Pregledni znanstveni članak /
Scientific review article
Primljen/Received: 22. 4. 2025.
Prihvaćen/Accepted: 16. 10. 2025.

UDK/UDC: 616-006-055.2
331.5:616-006-055.2
DOI: 10.46352/18403867.2025.209

The Workplace Reintegration of Female Cancer Survivors: Insights from Women's Experiences

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Abstract

This pilot study explores the experiences of women cancer survivors from Sarajevo Canton, Bosnia and Herzegovina as they return to work after medical treatments. While international research has examined this issue extensively, highlighting the importance of support programs affecting successful workplace reintegration, research data on this topic in the B&H context remains limited. In this study, the empirical data were collected through semi-structured interviews, revealing that after returning to workplace women face major challenges related to psychosocial well-being, working relationships with employers, and legal aspects of workplace adjustments. Our sample consists of women aged 30–75 who have received treatment for breast or reproductive cancers. The results contribute to the understanding of the key barriers to workplace reintegration including limited access to information, insufficient systematic support, ambiguous reintegration protocols, and inconsistent interpretations of legal frameworks. Our findings point to the urgent need for tailored policies that promote sustainable, rights-based support for women re-entering the workforce after cancer diagnosis and therapy.

Keywords: women, cancer, women's experiences, return to work, system support

Reintegracija žena koje su preživjele rak u radno okruženje: uvidi iz ženskih iskustava

Ova pilot-studija istražuje iskustva žena koje su preživjele rak pri povratku na posao nakon završenog medicinskog liječenja u Kantonu Sarajevo, Bosna i Hercegovina. Dok je u međunarodnim istraživanjima ova tema vrlo zastupljena ukazujući na važnost programa podrške koji utiču na uspješnu reintegraciju na radno mjesto, istraživački podaci na ovu temu u bosanskohercegovačkom kontekstu su i dalje ograničeni. U ovoj studiji empirijska građa je prikupljena putem polustrukturiranih intervjua i otkrila je da se žene pri povratku na posao suočavaju s brojnim izazovima vezanim za psihosocijalno blagostanje, zatim radne odnose s poslodavcima, kao i pravne aspekte prilagodbi na radnom mjestu. U naš uzorak uključene su žene starosne dobi između 30 i 75 godina koje su se liječile od karcinoma dojke ili reproduktivnih organa. Rezultati doprinose boljem razumijevanju ključnih prepreka u povratku na posao, uključujući ograničen pristup informacijama, nedovoljnu sistemsku podršku, nejasne protokole reintegracije i nedosljedna tumačenja pravnog okvira. Nalazi ukazuju na hitnu potrebu za kreiranjem ciljanih politika koje će osigurati održivu, na pravima utemeljenu podršku ženama koje se nakon dijagnoze i terapije za rak vraćaju na tržište rada.

Ključne riječi: žene, rak dojke, ženska iskustva, povratak na posao, sistemska podrška

1.0 Introduction

Breast cancer is the most common cancer in women globally, with over 2.3 million new cases annually (WHO, 2021). The World Health Organization projects a rise in global cancer cases from 14 million in 2012 to over 30 million by 2040, with breast cancer among the leading contributors. Cervical cancer is also a major concern, especially in lower-resource settings, despite being largely preventable through HPV vaccination.

In Bosnia and Herzegovina, breast cancer is one of the most common malignant diseases among women, frequently affecting those of working age (International Agency for Research on Cancer (IARC), 2020). Cervical cancer remains deadly worldwide, with an estimated three women dying from it each week (WHO, 2022). Despite the availability of screening, participation is low, only 20% of women have been screened in the past five years (UNFPA, 2021). Similarly, it is estimated that every week three women die from cervical cancer in Bosnia and Herzegovina. Furthermore, according to the data of the state coordinating body for the health sector, the Ministry of Civil Affairs of Bosnia and Herzegovina, breast cancer has been the leading cause of death for women for many years, right behind cardiovascular diseases [1]. Globocan 2020 data reveal stark inequalities, with B&H having a higher age-adjusted breast cancer mortality rate than the European average (15.7 versus 14.8 per 100,000) (IARC, 2020). Although cervical cancer screening is somewhat available in Bosnia and Herzegovina, only 2 out of 10 women have been screened for cervical cancer in the last 5 years. These figures highlight the urgent need for research and interventions aimed at improving early detection, treatment and care for survivors in B&H.

While medical advances have improved cancer survival rates, returning to work remains a significant challenge for many women. Studies

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[1] https://www.mcp.gov.ba/Publication/Read/svjetski-je-dan-borbe-protiv-raka-polovina-svih-smrti-mogla-bi-se-sprijeciti?lang=h (access 5.6.2025)

show that employment after cancer is associated with better long-term recovery (Yang et al., 2022) and improved quality of life (Emerson et al., 2023). However, reintegration depends not only on physical recovery, but also on emotional resilience, type of employment, and workplace conditions.

