

Exploring the Work Reintegration Journey of Cancer Survivors: A Narrative Study

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This research is a narrative inquiry that explores the work reintegration journey of cancer survivors. These consist of five (5) Filipino cancer survivors who just returned to work aged 40 years old and above. Moreover, Cancer survivors face significant experiences reintegrating into the workforce. While many studies focus on the challenges they experience, this study aims to explore their journey on how cancer survivors reintegrate into work. The main objective of this study was to explore how participants navigate their transition back to work, how they balance their health needs and the demands of the job, and how the participants navigate their condition in the work environment as cancer survivors. Data were gathered from in-depth semi-structured interviews, and thematic analysis by Braun and Clarke was used, where codes and themes were formed to analyze the data. Through the analysis, the researchers formed seven (7) themes, which are Adjusting to Work Conditions, Balancing Fitness and Health Concerns, Support Systems, Practicing Healthy Living and Wellness, Positive Mindset and Personal Growth, Ways and Coping (with an aggregate dimension of Factors that Motivate Cancer Survivors to Work Reintegration), and Facing Issues and Misconceptions (with an aggregate dimension of Challenges of Cancer Survivors to Work Reintegration). This study revealed some gaps that future researchers could focus on. One of these is to consider investigating specific cancer types and to compare work reintegration journey experiences across different genders, groups, or cultures. These recommendations aim to enhance cancer survivors' quality of life and employment outcomes, ultimately contributing to their successful work reintegration.

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Research

The specialty of cancer survivorship has been developing and growing since the mid-1980s, but the term survivor is open to debate by people living with cancer and those caring for them. Regardless of the term used, many ongoing physical, psychological, and social needs affect the quality of life for people who are living with cancer and those who have survived the disease. These needs are preferred to be addressed by the oncologist, but the survivors still want their primary care provider to play a role. In any case, survivors believe there are communication and coordination barriers between the care providers (Mayer et al., 2017). Cancer survivorship is a second life given to a person. In addition, cancer survivors face quite many challenges from their pretreatment to their post-treatment journey. They may take a long time to get back into shape.

Reintegration is a dynamic process both rearranging previous performance responsibilities and reassessing one's talents simultaneously. It is something in which survivors are active in creating a new normal and post-treatment survivor identity. Reintegration can be best described by transitional periods that may be cyclical and change over time. Lastly, multifaceted supportive networks reinforce desired outcomes predicated on important subjective and objective criteria (Ore & Foli, 2019). Towards being survived from the cancer, they were able to reintegrate to work. It is integrating back into the workforce and the process of adjusting emotionally and mentally after a significant change or trauma, such as being a cancer patient who undergoes treatment.

Despite the cancer survivor's treatment journey, they can return to work carrying the idea that they have overcome the cancer. However, resuming life

after treatment and adapting to a "new normal." 16 main studies have highlighted the significance of discovering a new normal following cancer therapy, especially for survivors.

The purpose of this study is to seek the different narratives of some cancer survivors as they returned to work or got a new job and faced different changes and factors that might affect their performance at work and other issues. This will signify the value of the factors that help them work effectively and open up promotions to enhance these factors for other people with cancer.

Survivorship

When diagnosed, survivors typically concentrate on preparatory concerns, including planning radiation treatments carefully to prevent damage to normal tissues, long-term fertility following treatment, and genetic testing and counseling. Following treatment, survivors look for solutions to their concerns, such as how to pay for care, lessen the negative effects of therapy get support, figure out work issues, and make travel arrangements. Additional problems, such as the need for follow-up care, early warning indications of late effects, and end-of-life issues, may surface toward the end of the course of therapy. By directing patients to resources that offer guidance and support, healthcare practitioners may assist their patients at every stage of survivorship in understanding these challenges and making decisions (Hoffman and Stovall, 2006).

The severe experience's challenge to the continuity of memory and the embodied self can help us understand the survivor's experience even more. There is still a lack of an acceptable survival discourse in the public realm. The hardships of survivors, especially those who have survived

cancer, are increased by this deficiency (Little, Paul, Jordens, and Sayers, 2002). Survivorship is a multifaceted concept encompassing the experiences of individuals who have endured life-altering events, particularly cancer (Peck, 2008).

For African American breast cancer survivors, survivorship means having a strong spiritual base, thriving, being resilient, and being altruistic (Davis et. al. 2016). Survivorship begins at diagnosis and continues throughout life, involving therapeutic, psychosocial, functional, and financial aspects (Malloy & Pou, 2017). Recognizing commonalities among survivors could have important implications for support groups and rehabilitation therapies (Peck, 2008).

