Intervention Model of Returning to Work Based on the Experience of Breast Cancer Patients

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Abstract

Background: Currently, the breast cancer has become one of major threats to females' health. However, the percentage of returning to work is low for those breast cancer patients in China. Return to work is beneficial for breast cancer patients to help them realize social rehabilitation.

Purpose: To explore and build up the intervention model of returning to work based on the experience of breast cancer patients, it can provide help and guidance for relevant personal.

Methods: A total of fourteen breast cancer patients who had returned to work voluntarily participated in the semi-structural interviews. The results of interviews were analyzed according to the Colaizzi's phenomenological analytic procedure.

Results: The analysis indicates that the following five parts could have the positive effects on the returning to work of breast cancer patients: (1) overcoming negative emotions, (2) rebuilding confidence, (3) correcting mentality and establishing goals, (4) obtaining all-around social support, and (5) seeking balance between body and work. Based on these aspects, the requirement model and the innovative intervention model of returning to work for breast cancer patients were separately built up to provide help and guidance for relevant personnel.

Conclusions: Breast cancer patients successfully returned to work, which required the own internal strength and the powerful external support. Their internal determination should be strengthened to initiate the belief of returning to work, and the external environment should also be enhanced to benefit their employment. In addition, the continuous professional guidance should be implemented to maintain their healthy behaviors and high quality of life.

Introduction

At present, the breast cancer is one of the most common malignant tumors among female group in China [1]. However, with the development of medical technology, the long-term survival probability of breast cancer patients after being medically intervened has obtained the great improvement [2–4]. Based on the report of Chinese National Cancer Registry, although the almost 269000 females were diagnosed with breast cancer in 2015, the nearly 74% of them survived [5]. Consequently, so far a large number of long-term breast cancer survivors have been existence in China [6].

To make breast cancer patients physical-mental health and enjoy high quality of life, the social activities are indispensable to those recovering patients. Abundant studies pointed out that the returning to work of these recovering patients would have a positive effect on enhancing their physical and mental status, the economic income of family and so on; moreover, it is also an important factor for them to enjoy high quality of life after operation [7]. Returning to work refers that the breast cancer patients are back to their previous lives and daily activities, which is a vital step for the breast cancer patients to recover health. It is also beneficial for the breast cancer patients to embody the personal sense of value, reconstruct the daily rhythm between work and spare time, retains societal connections with others, improve the survival skills of individual, and shape healthy personality [8–9]. All these benefits from returning to work are helpful for the breast cancer patients to completely recover health [10]. As a result, it is of great significance to encourage the convalescing breast cancer patients to return to work as soon as possible and further accelerate their recovery. However, it could be found based on incomplete statistics

that the percentage of the returning to work for Chinese breast cancer population after being treated is not high compared to other countries [11–14].

Meanwhile, some studies also reported the effect of other factors on the returning to work of breast cancer patients [15–17], and they can be divided into positive factors and negative factors based on their contribution to the recovery of survivors. Positive factors include a high level of education, loss of spouse, social support from related people (friends, family and colleagues), significance of work for individuals, family history of breast cancer, and so on. Negative factors are composed of a high age (>50 years old), a low level of income and education, lack of support from related people (colleagues, employers and physicians), psychological pressure and physical effort from work, self-blame from illness and treatments, a slow or incomplete process of recovery, recurrence and metastasis of breast cancer, and other complications.

Until now, the few studies were performed on the returning to work for the breast cancer patients in China, and the unambiguous intervention model of returning to work for breast cancer patients was not existence, which can directly provide the help and guidance for the survivors of breast cancer and medical staffs. Therefore, it is necessary for Chinese breast cancer patients to carry out the further research of returning to work. In this paper, a total of fourteen breast cancer patients who had the extensive experience of returning to work were regarded as research subjects. Finally, an intervention model of returning of working based on the experience of breast cancer patients was built up by analyzing the interview results, and this model could provide some valuable references for breast cancer patients and relevant healthcare workers. Meanwhile, it was convenient for recovering breast cancer patients to return to work as soon as possible.

Material And Methods

Interviewees

Breast cancer patients who came to hospital for reexamination were screened to select appropriate interviewees in a tertiary hospital of Zhengzhou City, Henan Province, China. According to the method of intentional sample and the principle of data saturation, the medical records of fourteen breast cancer patients who had undergone surgery were reviewed. The criteria for their inclusion were as follows: (i) the first diagnosis as I to III stages of breast cancer without other malignant tumors, (ii) the age of patients between 18 and 55 years old, (iii) the duration of returning to work (including change employers or work positions) more than 2 months, and (iv) no mental illness, barrier-free communication, and voluntary participation in the face-to-face interview. In addition, it should be emphasized that all interview subjects must be breast cancer patients themselves.

