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Managing cancer in contemporary workforces: how employees with cancer and line managers negotiate post-diagnosis support in the workplace

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Abstract

Purpose – This paper explores how deservingness features in how line managers and employees with cancer negotiate post-diagnosis support in the workplace. Design/methodology/approach – It draws on narrative interview data from people with cancer in the UK who were employed when diagnosed and line managers with experience of managing an employee with cancer. Semi-structured interviews were conducted with members of occupational health and human resources staff and staff from a UK cancer support charity.

Findings – It shows that post-diagnosis support for employees with cancer was negotiated in subjective, individualised ways, drawing on pre-diagnosis workplace contribution as well as the perceived deservingness of cancer as an illness. Managerial support for employees with cancer was also influenced by post-diagnosis employee behaviours, particularly those that implied a readiness to return to work.

Research limitations/implications – The sample size and methods limit the generalisability of the results. However, sampling choices were instrumental in reaching a rich set of data, which enabled deeper understanding of individual workplace negotiations.

Social implications – Pervasive and unhelpful notions of deservingness in the context of ill-health and disability have distinct and worrying implications for ageing workforces, particularly across the Global North. This has been exacerbated by the ongoing uncertainty and insecurity triggered by the coronavirus disease 2019 (COVID-19) pandemic. As a result, insight into the management of ill-health at work has never been more relevant and can be used to inform policy and practice.

Originality/value – This exploratory paper extends debates usually reserved for social welfare and health provision to a new domain by exploring how deservingness features in line manager–employee interactions in the context of an employee diagnosis of cancer.

Keywords

Cancer, Deservingness, Discretion, Management, Workplace adjustments

Introduction

This paper explores how line managers and employers respond to cancer diagnoses in the workplace. It draws on interview data from employees with cancer, line managers, human resource and occupational health professionals as well as staff from a UK cancer charity, thus representing public, private and charitable sector organisations. The paper shows how employers make decisions regarding the support they offer employees diagnosed with cancer. It explores how deservingness influences employee support in the same way it has been argued to influence the distribution of welfare in the UK (Bambra and Smith, 2010). Over 100,000 people of working age (18–65 years) are diagnosed with cancer each year in the UK (Cancer Research UK, 2020). It is both an acute and long-term health condition, as well as legally categorised as a disability in the UK. Consequently, exploring experiences of cancer at work can provide important insight into the provision of sick pay, workplace accommodations and departures from the workplace, as well as illustrating how workplace stakeholders understand illness and entitlement in the context of paid work. To address the theoretical possibilities generated by the data (Gioia et al., 2013), the paper first considers whether cancer is a deserving condition, before reflecting on line managers' use of discretion, or goodwill, in the provision of workplace support. It identifies an important gap in organisational research regarding what informs managerial decision-making in the context of employee ill-health, despite the serious financial and social implications these decisions have for individual employees. While previous research has highlighted employee reliance on managerial "goodwill" (Foster, 2007) this study identifies what informs this goodwill in the context of employee cancer. The paper supports research that highlights the insecurity of discretional managerial decision-making by placing employees in a position of obligation to managers to retain their adjustments (Woods, 2018). It illustrates how managers make decisions about employee support based on the contribution of their employees prior to their diagnosis, their conduct since diagnosis and the perceived deservingness of cancer. These decisions relate to material resources such as sick pay, severance payments and workplace adjustments. Decisions relating to the support offered to employees with cancer were highly subjective and discretional, featured reciprocity and had the potential to alter employee–employer relationships. Managers consider the pre- and post-diagnosis conduct of their employees with cancer to make these judgements, rewarding longer and uninterrupted service prior to diagnosis and enthusiasm for returning to work reciprocally with workplace accommodations. Employees also understood the support that they receive in these terms, recognising and justifying the support they do or do not receive on these bases. As such, the key contributions of the paper are to provide insight into subjective notions of deservingness in the workplace context of ill-health as well as developing our understandings of the scope for managerial discretion within individualised negotiations regarding acute and long-term illness.

The methods section outlines the qualitative interview data collection gathered from multiple workplace perspectives, and abductive analytical approach. Data are presented in three themes: (1) how support was understood and negotiated by line managers and employees with cancer; (2) How deservingness functioned to undermine employee entitlements in these negotiations and (3) how employees with cancer appeared to be rewarded for specific post-diagnosis conduct. The discussion section situates these findings with regard to the wider literature.

Are working people with cancer deserving?

