

# Employers' Experience on Involvement in Sickness Absence/Return to Work Support for Employees with Cancer in Small Enterprises

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# Employers' Experience on Involvement in Sickness Absence/Return to Work Support for Employees with Cancer in Small Enterprises

C. Tiedtke<sup>1</sup> · A. De Rijk<sup>2</sup> · A. Van den Broeck<sup>3,4</sup> · L. Godderis<sup>1</sup>

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## Abstract

**Purpose** Return to work (RTW) is important for employees who have survived cancer, yet it is challenging for employers. Small enterprises (< 100 employees) might have limited resources to facilitate RTW of cancer survivors. The purpose of this article is to examine how such employers engage in the support of RTW and to uncover their needs.

**Methods** Eleven owners and one HR manager representing 12 small enterprises (various sectors) were interviewed regarding their experience with RTW of employees surviving cancer. We conducted a thematic analysis with aspects of Grounded Theory.

**Results** The characteristics of being a small enterprise (i.e. informal practical arrangements, working as a family, working with limited resources and people) related to four concerns experienced by these employers (concerns about the employer's enterprise; the employee's cancer and recovery; RTW and work adjustments; and about communication). In line with these concerns, employers need information on rights and obligations, RTW arrangements and communication skills during RTW guidance.

**Conclusions** In small enterprises, employers have generally close relationships with their employees, which means that support is gladly provided when employees are diagnosed with cancer. They do however have limited financial means to facilitate RTW and workplace adjustments. They therefore perceive long-term sickness and RTW as a major financial risk for the company.

**Keywords** Small enterprises · Employer perspective · Cancer and work · Sickness absence · Return to work · Concerns and needs · Qualitative research

## Introduction

On yearly basis, there are more than 14 million new cancer cases worldwide and nearly 4 million in Europe. The number of new cases is expected to rise to 22 million in the next two decades [1, 2]. Because of early detection and improved treatment, the number of employees surviving cancer is increasing. Given that nearly half of the cancer survivors are of working age at the time of diagnosis [3, 4], after a period of sickness absence (SA), return to work (RTW) after cancer is important for employees and employers alike. Usually, survivors are highly motivated to return to normality, which often includes RTW. Going back to work also has numerous benefits, e.g. regaining identity, a welcome distraction from the illness, improved quality of life and meeting financial needs [5]. Nevertheless, RTW can be a challenging process because of the physical and cognitive side effects of cancer [6].

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✉ C. Tiedtke  
corine.tiedtke@kuleuven.be

<sup>1</sup> Department of Public Health and Primary Care: Centre for Environment & Health, KU Leuven, Kapucijnenvoer 35, 5th floor (Blok d, bus 7001), 3000 Leuven, Belgium

<sup>2</sup> Department of Social Medicine, Maastricht University, Duboisdomein 30, P.O. Box 616, 6200 MD Maastricht, The Netherlands

<sup>3</sup> Faculty of Economics and Business, KU Leuven, Warmoesberg 26, 1000 Brussels, Belgium

<sup>4</sup> North West-University, Optentia, Vanderbijlpark Optentia Research Focus Area, P.O. Box 1174, Vanderbijlpark, South Africa

Consequently, RTW often requires work adjustments and adapted workplace conditions for cancer survivors to perform their job after cancer treatment [7–12].

Although they are essential for employees, making these adjustments and adaptations can be quite challenging from an employer perspective. In a recent Canadian study [13] three practices were identified as particularly helpful for employees: maintaining communication, preparing the return and flexibility at work. An Australian study [6] revealed that managers experience communication difficulties with their employees who survived cancer, and lack of knowledge on how to support the RTW process. Belgian employers [14] were furthermore found to struggle with employee privacy, conflicting interests (between employee and organisation) and conflicting employer roles while supporting employees with breast cancer. UK line managers [12] needed training to help facilitate the work of employees with cancer. In a recent study, Dutch employer representatives found the RTW process demanding due to various dilemmas and a lack of information and decision-making skills. Specific communicative skills seem to be necessary in the case of a cancer diagnosis [15].

The scarce literature on the employer perspective with regard to employees diagnosed with cancer [16] often focuses on large enterprises, leaving small enterprises (with less than 100 employees) barely represented. Gunnarsson et al. [17] elaborated on RTW in small enterprises after sick leave in Sweden. They found that although employers were willing to adapt the workplace, they failed to put in place procedures to facilitate work adaptations and lacked the professional competence for communicating with the sick employee and the Social Security Agency [17].

