



## Working with Cancer

A workplace resource for leaders, managers, trainers and employees



The Cancer Council Australia is the peak national non-government cancer organisation. Its members, the state and territory cancer councils, work together to undertake and fund cancer research, prevent and control cancer, and provide information and support to people affected by cancer.

**Citation:** The Cancer Council Australia 2006. *Working with Cancer*: a workplace resource for leaders, managers, trainers and employees. NSW: The Cancer Council Australia.

ISBN 1 921 041 41 7

Published February 2007

Copies available from the Cancer Council Helpline, call 13 11 20.

Visit the *Working with Cancer* website: [www.cancercouncil.com.au/workingwithcancer](http://www.cancercouncil.com.au/workingwithcancer)

*Working with Cancer* was prepared by the Cancer Information and Support Services Division, The Cancer Council NSW. This publication may be freely photocopied and distributed, providing the publisher is acknowledged.

## Acknowledgments

The Cancer Council Australia thanks the following organisations for participating in the formative research undertaken and providing advice for the development of *Working with Cancer*:

ABN Amro  
Bluescope Steel  
Boehringer Ingelheim  
Clarence Valley Council  
Computer Sciences Corporation  
Deutsche Bank  
Franklins  
Hunter Valley Training Company  
IAG  
Lion Nathan  
North Parks Mines  
Optus  
Orange City Council  
Southern Cross University  
Westin Hotel

The Cancer Council NSW (TCCNSW) led the project with the assistance of the project reference committee:

**Gillian Batt**

Director, Cancer Information and Support Services

**Bill Bellew**

Project Consultant

**Martin Paul**

Director, Marketing and Communications

**Kendra Sundquist (Chair)**

Manager, Supportive Care Development Unit

**Liz Yeo**

Manager, Human Resources

The eight state and territory cancer councils that make up The Cancer Council Australia contributed to the development of this resource by providing information and feedback. The following Cancer Council NSW staff assisted in the development and refinement of the workshop case studies: Sally Carveth, John Friedsam, Jane Garrad, Adam McLean, Jenny Mothoneos, Graham Newling, Kim Pearce and Kendra Sundquist. Additional helpful comments were received from Libby Pease (Computer Sciences Corporation), Joanna Foster (Boehringer Ingelheim) and Lyn Anderson (Optus).

# Contents

## Introduction

How to use <i>Working with Cancer</i>	2
The Cancer Council Helpline	2
The Cancer Council Australia	3

## Section 1: Key Facts and Figures about Cancer

What is cancer?	7
What causes cancer? Behaviour, environment, genetics and some unknown factors	7
How many cancers are diagnosed in Australia? Current Rates and Predictions	8

## Section 2: Cancer Impacts in the Workplace

Impact of cancer on employment patterns	11
Effects of cancer on people's working lives	12
Effects of cancer on individual employees	16
Effects on colleagues, friends, families and carers	18
Dealing with fear and perceived threats to health and life	21
We don't always get a happy ending – dealing with death	23

## Section 3: Roles of Managers and Tips for Employers

Managing Employees with Cancer	27
What workmates can do to be supportive	30
Rights and Responsibilities of Employers and Managers	33
Tips for Employers	35
Towards Better Practice Principles for Organisations	38
Developing and Implementing Policies in the Workplace	38

## Section 4: Rights, Responsibilities and Tips for Employees

Returning to Work	45
Taking Time Off	45
Discrimination	45
Talking to workmates about cancer	45
Superannuation and Insurance for people living with cancer	45
Tips for Employees	48

## Section 5: Further information and support services

The Cancer Council NSW: information, services, resources	50
List of useful electronic references	50
Further reading	52

## Section 6: Appendices

Appendix 1 Sample Information Sessions	54
Appendix 2 Workshop Case Studies	61
Appendix 3 Facts and Figures about cancer in more detail	65
Appendix 4 Summary of Selected Research on Cancer in the Workplace	74
Appendix 5 Fatigue Diary	80

## How to use *Working with Cancer*

This resource was produced to support employees dealing with cancer, and their managers and employers by:

- Increasing awareness, knowledge and understanding of cancer
- Correcting myths and misconceptions about cancer
- Helping employees empathise with those living with cancer or caring for a person living with cancer
- Improving attitudes and reducing stigma
- Increasing knowledge of appropriate behaviour and management practices around cancer
- Increasing the willingness to engage and assist people to access appropriate help.

*Working with Cancer* is a multimedia resource comprised of:

- Practical information for employees dealing with cancer or returning to work after cancer treatment
- Advice on how employees can be supportive to workmates with cancer
- Information for employers and managers about appropriate behaviours and management practices
- Advice on helping employees who are carers
- Material for running information workshops
- A PowerPoint © presentation for 'Introducing *Working with Cancer*'
- Practical case studies
- A downloadable web version.

### Individuals

If you are an individual looking for information, it is not necessary to go through the whole resource, the contents will direct you to the section most likely to meet your needs. See the helpful section summaries labelled 'In Short'. If you have had a cancer diagnosis you may find Section 4 of particular relevance. Or if you want to support a workmate who has had a diagnosis read Section 3.2. You will find other information sources, services and resources and links to useful electronic references listed in Section 5. The Cancer Council Helpline 13 11 20 (Monday-Friday 9am to 5pm) is also available to respond to all your questions about cancer and cancer issues.

### Employers and Managers

You may wish to start by scanning the contents and reading the 'In Short' section summaries. You could also run through the PowerPoint® presentation, 'Introducing Working with Cancer'. This will give you a good sense of what the resource offers so you can refer others to the relevant sections as needs arise. The Cancer Council Helpline 13 11 20 (Monday-Friday 9am to 5pm) is also available to respond to all your questions about cancer and cancer issues. You are encouraged to read the whole resource, with Section 3 being of particular relevance.

### Trainers, Information Session Coordinators, Workshop Facilitators

Start by scanning the Contents page and reading the 'In Short' section summaries. Familiarise yourself with the PowerPoint® presentation, 'Introducing Working with Cancer'. Review the information sessions in Section 6 and decide how you may wish to adopt or adapt the material to suit your workplace context. The Cancer Council Helpline 13 11 20 (Monday-Friday 9am to 5pm) is also available to respond to all your questions about cancer and cancer issues.

## The Cancer Council Helpline 13 11 20 Monday-Friday 9am-5pm

The Cancer Council Helpline is a confidential telephone information and support service. Cancer information consultants can answer your questions about any aspect of cancer, including:

- How to prevent cancer or find it early
- Coping with treatment and its side effects.

Helpline staff can also:

- Send you written information
- Put you in touch with services in your area
- Offer emotional support if you or someone you care about has cancer.

For an online question and answer guide covering diagnosis, treatment and care visit [www.cancercouncil.com.au/canceranswers](http://www.cancercouncil.com.au/canceranswers). Or you can email your question to [helpline@nswcc.org.au](mailto:helpline@nswcc.org.au)

Cancer Council Helpline 13 11 20 for the cost of a local call

For the deaf or hearing impaired (02) 9334 1865

Email: [helpline@nswcc.org.au](mailto:helpline@nswcc.org.au)

## The Cancer Council Australia

### What we do to help you

The Cancer Council Australia is the peak national non-government cancer organisation. Its members, the state and territory cancer councils, work together to undertake and fund cancer research, prevent and control cancer, and provide information and support to people affected by cancer.

The Cancer Council's goal is to lead the development and promotion of national cancer control policy in Australia, in order to prevent cancer and reduce the illness, disability and death caused by this disease. It acts nationally to advise government and other bodies on appropriate practice and policies for the prevention, detection and treatment of cancer and is an advocate for the rights of cancer patients to the best treatment and supportive care. The Cancer Council and its members are dedicated to providing support for cancer patients, people living with cancer, their families and carers. The Cancer Council has established a vast network of cancer support groups, services and programs intended to improve the quality of life of patients and to reduce the distress caused to their families.

To find out about programs and services in your area call the **Cancer Council Helpline 13 11 20**.

### **The Cancer Council Australia** (Australian Cancer Network)

Level 5, Medical Foundation Building  
92-94 Parramatta Road  
Camperdown NSW 2050  
Ph: (02) 9036 3100  
Website: [www.cancer.org.au](http://www.cancer.org.au)

### **The Cancer Council NSW**

153 Dowling Street  
Woolloomooloo NSW 2011  
Ph: (02) 9334 1900  
Website: [www.cancercouncil.com.au](http://www.cancercouncil.com.au)

### **The Cancer Council ACT**

159 Maribynong Avenue  
Kaleen ACT 2617  
Ph: (02) 6262 2222  
Website: [www.actcancer.org](http://www.actcancer.org)

### **The Cancer Council Victoria**

1 Rathdowne Street  
Carlton South VIC 3053  
Ph: (03) 9635 5000  
Website: [www.cancervic.org.au](http://www.cancervic.org.au)

### **The Cancer Council South Australia**

202 Greenhill Road  
Eastwood SA 5063  
Ph: (08) 8291 4111  
Website: [www.cancersa.org.au](http://www.cancersa.org.au)

### **The Cancer Council Tasmania**

140 Bathurst Street  
Hobart TAS 7000  
Ph: (03) 6233 2030  
Website: [www.cancertas.org.au](http://www.cancertas.org.au)

### **The Cancer Council Northern Territory**

Shop 3 Casi House Vanderlin Drive  
Casuarina NT 0810  
Ph: (08) 8927 4888  
Website: [www.cancercouncilnt.com.au](http://www.cancercouncilnt.com.au)

### **The Cancer Council Western Australia**

46 Venter Avenue  
West Perth WA 6005  
Ph: (08) 9212 4333  
Website: [www.cancerwa.asn.au](http://www.cancerwa.asn.au)

### **The Cancer Council Queensland**

553 Gregory Terrace  
Fortitude Valley QLD 4006  
Ph: (07) 3258 2200  
Website: [www.qldcancer.com.au](http://www.qldcancer.com.au)

## What can you do to help us?

In a word, fundraising; it helps us help you. The Cancer Council Australia and its members spend more than \$60 million annually on cancer control activities: funding cancer research, providing information and public education, and supporting cancer patients and their carers. We could not provide these vital services without community support. Fundraising for The Cancer Council can also be a useful way of raising awareness about cancer issues in the workplace. Here are some examples of how you can get involved.

### Workplace Giving

Workplace giving enables employees to give directly to charity from their pre-tax pay. It is one of the simplest, most tax-efficient and cost effective ways to donate. By matching funds donated by your employees, you can give staff an additional incentive to get involved.

To make it easy for your staff to support their chosen charity you set up a system through your payroll, either on your own or working with one of our partners: the Australian Charities Fund ([www.australiancharitiesfund.org.au](http://www.australiancharitiesfund.org.au)) or Charities Aid Foundation ([www.cafonline.org](http://www.cafonline.org)).

If you are a listed company you may also like to consider expanding this program to your shareholders; offering them the opportunity to donate all or part of their dividends to their chosen charity.

Fundraising for The Cancer Council can also be a useful way of raising awareness about cancer issues in the workplace.

### Events

The Cancer Council's portfolio of events includes a range of iconic and enjoyable fundraisers: Australia's Biggest Morning Tea in May, Daffodil Day in August, and Girls Night In and Pink Ribbon Day in October.

### Sponsorship

For an annual investment of \$30-\$100k, The Cancer Council will work with suitable companies to develop an event sponsorship package to meet your marketing objectives. The Cancer Council has a well-regarded brand as well as expertise in developing personally tailored marketing activities to assist with brand positioning and association, sales promotions and customer loyalty and acquisition.

### Merchandise outlets

Daffodil Day and Pink Ribbon Day are merchandise-based events. Your company can become a national supporting outlet by committing a minimum of 80 outlets to sell pink ribbon or daffodil merchandise. Or simply order merchandise to sell to customers, clients or staff in as many, or few, outlets as you choose.

### Incentives

Your company may choose to provide products or services as incentives to motivate Cancer Council event supporters to increase their fundraising efforts and to get their funds in.

### Cause related marketing

The Cancer Council invites companies who share their brand values to be directly associated with our trademarked events by contributing a percentage of annual sales from products or services for a minimum guaranteed return of \$30k.

Contact our Corporate Partnerships Coordinator on (02) 9036 3100 to discuss your company proposal.

### Participation

Encourage your staff to take part in a Cancer Council fundraiser. They can host a morning tea, organise a get-together with the girls or sell pink ribbon or daffodil merchandise. To register call the **Events Hotline** on **1300 65 65 85** or visit our event websites:

- [www.biggestmorningtea.com.au](http://www.biggestmorningtea.com.au)
- [www.daffodilday.com.au](http://www.daffodilday.com.au)
- [www.pinkribbonday.com.au](http://www.pinkribbonday.com.au)
- [www.girlsnightin.com.au](http://www.girlsnightin.com.au)

### Relay For Life

Relay For Life brings communities together for an event that celebrates local cancer survivors and remembers those lost to cancer. Teams of 10-15 members take turns to walk or run around the Relay ground for 18-24 hours, camping for the night on site.

Relays are perfect for demonstrating solidarity with your local community in the fight against cancer. Staff members will find the emotional candlelight ceremony and the physical challenge of Relay a powerful team-building experience.

Relay For Life is now the largest fundraising event in Australia and its potential is unlimited. Teams actively fundraise before and during the event. Many companies dollar-match the amounts raised by employees or provide in kind support. Call our **Corporate Partnerships Coordinator** on **(02) 9036 3100** to discuss national partnership options or encourage your staff to enter a team, or teams in their local Relay For Life. For more information about Relays in your area visit [www.relayforlife.org.au](http://www.relayforlife.org.au)

# 1: Key Facts and Figures about Cancer



## IN SHORT – WORKSHOP HANDOUT WHO 1

### What is cancer? What causes cancer? What are the most common cancers?

Cancer is a disease of the body's building blocks called cells. Each cell has a set of genes that tell it to do the right thing at the right time. Cancer happens when genes become damaged and the cells begin to grow abnormally and out of control. Abnormal cells may grow into a lump called a tumour, which can be benign (non-cancerous) or malignant (cancerous).

- Benign tumours do not spread to other parts of the body. Malignant tumours, if not treated, may spread into surrounding tissues. Sometimes cancer cells are carried, by the bloodstream or tissue fluid, away from the original site (primary) of the cancer and invade other organs. When these cells reach a new site, they may continue to grow and form another tumour at that site. This is called secondary cancer or metastasis.
- Cancer is not one disease but the range of diseases in which abnormal cells multiply and spread out of control. Cancer can affect most types of cells in various parts of the body. In some cancers (leukaemia, myeloma and lymphoma) it is the body's blood cells that multiply abnormally.
- Some cancers are related to lifestyle choices, such as smoking or having an unhealthy diet, and some are inherited.
- Some cancers occur as a direct result of infectious agents or exposure to environmental carcinogens, such as asbestos or tobacco smoke, but for many cancers the causes are still unknown.
- Treatment for cancer is often successful if the cancer is found early; it may involve surgery, chemotherapy or radiation therapy (and in some cases hormone therapy).
- Colorectal (colon and rectum) or bowel cancer is the most common cancer in Australia, after common skin cancers.
- The four most common cancers in males are prostate, bowel, lung and melanoma. They account for 60% of cancers in males.
- The four most common cancers in females are breast, bowel, melanoma and lung cancer. They account for 60% of cancers in females.
- The most common causes of cancer deaths in males are lung, prostate and bowel cancer.
- The most common causes of cancer death in females are breast, lung and bowel cancer.
- Lung cancer is the cause of the most premature death from cancer. In 2001, 44,978 person-years of life were lost to lung cancer.
- Bowel cancer is the second most common cause of premature death from cancer (29,768 person-years of life lost) and breast cancer third most common (28,733 person-years of life lost).

See Appendix 3 for more statistics and graphs.

## What is cancer?<sup>1</sup>

Cancer describes a range of diseases in which abnormal cells proliferate and spread out of control. Other terms for cancer are tumours and neoplasms, although these terms can also be used for non-cancerous growths.

Normally, cells grow and multiply in an orderly way to form organs that have a specific function in the body. Occasionally, however, cells multiply in an uncontrolled way after being affected by a carcinogen, or after developing from a random genetic mutation, and form a mass which is called a tumour or neoplasm. Tumours can be benign (not cancerous) or malignant (cancerous).

Benign tumours do not invade other tissues or spread to other parts of the body, although they can expand to interfere with healthy structures. In 2001 in Australia, there were 126 registered deaths from benign tumours.

Leukaemia is a cancer of the blood or bone marrow. Lymphoma is a general term for a cancer that begins in the lymphatic system. There are two main types of lymphoma: non-Hodgkin lymphoma and Hodgkin lymphoma.

The main features of a malignant tumour (cancer) are its ability to grow in an uncontrolled way and to invade and spread to other parts of the body (metastasise). Invasion occurs when cancer cells push between and break through other surrounding cells and structures. Cancer spreads to other parts of the body when some cancer cells are carried by the bloodstream or the lymphatic system and lodge some distance away. They can then start a new tumour (a secondary cancer) and begin invading again. Apart from the cancer's natural behaviour, its effects can also depend on how much room it has before it damages nearby structures, and whether it starts in a vital organ or is close to other vital organs.

## What causes cancer? – Behaviour, environment, genetics and some unknown factors

Although a number of cancers share risk factors, most cancers have a unique set of risk factors that are responsible for their onset. Some cancers occur as a direct result of smoking, dietary influences, infectious agents or exposure to radiation (eg ultraviolet radiation from the sun), while others may be a result of inherited genetic faults. For many cancers the causes are still unknown.

Each year in Australia, an estimated 5000 invasive cancers and 34,000 non-melanoma skin cancers are caused by occupational exposures and around 1.5 million workers are exposed to known carcinogens. Previous estimates of occupational cancer risks were considerably lower, and while the latest estimates should be interpreted with caution, the importance of occupational health and safety measures to reduce the risk of cancer cannot be underplayed.

While some cancers can be prevented or delayed through lifestyle changes, some risk factors are inherited and cannot be avoided through personal action. Individuals who are at high risk of certain cancers can be monitored so that cancers can be detected and treated early in their development, to reduce their risk of dying from cancer.

Many cancers can be serious and fatal but medical treatment is often successful if the cancer is detected early. Treatment aims to destroy the cancer cells and stop them from returning. This can be done by surgery to remove the growth or by other methods such as cancer destroying drugs (chemotherapy) or ray treatment (radiation therapy). The growth of some cancers can also be controlled through hormone therapy. Treatment often combines a number of these methods and uses them in stages. The first line of treatment aims to remove as many cancer cells as possible; the second line, which may go on for a long time, aims to ensure the cancer does not come back.

Each year in Australia, an estimated 5000 invasive cancers and 34,000 non-melanoma skin cancers are caused by occupational exposures and around 1.5 million workers are exposed to known carcinogens.

<sup>1</sup> Source: Australian Institute of Health and Welfare (AIHW) and Australasian Association of Cancer Registries (AACR) 2004. Cancer in Australia 2001. AIHW cat. no. CAN 23. Canberra: AIHW (Cancer Series no. 28) <http://www.aihw.gov.au/publications/can/ca01/ca01.pdf>

## IN SHORT – WORKSHOP HANDOUT WHO 2

# How many cancers are diagnosed in Australia?

### How common is cancer in Australia?

One in three Australian men and one in four women will be diagnosed with cancer by the age of 75.

Each year around 88,000 Australians are diagnosed with cancer.

The most common cancers in males and approximate number of new cases diagnosed annually:

- Prostate cancer 11,000
- Bowel cancer 6000
- Melanoma 4000
- Lung cancer 3000

The most common cancers in females and approximate number of new cases diagnosed annually:

- Breast cancer 12,000
- Bowel cancer 6000
- Melanoma 4000
- Lung cancer 3000

Around 37,000 Australians die from cancer each year, including more than 7000 deaths due to lung cancer and around 5000 deaths from bowel cancer.

### Future Numbers

The Australian population is ageing and cancer rates are highest in the older age groups. This means that the actual number of Australians being diagnosed with cancer is going to increase despite the rates being stable.

For women, the number of new cases of cancer is projected to increase by 29% from 40,578 in 2001 to 52,356 in 2011.

For men, the number of new cases of cancer is projected to increase by 32% from 47,820 in 2001 to 63,087 in 2011.

Projections for 2001 show the most common cancers in women to be breast cancer (28% of all new cases), bowel cancer (15%), melanoma (9%) and lung cancer (8%). For men the most common cancers will be prostate cancer (24% of new cases), bowel cancer (15%), melanoma (11%) and lung cancer (10%).

## 2: Cancer Impacts in the Workplace



## The impact of cancer on employment patterns

- Cancer has a negative impact on employment patterns with studies estimating between 10% and 38% of employees do not return to work following treatment for cancer.
- As more people are diagnosed at earlier stages and surviving cancer, they are increasingly likely to be of working age, therefore issues regarding productivity and continuing employment must be addressed by patients and employers alike.
- Overall, the ability of people with cancer, and cancer survivors, to continue employment is supported by the available research.
- There is evidence that a supportive work environment is positively associated with rates of cancer survivors returning to work, and physically demanding manual labour is negatively associated with return-to-work rates.

## Cancer Impacts in the Workplace

This section of *Working with Cancer* is based on research studies carried out in the United Kingdom, the USA and Australia. From the available evidence, the information presented in the international studies holds true for Australian workplaces but more Australian studies are needed. Evaluation research will be undertaken as part of the implementation of *Working with Cancer*.

### 2.1 Impact of cancer on employment patterns

Cancer has a negative impact on employment patterns with studies estimating between 10% and 38% of employees do not return to work following treatment for cancer. As more people are diagnosed at earlier stages and surviving cancer, they are increasingly likely to be of working age, therefore issues regarding productivity and continuing employment must be addressed by patients and employers alike. Overall, the ability of people with cancer and cancer survivors to continue employment is supported by the available research. There is evidence that a supportive work environment is positively associated with rates of cancer survivors returning to work and that physically demanding manual labour is negatively associated with return-to-work rates.

Research commissioned by The Cancer Council WA suggests that about two-thirds (67%) of employees continue to work while undergoing treatment and that a large majority of carers (94%) also continue to work. This small Australian study suggested that about 10% of employees did not go back to work after treatment for cancer.

By contrast, research in the United Kingdom found that almost one-third (31%) of employees did not go back to work following cancer treatment; similarly a US study of long-term cancer survivors in Detroit found that only about two-thirds (67%) of those working at the time of their initial diagnosis were employed 5-7 years later. A review of research examining return-to-work rates of cancer survivors and factors impacting their return, published in 2002, revealed a mean average return-to-work rate of 62% (range 30-93%). Factors negatively associated with return to work were: a non-supportive work environment; manual labour; and having had head and neck cancer.

During consultation for *Working with Cancer*, comments made by HR managers suggest that a formal return-to-work program contributes to a supportive workplace environment for all employees and not just those people returning to work after cancer diagnosis or treatment. Such initiatives appear to be more prominent in Queensland, NSW and Victoria but there is nothing to stop individual organisations adopting the better practices from these schemes as appropriate. For examples, visit the following websites:

#### **Victoria**

<http://www.worksafe.vic.gov.au>  
Search for Return to Work Training

#### **NSW**

<http://www.workcover.nsw.gov.au/ServiceProviders/RehabilitationProviders/rtwcoord.htm>

#### **Queensland**

<http://www.qcomp.com.au/medicalservices/glossary.html>

During consultation for *Working with Cancer*, comments made by HR managers suggest that a formal return-to-work program contributes to a supportive workplace environment for all employees and not just those people returning to work after cancer diagnosis or treatment.

## Effects of cancer on people's working lives

- Cancer-related fatigue is very common among people being treated for cancer.
- Cancer-related fatigue can present significant challenges for workers: affecting their physical functioning, causing emotional distress and making it difficult to concentrate.
- Cancer-related fatigue can have a substantial negative impact on the physical, psychosocial and economic wellbeing of both employees with cancer and caregivers.
- Employees who are not offered alternative working arrangements during and following cancer treatment may be up to 15 times more likely to experience significant financial difficulties.
- There is evidence that the adverse effects of cancer-related fatigue can be significantly reduced by:
  - Work adjustment policies
  - Adjustments to working hours and alternative working arrangements
  - Return-to-work meetings
  - Regular consultations about managing workload.

## Effects of cancer on people's working lives

### Fatigue

A key thing about people being treated for cancer is that they commonly experience fatigue and that this fatigue often has negative impacts on their lives. A US study examining the prevalence and duration of fatigue among people being treated for cancer, and assessing the impacts of fatigue on patients and caregivers, showed that cancer-related fatigue is common among patients who receive chemotherapy resulting in substantial adverse physical, psychosocial, and economic consequences for both patients and caregivers. The study found that:

- 76% of patients experienced fatigue at least a few days each month during their most recent chemotherapy
- 30% experienced fatigue on a daily basis
- 91% of those who experienced fatigue reported that it prevented a 'normal' life
- 88% indicated that fatigue caused alterations to their daily routine
- Of patients who were employed, 75% changed their employment status as a result of fatigue
- 65% of patients indicated that their fatigue resulted in their caregivers taking at least one day (mean average of 4.5 days) off work in a typical month.

