Structured support

We’re twice as likely to survive for 10 years after a cancer diagnosis now than we were in the 1970s. This is excellent news, but is also at the heart of a new set of challenges for employers.

Survival rates are now at their highest ever level in England, meaning 2.5 million people are currently living with cancer in the UK as a result of improvements in diagnosis and treatments, with every likelihood that survival rates will continue to improve. Of the people diagnosed with cancer in the UK each year, more than 100,000 are of working age, and estimates suggest that in total, over 750,000 people of working age are now living with a cancer diagnosis. Health insurance company Unum has also reported that cancer is the biggest cause of long-term sickness claims, accounting for almost a third in 2015.

Dr Nick Summerton, a General Practitioner, believes that work plays an important part in improving the wellbeing and hastening the recovery among cancer sufferers. “Labelling someone as a victim of a cancer, who shouldn’t be in work, is detrimental to their general health and recovery,” he says. “Having six months at home to think about cancer isn’t doing anyone any good, not the individual, not their family and not the organisation that’s missing their skills – particularly those older workers, more likely to be affected, and all of their experience.”

In a world where cancer plays such a significant part in people’s lives – as patients, as carers or within families – employers have a larger role to play.

A changing landscape

For organisations, this means risks both in terms of losing employees to serious illness, and also the ongoing need to support and manage people back into work with a long-term condition. More than a third of the entire UK workforce will also be over 50 by 2020, according to the Office for National Statistics, which means a growing proportion of employees affected by cancer.

The question is, do employers have policies and processes in place to both demonstrate the necessary support for their employees and minimise disruption and costs? Research among 500 UK employers earlier this year suggests not. The Cancer in the Workplace 2016 study found a lack of planning around managing risks relating to cancer. More than two-thirds (71%) of the HR managers surveyed said they don’t have any policies in place for communications and management of employees with a cancer diagnosis.

In terms of staff returning to work after a cancer diagnosis, 61% say they didn’t have any policies for communication or management.

Sixty-four per cent of HR managers in large organisations (between 1,000 and 10,000 employees) said cancer was an issue currently affecting people in their organisation. But nearly half also thought line managers in their organisation were unprepared when it comes to managing employees with cancer, with 13% saying they didn’t think they were prepared at all. At the same time, more than half think the line manager relationship is one of the most important forms of support for employees with cancer (45% opted for HR support, 40% colleagues and 38% occupational health services).

“The issue here is the extent to which organisations are dependent on managers and their personal ability and willingness to take on highly personal and sensitive health issues, to make an on-the-spot response and get involved with planning for recovery and a return to work,” continues Nick. “The cancer
Managing a positive return to work. Given that the risk of a cancer diagnosis increases with age, the ageing workforce in the UK means and the proportion of cancer patients and survivors in workplaces generally will keep increasing. Nick believes a culture change is needed in terms of attitudes to people with cancer generally, and particularly in the workplace. It’s estimated more than a third of people living with cancer are adults of working age (under 65). As more people work for longer, as they will, the more significant the issue and the greater the importance of understanding among OH and HR professionals. Currently, as a result of time off work and loss of income for patients (and their carers), cancer is estimated to cost employers £5.5 billion each year due to lost productivity. Cancer survivors often need to live in long-term consequences. Around a quarter of people treated for cancer in the UK are said to continue to need NHS care, even after being entirely cleared of the disease. Impacts of treatments received include diabetes, an increased risk of cardiovascular problems and osteoporosis, as well as unplanned hospital admissions or clinical emergency (which affects 40% of cured prostate cancer patients). Almost half (47%) of survivors remain worried about cancer recurrence, leading to more serious psychological implications, with self-esteem, anxiety, and depression. Most simply, there are policies and procedures that will help create a more accommodating environment, keeping survivors in work. “Employees need to consider, think through and be open and clear on what level of support and flexibility they are able to provide employees affected by cancer,” Nick suggests. “Staff need that level of certainty and reassurance.” Such reassurance might include flexibility in working hours for medical appointments or other treatments; making adaptations to the workplace that allows more time, and confidentiality of cancer screening for early detection; and for constructive plans being made in the workplace and survivorship. It’s estimated that more than a third of people living with cancer also have a disability and are considered to have a disability and are protected from discrimination in the workplace – this affects the recruitment, promotion, and progression of staff affected by cancer because they’ve missed targets or not attended meetings as a result of attending hospital appointments etc. might be considered to be discriminating unfairly. The same applies to discrimination against employees with caring roles in support of someone with cancer. In some cases, the workplace and forms of work are a contributory factor in an employee’s condition.

Admitting attitudes
Work puts many people at increased risk – and not just where there are obvious hazards, such as radiation or asbestos. The NHS has identified that 13,000 men and women die every year from work-related cancer. For example, when they’re below or being overweight increases the risks for developing many cancers. “Studies in the US show that simply sitting for long periods at work increases risk of colon, endometrial, and lung cancer, all leading to the claim that ‘sitting is the new smoking’,” adds Nick. By allowing employees access to regular health checks, individuals can become more aware of their individualised health risks and how these might be reduced. It’s currently estimated that one in six people affected by cancer are unable to work due to cancer costs employers £5.5 billion each year in terms of lost productivity (according to Macmillan Cancer Support figures from 2012). That’s the direct cost, but also the indirect and long-term implications for individuals, their family, carers, friends and peers. Mean that a cancer diagnosis affects networks of people across workplaces. In practical terms there are a host of people managing a cancer diagnosis in the workplace who are being provided with support and understanding in what is a highly sensitive and emotional situation; communicating appropriately with staff; managing changes in work and organisational cover; making reasonable adjustments to work environment and conditions; ensuring the workplace and survivorship. It’s estimated that more than a third of people living with cancer are adults of working age (under 65). As more people work for longer, as they will, the more significant the issue and the greater the importance of understanding among OH and HR professionals. Currently, as a result of time off work and loss of income for patients (and their carers), cancer is estimated to cost employers £5.5 billion each year due to lost productivity. Cancer survivors often need to live in long-term consequences. Around a quarter of people treated for cancer in the UK are said to continue to need NHS care, even after being entirely cleared of the disease. Impacts of treatments received include diabetes, an increased risk of cardiovascular problems and osteoporosis, as well as unplanned hospital admissions or clinical emergency (which affects 40% of cured prostate cancer patients). Almost half (47%) of survivors remain worried about cancer recurrence, leading to more serious psychological implications, with self-esteem, anxiety, and depression. Most simply, there are policies and procedures that will help create a more accommodating environment, keeping survivors in work. “Employees need to consider, think through and be open and clear on what level of support and flexibility they are able to provide employees affected by cancer,” Nick suggests. “Staff need that level of certainty and reassurance.” Such reassurance might include flexibility in working hours for medical appointments or other treatments; making adaptations to the workplace that allows more time, and confidentiality of cancer screening for early detection; and for constructive plans being made in the workplace and survivorship. It’s estimated that more than a third of people living with cancer also have a disability and are considered to have a disability and are protected from discrimination in the workplace – this affects the recruitment, promotion, and progression of staff affected by cancer because they’ve missed targets or not attended meetings as a result of attending hospital appointments etc. might be considered to be discriminating unfairly. The same applies to discrimination against employees with caring roles in support of someone with cancer. In some cases, the workplace and forms of work are a contributory factor in an employee’s condition.

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