In the current study, we aim to explore the experiences of Flemish employers of small enterprises (< 100) on involvement in SA/RTW-support for their employees with cancer and to uncover the employers' concerns and needs in relation to this. Studying this is particularly relevant in Belgium, where a new legislation on reintegration was introduced in January 2017. This legislation obliges employers to formulate concrete reintegration plans in close consideration with their employee, and the occupational and medical advisors of health insurance organisations. This applies only when the employee is able to return to his/her former work (in the short or long term) and can engage in adapted or temporary work in the meanwhile; and when the employee can definitely not return to his/her former work, but where adapted or other work is available in the workplace instead [18].

Generally, employers must therefore play an active role in RTW. Nevertheless, there is some doubt as to whether employers of small enterprises are able to do this. Two research questions were therefore explored: (1) How are employers of small enterprises involved in SA and RTW of employees with cancer? (2) What are their needs regarding

giving guidance, from the employee's diagnosis until the return?

## Methods

### Design

We adopted a qualitative design (thematic approach, based on GT approach) [19, 20]. The participants were asked how they guided their employees with cancer from the diagnosis until reintegration. To capture all relevant themes, a topic list was used with questions on policy and guidelines, contact and communication, search and need for information, approach and RTW initiative, considerations, and needs during the RTW process (Appendix 1: Interview guide). The interview guide was based on two earlier studies among employers of Tiedtke et al. [14, 15].

### Sample

We used convenience and purposeful sampling to recruit participants. Flyers were developed and sent to the Flemish Chamber of Commerce (VOKA) and to the Flemish employers' network for small enterprises (UNIZO). Flyers were also distributed at random among owners of small enterprises (i.e. catering industry, clothing and furniture business, hair salons, and candy stores). In addition, the professional network of the investigators and participants was used to find potential informants by mailing flyers. From the 16 participants who responded to our call, we only included those with experiences with an employee who had been diagnosed with cancer. Hence, twelve owners (one HR manager) of small enterprises from various sectors were interviewed in their own company. See Table 1.

### Analysis

The interviews (performed by the first author) lasted on average 45 min, they were audiotaped and fully transcribed. To capture relevant concepts and themes, the transcripts were all read in detail and discussed with the second author [19, 20]. Short summaries were made of each interview [20]. Common messages and themes (in all transcripts) were identified and intensively discussed with all authors [19, 20]. These discussions were also audiotaped and pored over by the first author. Subsequently, a coding list for using the QSR Nvivo 11 program was constructed to select the most relevant phrases and quotes (detailed coding). To structure the findings, an overarching scheme was discovered, based on the common themes of all interviews [20]. In addition, the findings were presented in a steering committee with experts in several domains (employers' network, experience experts,

**Table 1** Employer characteristics (n = 12)

Characteristic	Number
Gender	
Male	8
Female	4
Age group	
< 40	3
40–50	1
50–60	7
> 60	1
Position	
Business manager (9 (co)-owners)	11
HR	1
Sector	
Catering	1
Chemistry	1
Construction	2
Employment agency	2
Graphic design	1
Hair salon	1
Real estate/property	1
Wholesale	3
Size	
< 10	3
10–50	7
> 50	2
Number of employees with cancer in company	
N = 1	6
N = 2	4
N = 3	2

employment officers, and union members). Their comments and questions were additional food for thought. The final decisions were made by consensus among all authors.

### Ethical Considerations

The Social-Public Ethical Committee (SMEC) review board of the KU Leuven gave ethical approval for the study (file number G-2017 03 820). All participants signed an informed consent form. The confidential transcripts were handled with care (not distributed outside the team). In the results section, anonymity of the participants was preserved.

### Results

Specific characteristics of being a small enterprise for managing SA and RTW were found in relation to four concerns: the employer's enterprise; the employee's cancer and recovery; RTW and work adjustments; and communication. The

employer concerns related to specific needs. Below we will elaborate on these topics.

### Characteristics of Being a Small Enterprise

Various aspects of the enterprises affected the employer's concerns.

### Informal Practical Arrangements

Many practical issues arose after an employer heard about an employee's illness. Owners and colleagues took over the tasks of their colleagues, relatively spontaneously, if needed. The work had to be finished, so everyone helped, regardless of the firms' hierarchy. In fact, tasks needed to be taken over from the first day of SA. Consequently, 1 week of absence was already perceived as long-term. In general, the interviewees felt that they could not rely on a (customised) company sickness-absence policy: within small enterprises, rules were informal and unwritten. Employers of larger enterprises (> 50), in contrast, had formal procedures regarding, for instance, keeping in contact with their employees (calling, sending postcards and/or flowers). For financial and personnel matters, the employers relied heavily on their 'Social Secretariat'.

"... So, for instance, we certainly have a rehabilitation plan after illness, but that will go through the Social Secretariat. On the whole these plans are very standard, and you need to have them by law. In the end, the way in which they are executed depends on the individual case ..." [resp. 1].

