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Conceptualizing Responsible Return to Work: Corporate Social Responsibility in Relation to Employee Return to Work After Cancer

ABSTRACT

Demographic change, improvements in medical screening and treatment, evolving patterns of work, and eroding social security systems are contributing to greater numbers of seriously and chronically ill employees within the workforce. This study builds upon research in CSR and return to work (RTW) to conceptualize responsible return to work (RRTW). The study draws upon first-hand accounts of Australian women breast cancer survivors to inductively theorize the factors influencing RRTW practices. RTW practices that accommodate illness as required by law and regulation are found to be insufficient to meet employees' needs and expectations and significant challenges for RTW are caused by this frame of reference and the distinction between medically certificated and non-medically certificated leave. Interactions between the economic case for creating mutual benefit through cooperation between employer and employee and the moral case for on-going tailored workplace adaptations as part of RRTW are critically evaluated.

Keywords:

Corporate Social Responsibility; Return to Work; Cancer; Australia

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Introduction

This study examines the lived return to work (RTW) experiences of Australian women who have survived breast cancer, drawing on a unique qualitative dataset of 29 first-hand accounts. Social, demographic, economic and technological change is generating unprecedented complexity and uncertainty in contemporary workplaces (Foster, 2018; Poblete, 2018; Rubery et al., 2018). Population ageing (Bowman et al., 2017; Dingemans et al., 2017) and improved medical technologies mean more employees are experiencing serious illness during their working lives (Randle and Hardy, 2017; Williams et al., 2018). In Australia, population ageing and advances in breast screening mean that an estimated 19,998 women and 169 men with a median age of 44.1 years will be diagnosed with breast cancer in 2020 (AIHW, 2017; Breast Cancer Network Australia, 2019). Breast cancer disproportionately impacts women of working age, and Australia's relative five-year survival rate of 90.8% (AIHW, 2019) and high rate (61.4%) of female labour force participation (WGEA, 2020), means many women diagnosed with breast cancer will RTW.

RTW is important because employment gives individuals purpose and dignity, financial wellbeing, social connection, self-esteem, and a sense of normality (Kennedy et al., 2007; Roelen et al., 2011). Existing organizational practices do not always successfully enable the RTW of employees who have experienced serious illness. Cancer survivors are 1.4 times more likely than other individuals to be unemployed (de Boer et al., 2009), often struggle to RTW within two years (Mehnert, 2013; Spelten, 2002), and many who do RTW face a loss of self-confidence and deteriorating career prospects (Chan et al., 2009; Kalfa et al., 2019). Women that RTW after a cancer diagnosis face further health and economic disadvantages, because they are already more likely to experience precarious, part-time, and temporary employment (WGEA, 2020). Work intensification and work-related stress (Bellaby, 2019), and higher rates of precarious employment (Alberti et al., 2018) can exacerbate negative health effects

(Lewchuk et al., 2008). These intersections between health and ageing, and changes in patterns and conditions of work (Foweraker and Cutcher, 2019; Spedale, 2019), make illness among employees an increasingly salient issue. Although extensive bio-medical research addresses RTW after serious illness, additional research is needed into employees' "chronic illness experience" (Vijayasingha et al., 2018: 29).

The challenging nature of RTW raises questions regarding firms' responsibilities towards employees who experience ill-health (Harvey, 2019). Responsible RTW (RRTW) is conceptualized as Corporate Social Responsibility (CSR) in the context of RTW issues. CSR relates to organizations' responsibilities to stakeholders in general and in this study, specifically to employees (Voegtlin and Greenwood, 2016). CSR research demonstrates that responding to employees' needs and expectations improves organizational commitment, employee morale, and job satisfaction (Jones et al., 2019; Voegtlin and Greenwood, 2016). Employee focussed CSR contributes to improved worker productivity, an enhanced employer brand, attracting better talent and improving financial performance (Knox, 2018). Since there are both costs and benefits of meeting employees' RTW needs (Munir et al., 2008), it remains unclear how far organizations should go in defining and delivering on their responsibilities towards sick employees. These factors highlight both the rising substantive importance of understanding RTW experiences, and the wider societal relevance of responsible RTW practices. This paper asks: *What are the RTW expectations of women diagnosed with breast cancer? How, and why, do women's lived experiences of RTW vary?*

The paper makes two contributions to the literature. First, the study provides new evidence regarding how employees construe and experience their employers' social responsibilities regarding their RTW. This provides important insights into the extent of, and variation in, RRTW practices in the context of Australian women survivors of breast cancer, thus informing interventions to improve responses to this significant and growing issue.

Employees are well placed to evaluate how well organizations deliver on their social responsibilities, especially relative to managers that might exaggerate organizational claims and commitments (Rupp et al., 2006). Second, by conceptualizing RRTW and exploring its relationships to organizational, managerial, job, and individual factors, the study informs how boundaries to CSR are operationalized in practice, and illuminates the role of the wider social settings, organizational characteristics, and work processes in shaping the lived experience of how organizations discharge their responsibilities towards sick employees.

Corporate Social Responsibility and Return to Work

RTW has primarily been examined in the context of parental leave (Brandth and Kvande, 2015), or disability related leave (Foster, 2007). A significant gap persists in understanding how employers should support the RTW of employees living with serious illnesses (Duijts et al., 2014). Research on RTW and cancer typically adopts a medicalized view by identifying the factors (e.g. cancer type, treatment, and side-effects) that influence workforce participation (Stergiou-Kita et al., 2016; Islam et al., 2014). Little is known about what happens after employees have re-joined their workplaces (McGonagle and Barnes-Farrell, 2013). Employment scholarship is concerned with lost productivity through work absence and sickness presenteeism. Unwarranted employee absences - such as "duvet days" (Taylor et al., 2010) - and working while sick (Munir et al., 2008) are costly for employers and consequently, effectively managed RTW is likely to have individual and organizational benefits. Research has demonstrated that RTW practices contribute to higher rates of successful reintegration of employees to workplaces (Koolhaas et al., 2014). However, there is a tension between an employer's need for the rapid return of key employees to the workplace and the needs of employees for sufficient recovery time (Charmaz, 2010; Munir et al., 2008).

