

## Cancer In The Workplace: Rethinking Disability In Zimbabwe

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### ABSTRACT

The majority of people with cancer worldwide live in developing countries. These countries are facing a growing double burden of both infectious and non-communicable diseases such as cancer. Cancer has become a topical issue the world over as it is affecting the productive age group causing short or long term disability. It has affected the workplace environment and thus the need for research in this particular area. This literature review is aimed at examining the link between cancer and disability, the effects of cancer in the workplace as well as the strategies that can be adopted in managing employees with cancer. Hence, this paper will summarise research findings on the main challenges and barriers to meaningful employment for cancer patients. The analysis will also help inform future research in this area of work.

**Key word:** cancer, disability, workplace, stress, health

### INTRODUCTION

Cancer is the result of changes in the genes that control the growth and death of normal cells. These changes may be inherited or they may result from lifestyle factors such as tobacco use. The growing incidences of cancer in the workforce has many negative effects in the workplace which results in reduced productivity, low morale and increased costs. Cancer cases in many instances cause short or long term disability which affects how an individual performance in the workplace. This not only reflects the need for businesses to be prepared for the implications of growing numbers of cases of cancer, but it also highlights the need for businesses to provide a working environment that will enable them to continue competing against others in attracting and retaining talented staff in the decades ahead. Due to the increase in cancer prevalence, it is imperative to have appropriate strategies and support to manage cancer at work.

### Background of the Study

Globally, cancer is the third leading cause of death. In Canada alone cancer is the leading cause of premature death and is responsible for approximately 30% of deaths (Alberta Cancer Foundation 2005). However, developing countries bear the heaviest burden of cancer. Zimbabwe is a developing country in southern Africa with a population of 12.75 million, (Zim Stat 2016). The 2014 Labour Force Survey (LFS) revealed that of 6 485 676 males and 6 961 610 females were formally employed in Zimbabwe. Amongst the cancer cases reported, 40% (WHO 1996) occur in people of working age (18-65 years). Over 5000 new cancer cases are diagnosed (all types) and over 1500 cancer deaths occur annually. However these are not the accurate figures as many cancers are not captured by the routine National Health Information System because the patients do not get treatment, or some deaths are not registered. These statistics are alarming and surely are a cause of worry for any nation. According to the Zimbabwe National cancer registry ZNCR (2009) annual report, the leading cancers among black Zimbabwe men are Kaposi Sarcoma, prostate, esophagus and non-Hodgkin's lymphoma.

For Zimbabwean women the five common cancers are cervical, breast, Kaposi Sarcoma, eye and non-Hodgkin

### **Cancer and Disability**

The Disabled Persons Act (DPA) of Zimbabwe (1996:51) define a disabled person as ‘a person with a physical, mental or sensory disability, including a visual, hearing or speech functional disability, which gives rise to physical, cultural or social barriers inhibiting him or her from participating at an equal level with other members of society in activities, undertakings or fields of employment that are open to other members of society’. On the other hand the World Health Organisation defines disability as ‘any restriction or lack of ability to perform an activity in a manner or within a range considered normal for a human being’ (WHO, 1996). It is critical to note at this stage that disability is multidimensional and that disability in one dimension does not necessarily imply disability in other categories. In reality, disability is defined and perceived differently according to the culture, context, knowledge base, beliefs, and values of a society. However, from the two definitions it can be noted that they both agree to the fact that the individual can no longer perform his or her duties normally. However in Zimbabwe cancer is not regarded as a disability, but the writer believes that cancer can cause short or long term disability. As indicated earlier, cancer is the result of changes in the genes that control the growth and death of normal cell sit therefore means it will almost always be found to substantially limit the major life activity of normal cell growth. It may have a disabling effect on many patients which impacts on their professional life. Many cancer patients and survivors often want to continue or return to work but often experience problems returning to work.