These results are supported by a US research review which found that women with breast cancer are at high risk of fatigue as a side effect of treatment with surgery, radiation, and chemotherapy. The risk is compounded by the multiple roles of women who return to work during treatment. Cancer-related fatigue can present significant challenges for workers: affecting their physical functioning, causing emotional distress and making it difficult to concentrate.

### Other side effects from treatment

Chemotherapy drugs are designed to enter the body, kill the cancer cells, and be expelled before they can damage the more slowly dividing healthy or normal cells. However, the cells in the lining of the intestine, the hair-producing cells, and the bone-marrow cells are also affected by the drugs resulting in the three most common side effects of chemotherapy:

- Nausea and vomiting
- Hair loss
- Bone-marrow depression.

Nausea and vomiting can be controlled by anti-nausea drugs and sometimes by meditation, guided imagery and other psychological therapies. Some people get sick no matter what they do and there is no way to predict this. Most people will recover from nausea between four and 24 hours after it starts; and severe nausea usually follows a pattern, with the bouts of vomiting occurring farther and farther apart.

Hair loss resulting from cancer treatment is mainly a psychological problem, there is no associated pain and the hair does grow back. The extent of hair loss varies with some people experiencing a little thinning while others lose all their hair including their eyebrows and body hair. The rate of hair loss also varies tremendously, for some it is gradual and for others it occurs literally overnight. When the hair begins to grow back it is very fine, baby-like hair. When chemotherapy is completely finished, regular hair grows. Wigs and scarves can make things easier.

Bone marrow produces essential parts of the blood and immune system. Some drugs used in chemotherapy slow down or depress that production, making people more vulnerable to infections. If the depression is serious, the person is likely to be hospitalised and given antibiotics till their immune system recovers. If the recovery takes too long, they may be switched to other drugs.

Practical suggestions for people trying to manage their side effects include:

- Taking short naps at work
- Having an exercise regime (helpful for fatigue)
- Going for short walks (perhaps accompanied by work colleagues).

For more ideas refer to Section 3: 'What workmates can do to be supportive'.

### Deterioration in working life

Research, from the UK, into how cancer affects people's working lives reported:

- 41% said their working lives had deteriorated as a result of cancer
- 42% had experienced no change
- 12% said their working lives had improved.

Importantly, those whose working lives had deteriorated were significantly less likely to have had adjusted working hours or alternative working arrangements, return-to-work meetings or regular consultations about managing their workload.

### Ability to do their job

- 50% said there had been no change in their ability to do their job as a result of cancer
- 5% said their ability to do their job had improved
- 41% felt less able to do their job.

### Career prospects

- 37% said their career prospects had deteriorated
- 54% said there had been no change
- 4% said they had improved.

Those who experienced no change were significantly more likely to have had adjusted working hours or alternative working arrangements, return-to-work meetings or regular consultations about managing their workload.

### Financial situation

- 36% experienced significant financial difficulties
- 38% of women experienced significant financial difficulties, compared to 31% of men.

Employees who were not offered alternative working arrangements, during and following cancer treatment, were up to 15 times more likely to experience significant financial difficulties.

### Organisational Policy and Practice

A minority of respondents in the UK research reported poor organisational practices:

- 2% said they had experienced direct discrimination (women only reported this)
- 6% reported they had been overlooked for promotion (3% of women; 4% of men)
- 7% had received changes to their job without their agreement (9% of women; 5% of men)
- 2% had felt pressure to resign (6% of women; 2% of men).

Available Australian research findings are broadly consistent with the overseas studies. Some 43% of research participants reported a deterioration in working life as a result of cancer. However, only a small percentage of people returning to work (15%) and carers (27.8%) reported that they were treated unfairly or unsympathetically by their employers. A West Australian study concluded that discrimination in this field is the exception rather than the rule, but that it does exist.



## IN SHORT – WORKSHOP HANDOUT WHO 5

### Effects of cancer on individual employees

- Work is an important part of life and living. Continuing to work while undergoing treatment for cancer is very important to people in maintaining as much of their daily routines as possible.
- The greatest benefit many employees with cancer gain from their employers and colleagues is the emotional support afforded by the social network of the workplace rather than specific work-related assistance.
- An individual employee's desire for privacy should always be respected and their wishes as to whether or not they want their work colleagues to know about their diagnosis should be clarified as early as possible.
- The vast majority of employees diagnosed with cancer inform their work colleagues; one-third of employees prefer to tell close colleagues and ask them to inform others; only 3% choose not to share their diagnosis with colleagues.
- Among the most common side effects of cancer treatment are fatigue and difficulty concentrating; employers can help by scheduling a person's work to avoid very physically demanding tasks and by encouraging individuals to plan their work around times when they have the most energy.
- It is difficult to know exactly how cancer treatment will affect an individual; employers need to be alert to changing work plans at short notice if necessary.

## Effects of cancer on individual employees

### Privacy

Although colleagues and workplaces can offer a lot of potential support to employees diagnosed with cancer, an individual's desire for privacy should always be respected. Whether or not an individual wants their colleagues to know about their diagnosis should be clarified as early as possible. Most individuals do not mind if their colleagues know and cancer survivors suggest that informing colleagues about their diagnosis can be highly beneficial as it gives them the opportunity to be supportive. If an individual is uncertain about sharing their diagnosis with their colleagues it may be useful to tell them about how others have benefited and allow them to 'think it over'.

Research commissioned by The Cancer Council WA found that:

- 61.7% informed their work colleagues of their cancer diagnosis straight away
- 18.3% did so within one week
- Only 3.3% did not inform their colleagues of their diagnosis
- More than half (56.7%) informed close colleagues first and let others know over time
- One-third preferred to tell close colleagues and have them inform others.

Work is a very important part of many people's lives. Besides income, it provides satisfaction and a chance to be with workmates. Returning to work as soon as they are physically able is one way people try to make their lives feel normal again.

### Work is an important part of life and living

Work is a very important part of many people's lives. Besides income, it provides satisfaction and a chance to be with workmates. Returning to work as soon as they are physically able is one way people try to make their lives feel normal again. Focus group participants, from a West Australian study, agreed that it was important to maintain as much of their normal daily routines as possible while undergoing treatment for cancer; they identified continuing to work as an important aspect of this. It has been suggested that the greatest benefit many employees with cancer gain from their employers and colleagues is the broader emotional support afforded by the social network of the workplace rather than specific work-related assistance. Patients in one US study indicated that they valued the ability to return to work as highly as their overall health.

### Cancer related fatigue can affect memory and concentration

One of the most common side effects of cancer treatment is fatigue. People undergoing cancer treatment can easily become physically and mentally tired. The mental impact can include memory loss and difficulty concentrating; cancer patients sometimes refer to it as "chemofog". Physically demanding tasks can pose the greatest challenge. Employers can help by scheduling a person's work to avoid very physically demanding tasks and by encouraging

individuals to plan their work around times when they have the most energy. Individuals can consider using a Fatigue Diary to keep a record of their energy levels (see Appendix 5). Research has shown that people who have had treatment for cancer are as productive as people who have not had cancer. People who have had treatment for cancer also tend to take less time off work than other employees. It may be helpful for employers to let colleagues know this.

### A supportive workplace makes all the difference

People may need to take time off during their treatment. It may be taken as sick leave, or an agreed reduction in working hours or working days. Taking a lot of time off can make individuals feel out of touch with what's going on at their workplace and they can lose confidence in their ability to do their job well. Employers may suggest an arrangement to keep the employee informed of work matters; the individual could be encouraged to choose how they would like this to happen and how often.

The feelings and emotions that accompany a cancer diagnosis may also make it difficult to concentrate or work effectively. Employers should be sympathetic to this, and the person's doctor can sign them away from work for a short time, if necessary. Before treatment for cancer starts, it is often difficult to know exactly how it may affect individuals; employers need to be aware that people may need to change their work plans at short notice. A supportive work environment can help people talk honestly about their feelings and emotions, and increase the likelihood of anticipating and avoiding logistical problems, such as having insufficient lead time to make alternative arrangements or delegate tasks. Note the comments about the importance of Return to Work Coordinators in Section 2.1.

## Effects on colleagues, friends, families and carers

- A close colleague or friend can be a good advocate for the employee with cancer and can correct any myths or assumptions that the person will, or should, automatically stop working as soon as they have been diagnosed with cancer.
- Providing staff with a brief overview about the nature of the cancer, prognosis, treatments and duration, side effects, and sources of further information can have positive effects.
- For some people, the news of a colleague being diagnosed can affect their own emotions such that they may need to be offered counselling.
- There are many practical ways for work colleagues to show support; one well-received example is to donate some of their sick leave into a pool for the employee with cancer.
- Carers have very real needs which may not be as readily apparent. People caring for cancer patients may be twice as likely to suffer depression as the patients themselves and their needs are often unmet (especially among women).
- Asking someone in the workplace, who has survived cancer, to be a mentor to a newly-diagnosed employee has been shown to be effective. The person with cancer must be in agreement and, of course, a suitable person must be available. Mentors should be chosen carefully, have clearly defined roles and have counselling and supervision as required.
- Organisations may wish to link *Working with Cancer* with their current Employee Assistance Program to develop strategies which are more proactive and pitched at the organisation and not just at the individuals.

## Effects on colleagues, friends, families and carers

### Sharing the news of a diagnosis

As noted in Section 1, one-third of people newly diagnosed with cancer prefer to tell close colleagues or friends about their diagnosis and have them inform others in the workplace. The information and tips in *Working with Cancer* can prepare people taking on this role. Research indicates that work colleagues may not fully appreciate the importance placed upon continuing to come to work. In one case, on learning about a person's cancer diagnosis, well-meaning colleagues asked, "What are you doing here?"; having assumed that a person with cancer would automatically stop work. A close colleague or friend can be a good advocate for the employee with cancer and can correct this myth.

### Brief accurate information can help dispel myths<sup>2</sup>

A person's colleagues may want to know more about their cancer. One approach is to brief staff about the nature of the cancer, the prognosis, likely treatments and duration, and any side effects such as fatigue and memory deterioration. The briefing does not have to be very detailed; a brief overview is sufficient together with details about where staff can access further information. If colleagues are feeling uncomfortable around a person with cancer they may be less likely to want to engage and may end up ignoring the person just when they may be most in need of contact and signs of support. Brief, accurate information is likely to make colleagues more comfortable around the person with cancer and may encourage them to open up a more supportive dialogue, for instance around how the treatment is progressing. It can also help dispel myths which tend to surround cancer.

Some of the common myths include:

#### **Myth: Cancer is catching.**

**Truth:** It's not. Some people worry that they can catch cancer from other people, especially if the cancer is around the genital area (eg cervical cancer in women or testicular and prostate cancer in men). But this isn't true. Cancer isn't a disease that is transmitted to other people.

#### **Myth: Cancer is always fatal.**

**Truth:** It's not. More than 50% of cancers can be successfully treated. For some cancers, the success rate is very high. In the case of testicular cancer, the cure rate is more than 95%. It's important to remember that cancer is more likely to be treated successfully if it's detected early.

#### **Myth: Some injuries such as falls can cause cancer later in life.**

**Truth:** Falls, bruises and other injuries do not cause cancer. People might visit the doctor with an injury and coincidentally a tumour is found during the examination; however the injury did not cause the cancer – it was already there. In very rare cases, longstanding and/or severe injuries can increase the risk of cancer, but these instances only account for a small fraction of cancer cases.

#### **Myth: A bump to the breast can cause breast cancer.**

**Truth:** A bump or a blow to the breast will not cause breast cancer but it may draw attention to an underlying lump.

#### **Myth: Breast cancer is contagious.**

**Truth:** Breast cancer is not contagious. As stated above, you can't catch any sort of cancer from another person.

#### **Myth: People are better off not knowing that they have cancer.**

**Truth:** Advances in treatment mean, in general, that the earlier a cancer is diagnosed the more effective the treatment will be and the greater the chance of a cure.

#### **Myth: There is no effective treatment for cancer.**

**Truth:** For most people, regardless of how advanced their cancer may be at the time of diagnosis, treatment can improve symptoms and quality of life.

#### **Myth: Treating cancer with surgery causes it to spread throughout the body.**

**Truth:** Specialist surgeons know how to safely take biopsy samples and to remove tumours without causing the cancer to spread. Surgery is often an essential part of a cancer treatment plan. For a few types of cancer, surgeons take extra precautions to prevent any chance of the cancer spreading.

#### **Myth: People with a cancer diagnosis always die a painful death.**

**Truth:** Many people diagnosed with cancer never have any pain other than the discomfort expected after an operation (if their cancer was treated surgically). When people do have pain, many medications are available to control it, in accordance with their doctors' instructions.

#### **Myth: If a Pap test for cervical cancer shows abnormal cells, it means a woman has cancer.**

**Truth:** It doesn't. The Pap test detects abnormal changes in cells so that they can be treated before they have a chance to become cancerous.

### Some employees can be upset by the news of a workmate's diagnosis

It is possible that work colleagues may have had cancer themselves or have experienced their own cancer-related tragedies and news of a colleague being diagnosed might bring up emotions that they need to deal with. If possible, affected staff should be offered counselling, although this may be beyond the scope of a typical Employee Assistance Program (EAP). EAPs provide counselling and consulting services that focus on the prevention and/or remediation of personal problems experienced by employees; or members of their families. EAPs are currently considered one of the main vehicles for

occupational stress management and are rapidly evolving into providers of holistic wellbeing programs in the workplace. EAPs in Australia have recently been criticised for tending to focus interventions at the individual rather than at the organisational level. There may be scope to explore linking *Working with Cancer* with an organisation's Employee Assistance Program to develop approaches which are more proactive and pitched at the organisational rather than just the individual level.

#### Some practical ways of providing support

Staff may wish to find some immediate and practical ways of helping a work colleague and to make symbolic gestures to show that their support is available. One action that employees who had had cancer thought was a "brilliant idea" is for colleagues to donate some of their sick leave into a pool for the employee with cancer. Another effective strategy is seeing if there is someone in the workplace who has survived cancer who can take on a mentor role to the newly diagnosed employee

During the consultation to develop *Working with Cancer* it was also suggested that organisations could help by organising financial help (for medical costs, child care etc) possibly through low-cost or interest-free loans. Other practical ideas include:

- Sending cards and flowers
- Hospital visits
- Telephone calls
- Weekly emails
- Cooking meals
- Providing transport to treatment
- Donating money.

#### Carers needs for a supportive workplace may be less visible but are very real

The need for carers to have supportive workplace environments may not be as apparent as for employees with cancer but they are nonetheless very real. A 'carer' may be described as someone who provides physical and emotional support to someone who is ill or disabled. A carer might be the partner (husband, wife, girlfriend or boyfriend), son, daughter, relative, friend or neighbour of a person with cancer. Some people don't see themselves as 'carers' because they perceive what they do as being part of the relationship they share with a person with cancer. Studies indicate that caregivers take at least one day off work in a typical month (mean average 4.5 days) as a result of cancer patients' fatigue.

We know that informal cancer carers experience high levels of anxiety, depression, and unmet support needs, with women carers at higher risk than men. Some studies show that cancer carers are twice as likely to suffer depression as cancer patients themselves. However, little is known about the factors underlying the gender difference, and existing support services have not specifically targeted the needs of female and male cancer carers. [The Cancer Council NSW, Carers NSW, the University of Western Sydney and Westmead Hospital are partners in a research project exploring the concerns, self-perceived needs, and psychological wellbeing of informal cancer carers living in New South Wales, comparing the experiences of female and male carers, at different stages of the care-giving journey. A program of targeted supportive interventions will be developed, and then systematically evaluated, based on the findings.]

Refer also to Section 3.2:

'What workmates can do to help'.

We know that informal cancer carers experience high levels of anxiety, depression, and unmet support needs, with women carers at higher risk than men. Some studies show that cancer carers are twice as likely to suffer depression as cancer patients themselves.

## Dealing with fear and perceived threats to health and life

- Bad news about cancer can cause friends and colleagues to become distanced just at a time when they are needed most in listening or empathising roles.
- Some of the more common concerns associated with a cancer diagnosis include: the threat to health, uncertainty, unfamiliarity, physical symptoms, visible signs of treatment or disease, social isolation and the fear of death.
- A once 'popular' model describing the various stages experienced by a bereaved person is now considered less helpful because grief is not necessarily sequential and may not be as predictable as once thought.
- With supportive family, friends and work colleagues a bereaved person will be able to cope, recover and accept in their own time rather than according to a pre-determined set of stages.

## 2.5 Dealing with fear and perceived threats to health and life

### When people have advanced cancers

While different individuals will experience different emotions the uncertainty which accompanies the recurrence or spread of cancer is likely to be physically and emotionally demanding for all. Learning that cancer has spread or come back can be even more devastating for people than hearing they have cancer for the first time. People in this situation can experience a sense of loss or feelings of failure; they had hoped they were cured and now their cancer has come back despite their efforts to overcome it. Some people can be tearful and depressed for some time, others are stunned and resentful to see life going on as normal around them when their own world is in such turmoil. Many are afraid: afraid of the illness itself; afraid of the treatment; afraid of the effect it may have on their family, friends and colleagues; afraid of symptoms such as pain; or afraid of dying. A person who has a work colleague who has an advanced cancer or a cancer which has come back may react in unexpected ways which might include:

- Trying to deny the seriousness of the situation with false jollity
- Withdrawing from company rather than risking saying the wrong thing to the person with cancer
- Completely avoiding discussing the person's illness
- Being overprotective and trying to 'wrap the person in cotton wool'.

Friends and colleagues can be distant just at the time when they are most needed by the person with cancer. It may be some help for everyone to remember that all of us are shocked by bad news.

### Listening and empathy

It may create a more supportive environment if work colleagues are helped to empathise with the individual dealing with cancer; to understand something about what the person is facing, and to see the fears that he or she may have. There are many aspects of a cancer diagnosis that inspire fears and concerns, some of the more common concerns are listed on page 22.

Learning that cancer has spread or come back can be even more devastating for people than hearing they have cancer for the first time. People in this situation can experience a sense of loss or feelings of failure; they had hoped they were cured and now their cancer has come back despite their efforts to overcome it.

Issue the person with cancer may be facing

What you can do to help the person with cancer

<b>Threat to Health</b>	With good health, the threat of serious illness seems far away, and few of us think about it before it happens. When it does happen we can be quite shocked and confused, and possibly angry or bitter. Acknowledge your feelings to yourself, and as appropriate, to the person with cancer.
<b>Uncertainty</b>	A state of uncertainty may be even harder to bear than either good news or bad news. Similarly not knowing where you are and not knowing what to prepare for is a very painful state in itself. People can be helped a lot by colleagues or friends simply acknowledging the unpleasantness of uncertainty.
<b>Unfamiliarity</b>	Treatment for cancer often involves many different professionals, each with special expertise. The person with the cancer may feel uninformed or vulnerable. They may need some reassurance that health care professionals will explain medical terms or treatment regimen. Cancer organisations such as The Cancer Council can also give information to help people understand more about their situation. It may help to emphasise that as cancer treatment is a very specialist area, nobody can really be expected to know all of the details in advance.
<b>Physical Symptoms</b>	Physical symptoms can be a major concern. The individual dealing with cancer may, at different stages in their treatment, have various symptoms (for example, pain or nausea). They need to be allowed to talk about them.
<b>Visible Signs of Treatment or Disease</b>	People may have to deal with outward signs of cancer or its treatment: for example, hair loss due to chemotherapy or radiotherapy. People can be helped to feel less self-conscious by talking about the signs. Some people might appreciate help in choosing a wig or scarf.
<b>Social Isolation</b>	Many serious diseases, and particularly cancer, seem to be capable of putting up what amounts to an 'invisible barrier' between the person who is ill and the rest of society. Visiting the person and encouraging mutual friends to do the same is a good way of helping to break down that barrier. Allowing the person with cancer to talk about their experience is another.
<b>Fear of Dying</b>	Many people are cured of cancer but the threat and fear of dying can remain. It can be difficult for people to lose that fear, but allowing people to talk about it is important. Listening can reduce the impact and the pain of that threat. It isn't necessary to have all the answers; simply listening to the questions can help a lot.

## 2.6 We don't always get a happy ending – dealing with death

Not all people with cancer will recover. If an employee is caring for someone with cancer who dies they will need to grieve, likewise if an employee with cancer dies close colleagues will be affected.

### Compassionate leave

After the death of a close relative or friend it is customary for the bereaved person to be allowed compassionate leave from work. Often this may not allow sufficient time for the funeral to be arranged or for the bereaved person to recover emotionally. Some people may find it very difficult to return to work while others may find work diverts them from their loss. It is worth reminding people that a doctor can provide a medical certificate for a worker's inability to work.

An employee, who has lost somebody through death, may approach his or her employer seeking payment for time spent away from work. This might be to attend a funeral or, in some instances, to make the necessary funeral arrangements. Although such a request from an employee may seem rather straightforward, there are circumstances where an employee may not have an entitlement to this leave. More detailed information is provided in the sections Roles of Managers and Tips for Employers (Section 3) and Rights, Responsibilities and Tips for Employees (Section 4).

### Informing work colleagues

Some people find it helpful to send a statement to their place of work to inform them of their bereavement, to avoid having to tell their workmates and colleagues individually. Discussion between the bereaved person and their manager can help to prepare a plan for returning to work, such as discussing how much time to have off and

negotiating flexible hours if required. Prioritising tasks can ensure the most important jobs get done and can take pressure off both parties.

### Helping bereaved work colleagues

During the development of *Working with Cancer*, managers emphasised that where an employee's prognosis is poor or where cancer leads to death, arranging counselling for fellow employees is important to their ongoing wellbeing. Some people have little experience in dealing with grief following a death. Many people do not know what to do or say in such circumstances. Thoughtful gestures of sympathy and compassion, even when people are at a loss for the 'right' thing to say, are usually appreciated and leave a lasting impression of caring. It is helpful if managers:

- Communicate a clear, simple message of support to staff to help them recover from the event
- Have an 'open door' to staff
- Have available current accurate information about counselling services, such as through Employee Assistance Programs (EAPs).

Managers may be affected too, so involving professional help provides advice and support for them too. Other strategies that can contribute to a supportive workplace environment include:

- Immediate acknowledgement of the death through a note or flowers from management
- Having a representative from the workplace at the funeral to demonstrate support
- Showing continued interest in and listening to how the bereaved worker is feeling
- Providing flexible hours and time off to help the worker cope with the combined stress of work and grief

- Showing patience and understanding that the grief process takes time and that the worker cannot just "snap out of it".

### Stages of bereavement – perhaps an unhelpful way of thinking

A popular model for understanding grief and loss identifies certain stages that a bereaved person typically experiences<sup>3</sup>. The stages include denial, anger, bargaining and acceptance. While it may be true that grief includes a wide range of emotions, thoughts and behaviours, it may not always be helpful to think that feelings will occur in a particular order or sequence, or be limited to particular stages which everyone moves through in a predictable way. This belief may lead to expectations that a bereaved person will ultimately put the experience behind them and "snap out of it" or eventually "move on". It might also lead to perceptions that a person is not going through a given stage quickly enough. Many experts have expressed reservations about this way of thinking about the grieving process, because grief is not necessarily sequential nor is it always predictable.

There is no right way to grieve. People's feelings and reactions often depend on a range of personal, family and social factors, including their own health, personality, age, culture, spiritual beliefs, previous experience of loss, their relationship with the deceased person and the degree of family and social support available. The grieving process can be as short as a month or last up to, and well beyond, 12 months. Support from family, friends and work colleagues may increase a bereaved person's ability to cope, to accept their loss and to recover in their own time.

<sup>3</sup> It is worth noting that in their book on grief and grieving: *Finding The Unseen Gift of Grief Through The Five Stages of Loss* (Scibner 2005, New York) Elizabeth Kubler-Ross and David Kessler: state that it was never their intention that the stages of grief be used as a rigid model for grieving.

## References for Section 2

Bradley, C. J. and H. L. Bednarek (2002) "Employment patterns of long-term cancer survivors." *Psycho-Oncology* 11(3).

Carter, O. (2006) "Cancer in the Workplace Project: Report on Consultations with Managers and Employees." Curtin University of Technology: Centre for Behavioural Research in Cancer Control, Cancer Council Western Australia. <http://www.cbrcc.curtin.edu.au/reports/060123.pdf> Accessed 1 February 2007.