Conceptualizing Responsible Return to Work

CSR reflects the extent and character of organizational responses to a diverse set of social, ethical and environmental issues (Carroll, 1979; Dahlsrud, 2008). Specific interest in firms' responsibilities towards employees has spurred a large and growing literature (Voegtlin and Greenwood, 2016). This paper builds on Carroll's (1979) model of CSR, which distinguishes between four domains of corporate responsibility: economic, legal, moral and discretionary responsibilities. For Carroll, "these four categories are not mutually exclusive, nor are they intended to portray a continuum with economic concerns on one end and social concerns on the other" (1979: 499-500). Carroll's framework begins with the observation that "the business institution is the basic economic unit in our society. As such it has a responsibility to produce goods and services that society wants and to sell them at a profit. All other business roles are predicated on this fundamental assumption" (Carroll, 1979: 500). Firms' legal responsibilities reflect "the ground rules - the laws and regulations - under which business is expected to operate. Society expects business to fulfil its economic mission within the framework of legal requirements" (Carroll, 1979: 500). For Carroll, moral responsibilities relate to "additional behaviors and activities that are not necessarily codified into law but nevertheless are expected of business by society's members" (Carroll, 1979: 500). Discretionary responsibilities are more diffuse than moral responsibilities because they are responsibilities "about which society has no clear-cut message for business … are left to individual judgment and choice, [and] are purely voluntary, and the decision to assume them is guided only by a business's desire to engage in social roles not mandated, not required by law, and not even generally expected of businesses in an ethical sense" (Carroll, 1979: 500).

Carroll's framework describes the fundamental dimensions and nature of firms' social responsibilities but says nothing specifically regarding how those social responsibilities arise in the context of employees' RTW. Therefore, to ground the study, the fundamental dimensions of Carroll's (1979) CSR framework are applied to the context of RTW to establish the concept

and nature of RRTW. In this section, research on RTW and CSR is combined to develop the conceptual framework used to guide the empirical examination of RRTW. Figure one identifies the four dimensions of CSR from Carroll (1979) and draws upon insights from the RTW literature to develop core imperatives associated with each of the four dimensions in relation to RRTW, and to highlight the unresolved issues and questions.

Figure 1 about here.

The Legal Dimension of RRTW. Compliance with the law is the main imperative of a firm's legal responsibilities (Carroll, 1979). In Australia, RTW has tended to be interpreted narrowly as relating to "work related injury or disease" and workers' compensation schemes (Safe Work Australia, 2019: 8). For example, the 2018 RTW Survey suggested that "returning to work as soon as safely possible following a workplace-related injury or illness has benefits for the worker, their family, employer and society more broadly" (Social Research Centre, 2018: 4). Safe Work Australia (2019: 10) propose that focusing on work-related injury and disease will also "lead to better approaches for responding to and managing other injury and illness in the workplace." Workers' rights in relation to RTW after cancer are protected in the Disability Discrimination Act 1992 and the Fair Work Act 2009 (Cancer Council, 2019). Employers are legally required to make reasonable adjustments to accommodate the needs of employees with cancer, for example, by allowing a staged RTW, time off to attend medical appointments, and flexible working (Cancer Council, 2019: 32). Employers can require employees to undertake a medical examination to evaluate their fitness for work and/or to identify workplace accommodations (Cancer Council, 2019: 32). Employers can also reject requests for accommodations "if they can show that any proposed changes would cause them unjustifiable hardship or that [an employee] will still not be able to carry out the essential parts of the job even if changes are made" (Cancer Council, 2019: 34). The legislative protections

for employees with breast cancer are therefore limited, leaving considerable responsibility for the employees returning to their employer.

The Economic Dimension of RRTW. Firms' economic success is dependent on employees, identified in prior research as "primary stakeholders" without whom "a corporation cannot survive" (Clarkson, 1995: 106). Australian organizations have a range of direct economic responsibilities towards employees experiencing (non-work related) injury or illness, many of which are tightly coupled with the legal frameworks that govern illness in the workplace. According to the Fair Work Ombudsman (2020) "all employees except casuals" are entitled to 10 days of paid sick leave for each year of employment. Longer periods of illness-related absence, such as those typically associated with breast cancer, do not therefore automatically guarantee paid sick leave provision. Paid sick leave entitlement that goes beyond this minimum provision is determined by "a registered agreement, award or contract" (Fair Work Ombudsman, 2020). Protections against unfair dismissal for sickness related absence also vary according to an employee's entitlements, because only employees who take paid sick leave for the entirety of their absence are protected from dismissal regardless of their period of leave (Fair Work Ombudsman, 2020). These arrangements are particularly disadvantageous to women with breast cancer, because 27% of employed women are on casual contracts (Gilfillan, 2018), and 68.2% of women are in part-time employment (WGEA, 2020). While employers can choose to limit their economic responsibilities towards sick employees, there are also countervailing economic benefits to taking responsibility for RTW, such as retaining talented employees and building reputation. The cost-benefit tension between an employer's need for the rapid return of key employees and the needs of employees for sufficient recovery time (Munir et al., 2008) is likely a key factor in RRTW. Effectively navigating this tension to achieve benefits for both employer and employee likely requires close collaboration and engagement of both parties.