Most of small and medium businesses do not have an HR department. In Belgium, they therefore rely on a Social Secretariat, which is an agency that supports their administrative tasks and human resource management (e.g. drawing up employment contracts and other employment related documents). Although they are not obliged to register with a Social Secretariat, it is often done in Belgium. The businesses pay monthly premiums (usually a percentage of the social security contribution) for the services of their (chosen) Social Secretariat. The employers in our study generally contacted this service and informed them about the employee's absence and the return in a later phase.

"... The first contact point [in the event of illness] is the Social Secretariat. It is really important that they are informed about everything..." [resp. 2].

"... Do we have a policy? Do we have a policy in writing? Certainly not. I think you will find that very few small enterprises have such a thing. In large enterprises, it is all in writing. In small enterprises, it is not. It is all in the employers' heads. Do we have a policy

in writing? No! Do we have a policy? Yes! Can people reintegrate? Yes, of course they can ...” [resp. 9].

Although the interviewees didn’t appear to have heard of the new national policy on reintegration, they were aware of the fact that they had to play a role in RTW preparation.

### Working as a Family

The personnel in small enterprises were close, which means that there was a strong bond among them. Often, colleagues were considered as ‘part of the family’. Because of this strong bond, the workplace functioned as a kind of community. ‘Working together and solving problems together’ was the motto.

“... The workers are our capital (...) we are a family company. Of course, it’s not easy, but we try to pay attention to our people and their needs. We do not want you to suffer for the sake of your work ...” [resp. 4].

Generally, people knew each other, each other’s tasks, and even each other’s family life very well. Small enterprises were used to dealing with ups and downs. Work pressure seemed to be ever present but managed, so the intention to accommodate an employee with temporary reduced productivity was there. An example of the strong bond among employers, employees and the ill employee is that one of the interviewees expressed concerns about life-style issues:

“... When he came back after his operation and started smoking again, colleagues questioned him about his behaviour. They connected the behaviour with the sickness: ‘Now you are smoking, you have had cancer; there is a connection between them. Are you crazy?’ Or at least, that was what they meant. Not everyone dared to, but some did. They didn’t keep quiet ...” [resp. 1].

In the case of an unfavourable prognosis, employers sympathised deeply with their employee’s grief.

“...More surgery, again the difficult chemo, absent for another 6 months. I can assure you: we went to visit him during chemotherapy. It was heart breaking. He could hardly speak ...” [resp. 16].

Several employers had to deal with the decease of their employee, which was perceived as emotionally difficult and demanding. They had to deal with the grief for and loss of a fellow-worker while at the same time running the business. In addition to the employer, other workers would attend the funeral, which helped them to cope with the loss of their esteemed colleague. The space left afterwards by the employee in the workplace was a delicate issue. It felt

strange to deal with an empty office after the decease of an employee.

“... And then, in the days and weeks afterwards (...) as with a death: there is a hole. Things went very quietly and carefully. In the first weeks, nothing. Everything in his office remained untouched. Nobody was going to take his place (...). At a certain moment, of course, somebody had to sit there. His replacement actually (...). Somebody had to take over the job. An interim, a temporary employee, a secondment, or something like that ...” [resp. 9].

### Working with Limited Resources and People

Employers were concerned about keeping the enterprise running. They came up with several solutions for how to move on in the case of SA: tasks were rearranged, or the work was divided among colleagues. Others considered postponing work where possible, working harder or more hours, pushing themselves to the limit or just not doing some tasks, delegating or outsourcing work. First, employers ‘waited and watched’, and tried to cover the excess work internally.

“... We are not going to replace somebody, when there are other options internally: by shifting work, by giving people a bit more work. So, the tasks were important, but we were able to postpone work, leave things undone, delegate or outsource work. Yes, the issue of whether or not to replace someone is a typical challenge for small and medium enterprises ...” [resp. 1].

Occasionally, exceptional efforts, also from the sick employee, had to be made to rearrange the employee’s work.

“... At first, I had to talk him into getting treatment. Because he really didn’t want to undergo treatment. Then, secondly: ‘when are you going to have your next check-ups? Can we postpone these for a few days? So, we can hand over things to prevent chaos here’. Because you cannot leave 50 people without their wages and so on. Then, we really locked ourselves up for two days. After that he was taken into hospital to have an operation ...” [resp. 15].

Replacing the sick employee with a temporary employee was not easy because of the high costs for the employer. Only in cases of long periods of SA could employers plausibly look for a competent (e.g. freelance) substitute, often in close consultation with the ill employee. As interpreted from the interviews, an awareness grew that it would be a good idea to have back-ups.

## Core Concerns

Given these characteristics of small enterprises, the core concerns about RTW for the employers came to the fore. These work- and care-oriented concerns are described below.

