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Experiences of positive career change amongst female breast cancer survivors: An Interpretative Phenomenological Analysis

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Suggested running head: Breast Cancer survivorship and positive career change

Abstract

This article reports on women's experiences of career change following a breast cancer diagnosis and explores whether their illness represents the driving force to pursue previously unfulfilled career ambitions. The participants were four women who had been diagnosed with breast cancer and had changed career direction after their treatment. Data were conducted through in-depth interview and were analysed using Interpretative Phenomenological Analysis. Four themes prominent throughout each women's narrative were identified: (i) a pre-diagnosis, unhappiness at work, (ii) a sense of stepping off the treadmill, (iii) a sharp focus upon their 'self' and subsequently (iv) a flourishing 'work-life'. Further research is needed to investigate how common these findings are amongst women with breast cancer.

Keywords: breast cancer, IPA, career change, career construction theory, post-traumatic career growth

Introduction

An increasing number of women who have survived breast cancer are in the workforce. One in seven women in the UK will be diagnosed with breast cancer (Raque-Bogden et al., 2015), and thanks to medical advances 78% of these women will survive ten years or more (Cancer Research UK, 2019). Despite our understanding of the monumental impact that breast cancer diagnosis and treatment have on women's lives, there is scant research that has focused on the career experiences of these women. This study responds to calls in the literature for a greater understanding of the impact that breast cancer diagnosis and treatment has on women's career choices (Raque-Bogden et al, 2015), examining, in-depth, the experiences of four women who have undergone breast cancer treatment and decided, as a result of their illness, to change the career paths.

Career challenges following cancer

Cancer has been shown to have a major impact on survivors' experience of and feelings about work. Previous research focused on the challenges that women face in their return to work following breast cancer, has identified the negative impacts of physical and emotional impairments, finding that women identify barriers related to support, communication, work environment, discrimination, insecurity and work ability (Bijker et al., 2018, Greidanus et al, 2018; Raque-Bodgen et al., 2015; Zomkowski et al, 2019).

Female breast cancer survivors generally report wanting to return to their previous roles, to regain their old normality as quickly as possible (Tiedtke et al., 2010), but this is not always possible. Stepanikova et al. (2016) found that many long term cancer survivors experienced 'career derailment', finding that they could not continue with their existing career paths, and had no choice but to retire or find a completely new way to earn a living. Stewart et al., (2001) found that 18% of the breast cancer survivors they surveyed reported being compelled to make a career change, and a further 5% of their participants were constrained in a different way, reporting that they were afraid to make a career change in case they became ill again.

Some women, however, report making positive career changes as a result of their cancer diagnosis. Stewart et al., (2001) reported that 6.5% of the cancer survivors they surveyed reported a positive career change. Several qualitative studies link positive post-cancer career changes with a re-appraisal of life, priorities and self, suggesting that the cancer can lead to a process of reflection in which survivors re-assess who they are and what kind of life they want to lead, and can help them to find meaning from their experiences (De Blasi, Bouteyre & Rollin, 2018; Drake & Urquhart, 2019; Saarelainen, 2017). In one study uniquely focusing specifically on the career development of young breast cancer survivors in the US, Raque-Bodgen et al (2015) revealed prominent themes linked to 're-appraisal of career development' and 'career and life satisfaction'. Participants' re-appraisal of their career included an increased desire for an enhanced work-life balance involving more passionate work. The participants referred to cancer as a personal sacrifice upon their career, increasing their desire to embrace a more meaningful, mindful life, 'rather than continuing to postpone their engagement with what brings them happiness as they pursue lifelong goals' (Raque-Bogden et al, 2015, p. 666).

These positive outcomes align with the concept of post-traumatic growth which refers to positive change that can occur following a significant and demanding life event, including enhanced appreciation of life, personal strength and re-prioritisation (Tedeschi & Calhoun, 2004). Post traumatic growth, by definition, is not merely a return to the status quo, but involves a radical re-assessment of one's 'assumptive world,' whereby the building blocks to our understanding of life and identity are challenged (Janoff-Bulman, 1992; Tedeschi & Calhoun, 2004).

Multiple studies have identified post-traumatic growth in cancer survivors. Rowland (2008, p.364) talks of a metaphorical 'silver-lining' for cancer survivors, referring to 'benefit finding' and 'post-traumatic growth,' whereby 'the confrontation with cancer can result in an increased sense of mastery and self-esteem, an opportunity to review priorities, and an enhanced or deepened appreciation of life'. Studies exploring post-traumatic growth specifically with breast cancer survivors have found that meaning making had a profound impact on their sense of self and their life roles (Raque-Bogdan et al., 2018), and that it is positively correlated with survivors' perceptions of tangible and emotional support, appreciation of life (Cordova, Cunningham, Carlson, & Andrykowski, 2001), life satisfaction, personal strength (Mols, Vingerhoets, Coebergh, & van de Poll-Franse, 2009), seeking of social support, positive reappraisal, religious coping (Shand et al., 2015), and clarity in values and meaning of life (Barden, Gutierrez, Gonzalez, & Ali, 2016).

A cross-sectional study comparing indicators of post-traumatic growth between US female breast cancer survivors and their healthy demographic equivalent, concluded that extant literature's focus upon the maladaptive outcomes of breast cancer may be misleading (Cordova et al., 2001). The cancer survivors showed post-traumatic growth, in particular spiritual change and appreciation for life, echoing narratives from adult survivors of youth cancer, 'having cancer was awful but also something good came out' (Zamora et al, 2017, p.21). These psychological benefits have led researchers to question whether long term adaptation to cancer can be enhanced by an increasing focus upon the positive outcomes (Rowland, 2008).

