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A Realistic View of Returning to the Classroom After Cancer Survival: A Double Entendré

Heidi Suzanne Zimmer
Dominican University of California

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A Realistic View of Returning to the Classroom After Cancer

Survival: A Double Entendré

Heidi S. Zimmer

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Thank you to Miss Paulukonis for inspiring me at the age of 10. You taught me to love math and to challenge myself. When I think of the wonderful teachers I've had in my life, you are at the top of that list.

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Abstract

Returning to work after cancer treatment provides its own set of challenges. The purpose of this research paper is to inform cancer survivors of the reality of returning to work after treatment. From personal experience and hearing others' stories; I am convinced that getting back to a "normal" life is a large part of the recovery from cancer. Returning to work can be the conclusion to a very long battle and reassures survivors, that they truly have beaten the beast. The literature revealed that it takes time for the body to follow the head and heart when it comes to recovery.

A case study approach was used in gathering and interpreting data following my recovery from cancer. Findings indicated that following chemotherapy treatments, returning to work takes a long period of time for one to learn how to function close to or at the level prior to the diagnosis.

In conclusion, it is important for a cancer survivor to talk about the journey. This provides the all-important venue for one's return to normalcy.

Chapter 1 Introduction

Surviving cancer is a triumph in its own right. Surviving a hostel working environment post cancer treatment is quite another. At the time of my diagnosis, I was a seasoned high school teacher, with more than ten years of classroom experience. Instead of being supported and looked after by my school district while in the midst of chemotherapy treatment, I was involuntarily transferred to a middle school site which involved moving my entire classroom across town I was forced to teach a specialized curriculum without prior curriculum training, and had to work for a site principal who was constantly berating me about my teaching methods. I survived cancer, but I did not survive the school year that followed.

Two days before Christmas 2010, I was diagnosed with breast cancer. I had to take a leave of absence for that entire spring semester which was to start in one week from the day I was diagnosed. I was, of course, devastated. I absolutely loved my job teaching mathematics at the high school level. Every morning I was happy to be going to work because I knew it would be a good day. I now had to step away from the job I had worked so long and so hard to get because of cancer. The high school site principal, teacher union president, and the superintendent of human resources were all very helpful and accommodating throughout the initial process of my leave. I knew, although it would be difficult, that I could step away from my job and not have to worry about losing my position. My site principal assured me that my position and classroom would be waiting for me when I was ready and able to come back. All my concentration could then be focused on my battle with and survival of breast cancer.

Nearly three months into my chemotherapy treatments, in the very thick of it, I learned through an email that my position at the high school, due to budget cuts, had been given to a

more senior teacher from another department. The job I loved, which I had worked so hard to obtain and that I was so passionate about, was now lost because I had been involuntarily transferred to a middle school. My oncologist, the union site representative and the union president did everything they could to protect me from the involuntary transfer while I was on a medical leave of absence. We all thought that because I was out on medical leave fighting for my life that the district would not be able to “touch” me. The union representatives held several meetings with the superintendent of human resources who had the final say in my future placement. My oncologist wrote a letter on my behalf stating that the stress which this involuntary teaching assignment transfer had created for me was detrimental to my recovery. Despite the letter, the involuntary transfer was pushed forward by the superintendent of human resources.

As a cancer survivor having gone through chemotherapy, there are several side effects that linger for months, if not years, depending on the patient. Two of these have been more difficult for me than any other side effect. The most difficult side effect for me has been the loss of memory which is nicknamed “chemo brain” in the cancer world. It is extremely frustrating when the brain does not work the way it used to. Trying to recall a short term memory or come up with a simple word just does not happen sometimes. The whole process of cognitive thinking is restructured. The second most difficult side effect has been fatigue. I just do not ever feel rested. Often I do not feel I have the energy to get through the school day. Anyone who has taught middle school can verify that it is the most physically and mentally draining grade level in the teaching field. And yet, this is where I was transferred. This was what the superintendent of human resources decided was best for both the district and for me.

At the beginning of the school year, the principal at my new site seemed to be sympathetic and understanding. Although never having gone through chemotherapy, he too, was a cancer survivor. Soon after school began, I was reminded by the principal that I was due for my two-year evaluation and that he would be coming in periodically for observations. I have always welcomed anyone wanting to observe my teaching; I am not shy about what I do and my love for my work is evident. I have always had top evaluations in the past and thought nothing of being evaluated this time around.