The Moral Dimension of RRTW. This dimension of RRTW reflects the argument that firms owe moral responsibilities to employees in recognition of their contribution to firms' success (Voegtlin and Greenwood, 2016). A primary moral obligation of organizations in relation to RRTW is to avoid harming potentially vulnerable employees by placing unreasonable work demands on them. In Australia, moral expectations of organizations in relation to RTW are embedded in a society where politicians, governmental departments, and social commentators have long drawn on the idea of the "fair go" and "mateship" as particularly Australian values (Barry, 2017). This suggests Australian organizations may exhibit a pronounced propensity to provide support for employees that are "doing it tough". Yet, while there is a stated expectation from society that employees will be given a "fair go" by employers, evidence about Australian attitudes to sickness suggests that employers tend to focus on controlling absence and that a large proportion of employees work while sick (Garrow, 2016). These attitudes may stem from cultural norms about the ideal (male) Australian that are encapsulated within the "Aussie battler" discourse (Whitman, 2014). Expectations about RTW are largely framed in relation to dangerous, and by extension, predominantly masculine workplaces (e.g. mining, agriculture, construction). This suggests there are somewhat countervailing currents within the Australian moral landscape regarding RTW.

The Discretionary Dimension of RRTW. Discretionary RRTW reflects firms' decisions to go beyond legal, economic, or moral imperatives to respond to employees' RTW needs and expectations (Carroll, 1979). Australian evidence highlights organizations' willingness to contribute to a wide range of causes and issues of concern to society. For example, recent research shows that Australia's top 50 companies made over $945M in community contributions in 2018, with health-related causes attracting almost a quarter of all support (Strive Philanthropy, 2019). Within heath issues, breast cancer charities occupy a particularly prominent place in Australia with, for example, an annual "Pink Test" event held in Sydney to

commemorate the life of Jane McGrath, the wife of a former Australian test cricketer. While very little RTW research has examined discretionary responsibilities of employers to employees, some management research highlights the significance of caring, compassion and kindness in organizational settings (e.g. Dutton et al., 2014). Reflecting this, discretionary aspects of RRTW embody care, concern and support for employees that goes above and beyond the expectations suggested by other dimensions of RRTW.

Methods

Analysis is based on a qualitative study of 29 in-depth telephone interviews with Australian women, who are breast cancer survivors, across a six-month period in 2016. Qualitative research creates rich opportunities for discovery of new concepts (Gioia et al., 2012). Participant recruitment was performed via emails sent to cancer survivors registered with Breast Cancer Network Australia (BCNA), the main national organization for Australians affected by breast cancer. Semi-structured interviews were conducted that lasted between sixty and ninety minutes. All interviews were audio-recorded and transcribed verbatim. Table 1 provides some brief demographic information as well as the pseudonyms used throughout the paper.

Table 1 about here.

Given the sensitive nature of the study, and the associated requirements of University ethics approval, the researchers took considerable care to design a research process that respected participants' privacy and which minimized possible harm from recalling distressing events. The interview protocol was designed to focus attention on work and minimize discussion of participants' illnesses, although participants were asked to briefly describe their diagnosis and treatment so that side effects and the time needed for recovery were provided for

context. Interviews only proceeded with the full informed consent of the participant. At the start of each interview, the researcher explained that the discussion might lead to some distress, as interviewees would recall a traumatic part of their lives and that interviewees had the right to withdraw from the research at any time, without giving any reason, and without consequence. Where participants became distressed, the interviewer paused, acknowledged the distress, and allowed time for the participant to recover. The option to withdraw was then reiterated, but all participants chose to continue, reflecting the importance of the research to participants.

In a first step the interview data were coded thematically using NVivo 12 software. First order codes included phrases used by participants relating to their RTW experiences after breast cancer treatment, and included comments on the side-effects of treatment, leave (sick or other), employee assistance programs (EAPs) and working from home. During the second step of the analysis, codes were collapsed into higher-level nodes. For example, comments on EAPs and counselling sessions were grouped into a tree node called "HR provisions". The higher-level nodes were then refined to produce a set of first-order categories, including "employee work capacity", "job demands" and "effects of treatment". The third step involved looking for links among first-order categories so that these could be collapsed into second order themes. This was an iterative as opposed to a linear process (Dacin et al., 2010) as the analysis moved between first-order categories and the data until conceptual themes emerged. For example, categories containing instances in which women talked about their decision whether to disclose their diagnosis were collapsed into a theme called 'willingness to disclose/privacy'. The fourth step of the analysis involved organizing the second order categories into overarching dimensions that underpin the theoretical framework.

Findings

Employee perceptions and experiences of RRTW

Data analysis illustrates that although interviewees' experiences of RTW after cancer treatment varied significantly, expectations about the responsibilities of employers were largely consistent. Variations in RTW experiences clustered around four key themes: employee work capacity, leave arrangements, reasonable adjustments, and levels of organizational support. Data relating to these themes are summarized in table 2.

Table 2 about here.

Across the sample, employee work capacity has been variously ignored, bureaucratized, challenged, micro-managed, recognized, and respected. Some employers took a legalistic approach by only requiring employees to be 'medically cleared' to RTW (Callisto, Architect), others took an economic view by asking employees to work if they could (Athena, Insurance Underwriter; Kassandra, Midwife), while another set of employers took a moral frame to ask whether employees wanted to work (Chloe, Occupational Therapist; Elektra, Sales Rep). Relationships between perceived capacity to work, willingness to work, and actual capacity to work were strong themes in the data and a responsibility gap emerged when these expectations were not aligned.