Data collection

The methods of phenomenology research were applied to perform in-depth semi-structural interviews with fourteen breast cancer patients meeting the criteria. The interview outlines are presented in Table 1. During the process of interview, the interviewees were encouraged to bravely express inner thoughts in their own opinions. Each patient was interviewed no less than once, and each time of interview lasted at least 30 to 45 minutes. All contents of interviews were recorded and the corresponding notes also were written down by the interviewer. It should be noted that the contents of follow-up interviews would be adjusted based on the analytical results of previous interviews.

Table 1
Semi-structured interview outlines

Interview questions
1. How did you successfully achieve the returning to working after treatment? What were your feelings during this process?
2. What problems did you encounter during the returning to work? How did you solve them?
3. What changes or adjustments have you made after you returned to work?

Data analysis

After each interview was finished, the interviewer listened to the sound recording repeatedly and transcribed them into the text within 24 hours. Colaizzi's [18] 7-step analytical method of phenomenological data was applied to deal with the results of the interviews.

Results

1. Experimental research based on interview

A total of fourteen breast cancer patients who had the experience of returning to work participated in this study. All interviewees were speaking-Chinese females and their ages ranged from 30 to 55 years old. The relevant information of the participants is listed in Table 2. The experiences of returning to work for interviewees could be divided into five aspects.

Table 2
Demographics and disease-specific characteristics of participants (n=14).

Code ID	Age	Education level ^a	Marital status	Children number	Residence location	Type of surgery ^b	Medical Insurance ^c	Employment ^d	Duration of returning to work (months)
S01	38	T or A	Married	1	City	TM	EMI	EWC	3
S02	40	T or A	Married	2	Town	TM	EMI	IS	6
S03	55	S	Married	3	Town	RM	RMI	SE	30
S04	54	T or A	Married	1	City	BCS	EMI	CS	8
S05	46	T or A	Married	1	City	TM	EMI	IS	10
S06	32	S	Married	0	City	BCS	NRCMC	EWC	6
S07	43	S	Married	1	City	RM	EMI	IS	4
S08	30	S	Married	1	Town	TM	RMI	EWC	2
S09	44	P	Married	1	Rural	TM	NRCMC	W	25
S10	42	P	Married	2	Rural	RM	NRCMC	W	11
S11	43	S	Married	1	Town	TM	RMI	EWC	7
S12	39	T or A	Married	2	City	RM	EMI	EWC	13
S13	49	P	Divorced	2	Town	RM	NRCMC	W	4
S14	45	S	Married	2	Town	BCS	EMI	IS	18
Notes:									
^a In the column of education level, the T or A, S, and P are representative for the tertiary or above, secondary and primary, respectively.									
^b In the column of type of surgery, the TM, RM, and BCS separately stand for the total mastectomy, radical mastectomy and breast-conserving surgery.									
^c In the column of medical insurance, the EMI, RMI, and NRCMC represent the employee medical insurance, resident medical insurance and new rural cooperative medical care, respectively.									
^d In the column of employment, the EWC, IS, SE, CS and W are the enterprise white collar, institutional staff, self-employment, civil servant and worker, respectively.									

1.1 Overcoming negative emotions

The resulting interview indicated that although the corresponding information of fourteen interviewees was obviously distinct, the half claimed that they experienced negative emotions and self-enclosure. For example, after a series of treatments (surgery, radiotherapy, and chemotherapy) were implemented, many of them still cannot accept the fact that they have been a breast cancer patient. Meanwhile, they often worry about the recurrence of breast cancer and being treated unfairly from the outside so that they fall into the negative emotion. As a result,

they were unwilling to connect with the neighboring people, and it discouraged them from returning to work. However, it should be emphasized that although the overcoming negative emotions requires the powerful persistence, it is able to bring about the positive effect on returning to work of breast cancer patients.

Patient S03: "After I was diagnosed as breast cancer, I suffered and depressed, and it felt like the end of the world. I lost interest in everything. However, I am the person who refuses to failure. Therefore, I made me busy so that I did not have free time to consider other things. After that my body and emotions slowly got better."