This study explores how women cancer survivors in Sarajevo Canton experience the process of returning to work, focusing on institutional, psychosocial, and legal factors that affect reintegration.

2.0 Literature Review

Human resource management becomes especially important during challenging life stages, when the company and the work collective play a role in providing support to the employee. In this context, long-term sick leave and disability related to the fight against cancer represent a significant challenge in the social security and insurance system, which regulates certain rights under pension and disability insurance based on remaining work capacity (such as, among others, the right to be reassigned to another, suitable workplace).

Returning to work after cancer diagnosis is not merely a matter of resuming pre-diagnosis activities; it is a complex process influenced by many factors. International research has consistently identified a dynamic interplay of work-related, medical, psychosocial, and socioeconomic factors that influence survivors' ability to successfully return to work. Diagnosis and treatment can disrupt careers, lead to financial insecurity (Chiu et al., 2022), and reduce employment opportunities (Ruiz de Azua, Kousignian, & Vaz-Luis, 2023). Extended cancer treatment often leads to job loss and reduced earning potential, with significant economic impacts for survivors (Park et al., 2018; Ferrier et al., 2021). The nature of the cancer itself, including the stage at diagnosis and the type of treatment received, plays a significant role in the decision to return to work. Surgery, chemotherapy, radiotherapy, and hormone therapy can have lasting side effects, such as fatigue, pain, lymphedema, and cognitive impairment (de Boer et al., 2011; Jatoi et al., 2004; Efficace et al., 2015; Choi et al., 2018; Tiedtke et al., 2019). These physical and psychological consequences can affect a woman's functional ability and her capacity to meet workplace demands.

Beyond the physical effects of treatment, the emotional well-being of the survivor is critical for successful reintegration into the workplace. Social support networks, including family, friends, and colleagues, can significantly influence a woman's confidence and motivation to return to work (Duijts, Egmond, Spelten, Muijen, Anema & Beek, 2014). Conversely, a lack of support or perceived discrimination in the workplace can create substantial barriers to returning (Menvielle, Chastang, Luce & Leclerc, 2013). Financial security, job stability, and the nature of employment are also key determinants of successful return to work (Winstanley, White & Tzelepis, 2019). Women in physically demanding jobs or those with limited job security may face greater challenges. Moreover, the availability of workplace accommodations, such as flexible work arrangements or modified duties, can greatly facilitate the return-to-work process (de Boer, Taskila, Ojajärvi, van Dijk & Verbeek, 2011). While these challenges are highly individual, they are shaped by the broader legal and institutional environment in which survivors attempt to reintegrate.

Based on findings from the literature, research also points to the importance of organizational policies that support reintegration, such as flexible working time policies or workload reduction (Ganz, Leedham, & Meyerowitz, 2018). Workplace adjustments and understanding from employers and colleagues are key factors in facilitating return to work. De Boer and Frings-Dresen (2009) emphasize that proactive communication between workers and employers, together with appropriate legal regulations, can significantly reduce psychological pressure on women returning to work. Combined with additional supports such as health and social assistance, this forms the foundation for successful reintegration into the working environment.

Studies have reported on the timeframe for the decision to return to work among women cancer survivors. Some studies suggest that most women return to work within the first few years after diagnosis (Steiner, Cavender et al.; Sanchez, Richardson et al., 2004), while others suggest that a significant portion experience prolonged absences or are unable to return to their previous job (Spelten, Sprangers, & Verbeek, 2002). These variations highlight the complexity of the return-to-work process and the influence of individual and contextual factors.

Despite the growing research on factors influencing the speed and quality of return to work for women with cancer, there remains a need for more context-specific studies, especially in a country like Bosnia and Herzegovina. While the existing literature provides valuable insights into the general factors influencing return to work, the specific challenges and opportunities within Bosnia and Herzegovina's health system, social support structures, gender norms, and employment practices for vulnerable groups, such as women with cancer, require further research. These challenges are further amplified by the institutional and legal context in which women navigate their recovery and return to work. While individual experiences of illness and recovery are deeply personal, the broader socio-legal structures either support or hinder this reintegration. Understanding the available legal protections — or the lack thereof — is crucial for identifying both the systemic gaps and opportunities for advocacy. In the context of Bosnia and Herzegovina, it is particularly important to examine how international labor standards and national laws address (or fail to address) the specific needs of workers recovering from serious illnesses such as breast and cervical cancer.

International labor protections, largely driven by the ILO since 1919, have gradually established norms around decent work and equal opportunity have gradually established norms around decent work and equal opportunity, influencing national labor laws and social protection systems worldwide. Key milestones include the adoption of numerous conventions and recommendations dealing with basic labor rights, such as freedom of association, the abolition of forced labor, the elimination of child labor, and the principle of unrestricted working conditions, along with non-disciplinary labor standards and social security. Notable conventions include the Forced Labor Convention of 1930 (No. 29), the Freedom of Association and Protection of the Right to Organize Convention of 1948 (No. 87), the Worst Forms of Child Labor Convention of 1999 (No. 182), the Vocational Rehabilitation and Employment Convention of 1983 (No. 159), and the Equal Remuneration Convention of 1951 (No. 100), which specifically addresses equal pay for men and women. The 1989 EU Charter of Fundamental Social Rights of Workers established key principles of European labor law, focusing on areas such as freedom of movement, working conditions, social protection, and equality.