The legalistic approach taken by some of the employers in the data sample was problematic in several ways. First, by taking a bureaucratising stance, employers failed to consider the distinct needs of individual employees. Second, by viewing an employee's ability to work in binary terms, employees were sometimes excluded from working and were thus denied the benefits that working might make to their recovery. Third, the chronicity of the treatment and its side effects was neglected. Even in remission, cancer survivors require

numerous doctors' appointments, and experience enduring side effects from treatment, impacting work performance.

Some employers, reflecting economic and discretionary dimensions of RTW, invited employees to remain working throughout their treatment. In two contrasting examples, one employee was asked to work at home because their skills and knowledge were needed by the business (Athena, Insurance Underwriter), while another was asked to RTW early because their manager thought this would do the '*employee a world of good*' (Melina, PR). Both cases entailed negotiated requests that involved an understanding that the employer would accommodate the employee's work capacity, by offering reduced hours, flexible leave arrangements and organizational support.

The variation identified across participants' experiences of leave are troubling. They reflect both the inadequacy of legal approaches to RTW and the problems employers face in navigating this complex and costly domain of responsibility. Employers approached leave very differently. Some participants experienced generous leave arrangements (Ophelia, Sales Rep; Hermione, Engineer; Melina, PR)*,* others perceived pressure to 'make up time' based upon an economic logic (Kalliope, CFO; Lydia, Government Employee), and others used annual and unpaid leave for treatment (Alexandra, Teacher; Alkistis, Civil Engineer; Danae, Early Childhood Educator; Jana, Anesthetist; Penelope, Teacher; Sophia, HR Professional). The evidence reflects the high levels of discretion regarding leave permitted within the law.

Temporal aspects of RTW are important because employees need flexibility to manage long-lasting side effects of cancer treatment, such as fatigue and fogginess. Several participants reported that adjustments had been made to make RTW easier and help them cope with side effects, such as graduated return (e.g. Themis, Teacher's Aide), shorter working hours (e.g. Thalia and Xanthe, Business Owners), changes from full time to part-time hours (e.g. Alkistis, Engineer; Athena, Insurance Underwriter) or changes to work patterns (e.g. Aphrodite,

Accountant). Findings also suggested that some participants self-initiated workplace adjustments, reflecting a lack of organizational response (Themis, Teacher's Aide).

Levels of organizational support varied greatly between participants, ranging from experiences of hostility and exclusion (Callisto, Architect; Lydia, Government Employee; Sophia, HR professional), through to extraordinary care and compassion (Chloe, Occupational Therapist; Elektra, Sales Rep). Some employers some took a quasi-legalistic approach, based upon compliance within contractual duties and standard provision of support functions (e.g. counselling services: Chloe, Occupational Therapist; Kassandra, Midwife; Leto, Principal; Lydia and Zoe, Government Employees). Others took an economic approach, underpinned by an assumption of shared value produced from supporting the employee's RTW (Ophelia, Sales Rep). A final group of employees experienced a more extraordinary form of support, such as colleagues attending medical appointments (Elektra, Sales Rep) or assisting with home life duties (Chloe, Occupational Therapist). Overall, interviewees were pragmatic about how much support they could realistically expect from employers, which may reflect a degree of resigned understanding or economic pragmatism among participants.

Influencing factors: organizational, managerial, job, and individual factors

The analysis now focuses on examining how organizational, managerial, job, and individual factors relate to RTW experiences. While some of the patterns reported in table 3 draw on relatively small clusters of data points, differences identified in this study's data are discussed to highlight fruitful directions for future research.

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Table 3 about here.
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Organizational Factors. Individual experiences of RTW were influenced by the provision of support mechanisms by employing organizations, the nature and availability of

which are related to organizational characteristics. Large and small organizations have different strengths and weaknesses relating to supporting RTW. Large organizations often have abundant resources, enabling more generous leave arrangements. In contrast, smaller organizations are characterized by closer personal relationships which manifest in caring and accommodative responses. Individuals were also found to have different RTW experiences depending on whether they worked in the public or private sector. Public sector organizations exhibited somewhat contractarian and bureaucratic approaches to RTW that were experienced as somewhat impersonal, while individuals in private sector organizations experienced efficient, pragmatic, and responsive approaches to RTW. Surprisingly, no clear pattern was identified in the RTW experiences of the participants depending upon the prevalence of women in their industry.

Managerial attitudes. Within organizations, experiences of RTW were influenced by managerial attitudes and expectations. Supervisors' responses during diagnosis and subsequent return reflected three aspects of managerial attitudes and experience: managers' overall willingness to be flexible, the quality of employee relationships with managers, and manager's direct experience of cancer. Supervisors were generally supportive at the time of diagnosis and during the time of illness/absence from the workforce. After employees returned, it was assumed they were working at full capacity, which was only sometimes the case. Managers unfamiliar or uncomfortable with the chronicity and ambiguity of recovery from cancer, left employees feeling underwhelmed in relation to their experience, notwithstanding their generally low expectations. Surprisingly, no clear pattern was found regarding the role of a manager's gender in shaping employee RTW experiences.

Job characteristics. Job characteristics, especially an employee's contractual status, their status in their organization, their length of service, and the demands of employee's role shaped participants' RTW experiences. Employment status influences the degree to which an

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employer is willing to offer adaptive solutions to the problems experienced by employees. Whereas individuals employed by an organization had access to sick leave at the very least, casual workers (and business owners) had to make their own provisions. Employees in highly skilled professions or organizationally critical roles experienced both strong support through their illness, and significant pressure to RTW. Job demands also influence the degree of leave, adjustment and support an employee may require during the RTW process. Some physically and/or cognitively taxing jobs create a greater capacity gap for employees experiencing the lasting effects of serious ill-health, and therefore make it more difficult to return to the same work.