Curt, G. A., W. Breitbart, et al. (2000) "Impact of cancer-related fatigue on the lives of patients: new findings from the Fatigue Coalition." *Oncologist* 2000; 5(5): 353-60.

Hoang, C. D., M. C. Osborne, et al. (2004) "Return to work after thoracic surgery: an overlooked outcome measure in quality-of-life studies." *Thoracic Surgery Clinics* 14(3).

Kirk, A. K. and D. F. Brown (2003) "Employee Assistance Programs: A Review of the Management of Stress and Wellbeing Through Workplace Counselling and Consulting." *Australian Psychologist*. Vol 38(2) Jul 2003, 138-143.

Mock, V. (1998) "Breast cancer and fatigue: issues for the workplace." *AAOHN Journal*; 46(9).

Morrell, J., PR & Pryce, J.; (2005). *Work and Cancer: how cancer affects working lives*. CancerBACKUP February 2005. London. <http://www.cancerbackup.org.uk/Home> Accessed 1 February 2007.

Spelten, E. R., M. A. G. Sprangers, et al. (2002) "Factors reported to influence the return to work of cancer survivors: a literature review." *Psycho-Oncology* 11(2).

# 3: Roles of Managers and Tips for Employers



## Managing Employees with Cancer

Managers may feel ill equipped to manage employees with cancer but they have a responsibility to fulfill and it is within their scope to make dealing with cancer either easier or more difficult for their employees.

- Some of the issues they may have to face include: privacy, financial and job insecurity, employees with cancer and cancer carers entitlements, sensitive work scheduling, co-worker expectations, morale and communication issues.
- The manager has to effect a balance between:
  - Company procedures and employee needs
  - Time at work and time off for treatment
  - Too little and too much information
  - Time off and team workload
  - Employee needs and other day-to-day managerial obligations.
- The manager's response when an employee first comes to see them can set the scene for the future.
- Strategies for setting the stage and making this first conversation easier and more effective include:
  - Choosing the location carefully
  - Preparing mentally
  - Staying focused on the issue
  - Using active listening skills and communicating clearly.

## 3.1 Managing Employees with Cancer

It is natural to show empathy or concern for someone with cancer, however, an employee in this situation may be looking more to their manager for practical help and support. Managers have a vitally important role to play.

When a person in their team is dealing with a cancer diagnosis or treatment, the manager is in a position to balance the organisation's needs and the needs of employees. Managers may feel ill equipped to face the many demands of managing employees with cancer, but it is their responsibility and it is within their scope to make dealing with cancer either easier or more difficult for their employees.

Some of the issues managers of employees with cancer may have to face:

- Clarifying whether or not an employee wants their work colleagues to know about their diagnosis.
- Ensuring an employee's desire for privacy is always respected.
- Reducing financial worries where possible by assuring the employee that they will not be "stranded" because of their cancer diagnosis.
- Ensuring employees with cancer, or carers, are aware of their leave entitlements.
- Assisting employees in finding out how Centrelink can help them by referring them to the website [www.centrelink.gov.au](http://www.centrelink.gov.au) and guiding them if they are unfamiliar with the Internet.
- Being sensitive to the 'information overload' that cancer patients may be experiencing in the initial days following their diagnosis.
- Being honest about ignorance: admitting when they don't know the answer to a question and offering to investigate.

- Involving the organisation's Return to Work Coordinator, if there is one, or an equivalent (see Section 2.1).
- Scheduling the employee's work to avoid physically demanding tasks when they may be experiencing cancer treatment-related fatigue.
- Encouraging employees dealing with cancer to plan their work around times when they have the most energy.
- Appreciating that it is difficult to know exactly how cancer treatment will affect an individual and being alert to the need to change work schedules, at short notice if necessary.
- Adjusting work schedules over the course of the employee's treatment.
- Setting and managing the expectations of co-workers.
- Determining appropriate forms of communication for the individual and for their co-workers.
- Dealing with the morale of the individual and the co-workers.

If the manager was interpreting known policies addressing these issues, the tasks would be challenging enough. It is possible these issues may not be fully worked through, policies may not be formulated or they may not have been communicated across the organisation. Where a policy does exist it may appear too rigid to allow the manager to reach a point of balance; the role of the manager in managing an individual, and a work group, through cancer is an ongoing 'balancing act'.

### The manager's balancing act

- Searching for a balance between company procedures and the employee's needs.
- Striking the balance between work and time off as cancer treatment progresses.
- Getting the right balance between too little and too much communication.
- Managing and balancing the impact of an employee's time off on the team's workload.

- Balancing the particular demands of managing an employee with cancer with the commitment to all the other aspects of the manager's day-to-day role.

### The first conversation

A manager's initial response, when an employee comes to them with a cancer diagnosis, can set the stage for the entire process. It's important to know what to say and what not to say. Here are some strategies for setting the stage and for making your conversation easier and more effective:

#### *Choose the location for the 'first conversation' carefully*

Establishing meaningful dialogue usually requires a comfortable environment conducive to communication. Managers should avoid trying to catch a moment on the move, say in the corridor or lunchroom. This does not afford the privacy and focus needed to approach the issue in a professional manner. It is important to find a private place where it is possible to sit comfortably and talk with the employee without distraction or interruptions. Managers involved in the development of *Working with Cancer* stressed the importance of focusing on the needs of the employee rather than the needs of the organisation in the first meeting.

#### *Prepare mentally*

Get in the right mindset: take a few moments to prepare. Be prepared to do far more listening than asking. You'll learn more of what you need to know by listening – and won't have to worry about violating privacy with tricky questions.

#### *Keep the focus on the issue*

Make sure you and your employee are fully focused on the conversation at hand. That means putting aside any and all other activities and, if possible, avoiding interruptions and phone calls. And if your employee doesn't seem up to talking, don't hesitate to reschedule.

***Communicate clearly and use active listening skills***

Cancer patients often say the most important thing others can do for them is to truly listen. This is also the best way for a manager to glean information without having to worry about what they can and cannot ask the person. A good listener encourages the speaker to elaborate and continue without having to prompt for specifics. Active listening aims to put the focus on the speaker. Here are some keys to using active listening skills:

**Focus on the employee**, paying close attention to what they are telling you and not interrupting.

**Acknowledge the employee's points** but avoid agreeing or disagreeing with what they are saying. Instead, encourage them to continue by nodding, saying "yes," and letting them know you are listening.

**Answer questions as clearly and specifically and as thoroughly as possible.** Allow the employee to continue on with the conversation at their own pace.

**Provide reinforcement and reassurance.** Don't try to interpret for the employee, just reiterate what is being said.

**Summarise the key points** or concerns the employee has raised at the end of the conversation. Say you want to make sure both of you have a clear understanding of the situation.

**The value of a mentor**

If someone in the office has survived cancer, asking them to be a mentor to an employee newly diagnosed with cancer can be a highly effective strategy. This is not a process to be taken lightly. The role of the mentor would need to be clearly defined and it would be important to know if the mentor had any unresolved issues from their own cancer journey that might impact on his or her mentor role. It would be appropriate to make sure that the mentor is supported in their role through counselling and/or through check-ins with an HR professional on a confidential basis, as required and appropriate.

**A system to help everyone with the critical tasks at work**

Subject to issues of privacy and trust, it may be useful to set up a system to ensure other relevant workers can access status reports about the employees's critical tasks at work. In this way, when somebody needs to take time off, the work can be coordinated more easily.



## IN SHORT – WORKSHOP HANDOUT WHO 9

### What workmates can do to be supportive

- The most important thing for the person with cancer and their workmates is communication.
- Not knowing what to say or do is normal. Workmates of a person with cancer can experience a wide variety of feelings including awkwardness, sadness, fear, disbelief and anger.
- Many people dealing with cancer appreciate having unchanged relationships with their workmates, that is having the same working relationships they had before the diagnosis of cancer.
- Other ways to help include:
  - Just listening
  - Asking the person with cancer if they want to talk about it
  - Checking if a person wants to be asked how they are each day or if it would be better just to 'be there for them'
  - Sending cards, telephoning or visiting
  - Finding out what specific help would most be appreciated, this could include doing errands, helping with difficult tasks, cooking meals, providing transport, taking kids to school
  - Talking about things other than cancer
  - Avoiding 'smothering' the person by doing too much
  - Encouraging helpful coping strategies such as exercise and optimal nutrition to overcome treatment side effects
  - Using appropriate forms of humour (follow the lead of the person with cancer)
  - Continuing to include the person with cancer in social events
  - Encouraging the person with cancer to access counselling, psychology services and support groups.
- The greatest benefit some people with cancer can gain from their employers and colleagues is the emotional support afforded through the social support network of the workplace rather than specific work-related assistance.
- The vast majority of employees diagnosed with cancer tend to inform their work colleagues; one-third (33.3%) of employees prefer to tell close colleagues and ask them to inform others; only 3% choose not to share a diagnosis with colleagues.

## 3.2 What workmates can do to be supportive

### Supportive workmates managing their own feelings

It is important for workmates to realise that not knowing what to say to a person with cancer is quite normal. When dealing with a colleague coping with cancer, people may experience some of the following emotions:

- Awkwardness
- Confusion
- Guilt
- Fear
- Anger
- Sadness
- Disbelief.

These feelings are not unique to the individual co-worker and are similar to the emotions experienced by a person with cancer; but it may be important to ensure that co-workers appreciate this. The most important thing for the person with cancer and their workmates is communication. If a co-worker feels that a colleague's diagnosis with cancer is too overwhelming for them they can be encouraged to: speak to a counsellor on the job; visit a local support group; consult with a mentor, if one has been arranged for the person dealing with cancer.

Many people dealing with cancer generally welcome the interest, support and concern of co-workers. They appreciate a person being the colleague they have always been, and returning to the usual work relationships they shared before their diagnosis of cancer. Involvement with the employee with cancer will depend upon the relationship that existed prior to their cancer diagnosis.

Other ways for workmates to help include:

- Keeping the workplace relationships as 'normal' as possible.
- Asking the person with cancer if they want to discuss their cancer; looking for clues that they are ready to talk.
- Finding out if they want to be asked each day how they are doing or if they would prefer to know that they are there to talk to if needed.
- Sending a card, telephoning or visiting if the person is in the hospital due to cancer.
- Letting the person with cancer know that they are there to support them if needed.
- Asking the person with cancer what specific help they would like: help with errands; help with difficult tasks; cooking meals; shopping; providing transport to treatment etc.
- If feeling uncomfortable, sharing this feeling with the person who has cancer.
- Becoming more informed; learning about the cancer and its treatment can help workmates understand what the person is facing.
- Being careful about offering advice.
- Just listening to how the person feels and their concerns about the treatment, side effects, finances, the future.
- Avoiding doing 'too much' and 'smothering' the person instead of giving them the opportunity and space to do things for themselves — after all, they have been diagnosed with cancer not helplessness!
- Talking about things other than cancer; having cancer may not mean the person has lost interest in their football team, favourite TV show or the weather.

- Encouraging helpful coping strategies such as exercise and optimal nutrition to overcome treatment side effects; relaxation strategies (perhaps there are yoga or relaxation classes available through work).
- Using appropriate forms of humour (follow the lead of the person with cancer).
- Continuing to include the person with cancer in social events.
- Encouraging the person with cancer to access counselling, psychology services and support groups.

### What Else?

Read the 'In Short' summaries for each part of Section 2 – especially 2.4

## Rights and Responsibilities of Employers and Managers

- WorkChoices is estimated to apply to 85% of workplaces and is referred to in this section. However, there is a range of industrial instruments that currently apply to different employers in different states and there will be a period of transition for many employers with the implementation of WorkChoices. Every effort has been made to ensure that information included here was correct at the time of publication, however managers and employers should also seek their own legal advice as necessary.
- When first informed by an employee that he or she has been diagnosed with cancer, a manager and/or employer should reassure the employee of his or her continued job security, especially if he or she has delayed informing them of their diagnosis.
- Discussion of sick leave provisions and other entitlements need not be had with the employee immediately, unless requested by them; at this early stage the employee is likely to be feeling somewhat overwhelmed and suffering from 'information overload'. For this reason the 'when you're ready to talk about it' approach is recommended. When the discussion does take place it is recommended that a case manager, such as the HR manager, is assigned who can answer all questions.
- If possible, the employee should be offered counselling via an Employee Assistance Program (EAP) and this offer should be extended to immediate family members also.
- Employers/managers should be as generous as the organisation can afford and offer as much flexibility as possible in terms of encouraging the employee to work as much or as little as they wish. Avoid assumptions that the employee should stop work; many people with cancer report that continuing to come to work helps them focus on things other than their health and provides important social contact.
- An employee's desire for privacy should always be respected and their wishes as to whether or not their colleagues should know about their diagnosis should be clarified.
- If there is someone in the office who has survived cancer, a highly effective strategy can be to ask them to take on a mentor role to the newly diagnosed employee.

Continued on page 32

## Rights and Responsibilities of Employers and Managers

(Continued from page 31)

- The reaction of other staff members to the news should also be taken into account as it can affect people in a large variety of ways. If possible, staff should be offered counselling if they feel they need it, although this is usually beyond the scope of normal Employee Assistance Programs (EAPs).
- The desire of other staff to help a colleague diagnosed with cancer can be profitably channeled towards some form of appropriate supportive gesture such as cards, flowers, gift baskets and donations of money or sick leave etc.
- Staff members with no previous experience of cancer are unlikely to have a great deal of knowledge about what lies ahead for their colleague. Providing them with information about the type of cancer, prognosis, likely treatments and duration, and side effects – such as fatigue and memory deterioration – can therefore be a useful strategy. The information does not need to be overly detailed: a brief overview is usually sufficient with advice as to where further information can be obtained.
- A list of ‘reasonable adjustments’ is suggested in this section; an employer will need to consider several factors when deciding whether an adjustment is reasonable, including the effectiveness of the adjustment for people with disabilities. What is considered ‘reasonable adjustment’ will depend on many different things, including:
  - The cost of making the adjustment
  - The amount of benefit for the employee
  - The practicality of making the adjustment
  - Whether making the adjustment will affect the employer’s business/service/financial situation
  - Whether or not financial assistance eg from the Access to Work scheme or voluntary organisation is available to an employer for such an adjustment.
- Nine steps towards developing a policy are provided. Organisations may choose to integrate the issue of cancer within other broader policies or to have a specific policy about cancer according to the context and needs of the organisation.

### 3.3 Rights and Responsibilities of Employers and Managers

#### The right to know and the responsibility to respect privacy

An employer has the right to know about disabilities that will affect an employee's performance. But there is a need to be aware of the person's right to privacy; when in doubt, it is better to err on the side of caution. Even where an employer or manager has an established personal relationship with an employee, it is wise to think twice about asking for too much detail about too many specifics.

#### Employers and WorkChoices

It is important for employers to check the relevant industrial arrangements that apply to their workforce as well as their own policies and procedures. Given that WorkChoices is estimated to apply to 85% of the workforce, the Australian Fair Pay and Conditions standards are referred to in this section. However, there is a range of industrial instruments that currently apply to different employers in different states and there will be a period of transition for many employers with the implementation of WorkChoices.

#### What are the employee's entitlements to leave?

The minimum standards under WorkChoices are four weeks annual leave and 10 days personal/carer's leave which can be cumulative. An additional two days of unpaid leave is available for emergencies for permanent employees who have used up their personal leave entitlement. Casuals are also entitled to two days unpaid carer's leave. Under WorkChoices, employees other than casuals are entitled to two days compassionate leave to visit a seriously ill or dying relative, or to attend a funeral. This may be referred to as bereavement leave in some current industrial instruments. It will also be necessary to check the relevant industrial document for a definition of a relative.

#### About Sick Leave, Personal Leave and Carer's Leave

Paid sick leave provisions exist so that workers who are too ill to attend work are entitled to leave with pay for a prescribed period of time. Sick leave is an allowable award matter under the Workplace Relations Act. Generally, entitlements are found in awards or agreements including Certified Agreements. Some states have also enacted legislation providing minimum levels of sick leave entitlements. In New South Wales, Victoria and Queensland the minimum entitlement is one week, in South Australia 10 days and in Western Australia 10 days or 80 hours, whichever is the lesser. Awards often provide for more leave than state legislation and are legally binding on the employer. Normally sick leave is expressed in hours per year or days per year. The former allows for greater accuracy. Personal leave covers entitlements in case of illness, leave for caring purposes and leave for other unplanned special circumstances. Carer's leave enables employees to take time off to care for and support an immediate family or household member who is ill or injured. Entitlements to carer's leave may be contained in workplace agreements or HR policies and may sometimes be referred to as family leave.

As with guaranteed conditions governing annual leave, paid personal (sick) leave applies to all employees throughout Australia, other than casual employees, whose employer is a constitutional corporation, where proper notice and documentation is produced by the employee verifying the reason for the absence. Guaranteed federal conditions override any conditions in an industrial instrument (award or agreement), whether federal or state, except where the personal/carer's leave provision in the relevant instrument is 'more generous' than the federal guaranteed standard. The new federal legislation provides a guarantee for unpaid carer's leave, specifying notice and documentation requirements which are applicable to all employees including casual employees.

'Personal/carer's leave' is defined as paid leave (drawing on sick leave) taken by the employee because of a personal illness, or injury, of the employee; or paid or unpaid carer's leave taken by an employee to provide care and support to a member of the employee's immediate family, or a member of the employee's household, who requires care and support because of the personal illness, or injury, of the member; or an unexpected emergency affecting the member. The terms, 'child', 'de facto spouse', and 'immediate family' are relevant to the circumstances in which carer's leave and compassionate leave may be taken. They are intended to cover extended and blended families, including de facto marriages, step-relationships, and adoptive relationships. The term 'immediate family' is defined as the employee's spouse (including de facto spouse, former spouse, or former de facto spouses), child, parent, grandparent, grandchild, or sibling. This includes the employee's current and former spouse. The term 'de facto spouse' is defined as a person of the opposite sex to the employee who lives with the employee on a genuine domestic basis as the employee's husband or wife, without being legally married. The term 'child' refers to an adopted child; a stepchild; an ex-nuptial child; or an adult child.

Note: The legislation circumscribing WorkChoices defines de facto spouse as 'a person of the opposite sex', and does not include same-sex partners within the definition of immediate family for the purposes of determining eligibility for carer's leave. The legislation has been criticised by groups such as the Gay and Lesbian Rights Lobby (GLRL) for its failure to recognise same-sex relationships under the definition of de facto spouse, leaving same-sex couples without rights such as carer's leave, adoption leave, and parental leave.<sup>4</sup>

### Paid Personal (Sick) Leave Entitlement

An employee is entitled to paid personal (sick) leave which is accrued at the rate of 1/26 of the number of nominal hours worked by the employee for each completed four-week period of continuous service with the employer. This would mean that an employee, whose nominal hours worked each week over a 12-month period is 38 hours, is entitled to accrue 76 hours paid personal/carer's leave (ie two weeks paid leave) over the period. Paid personal leave accrues on a pro rata basis.

### Accrual of Personal (Sick) Leave

Each month, an employer must credit an employee the amount (if any) of paid personal/carer's leave accrued by the employee since leave was last credited to the employee. For example, the employer may credit leave on the first day of each month, or on the first Monday of each month (except for public holidays, when the leave will be credited the next business day). If an employee's working hours were variable from month to month, the amount of accrued leave credited each month would vary accordingly. Paid personal/carer's leave is cumulative.

### Notice and Evidence Requirements

#### *Paid Sick Leave*

To be entitled to sick leave an employee must notify the employer of their inability to attend work, as soon as reasonably practicable, unless there are circumstances beyond the employee's control. Where an employer requires an employee to provide a medical certificate when claiming payment for sick leave, the medical certificate must include a statement to the effect that, in the medical practitioner's opinion, the employee was, is, or will be unfit for work during the period because of a personal illness or injury.

#### *Paid Carer's Leave*

In the case of an employee's claim for paid carer's leave, and where the employer requires the employee to produce the required document, the following applies:

- A medical certificate, from a medical practitioner, is required if the care and support provided by the employee is because of the personal illness or injury of a family or household member.
- A statutory declaration made by the employee, is required, if the care and support provided by the employee is required because of an unexpected emergency affecting a member of the family or household.

As with sick leave, the required document must be given to the employer as soon as reasonably practicable. Neither the notice or document requirements apply to an employee who could not comply because of circumstances beyond the employee's control.

#### *Unpaid Carer's Leave*

All employees (including casual employees) are entitled to two days of unpaid carer's leave on each occasion that a member of the employee's immediate family or household requires care and support due to being ill, injured, or affected by an unexpected emergency. An employee may take the leave in one continuous period, or in distinctly separate periods as agreed between the employer and employee. For example, an employer and an employee could agree that the employee will take unpaid carer's leave as four consecutive half-days, so that the employee could share caring duties with someone else. An employee can only access an entitlement to unpaid carer's leave where the employee has exhausted their accumulated paid carer's leave or any other authorised leave, eg annual leave, for caring purposes.

### Payment for Personal (Sick) Leave

The employer must pay the employee an amount that is equivalent to what the employee would reasonably have expected to receive had the employee worked during the period of leave. An employee is not entitled to take paid sick leave to cover an absence from work because of personal illness or injury if the employee is receiving workers' compensation payments. There is an annual cap on an employee's entitlement to take time if, during the previous 12 months, the employee has already taken paid carer's leave of more than 1/26 of the nominal hours worked. This means an employee would be entitled to use up to 10 days personal leave each year for the purposes of caring for members of the employee's immediate family or household who are sick and require care and support, or who require care due to an unexpected emergency. The remainder of the employee's accrued personal leave entitlement would be reserved to be taken as paid sick leave as the need arises.

### Compassionate Leave

Under WorkChoices an employee, other than a casual employee is entitled to take two days paid leave to spend time with a critically ill, injured, or dying person who is a member of the employee's immediate family or household. An employee may take up to two days compassionate leave upon the death of a member of their immediate family or household and such leave does not have to be taken immediately when the illness, injury or death occurs. The employer must pay the employee an amount equivalent to what the employee would reasonably have expected to receive had the employee worked during that period of leave.

Compassionate leave is also prescribed in legislation in Queensland, South Australia and Western Australia. In Queensland, the *Industrial Relations Act 1999* [Qld] provides employees, including 'long-term casuals', with two

days leave on the death of an immediate family or household member. In South Australia, the *Fair Work Act 1994* [SA] provides an entitlement of two days bereavement leave for all full-time and part-time employees on the death of a spouse, parent, child, any other member of the employee's household, or any other person who is dependant on the person's care. In Western Australia, the *Minimum Conditions of Employment Act 1993* [WA] provides an entitlement of two days bereavement leave on the death of a spouse (including de facto), child or step-child, parent or step-parent, and any other person who at the time of death was living with the employee as a member of the employee's family.

#### How do managers and employers ensure they are not discriminating against a person with cancer?

- Be clear about the actual requirements of the person's job – does their illness actually affect their ability to do the job, or is it more about the fact that the employee is away on sick leave more, or is fatigued etc.
- Make reasonable modifications/ adjustments to enable the person to continue doing their job. For example, if there are tasks that are particularly tiring that can be reallocated (in consultation with the employee) or if there is equipment that can be purchased that will assist the person to do their job in less time etc.
- Provide lots of support – emotional and practical – and ideally document the support that is given.
- Avoid making assumptions about what the person can or can't do. Give them every opportunity to demonstrate they can still perform their role without over-managing them. At the same time, make sure you check in regarding how they are going with managing their workload.

- Employers should ensure that employees on 'light duties' are not required to perform duties which are 'heavy' in nature, as this may constitute disability discrimination as well as a risk to the employee's health and safety. Employers are under an obligation to make sure that work conditions that are adverse to an injured employee are rectified.
- An ill or injured employee can make claims against employers under unlawful termination laws or under discrimination laws. WorkChoices legislation says an employee has to choose between the two streams of action. Under WorkChoices, an employee pursuing a claim will only get one attempt at that claim; that is, if they lose a discrimination claim they will not then be able to lodge an unlawful termination claim against their former employer, and vice versa. Under WorkChoices, there is no access to unfair dismissal laws for employees whose employer has 100 or fewer employees.

#### How do managers and employers ensure they do not unfairly terminate someone with cancer?

If a manager is proposing to terminate the employment of someone with cancer, they need to be very clear about the grounds for that termination and they need to ensure their reasons are lawful and not discriminatory or in breach of the relevant contract, award or agreement.

Prior to termination on the grounds of poor performance (unless this is case of summary dismissal for serious misconduct), managers need to ensure they have carefully explored the following:

- The person's performance record: Has there been a history of poor performance/excellent performance? Is the person's performance unusual and related to their illness? Or, was their performance poor prior to their diagnosis and treatment? Over what period of time has performance been an issue?