The first observation came in early October followed by a conference with the principal in his office. To my great surprise, he did not have much in the way of positives to share. He had only negative “constructive criticism” as he called it. He did not like my grading policies, my classroom management, the flow of my lesson presentations, my homework review methods, the classroom set up, and that I was furthering my education by taking a university course. (The course I was taking was to help secure my seniority within the district and had me leaving school after my contract time which prevented me from attending some department meetings.)

To me, it was like he expected me to become the newest “stepford wife” in the math department. The department members have worked together for many years and all of their classrooms are lined up right next to each other down the same corridor. They communicate and share daily on what they are doing with their various lessons. My classroom was located in a different building. I do believe that using common assessments and projects are great ideas. However, I do not believe that I should have to assign the very same problems on the very same day and teach the very same lesson as my colleagues. I believe that as a professional, I should have the power to teach what I deem relevant and important that meets my students needs as long as I am following the material required by our state standards and my students are learning.

Over the course of the next few months, at the request of the principal, I attended two workshops on behavior management. I also spent two days observing my colleagues both in and out of my subject matter. I wanted to see what the other math teachers were doing that, according to my principal, were so superior to my methods. I was also interested in seeing other strategies used by long time teachers in other subjects. It was interesting to observe how my students behaved for other teachers. In some cases, the students were more focused and engaged in my class than those of whom I was observing. However, I was open to utilizing and implementing other methods since the principal was not happy with my own that I had successfully used at the high school level for years. So, I began implementing a new grading policy to match the other math teachers. I also tried new classroom management techniques used by other teachers and I began using a lesson flow similar to my colleagues. In addition, I changed my homework review to incorporate more student interaction, and I rearranged my classroom for better student movement and I even started a new university course the spring semester that was offered on a different day of the week so it would not interfere with department meetings. I did everything the principal asked of me. Despite these changes, when he came around for the next observation, he still was not pleased.

There just was no pleasing the principal and I could not take it any longer. The stress of my trying to please him began interfering with my continued recovery from cancer. My fatigue levels were not improving as they should have been at the point. (Nearly ten months since my last chemo treatment, nine months after my double mastectomy and five months after the last of the major reconstruction surgeries.) My cognitive memory struggles were getting worse instead of better. Sleeping had become more challenging and I had to resort to increasing my dosage of prescription sleep aids. Other physical ailments began to rise and get in the way of daily life. I

began to fall into a depression and hide the pressures and stress from family and close friends which began to weigh on me so heavily.

I decided I could no longer continue to do my job under the current circumstances. I had turned into someone I was not supposed to be. I now hated my job. I did not look forward to each morning and could not wait to escape at the end of each day. I knew something had to change, something had to be done. My next step was to talk with my union president who had tried to help me from the beginning and I asked for his help with the latest onset of problems. Just before the end of the third quarter, a meeting had been scheduled to include myself, the union president, my union site representative, and the superintendent of human resources. After a round of formal pleasantries, we got down to business. The superintendent of human resources, who had pushed through the involuntary transfer a year earlier, listened as I and my union team explained my perspective. I just could not continue to work under the pressures I was under. As a result of those pressures, my recovery from cancer therapy was not progressing as it should; my fatigue continued to be very high and my concentration was diminishing, as well as my body beginning to break down as a result of the high levels of constant stress.

After realizing his misjudgment of placing me at the middle school through the involuntary transfer, the superintendent of human resources offered me a deal I could not refuse: if my doctor submitted a letter on my behalf stating that I could no longer work under the current conditions, then the school district would agree to allow a second medical leave of absence for the remainder of the school year. Such a leave would allow my body and mind to recover from not only the cancer and its treatments, but also now would relieve the stress which resulted from the way I was treated upon my returning to work. If I took the leave of absence I was promised that there would be no consequence to me other than having to say goodbye to my students and

moving out of my classroom over the spring break (which was only two weeks away). I was also told that in the coming school year that I would be placed back at a high school and that I would be fairly evaluated by the new school site. The irony of this is that the high school named for my next placement was where I wanted to be involuntarily transferred to in the first place one year prior, but was denied the request and was sent to the middle school instead. All involved recognized that high school would be the best placement for me as a teacher. At that level I shine.