To explore this topic fully, it is necessary to reflect on wider deservingness debates and situate both cancer as a condition, and work as an activity within these debates. The literature relating to the deservingness of people experiencing ill-health can primarily be found in the social policy literature exploring the provision of state welfare (Baumberg et al., 2012; Van Oorschot, 2000). This literature has focused on public perceptions of deservingness, which can be anticipated to shape managerial perceptions of who deserves support. Being a recipient of social welfare has become stigmatised ". . . even for cancer related illness" (original emphasis) (Moffatt and Noble, 2015, p. 1203). This results from longstanding stereotypes about sickness-related welfare benefit recipients being well enough to work, but fooling their doctors by overstating their health problems (Grover and Piggott, 2007). Deservingness in this context is fundamentally related to work and employment. Being in employment is associated with individual worthiness by contributing to society. However, it is not clear if and how work, illness and absence from work are understood in relation to worthiness at an organisational level. The limited research that does explore managerial support for employees experiencing long-term ill-health implies that employees might be categorised into those considered "genuinely ill" and those who are accessing sick leave inappropriately (Bramwell et al., 2016, p. 244). However, there is little debate about whether cancer is a genuine illness. This can be evidenced in the continued income and expansion of cancer-specific charities in the UK, cancer-specific caveats in the provision of UK welfare and specific mention of cancer in the Equality Act (2010), which entitles those with the condition to specific workplace protections and supports. The following section explores the application of this support via the literature on managerial discretion. Managerial discretion and workplace disability.

The above section draws a link between deservingness, health and work though these are infrequently explored at an organisational level. The Equality Act (2010) requires employers make reasonable efforts to accommodate any additional needs of employees with cancer. Commonly referred to as "reasonable adjustments", workplace accommodations can include alterations to the physical environment, working hours and or organisational policy (Gov.uk, 2019). Luker et al. (2013) speculate that the legal definition of cancer as a disability in the UK and subsequent use of the Equality Act (2010) may have resulted in improved management of employees with cancer in the workplace. This speculation is at odds with empirical

research exploring the support, or lack thereof, offered to employees with cancer (Johnsson et al., 2010). There is evidence that the provision of workplace accommodations manifests as discretional managerial goodwill rather than employee entitlement and that employer provisions of reasonable adjustments are individualised and unplugged from the structural exclusion of disabled workers (Foster, 2007).

Managerial discretion remains largely unexplored in relation to the management of workplace ill-health but does feature in research discussing non-disabled employees. Wood (2018) uses Bourdieu's theory of gift-giving to interrogate this support. He frames discretional workplace rewards as unearned "gifts" that leave employees obliged to their managers. A first feature of gift giving is precarity; employees cannot be sure that they will (continue to) receive, for example, flexible scheduling (Wood, 2018). A second element of gift-giving relates to reciprocity; as to not reciprocate a gift is stigmatising (Baumberg et al., 2012), meaning that employees receiving workplace inducements framed as a gift will feel further obliged to their managers (Bourdieu, 1977). Though the rewarding of non-disabled employees might have a less direct relationship with equalities legislation than the management of disabled workers, this work does support findings that suggest organisational loyalty from disabled employees results from an organisation's ability to meet those employees' needs (Hashim and Wok, 2014): a reciprocal relationship based on the provision of reward. Whether intentional or not, goodwill, or discretional "gifts" in the workplace can be seen to have a disciplinary function, confirming specific power relations between managers and their employees.

Research on sick pay, severance pay and workplace accommodations has shown these provisions have largely not been framed as rewards or gifts despite the workplace accommodations being recognised as discretional (Foster, 2007). Employing organisations in the UK can elect to offer more than the statutory minimum sick pay, retirement or redundancy pay as part of their employee salary package though this is usually formalised in policy and not discretionary (Deakin and Morris, 2012).

This paper addresses an important but neglected question at the intersection of studies on work and ill-health: how and why employees with cancer and line managers negotiate post-diagnosis support in the workplace. Though there is research discussing discretional managerial support for non-disabled employees (Wood, 2018), it does not explore this in relation to equalities legislation and the management of disabled workers who are the focus of this paper. We know that the provision of support outside the employment context is informed by arbitrary notions of deservingness. This paper argues that managers are influenced by these subjective notions of deservingness when making decisions about supporting employees with cancer that have important implications for the management of long-term health conditions in the contemporary UK workforce.

Methodology

The study design for this research was interview based, employing an abductive analytical approach. It has cultivated interesting and novel empirical findings from multiple workplace stakeholder interviews. Below I outline recruitment, data collection, participant characteristics and the analytical approach of the study.

