program (ODSP)
- Canada Pension Plan (CPP)
- Régie des rentes du Québec

- Workplace Safety and Insurance Board (WSIB): mentioned as a model to follow for cancer care organizations for providing input into back-to-work plans

Larger employers and unions, along with insurers and lawyers, had a greater awareness of organizations and programs that could provide support for employees and employers – cancer-specific, government-provided and other not-for-profit organizations. However, very few respondents had a comprehensive knowledge of the range of support available. Respondents commented that a one-stop source for this information would be very helpful.

“There is nothing that is readily available for employers to have in their back pocket.”

Several organizations involved specifically in cancer care were mentioned by larger employers, insurers, lawyers and union representatives.

- The CCS was mentioned most frequently
 - “I refer everybody to them...because they are so supportive. There is transportation to treatment. If they need care, there is still a cost but it’s like a full service on its own.”*
- Other organizations mentioned by one to three respondents included:
 - CancerCare Ontario
 - Wellspring
 - Cancer clinics and hospitals
 - CAREpath
 - Canadian Partnership Against Cancer
- Other organizations mentioned that have a more general mandate included:
 - General disability support groups, church groups
 - Midi Quarante (collaborative with Emploi Québec)
 - United Way
 - March of Dimes

Challenges Working Cancer Survivors Face

What issues and challenges do you think working cancer survivors face?

Most respondents could anticipate challenges working cancer survivors face in a general way. The primary issue is understanding the specific challenges for an individual employee, such as what that employee is dealing with and how their illness, treat-

ments and medication will impact capabilities, emotional outlook and performance. The following summarizes the challenges raised by respondents.

Dealing with workload, stress and other psychological hurdles:

- *Handling stress:* On returning to work, cancer survivors may take a while to acclimatize to everyday workload stress, in addition to possible mental, physical, emotional and financial stress as a result of their illness or treatments.
- *Ensuing depression and fear of relapse:* Many cancer survivors suffer depression, which often goes undiagnosed. There is also enduring anxiety about the cancer returning – living in fear of the next blood test.
- *Concern about the perception of others:* Cancer survivors may feel guilty for leaving their coworkers with a greater workload and wonder how their coworkers feel toward them as a result. Some may think that coworkers are treating them differently when they really just want to be treated the same.

The process of reintegration:

- *Modified duties, reduced hours:* If returning to work on a modified work plan, an employee may have to get used to limiting their tasks, losing a bit of control or sharing job duties with others. It can be difficult to strike a balance between understanding one's own limitations and accommodating them, and trying to remain reliable and productive.
- *Reconnecting with the workplace:* On their return, working cancer survivors might feel awkward or out of place, possibly having new coworkers or a new boss, for example, or reconnecting with existing coworkers. Some might be insecure in their ability to do their job as competently or as quickly as they once did.

“When you are facing a health event, you can’t react like a light bulb and switch on and off. It takes a while to come back up to speed.”

Dealing with symptoms of the illness or side effects of treatments and medications:

- *Mental and emotional:* With many treatments, such as chemotherapy, cancer survivors are prone to mental exertion, making some jobs difficult to carry out. As mentioned earlier, these employees may also be dealing with strong emotions and psychological hurdles on a daily basis.
- *Physical:* Most commonly, fatigue, drowsiness and a lack of energy or stamina were side effects either observed or expected for working cancer survivors. Other side effects mentioned were possible ongoing pain and a lack of appetite.

Receiving sufficient support:

- *Understanding:* A few respondents mentioned that getting sufficient support (emotional and otherwise) in the workplace may be difficult given the stigma and lack of understanding about cancer and what the employee might be going through.

- *Isolation:* Coworkers may not know how to approach the employee, resulting in isolation.

“Sometimes we are uncomfortable with illness. So it’s really about making sure the support is there for that person. Not only that the managers are trained, but that other members of the work team have sensitivity and understanding, and know how to reach out and support their colleague who is coming back to work.”

Do the challenges and needs of cancer survivors differ from the needs of employees with other chronic conditions that may cause regular or extended absenteeism or diminished work capacity?

Approximately half of the respondents did not think that the challenges and needs of cancer survivors differed from the needs of employees with other chronic conditions. However, several did state that cancer often generates more empathy and willingness to accommodate as it is a disease most can relate to. Some stated that illnesses, such as mental illness and addictions, that are not as well understood, often garner less empathy.

Those who felt that cancer survivors have a distinct set of challenges or needs cited the following reasons:

- *Uncertainty and unknowns:* There is a definite perception that cancer brings a greater amount of uncertainty than some other chronic illnesses. A few mentioned the episodic absenteeism, fears of relapse and doubts whether or not one can return to full working capacity.
- *Propensity to be life-threatening:* Perhaps attached to a certain stigma, there is sometimes a perception that cancer is life-threatening or terminal.
- *Life altering daily:* Cancer was seen as more life altering and more likely to permeate one’s day-to-day existence. Many side effects are experienced as a result of certain cancer treatments, and more often than not, the individual has to stop working for an extended period to recover.
- *Easier to accept and understand than mental illness:* A few felt that cancer is a more clear diagnosis and that there is no question of its legitimacy.

“It is a tangible diagnosis that people understand.”

Employers

Challenges and Potential Solutions

A key focus of the research, in both the interviews and the focus groups, was to explore the issues and challenges employers face when an employee’s capacity to work

is affected by a chronic disease such as cancer. This section of the report describes the key issues raised by respondents. We identify the issues as of very high, high or moderate importance. The importance rating is a combination of the number of mentions received and the emphasis given to it in the discussions with employers. The reader will note that many of the challenges described below are highly interrelated. Following a discussion of each issue, we identify, where applicable, what respondents regarded as facilitators or solutions to addressing the challenge.