- What support, training, feedback and guidance has been given to the person to assist them to improve their performance?

Once the grounds for termination are established, the manager must ensure they follow a fair process leading to termination.

In accordance with the relevant industrial instrument and the company's policies and procedures, managers should ensure they are extremely thorough in recording both the reasons for termination and the process followed leading to termination.

#### Tips for Employers

The following nine recommendations to employers feature in The Cancer Council WA report, *Cancer in the Workplace Project – Report on consultations with Managers and Employees*:

1. When first informed by an employee that he or she has been diagnosed with cancer, reassure the employee of his or her continued job security especially if he or she has delayed informing you of the diagnosis.
2. Discussion of sick leave provisions and other entitlements need not be had with the employee immediately, unless requested by them; at this early stage the employee is likely to be feeling somewhat overwhelmed and suffering from 'information overload'. For this reason the 'when you're ready to talk about it' approach is recommended. When the discussion does take place it is recommended that a case manager, such as the HR manager, is assigned who can answer all questions.
3. If possible, the employee should be offered counselling via an Employee Assistance Program (EAP) and this offer should be extended to immediate family members also.

4. Be as generous as the organisation can afford and offer as much flexibility as possible in terms of offering the employee to work as much or as little as they wish. Do not assume that the employee should stop work; many people with cancer report that continuing to work helps them focus on things other than their health and provides important social contact.
5. An employee's desire for privacy should always be respected and their wishes as to whether or not they want their colleagues to know about their diagnosis should be clarified. Most employees do not mind if their work colleagues know about their diagnosis and cancer survivors suggest that it can be highly beneficial for work colleagues to know as it allows them to be supportive.
6. If there is someone in the office who has survived cancer, a highly effective strategy can be to ask them to take on a mentor role for the newly diagnosed employee; check with the person with cancer first.
7. The reaction of other staff members to the news should also be taken into account as it can affect people in a large variety of ways. If possible, staff should be offered counselling if they feel they need it, although this is usually beyond the scope of normal Employee Assistance Programs (EAPs).
8. The desire of other staff to help a colleague diagnosed with cancer can be profitably channeled towards some form of appropriate supportive gesture such as cards, flowers, gift baskets, donations of money or sick leave etc. Although colleagues might have a sense of hopelessness, assure them that their expressions of concern and offers of support will be highly appreciated and beneficial.
9. Staff members with no previous experience of cancer are unlikely to have a great deal of knowledge about what lies ahead for their colleague.

Providing them with information about the type of cancer, prognosis, likely treatments and duration, and side effects such as fatigue and memory deterioration can therefore be a useful strategy. However the information does not need to be overly detailed: a brief overview is usually sufficient with advice as to where further information can be obtained. Knowledge about the cancer is likely to make colleagues more comfortable around the employee with the cancer, and even encourage them to enquire as to the progress of treatments, which most people with cancer say they do not mind and even appreciate.

#### Making adjustments to help employees

The following list of 'reasonable adjustments' has been suggested for workplaces in Britain<sup>5</sup> and is included here as it is very likely to have direct relevance for workplaces in Australia:

- Allowing an employee time off to attend medical appointments
- Modifying a job description, with the employee's agreement, to take away tasks that cause particular difficulty
- Allowing some flexibility in working hours
- Allowing extra breaks to help an employee cope with fatigue
- Temporarily allowing the employee to be restricted to 'light duties'
- Adjusting performance targets to take into account the effect of sick leave/ fatigue etc on the employee
- Moving the employee to a post with more suitable duties (with the employee's agreement)
- Moving a work base: for example, transferring to a ground-floor office if breathlessness makes climbing stairs difficult
- Ensuring suitable access to premises for employees using wheelchairs/ crutches etc
- Providing toilet facilities appropriate for a disabled employee
- Allowing working from home
- Allowing 'phased (gradual) return' to work after extended sick leave
- Providing appropriate software (such as voice-activated software for employees who cannot type)
- Changing a meeting date/time so as not to clash with an applicant's medical appointment.

An employer will need to consider several factors when deciding whether an adjustment is reasonable, including the effectiveness of the adjustment for people with disabilities. What is considered 'reasonable adjustment' will depend on many different things, including:

- The cost of making the adjustment
- The amount of benefit for the employee
- The practicality of making the adjustment
- Whether making the adjustment will affect the employer's business/service/ financial situation
- Whether or not financial assistance eg from the Access to Work scheme or voluntary organisation is available to an employer for such an adjustment.



## IN SHORT – WORKSHOP HANDOUT WHO 11

# Towards Better Practice Principles for Organisations

Better Practice Principles for Organisations<sup>6</sup> can include the following elements:

- Knowledge of employers' rights and responsibilities – and ensuring that organisational arrangements are consistent with these
- Respect for privacy
- Provision of support and flexible working arrangements for carers of people with cancer
- Balancing the individual's right for privacy with potential impacts on other work colleagues/team members
- Provision of relevant information to the employee at the right time
- Clear communication to other work colleagues at the right time (eg as to why certain work scheduling changes are being put in place to allow flexibility for a person with cancer)
- Accurate and current information in the workplace to dispel any myths or misunderstandings about cancer
- Flexibility of work scheduling to deal with effects of cancer treatment (fatigue, concentration issues)
- Provision of practical advice and support on leave and other employee entitlements
- Awareness and management of impacts on other work colleagues
- Providing a 'point(s) for conversation' for the person with cancer and for other work colleagues
- Zero tolerance of any discrimination and harassment of the employee with cancer
- Creating a supportive workplace climate where all employees are encouraged to engage and assist people to access appropriate help
- Promoting an understanding of cancer issues, including an appreciation that returning to work is very important for the vast majority of people dealing with cancer.

<sup>6</sup> This list does not purport to be exhaustive and is intended only as a starting point for organisations.

### 3.5 Towards Better Practice Principles for Organisations

Better practice principles are suggested in this section as a starting point for organisations. The principles were derived from the research (see Appendices) into employees with cancer diagnoses, the legal obligations of managers and employers and social justice principles. They were refined and validated in a writing workshop used to generate the case studies included in *Working with Cancer*. However, it is emphasised that this list does not purport to be exhaustive and is intended only as a starting point for consultation and real engagement of those for whom the better practice message is being formulated.

Better practice principles for organisations includes the following components:

- Knowledge of employers' rights and responsibilities – and ensuring that organisational arrangements are consistent with these
- Respect for privacy
- Provision of support and flexible working arrangements for carers of people with cancer
- Balancing the individual's right for privacy with potential impacts on other work colleagues/team members
- Provision of relevant information to the employee at the right time
- Clear communication to other work colleagues at the right time (eg as to why certain work scheduling changes are being put in place to allow flexibility for a person with cancer)
- Accurate and current information in the workplace to dispel any myths or misunderstandings about cancer
- Flexibility of work scheduling to deal with effects of cancer treatment (fatigue, concentration issues)
- Provision of practical advice and support on leave and other employee entitlements
- Awareness and management of impacts on other work colleagues
- Providing a 'point(s) for conversation' for the person with cancer and for other work colleagues
- Zero tolerance of any discrimination and harassment of the employee with cancer
- Creating a supportive workplace climate where all employees are encouraged to engage and assist people to access appropriate help
- Promoting an understanding of cancer issues, including an appreciation that returning to work is very important for the vast majority of people dealing with cancer.

#### A plug for Injury Management Plans

In the development of *Working with Cancer*, some managers commented on broader plans that could be used as vehicles for some of the principles listed above, eg an Injury Management Plan.

An Injury Management Plan:

- Is specific to your organisation, workforce and business objectives
- Should ensure you meet your legislative obligations (OH&S, workers compensation, anti-discrimination)
- Should be available to all staff – educate the worker and the supervisor
- Should take the guesswork out of getting results (maximising return to work reduces direct and indirect costs).

### 3.6 Developing and Implementing Policies in the Workplace

This section is modelled on, and has drawn ideas and material from, The Cancer Council NSW publication, *Protect your skin – a workplace sun protection kit*. Other useful sources are included in the references for Section 3.



## IN SHORT – WORKSHOP HANDOUT WHO 12

### Nine Steps to Introducing a Policy

#### Step 1

##### Be Informed

- Gather information
- Clarify your responsibilities

#### Step 2

##### Form a Working Party

- Seek broad representation
- Define the role and activities of the working party
- Choose someone to chair the group

#### Step 3

##### Develop an Action Plan

- Consider the 'action plan checklist'
- Consult with staff

#### Step 4

##### Keep Management Informed

- Prepare a report(s)

#### Step 5

##### Develop the Policy

- Write the draft policy
- Facilitate the consultation
- Trial new initiatives
- Review the draft policy
- Develop a plan to implement the policy

#### Step 6

##### Educate Employees about the Policy and Promote it

- Conduct awareness raising activities
- Facilitate training for all staff

#### Step 7

##### Implement the Policy

- Commence the policy
- Establish review dates

#### Step 8

##### Ensure Policy Benefits are Maintained

- Monitor compliance with the key elements of the policy
- Conduct ongoing supportive activities
- Deal with any problems as they arise

#### Step 9

##### Review and Evaluate

- Consider the process
- Consider the results
- Revise as necessary (go to Step 3 and repeat)

### Success Factors for Policy Development and Implementation

Experience and research suggest that policy development and implementation will be more successful if:

- Employers and employees representing a cross-section of the organisation actively participate in planning, consultation, decision-making, determination of strategies, implementation and review
- A written policy is developed that is adopted, supported and reviewed
- Ongoing training and information is provided as a key component of the policy
- Staff and management have ongoing opportunities to comment on, and review, the process and the impact of implementation of the policy
- A system to support regular review of the written policy is developed
- Action is taken for the consideration and integration of all recommendations from the review process.

When planning and implementing policy around the issues dealt with in *Working with Cancer*, it is important to remember that some of the changes will be focused on the individual level (eg employees awareness and behaviours) some will be at the structural level (eg flexible scheduling of work to support people dealing with cancer) and some may be at the organisational level (eg providing or extending to more comprehensive services under the organisation's Employee Assistance Program). Ongoing consultation is the key to successful policy implementation. Whether an organisation is adapting or reviewing an existing policy or is in the process of developing a new policy, the 'nine steps' process outlined will be useful.

### Step 1. Be Informed

- Use the information in this resource, *Working with Cancer*, to build a sound argument as to why a workplace policy is needed.
- Gather information on how many employees might be likely to be affected over time (eg make use of the figures in Appendix 3).
- Obtain examples of workplace policies in the same or similar areas.
- Investigate what similar organisations have done in this area and seek advice from relevant industry associations and unions.
- Clarify the organisation's duty of care under the Occupational Health and Safety Act.

### Step 2. Form a Working Party

- Ideally a working party will be composed of workers from a range of different departments, union representatives, HR representatives and management; in some cases the working party may include peak organisation representatives or consultants.
- Interested people can be recruited through notice boards, newsletters, meetings and pay-slip notes; alternatively departments or sections could be asked to nominate representatives.
- There may be an existing committee that can take on this task.
- The working party will need direction and an action plan covering the development and implementation of the policy.

### Step 3. Develop an Action Plan

- Consider the Action Plan Checklist:
  - Does the organisation need to develop a new policy or can it adapt or update an existing policy?
  - What model policies or guidelines can be used as a reference?
  - What existing organisational or local resources are available to assist the process?

- Who should be consulted in the policy process? Which workers from which departments? Unions? Return to Work Coordinators? HR Managers? Management? Health/counselling staff? Peak organisations? Consultants with expertise in the area? Marketing and Communications staff?
- What is the budget for developing and implementing the policy?
- What strategies can be used to ensure that the policy is implemented and evaluated?
- Ask for employees' opinions at workplace meetings.
- Conduct interviews, focus groups and/or a workplace survey.
- Talk with employees informally and get a sense of their opinions.
- Ensure you have used consultation to help you determine:
  - Employees' and managers' current awareness and knowledge of the issues and of any existing policies
  - What issues (if any) have been identified as being particularly important to address
  - Potential barriers to be addressed at the policy implementation stage.

### Step 4. Keep Management Informed

- Preparing a report(s) for management is a useful step in gaining their support if they are not already involved and leading the process. The report could cover health and safety requirements, legal responsibilities, advantages of developing and implementing the policy as well as the proposed action plan and budget.

### Step 5. Develop the Policy

- Write the draft policy: use a model policy and information gained through the consultation process as the basis for your policy.
- Develop 'SMART' objectives for your policy (Specific, Measurable, Achievable, Resourced and Time-based).

- Address any other relevant issues, including the procedures for dealing with non-compliance.
- Facilitate the consultation: circulate the draft policy to key stakeholders for comment.
- Give employees an opportunity to generate ideas about the best way(s) to improve on the draft document.
- Provide up-to-date information on the progress of the policy development at meetings.
- Trial some of the new ideas and initiatives for a period.
- Amend the draft policy to reflect feedback from the consultation and trials; as far as possible incorporate the views and recommendations of those most affected by the policy.
- When the policy document is complete, circulate it; it may be helpful to prepare a one-page summary version highlighting the most important aspects of the policy.
- An effective policy depends on an implementation plan being an integral part of the development process.

#### Step 6. Educate Employees about the Policy and Promote it

- Conducting activities to raise awareness and improve understanding amongst employees is a critical step in effective policy implementation; make sure that supervisors and managers are included.
- There are different ways to raise awareness; *Working with Cancer* includes a sample short information session and one-day workshop. Posters, brochures, pay-slip notes, newsletters are other methods to be considered.
- Design and conduct an information session or workshop dealing with the issues raised in *Working with Cancer*; the session could be dedicated exclusively to *Working with Cancer*, or it could be integrated into an existing program as appropriate.

- After the initial training or information session, updates should be conducted at regular intervals and be incorporated into orientation/ induction materials for new employees.

#### Step 7. Implement the Policy

- Encourage managers and supervisors to be fully acquainted with the policy so that they can be seen to be supportive and can answer any questions.
- Set realistic timeframes for implementation of the policy and for its ongoing review; consider whether the policy is to be implemented with immediate effect or whether there is to be a defined 'introductory phase' before the policy becomes compulsory.

#### Step 8. Ensure that Policy Benefits are Maintained

- Establish the means to see whether the policy is being implemented as intended and that employees are complying as required, eg establish a process where workers can feed information back to the policy working party on a regular and ongoing basis.
- Seek employee suggestions about ways of ensuring compliance with the policy across the organisation.
- Conduct ongoing supportive activities, eg provide information on the policy at induction training for new staff and include case studies or other material from *Working with Cancer* in in-house training programs for managers.
- Promote or reinforce the policy throughout the year through notice boards, posters, discussions, brochures, memos and staff newsletters.
- Write some speech notes so that the CEO or General Manager has an opportunity to make strong and supportive public statements about the policy.
- Run a policy update/information session every year.

#### Step 9. Review and Evaluate

- The process of policy implementation should be reviewed regularly in the first 12 months by senior management and by the HR section of the organisation with the assistance of the policy working party or group.
- The methods advocated for Step 3 can appropriately be used again here to check on policy implementation (opinions, surveys, focus groups).
- The process of review can be as simple as asking staff for comments on any problems they think may be occurring with the new policy and practices, or as sophisticated as a formal survey.
- Both the results of the policy and the review of the written document should ideally be undertaken annually or at least every two years.
- The review process could be integrated into other workplace policy review processes.

## References for Section 3

### *1. Workplace*

The Australian Workplace website is an initiative of, and is administered by, the Australian Federal Department of Employment and Workplace Relations. It provides access to online services and information, employment information, government assistance, jobs, careers, training, working conditions and Indigenous Employment Centres.

**<http://www.workplace.gov.au/workplace/>**

### *2. WorkChoices*

The Department of Employment and Workplace Relations (DEWR) manages this website which provides general information about WorkChoices.

**<https://www.workchoices.gov.au/>**

### *3. Paul Bullen Management Alternatives Website*

Many of the resources on this site have been designed for small to medium-sized human service organisations. The section 'Steps in Writing Policies' contains very useful information and is worth referring to.

**<http://www.mapl.com.au/policy/tp2.htm>**

### *4. Department of Local Government, Planning, Sport and Recreation (Queensland) Website*

This Queensland government website includes useful generic descriptions of the policy development processes and a list of suggested policy implementation strategies.

**[http://www.srq.qld.gov.au/policy\\_development\\_process.cfm](http://www.srq.qld.gov.au/policy_development_process.cfm)**

# 4: Rights, Responsibilities and Tips for Employees



## IN SHORT – WORKSHOP HANDOUT WHO 13

### Rights Responsibilities and Tips for Employees

- WorkChoices is estimated to apply to 85% of the workforce and is referred to in this section. However, there is a range of industrial instruments that currently apply to different employers in different states and there will be a period of transition for many employers with the implementation of WorkChoices. Every effort has been made to ensure that information included here was correct at the time of publication, however employees should also seek their own legal advice as necessary.
- If you are an employee with a cancer diagnosis, it is important you:
  - Ask your employer (HR department as appropriate) about your statutory rights, in particular how much paid and unpaid time off you are entitled to.
  - Get information from your doctors and other health professionals about your cancer, the likely effects of the cancer and whether it will make it difficult for you to work.
  - Ask if the organisation can provide any other relevant benefits that could help you.
  - Verify that the information and advice you have obtained from your employer is comprehensive and up to date; use independent sources such as a trade union, professional association or solicitor.
  - Keep a work diary of key meetings, tasks, important conversations, time, leave taken and appointments.
  - Use and conserve your energy wisely; you are not much good at work when you are absolutely exhausted. It's less likely that you will make good decisions and more likely that you'll make some mistakes. Consider using a 'Fatigue Diary' (see Appendix 5) or include this as an element in a work diary.
  - Give your employer as much notice as you can when you need to take time off. This makes it easier for the organisation to make more flexible arrangements.
- You are not legally obliged to tell your employer if you have cancer; however, if you choose not to do so and the cancer and its treatment affects your ability to do your job properly this could have the potential to cause problems for you.
- If you tell your employer about a cancer diagnosis but do not want your workmates to know, your right to privacy should be respected.
- If you want your workmates to know about a diagnosis but don't feel able to do this yourself, you can ask the HR manager or another manager, or one of your closer workmates to do this for you.
- Take the time off/days off that you need to feel better, then go back when you are ready.
- Organise your important and relevant information in a special file or folder.
- If you need advice about discrimination in the workplace talk to a social worker, solicitor, the Human Rights and Equal Opportunity Commission (HREOC), Department of Social Security or a local community health or welfare centre.
- If you need to find a lawyer who specialises in this area you can check the website of the Federal Court of Australia <http://www.fedcourt.gov.au> and check the section 'Information for Litigants' which contains many useful links.

You can also check with the various Law Societies and Institutes for individual states and territories who provide referrals to specialist lawyers (see URLs provided in this section).

#### Important Disclaimer

Every effort has been made to ensure that information included here was correct at the time of publication, however employees should also seek their own legal advice as necessary.

## 4.1 Returning to Work

Work is an important part of life for many people. Besides income, it provides satisfaction and a chance to socialise with workmates. Returning to work is one way to make life feel normal again. The individual is the best judge of when to return to work. This will be different for everyone and will depend on how well they feel. It may help them to go back for short periods and build up as they start feel to better. People can be anxious to prove that their skills have not been affected by their illness. It is important for them to try to pace themselves so that they do not get too tired. If it looks like it will help, they should be encouraged to talk to their employer about working part time, job sharing or working from home.

People can find that relationships with colleagues change when they return to work. Some workmates may pretend the employee never had cancer, while others may underestimate the seriousness of the illness because the person looks well and is able to function. Like family and friends, colleagues can be unsure of what to say or may be trying to protect the feelings of the employee (or their own feelings). Some people have found that being open about their condition eases relationships with co-workers. Others returning to work might appreciate a casual attitude to their illness. If a person is being overprotected at home, returning to a situation where others don't think of them as sick might be just what they need.

If treatment has made it impossible to return to work, people can be encouraged to look into rehabilitation and retraining programs that can prepare them for another job. If cancer treatment meant having to leave their old job, discrimination may be a hurdle to returning to work. Even the person who has completely recovered may find it difficult to get work or find they are overlooked for promotion. Employers may think that people who have had cancer take too many sick days, are a poor insurance risk or will make co-workers uncomfortable.

## 4.2 Taking Time Off

You may want to make logs or diaries of your usual work schedule and duties, and refer to it when organising any flexi-time, shifted duties or time off. You may also want to make a detailed list of duties so you may direct others in handling situations and procedures while you're out of the office.

## 4.3 Discrimination

Some people with cancer face a number of challenges related to employment and workplace discrimination. Union officials can be good sources of information about illness and the workplace. You may want to keep records of your contacts with office personnel, including the names of the people with whom you have spoken about your illness, the date and place you spoke, and the information you received. It's also a good idea to keep documentation of your job performance evaluations. If you need advice about discrimination in the workplace talk to a social worker, solicitor, the Human Rights and Equal Opportunity Commission (HREOC), Department of Social Security or a local community health or welfare centre.

## 4.4 Talking to workmates about cancer

Some workmates may react to the news of a cancer diagnosis and absences with understanding and helpfulness; others may feel uncomfortable around the person because of their cancer. Some people can find cancer an unpleasant reminder of their own mortality; others may resent the thought of taking on extra workload because of cancer-related absences. A lack of knowledge may lead some people to ask intrusive questions about the person's health or conversely to avoid them altogether. People can behave in awkward ways because of vague fears or uneasiness about cancer. For them cancer may represent some unspecified but nonetheless threatening danger.

It is a personal decision for a person with a cancer diagnosis as to how open they wish to be with their workmates about their condition. In some work environments, it may not benefit the person to share these details – for instance in a highly competitive and fast-paced work environment, it might first be wise to consider who is likely to be empathetic and supportive. It may then be possible to confide in that person and ask for their help in developing the best plan for telling others and asking for time off. Only the individual can decide which approach will work best for them in their situation; if a person asks for privacy then it must be respected.

## 4.5 Superannuation and Insurance for people living with cancer

This material is derived from information provided by The Cancer Council Victoria:

<http://www.cancervic.org.au/cancer1/patients/legal/superannuation.htm>

This section includes general information about superannuation and insurance policies, superannuation contributions, making claims (particularly for disability benefits), the effect on your social security payments and what happens if you return to work. It also includes details of your rights of appeal and the Superannuation and Insurance Advice Service. Note that the Australian Government has introduced legislative changes that give certain employees a choice of superannuation fund from 1 July 2005. If you wish to find out more information about this initiative, eligible employees or employer obligations you should visit the Super Choice website at [www.superchoice.gov.au](http://www.superchoice.gov.au) or telephone 132 864 for more information.

### Superannuation Benefits

Many people living with cancer may be able to claim a lump sum or pension if they have a superannuation policy. Superannuation has been compulsory since 1992. Superannuation funds often provide for a lump sum to be paid if you cannot keep working due to illness. This lump sum benefit is often provided as an 'extra' on top of your superannuation contribution. Some funds provide a further benefit of a disability pension paid for two years or more. Many people do not know that they can claim disability benefits from their superannuation fund or when they can get a payout of their contributions. Superannuation funds send out statements every year but they can be hard to understand. If you are not sure whether you are entitled to any disability benefits, or if you cannot find any of your statements, you should ask your employer, your superannuation fund or someone who has expertise in this area.

### When must Superannuation contributions be made?

Under the superannuation laws, your employer must pay your superannuation contributions into a fund at least once every three months. However, many employers have agreements with superannuation funds to pay contributions more often, eg monthly or fortnightly. Some industrial awards also state that employers must pay superannuation contributions more often. To find out, contact the Superannuation and Insurance Advice Service, your employer, your union in relation to your award, or read your employment agreement.

### What if Superannuation contributions aren't paid?

If your employer does not pay superannuation contributions into a fund for you, you should inform the Australian Taxation Office (ATO). If the contributions are not being paid, get help immediately from the ATO, a lawyer who specialises in this area, the Superannuation and Insurance Advice Service or your union.

### Obtaining your Superannuation contribution payouts

Your own contributions can be paid to you when you leave a superannuation fund, though the general rule is that contributions by your employers must stay in a fund until you are 55 or 60 years old.

However, there are exceptions to this rule, and you can get hold of your employer's contributions if any of the following applies:

- (a) You have been on social security payments for at least six months (or nine months, if you are over 55 years and nine months of age) and can't pay your living expenses
- (b) Your house is about to be sold by a bank or other mortgagee
- (c) You need money for palliative care, death expenses, changes to your house or car, or medical expenses outside the public health system for you or a dependant
- (d) You are totally and permanently incapacitated
- (e) You have a superannuation account balance of less than \$200
- (f) You are a temporary resident and leave Australia permanently.