When speaking specifically about the legislative protection of the sick and the regulation of their labor-legal status, the Labor Law of Bosnia and Herzegovina and related laws at the entity or cantonal level stipulate that an injury at work, illness, or occupational disease cannot adversely affect the exercise of workers' rights. If a worker was temporarily prevented from working for up to six months and a competent health institution or authorized doctor determines they are fit for work after treatment and recovery, they have the right to return to the job they were performing. The Law on Prohibition of Discrimination prohibits discrimination based on gender and disability. It is also stipulated that, if there is no possibility for an employee who was temporarily prevented from working for more than six months to return to the previous job or to another suitable job, the employer can assign them to other positions according to their professional qualifications and working abilities. If no such position exists, the employer may, after consultation with the employee council (which is absent in most of the private sector), terminate the employment contract. Special regulations that prescribe adapted working conditions after returning from sick leave do not currently exist. The Law on Health Insurance regulates the right to compensation during sick leave, although questions often arise regarding the stage at which the employer's obligation ends and when it becomes the responsibility of the state. The experiences of women diagnosed with breast and cervical cancer carry specific psychological and physical challenges that distinctly set them apart from those faced by individuals with other serious illnesses or cancers, particularly in terms of reintegration into the workforce. These types of cancer often affect aspects deeply tied to female identity, the body, sexuality, motherhood, and self-worth, making the return to everyday roles, including professional ones, significantly more complex. Authors chose to focus on this group because the incidence and mortality rates of these cancers are alarmingly high among women in Bosnia and Herzegovina, and because social stigma, misconceptions, and institutional neglect further complicate their recovery. This topic remains largely unexplored, and we aimed to contribute to a better understanding of the unique needs of these women, while also encouraging employers to play a more proactive and supportive role. This study confirms previous findings (e.g. Duijts et al., 2014) regarding the role of flexible work and emotional support, but also highlights context-specific gaps in B&H such as the lack of policy enforcement.

Considering all these challenges, the research conducted in Sarajevo Canton aimed to investigate the specific obstacles and facilitators faced by women who survived cancer (breast or reproductive organs) in the process of returning to work, how they experienced the return-to-work process, and what key factors influenced their successful reintegration into the working environment.

3.0 Methodology

The research used a qualitative methodological approach, and the data were collected through semi-structured interviews with the aim of identifying the experiences of women who survived breast or reproductive organ cancer and analyzing the key factors that influence their return to the work environment. Conversations during the interview were recorded with the consent of the participants.

The defined interview protocol enabled a deep understanding of the experiences of women returning to work after cancer, identification of key factors that influence their return, and insights into the necessary organizational policies for better support.

The research goals were:

1. Identify the obstacles and challenges that women face when returning to work.
2. Examine what types of support (from employers, colleagues, environment) are most important for successful reintegration into the business environment.
3. Develop recommendations for employers to improve policies and practices to support women returning to work after cancer treatment.

Based on the defined objectives, the research questions were:

1. What are the key factors that, according to women, facilitate or hinder their return to work?
2. What are the experiences of women who have survived cancer regarding the role of employers and colleagues in business reintegration processes?
3. Are there specific organizational policies that help or hinder women's reintegration after cancer treatment?

3.1. Data Collection Process

The pilot study was conducted through semi-structured interviews aimed at identifying obstacles, opportunities, and best practices in the process of returning to work after a cancer diagnosis, using a sample of women currently living in Sarajevo Canton. The study was conducted primarily in cooperation with the Renaissance Association, the largest non-governmental organization of its kind in B&H, whose primary goal is to support women affected by breast and reproductive organ cancer.

A purposive sample of adult women who survived cancer was recruited from the database of the Renaissance Association, which includes more than 200 members from across Bosnia and Herzegovina, with an emphasis on Sarajevo Canton. Women from Sarajevo Canton, age 30 to 75, who were employed at the time of diagnosis, participated in the research.

The leader of the Renaissance Association sent an initial invitation to participate in the online research, while other methods, such as direct contacts, were used to reach an adequate number of participants. Those who expressed interest received a detailed explanation of the research and its objectives. A pilot interview was conducted with the leader of the Renaissance Association prior to the main round of semi-structured interviews. This served as a means of refining the clarity and relevance of the questions and identifying potential methodological issues. The interviews were conducted between February and April 2025: seven were held via online platform Google Meet, and five in person at the Renaissance premises, to ensure privacy and comfort in a familiar setting.

All interviews were recorded for transcription purposes, and basic demographic data were collected during the sessions. Ethical standards were strictly upheld throughout the research process, including obtaining informed consent, ensuring anonymity, and allowing participants to withdraw at any time without consequences.