Individual Factors. Employee's work capacity, which varied greatly between survivors, influenced RTW experiences. Besides hair loss, a short-term side effect, fatigue and/or "brain fogginess" were mentioned as the most problematic side effects with regards to RTW. Another important factor was individuals' willingness to disclose details such as their medical condition, their emotional experience of cancer and their ongoing workplace needs. Here, the participants were divided, with some being very open and willing to share and others being very private. Non-disclosure is a very significant barrier to organizations designing and implementing appropriate responses to employee needs (Charmaz, 2010).

Discussion

RRTW results from interactions between individuals experiencing serious illness at work, the organizational context in which they work, and their workplaces' wider social context. The expectations, intentions, capacities and competing rights and responsibilities of employees and employers affect the extent to which RRTW is achieved in practice. Critically, RRTW is a process, rather than an outcome. The ongoing, possibly recurrent, nature of cancer, means that RRTW is an ongoing process for both survivors and their employers. Figure two synthesizes key findings into an inductive conceptual model of critical influences on RRTW.

In many workplaces, legal and regulatory requirements exist as the baseline conceptualization of firms' responsibilities regarding RTW. Generally, organizational support for successful RTW was understood in terms of statutorily mandated leave arrangements, flexible working patterns and adjustments to work activities and responsibilities. Even legal responsibilities were not uniformly complied with, often because of the nature of the job being undertaken, the individual's employment status, the nature and impact of employees' treatment, and employees' unwillingness to disclose. Findings suggest that some organizations embody a rather binary conception of employees as either ill or not ill and display relatively little capacity to tailor working requirements to individual recovery needs. Reflecting this, the legalistic approach organizations take to meeting their responsibilities to RTW is characterized as *mandated support*.

Economic aspects of RRTW reflect the different capacities of individuals to contribute to organizational outcomes during and after treatment, in combination with the abilities of organizations to make mutually acceptable adjustments to employee roles. Many respondents disclosed changes in their capacity to be fully productive at work through the long processes of diagnosis, treatment, and recovery. They also recognized the limitations of organizations, because of their size, the range of roles available or their financial resourcing, to address individual circumstances. As discharging economic responsibilities requires a collaborative relationship between the employee and their employer, the economic aspects of RRTW are characterized as *partnership for mutual benefit*.

Most accounts of organizational social responsibilities emphasize moral imperatives for organizations to avoid causing harm to vulnerable stakeholders, and to behave respectfully and responsibly in relation to individual's needs, strengths and frailties. Consistent with the

findings of Kirk-Brown and van Dijk (2016), participants described that positive experiences in relation to RTW including tailored accommodations made by employers provided them with psychological safety, which had the benefit of maintaining their commitment to their organization. These findings suggest that managers need to be mindful of the feelings of vulnerability and insecurity of this marginalized group of employees. In recognition of the role of adjusting to individual capacities that was central to participants' experience of moral treatment in their organizations, moral aspects of RRTW are characterized as entailing *on-going tailored adjustments*.

Discretionary approaches that exceeded the accommodations that employees expected are characterized as involving *extraordinary support*. Several participants had managers and colleagues that made concerted efforts to empathize during their illness, recovery and return. However, while experiencing compassion from colleagues increases a sufferer's commitment to the organization, reduces their anxiety and "communicates dignity and worth from one person to another" (Dutton et al., 2014: 280), practical recommendations for organizations and supervisors are lacking in the literature. Additionally, discretionary RRTW is heavily reliant on specific managerial, relational, and organizational enablers.

Findings highlighted organization, managerial, job, and individual factors that shaped the RTW experiences of individual participants in the research, and thus the level of RRTW they each experience. Moreover, there are significant interdependencies and co-occurrences between some of these factors that affect how individuals are treated during RTW. Organizations differ in their capacity to resource, manage and accommodate extended leave and to provide role flexibility. Most prominent in many RTW experiences is their relationship with their direct manager, a primary site for providing flexibility, role adjustments, and understanding. Echoing broader recognition of the intersectionality of many work and employment issues, findings suggest that poor RTW experiences arise from the compounding

effects of low levels of specific skills, short tenure, part-time work, and causal employment status.

Implications for policy and practice

Wider social and economic change provides significant imperatives to address RRTW through interventions in policy and practice. Demographic changes, the increasing sophistication of medical technologies and treatments and evolving patterns of health care provision and social security have all contributed to rising numbers of seriously and chronically ill workers. Many interviewees' experiences of RTW failed to meet their expectations, partly reflecting the distinction in law and practice between certificated and non-certificated absence from work. In practice, organizations have a tendency to draw an association between the presence of a medical certificate and a designation as "unwell" and the absence of a medical certificate and a designation of "well" that is particularly problematic in the context of serious and chronic illness. This suggests a need to consider how to navigate, in law and in practice, the "grey area" in which employees are no longer receiving formal medical care or are subject to medical certification but are not yet fully well. Second, findings indicate that precarious employment is highly problematic in the context of RTW after serious illness. Casual employees lack both access to sick leave provisions and adequate protections from dismissal. Women, because they are disproportionately represented in the casual workforce, are more likely to experience RTW barriers and disadvantages in relation to career progression. Given ageing populations and improved medical technologies, these discriminatory effects are likely to increase in salience over the coming years. Recognizing these issues, sick leave arrangements and employment protections for casual workers will be vital in the future. Findings show that both employees experiencing serious illness and their employers have roles to play in achieving RRTW. Both have a critical role to play in creating mutual benefit through partnership, including through frank conversations regarding realistic and reasonable

adjustments, considering both the employees' job characteristics and the employers' resources. Finally, findings suggest that the work-related illness and injury frame of reference that dominates RTW policy is problematic. The emphasis on work-related illnesses in law and in practice has contributed to a policy void regarding serious and chronic non-work-related illnesses, leading to unclear organizational responsibilities, and highly diverse RTW experiences within and between organizations. Arguably, the pre-occupation in policy with work-related illness reflects a masculinization of RTW policy.