Overview of Challenges

Challenge	Importance
Managing workload and productivity	Very High
Accommodating restrictions / Diminished capacity	Very High
Confidentiality / Level of information provided	Very High
Stress on colleagues / Staff morale	High
Managers lack education and training	High
Costs incurred when employees capacity to work is diminished	High
Assessing readiness	High
Lack of financial support for employees*	Moderate
Receiving timely and adequate information from physicians	Moderate



*Moderate overall, very high for those in that situation.

Managing Workload and Productivity (Importance: Very High)

“We do not have a large staff and are highly dependent on each employee. So if they are off for a period of time, or are stressed and not focused on their work, it creates a ripple effect that impacts other employees and productivity.” (40 employees)

Virtually all respondents focused on the workload and productivity challenges raised when an employee affected by cancer is away from work or is frequently absent due to appointments and treatment. Most focused on the challenges faced when employees are away for weeks or months at a time versus taking time off for appointments and tests, although a few stated that it is easier to manage lengthy absences than episodic absences (e.g., two to three days at a time). Some of the key themes raised are highlighted below.

Finding temporary replacements or back-up: Several respondents commented that it is difficult to find qualified temporary or replacement workers. The reasons for this varied and included challenges such as finding suitable workers in smaller centres and the reluctance of those looking for work to take on contract or temporary positions. How-

ever, the key challenge is finding someone with the training, skills and knowledge to do the work for a short period of time.

“Having back-up for a position is a challenge. We usually try to fill the position or cover the work internally. However, it still leaves a gap and you are continually juggling different positions to ensure everything is covered. You try to make due until they can come back – we don’t like to use temps to fill the position – we want commitment.”
(100 employees)

Key person expertise and corporate knowledge: Replacement is particularly difficult if the ill employee holds a key position within the organization or retains specialized expertise or knowledge. One respondent reflected on the time when their CFO was ill and the profound effect this had on other managers. Others talked about the impact of losing employees who have a wealth of corporate or client knowledge. It is very difficult to “run without them”.

Ensuring productivity: Several respondents commented on the impact employees with chronic illnesses can have on productivity and revenue generation, particularly in situations where the organization or group depends heavily on each employee. Most were thinking of the time when the employee is away from work, but some talked about employees who returned and were not able to be fully productive in their work. This was raised more often by small and medium-sized operations and those in larger operations who work in distinct units (e.g., accounting) or whose managers have remuneration linked to productivity objectives.

“A big issue is the financial aspect. As an employer we need to obtain value from people in the workplace. Companies have to be lean financially and they can be compassionate, but have to take a hard line at some point to provide a work environment that does not jeopardize all employees.” (medium-sized employer)

“The reality in a professional firm like ours is that we will do things to the letter of the law but will do other things to encourage employees to look elsewhere.” (small employer)

The uncertainty: Several respondents commented that the uncertainty of the situation makes it very difficult to manage. They are not sure whether to distribute the work to others or find a replacement, how long they should keep the position open or what to say to temporary workers. The uncertainty can often be a key barrier to action as it is difficult to know the best course of action.

“It is not always clear whether the employee will come back full-time, part-time and if they should be replaced for a short period of time. Sometimes you are not sure how serious it is, how long the recovery

will be and if there will be a relapse. There is always a lack of understanding about cancer as an illness.” (medium-sized employer)

Pressure on other employees: Several respondents commented on the pressure this places on other employees as their work duties are expanded to cover off an ill employee. Again those in smaller organizations and discrete work groups were more likely to raise this concern.

“This has an impact on coworkers as they pick up the slack. So now two are doing the work of three and they get maxed out and overworked – there is also the possibility they will leave.” (small employer)

Finding the balance: Some said it is very difficult to judge what the right balance is (i.e., the balance between empathy and business objectives).

“It is difficult to determine that balance or the time limit for them working under capacity. We can absorb the productivity decrease for awhile, but at what point should we be expecting full capacity? At what point does it become a performance issue?” (medium-sized employer)

Related costs: The costs associated with managing workload are highlighted below.

Facilitators

- An open and frank environment and strong communication with employees
- A good understanding of the employee’s capabilities, medical condition, treatment and side effects reduces uncertainty and makes the situation easier to manage
- Being well-staffed
 - A cadre of part-time staff who can absorb more hours
 - Several employees performing the same task enhances flexibility
 - More employees often means more flexibility

‘It is easier now that we are 100 versus when we had 16 staff.’

- Lower skilled and less specialized positions are easier to fill temporarily

Solutions Suggested by Respondents

- **Communication:** Undertake regular communication with employees so they realize the situation is being managed (e.g., expanded duties are not going to be in place for an extended period of time).
- **Cross training and succession planning:** Several respondents from medium-sized and large organizations mentioned cross training and succession planning. A few had formal programs in place but most did not. Respondents commented that this works

well in functional areas such as HR and finance, but can be more difficult when positions or tasks are more specialized.

- *Use of contract workers or temporary help:* A few also suggested a buddy system to assist temporary workers. Some, particularly small and medium-sized organizations, stated guidance on where to find specialized talent would be helpful.
- *Generalist employees:* A few large employers suggested placing an emphasis on creating more generalists in the organization (i.e., avoid silos that do not encourage employee exchanges and lateral moves). This was not currently a strategy in their organizations.
- *Coverage for key roles:* Proactively identify key roles and ensure there are multiple people to cover them off.
- *Up-to-date information:* Ensure job descriptions and key roles and responsibilities are up-to-date and documented so it is easier to redistribute work and fill positions.
- *Knowledge management systems:* Implement knowledge management systems, which are common in some organizations (e.g., large law firms), so that corporate knowledge does not leave with the employee and it is easier for others to pick up the tasks. This is fairly easy to set up and manage; the challenge is getting employees to populate it with information. Some suggested a lower tech solution (i.e., leaving a good paper and email trail of events).