Work Reintegration

According to the book by Waddell and Burton, titled "Is Work Good for Your Health and Well-being?" (2006), work reintegration refers to returning to work after a time of leave due to injury, sickness, or other personal circumstances. The procedure may include rehabilitation, retraining, and work environment modifications to meet the individual's needs.

Reintegration is a complex, ever-changing process that requires cultural, personal, and multidimensional modifications (Reistetter & Abreu, 2005). Their research demonstrates that reintegration includes more than simply returning to a community or employment; it also involves adapting to new conditions impacted by cultural and personal factors. This understanding is especially important when studying the job reintegration of cancer survivors because it underlines the significance of addressing both the psychological and social components rather than only the physical return to work.

Furthermore, Petersen et al. (2016) explore the

factors influencing work reintegration after long-term sick leave in their study, "Work Reintegration After Long-Term Sick Leave: Domains of Influence on Co-Workers' Ability to be Supportive." Through ethnographic research, they identify four key factors: work organization and interaction, disruption of routines, relationships with the returning worker, and attitudes toward sick leave. The study finds that social dynamics within the workplace, rather than just formal work arrangements, significantly influence the success of the reintegration process.

In the study by Reibis and other researchers, *The Importance of Return to Work: How to Achieve Optimal Reintegration in Acute Coronary Syndrome (ACS) Patients* (2019), work reintegration is defined as assisting individuals in returning to work after being absent due to reasons such as illness, injury, or other life events. Collaboration among the person, healthcare professionals, and employers is needed to guarantee a smooth and successful return to work. This procedure frequently involves adjustments, assistance services, and occasionally a phased reintegration into regular tasks to tackle the physical and mental obstacles of resuming work.

As studies started to consider psychological and social factors, the concept of work reintegration kept changing throughout the late 20th century, resulting in more extensive support initiatives. During this time, the focus shifted to a comprehensive strategy that considers social, psychological, and physical aspects of the recovery process discussed in the study of Reibis and the others, titled "The importance of return to work: How to achieve optimal reintegration in ACS Acute Coronary Syndrome patients" (2019).

Cancer Survivorship

Based on the National Cancer Institute (2019), cancer survival is a broad term that refers to a person's health and well-being from the time they are diagnosed with cancer until they die. As they say in their definition, survivorship includes all the different mental, emotional, social, and financial effects that start when someone is diagnosed and last through treatment and beyond. This method considers regular follow-up care, dealing with late effects of treatment, preventing cancer from coming back, and keeping the general quality of life high. The survivorship experience also includes how it affects family, friends, and caregivers, who are important support systems during the cancer path (National Cancer Institute, 2019)

According to the World Health Organization (2024), cancer is still one of the biggest health problems in the world. It was the second most common cause of death in 2018, with 9.6 million deaths. For men, the most common types of cancer are lung, prostate, colorectal, stomach, and liver cancers. For women, the most common types of cancer are breast, colon, lung, cervical, and thyroid cancers (WHO, 2024). Cancer is more common in low- and middle-income countries, where health systems often don't have the means to diagnose and treat patients quickly and effectively, which makes survival rates lower. As a result of improvements in early detection, quality treatment, and complete survivorship care, survival rates have increased in countries with solid healthcare systems (WHO, 2024). These differences show that more needs to be done worldwide to improve cancer care and programs for survivorship in all kinds of healthcare situations.

Moreover, Morgan (2009) says that cancer survival includes a wide range of issues, such as recurrence,

secondary cancers, and long-term treatment effects that affect quality of life. According to her study, the most essential parts of survivorship care are prevention, monitoring, intervention, and coordination. Cancer Survivorship Care Plans (CSCPs) care for all these things (Morgan, 2019). These plans are meant to provide long-term care for cancer survivors. They include information about the type of cancer, medicines, possible side effects, and suggestions for further care. CSCPs should also include ways to avoid problems, keep your health in good shape, protect you legally, and offer emotional and social support. The study stresses the importance of a multidisciplinary approach in survivorship care. It also stresses the need for more research and healthcare professionals to learn about long-term problems. Nurses are critical because they review CSCPs with patients, support suggested surveillance routines, and promote healthy behaviors that promote wellness and prevent cancer (Morgan, 2019).