Conclusion

This study has extended research regarding lived experiences of RTW, identifying highly diverse experiences of RRTW practices among female breast cancer survivors in Australia. This study's findings add to the relatively small amount of research that examines how organizations support employees through periods of serious and chronic illness (Vijayasingha et al., 2018), and to research on how organizations navigate their responsibilities to employees (Voegtlin and Greenwood, 2016). Regarding the development of organizational research concerned with serious and chronic illness, this study's findings suggest that employee experiences are highly heterogeneous, reflecting the absence of clear organizational standards beyond legal minima. Serious illness is a domain in which organizational responsibilities are tightly coupled with the wider legal environment. The findings of this study provide an empirical insight into how organizations bound their responsibilities to seriously ill employees, largely, but not exclusively, by falling back to their foundational legal and economic responsibilities.

Both this study's findings and its limitations suggest significant opportunities for future research. With this study's qualitative enquiry comes the limitation of a potential lack of generalizability to other contexts. It would be valuable to empirically examine whether this

study's findings carry over to other illnesses. Research in other contexts with different institutional arrangements would further illuminate the role of wider social structures and processes in shaping employees' experiences of serious and chronic illness at work. Research either at greater scale, perhaps involving a survey or other quantitative methodology, could more systematically explore the role of structural characteristics at individual (age, gender, education, race), job role (employment status, contract types, tenure, types of work), and organizational level (size, sector, ownership status) in shaping employee experiences of RTW. This study has emphasized the perspective and experience of affected employees regarding firms' responsibilities in relation to RTW. While this perspective is highly salient, it would also be useful to explore these issues from other perspectives, especially those of managers of chronically ill employees.

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TABLE 1
Sample characteristics and demographics at time of breast cancer diagnosis

Pseudonym	Profession	Size of employer[i]	Length of service	Employment status
Alexandra	Teacher	Medium	>20 years	Maternity leave
Alkistis	Civil engineer	Medium	<12 months	Part-time (P/T)
Aphrodite	Accountant	Small	<12 months	Full-time (F/T)
Athena	Insurance	Medium	1-5 years	F/T
Callisto	Architect	Large	>20 years	F/T
Chloe	Occupational therapist	Large	15-20 years	F/T
Danaë	Specialist educator	Medium	5-10 years	F/T
Daphne	Government	Large	>20 years	F/T
Elektra	Sales representative	Medium	5-10 years	F/T (flexible)
Hermione	Engineer	Medium	5-10 years	F/T
Helen	Academic (casual)	Large	NA	Casual
Jana	Anesthetist (Consultant)	Large	10-15 years	F/T
Kalypso	Teacher (private)	Small	1-5 years	Contract (F/T)
Kassandra	Midwife	Large	>20 years	P/T
Kalliope	Finance Manager	Medium	1-5 years	F/T
Leto	School Principal	Medium	1-5 years	F/T
Lydia	Government	Large	5-10 years	P/T
Melina	Public relations	Small	10-15 years	P/T
Nepheli	Business owner	Small	10-15 years	F/T
Ophelia	Sales representative	Large	<12 months	F/T
Olympia	Teacher	Medium	>20 years	P/T
Phoebe	Farmer (owner)	Micro	>20 years	F/T
Penelope	Teacher	Small	15-20 years	Casual (F/T)
Roxanne	Market Research	Large	5-10 years	Casual (P/T)
Sophia	Government	Large	1-5 years	Contract (F/T)
Thalia	Business owner	Small	10-15 years	F/T
Themis	Teacher's aide	Medium	>20 years	F/T
Xanthe	Business owner	Micro	10-15 years	P/T
Zoe	Government	Large	15-20 years	F/T

FIGURE 1

Exploring the relationship between CSR and RTW

Domains of Corporate Employee Responsibility		Associated Imperatives		Implications for Employee Return to Work		Unresolved Factors/Questions
Legal	⇨	Compliance with law and prevailing regulation	⇨	Need to ensure compliance	⇨	How are legal obligations construed and acted upon in practice?
Economic	⇨	Achieving business success by identifying opportunities for shared value creation	⇨	Need to identify where win-win opportunities exist	⇨	How should RTW programmes be designed and implemented to best contribute to organizational success?
Moral	⇨	Meeting normative stakeholder expectations of appropriate conduct	⇨	Need to understand what stakeholders expect, and avoid causing harm	⇨	What moral expectations do organizational actors (RTW employees, peers, managers) hold?
Discretionary	⇨	Sharing surpluses, "giving back", and contributing to social wellbeing	⇨	Need to understand the boundaries on organization's capacity to contribute	⇨	What is the organization's capacity to resource and manage hyper-compliant RTW processes?