Accommodating Restrictions and Diminished Capacity

(Importance: Very High)

*“It is difficult to find a one size fits all policy – each situation needs to be uniquely addressed depending on individual and business needs.”
(47,000 employees)*

All employers talked about the steps they have taken or would take to accommodate employees with diminished work capacity and thus could not perform the full range of tasks expected of their position. Accommodations typically involved one or more of the following: reduced work hours, compressed work week, the ability to work from home and modification of tasks. However, respondents acknowledged that accommodations can present significant challenges. At the same time, the vast majority agreed that this is the “right” and “appropriate” way to proceed. The most common challenges raised were related to finding suitable work and performance.

Finding suitable work: The most frequently mentioned challenge was finding suitable work for those with diminished capacity. Respondents talked about occasions where a modified work schedule allowed employees to successfully ease back into their previous position, but several also talked about returning employees who were physically or mentally unable to perform their previous tasks and the challenges of finding appropriate work. Of course the extent of the employee’s diminished capacity is important,

but other challenges related to the nature of the work or the nature of the business were also discussed.

The nature of the work

- *Work that is physically demanding is more difficult to accommodate.* Those with a high percentage of physically active employees (e.g., hospitality, manufacturing, outdoor labour and restaurants) found it particularly difficult because the number and range of options for modified or different tasks is limited. In addition to the physical nature of the work, in most of these cases employees need to be on site.

“The only work they have ever known was to be an arborist and climb trees and operate a chainsaw and then they are coming back and can’t lift more than 20 pounds. It’s a challenge.” (large employer)

“Finding productive modified work is hard. Most people in the organization have quite physical jobs and the sedentary work is mostly in [one city]. It usually needs to be tasks that are easily learned and it is difficult to find simple work.” (large employer)

“If they are a plant employee, we try to accommodate them in the office like scanning documents, entering purchase orders, sitting at a desk to get them back, but it doesn’t always work.” (large employer)

“It depends on the modification that’s required because there are essential duties in a lot of positions that you can’t change. You can’t change how a room is cleaned and sometimes we just can’t modify a position. We have to see if we can accommodate in different areas of the hotel and for someone who might typically work in housekeeping, it’s not always possible.” (large employer)

- *Employees returning to a highly stressful work environment can experience much difficulty.* Those in a highly stressful work environment said it is very difficult for returning employees if they are dealing with physical or mental issues that impact performance (e.g., fatigue, problems with cognitive processing or memory).

“It may be difficult to get them back into what they were doing. Our fieldworkers deal with clients and the work is very stressful and demanding and they may not be able to handle that. It can be dangerous for both the employee and the clients if the employee is not physically and mentally up to par.” (medium-sized employer)

- *Some employees will never have the skills needed to return to their previous position.* In some cases, the employee will never have the skills needed to return to their previous position (e.g., a driver who can no longer drive, a salesman who has lost his speech, a pilot who can no longer fly).

“Unfortunately given his stress attacks and the way our company has changed there is no longer a position for him doing what he used to do. We want to make sure we are within human rights, but we don’t have anything he can do. So we are paying him to do nothing basically which is sad, but true.” (medium-sized employer)

- *Those in highly skilled or senior positions can be difficult to accommodate.* Those performing highly skilled, specialized or senior positions can be difficult to accommodate (i.e., to find work that matches their previous contribution).

The nature of the business

- Respondents from small businesses or specialized work units said that they have limited flexibility with so few employees.
- When salary is performance-based or revenue is generated by billable hours, it is hard to accommodate restrictions or diminished capacity. Respondents said that the company immediately saw the impact on the bottom line and wanted the employee back, but only when they are 100%.

“I spend an enormous amount of time working with the managers for them not to get bent out of shape because they are going to miss their MBOs or deliverables as a result of that individual not being there and or re-jigging the workflow of the team to meet those things – there is a lot of coaching.” (medium-sized employer)

“A culture norm in our industry is that it is hyper-competitive. There is just no way that someone can work at half capacity. Everything is based on profit and loss and the capacity of the individuals to get the contract work done. So there is a massive amount of pressure to return to full capacity immediately.” (10 employees)

Performance: Virtually all respondents talked about the impact that diminished capacity can have on performance and the quality of the work produced. They also talked about the negative impact this can have on customer or client service. For some work settings (e.g., manufacturing), respondents talked about safety issues that could be related to the illness (e.g., side effects of drugs or fatigue). All these factors affect the bottom line.

*“One or two poor performers can put a business under.”
(small employer)*

The will of managers to make it work: Whether it is driven by personal attitudes and values, the nature of the work, the culture of the workplace or how a manager’s performance is assessed, the extent to which managers and the senior management team support accommodation is important to the successful accommodation of restrictions.

Impact on the employee: In cases where significant job modification is required, several respondents were concerned about finding work that the employee would find meaningful and that respects their dignity. Others talked about their inability to pay the same for the modified tasks since the employee was no longer contributing in the same way.

“In some ways being a large organization poses some restrictions as there is such a tight control over head count and level. We cannot have someone come back and dust filing cabinets and be paid the same as when they were doing something much more specialized.”
(large employer)

There is no one size fits all solution: Several respondents commented that accommodating restrictions and diminished capacity is very individual. There are so many factors that affect the situation that each case needs to be addressed in a creative and collaborative manner.

Facilitators

- A flexible outlook, on the part of the employer, as to how to approach getting the work done. Several respondents commented that there is a need for an attitude shift to an approach that is more creative, collaborative and flexible.

“The manager needs to be about engagement, collaboration and support. The prevalent attitude should be ‘We have invested in you. How can we help?’” (large employer)

- A good understanding of the employee’s capabilities, medical condition, treatment and side effects reduces uncertainty and makes the situation easier to manage.
- Insurance companies and physicians that have a strong understanding of the employee’s work prevents inappropriate decisions (e.g., an employee returning to work too soon).
- Motivated employees

“You are going to have some people no matter what who want to stay off work. There are people no matter what, who want to come back. Then there’s the whole group in the middle that you need to call at home and let them know you want them back.”