18.1 million cancer survivors in the United States. That is 5.4% of the population. The number of survivors is likely to grow a lot. By 2040, the Office of Cancer Survivorship predicts that there will be 26 million survivors. 70% of these people had been alive for five years or more after being diagnosed, and 48% had been alive for ten years or more. Also, 19% of survivors had been alive for 20 years or more after being diagnosed. Over 78% of survivors are 60 years or older, and certain types of cancer make these numbers even more significant. For example, 22% of survivors of breast cancer are women, 20% are men with prostate cancer, 8% are people with melanoma, and 9% are people with colorectal cancer (Office of Cancer Survivorship, 2024).

The Philippine Institute for Development Studies (PIDS) points out that many people die of cancer too soon in the Philippines.

This is a big problem for cancer patients in that country. The PIDS says that of the 9,000 cancer-related deaths that happen every year, more than 4,000 are early or could have been avoided. This scary number clarifies that we need better early detection and management methods since acting quickly can increase survival rates. The difference in cancer mortality rates between the Philippines and places like Singapore shows how important it is to promptly stop cancer deaths that could have been avoided with thorough and easy-to-reach care programs (Espina, As of January 2022, there were about 18.1 million cancer survivors in the United States. That is 5.4% of the population. The number of survivors is likely to grow a lot. By 2040, the Office of Cancer Survivorship predicts that there will be 26 million survivors. 70% of these people had been alive for five years or more after being diagnosed, and 48% had been alive for ten years or more. Also, 19% of survivors had been alive for 20 years or more after being diagnosed. Over 78% of survivors are 60 years or older, and certain types of cancer make these numbers even more significant. For example, 22% of survivors of breast cancer are women, 20% are men with prostate cancer, 8% are people with melanoma, and 9% are people with colorectal cancer (Office of Cancer Survivorship, 2024). 2023).

Moreover, Columbres et al. (2024) say that caring for a family member with cancer causes a lot of mental and financial stress, which has significant effects on their health and finances. Over 110,000 people died of cancer in the Philippines in 2022, which shows how badly the disease affects families and funds. The Philippines is a low- and middle-income country. Over 40% of cancer patients have a tough time with money and every year; they lose about 1.1 billion PHP because they cannot work as hard as they used to. This is a clear sign of financial poison.

The traditional Filipino family structure, which includes familial solid responsibility and cost-sharing, makes these problems even worse because caregivers often have to bear a lot of financial and mental burdens, with women being more affected than men because of long-held gender roles.

Work Reintegration of Cancer Survivors

The study by Ore and Foli (2020) talks about the problems that cancer survivors face after their treatments are over, especially when they try to get back into their everyday lives. The writers describe reintegration as a changing process during which cancer survivors rethink their old roles and evaluate their skills to build a new sense of normalcy and identity. This complex process may go through different stages that change over time. Reintegration rests on having support systems inside and outside of oneself that deal with the physical, social, emotional, and spiritual parts of a survivor's life. The study stresses how important it is to provide complete care and how nurses and other healthcare professionals can help patients through this challenging process (Ore & Foli, 2020).

The study by Viseux, M., Johnson, S., Roquelaure, Y., & Bourdon, M. (2023). I looked at how managers' actions affect the process of breast cancer survivors (BCS) returning to work (RTW) and focused on the three stages of RTW: before, during, and after. The study looks at several qualitative studies to find the main themes about how managers act in these stages and how they either help or hurt BCS. Before RTW, it was emphasized how important it was for managers to have good people skills and be well-prepared. During RTW, being flexible and making accommodations were very important. After RTW, there needed to be ongoing follow-up. The study concludes that managers need to learn

Research

specific skills to help BCS through the RTW process. More research is needed to understand these skills fully.

According to a study by Levkovich, Rosman, and Signorelli (2024), going back to work after breast cancer can be challenging for school psychologists who have been through it. After talking to 28 survivors in-depth, researchers developed three main topics. First, the interruption in work continuity is significant for these advisers because they don't want to be seen as "replaceable." Second, returning to work is brutal and sudden; it's been called going "from zero to a hundred." Lastly, survivors have difficulty listening to their clients' problems while dealing with their crises. Levkovich, Rosman, and Signorelli (2024) say that school principals need to give these counselors targeted support, like training and awareness programs, to help them get back into their jobs.