Special attention was paid to creating an emotionally safe space for participants, bearing in mind the sensitivity of the topic related to illness and the return to work. In cases where signs of emotional distress appeared, the interview was paused or discontinued, in accordance with the participant's wishes.

3.2. Sample

The analysis used a descriptive and qualitative approach, guided by established methods for thematic analysis of interview data (Braun & Clarke, 2006; Guest, MacQueen, & Namey, 2012; Morgan & Krueger, 1998). After initial transcription and review of field notes from the interviews, the research team engaged in an iterative process of data reduction and interpretation. This involved a close reading of the transcripts to identify initial codes, followed by systematic sorting, categorization, and reordering of participant statements to develop overarching thematic categories that captured salient patterns and meanings within the data (Miles, Huberman, & Saldaña, 2014). Regarding participant recruitment, of the 200 potential individuals contacted, 20 expressed initial interest, and ultimately 12 participated in the interviews.

Data analysis was carried out by both authors of the paper, applying thematic analysis through independent coding of transcripts, and then jointly discussing and agreeing on thematic categories. This approach reduced the risk of individual bias in the interpretation of the data.

To validate the research findings, member checking was conducted. Preliminary findings were shared with participants, providing them an opportunity to confirm the accuracy of interpretations and representations. No feedback or requests for changes were received within the designated review period (April 23rd to May 7th, 2025), indicating agreement with the presented interpretations.

3.3. Research Limitations and Directions for Future Research

This pilot study has several limitations. The small sample size (N = 12) and the fact that most participants were recruited from a single association in Sarajevo Canton limits the generalizability of the findings to other populations of cancer survivors, especially those outside the 30–75 age range or those treated in other locations. The geographic and organizational orientation of the sample limits insight into the diverse experiences of women from other cantons and from different sectors, including both public and private.

Future research should be extended to a larger number of associations and a broader geographic area to obtain a more comprehensive and inclusive picture of the challenges associated with reintegration into the workplace after illness. The use of a convenience sample may have introduced selection bias, as participants who volunteered may systematically differ from those who chose not to participate. The study relied on self-reported experiences, which could be subject to recall bias. Furthermore, while the interview format was valuable for exploring lived experiences, it may not capture the full range of individual perspectives.

In future research, it would be beneficial to expand the base of potential participants through cooperation with health institutions, centers for social work and mental health, and to expand the sample through collaboration with employers and other relevant institutions. This would contribute to a better understanding of the topic and help highlight perspectives that intersect in the process of returning to work - such as social and traditional norms, private sector responses, and the challenges employers face in establishing flexible work environments.

Future research should use mixed recruitment strategies, including collaboration with healthcare facilities, employers, civil society organizations, and direct contacts, in order to capture a wider range of perspectives and ensure a diverse sample.

4.0 Research Results

A total of 12 women diagnosed with breast or reproductive cancers participated in in-depth interviews. The sample included women employed in both public and private sectors, with varying durations of absence from work and different levels of education. Table 1 presents an overview of their basic demographic and occupational characteristics.

The table below presents the demographic analysis of the research participants of the conducted interviews or focus groups:

Participant	Age	Occupation	Education level	Sector	Absence from work
R1	74	Pensioner	High school	Public	30 months
R2	46	Administrative worker	High school	Private	15 months
R3	44	Nurse	High school	Public	48 months
R4	44	Accountant	High school	Public	14 months
R5	47	Dental technician	High school	Private	30 months
R6	50	Journalist	Bachelor	Private	12 months
R7	44	Reporter	Master	Private	12 months
R8	46	Civil servant	Bachelor	Public	9 months
R9	43	Journalist	Bachelor	Private	12 months
R10	32	Athlete	Master	Private	½ month
R11	43	Accountant	Bachelor	Private	She wasn't absent from work.
R12	45	Pedagogue	Master	Public	1 month

Table no. 1: Demographic Analysis of Research Participants

All participants are numbered and marked with the letter R (Respondent in English) and a serial number according to the order in which the interviews were conducted. All participants are women - most survived breast cancer, two had uterine cancer, while a third experienced additional health complications following the first cancer diagnosis (ranging from multiple sclerosis to lymph node metastasis). Most hold a higher education degree (bachelor or master's level). Participants are evenly divided between public and private sector employment: five are employed in the public sector, and seven in the private sector. Of the 12 interviewed participants, one changed occupation and workplace, four changed their job description, two stopped working and are receiving disability pensions, while the rest remained in the same job positions with informal agreements with employers and colleagues to avoid physically demanding tasks.

Most respondents confirmed positive communication with colleagues during treatment; however, due to the duration of treatment - which in this study ranged from no official sick leave to four years of sick leave and the necessity of engaging replacement staff in their workplaces - this support varied depending on the capacity and availability of other employees in each work environment.