Barriers

- Organizations with financial challenges (e.g., poor profitability, tight margins, budget cuts)
- Employees who are struggling financially and come back too early
- Highly bureaucratic layers of approval that slow things down
- Organizations that do not have back-to-work policies in place

- Most small, many medium-sized and some large organizations do not have back-to-work or accommodation policies in place.

Solutions Suggested by Respondents

- **Corporate culture:** Create a corporate culture that encourages accommodation.

“Creating a culture, not just flexible work for those returning to work, but having a flex work arrangement or culture as a whole. We have a flex work program office, it’s talked about at every town hall by the CEO and there’s a formal policy, there’s an online tool that describes the formalized arrangements.” (large employer)
- **Policies and procedures:** Ensure there are return-to-work and accommodation policies and procedures in place that are regularly updated and communicated. Most large organizations had a policy, while most small and many medium-sized firms did not. As one respondent stated, *“We do not have any set methodology or modus operandi to deal with this.”* One medium-sized employer stated they had worked with WorkSafe New Brunswick to come up with approaches to effectively ease people back-to-work.
- **Back-to-work planning:** Ensure the norm is to develop a *strong* back-to-work plan that is practical, informed, clear and collaborative. It should be agreed to by all parties and put in writing. This was not a normal practice for small firms, many medium-sized firms and some large organizations. Most large organizations had a formal back-to-work plan following LTD but not necessarily for STD. Those that prepared plans stated they are typically for four to six weeks and then reviewed. It was also clear that, in large organizations, the level of attention dedicated to the plan and the expertise of the person preparing the plan varied considerably.
- **Access to professionals:** Provide access to professionals with expertise related to back-to-work programs and accommodation. Some large employers had occupational nurses on staff, while others had access to this expertise either through third parties or their insurers. It was generally acknowledged that access to this expertise improved the quality of the plans and their likelihood of success. Many organizations, even large organizations, did not have access or adequate access to this expertise. Some stated that employers of a certain size should have a back-to-work expert on staff. A few pointed out that, because of the requirements of the WSIB, some industrial settings do this very well. A few suggested that the CCS should play a more active role and others suggested increasing access to organizations such as CancerCare Ontario.

“If the CCS could do something like the WSIB where there is a free resource, they’ll come in and help you create programs. WSIB will come in and their case workers create the return-to-work plan and help you through it. They have the medical information and know what people are going through.” (focus group with medium employers)

“CancerCare – a private company that has nurses and doctors that deal with the issue of how to navigate through the whole process of being diagnosed with cancer through to returning to work.” (focus group with medium employers)

“A lot of times a unit manager is in charge of managing an employee’s return to work and they don’t have the experience or tools to do this effectively. They do this so infrequently, they do not invest the time.” (large employer)

- *Access to healthcare professionals:* Ensure access to a third-party healthcare professional who can provide advice related to particular illnesses and regarding a suitable back-to-work plan, and who can help sensitize the employer and manager. Such professionals could also provide a second opinion when there is conflict between the insurer, employee and/or attending physician.
- *Modified work schedules and flexible work arrangements:* Most respondents already consider programs to support modified duties, work schedules and flexible work arrangements (e.g., less hours, work from home, compressed work week) to be acceptable options.
- *Modified duty job banks and modified duty programs:* Develop programs to support modified duties and job opportunities with the company. This idea was only mentioned by some large employers. In one case the employer had a list of modified jobs that require less training and presents options for those preparing a back-to-work program. In another case, where several employees played a similar role, they had developed positions that were “intentionally physically lighter”. Others also mentioned initiating, where feasible, job sharing programs.
- *Telecommuting:* Initiate strong telecommuting programs that facilitate working from home.
- *Communication:*
 - Communicate common practices for welcoming an employee back to work (e.g., ensuring they are aware of changes, what they will be doing when they return and implementing a buddy system).
 - Undertake steps to ensure there is strong and open communication between the employee, employer, insurer and physicians. Most felt that the direct manager should stay engaged throughout the process; however, a few stated they do not have the training and may not be well suited to the task.
 - Ensure doctors have recent and thorough information on what the job entails (e.g., up-to-date job description and assessment of activities).
- *Support services:* Ensure the employee has access to counselling or, at a minimum, is aware of support services in the community (e.g., encourage employees to make use of EAPs and provide employees with information on available resources).

- *Manager performance evaluation:* Include metrics in managers' performance evaluations that assess performance related to HR issues such as accommodation.
- *Accommodation subsidy:* Implement some form of subsidy for employers who bring back employees, but are incurring replacement costs. This was most likely to be mentioned by medium-sized firms.

Confidentiality and Level of Information Provided

(Importance: Very High)

"This is a huge issue as we are so bound by it that we cannot ask employees any questions. It's all handled by a third party. We used to see medical forms – we could get a doctor's note and look through it. Now we see nothing." (medium-sized employer)

The *Privacy Act* implies that employees and their doctors and insurers only have to share limited information with employers. If they do not choose to disclose what they are dealing with, the employer will only see information that is relevant to accommodation. The main information flow is between the physicians, the insurer (when benefits are involved) and the employee. If the employee chooses not to discuss their health situation, the employer is not in the loop. Several respondents, particularly those in larger organizations, commented that communication between managers and employees is "limited or stifled". In smaller organizations this did not seem to be a key issue. The primary concern of respondents from smaller firms was related to what is appropriate to ask in the situation and what should be shared with others. Respondents also indicated that cancer survivors are more likely to be open about their diagnosis than those suffering from mental illness, addiction or chronic pain. As one employment lawyer noted, "when someone has been off with cancer, every employer I have dealt with has been pretty sympathetic. Insufficient medical information is a big issue, but it is more likely to come up in other disability areas, not as much with cancer". Respondents indicated that restricted communication can have negative effects.