The scoping study by Murnaghan, Scruton, and Urquhart (2024) looks into psychosocial interventions to help adult cancer survivors return to everyday life after they have finished treatment. The review lists six main types of interventions, such as exercise programs, peer support groups, follow-up education, and multidisciplinary methods. It stresses how important it is for these interventions to be tailored to each person. The study says that although many treatments are evaluated qualitatively, the complexity of reintegration may need to be fully captured by current quantitative tools. The authors say that more studies should be done on these kinds of interventions using various methods to determine how well they work and how easily they can be changed before they are used again.

According to Butow et al. (2020), the study is a thorough meta-review of existing qualitative

studies on cancer survivors' return to work (RTW) experiences. It shows the many challenges and reasons they face. The researchers found three main themes that affect RTW: personal factors, factors related to employment, and broader contextual factors like family, social, and cultural variables. The meta-synthesis shows that the quality of the study varies a lot and that there are significant gaps in our knowledge, especially when it comes to the experiences of male survivors, people with cancers other than breast cancer, people with low incomes, and people from different backgrounds. The results show that to be genuinely successful. Interventions meant to help cancer survivors on their RTW journey should consider this wide range of factors.

As mentioned, the study of Hatton et al. (2021) looks at the difficulties and advantages of cancer patients returning to work from the point of view of occupational therapists. Their introspective study focuses on two main themes: the difference between what cancer survivors thought they would experience and what they did, and the risks they faced during this time. Occupational therapists saw that cancer survivors, bosses, and other people didn't always realize how hard it was to deal with long-term symptoms like fatigue and memory loss. The RTW process was made even more difficult by worries like the fear of relapse, problems with sharing, and the loss of professional support from treatment. The study shows that cancer survivors need realistic goals and personalized support plans to make returning to work easier (Hatton et al., 2021).

As stated by Mohlin and Bernhardsson (2021), we look at how pathographies, or personal stories of illness, can help us understand how people with breast cancer survive and get better. Their study looks at two Swedish-language autobiographies of people who have survived breast cancer to show how different and complex the experiences were for

each person. The study shows that these stories give us a deep understanding of the mental and practical problems survivors face, which aren't always fully reflected in medical knowledge. The writers say that including such in-depth personal stories in cancer care can help doctors better understand cancer survivors' needs and develop more personalized ways to help them recover. This method tries to deal with the complicated facts of living with and after breast cancer by combining medical views with personal, story-based insights.

The qualitative study, according to Magasi et al. (2022), looks at how cancer patients deal with the long-term disabilities that come with having cancer and its treatments. The study talks in-depth with people who have survived sarcoma, breast cancer, and head and neck cancer. It shows that these people have many physical, sensory, cognitive, and mental issues that make it hard for them to live their normal lives. The study finds that people with disabilities react in different ways to being identified as disabled. These responses include rejection, othering, recognition, and affirmation. These responses show both structural and internalized ableism. The results show that cancer care workers need to stop being ableists and have open conversations about how cancer affects people for a long time so they can better help cancer survivors in their lives after treatment (Magasi et al., 2022).

Work Reintegration of Cancer Survivors in the Philippines

A qualitative study by Bosque et al. (2022) explored the experiences of Filipino working mothers who survived breast cancer, focusing on its impact on their identity, roles, and occupations. The study revealed that participants underwent stages of uncertainty, learning, and adaptation,

copied with physical and cognitive changes, such as the "chemo brain," affecting their daily responsibilities as mothers and employees. Key factors facilitating successful return-to-work experiences included job flexibility, coworker support, and family support. Financial independence and maintaining identity also motivated participants to return to work. Notably, participants rediscovered purpose, identity, and worth through their occupations. The study highlighted occupational injustice, stigma, and discrimination as significant barriers to reintegration. Recommendations include employers providing flexible work arrangements and support, healthcare providers addressing cognitive and physical changes, and policymakers promoting occupational justice and anti-discrimination laws. Future research should investigate effective return-to-work interventions.