> "The support of colleagues is no longer a matter of whether someone wants to help you or not, everyone has their own task. Colleagues can help you for a day, two or three, but they can't do our job. Even with the best will, they can't help permanently." (R5, 47 years old)

4.1 Work During Diagnosis and After Cancer Treatment: Obstacles and Challenges

Returning to work after cancer treatment is a complex process involving a range of challenges - medical, psychological, institutional, and legal. The process often begins within the healthcare system itself, where patients' early experiences with diagnosis and information about next steps are shaped.

All respondents pointed to poor practices in how malignant diagnoses are disclosed in Sarajevo Canton - most often through a service counter, where patients receive written findings that they must interpret themselves. No medical professional or psychologist is present, even though patients believe they should deliver such life-altering news.

> "I took the report in my hands, I saw that it said cancer, I started shaking, the report fell out. Nobody from the administration moved, and they were all around me. I picked up the report and, in a split second, I said it wasn't mine. I wanted to run through the glass portal and throw myself down." (R5, 47 years old).

Quite often, it was the respondents themselves who advised employers on how to navigate the system and secure such benefits, based on conversations with peers who had undergone similar experiences.

> "In Germany, every company has a doctor or oncologist who guides the person when returning to work. They can be external or employed within the company. There is someone who guides the treated person through labor rights. They asked me how I wanted the report to be written, even though I was treated as an external patient - how many hours a day I wanted to work, whether I preferred part-time or a new job." (R6, 50 years old)

When undergoing assessments for temporary work incapacity (sick leave), respondents described receiving unclear guidance from medical staff and a lack of a defined pathway to exercising the rights of those facing serious illness. One participant shared her experience with the work capacity assessment commission, where she was advised to regulate her status as a disabled person and accept a disability pension due to the nature of her job. She refused, but noted the system's intent to protect her from discrimination by the employer, given inconsistencies in the application of legal provisions.

Another respondent recounted rejecting the commission's recommendation because she believed it was important to return to work without being labeled disabled, stating:

> "Companies will generally see me as an equally good and healthy candidate competing with others. I'm not hiding my illness, but I don't see the benefit - as a cured oncology patient, as a woman in her 50s - that this is protection in the system." (R6, 50 years old)

4.2 Lack of Emotional Support and the Importance of Mental Health

Receiving a diagnosis and confronting the new reality was accompanied by the need to communicate openly with supervisors and colleagues. For most, the first conversation with their employer about their diagnosis was a traumatic experience - marked by uncertainty, fear of job loss, and anxiety about the future. Experiences varied between public and private sector employers, with better support mechanisms observed in the public sector. Additionally, employers based abroad (e.g. Germany, Qatar) demonstrated more structured support than domestic companies.

Contrary to expectations, support from superiors and colleagues was not lacking for most respondents. At the start of treatment, all reported receiving understanding and support. Most underwent preparatory testing for surgery without taking sick leave, with employers demonstrating flexibility during this phase.

Misunderstandings emerged during prolonged treatment and extended sick leave, as well as upon return to work - when it was assumed the employee had fully recovered and could resume work at full capacity. However, respondents emphasized that surgery is only the first step toward recovery, and that extended treatment is often met with impatience by others.

> “When it comes to cancer, surgery is only the first step in treatment. Only then do we enter the treatment process, which lasts from seven to ten years.” (R9, 43 years old)

Many respondents reported that upon returning to work, they were perceived as fully recovered—even though, in reality, their therapy was just beginning and could span up to a decade. Over time, several participants observed a noticeable decline in patience and empathy from colleagues, as prolonged treatment challenged initial displays of support. As R3 (43) expressed:

> “It’s like we’re irritating them with this disease - it drags on, we get on their nerves. I started going to a psychologist and, for the first time, started setting boundaries” (R3, 43 years old).

This statement reflects the emotional toll of extended recovery, and the perception that workplace support tends to erode as time passes — a factor that complicates long-term reintegration.

Respondents must attend regular check-ups every six months, requiring several days off work for referrals and diagnostic imaging as part of their ongoing oncology care. Participants try to manage work responsibilities alongside these demands, which is often unfeasible, and many cannot even secure a 30-minute daily break. As R9 noted:

> “You go for a referral, you go for a diagnosis, you spend your life in the waiting room.”

Respondents unanimously agreed that oncology and mental health support should go hand in hand. Mental stability was seen as essential. Given the immense challenges that accompany this process, all participants agreed that psychological support is necessary to help face the inevitable fears that arise.

> “Entire families are held hostage by our cancer. We all need to go to a psychologist. I feel that my daughters can’t cope with it.” (R9, 43 years old)

4.3 The Role of Employers and Colleagues in the Reintegration Process: Policies and Practices

Returning to work was seen by most as a distraction and an escape from the situation and illness they were facing. At the same time, returning to work was a necessity because, as the participants stated, “you have to have a job, because there is no other help” (R11, 43 years old), and financial stability is essential to afford the costs of treatment. During this period, the employer’s willingness to accommodate and adapt work conditions was of utmost importance, as the majority did not feel safe, capable, or strong enough to resume their pre-diagnosis roles.