### Concerns Regarding the Enterprise

As understood from the interviews, absence due to illness weighs heavily on a small enterprise, as in Belgium the wages of the sick-listed employee still need to be paid during the first month of absence, while no work is being performed. The economic reality was mostly expressed in terms of a continuous concern about the survival of the enterprise. For some, it felt like a matter of life and death for the enterprise.

“... From one day to the next, you are missing a person in your team. What are you supposed to do? The costs are too high [to recruit a replacement]. If the enterprise is doing badly for a few months, you are bankrupt. That’s the reality ...” [resp. 11].

“... Because I think that this is the biggest concern for a medium- and small enterprise. How do I manage financially ...” [resp. 13].

Balancing the employee’s and the company’s interest felt like a sensitive exercise. Many employers had a hard time working without their appreciated employee and at the same time watched their sales falling. Employees could often take over each other’s tasks, but when an employee with special skills became ill, it was not easy running the business as before.

“... He was responsible for the whole personnel management. The complete financial story, concerning personnel as well as regarding bookkeeping. And paying suppliers, everything (...) And suddenly it disappeared, boom, gone. And then you think: JC, what now ...” [resp. 15].

Moreover, employees were often trained on the job.

“... You can’t study to be a fitter [in this job]. So I have trained everyone who has ever worked here. Which mean I had very little time to work on sales. That was very stressful for me, because turnover was decreasing. It really was about keeping my head above water. It was a very difficult period ...” [resp. 16].

### Concerns Regarding Employees’ Cancer and Recovery

A cancer diagnosis among one of the employees was always on the minds of the employers. They were very aware of the

diagnosis and seemed to be anxious about their employee’s recovery from cancer, since there was always the fear and risk of recurrence.

“... It’s always there in your mind: once you’ve got cancer, you’ve always got cancer, as is often said. Yes, having a relapse is possible in all kinds of ways, from temporary absence up to and including death due to cancer. That is a greater concern for medium and small enterprises, than for a multinational ...” [resp. 1].

The employers were unsure about the treatment duration and subsequent prognosis regarding RTW. They also had their views on cancer treatment in general and its long-term effects. As they did not know what the prognosis was, they had to wait and see, and make space for the employee’s treatment. In their opinion, the supervision of an employee with cancer would take time and energy, which they might not have. But they did make an effort to stay in touch with the sick-listed employees during treatment, for example by calling the employee now and then, sending cards and flowers, and/or visiting them at home or in hospital; although not systematically.

“... We called him each time, asking how he was. Sending a card, fruit, flowers ...” [resp. 13].

“... Anyone who works here is my responsibility. But if someone leaves, things instantly get a lot busier. You don’t have time to say, gee, I’ll visit him some time. Yes, we failed a little in this ...” [resp. 8].

The employers’ stories also revealed personal involvement in providing practical support (e.g. by reassuring work) during their employees’ long-term treatment.

“... If he ever returns, we will find something for him. That’s the way we work. We have never dismissed a person because of illness. Except where an employee has said ‘this is too difficult for me. I want to do something else’. But even then, we support those people too ...” [resp. 15].

Receiving sick pay might go hand in hand with less income for an employee. Some sick-listed workers were stuck with a large mortgage, while others were confronted with extra treatment costs, like consulting a dietician and having to purchase special food. Some employers were very much aware of these financial issues and tried to help. Some showed real concern about the costs associated with cancer (for their employee). However, increasing the wages, to compensate for the costs, was not financially possible. Therefore, these employers arranged material support, to relieve potential financial problems.

“... He had a company car. I allowed him to use it free for private purposes. Even in the summer, he

was allowed to use it on vacation. Financially he could not really manage (...). I have a television we use for exhibitions. I bought two of them: one for him to use at home, because he could not afford it ...” [resp. 16].

### Concerns Regarding Return to Work and Work Adjustments

Although employers stayed in touch, no further pro-active role was taken. In the main, they awaited the return of their colleague and in the meantime focused on managing the business. Usually the employees themselves informed them about when and how they expected to return.

“... The contact that we had was with him directly. His sick leave was extended several times. He told us about this beforehand: ‘normally speaking I will return then’. And later he came back fulltime ...” [resp. 4].

Generally, the employers did not prepare for the return of the employee, simply because they did not know exactly what to do. Interestingly, they left the RTW initiative to their workers, as they assumed and mentioned that they did not have any influence on the RTW timing.

“... You do not have any control over it. It is the doctor that decides. If the patient tells him, ‘I want to go back’ and the doctor says, ‘go ahead’. You cannot refuse them. You cannot say that he cannot return. If he says, ‘I am coming back’, he is coming back ...” [resp. 1].  
 “... I think that the employee initiates the return. We just wait. But we do encourage it. It’s great for us ‘you can start whenever you want, at the pace you want’. Then that person will go to the insurance physician ...” [resp. 14].