1.2 Rebuilding confidence

Many interviewees described that the inner state of boredom and loneliness would remain a long time after they were diagnosed with breast cancer, and it was not conducive to overcoming their psychological dilemmas, and only further exacerbated their inner fear of returning to work. Nevertheless, when they gradually rebuilt the confidence, it was recognized for them that the returning to work was a more positive lifestyle for their follow-up rehabilitation. Subsequently, they experienced more deeply that the positive lifestyle played a crucial role in facilitating them to integrate into society and enjoying a high life quality.

Patient S01: "I stayed at home for one year after I accepted treatment, and it made me feel empty and cut off from the world. Subsequently, I realized that I didn't return to work due to non-confidence. Finally, I rebuilt my confidence to obtain the courage of returning to work."

1.3 Correcting mentality and establishing goals

1.3.1 Brave facing breast cancer

The interviewees stated that they should be independent to deal with the problems encountered in the process of their recovery, bravely communicate with the outsiders, eliminate the passive thoughts in time, and maintain a good mental state at all time.

Patient S04: "Subsequently, I was aware of the fact that I could not escape breast cancer and had to accept it. Over time, I found that it was not difficult to speak my disease up, and I no longer regarded it as my privacy."

1.3.2 Establishing the goal of returning to work

Most interviewees emphasized the importance of establishing goal of returning to work for breast cancer patients. At this time, they have broken through the psychological constraints, rebuilt the confidence of returning to work, and believed that they could re-integrate into society.

Patient S13: "In order to keep my heart full, I decided to go back to work, which was benefit for me to integrate into society. If I always stayed at home so that I didn't have my own life circle to contact with the outsiders."

1.4 Obtaining all-around social support

1.4.1 Support of emotion from relatives, friends, and spouses

Liang et al. [19] and Wei et al. [20] studied the effect of emotion support on the rehabilitation of breast cancer patients. The results demonstrated that the support of emotion from families, especially spouses, played an important role in the physical and psychological rehabilitation of breast cancer patients. Meanwhile, many of the

interviewees in this study also pointed out that the support of emotion from their spouses and other family members was indispensable during their returning to work.

Patient S06: "I have been working at home for a long time. The main reason is that my husband looks after me very much. Although he doesn't stay with me all the time, I have always in his heart. Consequently, I think that the biggest support for me was from husband, parent and children."

1.4.2 Help from managers and coworkers

The survivors of breast cancer were inevitable to contact with managers and coworkers during the returning to work. Therefore, the understanding and help from managers and coworkers can contribute breast cancer patients to put into work successfully.

Patient S09: "I told my manager that I was in poor health. They arranged a slightly lighter job for me to deal with some written work. In this way, I successfully went back to work again."

1.4.3 Guidance and recognition from professionals

Breast cancer patients clearly claimed that the guidance and recognition from medical professionals could strengthen their self-confidence of returning to work. This is due to their bodies being in a state of recovery, and the overwork is not conducive to the improvement of disease during the returning to work. If they could obtain the guidance and recognition of the returning to work from professionals during the rehabilitation of bodies, this would timely eliminate their inner fear and burden so that they are more willing to returning to work. Therefore, the guidance and recognition of medical staffs (doctors and nurses) is a prerequisite for breast cancer patients to successfully return to work.

Patient S14: "I have a classmate who works in the hospital. She has been paying attention to my physical and mental states after treated. She has been giving me some guidance and advice about life and future work since I was discharged from the hospital. Her professional knowledge helped me a lot."

1.5 Seeking balance between body and work

1.5.1 Adjusting the mentality of occupation

The results of interviews showed that breast cancer patients had different mentality on their occupation after returning to work. They would select the job based on the state of bodies, and pay more attention to the value experience brought by the work process.

Patient S05: "Compared to before, my attitude towards work changed. I used to regard work as a task, and now I consider it as a way to make myself happy."

1.5.2 Managing own health actively

The breast cancer patients experienced a period of treatment and rehabilitation; when they returned to work, their health literacy has been improved. They realized the importance of self-management for life, work, and health, and actively managed these factors to further improve health.

Patient S10: "Now I deliberately make my daily rhythm slow, and pay special attention to the combination of work and rest. It is deeply realized for me that the body is the premise of everything and must keep healthy."