As indicated from the Disabled Persons Act (DPA) (1996) definition disabled person have physical disability which give rise to physical and social barriers inhabiting them from participating in equal level. In most instances disability is viewed in respect of other disabilities like being physically handicapped, being deaf or dumb and those associated with cancer are not often regarded as disabilities. Breast cancer for example, may also make it more difficult for women to exist in a culture that glorifies an attractive body but ignores a body that is viewed as disfigured. Women fear getting breast cancer because of that reason, yet one in eight women is likely to be diagnosed with breast cancer (Laurence & Weinhouse 1994). Losing a breast may cause a woman to question her identity as a woman

The problems are compounded because of our society and legal systems. The society is not prepared to discuss the issues presented by a disease like cancer. Individuals tend to view disabilities in set patterns, but cancer does not fit these patterns. It is believed that a person with a disability will either be medically “cured” or their condition will remain the same while those with cancer will die. We have no intermediate way to envision the cancer survivor. This distorted vision of cancer survivors impacts the way they are treated in the legal system.

People with disabilities may also be stereotyped as inferior, needy and dependent. Stigmatization serves the purpose of separating people with an undesirable difference. In most cases people with disabilities have been segregated from the rest of society, viewed as weak, non-productive members of society while also being suspected of possessing supernatural power. Cancer survivors are subject to the same kinds of reactions as are people with other disabling conditions. Cancer makes people uncomfortable. When a friend, acquaintance, or coworker is diagnosed with cancer, people often do not know what to say or do. There are specific stigmas associated with breast cancer, cervical cancer, liver cancer, colony cancer or any other cancer.

While discrimination against people with disabilities is widespread, no one knows exactly how many cancer survivors are discriminated against. Conservative estimates are that about 25% of all cancer survivors experience some form of discrimination in the workplace (Curt and Breitbart 2000). Other studies estimate that 90% of cancer survivors will suffer discrimination in the workplace (Carter 2006). These forms of discrimination include outright dismissal, demotion, failure to promote, unequal compensation, and ostracism by coworkers. There are numerous reasons why cancer survivors may become the victims of discrimination. Korn (2001) pointed out that one theory is that employers treat cancer survivors differently because they assume that people with cancer are going to die (Korn 2001). She further pointed out that others theorize that employers do not want to hire cancer survivors because they believe that they will be unproductive. Studies reveal, however, that cancer survivors are no less productive than those who have never experienced cancer (Maddams, Utley, Moeller 2012).

Under the British Equality Act (2010) cancer is recognised as a 'disability' ([www.gov.uk/guidance/equality](http://www.gov.uk/guidance/equality)). According to the Act disability is when one has physical or mental impairment that has a substantial or long term negative effect on the ability to do normal daily activities. Substantial basically means something more than minor or trivial and long term means 12 months or more. However, there are exceptions to this definition, these exceptions include certain medical diagnoses, progressive and life-threatening conditions. A progressive condition is one that gets worse over time. People with progressive conditions are classified as disabled. Under the Equality Act one automatically meets the disability definition from the day they are diagnosed. This is so because cancer is life threatening and is potentially progressive. The more serious the condition the more likely the need for adjustment in the work area. Employees with cancer in England, Scotland and Wales are considered to have a disability and are protected from discrimination in the workplace in the recruitment process, terms and conditions of work, to opportunities for promotion and training. Employees have automatic protection from discrimination from day one of their diagnosis. This protection continues even if their cancer is in remission. No qualifying period of employment is required. The same legislation asks employers to make 'reasonable adjustments' to make lives easier for employees with a disability like living with, or recovering from, cancer. For instance, a manager who delivers negative, critical assessment of staff affected by cancer because they have missed targets or not attended meetings as a result of something such as attending hospital appointments, would be considered to be discriminating unfairly. The same applies to discrimination against employees with caring roles in support of someone with cancer.

### **Effects of cancer in the workplace**

In practical terms there are a host of people management issues involved in cancer in the workplace. This involves providing support and understanding in what is a highly sensitive and an emotional situation, communicating appropriately with staff, managing changes in roles and making reasonable adjustments to work environment. It also means ensuring fair treatment, keeping up an ongoing conversation with the cancer sufferer, and managing a positive return to work.