Unfortunately, returning to my previous site was not an option as there was not an opening available, even though everyone admitted that would have been the absolute best outcome. However, knowing that I would be back in my area of expertise and the level I love to teach was a great resolution to a long year of hardship. Everyone involved was pleased with the final outcome, but none more than I. Finally, just over a year after my diagnosis and seven months of a disastrous school year behind me, good news had come my way and I finally had time to get back to my normal self. I truly had survived.

Statement of Problem

Getting back to a “normal” life can be very challenging for cancer survivors, especially for those who have undergone chemotherapy as part of their treatment. It can take several months to several years for a cancer survivor to return to work. Those that do often find getting back to “normal” is much harder than they realize. Diagnosis, treatment, fatigue, and depression are the most common connections between cancer survivors and their ability to return to work.

One of the most important factors in returning to work successfully is the partnership between employee and employer. Survivors who have positive and supportive work environments, including but not limited to coworkers and administrators, are more likely to

return to work successfully. Under the current teaching contract of my district, seasoned teachers who have faced a multitude of challenges are not protected from undergoing formal evaluation upon their return if they return during the year of their evaluation cycle. In my case an unexpected long term medical leave combined with a long and difficult recovery period, an involuntary transfer from high school to middle school while in the middle of treatment, and finally placed to teach a specialized curriculum without any prior curriculum training. Any one of these by themselves would not call for a postponement of the evaluation process; not even the extended medical leave. However, when faced with a combination of challenges like these, teachers should have some protection from a unsupportive administration. District and site administrators not only should voluntarily postpone the evaluation process as they are allowed to do currently, but it should be mandated to do so when combinations of challenges arise for a seasoned teacher.

Purpose Statement

The purpose of this study is to inform teachers who are cancer survivors of the options they do have when faced with returning to work after treatment. Survivors need to be fully aware of the physical, mental, emotional, and social changes that can and will occur upon their return.

Utilizing the union is a smart choice, even when all seems hopeless. The union representatives are there to listen to concerns and to negotiate solutions with district level administration on the teachers' behalves. A strong and effective teacher union is essential.

Research Question

What are the challenges that survivors of cancer have after undergoing chemotherapy as part of their treatment when returning to their “normal” life? A major part of that is returning to work.

Having a supportive network in place, especially in the workplace, is invaluable to the success of that return.

Theoretical Rationale

Anyone who overcomes cancer does not bounce back to their normal self immediately. For some this means a year or less and for others it could take more time. The type of cancer and the treatment choices have everything to do with recovery time.

A report by the Stanford Medical Cancer Research Center (Stanford Medicine, 2012) sites cancer as having multiple choices when determining treatment. The course of treatment is ultimately chosen by the patient with the expert guidance by a doctor of oncology. The treatment plan is based on several key factors such as the type of cancer, the assessed stage of the cancer, the age of the patient, past medical history of the patient, lifestyle, and even family medical history. The most common western world medical treatments involve a combination of chemotherapy, radiation, surgery, and/or biological therapies. Herbal or organic treatments, although seemingly growing in popularity, are less common as they are statistically less effective but are also less intrusive to the body.

What comes to the mind of many newly diagnosed cancer patients during the process of choosing a treatment plan is what the side effects of the treatments will do to them physically, emotionally, mentally, and spiritually. It is important to have a discussion with the oncologist about the realities of what treatment can and cannot do for the patient. The most popular treatment in the battle of breast cancer is chemotherapy which is usually combined with either radiation and/or surgery.

The fatigue level, stand alone, was found to predict how soon a person having gone through chemotherapy is able to return to a somewhat normal life. Those with a higher level of

and/or longer lasting fatigue were not able to return to work nearly as soon as those who had lower levels of and/or shorter periods of fatigue (Taskila & Lindbohm, 2007).

Assumptions

Returning to work after surviving breast cancer and having gone through chemotherapy is much more challenging than even anyone can imagine, including a recent survivor. A teacher coming back from a medical leave of absence due to breast cancer should never have to undergo so many hardships, especially all at one time. Not only is the teacher affected in a negative manner, but the students are affected as well. A school district needs to have policies in place to help and support rather than add more stress. More education for all involved is clearly necessary.