TABLE 2
Employee experiences and expectations of employer responsibilities

| Themes	Indicative quotations			
	Legal (minimum responsibility)	Economic (mutual benefit)	Moral (high-degree adaptation)	Philanthropic (compassion)
Employee work capacity	I wasn't allowed back unless I got a return to work statement. My oncologist said it was the first one he had ever been asked for. When I got back, I was micro-managed, which I found quite insulting. (Callisto, Architect.)	They were in a bit of dilemma. So, they said to me, look would you be able to work from home? We'll set you up with a laptop, a printer… We'll deliver work out to you. (Athena, Insurance Underwriter.)	They probably would have given me time off without pay. But I said I've got to have an income. I literally converted spending time on the road to being at home in-between my operations and chemo treatment and do what I do face-to-face through email. (Elektra, Sales Rep.)	My boss said to me one day, look, you need to come back to work. We're like family so she can be straight up with me. She said, I don't care if you come here and you go and lay down in one of the rooms. As long as you get up and you show up. …I'd have to say that did really work for me. (Melina, PR.)
Leave	I took all my sick leave. It wasn't specifically stated to me, but I'm senior enough to know that I was only able to take sick leave for the period for which I had a medical certificate. …The rest of it was just leave without pay. (Alkistis, Civil Engineer).	At the time I was able to get to appointments because we had flex time. We could also take sick leave at one-hour lots. I used to have radiotherapy in the morning and then [go to work]. (Lydia, Government Employee.)	I did run short of actual leave by two weeks… which the company covered me for. (Hermione, Engineer.)	They didn't dock me for one sick day. They gave me six weeks gratis. (Melina, PR.)
Reasonable adjustments	I was so tired that I told them that in my half hour lunch break I was going to go and lie down. [Interviewer: Is there a space for that?] I used to go down to one of the resource rooms and just lie down on one of the carpeted aisles. (Themis, Teacher's Aide.)	We have a good return-to-work coordinator and we decided together that I'd come back shorter hours….We worked out that I was better during the day than early in the morning so I would come into the office after about 10:00 or 10:30. (Hermione, Engineer.)	I think being at [employer] I had the ideal support. They said to me, if you need a day off or if you can't manage a day, let us know and you can have it. I think that was the support where you felt that if I wake up tomorrow and just can't do it, I know I don't have to. (Ophelia, Sales Rep.)	No data.
Level of support	After a while I got a nasty letter from the HR director saying that I wasn't allowed to have [the laptop at home] and that I had to give it back, that I wasn't allowed to communicate with people at work. (Callisto, Architect.)	My boss is very understanding so she enabled me to leave school at any time. I organised the radiotherapy for 2.30 in the afternoon, so that it would be least disruptive to the school. (Leto, School Principal.)	I said, listen I'm going to have to quit. Anyway, the next thing one of the partners, she's rung me back and she's gone, I'm not accepting your resignation. She said, you're going to fight this, and your job will be here when you come back. (Aphrodite, Accountant.)	When I got home from the hospital, somebody would come from my department and deliver a box full of cooked meals. They had a roster. Every three weeks, there would be food brought to me and my husband. They did that for five months. (Chloe, Occupational Therapist.)

TABLE 3

TABLE 3

Influencing factors: organizational characteristics, managerial attitudes, job characteristics, and individual differences

Factor type	Influencing factors	Indicative quotations		Degree of variation
Organizational characteristics	Size	**Medium/ Large organization** I was taking the train to work. Taking the train when you are in treatment is not good because you've got bacteria everywhere - especially in winter. So [employer] gave me a car spot for free during treatment. (Kalliope, Finance Director.)	**Small organization** They just said just forget about work. Do what you need to do. (Kalypso, Teacher.)	*Resourced versus flexible & friendly*
	Public / private sector	**Public sector** She wanted me to come back full-time or not at all. She made it so difficult for me that I had to take her to the Merit Protection Board with the union's help. And I won. (Alexandra, Teacher.)	**Private sector** I was told I could be as flexible as I want. So, I would take a day off here or there or whatever I would feel I was up to. (Electra (Sales Rep)	*Bureaucratic, versus efficient / pragmatic*
	Prevalence of women in industry	**High** When I came back my boss offered me a transfer to the antenatal clinic, which I didn't want. So now I don't tell anybody about the pain because I don't want them to move me. (Kassandra, Midwife).	**Low** I told my boss immediately because we were in the middle of a big project. She was so supportive - I put her under enormous pressure, but there was no pressure to come back. (Alkistis, Engineer.)	*No clear pattern of variation*
Managerial attitudes	Manager expectations	**Flexible manager** When I had chemo, my manager at the hospital was excellent … I would work half a day, five days a week. (Chloe, Occupational Therapist.)	**Inflexible manager** When I first went back [as a casual] I told [the principal] "I'm just not quite coping, I can't work today" and he just never called me again. (Penelope, Teacher.)	*Flexible managers support RTW*
	Relationship with manager	**Strong relationship** The first thing he did was get up and give me a hug. He just let me talk and he said, if there's anything we can help you with don't hesitate to ask. (Hermione, Engineer).	**Weak relationship** When I got back, I was micro-managed, which was insulting. I think there's discrimination against sick people. (Callisto, Architect.)	*Weak managerial relationship hinders RTW*
	Managerial experience of cancer	**Experience** Told my boss and it was good because I think [his mum had the same thing] so he knew exactly what I was feeling. (Kalliope, Finance Manager.)	**No experience** Bosses just need to be educated on the things [cancer patients] go through. (Themis, Teacher's Aide.)	*Managerial experience helps RTW*
	Gender of direct manager	**Female** She just kept in contact mostly by email or text messages. Then she probably left me alone for a little bit. (Alkistis, Engineer.)	**Male** It's not as though we sat there and talked at length about how I was feeling, but if I'd wanted to, he would have. As I said, he was very supportive. (Daphne, Government.)	*No clear pattern of variation*
Job characteristics	Contractual status	**Permanent** I had a graduated RTW where I spent four days a week at work and had Wednesdays off. (Themis, Teacher's Aide.)	**Casual**	*Casual employees lack leave*