2 Models of return to work based on the interview with breast cancer patients

2.1 Requirement model of returning to work for breast cancer patients

Fig. 1 depicts the requirement model of returning to work for breast cancer patients, which is proposed based on the results of interviews. It can be observed that the requirement model mainly consists of overcoming negative emotions, rebuilding confidence, correcting mentality and establishing goals, obtaining all-around social support, and seeking balance between body and work, in which the overcoming negative emotions is the most fundamental step to successfully return to work for breast cancer patients. Once the inner negative emotions of breast cancer patients are overcome, they will rebuild self-confidence, and further urge them to correct mentality and establish goals. When the inner conditions of returning to work for breast cancer patients are satisfied, the outer environment of returning to work should also be optimized, containing obtaining all-round social support, seeking the balance between body and work and so on. Obtaining all-round social support contributes to eliminate the resistance encountered in returning to work for breast cancer patients, and successfully get an interested position. Seeking the balance between body and work can ensure the work intensity within the allowable range of their bodies, and it can make that they engage in the work for a long time. Consequently, the inner factors and outer environment are equally important during the returning to work for breast cancer patients, and they should be understood for the patients, medical staffs and related social personnel. From the patients, medical staffs to the related social personnel should take action to help the returning to work for the breast cancer patients.

2.2 Intervention model of returning to work for breast cancer patients

The intervention model of returning to work for breast cancer patients is depicted in Fig. 2, which is proposed on the basis of the requirement model of returning to work for them. As shown in Fig. 2, the inner loop (black arrows) was the require model of returning to work for breast cancer patients, and the outer loop (white arrows) was the intervention methods of returning to work for them. The intervention methods were recommended from the following aspects, containing the cognitive behavior therapy, adjusting the mentality of occupation, improving the self-management ability, getting support from the relative, spouses, managers, coworkers, doctors and nurses, providing a good social environment and so on. The cognitive behavior therapy is a method with the help of external force, which contributes to master own illness condition, rebuilding self-confidence and taking the next actions for the breast cancer patients considering to return to work. Adjusting the mentality of occupation is also indispensable for breast cancer patients before the returning to work, and it is conducive to eliminate their negative emotions from cancer and seek the balance between body and work in advance. Additionally, getting the support of returning to work from relative, spouses, managers, coworkers, doctors and nurses is important link for breast cancer patients; because the support of medical staffs represents the affirmation of the patient's recovery, the support of spouse and relative can help rebuild self-confidence, and give them the courage of returning to work, the support of managers and coworkers can provide a good working condition and share some work beyond the physical ability of breast cancer patients. Meanwhile, a good social environment is also vital for breast cancer patients to return to work, because the sincere eyes and assistance from society can confirm their confidence of returning to work, make it easier for them to integrate into society, and get out of the negative emotions of breast cancer. Last but not least, the improving self-management ability for breast cancer patients also plays a critical role during their returning to work due to the seeking balance between body and work; the physical condition of breast

cancer patient varies from one to another, and only the patient's own subjective feeling is the most intuitive embodiment of his own physical condition; therefore, the improving self-management ability for breast cancer patients can make them work for a long time. Consequently, to provide guidance and help, an innovative intervention model of returning to work was recommended based on the successful experience of returning to work for the breast cancer patients interviewed.

Discussion

In this paper, the successful experience of returning to work for breast cancer patients was innovatively analyzed, and it focused on the effect of some main factors on the returning to work for breast cancer patients. Moreover, the require model and the intervention model of returning to work were separately developed according to the effect of various factors.

Effect of inner power and favorable external conditions

The successful experience of returning to work shows that the inner power and the favorable external conditions were indispensable for breast cancer patients. First of all, the inner power means that the breast cancer patients need to overcome negative emotions, rebuild confidence of returning to work, and then establish a positive attitude. After returning to work, they must learn how to balance between their body and work. The external conditions mainly include all-around social support from friends, relatives, colleagues, work managers and medical staffs. This implies that clinical nurses should firstly consider the psychological issues of breast cancer patients in their process of returning to work. Additionally, the perceptions of patients about their own diseases and life should be enhanced after cognitive behavioral therapy, and this can help them rebuild confidence during returning to work. Furthermore, nurses, doctors, and rehabilitation therapists should encourage and guide patients at the same time of returning to work to ensure smooth progress during treatment and rehabilitation. Meanwhile, their relatives (especially spouses), friends, and work colleagues should take the initiative to support them, and the medical teams should also provide long-term follow-up.