Together, following the employee’s wish and the advice of the medical advisor, the employers mainly looked at the RTW possibilities in the enterprise (i.e. how many days/hours, fulltime or part-time return), and adapted to the situation.

“... If a doctor says, ‘you can go back part-time’, that is okay for us. Or if the employee says, ‘I would like to work for 2 or 3 h a day now’ or ‘the doctor says I can work twice a week for 4 h’, that’s also okay, anything is possible ...” [resp. 14].

One trouble spot in small enterprises was finding alternative or adapted work for an employee’s reintegration. Despite a clear willingness to meet the needs of the returning employee, e.g. by accepting more breaks or temporarily offering work with a diminished workload, the employers often felt unable to modify work conditions. For instance, in the case of ergonomic problems with heavy lifting:

“... I do not have a job package for that. Some businesses can say, ‘you cannot do that heavy work anymore, we will let you do light work, or let you do this’. We cannot do that. That’s a disadvantage ...” [resp. 12].

If the enterprise was somewhat larger (> 50), there seemed to be more alternatives. Employees could for instance participate in other projects or do easier or less demanding work.

“... Before the employee starts work again, we have already been in touch. Then, together we have looked at the possibilities: how can I come back, how many hours a week? Every so often, the possibility of starting another project will be considered. This is mainly for the employee’s sake. When he returns, it has to be done right ...” [resp. 14].

Usually, no well-thought-out transfer of tasks from the replacement had taken place after the return, but this could be more convenient for a returning employee. Employers also felt that a supportive workplace was worthwhile, because it would give the returning employee the feeling of being more comfortable at work, especially when numerous changes were put in place. After all, many employees stayed at home for a long time (at least > 6 months).

“... Imagine somebody is ill for a long time. And then he just comes back. Does he get proper re-training or a reintegration course? No, of course not. We just say, ‘hey, nice to have you back’. Two days of handing over things and then, ‘come on, go for it’ (...). If the enterprise is undergoing a period of change that is really not enough, because a lot can change in 6 months or a year ...” [resp. 9].

After the reintegration of their employee, employers observed some side effects of the therapy: lack of energy, loss of memory, poorer sense of hearing, less ability to concentrate, fatigue or exhaustion.

“... Well, we could see that he had suffered from the chemo. I served as a backup for him. Actually, he really couldn’t manage the work like before ...” [resp. 15].

Who had to take responsibility for the diminished ability of the employee? Colleagues were supportive and felt responsible for the (extra) workload, but only temporarily, for a reasonable period of time.

“...Someone [a colleague] is willing to do a certain task, but don’t try to get that person to solve someone else’s problems too much. They don’t like that...” [resp. 15].

## Concerns Regarding Communication

The employers communicated with the sick employee on an irregular and informal basis. During treatment, employers might ask some questions when contacting their employee, but they had to rely on the employees' openness regarding medical issues and their wishes and attitude.

"... The person who had skin cancer just arranged things with his work. He asked, 'can I be absent once in a while?' We had no problem with that. And we didn't make a fuss about it. It was easy to talk about. He was very open with us ..." [resp. 2].

Depending on the character of the relationship with the employee, employers discussed the details of the medical check-ups and updates. They were cautious about obtaining information, because they were fully aware that some employees might prefer to keep things private.

"... We are not going to chase them up. We do not say, 'when are you planning to come back?' Not in that way. We check now and then. What we do ask is, 'how is your medical treatment going? ...'" [resp. 14].

According to the employers, privacy was important, as was the employee's fear of dismissal. Just telling the employer and colleagues about the diagnosis was not always easy in these small enterprises.

"... Often, the employer is informed rather late. Certainly in Belgium there is fear about reporting it. People feel insecure and think: 'when I tell them, will I be dismissed?' So, no, they have not told us from the beginning 'this is what is going on'. People do not do that ..." [resp. 9].

So employers checked beforehand whether they were allowed to inform colleagues if the diagnosis was reported.

"... Can we discuss it with everyone else? How do you want to communicate about it? Do you want to do it or do you want us to do it? I believe in both cases we were asked not to do it ..." [resp. 9].

The employers felt that they had to combine personal involvement with professional challenges. Also, regarding work issues, they felt dependent on information given by the employee. According to the interviewees, only a few employees continued to work right up to the start of treatment after having received the diagnosis. Then, the employers would probably not discuss the distribution of work among colleagues with the sick employee. Later, they saw no urgent need to share and prepare things before the actual return of the employee.

"... There is not much to discuss. You just say, 'okay, you can start' ..." [resp. 9].