Recruitment and interviews

Fourteen people with cancer who were employed when diagnosed, seven line managers with experience of managing an employee with cancer, three members of occupational health and human resources staff and seven staff from a UK cancer support charity were recruited to this project (n31). Participants were recruited through a regional employment support service.

Working with staff from the employment service allowed for some snowball sampling of employers via their employees, and line managers via occupational health/human resources staff. Two employer participants in the sample had directly line managed employees with cancer who were also interviewed. For confidentiality reasons their data are not linked in this paper.

Participants were interviewed face-to-face, in their place of work, public cafes, their homes or on university premises depending on their preferences. All interviews were digitally recorded with permission. They followed a largely narrative schedule for most line managers ("tell me about what happened from when your employee disclosed their cancer diagnosis . . .") and all employees with cancer ("tell me about your life from when you left school . . ."), accessing a working-life biography (MacKenzie and Marks, 2018). This narrative approach was taken to get a fuller sense of participants' employment histories and pre-diagnosis experiences of their most recent workplace. A semi-structured format was employed for participants from the UK cancer charity, as well as occupational health and human resources staff who did not have direct experience of line managing an employee with cancer. Interviews were conducted over a period of 15 months, between September 2014 and January 2016 and lasted between 15 and 90 min. Though this project centred the experiences of employees with cancer, it acknowledged that material decisions relating to support in the workplace were made by several different stakeholders, and it was important to understand what informed these decisions from their perspectives. The different stakeholder groups and their characteristics are outlined below.

Participant characteristics

This section outlines the various participants interviewed as part of this project, enabling the project to gain insight in employer perspectives and approaches to managing employees with cancer. Ten employer representatives were recruited to this study. Six of the line managers worked within large organisations (250þ employees) and one worked within a small organisation (<50 employees). The

occupational health and human resources staff worked in large organisations. Public, private and charitable sector organisations are represented within the sample. In terms of their employee outcomes, five line managers oversaw an employee return to work and two oversaw early retirement on the grounds of ill-health. Their employing organisations had varied sick pay provisions, and the line managers described providing a combination of workplace adjustments to returning employees including phased returns to work, where employees return to work at a reduced number of hours per week, increasing over time, usually back to their original hours, flexible working hours, changed shift patterns and alterations to employee work stations. These are summarised in Table 1. The pensions/lump sums of their employees taking early retirement on the grounds of ill-health were not disclosed.

Fourteen employees with cancer participated in this study. They experienced a variety of “return to work” outcomes, sickness/severance pay arrangements and reasonable adjustment provisions. They are summarised in Table 2 as participants described them (weekly/monthly payments . . . etc.). Six participants received sick pay that differed from what they were contracted. Lump sum payments received by employees with cancer who departed permanently from work ranged from £2,000 to over £14,000. The most common workplace adjustment within this sample was a phased return. The employees represent a broad range of occupational backgrounds, with ages at their time of interview between 52 and 71 years. All were in paid work at the time of their (first) diagnosis of cancer and were in jobs that they had held for between one and thirty-four years. They worked in a variety of different roles in the public, private and charitable sector. Eight of the employees held part-time contracts, all of whom were women, though one woman held two part-time contracts which added up to approximately 40 h a week. Four of the men worked full-time hours. One had a zero-hour contract and worked part time hours beyond UK state pension age. A zero-hour contract means that the employee is not contracted to work any hours, so picks up work dependent on availability, these positions do not include holiday or sick pay benefits. Between employer and employee participants, 17 organisations are represented.

Further interviews were conducted with staff from a UK cancer support charity with expertise and experience regarding employment (n 5 7). Their roles are summarised in Table 3. Participants held roles that included providing support to people diagnosed with cancer with employment issues. A limitation of the data was that nine of the ten line managers worked in large-sized enterprises, whereas most enterprises globally are small or medium (Rhodes, 2016). Data collected from the UK cancer support charity staff addressed this potential gap in the data as it showed that a variety of support was offered by small- and medium-sized businesses to employees with cancer, spanning from extensive financial support through to illegal dismissal and discrimination. Thus, a benefit of interviewing staff from a large national charity supporting people with cancer was that they were able to relate the

practices of a much larger number of employing organisations and employment experiences of people with cancer than the other participants.