The existing literature thus suggests that breast cancer may lead to positive career change, through a new focus on meaning making and re-assessment of life. Unfortunately the existing literature has some significant limitations. The first is that the research is limited in its scope, with no studies to-date that have focused specifically on those who have made positive changes. The second is the lack of emphasis on theory-building, in particular, the dearth of research regarding experiences of breast cancer survivors in terms of career theories with no appraisal of the experiential meaning making process amongst participants via Interpretative Phenomenological Analysis. We hope to offer a useful next step by examining the lived experiences of women breast cancer survivors who have made a positive career change as a result of their career cancer diagnosis, through the lens of relevant career development theories: the Boundaryless and Protean theories (Briscoe & Hall, 2006) and the Career Construction Theory (Savickas, 2002), aspects of which resonate with the existing literature on cancer survivors, and the Kaleidoscope Career Model (Mainiero & Sullivan, 2005), chosen because it was developed specifically to explain the career paths of women.

Theoretical underpinning

There are some core career theories which have been identified as paramount in constructing a framework for this research to inform our understanding of women's experiences of career change following breast cancer. These theories harmonise in that they share a number of fundamental characteristics, notably an individual's pursuit of an adaptable, meaningful career story encapsulating one's values and purpose with a sense of agency. In this way, they collectively provide a conceptual framework that can help to interpret individual's experiences and reality.

The boundaryless and protean career models are two related but distinct models developed at the end of the 20th century to reflect the impact of changes in the labour market on career paths. Arthur and Rousseau's boundaryless career theory (1996) claims that the traditional career path, characterised by stability and a focus on linear progression has given way to a more fluid career path. Career paths once restricted by both physical and psychological boundaries are now being replaced by career paths that do not limit an individual to one industry, occupation or organisation, and encompass all manner of pathways, including career changes, sideways moves, time out and combinations of employment and self-employment. Protean careers (Hall & Chandler, 2005) embrace this new idea of a more fluid approach to careers, but specifically focus on the importance of values, suggesting that people should, and increasingly do, seek out career paths that reflect a personal meaning – or a 'path with a heart' (p.162). Central to both models is the notion of agency: to pursue a boundaryless or a protean career path, individuals need to be self-directed, and pro-active – able and prepared to do what is needed to put their plans into action.

The boundaryless and protean literature carefully considers the definition of 'career', moving away from traditional definitions that assume a focus on linear progression, such as that from Wilensky (1964), who defines career as 'a succession of related jobs arranged in a hierarchy of prestige, through which persons moved in an ordered (more or less) predictable sequence'. Instead, the definition that aligns with protean and boundaryless careers finds that 'career' is most usefully defined broadly, as the unfolding sequence of a person's work experiences over time (Arthur, Hall & Lawrence, 1989), an all-encompassing definition which assumes that everyone who works has a career.

The existing literature on cancer survivors suggests that these career development models may have some relevance to the present study. Research has shown that survivors' experiences of cancer can lead to boundaries being shed as survivors wonder why it has taken the trauma of their cancer diagnosis to engage with their lifelong goals (Raque-Bogden, 2015), and can lead to more meaningful life choices (Raque-Bogdan et al., 2018).

The next career development theory chosen is Savickas's career construction theory (2005), which aligns with the protean and boundaryless career models through an emphasis on

values and agency. The positive growth expressed by cancer survivors in Raque-Bogden's study (2015) made them question their career choices, and re-focus their efforts on more meaningful and authentic goals. This question of whether you are true to yourself at work, whether you recognise yourself in your vocation is central to Savickas's career construction theory, which highlights the importance of one's work identity, their 'self-concept' (Super, 1990). A term originally described as, 'a picture of the self in some role, situation, performing some set of functions, or in some web of relationships,' it was later acknowledged that individuals have a variety of self-concepts, including a 'vocational self-concept' (Savickas, 2002; Super, 1963, p.18). Metaphorically speaking, vocational self-concept could be described as the tool-box of personal attributes that you utilise to construct your work 'self', a pivotal component of Savickas' (2002) career construction theory. This theory explicitly recognises the individual as the protagonist, constructing their own trajectory through life's unpredictable twists and turns (Savickas, 2005; Del Corso & Reh fuss, 2011), and there is a respect for life themes developed as the individual's self-concept interweaves with their environment, ultimately forming one's narrative (Del Corso & Reh fuss, 2011). As with the boundaryless and protean models, the career construction theory requires a level of agency to enable people to make their own positive choices.

The role of the environment represents the contextualist element of this theory, acknowledging that adapting to external conditions is necessary for career development (Savickas, 2005). Effectively, careers could be likened to a living organism, with utmost respect for the individual's role within their surroundings striving for a 'meaningful story,' where their self and situation are aligned (Savickas, 2005). The story's success and survival is reliant upon an ability to demonstrate dynamic coping skills, flexibility, resilience in the face of adversity and a level of curiousness towards opportunities (Savickas, 2005; Savickas et al., 2009). Recognising, the undulating terrain of one's 'life trajectories' is a vital progression in today's career theories, as individuals 'negotiate a series of major transitions in their lives occasioned by changes in health, employment and intimate relationships' (Savickas et al, 2009, p.241).