### Superannuation Disability Claims

#### *Claiming Disability Benefits*

Many people living with cancer are able to claim disability benefits. To get a disability lump sum, you usually have to show you can't ever go back to your previous job or any other suitable work that fits your education, training or experience. For example, if you have worked all your life as a labourer or process worker, you will have to show that you cannot do manual work again. It doesn't matter how a disability or illness came about. All disabilities and illnesses are acceptable for a superannuation disability claim. Many people on social security benefits will be able to claim.

### *Making a Disability Claim*

You can usually make a claim at any time. It doesn't matter if you have already had your superannuation contributions paid out to you, even if that happened a long time ago. Disability claims can also be made by the estate of a person after they die. There will be claim forms to complete, medical reports and other papers to send in. It is important to give the right information and reports to support a disability claim. It may take many months before a decision is made, and you may be asked to have some medical examinations. If a claim is rejected, you can appeal to a court or the Superannuation Complaints Tribunal. It is often worth appealing as many appeals settle before they reach court or are successful when they are heard in court. It is important to get help from a lawyer experienced in insurance claims or appeals.

### Superannuation Death Claims

Superannuation funds pay death benefits to the dependants or the estate of a deceased person. In most cases, the superannuation fund trustee is not bound to give benefits to the nominated beneficiaries. A decision of the superannuation trustee can be appealed.

### Personal Insurance Benefits

Some people living with cancer may be able to claim disability benefits from other insurance or superannuation policies that they hold.

#### *Types of Insurance Policies*

Some people have their own superannuation or life insurance policies which may include disability lump sums or 'premium waiver benefits'. Premium waiver benefits are when the insurance company pays your premiums for you when you are unable to because you are ill and/or not working. Most self-employed people have income protection insurance to cover them if they cannot work. Banks and finance companies sometimes ask their customers to take out insurance to cover mortgage or loan repayments if they cannot keep up the payments because of disability. You will need to check with your bank or among

your personal records to find out if you are covered. Some credit cards include disability lump sums as a benefit. You will need to check with your credit card provider to find out if your credit card has such a policy. Some banks, employers, unions, credit unions and sporting and social clubs have disability insurance policies for their members. You should check your records with each organisation.

### ***Making Claims and Appeals***

Insurance disability claims can usually be made at any time although it is better to make a claim as soon as possible. There will be insurance claim forms to complete and medical reports and other papers to send to the insurance company. It is important to provide the right information and reports to help your claim. It may take many months before a decision is made, and you may be asked to have some medical examinations. If the insurance company rejects your claim, you can appeal their decision to a court or a low-cost insurance complaint scheme.

### **Obtaining New Insurance or Superannuation Policies**

If you already have cancer, it may be difficult to take out a new policy with disability or death benefits.

If you try to take out your own insurance or superannuation policy, you will usually have to complete a medical questionnaire for the insurer to calculate your health risks and decide whether they wish to cover you.

If you know you have cancer, the usual practice is that you have to inform the insurer. They may then refuse to cover you for disability payments. If you know that you have cancer when you join but do not inform the insurer, then they may refuse to fulfill their obligations and will not pay disability payments to you. However, this is not always the case. If you have had cover for more than three years, an insurance company may only refuse to pay you or reduce your payments if:

- You did not inform the insurer about your condition when you started your insurance cover; and
- If your failure to disclose that information was fraudulent (meant to deceive) and dishonest.

However, it may be possible to get disability and death cover by joining a 'group' superannuation or insurance scheme, eg with your employer, union or credit union. In such schemes, you may be offered automatic cover without any health tests or questions.

### **Superannuation/Insurance and your Social Security Payments**

#### ***Superannuation Lump Sums***

A superannuation lump sum will usually be taken into account in an assets test to determine your social security payments. However, if you keep the money in a superannuation fund, it will not count as an asset until retirement age.

#### ***Superannuation Pensions***

Superannuation pensions are treated as income, and may reduce your social security payments.

#### ***Insurance Lump Sums***

An insurance lump sum payout will be taken into account in the assets test to determine your social security payments.

#### ***Insurance Income/Pension Payments***

Insurance income replacement payments are usually treated as income, and may reduce your social security payments.

### **Superannuation/Insurance and Returning to Work**

If you have stopped work because of cancer, you can return to work if your health improves and you feel that you are able to go back to work. If you do go back to work and you have already been paid a superannuation or insurance disability lump sum, you will not have to repay the lump sum. If you are receiving a superannuation or insurance pension, you have to tell the fund or insurer that you are returning to work. If you do not tell them, you may be liable to repay any payments received. If you return to work and you are earning more than \$450 per month, your employer will once

again have to pay your superannuation contributions. Your new superannuation fund may also include death and disability benefits even though you have cancer.

### **Superannuation and Insurance Advice**

#### ***Need to get advice?***

Many people do not know that they can claim disability benefits from their superannuation or insurance. If your working life is cut short, you probably won't have enough superannuation because your superannuation is designed to last for an 'average' period of retirement, not longer. Extra disability benefits will help you.

#### ***Where can I get help?***

The Chronic Illness Alliance website <http://www.chronicillness.org.au> incorporates a section called 'Work Welfare Wills', designed to help people with chronic illnesses when they need to make changes to their paid employment and make decisions about their future.

The Chronic Illness Alliance operates a free Superannuation and Insurance Advice Service on (03) 9805 9126.

You may wish to ask lawyers who have expertise in superannuation and insurance for advice or to see a financial advisor.

To find a lawyer who specialises in this area you can check the website of the Federal Court of Australia <http://www.fedcourt.gov.au> and check the section 'Information for Litigants' which contains many useful links.

You can also check with the various Law Societies and Institutes for individual States and Territories who provide referrals to specialist lawyers:

#### ***ACT***

Law Society of the Australian Capital Territory  
<http://www.lawsocact.asn.au>  
 Level 3, 11 London Circuit,  
 Canberra City  
 Canberra ACT 2601  
 Ph: (02) 6247 5700

**NEW SOUTH WALES**

Law Society of New South Wales  
<http://www.lawsociety.com.au>  
 170 Phillip Street  
 Sydney NSW 2000  
 Ph: (02) 9926 0333

**NORTHERN TERRITORY**

Law Society Northern Territory  
<http://www.lawsocnt.asn.au>  
 Suite G16, 1st Floor,  
 Paspalis Centrepoint  
 48-50 Smith Street (Mall)  
 Darwin NT 0800  
 Ph: (08) 8981 5104

**QUEENSLAND**

Queensland Law Society  
<http://www.qls.com.au>  
 179 Ann Street  
 Brisbane Qld 4000  
 Ph: (07) 3842 5842

**SOUTH AUSTRALIA**

Law Society of South Australia  
<http://www.lssn.asn.au>  
 124 Waymouth Street  
 Adelaide SA 5000  
 Ph: (08) 8229 0222

**TASMANIA**

Law Society of Tasmania  
<http://www.taslawsociety.asn.au>  
 28 Murray Street  
 Hobart TAS 7000  
 Ph: (03) 6234 4133

**VICTORIA**

Law Institute of Victoria  
 Online legal referral service  
<http://www.liv.asn.au/directory/firmsref/>  
 470 Bourke Street  
 Melbourne, VIC 3000  
 LIV Legal Referral Service  
 Ph. (03) 9607 9550

**WESTERN AUSTRALIA**

Law Society of Western Australia  
<http://www.lawsocietywa.asn.au/>  
 PO Box Z5345  
 St Georges Tce  
 Perth WA 6831  
 Ph: (08) 9322 8277

## 4.5 Tips for Employees

- Get information from your doctors and other health professionals about your cancer, the likely effects of the cancer and whether it will make it difficult for you to work.
- Ask your employer (HR department as appropriate) about your statutory rights and in particular how much paid and unpaid time off you are entitled to.
- Ask if the organisation provides any other additional benefits that could help you.
- It may be worthwhile verifying through independent sources such as a trade union, professional association or with a solicitor that the information and advice you have obtained from your employer is comprehensive and up to date.
- Keep a work diary of key meetings, tasks, important conversations, time, leave taken and appointments.
- Use and conserve your energy wisely; you are not much good at work when you are absolutely exhausted. It's less likely that you will make good decisions and more likely that you'll make some mistakes. Consider using a 'fatigue diary' (see Appendix 5) or including this as an element in a work diary.
- Give your employer as much notice as you can when you need to take time off; this makes it easier for the organisation to make more flexible arrangements.
- You are not legally obliged to tell your employer if you have cancer; however, if you choose not to do so and the cancer and its treatment affects your ability to do your job properly this could have the potential to cause problems for you.
- If you tell your employer about your cancer diagnosis but do not want your workmates to know, your right to privacy should be respected.

- If you want your workmates to know about your diagnosis but don't feel able to do this yourself, you can ask the HR manager or another manager, or one of your closer workmates to do this for you.
- Take the time off/days off that you need to feel better, then go back when you are ready.
- Organise your important and relevant information in a special file or folder.
- Examples of the types of information to keep track of in a folder or filing system include:
  - A copy of your employer's policy on leave/sick leave and any relevant information about benefits provided by the organisation
  - Medical reports and other information provided to you about the cancer you are dealing with
  - Information or letters about treatments, the likely effect(s) and the knock-on effects this may have on your work
  - Information/letters from doctors about what adjustments, support or extra help you might benefit from
  - Copies of any appraisals or performance reviews or other documents about your work such as 'Employee of the Month' awards.

### References for Section 4

#### 1. Workplace

The Australian Workplace website is an initiative of, and is administered by, the Australian Federal Department of Employment and Workplace Relations. It provides access to online services and information, employment information, government assistance, jobs, careers, training, working conditions and Indigenous Employment Centres.  
<http://www.workplace.gov.au/workplace/>

#### 2. WorkChoices

The Department of Employment and Workplace Relations (DEWR) manages this website which provides general information about WorkChoices.  
<https://www.workchoices.gov.au/>

# 5: Further Information and Support Services



## 5.1 The Cancer Council: Information, Services, Resources

### The Cancer Council Helpline 13 11 20

For information and advice about any aspect of cancer call the Cancer Council Helpline on 13 11 20 (Monday – Friday 9am to 5pm). The Helpline is a confidential service provided by The Cancer Council for the cost of a local call. If you're deaf or hearing impaired, the TTY number is (02) 9334 1865.

Cancer information consultants are available who can answer questions about any aspect of cancer, including:

- How to prevent cancer or find it early
- How to cope with treatment and its side effects.

The Helpline can also:

- Send you written information
- Put you in touch with services in your own area
- Offer emotional support if you or someone you care about has cancer.

Visit the website [www.cancerCouncil.com.au](http://www.cancerCouncil.com.au) for information about cancer, cancer support and local services or email your enquiry to [helpline@nswcc.org.au](mailto:helpline@nswcc.org.au)

#### Cancer Support Online

A place for people affected by cancer, and their families and carers, to connect with others. Users can access forums, develop their own homepage and find friends on line. Cancer Support Online is not designed to replace professional help and support. <http://www.cancersupportonline.com.au>

## 5.2 List of useful electronic references

Organisations might wish to consider including links to some or all of these sites on their own homepage.

### Australian sites

#### Centrelink

Centrelink is an agency of the Department of Human Services which delivers a range of services to the community. The website can make it easier for people to explore their options, know what questions to ask and find out more about how Centrelink can help them. There are many useful downloadable leaflets and forms.

Examples include:

- *Help for people with an illness, injury or disability – return to work, study or training factsheet*
- *Returning to work when you stop being a carer*
- *Carer Allowance (caring for an adult 16 years or over)*

<http://www.centrelink.gov.au/>

#### Cancer Answers

Trying to find information about cancer and how to deal with it can be an overwhelming experience. This site is designed to guide you with questions and answers – about cancer services and the various stages of the cancer journey – presented in a logical and easy-to-read format. <http://www.cancerCouncil.com.au/canceranswers/>

#### Virtual Cancer Centre

Australia's comprehensive online cancer information resource has been created by leading health professionals from the areas of medical oncology, radiation oncology, haematology, surgery and palliative care. The information is updated and supported daily by a force of GPs, national partners and a dedicated editorial advisory board of leading Australian specialists to ensure the information provided is current. <http://www.virtualcancercentre.com>

#### Working Carers Support Gateway

This website is an information and support service for people who juggle paid work with caring for a relative or friend who is ill, frail or disabled. The website targets carers generally, and low-income and isolated carers in particular, who have both caring and workplace responsibilities.

Developed by the Disability and Aged Information Service Inc (DAISI), the website provides direct information and support for busy working carers.

The website focuses on industrial relations advocacy and financial planning advice. It contains lists of services for working carers; information – including medical information; fact sheets; advice and links. Working carers are able to subscribe free to a monthly electronic newsletter, join an online discussion group for added support, ask for advice on a range of topics with high profile guest hosts in its monthly live chat room, and contribute stories that reflect on their experiences with employers, services and families. They can also join a Gateway reference group to contribute to the website's development.

<http://www.workingcarers.org.au/home/>

#### Breast Cancer Network Australia

The Breast Cancer Network Australia's (BCNA) role is to empower, inform, represent and link Australians personally affected by breast cancer. It is driven by women who have themselves experienced breast cancer. The BCNA provides a variety of programs to raise awareness of breast cancer and to provide support to survivors and their families. <http://www.bcna.org.au>

#### National Breast Cancer Centre

The National Breast Cancer Centre (NBCC) was established in 1995 by the Australian Government in response to community concerns about the human cost of breast cancer. In 1999 the Government provided funding to expand the work into ovarian cancer. The NBCC web portal is a one-stop shop for comprehensive information about breast and ovarian cancer. It links

to sites for health professionals and for the broader community and sites dedicated to supporting families and carers. <http://www.nbcc.org.au/>

#### *Camp Quality*

Camp Quality is a non-profit organisation that is committed to bringing hope and happiness to the lives of children with cancer, their families and communities through ongoing quality recreational and educational programs. Camp Quality has 14 offices around Australia, covering every state and territory. <http://www.campquality.org.au>

#### *Leukaemia Foundation*

The Leukaemia Foundation is a national organisation dedicated to the care and cure of patients with leukaemia, lymphoma, myeloma, aplastic anaemia and related blood disorders. Support services include:

- Counselling and support
- Disease-specific information materials
- Education programs and support groups
- Access to 'home away from home' accommodation close to major treatment centres
- Transport to and from treatment
- Practical assistance.

All services are provided free of charge to patients and families. <http://www.leukaemia.org.au>

#### *National Ovarian Cancer Network*

The National Ovarian Cancer Network (OvCa Australia) is a non-profit, tax-deductible organisation dedicated to raising the profile of ovarian cancer. OvCa Australia supports women with ovarian cancer and their families. The organisation works to increase awareness about the most lethal of all gynaecological cancers, to promote the need for effective early detection, and to encourage access to the best possible care. <http://www.ovca.org/>

#### *Prostate Cancer Foundation of Australia*

The Prostate Cancer Foundation of Australia is the peak body for prostate cancer in Australia. The information on this site about prostate cancer is presented from the perspective of patients who have experienced diagnosis and treatment for the disease. The mission is to reduce the impact of prostate cancer on Australian families through:

- Helping men deal with the diagnosis and treatment of prostate cancer
- Funding research into prostate cancer and
- Raising awareness about prostate cancer in the general community.

<http://www.prostate.org.au>

#### *Palliative Care Australia*

Palliative Care Australia is the national peak body for palliative care in Australia. Their goal is to work toward the relief of pain and suffering of dying people in Australia and the provision of the care they need.

<http://www.pallcare.org.au>

#### *Grieflink*

This website is devoted to increasing awareness and understanding of loss and grief. It is not a counselling or crisis service, so it does not have counsellors available to respond to specific questions or concerns. The site is based in South Australia, so some of the information provided is specific to that State.

<http://www.grieflink.asn.au>

#### *Australian Centre for Grief and Bereavement*

The Centre is a statewide service for Victoria which is located at Monash Medical Centre. It is an independent, not-for-profit organisation and is the largest provider of grief and bereavement education in Australia. Registered as a public benevolent institution, the Centre receives operational funding through the state palliative care program of the Victorian Department of Human Services. Its mission is to build the capacity of individuals, organisations and communities to enhance wellbeing following adverse life events.

<http://www.grief.org.au/>

#### *Workplace*

The Australian Workplace website is an initiative of, and is administered by, the Australian Federal Department of Employment and Workplace Relations. It provides access to online services and information, employment information, government assistance, jobs, careers, training, working conditions and Indigenous Employment Centres. <http://www.workplace.gov.au/workplace/>

#### *WorkChoices*

The Department of Employment and Workplace Relations (DEWR) manages this website that provides general information about WorkChoices. <https://www.workchoices.gov.au/>

#### *International sites*

##### *American Cancer Society*

The American Cancer Society (ACS) is a nationwide, community-based voluntary health organisation with headquarters in Atlanta, Georgia, state divisions and more than 3400 local offices. The goal of the ACS is to prevent cancer, save lives, and diminish suffering from cancer. The ACS provides a comprehensive website. <http://www.cancer.org>

##### *National Cancer Institute*

The National Cancer Institute (NCI) in the USA is a component of the National Institutes of Health (NIH), one of eight agencies that compose the Public Health Service (PHS) in the Department of Health and Human Services (DHHS). The National Cancer Institute coordinates the National Cancer Program, which conducts and supports research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer, rehabilitation from cancer, and the continuing care of cancer patients and the families of cancer patients. [http://www.cancer.gov/cancer\\_information/](http://www.cancer.gov/cancer_information/)

## 5.3 Further Reading

The Cancer Council NSW produces a recommended reading list that meets the following criteria:

- Medical information is based on current accepted medical practice and, where possible, is evidence-based.
- Information about complementary and alternative therapies (including meditation and relaxation) does not contradict current accepted medical practice and/or evidence and will cause no harm.
- Information in the selected titles does not necessarily reflect the opinion of The Cancer Council NSW.
- At least one Cancer Council staff member or a known consumer has read each book, with the exception of titles which have been pre-endorsed by the National Breast Cancer Centre (NBCC) or the National Health and Medical Research Council (NHMRC).
- Priority is given to books written and published in Australia.
- Popular borrowed and/or purchased books are included in the list, if they have been read by a Cancer Council staff member or a known consumer.

Currently the list is divided into eight categories:

1. Cancer Prevention
2. Medical Information
3. Psycho-social Support
4. Complementary and Alternative Therapies (including meditation and relaxation)
5. Cancer Biographies
6. Websites
7. Other Sources of Information
8. For Health Professionals

The reading list is available online at [www.cancercouncil.com.au](http://www.cancercouncil.com.au) – search for 'reading list'.

### Understanding Cancer Series

The Understanding Cancer series of booklets offers cancer patients and their families easy-to-read information on common topics about cancer. Information is available online and in hard copy through The Cancer Council Helpline. Visit [www.cancercouncil.com.au/cancerinformation](http://www.cancercouncil.com.au/cancerinformation)

Most titles can be downloaded as PDFs from the website. Where PDFs are not provided call the Cancer Council Helpline on 13 11 20 to order a printed version.

### Support and Information Pack for cancer patients

The Cancer Council has developed an information package for people newly diagnosed with cancer and their families. The pack provides information about where to find:

- Practical and financial help
- Emotional support
- General information about treatment and care.

The pack also contains the following booklets:

- *Food and Cancer: a guide to nutrition for people with cancer*
- *Emotions and Cancer* (a guide to the emotional issues many patients experience)
- *A Cancer Care Diary* (to record details of appointments, treatment, people and places).

Support and Information Packs are funded through local Relay For Life community events and are available free of charge through hospitals, GPs and cancer treatment centres or through the Cancer Council Helpline on 13 11 20.

# 6: Appendices



## Appendix 1 Sample Information Sessions

### Sample Information Sessions

This section contains two sample information sessions: a short information session of 2-2½ hours duration and a one-day workshop of 7-7½ hours duration.

Resources to be used are clearly indicated and include a PowerPoint® presentation 'Introducing *Working with Cancer*' which may be downloaded at [www.cancerCouncil.com.au/workingwithcancer](http://www.cancerCouncil.com.au/workingwithcancer)

The short information session is suitable for a general employee audience in the workplace. The focus is on empathy and on providing an opportunity for participants to reflect on how they could engage, support and assist workmates to access appropriate help. The session could be organised and facilitated by HR Managers, Return to Work Coordinators, Professional Development staff and others with some experience in training and group facilitation.

The one-day workshop is suitable for Employers, Managers, Team Leaders and others with greater direct managerial responsibility in the workplace. The focus is on best practice in managerial and organisational responses to employees dealing with cancer. It is designed to be organised and facilitated by people with more extensive experience in training and group facilitation and should not be attempted by those new to the area unless they are sharing the responsibility for delivering the workshop with someone who does have more experience and a thorough understanding of adult learning.

### Useful Resources

*The Complete Guide to Facilitation: Enabling Groups to Succeed*, 1998  
Thomas Justice and David Jamieson.  
HRD Press (USA) ISBN: 0874254329

This book includes a wealth of practical information for inexperienced group leaders as well as new tools for seasoned facilitators. It contains more than 100 reproducible forms, checklists, planning aids, and guides. Selected contents are reproduced in CD-ROM format so that you can customise tools to meet your specific needs.

### Sample 1: A Short Information Session

**Duration:** 2-2½ hours including breaks (timings are approximate)

**Audience:** Employees in general

**Leadership required:** Some experience in training and group facilitation

### Objectives:

To:

- Explain the role of The Cancer Council and the services it provides
- Introduce the *Working with Cancer* resource to workshop participants
- Explore information to help gain a basic understanding of what it might be like to live with cancer
- Consider appropriate behaviours and management practices around the issue of cancer in the workplace
- Provide references for further information and sources of help and advice
- Provide an opportunity for participants to reflect on how they could engage, support and assist people to access appropriate help
- Provide an opportunity to practice 'active listening skills'
- Provide information on the various ways in which workplaces can work in partnership with The Cancer Council.

### Resources Required:

- Computer projector
- PowerPoint® presentation 'Introducing *Working with Cancer*'
- Flipchart/butcher's paper and pens
- Copies of Workshop Case Studies WCS01-WCS10 (see Appendix 2)
- Copies of Workshop Handouts (WHOs) found at the beginning of each section as follows:

WHO4 – Effects of Cancer on People's Working Lives

WHO5 – Effects of Cancer on Individual Employees

WHO6 – Effects on Colleagues, Friends, Families and Carers

WHO7 – Dealing with fear and perceived threats to health and life

WHO9 – What workmates can do to be supportive

WHO11 – Better Practice Principles for Organisations

## Suggested Timing and Organisation of Session

See the workshop planning grid on following pages which clearly sets out a plan under the headings Timing, Activity, Purpose, Organisation and Resources.

Timing	Activity	Purpose	Organisation	Resources
5 min	<b>Welcome and introduction</b>	State objectives for session. Explain where amenities are located.	Whole group	PowerPoint slide (Include objectives in presentation)
20-25 min	<b>Presentation</b> 'Introducing Working with Cancer'	Explain the role of The Cancer Council and the services it provides. Introduce the <i>Working with Cancer</i> resource to workshop participants. Examine some of the possible myths and misconceptions which might apply to employees with cancer.	Whole group	Projector PowerPoint presentation
35 min	<b>Active listening</b> Explain purpose. Ask people to sit in pairs, back to back; then ask them to take turns – 2 min each – describing “how I travelled here today.” Take quick feedback – why was it difficult to communicate? What did people do to try to overcome the difficulties? Explain the organisation for the rest of this exercise and that they will join with another pair to share what they talked about. Ask pairs to now sit facing one another. Take turns – 5 min each – describing “what I do to relax and enjoy myself when I am not at work.” “Don’t share anything you wouldn’t be comfortable about sharing with the wider group.” After first 5 min stop the group and ask for 2 or 3 examples of “why the communication is easier”; ask “how do, or how could, you show your partner that you are listening to them?” Pairs join to make groups of four. Partner A tells the other pair how partner B relaxes when they are not at work. Repeat for each member of the group of four. Allow 2 min each (8 min total). Ask each one to give their partner feedback on how accurately they recalled and reported the conversation. Summarise the key points of the Active Listening Skills they have been using (see LIST OF KEY POINTS in right hand ‘Resources’ column).	‘Just listening’ can be a great way of supporting an employee dealing with cancer. But listening is more of a skill than we sometimes think. This session provides an opportunity to practice ‘active listening skills’.	Pairs then groups of four	Butcher’s paper to record what the groups say about ‘active listening’. At the end, summarise using the list below, including their points to note some key aspects of Active Listening. Note again that ‘just listening’ can be a great way of supporting an employee dealing with cancer. <b>LIST OF KEY POINTS</b> <ul style="list-style-type: none"> <li>• Focus on the person: pay close attention to what they are saying.</li> <li>• Use eye contact and other non-verbal cues to show you are paying attention.</li> <li>• Ask questions where appropriate.</li> <li>• Acknowledge the person’s points: avoid agreeing or disagreeing.</li> <li>• Encourage them to continue by nodding, saying “yes,” and letting them know you are listening.</li> <li>• Summarise the main points: at the end of the conversation to check that you understood.</li> </ul>

Timing	Activity	Purpose	Organisation	Resources
30-35 min	<p><b>Working in pairs and groups of four</b></p> <p><b>Working in pairs</b> Each pair has copies of WHO4-7, WHO9 and WHO12. Review cards individually for 5 min, then spend 15 min discussing with partner (a) what workmates could do to be supportive of an employee with cancer (b) what the organisation/management could do to be supportive.</p> <p><b>Working in fours</b> Each pair joins with another pair and shares their main ideas – about 5 min each (10-15 min total).</p>	Provide an opportunity for participants to reflect on how in the future they could engage, support and assist people to access appropriate help.	Pairs then fours	Copies of Workshop Handouts WHO4-7, WHO9 and WHO12 for each participant
15 min	<p><b>Hearing from the groups</b></p> <p>“What the organisation could do”: ask each group to give 2 (only) suggestions first. Then ask for additional suggestions from any of the groups. Repeat for “What workmates could do.”</p>	Provide an opportunity for participants to reflect on how in the future they could engage, support and assist people to access appropriate help.	Groups of four report back to the whole group	
5 min	<p><b>Closing</b> – If not mentioned already, mention that another thing people can do is to help The Cancer Council in its mission – give out copies of <i>Working with Cancer</i> introduction.</p>	Provide information on the various ways in which workplaces can work in partnership with The Cancer Council.	Whole group	Copies of <i>Working with Cancer</i> introduction (1 for each participant)

### Sample 2: A One-day Workshop

**Duration:** 7-7½ hours including breaks (timings are approximate)

**Audience:** Employers, Managers, Team Leaders and others with greater direct managerial responsibility

**Leadership required:** Extensive experience in training and group facilitation (or co-facilitation with a person who has this level of experience).