A key thing about people being treated for cancer is that they commonly experience fatigue and that this fatigue often has negative impacts on their lives. A US study examining the prevalence and duration of fatigue among people being treated for cancer, and assessing the impacts of fatigue on patients and caregivers, showed that cancer related fatigue is common among patients who receive chemotherapy resulting in substantial adverse physical, psychosocial, and economic consequences for both patients and caregivers ([www.check4.cancer.com](http://www.check4.cancer.com)). The study found that 76% of patients experienced fatigue at least a few days each month during their most recent chemotherapy. 30% experienced fatigue on a

daily basis. 91% of those who experienced fatigue reported that it prevented a 'normal' life. 88% indicated that fatigue caused alterations to their daily routine. Of patients who were employed, 75% changed their employment status as a result of fatigue.

A research by UK think-tank Policy Exchange estimated the loss in productivity of cancer survivors who were unable to return to paid work in the UK at £5.3bn in 2010 (US\$8.2bn in 2010 value) (Maddams, Utley and Moeller 2012). That figure could rise sharply if, as expected, the number of people in the UK with cancer doubles to 4m by 2030. Total cancer-related costs for employers were \$264 billion in 2010, with \$125 billion spent in direct medical costs and \$139 billion accrued in indirect costs. This figure is not surprising, given that cancer is one of the primary causes of short-term and long-term disability, both leading to losses in productivity. Cancer also contributes significantly to early retirement and premature death. Career prospects are also likely to reduce due to cancer.

### **Challenges of managing cancer in Zimbabwe:**

Due to limited resources in Zimbabwe, funds for cancer still remain low. Diseases like Typhoid, HIV/ Aids and Malaria have been major priorities for the government. These receive major priorities and receive more funding while non-communicable diseases are left with limited funding. These challenges further cascade down to the organisational level as employers do not take a major initiative in cancer related programmes. Employees have HIV and Aids programmes as the government put in place regulatory frameworks on HIV/ AIDS in the workplace.

The other challenge is that there are no mechanisms in place for the coordination of cancer programmes resulting in fragmented services provision. However research has indicated that HIV is a risk factor for cancer. In 2005 the Zimbabwe National Registry Report indicated that 60% of cancers in Zimbabwe were HIV related, yet there are no mechanisms in place for integration of HIV and cancer control programmes. Moreso, unsafe sex contributes significantly to cancer of the cervix. As indicated earlier, cervical cancer is one of the five cancers leading to deaths amongst women in Zimbabwe

The DPA is described as a dry Act of which no entity claims to be custodian. As such, disability issues in Zimbabwe continue to be a preserve of the Ministry of Public Service, Labour and Social Welfare and the Ministry of Health and Child Welfare, a clear indication that Zimbabwe still subscribes to the welfare approach to disability issues and has yet to embrace the human rights-based approach to disability. The human rights-based approach to disability places specific obligations on the part of the government to remove whatever physical and social barriers that prevent or hamper the full integration of people with disabilities into society, and ensure that they are accorded the same rights and opportunities as any other member of society

### **Strategies that may be used in the workplace.**

Organisations should realise that it is important to provide support and help employees get back to work, not just for themselves, but for the sake of their colleagues and others around them. During treatment, employees may require guidance and support to maintain adherence with their treatment plan or to manage their work schedules around chemotherapy, radiation therapy and other care-related appointments. If the employee is a caregiver for someone with cancer, they may need similar guidance and support.

Organisations can also introduce policies with a focus on prevention, including counselling and screening. However, employers also need to develop policies which support staff affected by

cancer and to have a flexible approach to their implementation, depending on the needs of the employee. This might only mean minor areas of flexibility in working hours, to get to medical appointments, to have a room where they can be alone or have private conversations. It's important that HR acknowledges and agrees what can be offered realistically for every case that arises, and that means planning and preparation, and getting buy-in from managers.

A change in role, duties, or way of working may sometimes be the only way to keep talented staff on board for the future. It can include working from home or allowing rest breaks as needed. However, the other danger is sidelining someone, moving them to an organisational 'outpost' and taking away that all-important feeling of normality. Managers need to be able to listen and pick up on what matters and what will work for individuals.

### CONCLUSION

From the discussion above, it can be noted that cancer is a really cause of concern as more people are being diagnosed with it world over. It is affecting the productive age group causes short or long term disability. Thus there is need to have proper strategies within the workplace to manage it so to achieve organisational goals.

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