Career construction is a social constructionist theory. From an ontological perspective, social constructionism posits that the individual is responsible for building their own representation of reality, constructing meaning via their own experiences, a position that underpins this research. (Gergen, 1985; Savickas, 2005; Robson & McCarten, 2016). An individual's experience of breast cancer followed by a career transition is immensely complex, highly emotive and personal, and emotions should not be researched as objects (Sarbin, 1984). This approach will allow the individual to interpret and make sense of their highly significant and personal experiences (Smith et al, 2009).

The final theoretical lens through which we will explore the experiences of our participants is the Kaleidoscope Career Model (Mainiero & Sullivan, 2006). This model was developed to

map the typical career paths of women, acknowledging that the career models and theories of the 20th century had usually been developed with men's career paths in mind. The Kaleidoscope Model focuses on three key career drivers: authenticity, balance and challenge. The authors propose that these three drivers all play a part in career motivation for both men and women at all stages of their careers, but suggest that their relative influences wax and wane across a whole career, and typical patterns differ between men and women. The key driver in women's early careers is often 'challenge', and during this career phase, women can be keen to develop, progress and strive for pay increases and promotions. During their mid-career phase, often although not always, coinciding with parental or filial care duties, balance becomes a stronger motivator, as women are looking for work that allows them to fulfil or prioritise other life roles. In the late career stage, often coinciding with a reduction in their caring roles, women focus on authenticity, looking for a job that allows them to fulfil their values and be their true selves (Mainiero & Gibson, 2018).

Aims of the study

Rowland concluded her study of cancer survivors suggesting 'we need to listen to what survivors are telling us about the problems they are experiencing, resources they need, the fears, concerns and expectations they have about the future...to improve not just their lives, but potentially those of future cancer survivors' (2008, p.367). Addressing this call, and the gap in the literature around the impact of breast cancer on women's career choices, this study then examines the experiences of four women who have been diagnosed with and treated for breast cancer to understand their complex experiences and their career transition.

This study addresses two key research questions: (i) what are women's experiences of career change following a breast cancer diagnosis and (ii) does the experience of breast cancer provide women with the drive to pursue previously unfulfilled career ambitions?

Method

Research Design

Aligned with our philosophical position, we adopted an Interpretative Phenomenological Analysis (IPA) approach, as the most effective gateway to an enhanced understanding of the 'individual's script' (Smith, 1996; Savickas, 2009). IPA's methodology allows the researcher to listen to the individual's interpretation of their lived experience and how they make sense of their labyrinthine life and work trajectory (Smith et al, 2009). The methodology embraces how the context of one's experience can impact their subsequent interpretation (Smith et al, 2009). Smith and Osborn (2007) outline an iterative process, described as double hermeneutics whereby the participant becomes immersed in 'meaning making' and the researcher makes sense of the participant's narrative.

This a qualitative study, considered the most suitable methodology for collecting data about the lived experience of participants (Willig, 2013). Data were collected using semi-structured interviews to allow participants to take the conversation in the direction that was most meaningful for them whilst ensuring that the research questions were addressed.

Ethics and reflexivity

As the topic was of such a sensitive nature, ethical concerns were paramount. The first researcher, who conducted the interviews, made sure that the participants had a clear understanding of the interview process, the kinds of topics that would be covered, and issues of confidentiality and anonymity. The participants were given opportunities before, during and after the interviews to ask questions about the process, and to withdraw their involvement with the study. During the interviews, the researcher was conscious of the possibility of straying into difficult terrain, and offered to switch off the recorder or stop the interview whenever she felt the participant was finding the conversation difficult.

Pertinent to this study is the process of double hermeneutics, which lies at the heart of IPA (Smith et al., 2009). This acknowledges that the process of data analysis takes place at two levels, as the researcher interprets the interpretation of the participant. As such the researchers' own experiences are highly relevant. The first researcher is the wife of one of the participants. Her parallel experience of her wife's cancer diagnosis, treatment and subsequent career transition, has given her a personal insight which helped her develop rapport and trust amongst the participants but clearly ran the risk of bias in the analysis. To mitigate against this bias, the first researcher kept a reflective diary, in which she noted any thoughts and ideas that may have stemmed from her own experience, rather than from the data. In this way she aimed to bracket her own assumptions and biases, and moderate their influence on the analysis of the data. In addition, the second researcher was closely involved in the process of data analysis and the researchers made sure to stay close to the data during analysis.

Participants

Four participants between the ages of 41 and 48 were recruited. The inclusion criteria were that participants should be female, and should have experienced a career change following breast cancer treatment (see Table 1).

[Table 1 near here]

Table 1. Participants' Career Transitions

Participant pseudonym	Previous career	Current career
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Tessa	Police Service	Acupuncturist
Zoe	School Attendance Officer	Gardener
Charlie	Performing arts teacher / theatre company director	Ceramicist student
Megan	College teacher	Dog walker & Reiki student

One participant was drawn from the researchers' existing network, two were recruited via 'snowballing', having been informed of the study by the first participant, and the final participant was recruited via a flyer placed in a monthly newsletter for breast cancer support group.

Procedure

Once ethical approval from the university was granted participants were emailed a copy of the participant information and consent forms allowing them the opportunity to ask any questions prior to the commencement of the interview. Three of the participants requested the interview to take place at the first researcher's home and one was conducted via Skype.