No systematic support structures for sick or recovering workers were observed during the research; instead, participants reported isolated cases of employer goodwill or informal arrangements. Flexible work arrangements and customized workspaces were described as critical for women returning to work after cancer treatment. Of the 12 interviewees, 7 requested workplace adaptation or a change of tasks to avoid heavy physical or stressful work - requests that were partially accommodated. One participant voluntarily resigned at the end of her treatment, stating she knew her employer could not provide an adapted position.

Among those who requested changes, only one reported a very negative experience, involving discriminatory treatment after being transferred - she was assigned a desk behind a door, worked on a cardboard box, and was frequently exposed to derogatory remarks from colleagues.

Despite this, in half of the cases, employers responded positively to the needs of cancer survivors, albeit without a standardized, system-wide approach. In the private sector, fewer formal support mechanisms were reported, except in multinational companies that operate according to global standards. Compared to domestic employers, multinational companies were perceived as more responsive to survivor needs, offering structured reintegration plans, flexible hours, and sustained communication. In contrast, local employers often relied on informal arrangements and personal discretion.

In other cases, informal agreements were reached with supervisors regarding new job descriptions and adapted roles. Some participants were relocated (e.g., from clinical to administrative duties or from the newsroom to documentary programming). One woman requested a private office to avoid working near colleagues she had poor relations with; although initially denied, the request was eventually granted.

4.4 Reintegration in Practice: New Priorities, Personal Stories, and Challenges

All participants reported facing challenges upon returning to work, including physical fatigue, memory and concentration problems, lower tolerance for workplace interactions, and various individual difficulties. They also noted a general lack of understanding from superiors and colleagues. The desire to reintegrate, combined with physical limitations (e.g., difficulty reaching high shelves or handling breaking news situations), illustrates the importance of employer empathy and awareness of the new, individualized conditions.

> "The accumulated stress and the therapies we went through affected my memory. I forget a lot." (R9, 43 years old)

Gratitude and a sense of obligation to the workplace were particularly evident in participants who experienced supportive environments. Many emphasized the value of positive workplace relationships during treatment, identifying colleague empathy as a key factor in successful reintegration.

> "Everything that was more stressful was taken on by my colleague, so they (colleagues) made it a lot easier for me - their humanity. And as far as the employer is concerned, it mostly depends on the superiors." (R8, 46 years old)

Respondent R6 added that the support she received from her employer and colleagues influenced her decision to return to work immediately after surgery, despite doctors recommending extended sick leave.

In nearly half of the cases, colleagues and employers organized financial aid - either through donations, salary advances, or additional support for treatment costs. Some reported that women were dismissed during treatment when fixed-term contracts expired and employers were under no legal obligation to retain them. One respondent's contract was not renewed after disclosing her diagnosis. However, she quickly found another job through personal networks, being upfront about her health, which did not deter her new employer.

> "Everything is left to the goodwill of the employers - whether they'll include it in the rulebook or not. Most of them don't." (R9, 43 years old)

Another respondent reported a more positive experience, where her employer extended her fixed-term contract every few months during treatment to ensure continuity of employment and access to healthcare - highlighting how contract type is closely tied to health-related rights and financial security.

4.5 Summary of Survey Findings

To improve clarity and structure, the key findings of this research have been summarized in the following table. The table presents respondents' main views in relation to the research objectives, including identified challenges in returning to work after cancer treatment, the role of emotional and institutional support in reintegration, and recommendations for improving organizational policies and practices.

Research goal	**Key findings**
1. To examine the challenges and obstacles in the process of returning to work after cancer treatment	– Fatigue, reduced concentration, stress. – Lack of systematic support. – Fixed-term contracts as uncertainty. – Difficulty adapting to physically demanding jobs.
2. Analyze the role of emotional and institutional support in the reintegration process	– Positive collegial support. – Empathy facilitates reintegration. – Psychological help is more available in associations than in healthcare. – Social support is important for return.

3. Identify recommendations for improving organizational policies and practices	– Flexible work arrangements required. – Introduce regulations and protection for temporary employees. – Compare the approaches of domestic and foreign companies. – Educating managers about challenges after treatment.

Table no. 2: Findings and Recommendations in the Context of Women's Work Reintegration after Cancer Treatment

5.0 Discussion

This qualitative pilot study is one of the first in Bosnia and Herzegovina to examine the factors that facilitate or hinder return-to-work experiences among female cancer survivors. This is particularly important given the limited research on cancer survival and related health problems in the Western Balkans (Doganis et al., 2018), where country-specific data and policy-focused studies are still rare. Although motivations for returning to work vary - financial, psychosocial, or otherwise - they are often framed as a way to reclaim identity or serve as a "distraction from thinking about cancer," as one respondent described. The significance of this return as part of reintegration into society is clearly evident. In-depth interviews with a small sample suggest that a successful return to work can be a crucial component of overall healing, enhancing self-esteem and providing survivors with strategies for coping with the cancer experience (Emerson, 2023).

