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UAMS Study Finds Cancer Treatment Creates Employment Difficulties for Some Rural Women

LITTLE ROCK — Rural women are likely to face significant challenges finding secure and reliable employment following cancer treatment if they did not already have a secure job at the time of their diagnosis, according to a new study led by University of Arkansas for Medical Sciences (UAMS) researchers.

The study, which was published in the *[Journal of Cancer Survivorship](#)*, analyzed facilitators and barriers to employment for rural women who survived cancer and how benefits such as paid time off and a supportive work environment can help those women retain employment during and after treatment.

According to the National Cancer Institute (NCI), there are an estimated 17 million cancer survivors in the United States. Studies show that nearly half of the cancer survivors in the country are working age (between 20-64) at the time of their diagnosis.

“Employment offers important benefits, from financial stability to improved mental health, but many cancer survivors struggle to return to work or to work full-time after cancer treatment,” said Emily Hallgren, Ph.D., with the UAMS Office of Community Health and Research. “Given the important benefits of work for individuals, families and society, it’s important to understand what keeps cancer survivors from working after cancer treatment as well as what helps them succeed in the workforce.”

Researchers interviewed women cancer survivors living in rural areas to determine benefits and challenges related to post-treatment employment.

Data showed that securely-employed participants who had full-time jobs with employment benefits such as paid time off and health insurance were more likely to retain their jobs through treatment. They also reported other informal benefits, such as flexible schedules, the ability to work from home and close relationships with co-workers and supervisors formed by a long period of employment.

Participants with insecure employment histories – such as part-time or temporary work, often without employment benefits – faced significantly more challenges returning full-

time to the workforce. While some had paid sick time, they reported that it generally wasn't adequate enough for their treatment and recovery needs, and that other stressful job requirements made working through treatment more challenging. Other barriers to employment during and following cancer treatment included compromised immune systems, long-term treatment effects, limited job opportunities in rural areas, and stigma and discrimination.

“Some of our participants worked as babysitters or in schools, and their immune systems were at risk during and even after treatment,” Hallgren said. “Without employment protections or accommodations, they had to leave their jobs. Others said they felt discriminated against in future job interviews, like their cancer diagnosis was seen as a burden or a liability.”

Currently, the United States has two policies to protect employment for people diagnosed with disabling illnesses such as cancer: the Americans with Disabilities Act (ADA) and the Family Medical Leave Act (FMLA). However, those policies do not apply to temporary or informal workers or many small businesses, which may have a greater impact on rural survivors.

“Our findings highlight the need for robust supports for employees who are facing a serious illness, especially paid medical leave for all workers,” Hallgren said. “And if someone does lose or leave their job during cancer treatment, they should be connected with job placement services if they want to return to work.”

As advancements in cancer detection and treatment lead to greater chances of recovery, the NCI estimates that there will be more than 22 million cancer survivors in the country by 2030. More than two-thirds of cancer survivors now live five years or longer after diagnosis. For more information, visit [cancer.gov](https://www.cancer.gov).

UAMS is the state's only health sciences university, with colleges of Medicine, Nursing, Pharmacy, Health Professions and Public Health; a graduate school; a hospital; a main campus in Little Rock; a Northwest Arkansas regional campus in Fayetteville; a statewide network of regional campuses; and seven institutes: the Winthrop P. Rockefeller Cancer Institute, Jackson T. Stephens Spine & Neurosciences Institute, Harvey & Bernice Jones Eye Institute, Psychiatric Research Institute, Donald W. Reynolds Institute on Aging, Translational Research Institute and Institute for Digital Health & Innovation. UAMS includes UAMS Health, a statewide health system that encompasses all of UAMS' clinical enterprise. UAMS is the only adult Level 1 trauma center in the state. *U.S. News & World Report* recognized UAMS Medical Center as a Best Hospital for 2021-22; ranked its ear, nose and throat program among the top 50 nationwide for the third year; and named five areas as high performing — colon cancer surgery, diabetes, hip replacement, knee replacement and stroke. *Forbes* magazine ranked UAMS as seventh in the nation on its Best Employers for Diversity list. UAMS also ranked in the top 30% nationwide on *Forbes'* Best Employers for Women list and was the only Arkansas employer included. UAMS has 3,047 students, 873 medical residents and fellows, and six dental residents. It is the state's largest public employer with more than 10,000 employees, including 1,200 physicians who provide care to patients at UAMS, its regional campuses, Arkansas Children's, the VA Medical Center and Baptist Health. Visit www.uams.edu or www.uamshealth.com. Find us on [Facebook](https://www.facebook.com/uams), [Twitter](https://twitter.com/uams), [YouTube](https://www.youtube.com/uams) or [Instagram](https://www.instagram.com/uams).

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