- *Insufficient information for proper planning:* Several respondents indicated that accommodation and the preparation of back-to-work plans are impeded when managers have a limited sense of what the employee is dealing with, including not having a good understanding of the fuller health context and what the employee is capable of in the work setting. In short, return to work issues can be unnecessarily escalated.

"It's hard to deal with or accommodate what you don't understand." (medium-sized employer)

- *Communication:*
 - Direct communication with the employee is also more difficult if the employer and manager do not have a comprehensive understanding of what the employee is going through. As a result, many are more hesitant to initiate and

maintain communication with the employee as they are not sure what to say. Employees are also less sure of who they should be talking to and what to say.

“Employees need support and understanding from their managers, but this can be difficult with the restrictions around confidentiality.” (medium-sized employer)

- Communication with colleagues and other employees about the employee living with cancer is difficult when only limited information can be shared (e.g., discussions with colleagues related to reasons for increased workload or accommodation or addressing questions about the employee’s welfare).
- **Lack of information:**
 - In some situations, employers and other employees may be less cooperative or may become suspicious if they lack information about a situation. This is particularly problematic if there was suspicion between parties prior to the illness. Conversely, a better understanding of the employee’s situation can facilitate cooperation and accommodation. As mentioned above, many respondents commented that a diagnosis of cancer typically generates a very cooperative response from managers and colleagues. Most have been touched by cancer and they want to assist the employee living with cancer.

“If it is known in the shop, in the office, in the yard that the person is coming back from cancer, most supervisors and managers will bend over backward. They are more empathetic in that situation. But in some situations, employees remain confidential and that is their right. If they are not sharing with the workplace, there is more hesitation to be as accommodating to those workers. Why am I doing this? Why do I have to modify the job? Why do I need to arrange a part-time schedule?” (large employer)

“So that’s the balance. What do you choose to disclose? If there are two employees, same diagnosis, same disorder and one decides to keep it private and one decides to disclose, those two employees are going to be treated very differently. That’s the reality of the workplace.” (large employer)

- Links between health and performance issues are not as well understood when information is not shared.

Solutions Suggested by Respondents

- **Maintaining communication with the employee:** Either a designated HR professional or a manager should keep in touch with the employee. Some larger organizations have a designated HR professional that keeps in touch with employees while on leave. In smaller organizations the most suitable manager or colleague could be assigned this role. The intent should not be to probe the employee regarding their health issues, but to keep the lines of communication open.

- *Prepare a template of reasonable questions:* Some companies have designed their own employee health information forms to be completed by the employee's physician(s). The forms can be used to collect additional information, such as the nature of the illness, medication and physical abilities. Having the forms completed by the doctor is voluntary and focuses on helping the employee develop a back-to-work plan. One respondent stated that most employees have it filled out and often give consent (asked for on the form) for the employer to follow up with the attending physician.
- *Prepare a package for employees:* An information package could include the health information form, information on the back-to-work policy and how it works, types of accommodations available and information for their doctor (e.g., workload analysis and functional abilities evaluation form).
- *Change the standards for mandatory forms:* Ensure mandatory forms submitted to employers from insurance companies or physicians are revisited to confirm that they provide the level of detail necessary to prepare a comprehensive and practical back-to-work plan.

Stress on Colleagues and Staff Morale

(Importance: High)

Several respondents mentioned concerns about colleagues of employees living with cancer.

- *Increased workload:* Several respondents commented that, at least in the short term, work shifts to other employees and increases their workload. Many added that, as time passes, these employees grow less patient with the extra work or are stressed by the inability to fully address the range of tasks they are responsible for. If the situation continues, they become less accommodating and some respondents have observed an increase in the sick days taken by other employees.

“Placing the burden on existing employees is not necessarily the best solution. Employees can get overwhelmed by the extra workload and it is hard to know how long they will have to support the sick person.”

“Empathy has an expiration date and this varies with how well the person was liked.” (large employer)

- *Psychological:* Other employees, particularly in tight-knit and collegial environments, worry about the employee who has been diagnosed with cancer. They are often not sure what to say and how to best support the person who is ill.

“If you work with the person every day, it impacts you. A lot of the time, people are as close as family.” (small employer)

“It strains the rest of the organization when someone is dealing with a critical illness. It’s socially and emotionally difficult.” (large employer)

- *Lack of or awkward communication:* Several respondents raised communication issues, including coworkers who were not sure what to say to the colleague who has cancer and managers were not sure how to inform or approach other employees about the situation. Further, as noted previously, a lack of information about the employee’s circumstances can fuel concern or causes suspicion.

“This is a challenge for some coworkers who are stuck between sympathy and empathy and wanting to avoid an uncomfortable situation.” (medium-sized employer)

Solutions Suggested by Respondents

All of the solutions identified under *Managing Workload and Productivity* apply here as well because they address issues related to increased workload.

- *Communication:*
 - Ensure there is open and strong communication between the manager and affected staff regarding how the employee is doing and redistribution or replacement plans. Of course this communication must respect the confidentiality and privacy concerns of the employee who is ill.
 - Develop dialogues and protocols that managers and HR professionals can share with colleagues of the employee to address communication-related issues (e.g., what to say or how to approach their colleague).
- *Access professionals when necessary:* Use counsellors or other appropriate professionals in situations where it is warranted.