The majority of respondents returned to work within the first two years of diagnosis, consistent with earlier studies such as De Boer and Frings-Dresen (2009). However, treatment itself required extended periods away from work and presented additional burdens, such as the cost of supplements, increased living expenses, and the need for assistance - aligning with Ferrier's 2021 analysis.

In their 2009 paper, De Boer and Frings-Dresen reviewed 26 studies involving 20,366 cancer survivors and found that 75% returned to work. They emphasized the need for clearer guidance both during treatment and reintegration. The same trend appears in this Sarajevo Canton study, where 11 out of 12 respondents successfully reintegrated. Yet, this contrasts Chiu's 2022 findings, which reported a high rate of job abandonment following cancer diagnoses - highlighting the serious impact of cancer on work ability. That study also pointed out that the traditional productivity loss assessments underestimate the true economic burden, suggesting further research is needed on economic losses among this population in Bosnia and Herzegovina.

The lack of information, timely instructions, and a clear legal-healthcare roadmap for patients regarding their rights mirrors earlier findings, where physicians gave minimal guidance on work-related matters (Nowels et al., 2005; Maunsell et al., 1999). This lack of communication from authorities continues throughout the treatment and return-to-work phases, except in isolated cases where an oncologist or family doctor advised patients on their rights (such as obtaining a free orthopedic bra or one-time municipal assistance for purchasing supplements). It is therefore unsurprising that one interviewee suggested developing a brochure containing essential information on the rights and steps that patients can and should take to ensure adequate support during treatment.

Regarding the first research objective - identifying obstacles and challenges - interviews revealed a wide range of issues faced by women, including fear of disclosing a diagnosis to employers, environmental misunderstanding of their specific needs during and after treatment, and the inability to secure an adapted workplace under current B&H legislation. The first interaction between patient and employer, often upon diagnosis, was found to be a decisive moment that shaped subsequent trust and cooperation. While experiences varied, most participants described a supportive employer who understood the need for extended absence to focus on treatment.

Although not exclusive to oncology, a 2011 systematic review of return-to-work interventions (Franche et al.) underscored the importance of early intervention and open employer communication. Two participants in this study reported discrimination upon return to work, which aligns with literature on patient reintegration (Hoffman, 1997; Schultz et al., 2002). Despite legal provisions allowing return to a previous or suitably adapted position, the response varied widely across public and private sectors. Participants who reported flexible arrangements such as telework, adjusted workloads, and supportive colleagues had a significantly easier return experience. One participant pointed out the systematic burden placed solely on employers, who are expected to pay contributions during the employee's entire sick leave while also covering the cost of a replacement worker. Most participants based their requests for support on individual expectations rather than any formalized procedures grounded in relevant legal or contractual frameworks (e.g., Labor Law, Social Protection Law, internal policies, collective agreements). Although many respondents were able to return to work, they noted that the type of employment contract – fixed-term or permanent – greatly influenced their reintegration experience. In some cases, non-renewal of temporary contracts meant an abrupt end to both employment and access to healthcare. These cases demonstrate how legal employment status directly shapes not only income security but also access to medical follow-up and psychological stability, especially in the absence of institutional safeguards for workers recovering from serious illness.

A 2007 qualitative study (Kennedy et al.) emphasized the importance of a supportive work environment, noting that workplace atmosphere and empathetic colleagues play a key role in easing reintegration. Interestingly, employers from multinational companies appeared to be more attuned to the needs of cancer survivors than domestic private-sector employers. This was evident from the testimonies of two participants – one working for a global media company registered in the Middle East, another in a German company's Bosnian branch – whose foreign managers promised full support. In contrast, after those foreign managers departed and were replaced by local leadership, attitudes toward the patient changed significantly. This shift suggests the need for further research into differences in reintegration practices between foreign-managed and locally-managed companies in Bosnia and Herzegovina. This pilot study confirms that the acceptance of survivors by supervisors and colleagues helps mitigate feelings of stigma related to illness, changes in appearance, and loss of feminine attributes. Job description adjustments, workplace accommodations, and financial support - usually informal and peer-initiated - were identified as critical. Even among those who returned successfully, however, lingering emotional concerns persisted. As several participants indicated, these concerns were often accompanied by a fear of being seen as less capable or as burdens on their teams, echoing broader literature on cancer-related workplace stigma (Hoffman, 1997; Schultz et al., 2002). Such psychosocial burdens suggest that reintegration extends beyond physical presence in the workplace - it is also a process of regaining confidence, reestablishing professional identity, and navigating a transformed sense of self. Participants emphasized how difficult it is to navigate the journey from diagnosis, through treatment and surgery, to recovery and re-engagement in social and professional life. This highlights the need for consistent guidance and structured psycho-social support throughout the reintegration process.

The support systems expected by survivors - ranging from immediate social networks (family, friends, employers, medical professionals) to institutional and personal coping mechanisms - are highly contextual. These findings reflect Ore and Foley's (2019) conclusion that reintegration is a multidimensional process requiring time, patience, and cross-sectoral resources.