Background and Need

Returning to work after a cancer diagnosis, if possible, is essential to a survivor. It helps the patient to bring structure to their daily routine, to feel more productive, to boost self-esteem, to feel connected to the outside world, to promote independence, and most importantly to distract the survivor from worrying about his/her health.

Over the past several years, studies have reported more people surviving cancer than ever before. According to a study done by Rasmussen and Elverdam (2008), "More cancer survivors are able to return to work after treatment...and during the last 5 years researches have been undertaken that study the impact of cancer on employment and seeks to define factors associated with cancer survivors' employment and returning to work...studies show that impaired health in cancer survivors may lead to a decreased ability to work (p. 1232). A study by Grunfeld, Low and Cooper (2010) found that a non-supportive work environment has been shown to negatively affect return to work among cancer survivors and that a good employee-employer relationship is associated with a positive return to work experience. It has been suggested that there is a

difference between expectations of the employee and the employer with ability to perform in the workplace. Employees may experience difficulties due to residual symptoms such as continuing fatigue and indeed there is evidence to suggest that survivors who try to return to work too soon may experience greater fatigue. Therefore survivors may feel distressed that they are not able to perform at their pre-diagnosis level.

The long-term effects of cancer treatments on the ability to work and quality productivity are a major concern. Nearly 20% of those having returned to work report disabilities that are perceived as cancer-related between one and five years from date of diagnosis (Short, Vasey & BeLue, 2007). Stress and depression as well as poor communication between employee and employer have been major contributors to longer medical absences and have reduced the number of survivors able to return to work (Yarker, Muiner, Bains, Kalawsky & Haslam, 2010).

“...a job with high physical demands or patient self-report of physical limitations predicted failure to return to work,” (Steiner, Nowels & Main, 20010). This study goes on to say, “Among those who returned to work, 16-30% reported work-related disabilities. The most common problems were physical effort, heavy lifting, stooping, concentration, and keeping up with the work pace set by others” (p. 117). I had a difficult time with these upon my return to work following treatment for breast cancer. Reducing the physical efforts, concentration, and keeping up the work pace, were not viable options for maintaining a quality education for my students. The choice to cut back the extras that I have become accustomed to doing for my students is something that I had to do. Things such as offering extra help during non-instructional times or creating supplemental projects I could no longer physically do.

Chapter 2 Review of the Literature

There are very few studies that focus solely on teachers returning to work after surviving cancer, specifically breast cancer. However, I found several studies which involved cancer survivors in general returning to work. A common thread throughout many of the studies concluded that it is important that both employers and employees have realistic expectations of working both during and post treatment and that any return to work assessment should elicit employees' perceptions of the impact of their cancer and treatment on their return to work (Grunfeld, Low & Cooper, 2010).

Women diagnosed with breast cancer that undergo treatment involving chemotherapy experience cognitive changes such as deficits in memory, concentration, the ability to organize, and fatigue. Although many studies looked at varieties of treatment, nearly all survivors that included chemotherapy as part of their overall treatment were more likely to experience cognitive changes than those who did not include chemotherapy.

Further studies describe regaining normality as an important factor for returning to work. Work structures the day and creates order and recognizability. In everyday-life working is something expected and natural. It is only when the individual is unable to work that the meaning of work and working life become visible, because the obvious order of everyday-life is broken. Work is considered a duty of the individual in relation to society and it contributes to creating the individual as a social creature, partaking in social relations with others. Work thus becomes an important part of the individual's identity (Rasmussen & Elverdarn, 2008).

Breast Cancer used to only be diagnosed when the tumor was large enough to feel or even see. Mastectomies which involve the removal of the breast(s) and underarm lymph nodes were the preferred treatment for breast cancer during the late 1940s up through the mid-1970s

when mammograms began to find cancer during earlier stages. Now with the help of technology, specifically the use of mammograms, cancer diagnosis can be found even before any symptoms have appeared. In the 1970s, doctors began using ultrasound, an earlier stage of the now known mammogram, to determine if an already detected cyst was solid or liquid, which aided diagnosis (Pam Stephan, 2011). In 2007, the American Cancer Society recommended to woman 40 years of age and older to get annual MRI, or mammograms, especially when a history of cancer is in the family (American Cancer Society, 2012).