Effect of public's acceptance

The study results present that it is crucial for the returning to work of breast cancer patients to obtain the support from relatives and colleagues, and this conclusion is consistent with the research results of Liu et al. [21]. Meanwhile, they also pointed out that the degree of support from managers and coworkers had a great effect on the returning to work of breast cancer patients. In addition, other studies also concluded that the proportion of low-income patients returning to work was significantly lower than that of high-income patients, which was not favorable to return to work for patients with high employment demands [22].

These conclusions illustrated that the returning to work of breast cancer patients was not merely dependent on the strength of individuals and their families, and it was best to obtain the participate of the whole society. In order to make more breast cancer patients return to work, it is necessary to expand the publicity of breast cancer knowledge and increase public awareness of breast cancer so that the acceptance of returning to work for breast cancer patient is substantially improved. In addition, social workers and other related professionals should support the employment of breast cancer patients and provide a good social environment to promote their returning to work.

Effect of self-management ability

After returning to work, breast cancer patients face the double challenges of physical and work, only can the active self-management for body recovery maintain their on-the-job status.

As the main force of health education implementation, nursing staff can combine the hospitals and the community to strengthen the continuity of breast cancer rehabilitation care. Psychologically, breast cancer patients should be instructed to learn the skills of psychological adjustment, because good psychosocial adaptability not only can improve their quality of life [23-25], but also stimulate their subjective initiative, and further encourage them to actively carry out self-management. In terms of knowledge and skills, the education and the guidance should be carried out according to the characteristics of individuals, work nature, and lifestyle to improve self-management effectiveness.

Conclusion

Returning to work not only plays a crucial role for the health recovery of breast cancer patients, but also can compensate for family expenses. However, due to the lack of knowledge about returning to work for breast cancer patients, the proportion of returning to work for breast cancer patients in China has been very low. Therefore, in this paper, the fourteen breast cancer patients who had successfully return to work were selected as research object to explore their experience, which would be applied to guide the returning to work of breast cancer patients. The following conclusions can be drawing:

- (1) Returning to work is constrained by both the inner state of breast cancer patient and the external environment.
- (2) Returning to work of breast cancer patients requires five conditions, overcoming negative emotions, rebuilding self-confidence, correcting mentality and establishing goals, obtaining all-around social support, and seeking balance between body and work. The requirement model of returning to work for breast cancer patients was developed based on these five conditions, which can provide guidance and help for them at different stages of returning to work.
- (3) In order to make breast cancer patients successfully return to work, the authors recommended five intervention methods to promote this process, and they consisted of cognitive behavior therapy, adjusting the mentality of occupation, getting support from relatives, spouses, managers, coworkers, doctors and nurses, a good social environment, and improving self-management ability. According to these five intervention methods, an innovative intervention model of returning to work for breast cancer patients was proposed to accelerate their returning to work.

In this research result, the requirement model and the intervention model of returning to work were firstly proposed for breast cancer patients in China. The authors believe that these conclusions can help and guide breast cancer patients to accelerate their returning to work; as a result, the proportion of returning to work for breast cancer patients in China will significantly increase. However, in this research, the total samples of interview were limitary, and the intervention of returning to work is in progress to check the validity of the intervention model, which will be deeply analyzed in the following study.

Declarations

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Author contribution

Conception and design: Huili Cao and Kun He.

Collection and assembly of data: Huili Cao.

Data analysis and interpretation: Huili Cao and Kun He.

Manuscript writing: Huili Cao: writing original draft; Kun He: writing review and editing.

Final approval of manuscript: All authors.

Accountable for all aspects of work: All authors.

Data availability

The study database and the full results of the analysis can be consulted through the corresponding author.

Code availability

N/A

Ethics approval

The study was approved by the Zhengzhou University Ethics Committee.

Consent to participate

All participants signed the informed consent prior to information about the study and before participating in the interviews.

Consents for publication

All participants gave their consent to the use of their data in a publication.

Conflict of interest

The authors declare no competing interests.

References

1. Akaroloanthy SN, Ogundiran TO, Adebamowo CA. Emerging breast cancer epidemic: evidence from Africa. *Breast Cancer Res.* 2010;12 Suppl 4(4):1–4.
2. Jia MM, Zheng R, Zhang S, et al. Female breast cancer incidence and mortality in 2011, China. *J Thorac Dis.* 2015;7(7):1221–1226.