### Objectives

To:

- Explain the role of The Cancer Council and the services it provides
- Introduce the *Working with Cancer* resource to workshop participants
- Review the 'In-Short' summaries of each section in *Working with Cancer*
- Examine some of the possible myths and misconceptions which might apply to employees with cancer
- Consider appropriate behaviours and management practices around the issue of cancer in the workplace
- Explore information and case studies to help gain an understanding of what it might be like to live with cancer
- Provide references for further information and sources of help and advice
- Provide an opportunity for participants to reflect on their experiences with cancer and on how in the future they could engage, support and assist people to access appropriate help
- Provide an opportunity to practice 'active listening' skills
- Provide information on the various ways in which workplaces can work in partnership with The Cancer Council.

### Resources required:

- Computer projector
- Flipchart/butcher's paper and pens
- PowerPoint® presentation 'Introducing *Working with Cancer*'
- Copies of Workshop Case Studies WCS01-WCS10 (see Appendix 2)
- Copies of Workshop Handouts (WHOs) found at the beginning of each section as follows:
  - WHO1 – What is Cancer? What Causes cancer? What are the Most Common Cancers?
  - WHO2 – How many Cancers are Diagnosed in Australia?
  - WHO3 – The Impact of Cancer on Employment Patterns
  - WHO4 – Effects of Cancer on People's Working Lives
  - WHO5 – Effects of Cancer on Individual Employees
  - WHO6 – Effects on Colleagues, Friends, Families and Carers
  - WHO7 – Dealing with fear and perceived threats to health and life
  - WHO8 – Managing Employees with Cancer
  - WHO9 – What workmates can do to be supportive
  - WHO10 – Rights and Responsibilities of Employers and Managers
  - WHO11 – Better Practice Principles for Organisations
  - WHO12 – Nine Steps to Introducing a Policy
  - WHO13 – Rights, Responsibilities and Tips for Employees

Timing	Activity	Purpose	Organisation	Resources
5-10 min	<b>Welcome and introduction</b>	State objectives for session. Explain where amenities are located.	Whole group	PowerPoint slide (Include objectives in presentation)
35 min	<p><b>Active listening</b></p> <p>Ask people to sit in pairs, back to back; then ask them to take turns – 2 min each – describing “how I travelled here today.”</p> <p>Take quick feedback – why was it difficult to communicate? What did people do to try to overcome the difficulties? Explain the organisation for the rest of this exercise and that they will join with another pair to share what they talked about.</p> <p>Ask pairs to now sit facing one another. Take turns – 5 min each – describing “what I do to relax and enjoy myself when I am not at work.” “Don’t share anything you wouldn’t be comfortable about sharing with the wider group.”</p> <p>After first 5 min stop the group and ask for 2 or 3 examples of “why the communication is easier”; ask “how do you or how could you show your partner that you are listening to them?”</p> <p>Pairs join to make groups of four.</p> <p>Partner A tells the other pair how partner B relaxes when they are not at work. Repeat for each member of the group of four. Allow 2 min each (8 min total).</p> <p>Ask each one to give their partner feedback on how accurately they recalled and reported the conversation.</p> <p>Summarise the key points of the Active Listening Skills they have been using (see LIST OF KEY POINTS in right hand ‘Resources’ column).</p>	Provide an opportunity to practice ‘active listening skills’.	Pairs then fours	<p>Butcher’s paper to record what the groups say about ‘active listening’. At the end, summarise using the list below, including their points to note some key aspects of Active Listening.</p> <p>Note that ‘just listening’ can be a great way of supporting an employee dealing with cancer.</p> <p><b>LIST OF KEY POINTS</b></p> <ul style="list-style-type: none"> <li>• Focus on the person: pay close attention to what they are saying.</li> <li>• Use eye contact and other non-verbal cues to show you are paying attention.</li> <li>• Ask questions where appropriate.</li> <li>• Acknowledge the person’s points: avoid agreeing or disagreeing.</li> <li>• Encourage them to continue by nodding, saying “yes,” and letting them know you are listening.</li> <li>• Summarise the main points: at the end of the conversation to check that you understood.</li> </ul>
10-15 min	<b>Our own experience</b>	Reflect on own experience(s) with cancer – self or others – share (“only what you wish to share”) with your partner.	Organise in pairs first Individuals then pair work	Nil
20 min	<p><b>Feedback from pairs</b></p> <p>Note: Whilst people are invited to share only what they wish to, the facilitator(s) should be prepared for a wide range of experiences to emerge and also that it may raise some very personal issues for some members of the group.</p>	Sharing experiences Facilitator does not ask pairs to reveal ‘content’ of discussion – instead asks “how did people feel about doing that exercise?”	Feedback invited from pairs to the whole group	Nil

Timing	Activity	Purpose	Organisation	Resources
20-30 min	<b>Presentation</b> 'Introducing Working with Cancer'	Explain the role of The Cancer Council and the services it provides. Introduce the <i>Working with Cancer</i> resource to workshop participants. Examine some of the possible myths and misconceptions which might apply to employees with cancer.	Whole group	Projector PowerPoint presentation
15 min	<b>Morning break</b>	Comfort break		Refreshments
5-10 min	<b>Questions and discussion</b>	Allow time for any questions arising from the presentation 'Introducing Working with Cancer'.	Whole group	Nil
45 min	<b>Working it out</b> Each pair has copies of WHO3- WHO10. Review cards individually for 5-10 min, then spend 15 min discussing with partner (a) what workmates could do to be supportive of employees with cancer (b) what the organisation/management could do to be supportive. Join with another pair to share main ideas for a further 15 min.	Review the 'in-short' summaries (ie Workshop Handouts WHO3) from <i>Working with Cancer</i> . Consider appropriate behaviours and management practices around the issue of cancer in the workplace.	Working first in pairs and then in groups of four. Each pair joins with another pair and shares their main ideas for about 5-7 min each (10-15 min total).	Copies of Workshop Handouts WHO3- WHO10 for each participant
30 min	<b>Hearing from the groups</b> "What the organisation could do": ask each group to give 2 (only) suggestions first. Then ask for additional; suggestions for any of the groups. Repeat for "What workmates could do."	Feedback from groups – sharing ideas.	Whole group	
60 min	<b>Lunch break</b>	Lunch break		Catering
15 min	<b>Better practice principles</b> Review WHO11, WHO12 with a partner.	Consider appropriate management practices.	Pairs, then whole group for any comments	Copies of Workshop Handouts WHO11 and WHO12 for each participant
75 min	<b>Case Studies</b> In small groups of about 4-6 participants. Each group is given 3 Case Studies to discuss. One person records. One person to report back.	Explore information and case studies to help gain an understanding of what it might be like to live with cancer.	Small groups of about 4-6 participants	Copies of Workshop Case Studies WCS01-WCS10
15 min	<b>Afternoon break</b>	Comfort break		
45 min	<b>Hearing from the Groups</b>	Take each case study in turn and ask the relevant group to report on their discussions. Add to the list of Better Practice Principles as good ideas emerge from the feedback and discussion.	Feedback from small groups to whole group.	List of Better Practice Principles from WHO11 shown on a whiteboard/ flipchart

Timing	Activity	Purpose	Organisation	Resources
15 min	<b>Discussion</b>	<p>Provide an opportunity for participants to reflect on their experiences with cancer and on how in the future they could engage, support and assist people to access appropriate help.</p> <p>Provide information on the various ways in which workplaces can work in partnership with The Cancer Council.</p>		
10 min	<p><b>Closing rounds</b></p> <p>Each person makes a short statement beginning with the agreed words... “The most important thing I learned from today’s workshop was...”</p> <p>No interruptions, no discussion, allowed to “pass” if you wish.</p>	<p>Closing and evaluation round.</p> <p>If not mentioned already – mention that another thing people can do is to help The Cancer Council in its mission – give out copies of <i>Working with Cancer</i> introduction section.</p>		<p>Copies of Workshop Handouts – <i>Working with Cancer</i> introduction section (1 for each participant)</p>

## APPENDIX 2 WORKSHOP CASE STUDIES

### Workshop Case Study WCS01:

#### Tania

Tania is a 40-year-old woman. She is married with two children, Shane aged 5 and Olivia aged 7. Tania's husband Paul was diagnosed with lung cancer four weeks ago; doctors have indicated that Paul has no more than 12 months to live. Tania returned to full-time work 18 months ago as a finance manager in a large publishing company. Tania's boss Natalie, the Finance Director, relies on her for accurate reporting and for leading the accounting team.

Tania approaches Natalie and asks her for support to balance her work with her increased carer responsibilities at home (her work and career is very important to her). She knows that she will be the sole breadwinner for her family. She asks about what care services she might be entitled to or if Natalie knows where she might enquire.

Natalie appears cold and impersonal. She seems to ignore Tania's needs and to be more concerned about how Tania's "stress" may be affecting her performance at work – specifically that there may have been some inaccuracies in recent finance reports and forward projections for the company. Natalie also expresses her concern, in a general way, about the levels of absenteeism in the section she's responsible for and her anxiety over meeting approaching deadlines for the end of financial year reports – these are vitally important as they need to be included in papers for the board.

Tania decides to approach you, the Return to Work Coordinator for advice.

### Workshop Case Study WCS02:

#### Tony

Tony is a 21-year-old man who lives at home with his parents and two younger siblings (who are still at school). Tony's father Dan has to travel a great deal in his job and he is rarely at home. Tony's mother, Alice, has advanced breast cancer and is very unwell; in short, Tony is Alice's main carer at home.

Tony has a good full-time job working for a major fast food chain as an assistant manager in a very busy outlet. Recently he has been selected, along with a handful of others across the country, to be 'fast-tracked' in his career through a special management training program run by the company. Tony doesn't want his work colleagues to know about his mother and his home circumstances; at the same time he is concerned about his future with the company if he takes time off to care for his mother and family.

He approaches you, the HR manager for the company, with his concerns and requests. Tony wonders about the possibility of temporarily reducing his hours to part-time. He is very concerned lest other work colleagues find out about his situation and asks about the confidentiality of the issues he is discussing with you. He is also worried about his requests impacting on his career prospects and asks for your reassurance that this will not affect his future prospects with the company.

## APPENDIX 2 WORKSHOP CASE STUDIES

### Workshop Case Study WCS03:

#### Liz

Liz is a 59-year-old woman who lives with her same-sex partner Veronica. She has advanced ovarian cancer. She received her diagnosis almost 12 months ago, now she has experienced a relapse. Liz is due to commence further chemotherapy; she needs a minor procedure – abdominal paracentesis. Liz is the deputy principal in a private primary school. Liz's boss, the principal is a 45-year-old man, Terry, who is very much an advocate for 'traditional values' in this small private school; he has difficulty accepting same-sex relationships and at times has shown a very negative attitude towards Liz in her role as his deputy. Terry has been 'tolerating' Liz's need for leave in the past, but now that she has had a recurrence she is anxious about asking him for further leave without pay (LWOP).

Despite her anxiety Liz raises the subject, of her illness and need for LWOP, with the principal in one of their early morning meetings. Her anxiety seems to have been well founded; Terry is less than supportive and strongly suggests that early retirement is the path for Liz. Liz leaves the meeting feeling confused and worried; many of her teaching colleagues are supportive but her situation is creating some conflict in the staffroom where some of her colleagues, like the principal are very strong on 'traditional values.' The parents are aware of Liz's situation and, like the teaching staff, some are very supportive whilst others are less so; many are very outspoken and want a say in what happens next. Liz approaches you, not only because you are one of her best friends, but also because you are the HR and Development Coordinator in a major national organisation. Although not an expert on the education sector, Liz asks you for advice about her situation, what her rights are and how she should proceed.

### Workshop Case Study WCS04:

#### Jacqui

Jacqui is a 32-year-old woman who is married to Paul. Jacqui has no children but she and her husband very much wish to have a child. The couple have been involved with an IVF program for some time; Jacqui's manager, Sharon, has been very flexible in allowing her the necessary time for her IVF treatment. Jacqui is an experienced community nurse and works full time. Jacqui has very recently been diagnosed with early breast cancer. In her weekly meeting with her manager, Sharon, Jacqui explains that she has breast cancer. She needs immediate sick leave for surgery; she only has one week of sick leave left and no days annual leave left. Jacqui is clearly very worried about her financial situation and about her job security – she is visibly distressed. She says that she wants to keep working; she knows that she will need lighter duties. It emerges that Jacqui has fairly limited family support. Jacqui does not want her colleagues to know about her diagnosis nor to have it discussed.

Sharon does her best to keep calm and collected and to give the outward appearance of being in control, but she is feeling completely overwhelmed by Jacqui's news. In her regular meetings with the other staff she has been receiving negative feedback about Jacqui's time off work for IVF – Sharon has stood by her but it has meant extra effort on her part ensuring that rostering has been done properly. It has also meant that the other staff have had less flexibility in their work schedules. Now that Jacqui has been diagnosed with cancer, she's not sure how to manage the situation. She has made another appointment to see Jacqui tomorrow morning; she is thinking of asking Jacqui to take unpaid leave for six months after her one week's sick leave – but is not certain this is the right course. Feeling overwhelmed in her efforts to balance the needs of one employee (Jacqui) with the needs of her other work colleagues and the service as a whole, Sharon comes to you, the HR manager for the service, for advice.

## APPENDIX 2 WORKSHOP CASE STUDIES

### Workshop Case Study WCS05:

#### Bob

Bob is a 52-year-old man who is single and has been unemployed for some time. He was diagnosed with a brain tumour about two years ago and has recently finished a rehabilitation program following his treatment for the tumour. He still occasionally gets severe headaches and tends to have problems with his short-term memory. Bob's brother-in-law, Alex, who is the manager of a large construction company, has given him a job, for which Bob is truly grateful and very determined to show that Alex's trust is well placed.

Bob's new workmates, in his team, do not take favourably to his arrival. They see Alex's actions as playing 'family favourites' and do not believe that Bob is up to the demands of the job. As a result, one of them (representing the collective views of the team that Bob works in) comes to express the concerns of Bob's work colleagues who are particularly irritated by his frequent memory lapses. Alex listens and notes their concern, but stands by Bob and asks the team to be patient with him. One week later, the same employee is back in Alex's office in a fuming rage. There is a clear and strict safety procedure which all workers have to go through each and every morning – a checklist of items that must be covered without fail. Bob has forgotten to do some of the crucial safety checks and as a result one of the team has just had a 'near miss'. An unsecured load has plummeted to the ground only inches away from where the member of staff was standing and it's clear that Bob's lapse of memory is one of the major factors in the near accident. It's also clear that the accident could have been a fatality instead of a 'near miss'. Alex is torn. He wants to do his best for brother-in-law Bob, who is desperate to keep his new job. But he knows that this is a serious situation and that he cannot ignore the risks and liabilities. Alex refers the matter to you, the HR manager to ensure he is distanced from his conflict of interest and to ensure that Bob gets fair, independent advice. You now have to decide what your approach will be for your meetings with Bob and (separately) with Alex, this afternoon.

### Workshop Case Study WCS06:

#### Frank

Frank is a 48-year-old married man who has had prostate cancer and as a result has had surgery involving a radical prostatectomy (removal of the prostate). He has experienced some problems with incontinence, which he regards as 'minor' and something he can deal with. Frank has experienced impotence after his surgery accompanied by some tensions and problems with his wife Jennifer. The HR section at his work know about Frank's cancer and surgery but as far as they know all is now fine. Frank feels very isolated – he doesn't know anybody his age with prostate cancer and he is a very private man who doesn't talk to his colleagues about his cancer experience. In any event, Frank is a sales representative for a large pharmaceutical company, so that his constant travelling doesn't allow for that much contact with work colleagues other than at the quarterly national sales meetings. The new, young, ambitious regional sales manager, Warren, chairs these meetings.

One morning, as Frank plugs his mobile phone into the hands-free holder in his car, he gets an SMS to ring Warren urgently. In the conversation that follows, it emerges that Frank has missed an appointment earlier this week with a key client who has now rung up and complained to the company. Warren is scathing about Frank's performance and drops some intimidating phrases into the conversation: "I am left wondering what you see as your role with this company" and "so, I am left thinking 'is this really the right place for you?'" Warren makes it clear that he is thinking about issuing a written warning to Frank. This has never happened to Frank in all his 12 years of working for the company.

Frank is well aware that he needs to perform in his job – and he did miss the appointment (unheard of for him, he can't think how it happened). But he also feels angry; after all; he has worked with the company for 12 years. He makes an appointment to see you, the HR manager, to talk about his rights. He is clearly worried that he will lose his job because of what he calls the 'Warren' factor.

## APPENDIX 2 WORKSHOP CASE STUDIES

### Workshop Case Study WCS07:

#### Jimmy

Jimmy is a 29-year-old man who works as a chef in one of the very best restaurants in a world famous hotel chain. He has acquired quite a reputation, not only for his flair in the kitchen but also for his volatile temperament. His infamous nicknames are 'Jimmy the Boss' and 'Thunderbolt'. Recently Jimmy had a setback with his health when he was diagnosed with testicular cancer. Now in remission, Jimmy is returning to work and resuming his duties as top chef from Renaldo, who has been doing a good job in Jimmy's absence (without the 'histrionics' according to the comments openly made by the other staff in the kitchen).

The restaurant manager, Liam, has made an appointment to come to see you, Head of HR for this hotel (and for the region). He explains that Jimmy's return to work has not gone down very well with the kitchen staff. He is very sensitive to all smells and is overreacting with the junior chefs on the slightest issues. When Liam has tried to talk to Jimmy about it he got a very dismissive, even contemptuous response – in effect saying, "I can do it – leave me alone to do my job". It's clear, according to Liam, that Jimmy thinks he has "made the restaurant" and is doing Liam a favour by working there, rather than for a competitor. Liam accepts the grain of truth that Jimmy has made the restaurant famous, but he is not the only talented young chef in the city and Liam has the other staff to think of as well as the customers. Lately, Jimmy has been very demanding, but has also had some difficulty in making decisions or in sticking with decisions he has apparently made; for example, the other night he drove the kitchen staff to distraction changing his mind backwards and forwards about the entrée menu. It seems that Jimmy is determined to 'prove' he is back on top of his game, but in reality his behaviour appears to be raising anxiety levels and tensions so much in the kitchen that quality standards are being affected (both the food and the service).

You know that despite Jimmy's reputation as a great chef, he has only one colleague to rely on at work – and now there is tension even with this workmate; Jimmy has kept his cancer diagnosis to himself and seems determined to keep it that way. You prepare the key points for your meeting with Liam, the restaurant manager, including a plan for how to approach Jimmy.

### Workshop Case Study WCS08:

#### Rebecca

Rebecca is a 39-year-old woman. She is recently married and has no children. She works as a sales representative for a well-known drug company. Her job means that she is 'on the road' daily visiting GPs and pharmacists among others throughout the state (and sometimes interstate as well).

Rebecca comes to see you, the Head of HR for the company. She is well known to you as one of the 'high achievers' in the company – indeed on more than one occasion you have been involved in presenting her with the Employee of the Year award for the company. But the Rebecca you see is not the Rebecca of recent years. It emerges that Rebecca has been diagnosed with bowel cancer and has been in treatment for three months (this is news to you!). Now she is struggling with the side effects of her treatment and follow-up treatment after recent surgery. Rebecca had accumulated a huge amount of annual leave and you had been under the impression she was working to reduce it; down to the reasonable level it now sits at. Rebecca is afraid to tell her manager because of the pressure to perform in her section. She is also less than trusting of her colleagues and suspects that she could lose responsibility for the 'prime patch' which she has built up with her hard work and dedication over the years. At the same time she knows that she cannot keep up the usual standard that has made her Employee of the Year in the past; in fact, she fears the loss of earnings or even the loss of her job if her boss Linda finds out. She is clearly distraught in her dilemma and comes to you for advice. She asks you to keep her diagnosis and treatment confidential.

## APPENDIX 2 WORKSHOP CASE STUDIES

### Workshop Case Study WCS09:

#### Beth

Beth is a 36-year-old woman. She works in a permanent part-time position for the local Council in the Community Services Division. She has worked in local government since leaving university and for this particular Council for over six years; her work is very important to her. So too is her 8-year-old son Daniel, who has just been diagnosed with leukaemia. Beth now needs to renegotiate her working arrangements so that she is able to cope with the schedule of hospital appointments that lies ahead for Daniel; she may need a lot of time off work.

Beth has been very open with her colleagues and willing to talk about the situation with her son Daniel; they are all very supportive of Beth. Beth is also very proactive in setting up an appointment with you, the Deputy Director of Corporate Personnel Services, to discuss the situation. She says that she understands she will have to use up her sick leave and annual leave; she thinks she may need to have some leave without pay (LWOP). She would appreciate your advice and guidance and any information that will help her role as her son's carer and her professional role with the Council.

It emerges during your discussion with Beth that she has tried to approach her manager, Richard. Her version of events is that Richard was "not very interested" in hearing about her situation and seemed more concerned about the shortfall in the Council budget for the current financial year, which everybody has been made aware of. Richard seemed ill-disposed towards supporting Beth's request for LWOP and intimated that he would have to check "to see if we can keep you on, given the current financial climate" – he was not sure that Council could "entertain" this sort of request. Richard is a relatively new and ambitious manager. As Beth points out, he has no children himself ("otherwise he might show a bit more empathy") and seems very able to focus on deadlines and tasks but somehow not able to deal with people. You make some notes covering the points and information for Beth and your plan for a meeting with her boss, Richard.

### Workshop Case Study WCS10:

#### Lionel

Lionel has been a very popular member of staff at his workplace; a State government department. He has been responsible for providing dedicated financial services within a division of the organisation and has developed a reputation for high quality support to the branch managers that he has had dealings with. He has enjoyed special popularity with the various teams of (predominantly female) administrative staff because of his patience in developing knowledge and skills of new staff, and in explaining new financial reporting systems in ways that made everybody feel comfortable. Lionel has a wife and two children in their early teens; he is 39 years old.

Lionel, whilst informing his employer and HR manager, chose not to share with any of his colleagues his diagnosis with lung cancer six months ago. Never a smoker, the diagnosis was as bewildering for his doctors as it was devastating for Lionel. Amazingly, he appears to be in 'good health' and has kept up his usual pace and enjoyment of life. But just after taking time off before and leading up to the Easter break, Lionel went into a very rapid decline. His family and friends managed to assemble from all parts of Australia at short notice to say their goodbyes before he passed away quietly in the early hours of Easter Monday.

It is mid-morning on Wednesday and most people have returned to work after an enjoyable break. A member of your HR team pops their head around the office door to tell you (HR manager for the department) that people are very upset because the news has just gone around of Lionel's death. One young woman is reportedly very distressed. You make a note of the actions you are going to take.