The interviews varied in length from 1hr 10 minutes to 1hr 45 minutes and were conducted in July and August 2019. All interviews were audio recorded and transcribed verbatim. The interview schedule comprised five questions: *'Tell me about your career prior to your diagnosis.'*, *'Please tell me about your diagnosis and subsequent treatment'*, *'How has your career path changed?*, *'What were the factors that led you towards your career change?'* and *'How do you feel about your future career?'*. Prompt questions were used to enrich the answers where necessary. No other measures were administered.

Analysis

The data were analysed in accordance with the guidance on IPA. Smith & Osborn (2007) propose a semantic level of analysis so initial exploration of each participant's narrative incorporated descriptive (e.g. keywords), linguistic (e.g. laughter, use of metaphors) and conceptual (e.g. interpretative) comments. These notes evolved into emergent themes by developing 'concise and pithy' statements incorporating both the participant's narrative and the researcher's interpretation (Smith et al., 2009). The researcher discarded any emergent themes that were not within scope of the research questions and incorporated the remaining themes into a mind-map (one per participant), forming clusters which ultimately became the individual's super-ordinate themes. The emergent themes illustrated around each cluster were grouped together forming 'sub-themes.'

Having a detailed representation of each participant's super-ordinate and sub themes facilitated the development of clear, distinct patterns forming the over-arching master or

‘higher order concepts’ across all four cases. Sub themes derived from individual participants were merged and re-labelled and were included where they occurred across two or more cases.

Findings

Following analysis of the four participant interviews, there was notable homogeneity across the master themes with all women contributing to four prominent higher order concepts: ‘a pre-diagnosis unhappiness at work, ‘stepping off the career and life treadmill,’ ‘a sharp focus upon self’ and ‘a flourishing work-life’. We identified three sub-themes within each theme, which are shown in Table 2.

Savickas (2009, p.240) stresses the need to consider such narratives as ‘individual scripts’ rather than an overarching ‘meta-narrative of stages,’ therefore aligning with the idiographic emphasis of IPA, and germane to the present study (Robson & McCarten, 2016; Savickas, 2005; Smith et al, 2009). The findings of the study will be presented with reference to each participant’s personal story.

[Table 2 near here]

Table 2 Themes and sub-themes

1. Pre-diagnosis – unhappy at work	1.1. Chronic stress
	1.2. Lack of autonomy
	1.3. Anticipation of ill-health
2. Stepping off the career and life treadmill	2.1. Relief
	2.2. Cancer as a catalyst for change
	2.3. Empowered: taking back control
3. A sharp focus on self	3.1. Time to reflect
	3.2. A new, improved identity
	3.3. A promise not to return
4. A flourishing ‘work’ life	4.1. Challenging the concept of career
	4.2. Positive pursuit of lifelong ambitions
	4.3. Work as therapy

1. Pre-diagnosis – unhappiness at work

Feelings of chronic, unsustainable levels of stress in the run up to diagnosis were prominent throughout the women’s narratives (1.1), intertwined with a tangible sense that they lacked autonomy in their work lives, often exacerbated by others (1.2). For Tessa and Charlie, these feelings culminated in an anticipation of ill-health (1.3).

Tessa talks of her highly stressful role within the police service; the demands placed upon her outweighed her available resources, culminating in '*mini breakdowns*.' Emotively, she vividly recalls her unsustainable state of stress and desperate discontentment with life, saying with a sharp intake of breath:

'I remember [...] walking to the tube station and I thought to myself I cannot do another four years, I just can't do another day let alone four years and I felt so low and felt really depressed about where I was,'(1.1)

Reflecting upon her new role as an acupuncturist, Tessa is back in control of her own success, in contrast to the daily constraints imposed upon her by others within the police force. Tessa becomes notably upset as she expresses her anticipation of ill-health, '*I thought I was going to get ill,*' finally acknowledging the grave '*cost*', of this work stress (1.3). Zoe echoes Tessa, informing her manager two weeks before finding the lump that she, '*could not sustain this kind of pressure any longer,*' emphasising the chronic stress that she was under (1.1). There is a persistent frustration that the conflicting demands of work and life work were preventing her from meeting her high standards.

Following increasing bureaucracy amongst the teaching profession, Megan's view of her role had deteriorated from, '*fabulous*' to '*oh my God, eight hours till I'm back again*'. Megan's frequent use of metaphors express her pain; '*pulling my hair out*' after the '*rug had been pulled out from underneath me,*' leaving her with feelings of strain, dread and an inability to control her worklife (1.1/1.2).

Charlie's stress is her consuming, freelance work and associated obligation to commit to all opportunities for financial and professional purposes. She emphasises the magnitude of these chronic feelings of stress through repetition, '*I was really stretching myself ... like really stretching myself spreading myself thinly*' (1.1). Charlie doesn't hold her work stress responsible for her illness, however she talks of a lingering sense that she was going to fall ill, '*I had a feeling that it was something that the thing that I, the thing that I was scared of for so many, it's happened, this is it*' (1.3).

2. Stepping off the career & life treadmill

Following the cancer diagnosis, there was a sense of relief throughout all four women's narratives (2.1) where cancer was considered the catalyst for change (2.2), ultimately empowering them to take back control from their self, work, cancer and others around them (2.3).

The severity of Tessa's illness provided her with sufficient justification to others that she was changing her path. She had become '*lost*' and something '*fundamental*' was needed to empower her to step off her career treadmill, stating with a sense of relief, '*I'm not doing*

this' (2.1/2.2/2.3). Megan's relief is even more palpable, laughing as she says, *'one of the first things that I actually felt was I don't have to go to work,'* (2.1). Metaphorically, she says in a low powerful voice, *'the universe was banging on my door for a long time... bang, bang and I was like, oh stop it I've got bills to pay, I've got to do this, I've got to do that.'* Following her diagnosis she responded to the universe, accepting her catalyst or her *'opportunity to change my life'* (2.2).