## Specific Needs

We have discussed the many concerns that employers of small enterprises experience, when one of their employees receives the diagnosis 'cancer'. In a similar vein, these employers expressed several needs in addressing these concerns.

## Rights and Duties

After being informed of the cancer diagnosis and showing their empathy, the employers seemed to be lost and in need of information, especially on rights and duties. They focused on those things that had to be arranged immediately. Usually their Social Secretariat advised them, but employers knew that these agencies would primarily respond to their questions, rather than be proactive or knowledgeable about complex issues that needed addressing. In the case of complicated matters (e.g. working during illness), their contact person at the agency had to look for external or legal advice themselves.

"... Yes, reintegration is just difficult. For us, drawing up a reintegration plan is almost impossible ..." [resp. 12].

## What to Do, When and How?

Despite the fact that employers might feel unnerved when they are suddenly confronted with cancer in their enterprise, it was clear to them that ad-hoc solutions needed to be found (e.g. for work tasks, for helping the employee). If they were confronted with a long-standing absence of their employee, they wanted more guidance during the entire RTW process. For example, knowledge of the new reintegration legislation was virtually absent.

"... If you are confronted with an employee with cancer: it's a black box, you do not know what is going to happen. A tool could indicate the issues facing an employer in the various phases of illness and return to work ..." [resp. 16].

## How to Arrange Work After Treatment?

There was a third consideration regarding the things that had to be taken into account after the return. The employers were unsure how to facilitate (part-time or full-time) work, how to adapt the work to the employee's ability and how to arrange practical matters.

“... If he returns, what do I have to bear in mind? What kind of work should he do now? And what does he need for whatever work he does? So then we fit the pieces together. He can do this, but he cannot do that. Well, I have to take over that piece of work ...” [resp. 13].

The employers questioned the employee’s capacity and were uncertain how to balance the employee’s reduced ability and/or limitations with their concern for the enterprise.

“... Can you expect the full 100% of the person then? Should you be more patient? And for how long? Of course, you can overboard and say, ‘I will gloss over all the shortcomings because he has had cancer’. That’s not right. Or you agree on deadlines, that he subsequently fails to meet or misses. I can imagine that some of it can be attributed to the illness. But maybe not all of it. And you don’t know how the person will react either. What if he uses his illness as an excuse? How do you deal with that ...” [resp. 17].

The employers were particularly concerned about physical limitations. Small enterprises were not always able to transfer tasks to colleagues or offer work without, for example, heavy lifting. Employers also found it difficult to arrange part-time work. According to one of the interviewees, there was some difficulty in the communication on this aspect with the Sickness Fund organisation [18], which is the institution that pays the employee’s wages after 1 month of absence.

“... It is such a hassle if for example someone is allowed to work part-time (...). There should be cooperation, a communication between the Sickness Fund organisation and the employer. So that it can be done more smoothly (...). Those systems are very inflexible ...” [resp. 8].

If an employee could not return or died, the employers had the same questions. Again, the actions were informal. Based on common sense, they did what they felt to be right.

### How to Communicate During and After Treatment?

For the employers, a fourth question arose. How to communicate with the (absent) employee and how to inform the colleagues before and after the return? They also had to be aware of the sick employee’s privacy, as noted earlier.

“... For instance, that we prepare the colleagues when someone returns. What’s the best way to do that? On the one hand, as regards talking about the illness. On the other, as regards the expectations towards that person ...” [resp. 17].

Employers mentioned feeling unsure about contacting—and potentially replacing—the absent employee. Since they were concerned and lacked information about the employee’s situation, they were open to learning skills to facilitate communication between the employer, the colleagues and the employee—or a form with a list of questions to ask (do’s and don’ts).

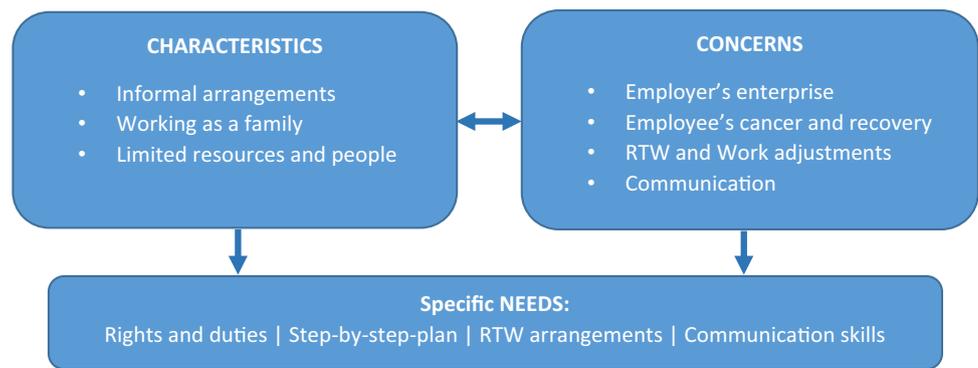
“... Perhaps the employee finds it difficult to keep us up-to-date (...). Facilitating communication, something to start the conversation, perhaps some conversation techniques, so that you know: say this, or do not say that ...” [resp. 13].