There are different levels of job support in the Philippines that make it hard for cancer survivors to go back to work. This is because they need more helpful care. To make things even more complicated for cancer survivors, Koczwara et al. (2023) say that many different socioeconomic factors work together in complex ways. For example, the high cost of cancer care and the lack of complete programs to help people get back to work are two examples. The healthcare system in the country is still being built up, which makes it hard to get people the right help after treatment. This makes it harder for them to go back to work. To fix these issues, the Philippines needs policies and programs that offer job training, mental health support, and changes to the workplace to help cancer survivors find better job chances. Getting back into society is an integral part of nursing care that Tubaña (2024) talks about, especially for Filipinos with cancer. The idea analysis that

Research

Tubaña did makes it clear that reintegration works best when the patient is fully supported from the time they are healing until they return to their community. Reintegration is a great way to help cancer survivors deal with the unique problems they face. This is especially important in the Philippines, where finding healthcare and support services can be hard. The study shows that essential parts of reintegration needed to change from cancer treatment to a safe time after treatment. These include adaptability, support networks, and holistic care. Tubaña's study also shows how important it is to focus on improving the quality of life, freedom, and continuity of care for cancer patients, as well as looking at things like early rehabilitation and survivorship. This method is very important for improving nursing practices and patient outcomes in the Philippines, where effective reintegration strategies can greatly impact survivors' overall health and their ability to return to the community safely.

Cancer patients in the Philippines have to deal with many cultural, social, and economic problems as they try to return to work and everyday life (Ramirez et al., 2019). Cancer survivors in this area often have a hard time going back to everyday life after treatment. This is especially true when they have to deal with health issues and social obligations that won't go away. As part of the reintegration process, people work on their physical and mental health and eliminate social and economic hurdles that make it hard to get a job and live a normal life. Support systems and policies must be in place to meet these unique needs and help survivors successfully reintegrate and improve their overall quality of life (Ramirez et al., 2019).

Soriano and Calong Calong (2021) say that cancer survivors in the Philippines who are working to get back into society have a strong link between

their mental health and growth. As the study points out, Filipino women who have been told they have breast cancer often turn to their faith to help them get through the hard parts of getting better and going back to work. Not only do these spiritual activities improve mental and emotional health, they also give people a reason to live, which is very helpful for overcoming the problems that come with returning to work. Making spiritual tests a part of cancer care can help people in the Philippines get better support and speed up their healing (Soriano & Calong Calong, 2021).

One study from 2022 by Quiquiles and Mendez found that breast cancer patients in Negros Occidental who can go back to work have better mental health and a better quality of life. Their study shows that breast cancer patients who are mentally healthy also have a high quality of life. This makes it much easier for them to return to work and do everything they need to do every day. The study shows that supportive care for the mind is crucial for helping people return to work. It also shows that better emotional and mental health can make people happier with their lives and help them do their jobs better (Quiquiles & Medez, Soriano and Calong Calong (2021) say that cancer survivors in the Philippines who are working to get back into society have a strong link between their mental health and growth. As the study points out, Filipino women who have been told they have breast cancer often turn to their faith to help them get through the hard parts of getting better and going back to work. Not only do these spiritual activities improve mental and emotional health, they also give people a reason to live, which is very helpful for overcoming the problems that come with returning to work. Making spiritual tests a part of cancer care can help people in the Philippines get better support and speed up their healing (Soriano & Calong , 2021).

Methodology

The participants' demographic profiles include ages ranging from 40 to 60, with varying civil statuses (single, married, separated, and widowed), and diagnoses and recoveries spanning from 2016 to 2023. Their occupations include roles in the public sector, teaching, and overseas work.

After receiving approval from the research ethics committee, the researchers began data collection, seeking participants who had overcome cancer and reintegrated into the workplace. Participants, like Participant 1, were recruited through a social media post. Challenges such as technical issues during virtual interviews and logistical problems during face-to-face interviews, like location and scheduling conflicts, arose. Participants were fully informed about the study's goals, methods, risks, and confidentiality policies, and gave consent before participating. Interviews were conducted in comfortable, quiet locations chosen by the participants. Data was transcribed and analyzed using thematic analysis to identify key strategies and behaviors, with the findings compiled into a report.

Results

CODES	THEMES	AGGREGATE DIMENSION
Work Setting Adjustments	Adjusting to the Work Conditions	Work Arrangements
Less Strenuous Task		
Physically Fit	Balancing Fitness and Health Concerns	
Doctor's Permission		

Table 1. Objective one (1) is aligned with the various codes, which are specific factors like work setting adjustments, physical fitness, etc., grouped under the themes of adjusting to work conditions and balancing fitness with health concerns. These are then combined under the aggregate dimension of the work arrangements that help cancer survivors reintegrate into the workforce.