## APPENDIX 3 FACTS AND FIGURES ABOUT CANCER IN MORE DETAIL

**Note:** This appendix is designed to provide more detailed technical information to Section 1 and should be read in conjunction with that Section.

### What are the most common cancers? (2001 data)

National data on cancer deaths have been available since the early 1900s, based on information in medical certificates of cause of death, as provided to the Registrar of Births, Deaths and Marriages in each state and territory. In Australia, cancer registration (except for non-melanocytic skin cancers) is required under state and territory legislation. Cancer registration has been universal in Australia for all states and territories excluding the Australian Capital Territory since 1982 (in the ACT legislation applied from 1994). The cancer registrations are collated by cancer registries that are supported by a mix of state and territory government and non-government organisations.

The Australian Institute of Health and Welfare (AIHW) is Australia's national health and welfare statistics and information agency. The AIHW publishes a *Cancer Series* which includes reporting of cancer incidence rates (new cases). The data presented here are from the latest report at the time of writing: *Cancer in Australia 2001*, which was published in 2004. It should be noted that all comments on rates of cancer and patterns of cancer incidence therefore refer to the year 2001.

#### Overall

Among all persons, the combination of cancers of the colon and rectum, (often referred to as bowel or colorectal cancer), is the most common cancer. Taken together, colorectal cancer, breast cancer, prostate cancer, melanoma and lung cancer accounted for 60% of all registrable cancers in 2001.

#### Males

In males, the most common registrable cancers after prostate cancer are colorectal cancer, lung cancer and melanoma. These four cancers account for 60% of all registrable cancers in males.

## APPENDIX 3 FACTS AND FIGURES ABOUT CANCER IN MORE DETAIL

### Females

In females, breast cancer is the most common registrable cancer, followed by colorectal cancer, melanoma and lung cancer, which in total account for 60% of all registrable cancers in females.

### Cancers Causing Death

In males the cancers most commonly causing death are lung, prostate and colorectal cancers; in females the cancers most commonly causing death are breast, lung and colorectal cancers.

### Person Years of Life Lost (PYLL)

Person-years of life lost (PYLL) is an estimate of the number of years of life lost due to specific causes of death (in this case cancer), and is calculated up to age 75 years, as an index of premature death. The number of person-years of life lost due to cancer is generally dominated by the most common cancers due to the large numbers of cases diagnosed, rather than by those less common cancers that occur earlier in life. The four cancers which are responsible for the highest number of person-years of life lost before 75 years of age are:

- Lung cancer (44,978 person-years)
- Colorectal cancer (29,768 person-years)
- Breast cancer (28,733 person-years)
- Cancer of the brain and central nervous system (16,968 person-years).

The fourth ranking of cancer of the brain/central nervous system contrasts with its ranking as the fourteenth most common cancer. This is a direct result of the relatively large number of younger people dying from this type of cancer.

## APPENDIX 3 FACTS AND FIGURES ABOUT CANCER IN MORE DETAIL

### Cancer in the Future (Data Projections to 2011)

The Australian Institute of Health and Welfare (AIHW) has produced projections of cancer incidence for Australia (excluding non-melanoma skin cancers (NMSC)) to 2011.

#### ***Cancer Incidence Rates are Projected to Remain Stable***

Cancer incidence rates (the rate at which new cases occur) are projected to remain stable but note that changes in the structure of the population (more older people) mean that we will see an increase in the absolute number of people with cancers (see below). For women, the age-standardised incidence rate for all cancers, excluding NMSC is projected to increase by 2% from 393.3 per 100,000 women in 2001 to 402.9 per 100,000 in 2011. For men, the age-standardised rate is projected to decrease by 1% from 541.4 per 100,000 men in 2001 to 538.3 per 100,000 in 2011.

#### ***New Cases of Cancer Projected to Increase***

The Australian population is ageing and cancer incidence rates are highest in the older age groups. Even with the relatively stable trends in the incidence rates, the projected increase in the Australian population, particularly the increased population in the older age groups, will lead to large increases in the total number of new cases of cancer.

For women, the number of new cases of cancer is projected to increase by 29% from 40,578 in 2001 to 52,356 in 2011.

For men, the number of new cases of cancer is projected to increase by 32% from 47,820 in 2001 to 63,087 in 2011.

The total number of new cases of cancer is projected to increase by 31% from 88,398 in 2001 to around 115,400 in 2011. Cancer of the cervix is the only cancer (out of the 60 cancers and groups of cancers for which projections were produced) where the number of new cases is projected to decrease; by 37% from 735 in 2001 to around 450 in 2011.

#### ***The most common cancers in 2011 (projected cancer incidence rates 2002 to 2011)***

For women, the most common cancers in 2001 were breast cancer (29% of all new cases), colorectal cancer (14%), melanoma (10%) and lung cancer (7%). For men, the most common cancers in 2001 were prostate cancer (23%), colorectal cancer (15%), lung cancer (11%) and melanoma (11%). By 2011, it is projected that melanoma will have overtaken lung cancer as the third most common cancer for men. For women, the most common cancers in 2011 are projected to be breast cancer (28% of all new cases), colorectal (15%), melanoma (9%) and lung (8%). For men, the most common cancers in 2011 are projected to be prostate cancer (24%), colorectal (15%), melanoma (11%) and lung (10%). Between 2001 and 2011, the incidence of smoking-related cancers is projected to decrease for men. For women, incidence of smoking-related cancers is projected to increase, but at a rate that slows towards 2011. The following table shows projected rates to 2011 for selected age group.

## APPENDIX 3 FACTS AND FIGURES ABOUT CANCER IN MORE DETAIL

Projected age-specific and age-standardised incidence rates (per 100,000)

*Australia: Females – selected age groups*

Age group	2006	2007	2008	2009	2010	2011
40-44	278.4	278.4	278.5	278.7	278.8	279.0
45-49	417.6	417.7	417.7	417.8	418.0	418.1
50-54	583.6	583.7	583.8	584.0	584.1	584.3
55-59	769.5	769.9	770.3	770.7	771.1	771.5
60-64	979.2	980.4	981.6	982.8	984.0	985.1

Projected age-specific and age-standardised incidence rates (per 100,000)

*Australia: Males – selected age groups*

Age group	2006	2007	2008	2009	2010	2011
40-44	161.0	160.9	160.8	160.7	160.6	160.5
45-49	253.7	252.6	251.5	250.4	249.4	248.3
50-54	442.4	439.7	437.0	434.4	431.9	429.4
55-59	788.4	784.1	779.7	775.5	771.3	767.3
60-64	1,308.5	1,303.5	1,298.5	1,293.5	1,288.6	1,283.8

## APPENDIX 3 FACTS AND FIGURES ABOUT CANCER IN MORE DETAIL

Table 7: All cancers, excluding NMSC (ICD-10 C00-C96, excl. C44), Australia, females

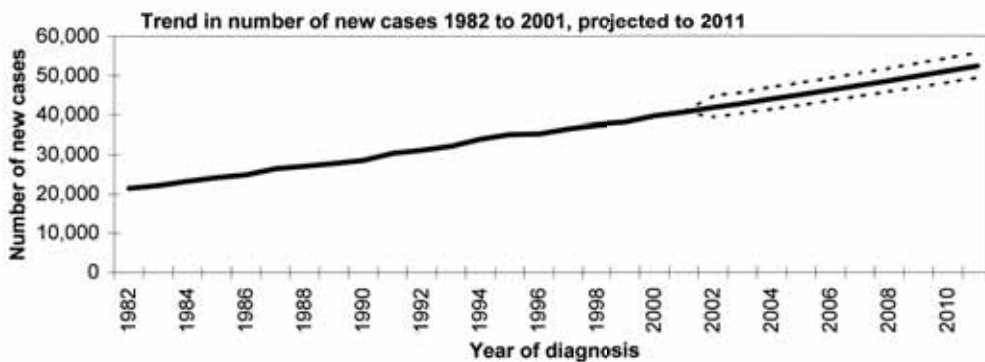
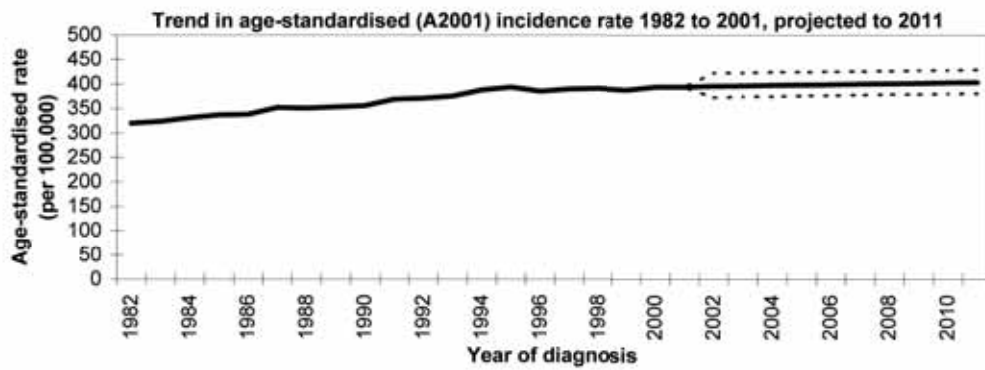
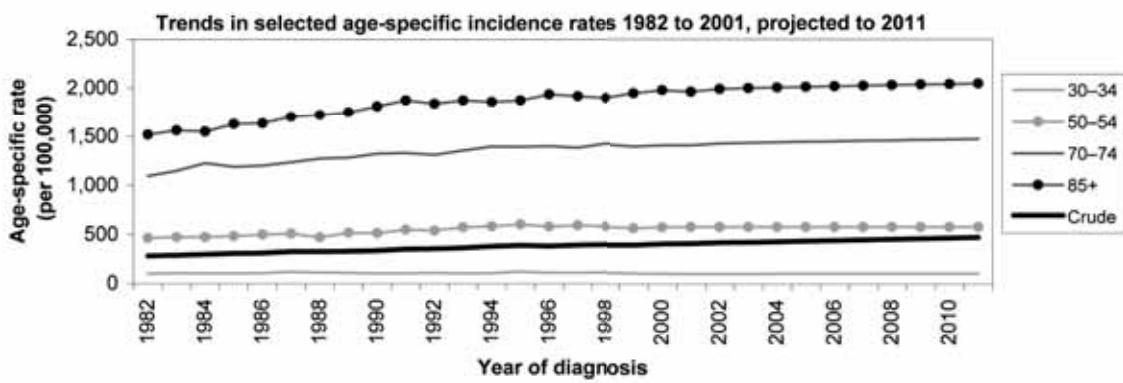
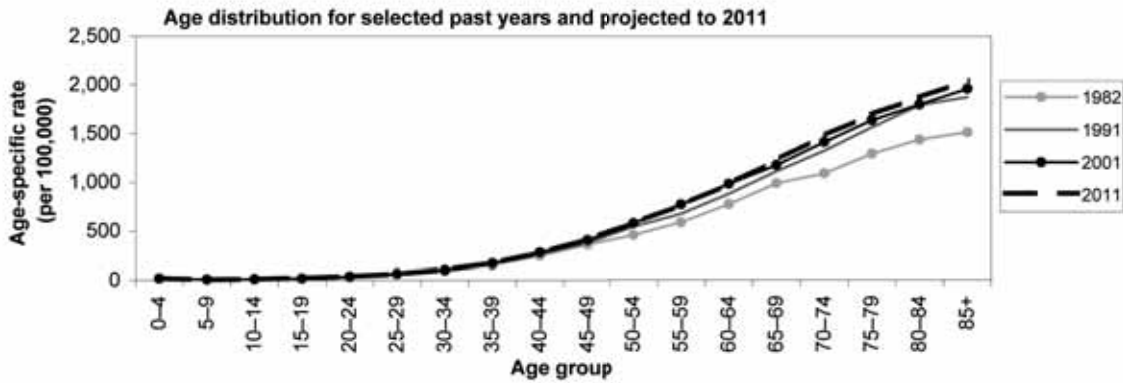
## Age-specific and age-standardised incidence rates (per 100,000), observed 2001 and projected 2002 to 2011

Age group	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
0-4	20.5	20.1	20.2	20.3	20.3	20.4	20.5	20.6	20.7	20.8	20.9
5-9	10.9	10.8	10.8	10.8	10.8	10.8	10.8	10.8	10.8	10.8	10.8
10-14	12.0	14.7	14.8	14.9	15.1	15.2	15.4	15.5	15.6	15.8	15.9
15-19	19.9	24.0	24.3	24.5	24.8	25.0	25.3	25.5	25.8	26.1	26.3
20-24	39.4	38.5	38.8	39.2	39.5	39.8	40.1	40.5	40.8	41.1	41.4
25-29	64.7	62.9	63.1	63.4	63.7	64.0	64.3	64.6	64.9	65.2	65.5
30-34	102.5	104.9	105.1	105.2	105.4	105.5	105.7	106.0	106.2	106.4	106.7
35-39	169.7	174.2	174.1	174.2	174.2	174.3	174.4	174.5	174.7	174.9	175.1
40-44	282.2	278.6	278.5	278.4	278.4	278.4	278.4	278.5	278.7	278.8	279.0
45-49	406.4	417.8	417.7	417.7	417.6	417.6	417.7	417.7	417.8	418.0	418.1
50-54	584.8	583.3	583.3	583.4	583.5	583.6	583.7	583.8	584.0	584.1	584.3
55-59	776.1	767.8	768.3	768.7	769.1	769.5	769.9	770.3	770.7	771.1	771.5
60-64	988.4	974.0	975.4	976.7	977.9	979.2	980.4	981.6	982.8	984.0	985.1
65-69	1,179.8	1,203.5	1,206.7	1,209.8	1,212.8	1,215.7	1,218.6	1,221.4	1,224.1	1,226.8	1,229.5
70-74	1,418.6	1,437.6	1,443.2	1,448.6	1,453.9	1,459.0	1,464.0	1,468.9	1,473.7	1,478.3	1,482.9
75-79	1,641.4	1,642.4	1,649.7	1,656.8	1,663.7	1,670.4	1,676.9	1,683.1	1,689.2	1,695.2	1,701.0
80-84	1,802.3	1,813.6	1,821.3	1,828.8	1,835.9	1,842.8	1,849.4	1,855.8	1,862.0	1,868.0	1,873.8
85+	1,963.3	1,992.5	1,999.9	2,006.9	2,013.6	2,020.0	2,026.1	2,032.0	2,037.6	2,042.9	2,048.1
<b>Rates per 100,000 for all ages combined with 95% prediction intervals (95% PI)</b>											
Crude	414.8	422.4	428.0	432.5	438.3	444.6	451.0	457.4	464.0	470.8	477.8
Lower 95% PI	...	397.3	403.3	407.0	412.9	419.2	425.1	431.2	437.1	444.0	450.5
Upper 95% PI	...	452.0	457.0	462.5	468.1	474.1	480.9	487.6	494.9	501.4	509.1
<b>Age-standardised rates (ASR), standardised to the Australian Standard Population 2001 (A2001)</b>											
ASR (A2001)	393.3	395.5	396.4	397.2	398.1	398.9	399.7	400.5	401.3	402.1	402.9
Lower 95% PI	...	372.4	373.9	374.2	375.4	376.6	377.3	378.2	378.7	379.9	380.5
Upper 95% PI	...	422.8	422.8	424.4	424.7	425.0	425.8	426.5	427.5	427.8	428.6
<b>Age-standardised rates (ASR), standardised to the WHO World Standard Population 2000 (W2000)</b>											
ASR (W2000)	300.3	302.0	302.6	303.2	303.8	304.4	305.0	305.6	306.1	306.7	307.3
Lower 95% PI	...	284.5	285.6	285.8	286.7	287.5	288.0	288.7	289.1	290.0	290.4
Upper 95% PI	...	323.1	323.0	324.1	324.2	324.4	324.9	325.4	326.1	326.3	326.9

## Number of new cases 2001 and expected number of new cases 2002 to 2011

Age group	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
0-4	128	124	124	124	124	123	124	124	124	124	124
5-9	72	71	70	70	70	70	69	69	69	68	68
10-14	79	98	100	101	103	103	104	104	105	106	106
15-19	132	160	162	166	168	171	175	178	181	184	185
20-24	253	251	259	272	279	283	286	288	291	294	299
25-29	457	432	428	433	438	448	459	472	482	491	496
30-34	758	794	805	812	809	793	779	772	771	778	792
35-39	1,274	1,292	1,280	1,288	1,302	1,340	1,376	1,397	1,402	1,397	1,369
40-44	2,102	2,118	2,145	2,158	2,156	2,139	2,120	2,106	2,114	2,137	2,198
45-49	2,778	2,896	2,950	3,017	3,078	3,141	3,207	3,250	3,272	3,270	3,246
50-54	3,791	3,792	3,835	3,887	3,940	3,997	4,055	4,134	4,229	4,315	4,405
55-59	3,849	4,112	4,385	4,595	4,792	4,976	4,998	5,062	5,129	5,203	5,280
60-64	4,033	4,089	4,202	4,384	4,598	4,826	5,220	5,572	5,838	6,092	6,330
65-69	4,093	4,277	4,413	4,570	4,728	4,860	5,016	5,167	5,398	5,668	5,956
70-74	4,750	4,786	4,759	4,720	4,748	4,807	4,946	5,116	5,317	5,510	5,674
75-79	4,793	4,840	4,924	4,997	5,012	5,058	5,055	5,033	5,023	5,064	5,140
80-84	3,637	3,836	4,031	4,227	4,380	4,472	4,544	4,636	4,728	4,756	4,815
85+	3,599	3,798	3,930	4,099	4,302	4,581	4,842	5,091	5,327	5,595	5,871
<b>Total</b>	<b>40,578</b>	<b>41,766</b>	<b>42,801</b>	<b>43,920</b>	<b>45,027</b>	<b>46,188</b>	<b>47,373</b>	<b>48,571</b>	<b>49,799</b>	<b>51,052</b>	<b>52,356</b>
Lower 95% PI	...	39,287	40,328	41,324	42,411	43,545	44,653	45,789	46,911	48,150	49,356
Upper 95% PI	...	44,692	45,697	46,964	48,079	49,256	50,515	51,775	53,110	54,379	55,777

# APPENDIX 3 FACTS AND FIGURES ABOUT CANCER IN MORE DETAIL



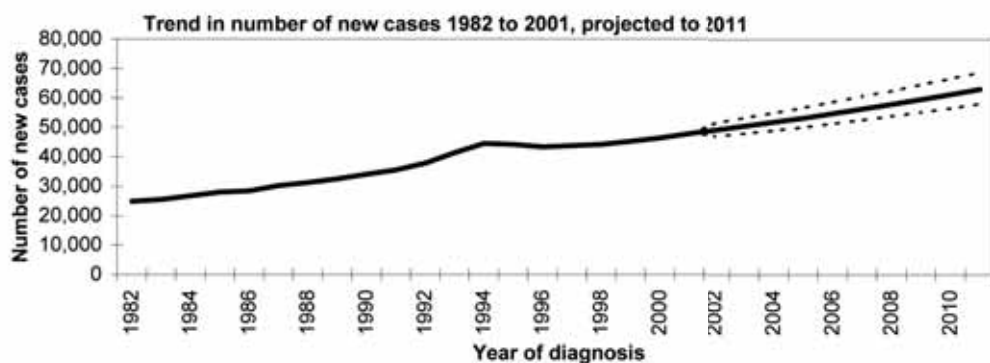
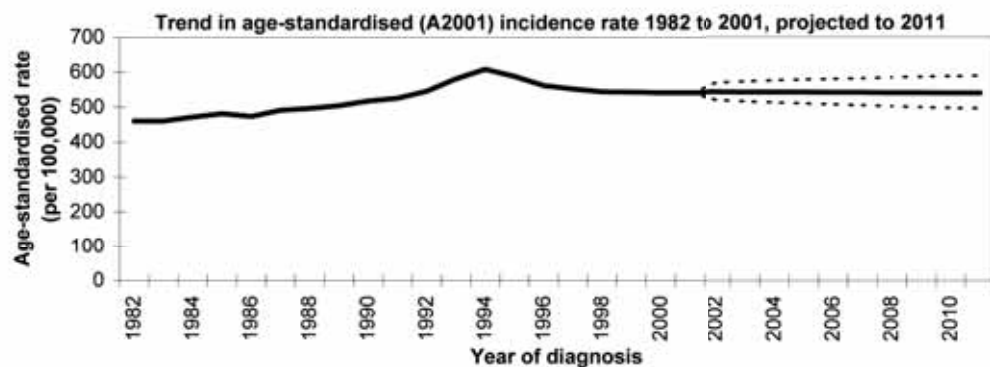
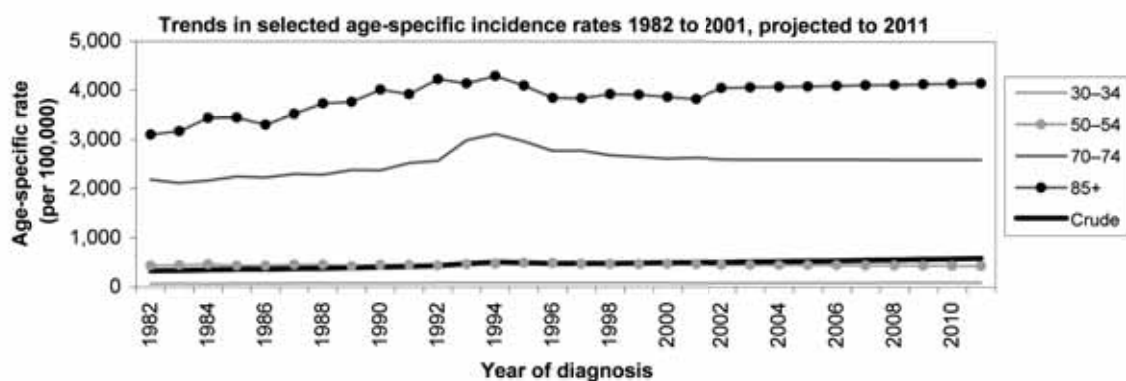
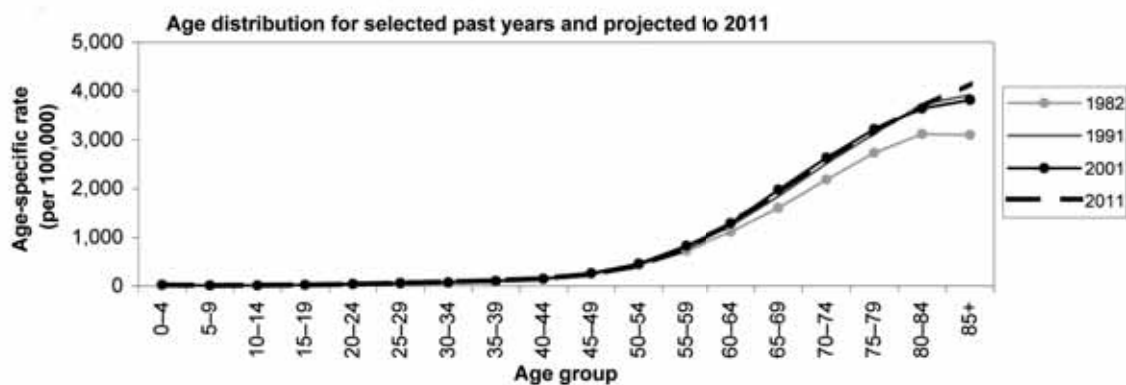
Source: Cancer incidence projections Australia 2002 to 2011 (Australian Institute of Health and Welfare (AIHW) and Australian Association of Cancer Registries (AACR) and National Cancer Strategies Group (NCSG) 2005)

## APPENDIX 3 FACTS AND FIGURES ABOUT CANCER IN MORE DETAIL

Table 8: All cancers, excluding NMSC (ICD-10 C00-C96, excl. C44), Australia, males