Charlie recalled saying to herself *'I am going to do this until something good happens and then I'll stop'* but it wasn't until her diagnosis that she felt *'now I can change'* and step off her treadmill (2.2). Charlie envisages herself as Spiderman in the movie, *'I felt like everything was in focus for me...and everything and everything was in slow motion...there was a lot of clarity'*. This insight empowered her with personal *'permission'* to stop without the need to apologise to others (2.3).

Zoe talks with confidence and clarity when referring to her *'eureka moment,'* suddenly realising that her stressful work environment was no longer acceptable to her following her diagnosis. Her words indicate a sense of light relief, enlightenment and transition, *'I just knew that I didn't want to be in that kind of stressful environment'* (2.1/2.2). Zoe was back in the driving seat, self-employed and immersed in her passion; she had taken back the reins not only from her illness but also her work.

3. A sharp focus upon self

Experiencing cancer provided all women time to reflect (3.1), where all but one of the participants talked positively of a new, improved identity (3.2) with both Tessa and Zoe making a promise to themselves not to return (3.3).

Tessa de-personalises her previous self, so far removed that she now feels as though she's referring to someone else, *'I just feel like a different person now... when you're faced with actually you could die... it feels weird me saying it now because it feels like I am talking about someone else but you just review and reflect'* and states, *'I don't want to go back to that person in that job'* (3.1/3.3). Her continued struggle against the fatigue, the aches and pains, the memory loss represent a persistent reminder to not get lost in the triviality of life. Her hard exterior, synonymous with her police identity has softened, allowing for her more *'compassionate'* character embracing a new identity and pride, *'that I am an acupuncturist...it's nice to have that label'* (3.2).

The emergence of a new self and repeated use of *'never'* and *'ever'*, when promising not to return to a former self is echoed by Megan who reflects upon her transformed identity, *'I felt like I'd been reborn...kind of made a promise to myself, I will never ever put myself in that position ever again'* (3.1/3.2/3.3.).

Zoe's concept of self has improved following her illness, *'to have come out the other side and have this renewed vigour and just being so happy to be alive...I think, I think I've evolved, but I think I'm a better person'* (3.1/3.2). Her confidence and pride emerge as she asserts, *'I'm Zoe, I'm Zoe, I'm Zoe, the gardener, the cancer survivor.'* (3.2)

Charlie shares her grief following her illness, describing the loss of a pre-diagnosis carefree attitude towards her health, whilst embracing a post diagnosis transformation; an enhanced perspective of *'stepping outside of myself'* and witnessing the *'sacrifices'* and demands she had placed upon her former self. *'I felt that I was grieving, but also celebrating... it's a metamorphosis'* (3.1/3.2).

4. A kickstart to a flourishing 'work-life'

For two participants, there is an explicit challenge towards the concept of a career, rejecting today's perception of a 'career' (4.1). All participants are wholeheartedly in 'pursuit of lifelong ambitions,' with a strong sense of positivity and alignment with their true values, including a desire to help others (4.2). Across all four cases inter-relatedness between their chosen field and 'work as a source of therapy' is also evident (4.3).

Charlie post-diagnosis *'heaviness'* is interwoven with thoughts of, *'What if it comes back?'* leading her to question the meaning or value of a career. Said with a hint of anger she explains: *'It's nothing, what does it even mean career? I don't necessarily see the point of a career, [...] a career is...like a game,'* suggesting that her conceptualisation of 'career' incorporates the idea of a set of arbitrary rules, which bear no relation to values or personal meaning (4.1). Instead, Charlie embraces her lifelong work ambition, to explore the world of ceramics. The simplicity embodied by the clay, represents a mindful and therapeutic solace, *'I sat with my clay and I thought this is so refreshing, I don't have to deal with anyone, I can create what I want, I don't have to deal with, to manage anyone'* (4.2/4.3).

Megan also questions the rigidity of the career concept, emphasising, *'I don't want...I don't need, I don't need a career,'* forgoing this in search for a portfolio worklife (4.1). Her illness was a *'gift'* allowing her to pursue longstanding curiosities with confidence, *'Because now I can be more sure about what I want to do'* (4.2). Megan was exploring avenues that she had always *'dreamed'* of, at a time that she needed them most; her transition into Reiki provided a form of therapy, the building blocks towards a positive mindset. Her positivity became her *'biggest ally through the treatment'* so profound that she goes so far as to say, *'I wouldn't have my old life back so, if you said, okay, you can go back three years, go back to your job... but not have cancer, I'd go no thank you'* (4.2/4.3).'

Like clay was to Charlie and Reiki to Megan, gardening became a therapy for Zoe at a crucial time. Upon her rejuvenated energy and enthusiasm she explains, *'the vigour that I was attacking everyone's gardens with was because, it was almost like a cancer in their garden and I could make their garden better, that would help me feel better'* (4.3). Her words are symbolic of the persistent fight against her illness and the solitude her work now provides. Zoe's work also satisfies her altruistic nature, which is prominent throughout: *'I've never really felt it until...the career change really where I thought actually, you know, I've survived the breast cancer and I've got so much to do and I want to make a difference'* (4.2).