			If you are a casual you've really got to be available, you've got to be full health, say yes, all the time, and back you go (Penelope, Teacher Casual).	*entitlements & feel replaceable*
	Employee status in organization (e.g. expertise)	**Scarce expertise** I'm one of the most senior consultants in the department and I'm very competent in what I do so, if there's something that I'm not happy with I don't have any problem articulating it (Jana, Anaesthetist)	**Available expertise** I can't ask my boss to take an hour off and do a mindfulness session when there are so many casuals. These [programs] are for the full-timers. (Helen, Academic Casual.)	*Managers seek to retain specific types of expertise*
	Length of service	**>5 years** I had a lot of sick leave which I used up and then I went into my insurance protection cover which is part of my superannuation (Zoe, Government Employee)	**<5 years** I was on unpaid leave for the whole 10 months I was away (Kalypso, Teacher).	*Length of service determines access to paid leave*
	Job demands	**Physically demanding** I don't have the strength to do Thai massage anymore because it requires lifting and stretching and pressing (Xanthe, business owner)	**Not physically demanding** I didn't want to take the time off and do nothing, so I kept monitoring my emails and having some input into what was going on. (Daphne, Government Employee)	*Some jobs easier to adapt*
Individual differences	Effects of treatment	**Temporary** I'd go in thinking I feel alright and my head would be really fuzzy. … As the chemo went on, I got used to it and I got a bit better with it. But initially it was tough (Roxanne, Market Researcher)	**Enduring** I think my memory's not so good now. [So how do you cope at work?] I take notes and really pay attention. I'm easily distracted (Melina, PR.)	*Effects of treatment on work vary across time*
	Work capacity	**"Normal" work capacity** The chemo was every 3 weeks. So, I worked a few hours a day in week 1, halftime in Week 2 and almost full time in Week 3. The clients all knew (Thalia, business owner).	**Reduced work capacity** I'm doing a lot more individual [tax] returns, which a senior accountant wouldn't normally do, because it's easy and its short term and I don't have to focus for long periods of time (Aphrodite, Accountant)	*Varies depending on job demands and effects of treatment*
	Willingness to disclose	**High** It didn't even dawn on me to not disclose (Aphrodite, Accountant).	**Low** I really downplayed it because I didn't want anyone to think of me as a liability (Sophia, HR Professional)	*Individual variation*

FIGURE 2

Conceptualizing responsible return to work, its antecedents, and influencing factors

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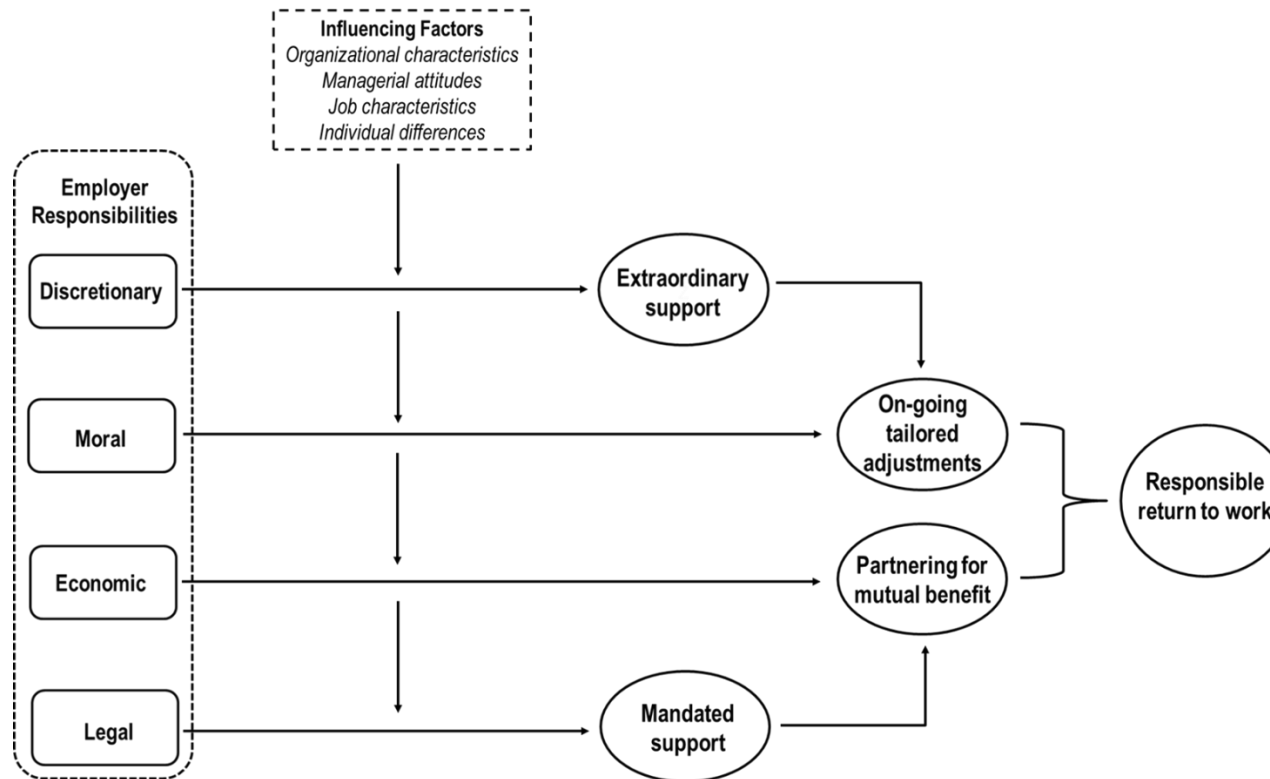
[i] Micro organizations employ 1-4 people; small organizations employ 4-19 people; medium organizations employ 20-199 people; large organizations employ over 200 people.