Managers Lack Education and Training

(Importance: High)

“Not everyone is a good manager and they can do a lot of damage.” (large employer)

Several respondents noted that managers need to be educated about how to manage the situation when an employee’s capacity to work is affected by a chronic illness. Those who raised the concern were from a range of respondents, including HR professionals and senior managers from employers and representatives from insurance companies. Employers were most likely to focus on how to best manage communication (e.g., what to say to coworkers, to the employee on leave or to the returning employee). They also discussed, to a lesser extent, learning more about how to manage the return-to-work process and having improved strategies for managing workload. One representative from an insurance company stated that they have back-to-work

guides prepared for employers and employees. Acknowledgment of this issue was widespread, applied to employers of all sizes and included the following categories.

- *How to manage an employee's absence*
 - Managing workload
 - Managing staff morale and stress
 - Information that should or can be shared with other employees
 - Communication that should be undertaken with the sick employee
 - Costs that might be incurred
- *What to expect from an employee who is undergoing cancer treatment or returning to work after treatment*
 - Emotional and physical impact of the disease
 - Emotional and physical impact of medications
 - Likely impact on job performance
 - Managing weaker performance and disruptive emotions (e.g., depression, temper or mood swings)
- *How to manage the employee's return to work*
 - Building a good return-to-work plan (including necessary documentation such as job description)
 - Legal obligations
 - Ensuring the return-to-work is as comfortable as possible for the employee, such as ensuring they are aware of any relevant changes to the organization – staff mix and technology (e.g., passwords or system changes) – a workspace is ready for them, there are appropriate tasks for them to do and colleagues know how to properly welcome the employee back.
 - Providing the support they need when they come back (e.g., buddy system)
 - Steps that can be taken to reduce the employee's stress
 - Appropriate communication with employees and staff

“Managers may not be trained in communicating about these matters. We are all engineers and our strength is not communication or emotional issues.” (medium-sized employer)

“I'd say one of our biggest problems is how nervous the manager is. They know their job and their field of work very well. When it comes to these things, they know they have to be sensitive, they want to be sensitive, but they just don't necessarily know how.” (large employer)

“Education for everybody. Every now and then I look at courses and I take one because it’s of interest to me or it has a bearing on my job, but I don’t remember seeing anything that’s specific to this. So if the return-to-work people and the case management people at the company don’t know how to deal with it what do we tell management? How do we make recommendations? That to me is a start.” (large employer)

Solutions Suggested by Respondents

- *Training sessions and workshops for managers:* Some respondents suggested these sessions be part of the broader training provided to new managers (e.g., a session in a two-day workshop). Of note is that less than half of the organizations represented in the two focus groups of *large* organizations (7 of 20) provided managers with any training in this area and it was limited. The primary reasons identified for lack of training in this area were time, cost and infrequency of the event. Some respondents suggested these should be unique sessions or the information would not be recalled. However, others were sceptical about workshops or information sessions, stating that is it better to provide training on an as-needed basis. One HR professional commented that she would rather have access to an information package for managers that could be used when providing just-in-time training.
- *Return-to-work and accommodation policies and procedures:* Provide managers with policies and procedures they can follow. (See the second solution under *Accommodating Restrictions and Diminished Capacity*).
- *Handbooks and reference materials:* Find or develop handbooks and reference materials that can be provided to managers and HR professionals. One insurance respondent talked about back-to-work guides their company prepared for employers and employees. This material could be offered in print or online and should cover increased workload, psychological issues, and lack of or awkward communication.
- *Templates for tools:* Develop templates for tools to help manage situations when an employee becomes affected by an illness (e.g., sample policies, diminished work capacity, back-to-work plans and employee information forms). This will assist those who do not have the resources to develop such materials in house.
- *Access to professionals:* Provide access to an HR consultant or other professional as necessary. (See the fourth solution under *Accommodating Restrictions and Diminished Capacity*.)

Costs Incurred When an Employee’s Capacity to Work Is Diminished (Importance: High)

Several respondents pointed out that having an employee on staff whose capacity to work is diminished can affect costs and, in the case of the private sector, profitability. The impact on the bottom line was a more significant concern for small and medium-sized companies, but representatives of larger companies also recognize and are concerned about the effect. Three areas were highlighted.

- *Replacement workers:* Concerns regarding replacement workers included costs related to hiring, salary and training, and in some cases companies are responsible for covering the STD plus the cost of a replacement worker.
- *Less productive workers:* In cases where performance is affected (e.g., fatigue, mental capacity or visits to the doctor), the salary being paid may exceed the employee's contribution and there may need to be support from other workers.
- *Premiums:* Insurance premiums increase as workers access STD and LTD.

“The key issue is that we have this work to do and now the unit is down to two staff members and most solutions cost money.” (large employer)

Solution Suggested by Respondents

- *Subsidies and tax breaks:* Provide financial subsidies and tax breaks to companies that incur costs related to hiring replacement workers or making accommodations because an employee is away from work due to a chronic illness.

Assessing Readiness

(Importance: High)

In addition to context-setting information that might be withheld because of the employee's right to confidentiality, other factors may impede the employer's ability to get a good read on the returning employee's capabilities and readiness to return.

- *Conflicting opinions:* The insurance company, physician and employee may not agree on whether the employee is ready to return and what accommodations may be necessary. How is the employer or manager to know who is right?

“My biggest challenge would be the liaison between the employee and the short-term or long-term provider. They are telling me they need to go back in two weeks. Their doctor is saying, ‘oh absolutely not’. If you take them back next week they are going to crumble.”
(medium-sized employer)
- *Financial pressure:* Some employees with an illness need to return to work because of financial pressure, particularly those with poor or no coverage, and that may cause them to return too early.
- *Mental readiness:* A few respondents noted that it can be more difficult to assess an employee's mental readiness to return to work than their physical readiness.

“Maybe if it is a physical job it would be clearer, but to what extent are you expected to work through pain. I definitely feel myself in the position of feeling I am fighting the insurance companies as well as managing expectations around what the person will necessarily be able to do.” (medium-sized employer)

- *Employee wants to return:* In some cases, particularly in professional and senior positions, the employee pushes to return when they are not ready.
- *Manager pressure:* There may be pressure from a manager to bring an employee back to work before they are ready.