At the turn of the 20th century radiation was introduced to cancer treatment. It was found that by using radiation the cancer tumor shrunk rapidly. Radiation therapy in combination with lumpectomy surgery was first introduced to the medical world in 1985. It was found that the combination of the two were just as effective as the mastectomy in survival rates.

Introduced in the 1940s, chemotherapy is used to reduce tumor size drastically before surgery allowing the patient to keep more of their breast tissue. It also prevents recurrence and the spreading of cancer cells to other areas of the body. The use of chemotherapy has several side effects; however they are less destructive to the body today than in the past (Pam Stephan 2011).

In Canada, 17% of women are diagnosed with breast cancer under the age of 50 and breast cancer is the leading cause of death in women between 35 and 50 years of age. The overall five-year survival rate of breast cancer is now above 85% in the Netherlands and the United States (Hoving, Broekhuizen & Frings-Dresen, 2009). This study also concluded that after treatment 78% of women returned to work. However of those women, 85% returned to work at least a full 12 months after diagnosis and up to 82% after 18 months. Sick leave is on

average about a year, but varies from a couple of days to a couple of years depending on the treatment and the individual.

A study done in 2009 concluded that both men and women who were treated with chemotherapy had more than twice the risk of impaired physical work ability than those who received other treatments. They also concluded that five to fifteen years after diagnosis, half of all previously working cancer survivors stated that they were working less hours or stopped working completely because of cancer treatment related issues (Mols, Thang, Vreugdenhil & van de Poll-Franse, 2009).

Maintaining employment or returning to work is complicated for many cancer survivors. The United States conducted a National Health Interview Survey that showed one in six respondents with a history of cancer reported being unable to work. These employees attributed their work disability to physical, cognitive, and emotional challenges (Nieuwenheuijsen, de Boer, Spelen, Sprangers, & Verbeek, 2009). This study also found that cancer survivors reported deterioration in their ability to perform mental tasks such as learning new things, concentrating, analyzing data, attention, information-processing speed, and visual and verbal memory. It concluded that these limitations are highly likely to interfere with job performance and reported a negative relationship between concentration ability and return to work for cancer survivors.

Some survivors experience difficulties with their ability to return to pre-treatment physical and mental challenges. Emotional pressures, fatigue, and adequate work adjustments while still recovering from cancer and its treatments are directed at problems with employer support (Yarker, Munir, Bains, Kalawsky, & Haslam, 2010).

Many of the studies cited age, gender, diagnosis, treatment, fatigue, depression, physical complaints, and physical workload to be related to the time taken to return to work. All

concluded that diagnosis, treatment, fatigue, and depression were the most common connections between cancer survivors and their returning to work. One study showed as much as 47% of cancer survivors did not yet return to work one year following their diagnosis (Nieuwenheuijsen, de Boer, Spelen, Spangers, & Verbeek, 2009).

Historical Context

There are now federal and state laws in place to protect the employment rights of cancer survivors, such as the Rehabilitation Act and the Americans with Disabilities Act (ADA). Before these were implemented as law, cancer survivors did not have any recourse when experiencing discrimination issues in the workplace. Even now, there are difficulties to work through when returning to work.

Historically, school districts have not always put a priority on the care of their teachers. Teacher unions have had to negotiate year after year with the school districts and are limited to the number of categories they can negotiate during a school year. Usually, there are larger issues surrounding the mass of union members than that of a few returning to work after cancer treatments.

Review of the Previous Literature

Throughout the literature and data I reviewed, all came to similar conclusions. They describe the importance for returning to work as a necessity for survivors, however the time line differs from patient to patient. Recovering from the mental, physical, emotional, and cognitive interruptions of life are difficult in the year(s) following chemotherapy treatment. The need for a successful transition back to the working environment is dependent on the employee and employer having a mutually agreed upon and beneficial plan for all involved.

Statistical Information

The statistical information in the following paragraphs was obtained from Pam Stephan (2011) who writes for about.com Breast Cancer, non-profit organization dedicated to providing information and community to those touched by this disease.