Tessa also expresses her desire to help others, describing her journey from the police force into acupuncture as an opportunity to *'help people and to give something back'* (4.2). Tessa

had *'always been fascinated by the body,'* however only discovered acupuncture via her illness, becoming a personal form of therapy to alleviate her post treatment symptoms. She was subsequently inspired to become a *'Detective of the body'* where all her values and life experiences could positively unite, *'for me, breast cancer has been positive in the most bizarre way,'* (4.2/4.3).

Discussion

The aim of this research was to develop an understanding of four women's experiences of career change following their breast cancer diagnosis and to explore whether this experience provided them with a drive to explore previously unfulfilled career ambitions. There was a notable, shared, commonality throughout the narratives, with all four participants experiencing (1) a pre-diagnosis unhappiness at work, (2) a sense of stepping off the career and life treadmill, (3) a sharp focus upon their 'self' and subsequently (4) a flourishing 'work-life'.

This study is the first, to our knowledge, that has specifically explored the experiences of women who have made a positive career change as a result of their breast cancer. Some of the findings resonate with previous literature which highlights the positive growth and renewed sense of self, that cancer or chronic illness can bring (for example, Beatty, 2012; Raque-Bogdan et al., 2018), but this study adds to the existing literature showing how this personal growth can manifest itself in a career change. Specifically, the findings show how the women's experiences of cancer led to a sharply focused sense of self which gave them clarity about their new career goals, and a renewed sense of agency which enabled them to put their career plans into action. We will now explore each key theme in turn, identifying how our findings map onto our conceptual framework, and will then discuss the findings in the light of the career development theories.

(1) A pre-diagnosis unhappiness at work

The overwhelming narrative of participants' pre-diagnosis career was the persistent reference to their experience of high, consuming levels of stress. Whether resultant of heightened external demands, such as those from management, self-imposed expectations or indeed a combination of both, there was a strong sense of being out of control, well established in the literature as important to well-being and to motivation in self-determination theory (Deci & Ryan, 2000).

This interplay between excessive demands and a lack of autonomy was evident throughout the participants' narratives and these persistently high levels of stress manifested themselves in the form of burnout, coupled with an expectation of becoming ill. Research relating to career transitions more generally, identifies work dissatisfaction and rejection of corporate culture as significant push factors in women's decision to change career (Greenhaus, Callanan & Godshalk, 2010). These findings coupled with the explicit

determination throughout the narrative indicates that these women seemed to yearn for a career change, but it was only their illness that triggered action.

(2) Stepping off the career and life treadmill

There was an overwhelming acknowledgement across the participants that their cancer diagnosis was a crucial catalyst, that forced them to abandon their continued treadmill existence. Their diagnosis represented a sense of relief in the context of work, a sound justification to others to change their path or the permission to stop. Defined as a 'eureka' moment, there appeared to be a sense of awakening; they no longer had to bide their time. Extremely poignant throughout was the reduced concern for other's expectations and the enhanced ability to say no: their ill-health had empowered them to take back control of their lives. The diagnosis seemed to have prompted the participants to redefine what a career, or perhaps 'career success' meant from them, and the diagnosis gave them the power to reject traditional quest for linear progress, in favour of a career path that would provide them with personal satisfaction, meaning and control.

Significant parallels can be drawn with Beatty & Joffe's research (2006) which states, 'chronic illness drives career transitions'. Echoing the sense of relief reported by the participants in the present study when they finally decided to change their attitude towards work, Beatty and Joffe's participants, suffering from chronic illnesses reframed their expectations and felt 'liberated' once they realised that they could no longer function at such stressful levels. Beatty (2012) and Raque-Bogdan (2015) highlight the more adverse effects that chronic illness can have on careers, referring to barriers that emerge following reduced ability to perform at work and cancer as a 'personal sacrifice' respectively. Whilst there is reference to the debilitating effects of their treatment and a nostalgia for their pre-diagnosis carefree attitude within our participants' narratives, there is an underlying suggestion that any such barriers were more prominent prior to diagnosis. There is a powerful message in the present study that it was their diagnosis that gave the women the strength to say no, to take back control from others, to stop biding their time. It is thought that this is the first study to identify this as a possible outcome from breast cancer.

This concept of a psychological treadmill can be considered in the context of Arthur and Rosseau's (1996) 'boundaryless career theory'. The women in the present study experienced psychological barriers, most prominently in the form of social norms and expectations, preventing them from being able to fulfil their true ambitions, compelling them to stay on a stagnant and stressful path. A central tenet of a boundaryless career is its enhanced sense of agency which gives the individual control of their work destiny (Arthur & Rosseau, 1996). This pattern is identifiable amongst the women in this study, who appear to have been constrained by psychological barriers, and then mobilised to a heightened sense of boundaryless opportunities, via their diagnosis, representative of a catalyst for change. In the words of one of the participants, *'this is our life and we have to grab it with both hands*

and run.'. It seems that it was the cancer itself which allowed the participants to adapt the visualisation of their existing 'career' providing them the agency to pursue their new career goals.

(3) A sharp focus upon self

The participants talked in depth about how their cancer diagnosis had changed perceptions of themselves, reflecting on how they had 'evolved', or become a 'different person'. Whilst there is an acknowledgement of grief at the loss of the former self, the overwhelming emotion is positive. When faced with 'life or death' the participants review, reflect, step out of themselves and assess through a new, empowered lens, and there is an explicit determination not to allow themselves to return to 'that person in that job'. Parallels can be drawn with the benefits identified by female breast cancer survivors in Oxlad, Wade, Hallsworth & Koczwara's (2008) study, who reported their cancer diagnosis as an opportunity for personal growth or 'self-transformation', becoming increasingly caring for others and a determination not to live with regrets.