“I have seen it where a manager wants an employee to come back and Sun Life is saying no. So they want them to work from home and in this case it was a heart condition so the last thing you need is to create more stress.” (medium-sized employer)

Solutions Suggested by Respondents

All of the solutions identified under *Confidentiality and Level of Information* apply here as well.

- *Access to professionals and information:* Provide access to experts and information related to the illness and treatments to assist with interpretation of the situation. (See the fourth and fifth solutions under *Accommodating Restrictions and Diminished Capacity*.)
- *Prepare information and a package for physicians:* Ensure physicians have a strong understanding of the employee’s work context (e.g., job description, job demands analysis, explanation of the modified work program, and the employee medical form). Note that the employee needs to consent to sharing this information.

Lack of Financial Support for Employees

(Importance: Moderate overall, but very high for those in that situation)

Respondents who had a large number of employees (e.g., manufacturing operations with hourly employees) with no access to group benefits for STD and LTD said this creates many issues. In addition to the obvious financial hardship for the ill employee, these employees often have less help to navigate the healthcare system. In addition, these organizations often have difficulty dealing with the administrative work that would normally be carried out by the insurance provider.

“I don’t have anything. I don’t have long-term or short-term disability and I don’t have sick days. Anyone who is off for any reason whatsoever is subject to record of employment or EI. We are not really supporting them. We are saying let us know when you can get an update from your doctor and we will see if we can accommodate you. But because there are risks, we are probably not going to accommodate them until we feel comfortable that they are able to return to work and perform their duties.” (medium-sized employer)

Solution Suggested by Respondents

- Provide social programs for those not adequately covered for short-term leave.

Receiving Timely and Adequate Information from Physicians (Importance: Moderate)

Two comments were raised related to this issue. First, some respondents stated that, because of the busy workload of specialists and family doctors, there are delays in getting timely and adequate information from physicians. Respondents believe this delay unduly postpones employees receiving STD and getting back to work. Some also indicated that the information they do receive is not detailed enough, which leaves them in a poor position to prepare a back-to-work plan that they are confident is a good fit with the returning employee's health situation. This was more likely to be raised by employers who had not outsourced the entire process out to third parties. A second issue raised by a respondent representing teachers is that physicians do not have a good understanding of what a teacher's job entails. This results in back-to-work recommendations that are not realistic.

“There is a general lack of access to information, especially waiting for a response from a doctor, as to a person's limitations when they return to work. The healthcare system in Saskatchewan is quite overwhelmed, so it is not uncommon to wait 4 to 5 weeks for a response, which creates a hold-up in trying to get the employee back to work.” (medium-sized employer)

“It just takes too long to get. I have to tell people that the onus is on you to follow up with your doctor. We can't request it. It is between you and your doctor. Then they are frustrated with us because we can't start their claim. Just the attending physician statement that we need to get an employee started on STD can take forever.” (large employer)

“They need to rewrite the occupational manuals for medical professionals so they better understand what teaching is. For many illnesses the first thing you lose is your focus, concentration and mental agility. It does not mean you are not functioning, but you do lose the ability to deal with the layers of complexity in today's classroom. It's one thing to return to an office where people understand and you are around adults. If you have 35 kids jumping for attention, you need to build up your strength for that.” (Union)

Solutions Suggested by Respondents

- **Provide pre-formatted forms:** Provide physicians with pre-formatted forms that take less time to prepare than customized reports.
- **Draft back-to-work plans:** To minimize preparation time for a returning employee's physician(s), provide a draft back-to-work plan.
- **Update occupational manuals:** Revisit and revise as necessary the occupational manuals for selected occupations.

Losing Caregivers

(Importance: Moderate)

A few respondents pointed out that it is very difficult for caregivers who have to leave work to care for loved ones. They have to leave their job, rely on a leave-of-absence or take vacation days, or some combination. Respondents added that this situation can be more manageable if the caregiver can work from home.

Solutions Suggested by Respondents

- Provide enhanced social programs for those who have to leave work to care for loved ones.
- Provide STD for those who have to leave work to care for loved ones.
- Facilitate telecommuting for caregivers.

Problems with Insurance Providers

(Importance: Moderate)

A few respondents stated their employees' benefits are delayed because their carriers are slow to process claims. Such delays cause problems for the employee and the employer. A couple of respondents also stated that their carriers are inconsistent, meaning that similar cases are dealt with differently.

Focus for the Future

At the end of the focus group sessions, respondents were asked to identify the strategies their organizations need to implement to better address the challenges faced when an employee's capacity to work is negatively affected by a chronic disease such as cancer. Their comments are divided by size of employer (large employer, over 500 employees; small and medium-sized employers, under 500 employees).

Large Employers

Most Frequently Mentioned

- Provide improved training for managers (e.g., training sessions, online tools, in-time training). Some talked about developing an information package for managers.
- Foster stronger and more open and collaborative communication between manager and employer, and between employers and healthcare professionals related to all aspects of accommodation.
- Develop a comprehensive disability management program, including policies, tools and corporate culture.

Other Mentions

- Use a broader range of flexible work arrangements.
- Improve disability coverage and improve access to STD.
- Improve links to external expertise.
- Develop a return-to-work policy.
- Prepare and send a package to physicians.
- Develop a return-to-work package for employees.
- Employ an occupational health nurse.
- Improve contingency planning (e.g., identify contractors).
- Inform managers and employees of the options, guidance and resources available.
- Create a fund for accommodations so that they do not become a financial burden.
- Learn about external services that are available.