CODES	THEMES	AGGREGATE DIMENSION	
Family Support	Support System	Factors that Motivate Cancer Survivors to Reintegrate to Work	
Receiving Colleague's Support			
Self Support			
Government Financial Support			
Eating Healthy Food	Practicing Healthy Living and Wellness		
Avoid Alcohol			
Eat In Moderation			
Exercise			
Enough Sleep and Rest			
Manage Stress			
Connecting to Nature			
Planting			
Shopping			
Self-care	Ways of Coping		

Table 2. This table identifies key codes such as family support, healthy eating, self-care, etc., themes which are a support system, healthy living, positive mindset, and coping, and an aggregate dimension of factors motivating cancer survivors to reintegrate into work. It illustrates how various support systems, healthy practices, and personal coping mechanisms help cancer survivors manage their health needs and successfully return to work. The goal is to highlight the balance between personal well-being and job responsibilities during reintegration.

CODES	THEME	AGGREGATE DIMENSION
Workload Limitations	Facing Issues and Misconceptions	Challenges of Cancer Survivors to Work Reintegration
Colleagues Jealousy		
Self Pity		
Physical Change		
Less Travel Work Opportunity		

Table 3. This table outlines the codes related to the difficulties and support systems cancer survivors experience when returning to work. These are grouped into two main themes: the challenges of work reintegration, which include workload limitations, physical changes, and emotional struggles, and support systems, such as support from colleagues and financial assistance. These themes fall under the aggregate dimension of "Challenges and Support in the Work Environment," highlighting the barriers and resources that influence cancer survivors' work reintegration process.

Discussions

To reintegrate cancer survivors into work with success requires a holistic approach to support their health and professional needs. Thus, this study strongly emphasizes the interconnectedness of recovery in its emotional, psychological, and physical dimensions, such as needing supportive workplace policies, positive culture at work, and strength in personal and community networks. Recommendations from the current research, findings provided, the environment presented is more and inclusive in terms of support empowerment that can create a self and enable them to thrive from survivorship as they return back to work.

Integrating the provided recommendations for supporting cancer survivors into Albert Bandura's Social Cognitive Theory (SCT) offers a strong framework for promoting positive psychological profiles and facilitating successful reintegration into the workforce. Bandura's SCT emphasizes the interplay between personal, behavioral, and environmental factors in shaping individuals' actions and beliefs, particularly regarding self-efficacy—the belief in one's ability to succeed (Stacey, et al., 2015).

Returning to work after cancer treatment requires a holistic approach that encompasses psychosomatic, emotional, physical, and social support systems. Bandura's SCT emphasizes the role of social networks in influencing behavior; therefore, creating a supportive workplace community can facilitate smoother reintegration for survivors. By engaging peers and mentors who understand their experiences, survivors can rebuild their professional identities and regain purpose (Shim, et al., 2019).

Besides emotional and social support, cancer

survivors must be educated on lifestyle changes to help them stay healthy. Counseling on nutrition, physical activity, and stress management is essential to ensure survivors have the knowledge and resources to care for themselves while performing their professional roles. Programs for employee assistance can be expanded into counseling, career coaching, and health management services so survivors can stay supported in their plans to reintegrate.

Another important role is faith and spirituality in the emotional resilience of cancer survivors. Spiritual wellness programs can also be accessed to strengthen coping mechanisms further so that survivors can draw upon their personal beliefs for strength during trying times. It will also help create an environment where colleagues and supervisors are trained to understand the unique challenges faced by cancer survivors, promoting empathy and support at work.

Finally, empowering survivors to take ownership of their recovery through self-care and personal accountability is essential for their reintegration success. Self-empowerment boosts confidence and fosters a sense of independence, encouraging survivors to manage their health and career goals actively. The creation of mentorship programs and support networks will also enable survivors to connect with others, share their experiences, and gain the strength to move forward.

In conclusion, returning to work as a cancer survivor calls for a psychosomatic, emotional, physical, and social support framework. Implementing the recommendations offered in the study will go a long way in the creation of a supportive workplace that doesn't only encourage the returning of cancer survivors but also aids them in maximizing their careers along with health. This comprehensive approach will assist survivors in

rebuilding their lives professionally, recovering their purpose, and contributing meaningfully to the workforce. Moreover, leveraging Bandura's Social Cognitive Theory provides a comprehensive framework for supporting cancer survivors as they return to work. By promoting positive psychological profiles through resilience-building initiatives, implementing supportive policies, and fostering a holistic support system, employers can significantly enhance the reintegration process. This multifaceted approach not only aids survivors in maximizing their careers but also contributes meaningfully to their overall well-being and quality of life, aligning with the goals of modern psychosocial interventions.

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