To summarise, employers in small enterprises need clear information to help them deal with a cancer diagnosis in the workplace. In general, they would benefit from a structured plan with steps to be taken, including legal (rights and obligations regarding SA and reintegration) and practical information (communication skills, RTW options and RTW guidelines) regarding guidance for cancer survivors.

## Discussion

To explore employer involvement during SA and RTW of employees suffering from cancer, 12 owners (one HR manager) of small enterprises in Belgium (Flanders) were interviewed about their concerns and needs. Four concerns were found: the employer’s enterprise; the employee’s cancer and recovery; RTW and work adjustments; and communication relating to the characteristics of small enterprises. The employers expressed needs parallel to these characteristics and concerns (see Fig. 1).

The results revealed that after hearing about the cancer diagnosis, small enterprises try to cover the overflow of work internally, because of the financial consequences of hiring a substitute immediately. Similarly, Fassier et al. [21] found that only half of the employers hired a temporary employee until the return of a breast cancer survivor, because of the associated direct costs. Besides the financial risks, small enterprises also have concerns regarding the employee’s ability to do the job after treatment, and the limited options for offering adapted work. Tamminga et al. [22] came to the conclusion that little is known about which aspects of employer support can enhance an employee’s ability during and after RTW. The employers of our study thought that those affected would never completely recover from cancer. Being concerned about (the noticeable side effects of) cancer is in fact a reality for both the employee and the employer. Cognitive limitations, for instance in breast cancer survivors, are associated with lower levels of work output [23] and fear of recurrence and limitations can indeed affect work ability [24]. Moreover, there may never

**Fig. 1** Characteristics, concerns and needs

be full recovery from cancer. Accordingly, employers need to take action to accommodate employees according to their ability [24]. Similarly, employees with breast cancer feel vulnerable, but at the same time able to work, so they have a great need for workplace support [14]. Unfortunately, small enterprises have rather limited possibilities for work adjustments. Despite this, they might be able to recognise and take into account the employee's vulnerability, because of the perceived close relationships and the employer's good intentions. In the current study, some employers had to deal with the decease of their employee, also after the return. They experienced these emotionally difficult problems as part of the process they felt responsible for. It illustrates the employer's involvement. This implies that actually, RTW (after cancer) should be defined broader, since death can be part of the entire trajectory.

Small enterprises will generally not have a company policy for helping sick-listed employees. Nor will such employers know much about how to arrange adequate RTW options, and about new reintegration legislation, which in Belgium has recently come into force. This is an important point to consider, since the availability of clear procedures for returning to work after sick leave is seen as an impetus to resume work [17]. The most important similarity with the study of Gunnarsson et al. [17] is that in both countries no documented routines were found, while in Sweden the employers had been working under the Social Insurance Code (2010) for some years while in Belgium the new legislation on SA guidance was only introduced recently before the study took place.

Employers in the study of Gunnarsson et al. [17] were generally active in the RTW process; employers in the current study are willing to support their sick-listed employees, but do not take initiatives (e.g. regarding the return). The interviewed employers try to do their best to guide their absent employees and manage their enterprise concurrently. Nevertheless, they play a waiting game during the RTW process. In general, the RTW is rarely prepared in advance. This might have something to do with the few cases of long-term SA small employers usually experience in their

enterprise. Because of this, they do not see the need to prepare for such scenarios. Consequently, the communication with the employee and the team is ad-hoc and informal. This can be problematic given the findings of Tiedtke et al. [15]: especially in the case of a cancer diagnosis, specific communicative skills are required during the different RTW stages. A recent review of employer's management shows that (all) managers lack assistance and need good skills to communicate and support their employees with cancer effectively [25]. Recently, Caron et al. [13] pointed at the need for maintaining communication with the employee and especially at the lack of follow up after the return, which was found to be an omission in the employers' practice. However, as mentioned above, we did not find such an omission. The employers stayed feeling responsible.

Despite the recognition and expression of the need for support and guidance, the business owners of our study primarily seek help for administrative matters, and then from their Social Secretariat. Nevertheless, they also expressed a need for more guidance in communicating with the employee. In addition, although a strong family-like bond appeared to exist in small enterprises, with real understanding and involvement shown by colleagues after the return, the employers did not present the RTW process as teamwork. This can have an impact on RTW; Yagil et al. [26] found that RTW is more successful if the process is regarded as teamwork.