About 1 in 8 U.S. women (just over 12%) will develop invasive breast cancer over the course of her lifetime. A man's lifetime risk of breast cancer is about 1 in 1,000.

In 2011, an estimated 230,480 new cases of invasive breast cancer were expected to be diagnosed in women in the U.S., along with 57,650 new cases of non-invasive (in situ) breast cancer. Of those, about 2,140 new cases of invasive breast cancer were expected to be diagnosed in men.

From 1999 to 2005, breast cancer incidence rates in the U.S. decreased by about 2% per year. The decrease was seen only in women aged 50 and older. In 2011, there were more than 2.6 million breast cancer survivors in the US.

About 39,520 women in the U.S. were expected to die in 2011 from breast cancer, though death rates have been decreasing since 1990 — especially in women under 50. These decreases are thought to be the result of treatment advances, earlier detection through screening, and increased awareness. Besides skin cancer, breast cancer is the most commonly diagnosed cancer among American women. Fewer than 30% of cancers in women are breast cancers. For women in the U.S., breast cancer death rates are higher than those for any other cancer, besides lung cancer.

White women are slightly more likely to develop breast cancer than African-American women. However, in women under 45, breast cancer is more common in African-American women than white women. Overall, African-American women are more likely to die of breast

cancer. Asian, Hispanic, and Native-American women have a lower risk of developing and dying from breast cancer.

A woman's risk of breast cancer approximately doubles if she has a first-degree relative (mother, sister, daughter) who has been diagnosed with breast cancer. About 15% of women who get breast cancer have a family member diagnosed with it. About 5-10% of breast cancers can be linked to gene mutations (abnormal changes) inherited from one's mother or father. Mutations of the BRCA1 and BRCA2 genes are the most common. Women with these mutations have up to an 80% risk of developing breast cancer during their lifetime, and they are more likely to be diagnosed at a younger age (before menopause).

In men, about 1 in 10 breast cancers are believed to be due to BRCA2 mutations, and even fewer cases to BRCA1 mutations. About 85% of breast cancers occur in women who have no family history of breast cancer. These occur due to genetic mutations that happen as a result of the aging process and life in general, rather than inherited mutations.

The most important risk factors for breast cancer are gender (being a woman) and age (growing older).

Chapter 3 Method

Introduction

I thought surviving breast cancer and the treatments to fight the disease would be the most difficult obstacle I and my family would have to overcome during my lifetime. I soon found life after cancer to be more difficult to survive mentally, emotionally, spiritually, and often times physically as well. I collected a series of recent research articles (2007-2010) from Australia, Canada, Denmark, Finland, the Netherlands, United Kingdom and the United States; countries with reputable research capabilities and outcomes. I conducted academic searches in academic databases. I then looked up combinations of terms and phrases associated with my topic in search of articles and research material. These terms included *cancer*, *cancer survivor*, *breast cancer*, *returning to work after cancer*, *chemotherapy*, *surviving chemotherapy* and other similar topics. Several thousand articles surfaced so it was necessary to narrow the search to only those containing terms in research based articles. This resulted in a few hundred articles. I read only the article title for research topics specifically related to my interest.

I read over thirty articles and saved many as I read through. I read each article to investigate further and those with specific interest to my investigation, twelve in total. As I read through each of these articles I highlighted information I deemed important and relevant to my topic. I began to notice I was highlighting similar statistical data and shared references between the articles. So, I decided to record separately the repeated information I continued to find. Also during this time I began to reform and refine my focus on why so many cancer survivors did not return to work soon after treatment, especially treatment involving chemotherapy.

My search then led me to the internet. I searched Stanford University's website knowing this educational institution is known as being a leader in cancer research of many kinds. Here I

found types of treatment specifically for breast cancer and key factors for choosing treatment. This site also has a very thorough and detailed description of all known side effects of chemotherapy used in treating breast cancer.

In addition, the website breastcancer.com is full of rich history about the care of cancer from the late 1800s through the present. New technologies, without a doubt, have inspired the treatment of cancer. The American Cancer Society's website navigates through to the local chapter. I was able to get some statistical data about my county from there.