Age-specific and age-standardised incidence rates (per 100,000), observed 2001 and projected 2002 to 2011											
Age group	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
0-4	23.7	22.9	22.9	22.9	22.9	23.0	23.0	23.0	23.1	23.1	23.2
5-9	12.8	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1
10-14	11.4	16.5	16.6	16.7	16.7	16.8	16.9	16.9	17.0	17.0	17.0
15-19	26.9	26.8	26.9	27.1	27.2	27.3	27.5	27.6	27.7	27.8	28.0
20-24	42.4	41.7	41.9	42.2	42.5	42.8	43.0	43.3	43.7	44.0	44.4
25-29	63.2	59.8	60.3	60.7	61.2	61.6	62.1	62.6	63.2	63.7	64.3
30-34	75.9	81.4	82.0	82.5	83.1	83.6	84.2	84.7	85.3	85.9	86.5
35-39	107.9	111.3	111.7	112.2	112.6	113.0	113.4	113.8	114.1	114.5	114.9
40-44	151.7	161.3	161.3	161.2	161.1	161.0	160.9	160.8	160.7	160.6	160.5
45-49	267.5	258.2	257.0	255.9	254.8	253.7	252.6	251.5	250.4	249.4	248.3
50-54	459.6	453.7	450.8	447.9	445.1	442.4	439.7	437.0	434.4	431.9	429.4
55-59	827.7	806.6	802.0	797.4	792.9	788.4	784.1	779.7	775.5	771.3	767.3
60-64	1,290.2	1,328.8	1,323.7	1,318.7	1,313.6	1,308.5	1,303.5	1,298.5	1,293.5	1,288.6	1,283.8
65-69	1,976.2	1,960.7	1,957.0	1,953.3	1,949.5	1,945.6	1,941.7	1,937.7	1,933.8	1,929.8	1,925.8
70-74	2,629.8	2,600.8	2,600.0	2,599.0	2,597.9	2,596.6	2,595.3	2,593.9	2,592.4	2,590.8	2,589.2
75-79	3,217.4	3,159.8	3,162.7	3,165.4	3,167.9	3,170.1	3,172.3	3,174.3	3,176.1	3,177.9	3,179.6
80-84	3,641.3	3,623.3	3,630.5	3,637.4	3,644.0	3,650.4	3,656.6	3,662.6	3,668.4	3,674.2	3,679.8
85+	3,820.7	4,059.1	4,070.9	4,082.2	4,093.2	4,104.0	4,114.5	4,124.8	4,135.0	4,145.0	4,155.0
<b>Rates per 100,000 for all ages combined with 95% prediction intervals (95% PI)</b>											
Crude	496.5	504.6	511.8	518.8	526.6	535.2	544.6	553.8	563.4	573.2	583.6
Lower 95% PI	..	482.9	486.7	490.4	495.5	501.5	508.3	514.9	521.6	529.1	537.7
Upper 95% PI	..	529.0	540.1	550.6	561.5	573.1	585.8	597.8	611.0	623.6	636.1
<b>Age-standardised rates (ASR), standardised to the Australian Standard Population 2001 (A2001)</b>											
ASR (A2001)	541.4	542.1	541.7	541.3	540.9	540.5	540.0	539.6	539.2	538.7	538.3
Lower 95% PI	..	518.7	515.0	511.5	508.7	506.0	503.5	501.1	498.5	496.4	495.0
Upper 95% PI	..	568.3	571.8	574.8	577.1	579.3	581.4	583.3	585.8	587.3	588.0
<b>Age-standardised rates (ASR), standardised to the WHO World Standard Population 2000 (W2000)</b>											
ASR (W2000)	387.6	387.7	387.3	386.8	386.4	386.0	385.5	385.1	384.6	384.2	383.8
Lower 95% PI	..	370.5	367.8	365.3	363.2	361.3	359.4	357.6	355.6	354.1	353.0
Upper 95% PI	..	407.4	409.7	411.5	413.0	414.3	415.6	416.8	418.6	419.5	419.7
<b>Number of new cases 2001 and expected number of new cases 2002 to 2011</b>											
Age group	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
0-4	156	149	149	148	147	146	146	146	146	146	146
5-9	89	77	76	76	76	76	75	75	74	74	73
10-14	79	116	118	119	120	120	121	120	120	120	120
15-19	186	187	188	191	193	196	199	202	205	207	208
20-24	280	282	292	301	308	312	315	317	320	325	331
25-29	443	412	412	416	423	434	447	460	472	483	490
30-34	552	606	618	624	626	618	612	611	615	624	640
35-39	800	816	812	818	830	856	879	894	900	900	886
40-44	1,114	1,212	1,232	1,238	1,238	1,227	1,216	1,207	1,209	1,222	1,254
45-49	1,806	1,767	1,789	1,820	1,850	1,881	1,915	1,938	1,944	1,936	1,914
50-54	2,999	2,953	2,948	2,950	2,962	2,985	3,005	3,038	3,093	3,139	3,188
55-59	4,245	4,438	4,684	4,844	4,977	5,090	5,051	5,051	5,066	5,093	5,139
60-64	5,341	5,680	5,819	6,035	6,289	6,561	7,017	7,426	7,698	7,928	8,126
65-69	6,632	6,757	6,961	7,198	7,474	7,686	7,935	8,162	8,496	8,878	9,287
70-74	7,983	7,915	7,868	7,797	7,790	7,905	8,145	8,438	8,775	9,144	9,436
75-79	7,315	7,380	7,611	7,801	7,939	8,055	8,106	8,097	8,114	8,153	8,324
80-84	4,670	4,968	5,292	5,644	5,911	6,152	6,362	6,603	6,843	7,016	7,175
85+	3,130	3,502	3,663	3,864	4,138	4,488	4,840	5,186	5,533	5,924	6,352
<b>Total</b>	<b>47,820</b>	<b>49,218</b>	<b>50,531</b>	<b>51,885</b>	<b>53,292</b>	<b>54,788</b>	<b>56,385</b>	<b>57,973</b>	<b>59,623</b>	<b>61,312</b>	<b>63,087</b>
Lower 95% PI	..	47,100	48,054	49,051	50,146	51,338	52,629	53,903	55,205	56,596	58,122
Upper 95% PI	..	51,591	53,322	55,065	56,823	58,672	60,631	62,581	64,664	66,701	68,752

## APPENDIX 3 FACTS AND FIGURES ABOUT CANCER IN MORE DETAIL



## Appendix 4 Summary of Selected Research on Cancer in the Workplace

A tabulated summary of research findings relevant to the issues in *Working with Cancer* is presented here. New research findings will continue to emerge nor does this list purport to be exhaustive.

Research Details: Author, Year, Title	Citation	Geographical Location and Other Details	Key Findings/Conclusions
CancerBACKUP 2005; 'Work and Cancer: how cancer affects working lives'	Morrell, J., PR & Pryce, J.; CancerBACKUP February 2005. London	UK Report presents the findings of new research into how cancer affects working lives in England; Includes findings of previous studies; gathered data from employees on their experiences of managing cancer and work and on the adequacy of information and support provided to them regarding work related issues.	Shows people who have treatment for cancer are as productive as people who have not had cancer, that they take less time off work than other employees and that, in general, they perform well in the workplace. Selected findings include: over half (58%) of employees with cancer are keen to continue working; 51% say it is important to their self-esteem; 45% are glad to have an area of their life (ie work) that is relatively normal. The majority of employees with cancer (over 70%) feel well supported by their line managers and colleagues, reveal that they have cancer to their line managers and feel able to talk about it at work. Despite this, results show that cancer has a negative effect on employment patterns and on an individual's financial stability; often for reasons that are avoidable and due to the self esteem/confidence of people working with cancer: 41% say that their working life has deteriorated because of their cancer; 37% say that their career prospects have deteriorated; 30% say that they have lost confidence in their ability to do their job, and feel guilty when taking time off for medical appointments and treatment; 29% say their job satisfaction has deteriorated; and 25% say they fear disclosing their cancer to a new employer.
Fritschi, L., Driscoll, T. (2006) 'Cancer due to occupation in Australia'	Fritschi, L., Driscoll, T. (2006) Cancer due to occupation in Australia. Aust N Z J Public Health 2006; 30: 213-19)	Australia Finnish estimates of the proportion of cancers caused by occupation were applied to Australian numbers of cancers. European Union estimates of the proportion of workers exposed to carcinogens were applied to Australian industrial profiles.	These Australian researchers (Queensland Cancer Fund and University of Sydney) estimated that 5000 invasive cancers and 34,000 non-melanoma skin cancers per year are caused by occupational exposures and 1.5 million workers are exposed to known carcinogens. The approach taken is highly plausible and not unusual for public health research – but because ratios derived from Finland and Europe, rather than Australia, are used the researchers urge caution with the interpretation. Nonetheless, the estimates are considerably higher than previous Australian estimates, and should act as a spur to elevate the importance of occupation as a cause of cancer in order to decrease the population burden of cancer.
American Cancer Society (2006) 'Tips on returning to work after cancer treatment'	ACS (2006) <a href="http://www.cancer.org">http://www.cancer.org</a> Accessed 25 January 2006	USA Electronic resource	Content areas: Telling co-workers Work schedule calendar and work duties log Worries about discrimination The Americans with Disabilities Act (ADA) Reasonable accommodations

Research Details: Author, Year, Title	Citation	Geographical Location and Other Details	Key Findings/Conclusions
Taskila T., Lindbohm, M., Martikainen, R., Lehto, U., Hakanen, J., and Hietanen, P. (2006) 'Cancer survivors' received and needed social support from their work place and the occupational health services'	Supportive Care in Cancer 2006: Volume 14, Number 5: 427 – 435 May 2006 ISSN: 0941-4355 (Paper) 1433-7339 (Online)	Finland The study involved 640 cancer survivors with breast cancer, lymphoma, testicular or prostate cancer, aged 25–57 years at the time of diagnosis. Information on social support was collected with a mailed questionnaire. The researchers examined: (1) The amount of emotional and practical support that cancer survivors needed and had actually received from their co-workers, supervisors, and the occupational health personnel; (2) whether disease-related or sociodemographic background variables were associated with needed or received support; and (3) whether there were differences between various sources in received or needed support.	This study in a Finnish population showed a clear need for additional social support from work life among the cancer survivors especially from occupational health personnel. The cancer survivors had received most support from their co-workers and they hoped for more support especially from the occupational health personnel (39% of women and 29% of men). Men who had lymphoma, had received chemotherapy, or had a low education level needed more support. Women both received and needed more support than the men did. The need for practical support from the occupational health personnel was five times greater in people receiving chemotherapy when compared with those not receiving it.
beyondblue (2004) The beyondblue National Depression in the Workplace program	beyondblue website <a href="http://www.beyondblue.org.au">http://www.beyondblue.org.au</a> Accessed 25 January 2006	Australia Leaflet for the beyondblue National Depression in the Workplace program (includes evaluation research synopsis). Drawing on a survey of 1,213 employees, the workplace program was found to have: • Increased awareness, knowledge and understanding; • Corrected myths and misconceptions; • Helped employees understand what it's like to live with depression; • Improved attitudes, reduced stigma; • Increased knowledge about appropriate behaviours and management practices around depression; • Increased willingness to engage and assist people to access appropriate help; • Achieved high levels of satisfaction among participants in the training program.	This workplace program operates in one of two ways. A beyondblue accredited trainer can either: • Train staff directly or • Train specific staff members to deliver the program across the organisation. The results of the program are then extensively evaluated. Evaluation concludes that the outcomes from the beyondblue Workplace Program lead to: – Increased recovery – Reduced absenteeism – Increased productivity – Reduced costs to the organisation.
Keech W., Schwager M., Page C., Beach., J. 'Protect your skin: a workplace sun protection kit'	The Cancer Council (NSW) 2001	Australia Kit designed to help workplaces develop and implement sun protection policies. Very few copies in existence.	Resource is high quality production, well developed and includes A/V resources and workshop/training protocols.
Wood, C. and J. Ward (2000) 'A general overview of the cancer education needs of non-specialist staff.'	European Journal of Cancer Care 2000 Dec; 9(4): 191-6 (15 ref)	UK Study was set up to identify the cancer education needs of non-specialist staff. Qualitative design focusing on specialist staff, non-specialist staff and patients.	Six key areas were identified where staff indicated a need for education and training: (1) An overview of cancer, what it is and how it effects patients; (2) Treatments and side-effects; (3) Communication skills; (4) Physical and practical issues; (5) Care organisation, referral routes and staff roles; and (6) Death and dying issues. There were similarities in the views of specialists and non-specialist staff of all disciplines.

Research Details: Author, Year, Title	Citation	Geographical Location and Other Details	Key Findings/Conclusions
Thain, A. and A. Wales (2005) 'Information needs of specialist healthcare professionals: a preliminary study based on the West of Scotland Colorectal Cancer Managed Clinical Network'.	Health Information and Libraries Journal 2005 Jun; 22(2): 133-42 (23 ref)	Scotland Funded by Research in the Workplace Award (RIWA) 2001, the study investigated the information needs and use of NHS library services by members of the West of Scotland Colorectal Cancer Managed Clinical Network (MCN).	Survey related to access to resources, library services such as literature searches, current awareness and training; explored the use of electronic resources and the Internet. Respondents were mainly hospital doctors and nurses from across five health boards. There were unmet needs for local contact information and evaluated patient information.
Palmer, F. A. (2005) 'Grief in the workplace: A case study of how grief associated with the death of a child affects the organization.'	Humanities and Social Sciences. Vol 65(9-A), 2005, pp. 3464.	USA Study on how the grief of an employee associated with the death of a child affects an organisation and its leaders. Grief is overlooked in the workplace, and leadership literature contains little to no research in the area of grief; therefore, previous grief research including early bereavement theory was examined. Using emotional intelligence as the leadership tool, the lived experiences of the grieving parent employees were incorporated. Social impact of the child's death including age at death and the cause of death were explored.	Data analysis concluded that grief affected the general health of the organisation. This study encourages leaders to practice emotional intelligence and for organisations to adopt comprehensive grief programs.
Hoang, C. D., M. C. Osborne, et al. (2004) 'Return to work after thoracic surgery: an overlooked outcome measure in quality-of-life studies.'	USA Thoracic Surgery Clinics 2004; 4(3)	USA Return to work has received little attention in quality of life (QOL) investigations. It is not a trivial component of postsurgical QOL; it should be recognised as a major factor.	Patients have indicated that maintaining return-to-work ability is as highly valued as their overall health.
Kirk, A. K. and D. F. Brown (2003) 'Employee Assistance Programs: A Review of the Management of Stress and Wellbeing Through Workplace Counselling and Consulting.'	Australian Psychologist. Vol 38(2) Jul 2003, 138-143.	Australia Review of the history and development of Australian EAPs, discusses issues unique to the delivery of psychological services in a workplace environment, and considers evidence for the effectiveness of EAPs. Research evidence is not conclusively positive on the effectiveness of EAPs but positive on mental health and seen as desirable by employees.	Employee Assistance Programs (EAPs) provide counselling and consulting services that focus on the prevention and/or remediation of personal problems experienced by employees, or members of their families. EAPs are currently considered one of the main vehicles for occupational stress management and are rapidly evolving into providers of holistic wellbeing programs in the workplace. Review data suggest that these programs do impact positively on employee mental health, and are perceived by employees as a desirable workplace resource.
Spelten, E. R., Sprangers, M. A. G. et al. (2002) 'Factors reported to influence the return to work of cancer survivors: a literature review.'	Literature review Psycho-Oncology 2002: 11(2)	England Provides overview of research into the return to work of cancer survivors, examining both the rate of return to work and factors impacting this return. A series of literature searches was conducted on MEDLINE and PSYCLIT databases for the years 1985-1999.	The mean rate of return to work was 62% (range 30-93%). Factors negatively associated with return to work were: (1) a non-supportive work environment; (2) manual labour, and (3) having head and neck cancer. Sociodemographic characteristics were not associated with return to work. For increasing age, associations were mixed.
Schultz, P. N., M. L. Beck, et al. (2002) 'Cancer survivors: work related issues.'	AAOHN Journal 2002 May; 50(5): 220-6	USA Job discrimination and the ability to work affect one's quality of life. This was found to be especially true with long-term cancer survivors in the workforce.	Job discrimination and the ability to work affect one's quality of life. Nurses can help cancer survivors with work re-entry programs emphasising education and support.






Research Details: Author, Year, Title	Citation	Geographical Location and Other Details	Key Findings/Conclusions
Bradley, C. J. and H. L. Bednarek (2002) 'Employment patterns of long-term cancer survivors.'	Psycho-Oncology 2002: 1(3)	USA Cross sectional study of the employment patterns of 253 long-term cancer survivors in the Detroit Metropolitan Area.	Of those working at the time of their initial diagnosis, 67% were employed 5-7 years later. Patients who stopped working did so because they retired (54%), were in poor health/disabled (24%), quit (4%), cited other reasons (9%), or their business closed (9%). Many worked in excess of 40 hours per week although some reported various degrees of disability that interfered with job performance.
Bradley, C. J., H. L. Bednarek, et al. (2002) 'Breast cancer survival, work, and earnings.'	Journal of Health Economics 2002: 21(5)	USA Data from the Health and Retirement Study (HRS) linked to longitudinal social security earnings data, were used to examine differences between breast cancer survivors and a non-cancer control group in employment, hours worked, wages, and earnings.	Overall, breast cancer had a negative impact on employment. However, among survivors who work, hours of work, wages, and earnings are higher compared to women in the control group. Authors acknowledge possible biases because of selection, but cannot rule out a causal interpretation; they conclude that breast cancer does not appear to be debilitating for women who remain in the workforce.
Hinman, M. R. (2001) 'Factors influencing work disability for women who have undergone mastectomy.'	Women & Health 2001; 34(2): 45-60 (13 ref)	England Study into the work status, rehabilitation practices, and barriers to work re-entry for women who have undergone mastectomy.	Only a small proportion of women did not return to their preoperative employment, and most cited physical impairments as the reason. Nearly half of the women received no postoperative exercise instructions. Employers seemed willing and able to accommodate employees who return to work following mastectomy surgery when given specific information regarding their physical and functional limitations.
Quan, J. and M. Wadsworth (2000) 'Bereavement support. The occupational health nurse's role when death comes to work.'	AAOHN Journal, 2000: 48(10)	USA Review paper dealing with occupational health nurses role in bereavement.	<ol style="list-style-type: none"> <li>1. Providing bereavement support for grieving employees can positively affect adjustment and productivity.</li> <li>2. Good bereavement care involves assessment, analysis, planning (goal setting), intervention/implementation, and evaluation. It acknowledges the five dimensions of optimal health, and incorporates them into the nursing process.</li> <li>3. The occupational health nurse, as clinician and advisor, can provide care to the bereaved individual and guidance to the manager and co-workers about the grief process and how to interact with the grieving employee.</li> <li>4. Grief work is necessary for healing. The occupational health nurse can play a valuable role in facilitating the work by offering clinical support, a 'safe' place for the grieving employee to talk about the death, referrals to the Employee Assistance Program or other professional support, and education about the process.</li> </ol>

Research Details: Author, Year, Title	Citation	Geographical Location and Other Details	Key Findings/Conclusions
Curt, G. A., W. Breitbart, et al. (2000) 'Impact of cancer-related fatigue on the lives of patients: new findings from the Fatigue Coalition.'	Oncologist 2000; 5(5): 353-60	USA Survey of the prevalence and duration of fatigue in the cancer population and assessment of its physical, mental, social, and economic impacts on the lives of patients and caregivers. Seventy-six percent of patients experienced fatigue at least a few days each month during their most recent chemotherapy; 30% experienced fatigue on a daily basis. Ninety-one percent of those who experienced fatigue reported that it prevented a "normal" life, and 88% indicated that fatigue caused an alteration in their daily routine.	Fatigue made it more difficult to participate in social activities and perform typical cognitive tasks. Of patients who were employed, 75% changed their employment status as a result of fatigue. Furthermore, 65% of patients indicated that their fatigue resulted in their caregivers taking at least one day (mean 4.5 days) off work in a typical month. Physicians were the health care professionals most commonly consulted (79%) to discuss fatigue. Bed rest/relaxation was the most common treatment recommendation (37%); 40% of patients were not offered any recommendations.
Maunsell, E., C. Brisson, et al. (1999) 'Work problems after breast cancer: an exploratory qualitative study.'	Psycho-Oncology 1999; 8(6)	England Exploratory qualitative study was conducted among 13 breast cancer survivors who had paid employment at diagnosis, returned to work afterwards, and mentioned work-related problems to a clinic nurse or physician.	Women in various types of jobs reported experiencing job loss, demotion, unwanted changes in tasks, problems with their employer and co-workers, personal changes in attitudes to work and diminished physical capacity. These work problems also preoccupied people treated for cancer more than two decades ago. New areas of concern also emerged: possible positive and negative effects of learning (implicitly or explicitly) about the diagnosis while at work and lack of discussion with health professionals about work and return-to-work issues, suggesting that health professionals' behaviour may influence women's work experience right from diagnosis.
Mock, V. (1998) 'Breast cancer and fatigue: issues for the workplace.'	AAOHN Journal 46(9) 1.	USA Review paper <ul style="list-style-type: none"> <li>• Women with breast cancer are at high risk for fatigue as a side effect of treatment with surgery, radiation, and chemotherapy.</li> <li>• The risk is compounded by the multiple roles of women who return to work during treatment.</li> <li>• The fatigue experience includes a physical component of decreased functional status, an affective component of emotional distress, and a cognitive component of difficulty concentrating. These characteristics of fatigue may present significant challenges for employees.</li> <li>• Note: the Family Medical Leave Act (USA) provides 12 weeks of unpaid leave to receive medical treatment and/or recover from treatment for breast cancer.</li> </ul>	Women with breast cancer are at high risk for fatigue as a side effect of treatment with surgery, radiation, and chemotherapy. The risk is compounded by the multiple roles of women who return to work during treatment. The nurse in the workplace can assess and monitor the effects of fatigue and teach employees to manage fatigue through energy conservation, effective use of energy, and health promotion activities to restore energy levels.

Research Details: Author, Year, Title	Citation	Geographical Location and Other Details	Key Findings/Conclusions
Larcombe, I. and A. Charlton (1996) 'Children's return to school after treatment for cancer: study days for teachers.'	Journal of Cancer Education 1996 Summer; 11(2): 102-5	UK(School Setting) After attendance at a study day, teachers showed significant gains in knowledge about childhood cancers and in confidence concerning the management of typical problem situations that might be encountered when the children returned to school. In the light research, recommendations were made to regional treatment hospitals in the UK to organise cancer education study days for teachers on a regular basis.	Evidence from educational settings suggests that teachers were better able to manage the return to school of children after cancer treatment. Whilst one must generalise only with caution, it is likely that similar effects would apply to managers in workplace settings dealing with adult populations.

## Appendix 5 Fatigue Diary

The Abramson Cancer Center at the University of Pennsylvania provides an example of a personal fatigue diary on its OncoLink™ Website – <http://www.oncolink.org>

DAY	1	2	3
			
Quite Energetic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			
Normal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			
Tired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			
Very Tired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			
Extremely Tired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

WEEKLY TEST RESULTS									
At the end of each week, fill in your blood counts. Discuss how they correspond with your fatigue level at your next office visit.									
HB		HB		HB		HB		HB	
RBC		RBC		RBC		RBC		RBC	

The extract from the OncoLink Fatigue Diary above shows the classification of levels of fatigue and the monitoring of weekly blood counts (red blood cells and haemoglobin). People could use this, or a similar diary, to keep a record of energy levels. Energy levels could be described in categories as:

- Quite energetic – able to do normal activities
- Some fatigue – but able to do some activities
- Tired – able to do some activities but need rest
- Very tired – difficulty walking or doing activities such as shopping or housework
- Extremely tired – needing to rest or sleep for most of the day.

### A Carer's Diary

Carers can help similarly track fatigue patterns, for example by keeping a diary for one week.

Identify the time(s) of day when the person being cared for is most fatigued or has the most energy.

Note any activities or situations that make the fatigue better or worse.

Use the scale above or a 1-10 scale to assess levels of fatigue: 1 as the least amount of fatigue and 10 as the worst possible sensation of fatigue.

After recording the patterns in a diary for one full week, discuss the symptoms and the patterns with your healthcare professional. He or she may have suggestions for coping with the fatigue – or even some ideas for treatment that could help.

## About *Working with Cancer*

*Working with Cancer* has been produced to support employees dealing with cancer, their managers and employers by providing a resource which can:

- Increase awareness, knowledge and understanding
- Correct any myths and misconceptions
- Help employees understand what it's like to live with cancer or to be a carer for a person living with cancer
- Improve attitudes and reduce stigma
- Increase knowledge about appropriate behaviours and management practices around cancer
- Increase willingness to engage and assist people to access appropriate help; and
- Achieve high levels of satisfaction among organisations and individuals who use the resource.

Formative research has already confirmed that this resource is needed and will be welcomed in Australian workplaces.

“This is a great initiative on the part of The Cancer Council... it looks like being a very useful resource in itself as well as providing contacts and reference points for further information. Being able to be open makes a huge difference. When people are supported and allowed to decide for themselves how they want to be treated this can make a big difference to the way they are able to make time for themselves and to cope.” Comment from a Human Resources Manager during the formative research

## The Cancer Council Helpline 13 11 20

The Cancer Council Helpline is a confidential telephone information and support service. Cancer information consultants can answer your questions about any aspect of cancer, including:

- How to prevent cancer or find it early
- Coping with treatment and side effects.

Helpline staff can also:

- Send you written information
- Put you in touch with services in your area
- Offer emotional support if you or someone you care about has cancer.

