## Returning to Work: A Qualitative Exploratory Study of Head and Neck Cancer Survivor Disability and Experience

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Abstract: Background: UK Head and Neck Cancer incidence and prevalence were rising related to better treatment outcomes and changed demographics. More people of working-age now survive Head and Neck Cancer. For individuals, work provides income, purpose, and social connection. For society, work increases economic productivity and reduces welfare spending. In the UK, a cancer diagnosis is classed as a disability and more disabled people leave the workplace than non-disabled people. Limited evidence exists on return-to-work after Head and Neck Cancer, with no UK qualitative studies. Head and Neck Cancer survivors appear to return to work less when compared to other cancer survivors. This study aimed to explore the effects of Head and Neck Cancer disability on survivors' return-to-work experience. Methodologies: This was an exploratory qualitative study using a critical realist approach to carry out semi-structured one-off interviews with Head and Neck Cancer survivors who had returned to work. Interviews were informed by an interview guide and carried out remotely by Microsoft Teams or telephone. Interviews were transcribed verbatim, pseudonyms allocated, and transcripts anonymized. Data were interpreted using Reflexive Thematic Analysis. Findings: Thirteen Head and Neck Cancer survivors aged between 41 -63 years participated in interviews. Three major themes were derived from the data: changed identity and meaning of work after Head and Neck Cancer, challenging and supportive work experiences and impact of healthcare professionals on return-to-work. Participants described visible physical appearance changes, speech and eating challenges, mental health difficulties and psycho-social shifts following Head and Neck Cancer. These factors affected workplace re-integration, ability to carry out work duties, and work relationships. Most participants experienced challenging work experiences, including stigmatizing workplace interactions and poor communication from managers or colleagues, which further affected participant confidence and mental health. Many participants experienced job change or loss, related both to Head and Neck Cancer and living through a pandemic. A minority of participants experienced strategies like phased return, which supported workplace re-integration. All participants, bar one, wanted conversations with healthcare professionals about return-to-work but perceived these conversations as absent. Conclusion: All participants found returning to work after Head and Neck Cancer to be a challenging experience. This appears to be impacted by participant physical, psychological, and functional disability following Head and Neck Cancer, work interaction and work context.

**Keywords:** disability, experience, head and neck cancer, qualitative, return-to-work **Conference Title:** ICOH 2022: International Conference on Occupational Health

Conference Location: Sydney, Australia Conference Dates: December 02-03, 2022