Beatty and Joffe (2006, p. 183) also use the term 'self-transformation' when faced with potential mortality, which can be likened to the metaphorical analogy expressed by one of the participants, her 'metamorphosis'. This transformative effect upon one's identity can be particularly prevalent in cancer cases where sudden onset can result in the immediate review of life goals (Beatty & Joffe, 2006). The construction of one's 'self-concept' is central to Savickas's (2002) career construction theory. The foundations of the career construction theory are based on the core message, that challenges will arise in life's unpredictable landscape, ultimately, 'careers do not unfold; they are constructed as individuals make choices that express their self-concepts.' (Savickas, 2005, p. 43).

The women in this study have seized the opportunity to incorporate their personal life-changing event into their revitalised self-concept and their wider environment hence revealing their new identity, a core element of the career construction theory (Del Corso & Rehfuß, 2011). It is this transformation and associated discovery of their authentic self-concept that allows the participants to proudly express their new identities, 'I'm Zoe, the gardener, the cancer survivor.'

(4) A flourishing work life

It is this apparent re-discovery of the participants true self that allows them the opportunity to re-construct their understanding of reality with regards to work. In some cases the participants wholeheartedly reject the concept of a 'career,' questioning its purpose and value and instead pursue a more 'mindful' presence that will fulfil their needs and those of others.

There was remarkable homogeneity regarding the women's career changes, all choosing to transition into areas that satisfied a lifelong curiosity. Their diagnosis appears to have

unlocked barriers to 'career adaptability,' resulting in a closer alliance between their self-concept and work culminating in a 'manifestation of self-hood' (Savickas, 2005, p.44). Moreover, as the lines between work and life become intertwined, further advantages emerge whereby the women's new ventures present as a form of therapy. Rather strikingly, their new pursuits all support their psychological and spiritual road to recovery.

The participants' previous careers had all been based in the service sector, within education and the police force. One might assume that these women were already working in values-driven fields, helping others. Yet, they all contrasted their old jobs with their new ones, explaining that now they were in positions which aligned with their values and helped people. Delving deeper, it seemed that all four participants had once felt passionate and committed to their previous roles, and had felt that they were making a difference, but their relationship with work had changed throughout the years and they had found themselves working in fields where there were financial pressures leading to over-work and stress. They seemed to feel that they had lost their way in their careers, and had lost sight of their values, focusing instead on progress and achievement, or organisational survival.

The new roles that the participants carved out for themselves were characterised by independence. All participants have ventured into the self-employment sector, and whilst their respective lifelong ambitions are naturally aligned with this status, these transitions may also reflect the women's desire to take back control. The participants are now working alone, unencumbered by the bureaucracy and demands of organisational-life, the impact of organisational financial pressures, governmental targets and the demands of managers or subordinates. Ryan and Deci's self-determination theory (2000) holds that autonomy is one of three fundamental psychological needs (alongside relatedness and competence), so it is no surprise to see the emergence of control as an importance driver for these women, exacerbated perhaps by the experience of their illness, during which time they may have felt a particular loss of control, feeling at the mercy of the cancer, and to some degree at the mercy of the treatment.

The participants' narratives were full of colourful metaphors which they used to help to explain and illustrate their stories. Inkson (2004) writes about the idea of a career, conceptualised through a number of commonly used metaphors and it is interesting to note that some of the metaphors in these participants' narratives align with some of Inkson's categorisations. The metaphors that were used to describe their previous careers often drew on the idea of resources, describing 'the cost' of the work stress, and 'spreading myself thinly'. This resonates with Inkson's economic metaphor, which describes the process of career as one of developing and expending resources. When talking about the process of the career change, participants often invoked the idea of a positive external force, 'the universe banging on my door', and being given 'a gift'. This links most closely to Inkson's idea of career as a series of encounters, although here the encounters are

imagined. Finally when discussing their current careers, the participants use language that links with identities – describing themselves as being ‘reborn’, and feeling ‘like a different person’. This resonates to some degree with Inkson’s craft metaphor of career, which incorporates the idea of identity.

The re-appraisal of one’s career and subsequent desire to engage in more passionate or meaningful work following an illness features prominently in literature on post-traumatic growth (Duran, 2013; Raque-Bogden, 2015; Zamora et al, 2017). Duran (2013) talks of the desire to pay back society and this was echoed in the post diagnosis drive to ‘give something back’, in the present study.

The depth of narrative assimilated in the current study, presents an opportunity to identify the longstanding ‘life themes’ of the participants (Del Corso & Reh fuss, 2011). The caring nature of all the participants when reflecting upon their previous roles was a prominent feature throughout their narratives. One posits that the underlying desire to help others was an integral part of their lifelong vocational personality, yet they had become lost on the treadmill, suppressed by the psychological boundary of ‘social expectations’ and subsequently the construction of their ‘self-concept’ had lost its authenticity (Savickas, 2002, 2005).