The scant knowledge on employer experiences regarding employees with cancer comes mainly from large enterprises [16]. The employers of our study regarded themselves as different from the owners of multinationals, although it is known that large enterprises also wrestle with the problem of assisting employees with cancer. If we compare the findings of the study among larger enterprises in Belgium (Flanders) that was conducted some years ago [14], we can conclude that, for Belgium at least, RTW can indeed be a difficult process to manage. The employers' concerns also referred to conflicting interests (employee vs enterprise) and dilemmas (e.g. infringement of privacy, personal vs professional role) while helping the employee. However, more research among

employers, and in small enterprises in particular, is warranted [16]. Gunnarsson et al. [17] used another qualitative approach and did not distinguish themes, but quantified the experiences (e.g. on employer-employee contact, on occupational adjustments, on cooperation with the Agency and the occupational health services) of the different employers.

### Strengths and Limitations

A rich collection of data illustrated the concerns and needs of the owners of small enterprises in various sectors and areas of Flanders. We were able to reveal the concerns and challenges confronting the employers. It should be mentioned that it was difficult to recruit employers, mainly because we unexpectedly came across a kind of stigma associated with talking about an employee with cancer. Therefore, we could only include participants that responded or were directly asked to participate. Nevertheless, once they started to share their experiences with the interviewer, employers felt more comfortable with the topic and invited fellow business owners to participate as well, because they then felt the need to stimulate the research on RTW for employees with cancer. However, interviewing only 12 employers (one HR) of small enterprises in a Belgian context, without using a theoretical sampling, might be a limitation when generalising the results. As the businesses represented a large variety of small enterprises and cancer cases, the themes are likely to be generalizable to small enterprises in Belgium and countries alike. We also disclosed the circumstances of the study and gave an in-depth description of the findings (context in relation to the core concerns). Although contexts differ and more research among ‘small’ employers is needed, the findings correspond to other research.

### Implications for Research

More research is needed on the employer’s side in small enterprises, in relation to supporting employees with cancer. No comparable studies could in fact be found, except for the study of Gunnarsson et al. [17]. Research is needed to refine the findings. Therefore, it is recommended to interview a large number of employers of small enterprises (also internationally) with recent experience in supporting employees with cancer and using a legal reintegration policy. It would be interesting to know whether the experiences change when the new legislation is implemented.

### Implications for Practice

As small enterprises usually work ad hoc when it comes to RTW, they might take advantage of information available online and practical guidelines on how to support their employees with cancer. Administrative and/or health

services of small enterprises, or an occupational physician could refer to adequate consulting agencies to help small enterprises guide their employees in case of SA. Furthermore, the small financial base of most small enterprises might call for new types of insurance and financial support in cases of sick leave and RTW. These implications could apply not only to Flemish small enterprises, but also to businesses alike in other countries; however, the context (legislation and economic climate) can make a difference.

### Conclusion

This study adds to the scant knowledge on the experiences of employers of small enterprises regarding supporting an employee diagnosed with cancer. Small enterprises experience many concerns during the absence and return of a sick-listed employee. They are as worried as employers of larger enterprises [14], but they have no structured company policy and/or routines for managing SA. However, this can partly be compensated because of the existing ‘family-like’ structure. When the occasion arises, the employer and the team empathize spontaneously with the ill employee. Even though, this offers the employer not much RTW guarantees, as there are few possibilities to adapt work after the return as well as limited budgets to use. The study indicates that small enterprises have typical characteristics that lead to specific concerns and involvement, as well as to informal communication. Consequently, supporting an employee with cancer and managing their business is challenging. Employers are in need of adequate and/or additional information in relation to employees with cancer for their specific company and regarding their rights and duties. They are open to improving their communication skills (what are the do’s and don’ts?). In addition, directions for guidance through the whole RTW process are regarded helpful.

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### Compliance with Ethical Standards

**Conflict of interest** The authors declare that they have no conflict of interest.

### Appendix 1: Interviewguide

Topics on involvement in SA/RTW-support for employees with cancer

1. Business policy or guidelines on SA and RTW? Familiar with new reintegration policy?
2. Familiar with diagnosis? Share with colleagues (privacy)?
3. Contact with the ill employee? When and why?
4. Consequences for work? Replacement y/n and why (not)?
5. RTW approach:
  - a. Communication (subjects of conversation)?
  - b. RTW initiative?
  - c. Consultation with other stakeholders (occupational physician, social secretariat)
  - d. Considerations, weighing pros and cons?
  - e. Adjustments and agreements?
6. Information used or needed (brochures, Google)?
7. What went well and what did not? Why?
8. Recommendations for owners of small businesses?
9. Something to add?
10. Thank you for your cooperation, openness, and trust!

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