Small and Medium-sized Employers

Most Frequently Mentioned

- Provide education for managers. Some respondents mentioned a training package for managers.
- Improve support for employees by identifying external services and better utilizing external resources, and encourage use of EAPs.
- Identify and utilize external services and specialists to assist on an as-needed basis (e.g., services, online tools, coaches) to advise on specific situations and assist with the development of policies, procedures and training.
- Improve benefits (e.g., STD and LTD).

Other Mentions

- Foster stronger and more open and collaborative communication between manager and employer, and between employers and healthcare professionals related to all aspects of accommodation.
- Improve strategies for managing workload and contingency planning (e.g., cross training).

Recommendations

Among the respondents in this research project, there was strong appreciation that many factors affect successful management of a situation when an employee's capacity to work is affected by a disease such as cancer. These factors include, but are not limited to, the nature of the employee's illness, the nature of the work, the size of the organization, the flexibility of managers and employees, the culture in the workplace, the employee's will to return, the manager's will to make things work, and the financial and organizational constraints of the employer. However, respondents generally agreed that a better understanding of the employee's situation, stronger communication between key stakeholders, increased awareness of options and strategies available, and an improved toolkit would increase the likelihood of successfully managing such workplace situations.

The following recommendations are grounded in this research only and are not necessarily aligned with the priorities or strategic direction of the Partnership.

1. *Undertake a communication program to raise the profile and importance of being prepared to accommodate chronic illnesses such as cancer in the workplace*

Many employers, whether supportive or not, are not well prepared. Others, who have the resources, are not focused on preparing for this eventuality. The goal of the communication program would be to raise awareness of the issue, build a culture of accommodation, and provide a convincing business rationale for doing so. If a communication program were undertaken, the following questions should be considered:

- What should the scope of the communication program be (i.e., a focus on cancer or partner with others to include chronic diseases more generally)?
- Who would be the target audience (e.g., large, medium and/or small employers)?
- What key messages and information would have an impact on attitudes and behaviour (e.g., rising incidence of chronic disease, cost containment, and employee retention)?

2. *Develop educational materials for managers*

The research clearly indicates that managers and HR professionals who are not occupational health nurses or do not have adequate access to in-house expertise related to accommodation and return-to-work plans require information about how to manage the situation when an employee's capacity to work is affected by a chronic illness. This was a strong and consistent theme throughout the research. The target audience for the materials would be managers in all sizes of organizations, HR professionals who do not have access to this expertise in-house (more prominent in mid-sized organizations) and HR professionals with this expertise but who require materials to assist them as they coach managers through the accom-

modation process. The key themes to cover in these materials would include the following:

- *Communication* with employees, physicians and insurers
- *What to expect* from an employee undergoing treatment for cancer (e.g., emotional and physical challenges and their impact on job performance)
- *A strong back-to-work program* from the time of illness to successful reintegration (including legal obligations)
- *Strategies* for managing workload and productivity

Also of interest for *larger* organizations would be:

- Preparing to accommodate restrictions (e.g., modified job duty banks)
- Developing strong return-to-work accommodation policies and procedures, as well as disability management programs

3. *Facilitate and provide training sessions for HR managers*

The primary target audience for the training sessions, whether they be in-person or online, would be HR professionals. We suggest a focus on HR professionals because most managers do not deal with accommodation issues on a regular basis and HR issues are not the focus of their day-to-day activities. As a result, take-up of training sessions dedicated to accommodation and returning to work would likely be low. It would be more effective to ensure HR professionals are well informed and have the tools they need to coach managers in their organizations. However, it is important to take steps to ensure all managers are aware of their fundamental legal responsibilities, what resources are available and how to access them when the situation arises. The training sessions would use the educational materials identified above.

4. *Build a toolkit of relevant resources*

To further operationalize what is communicated in the educational materials and in the training sessions, consideration should be given to building templates and a toolkit of resources that could include, but would not necessarily be limited to, the following:

- Packages for employees (e.g., cover letter, health information forms, information on the company's back-to-work policy and types of accommodation)
- Packages for physicians (e.g., job descriptions, job demands analysis and health information forms)
- Return-to-work forms and plans
- Return-to-work and accommodation policies

5. *Provide access to external professionals with expertise in accommodation and the development of return-to-work plans*

Many organizations, particularly small and medium-sized firms, do not have access or adequate access to this expertise. Consider partnering with relevant organizations (e.g., the Canadian Cancer Society) to offer this service at no or minimal cost. These specialists would advise on specific situations and assist with the development of policies, procedures and training. The target audience would be medium-sized organizations with no or limited access to return-to-work expertise. If this strategy is considered it may be useful to pilot the idea with a couple of organizations, prior to a broader roll-out.

6. *Compile and provide online access to a list of (with descriptions) community services that could assist employees and employers who have workers with diminished capacity*

7. *Assess the extent to which inadequate financial support impedes a successful return-to-work process (e.g., forces employees back before they are ready or induces considerable stress)*

This research indicates that many Canadian workers could experience considerable financial hardship when they become ill. If there is not currently a good grasp of this situation, research should be undertaken to better understand the extent to which this is an issue and to develop a good understanding of those workers most at risk. This will facilitate the exploration and implementation of strategies to deal with this issue.

8. *Explore the feasibility of providing an incentive or tax break for select employers who incur costs related to accommodation*

9. *Consider quantifying some of the findings in this research by conducting secondary research or primary quantitative research*

This is not to suggest that the findings are not conclusive enough to take action, but further information on key aspects of the workplace would be very useful for guiding and refining workplace strategies as strategic planning activities proceed. The following are examples of potential research questions:

- What percentage of Canadian workers has poor short-term and long-term coverage? What groups of employees are financially vulnerable?
- What employers (e.g., sector, size) are most interested in accessing training for their managers? What would the expected uptake be? What is the best way to deliver these services?
- What educational materials and resources are the most urgently needed? What materials are secondary?
- What is the financial cost of accommodation and how are these costs incurred?