3. Parry C, Kent EE, Mariotto AB, et al. Cancer survivors: a booming population. *Cancer Epidemiol Biomarkers Prev.* 2011;20(10):1996–2005.
4. DeSantis CE, Lin CC, Mariotto AB, et al. Cancer treatment and survivorship statistics, 2014. *CA Cancer J Clin.* 2014;64(4):252–271.
5. Ferlay J, Soerjomataram I, Dikshit R, et al. Cancer incidence and mortality worldwide: sources, methods and major patterns in GLOBOCAN 2012. *Int J Cancer.* 2015;136(5): E359–386.
6. Zheng Y, Wu CX, Zhang ML. The epidemic and characteristic of female breast cancer in China. *China Oncol.* 2013;23(8):561–569.
7. Seifart U, Schmielau J. Return to Work of Cancer Survivors. *Oncol Res Treat.* 2017;40(12):760–763.
8. Paul KI, Batinic B. The need for work: Jahoda's latent functions of employment in a representative sample of the German population. *J Organ Behav.* 2010;31(1):45–64.
9. Chirikos TN, Russell-Jacobs A, Cantor AB. Indirect economic effects of long-term breast cancer survival. *Cancer Pract.* 2002;10(5):248–255.
10. Spelten ER, Sprangers MA, Verbeek JH. Factors reported to influence the return to work of cancer survivors: a literature review. *Psychooncology.* 2002;11(2):124–131.
11. Luo SX, Liu JE, Xiao SQ. Research status of returning to work of breast cancer survivors. *Chin Nurs Manag.* 2016;12(2):199–202.
12. Balak F, Roelen CA, Koopmans PC, et al. Return to work after early-stage breast cancer: a cohort study into the effects of treatment and cancer-related symptoms. *J Occup Rehabil.* 2008;18(3):267–272.
13. Yuan YX, Yuan ZP, Shi H, et al. Investigation of general rehabilitation condition in breast cancer patients. *Chin J Clin Oncol Rehabil.* 2005;12(5):473–476.
14. Wang ML, Liu JE, Wang HY, et al. Posttraumatic growth and associated socio-demographic and clinical factors in Chinese breast cancer survivors. *Eur J Oncol Nurs.* 2014;18(5):478–483.
15. Fantoni SQ, Peugniez C, Duhamel A, et al. Factors related to return to work by women with breast cancer in northern France. *J Occup Rehabil.* 2010;20(1):49–58.
16. Drolet M, Maunsell E, Brisson J, et al. Not working 3 years after breast cancer: predictors in a population-based study. *J Clin Oncol.* 2005;23(33):8305–8312.
17. Tamminga SJ, de Boer AG, Verbeek JH, et al. Breast cancer survivors' views of factors that influence the return-to-work process—a qualitative study. *Scand J Work Environ Health.* 2012;38(2):144–154.
18. Colaizzi P. Psychological research as the phenomenologists view it. Oxford, UK: Oxford University Press; 1978. pp. 48–71.
19. Liang XF, Yin AC. Family Support for Breast Neoplasms Survivors in Coping with Psychological Stress. *Med Philos.* 2013;34(6):68–70.
20. Wei XL, Xiang M, Gong W. Study of the Correlationship between Social Supports and Caregiver Burden among the Spouse of the Patients with Breast Cancer. *Nurs J Chin PLA.* 2016;33(1):7–10.
21. Liu LJ, Han Y, Yang JH. Correlation between quality of life and social support in elderly breast cancer patients. *Chin J Gerontol.* 2012;32(8):64–65.
22. Blinder V, Eberle C, Patil S, et al. Women With Breast Cancer Who Work For Accommodating Employers More Likely To Retain Jobs After Treatment. *Health Aff (Millwood).* 2017;36(2):274–281.

23. Pettiford J, Felts S, Wischkaemper E, et al. A Bio-Psychosocial Intervention Program for Improving Quality of Life in Breast Cancer Survivors - Final Outcome of a Prospective Randomized Trial. *Breast J.* 2017;23(5):537–544.
24. Kenne SE, Browall M, Persson LO, et al. Relationship of sense of coherence to stressful events, coping strategies, health status, and quality of life in women with breast cancer. *Psychooncology*, 2013;22(1):20–27.
25. Alcorso J, Sherman KA, Koelmeyer L, et al. Psychosocial factors associated with adherence for self-management behaviors in women with breast cancer-related lymphedema. *Support Care Cancer.* 2016; 24(1):139–146.

Figures

Figure 1

Requirement model of returning to work for breast cancer patients.

Figure 2

Intervention model of returning to work for breast cancer patients.