Several participants noted ongoing cognitive difficulties, including memory lapses and fatigue, consistent with 'chemo fog' as described in literature (Ganz et al., 2018). These symptoms directly impacted their work performance and reinforced the need for adaptive support structures. The effects are slow to diminish and often interfere with job performance, contributing to the fear of not fulfilling work obligations. Participants advocated for more flexible workplace arrangements that accommodate their health status and offer time to catch up on tasks during recovery. Persistent post-treatment problems - impaired limb function, constant fatigue, and cognitive decline - were observed and documented in the literature, including Spelten (2003), who identified fatigue as a major factor in return-to-work success.

According to Ganz, Leedham, and Meyerowitz (2018), post-treatment life is complex. Women often feel informed during treatment, but are unprepared for the uncertainties that follow. As echoed in this study, many participants now take better care of themselves, prioritize health, and advocate more vocally for their rights. Taken together, these findings demonstrate that, while individual motivation and informal support can help facilitate reintegration, sustainable return to work for cancer survivors in Bosnia and Herzegovina requires structural changes - including clearer legal frameworks, consistent employer policies, and access to psychosocial care.

6.0 Conclusion

This study identified key obstacles faced by women who survived breast or reproductive cancers, in response to the first research question. These include limited knowledge of labor law provisions during treatment and the return-to-work process, as well as inconsistent interpretation of the normative framework by employers. This applies across all levels of governance - municipal, cantonal, and federal. It was concluded that there is no systematic employer response to managing employees undergoing cancer treatment, nor are there defined modalities to support survivors' reintegration. The success of returning to work depends heavily on the survivor's physical and mental condition, the nature of her job, and the willingness and ability of the employer - particularly in the private sector - to adapt job responsibilities to individual needs. This finding, supported by the literature reviewed, suggests that job description, team atmosphere, and employer flexibility are key determinants of a successful return to work for cancer survivors.

Suggestions for improving support mechanisms during reintegration were closely tied to the second research question and objective, which examined what types of support (from employers, colleagues, and the environment) are most critical for successful reintegration into the workplace. Based on this pilot study, the interviewed women emphasized the importance of access to social support systems after treatment and psychosocial support - both of which are essential for survivors and their families to rebuild life plans, re-enter employment, and adapt to new lifestyle habits.

The research did not identify specific organizational policies that either help or hinder reintegration of women post-cancer treatment. However, elements of organizational culture were observed that influence the experiences of employees in both public and private sectors. These elements include informal access to flexible work arrangements - such as flexible hours, remote work, or relocation within the workplace. Additionally, the study found examples of employers adapting job descriptions or offering financial assistance during treatment, even though such provisions were not formally included in internal human resource regulations. In some cases, logistical support was also provided (e.g., use of company vehicles for transportation to medical appointments). Nonetheless, these practices were informal. They were not codified in company policy or organizational charts, and thus vulnerable to changes in leadership. As such, they represent an "unwritten package of benefits" without legal standing. Consequently, the study did not identify any formalized organizational policies - public or private, local or multinational - that were explicitly designed to facilitate or impede the reintegration of women following cancer treatment.

In response to the third research question, a set of recommendations for employers was outlined to support reintegration of cancer survivors. First, the communication of a cancer diagnosis should be handled sensitively, ideally involving the head of human resources and a social worker (if available), and when appropriate, medical professionals such as oncologists and psychologists to help manage the emotional impact. Second, access to psychological support must be ensured during and after the treatment, as psychologists play a crucial role in addressing mental health and equipping patients with coping strategies. Employers are encouraged to offer flexible arrangements such as part-time work or remote work during the initial reintegration phase to accommodate survivors' health needs.

Additionally, the need for easily accessible informational resources was highlighted, such as printed brochures outlining labor rights and available support systems, especially for individuals with limited digital literacy. Beyond workplace-level interventions, a robust legislative and policy framework is essential. Harmonizing Bosnia and Herzegovina's legal practices with European standards and corporate social responsibility principles would incentivize employers to create internal policies that support survivors - such as flexible work options, extended benefits, and psychosocial support.

Finally, public employment agencies should be equipped to implement targeted programs for cancer survivors, assisting them in exercising labor rights, communicating with employers, and addressing unique reintegration challenges.

In conclusion, although most cancer survivors in Sarajevo Canton do return to work within the first few years of post-diagnosis, this reintegration is often undermined by financial difficulties, systemic fragmentation, and insufficient support structures. Key priorities include the development of accessible informational resources, formal reintegration protocols, and broad awareness-raising initiatives targeting employers and the public.

Further research, especially longitudinal and with larger samples, is needed to capture the long-term trajectories and evolving needs of cancer survivors. Building a supportive reintegration ecosystem is not only a matter of workplace policy but a societal obligation - one that strengthens survivor recovery, dignity, and long-term well-being.

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