Reflection through a theoretical career lens

The boundaryless, protean and career construction theories are all presented by their authors, to some degree, as normative theories – recommendations for how people *should* make career choices and manage their careers (Arthur & Rousseau, 1996; Hall & Briscoe, 2006; Savickas, 2005). All face criticism for assuming that people will always be free to make their own choices, and for the emphasis on agency, which critics argue is not a resource that everyone can draw on (Inkson & King, 2011). Indeed, pre-diagnosis, the women in this study were all progressing along fairly traditional, predictable, bounded career paths, which had led them away from their values, feeling blocked and unable to make a change. In this study, the cancer diagnosis seems to have enabled the women in this study to capitalise on their own inner agency, to see the limitations in their career paths so far, and to make positive choices to identify and pursue their own personal ‘path with a heart’.

Briscoe and Hall (2006) dovetail the boundaryless and protean models, identifying two extreme career categories namely ‘trapped/lost’ and the ultimate ‘protean career architect’. Individuals in the former category are misaligned with their inner values and closed to their boundaryless opportunities, in stark contrast with the ‘protean architect’ who is empowered to self-direct, liberated of psychological and physical boundaries (Briscoe & Hall, 2006). These profiles appear to encapsulate the pre (trapped) and post diagnosis (protean architect) experiences of the women in the present study. Following their experiences of cancer, the women seem to embrace their fragile life and the boundaries between work and play soften as they re-discover their values and life purpose. Remarkably,

the constant reminder of 'life or death' is interweaved with a significant thread of positivism. Their recognition of potential mortality and questions posed such as 'what if it comes back' act as a powerful motivation for their 'reassessment of life goals' (Beatty & Joffe, 2006, p.184).

The Kaleidoscope Career Model (Mainiero & Sullivan, 2005), introduced earlier in the manuscript as a model of career development focusing on the career drivers of authenticity, balance and challenge, is specifically developed to model the career paths of women. The women in this study were in their 40s, which constitutes the KCM's mid-career. At this point, according to the model, the women's thirst for challenge and authenticity would be taking a back seat, in favour of a desire for balance, as women look for a job which can allow them to fulfil their other life roles alongside their jobs. Balance certainly seems to be a strong motivator for the women in this study, as they all reacted to the long hours and high pressure of their previous roles, which marked out the 'Challenge' phase of their early career years. More evident, however, is the drive for authenticity, as the women all found new roles which reflected their values, allowed them to fulfil childhood dreams, and better reflected their own sense of self, allowing them to be themselves within their work roles. It seems that the women's cancer diagnoses served to fast-track them out of the challenge phase and through the balance phase to focus on authenticity. It is interesting to reflect on possible reasons for this unusual pattern. The women in this study all spoke explicitly about the impact of the cancer as something that helped them to reflect on their values and life choices and this allowed them to fast forward in their vocational development. The cancer almost seemed like something that propelled the women from the challenge phase, right through the balance phase and onto the authenticity phase.

Practical Recommendations

For career counsellors, it may be useful to have a heightened awareness of the harmonious foundations and core messages of career construction, boundaryless and protean career theories which effectively dovetail as an investigative framework. Primarily, to empower clients to actively reflect and discover pathways to adapt (to whatever degree possible) in line with their self-concept, without having to suffer the trauma of a chronic illness.

For organisations it may be useful to have an increased awareness of women's potential re-evaluation of their priorities, changing attitudes and motivations following breast cancer alongside the more apparent physical demands post illness. Coaching could become best practice on return to work, to identify ways forward to maximise flexibility on both sides. Finally, for cancer support networks these findings suggest the importance of actively encouraging the inclusivity of women's voices and experiences of positive career changes following breast cancer. Continuing to interpret and listen to women's experiences of breast cancer is paramount and these inspirational narratives could be communicated across breast cancer support groups and beyond.

Limitations and future directions for research

The experiences of the women in this study are likely to be different from those of many other cancer survivors. The participants for this study were chosen as breast cancer survivors who had changed career and all of them were in the fortunate financial situation that allowed them to make the change they wanted. Whilst a qualitative study of this sort does not aim for generalisable findings, it is important to note that not all individuals have the resources to enact career change. A significant body of the research surrounding women's experiences of returning to work discuss more adverse experiences of women following breast cancer including reports of being 'blocked' or de-railed' when seeking new vocational opportunities based on their age and career stages (Beatty, 2012; Raque-Bogden, 2015). The limited age range of the women who participated in this study does not allow for reflection upon these findings. Future research exploring the career-related experiences of breast cancer survivors could aim to incorporate a wider social and age demographic. There is an inspirational thread of positivity that runs through the women's narrative. These findings support previous insights which remarkably reference the 'silver lining' of a cancer diagnosis, drawing parallels with the concept of post-traumatic growth and positive psychology (Rowland, 2008). This potential research could incorporate a longitudinal perspective, whereby the women's experiences and associated positivity are compared across different time points to ascertain the longevity of psychological changes.

Conclusion

The breast cancer diagnosis and subsequent treatment was clearly devastating and traumatic for these women, yet for each of them it was also a catalyst for positive, life renewal in that it enabled the women to make a much needed and much welcome career change. The women's diagnoses seemed to allow them to develop a highly differentiated sense of self which clarified the changes they needed to make, and the agency to capitalise on this new-found clarity. For these women, their new work drivers were most strongly linked to helping others and regaining control, and they all had re-defined their understanding of 'career', moving away from notion of a linear model which values challenge, pay and promotion, towards an understanding that a desirable career is one that is authentic and allows for a faithful realisation of the self. This study contributes to the existing literature showing that for some women, breast cancer can be a catalyst for positive career change through allowing women to crystalise their career goals by reappraising what the idea of 'career' means to them, and focusing on their own sense of self, and enabling them to put their plans into action by enhancing their sense of personal agency.

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