The last item on my research agenda was to scour over my teaching contract. As a result of my experience, a change in policy has been made with regard to tenured teachers. If a position is eliminated, s/he will be transferred to a similar position within the district rather than displacing another tenured teacher from another department with less seniority. This will help eliminate the involuntary transfer to a position less suited to the teachers' skill set.

Data Analysis Approach

I began my research with writing down my story. I cross-referenced my experiences with data collected from the research I gathered. I found many similarities, more than I expected to find. Nearly every physical, mental, and emotional challenge I found myself in the year following chemotherapy was substantiated with the research.

My doctors were able to support me as much as they could with my physical ailments and even to some extent my emotional ailments. However, there was not anything that I could find that would really prepare me for what was to come in my professional life.

Data Gathering Strategies

Gathering data was not a difficult task, considering a lot of my data came from my own experience. I was my own case study on surviving breast cancer, its treatments, and aftermath.

Getting my story written proved to be the most challenging part of the process as it was tiring and emotionally strenuous. Although I had lived it, once down on paper my story became real. Reviewing the data collected from all my sources proved to be laborious as there is a lot of information about cancer available to the public.

Chapter 4 Findings

Overall Findings, Themes

Cancer survivors having gone through chemotherapy as part of their treatment need a longer period of time to recover before they are able to return to work and have a true sense of a “normal” life. The want for a “normal” life is very strong for a survivor as it is the beginning of final stages of complete recovery. A major role in returning to work successfully is the partnership established in the workplace between the employee and the well informed employer before the return.

Chapter 5 Discussion /Analysis

Summary of Major Findings

During my research I found two themes to be quite evident and tremendously supported by several studies. The first being cancer survivors who have undergone chemotherapy as part of their treatment need a longer period of recovery time before they are able to return to work and have a “normal” life. The second is that in order for returning to work to be successful for both employee and employer, there needs to be an understanding and support by the employer in place for the cancer survivor.

Comparison of Findings to Previous Research

The research I conducted suggests that what I found in my own case is supported by what other researchers have found to be true. Returning to work after cancer is a difficult process. Some are able to come back sooner than others. I made the mistake of wanting to return to a “normal” life before I was ready. It takes the average chemotherapy survivor a year before feeling altogether ready to return to the life before cancer. I tried to return before I was ready and that contributed to the most difficult year in my life.

Limitations/Gaps in the Study

I wanted to originally focus my study on teachers returning to work after an extended medical leave due to treatment for breast cancer and the struggles they are faced with on a daily basis, not only physically and mentally but also emotionally especially if they are not supported by their employer. Although I found many studies involving returning to work after breast cancer, I found very little information about teachers specifically. Therefore I had to extend my research to include cancer survivors from a variety of professions, both blue and white collar.

Implications for Future Research

The growth of technology has expanded the research of cancer around the world. Scientists are learning more about why and how cancer cells develop in some people and not in others. We hear from the news media about new cancer drug trials and new breakthroughs. Often times, when one drug is tested for one type of cancer, the findings show that it may benefit other types of cancers as well. Technology will continue to help science advance in the field of cancer research.

Due to organizations such as the American Cancer Society and the sometimes controversial Susan B. Komen Organization the public is better aware and have a hand in raising millions of dollars to fund further cancer research and allow access to prescreening for breast cancer available to all women. Knowledge is power and one day soon, there will be a cure for all breast cancers.

Overall Significance of the Study

Returning to work after an extended medical leave is a challenge. In my school district, the superintendent's office and site administrators really need to look at the whole picture and not just the numbers. Transferring me in the middle of my chemotherapy treatment was a mistake. Not working with me on a return to work plan was a mistake. I believe that as a result of my journey, teachers returning to work after me will be dealt with on a more kind and sympathetic level. Steps are already occurring as the teaching contract has been updated for this school year. A teacher can no longer be bumped from their department and/or school site because of a position eliminated in another department from the same school site.

About the Author

Nearly two years to the date of diagnosis, here I am nearing the end of writing my story as my thesis paper. I have recovered from breast cancer and from the hostile working environment upon my return to work. Today, still in the same school district, and I am back working at the high school level. The job I have now is one that I once again have a passion for and I am no longer in fear of losing my position at my current teaching site. I have a senior position in my department and am welcomed with open arms by my peers and administrators. It has been a long journey and I finally feel as though I am me once again.

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