Analysis

All interviews were transcribed verbatim, and anonymised. Data from this study were treated as confidential and kept secure in compliance with relevant UK data protection legislation (Data Protection Act, 1998). Transcripts were uploaded to NVivo 10 for data management and to facilitate constant comparison (Hutchison et al., 2010). The purpose of the interviews was to understand the subjective perspectives of employees with cancer and other workplace stakeholders with regard to managing employee cancer. Researcher familiarity with debates relating to social welfare allowed for deservingness to be identified from the data, having not anticipated it as a theme. The concept in the wider social policy literature was explored after data collection, and as such, all elements of this paper are empirically informed. This analytical process can be considered abductive in approach, in that the development of codes was informed by a "practical compromise of induction and deduction", realistically capturing the process by which the subsequent theorising occurred (Shepherd and Suddaby, 2017, p. 79). Exploring the phenomenon of workplace experiences of cancer from multiple perspectives allowed for additional validity as a qualitative form of triangulation (Flick, 2004). The key themes for organising the study's findings are the following: (1) how support was understood and negotiated by line managers and employees with cancer, (2) how deservingness functions to undermine entitlement and (3) how employees with cancer appeared to be rewarded for specific post-diagnosis conduct.

Findings

How support was understood and negotiated by line managers and employees with cancer

Data collected in this study showed that employees and employers made sense of the support they were offered, or provided, based on the employee–employer relationship prior to their diagnosis. This included length of service and level of satisfaction with employee or employer service/provision. One employee, 5F, was positive about the support received from both her line manager and employing organisation more widely despite receiving less sick pay than she was contracted and no actual provision of the workplace adjustments verbally agreed with her line manager. She worked for a care provider that had been subject to numerous mergers and takeovers in the years preceding her diagnosis. One takeover coincided with her taking sick leave for cancer. Her hourly waged contract was "TUPE-d" from one employing organisation to another. TUPE is the common acronym for "Transfer of Undertakings Protection of Employment (Regulations 1981)" and is the transferral of employees from one organisation to another without any alteration of their contract. The terms and conditions of employment and continuity of service are preserved and transferred at the same time.

During her sick leave she did not receive UK statutory sick pay or occupational sick pay. She said that this was because she "had not actually worked for them [her latest employers]" though her direct line manager remained the same, as did her service users, job role and duties. Beyond showing a lack of understanding of her legal entitlement, 5F's narrative showed how she associated her post-diagnosis sick pay to her pre-diagnosis contribution as an employee to make sense of and justify her underpayment.

Other employees with cancer received more sick pay than contracted and explained that they had also received this on the basis of their pre-diagnosis contribution. 12M was a professional for whom direct line management was the executive committee of his employing organisation, and 7F worked in hourly waged employment. The former explained that his additional sick pay resulted from his value to his employing organisation, for whom he had managed to secure a particular accreditation, and the latter was told by her line manager that she received extra because she had "never been on the sick in all the ten years" (7F) that she had worked for her organisation. She received six months' full pay, instead of her contracted six weeks. The notion of support being offered to employees with cancer being linked to the pre-diagnosis performance of employees was present in the accounts of line managers as well as employees with cancer. It extended beyond the policies of many workplaces that provide incremental increases to employee sick pay in relation to tenure and manifested subjectively in manager–employee negotiations. This was particularly true for reasonable adjustments, for which line managers were largely responsible. One line manager explained how she provided informal and ad hoc schedule alterations for her employee with cancer because they had "always given one hundred percent" (LM5). Employer support was also interpreted by employees with cancer in the context of their pre-diagnosis experiences of their employer. An illustrative example of this relates to a participant who was diagnosed with cancer while working for an employer with whom he was dissatisfied and had been for several years. He was a factory worker diagnosed with cancer while on sick leave for an occupational injury and described frustration at the redundancy payment he was offered:

> . . . they offered us a deal of fourteen thousand pounds after twenty-four years of work, they had no chance! (13M)

It was apparent that he viewed the initial offer as non-commensurate with his pre-diagnosis contribution to the organisation, particularly as he felt that he and his colleagues had been subject to mistreatment and poor management as part of this contribution. His employing organisation had been subject to a merger a number of years previously, and this employee evidenced a history of discontent with both his employing organisation and his direct supervisor.

How deservingness functions to undermine entitlement

An important feature of the data was how the perceived need represented by cancer specifically was operationalised to illustrate employee deservingness. Across the data, cancer was identified as a severe and frightening illness, and people with cancer deemed deserving of support exclusively on the basis of their diagnosis, undermining the notion of workplace entitlements for disabled people. During her illness, when 5F was at her "most poorly", her son visited her workplace and spoke to her line manager resulting in her being offered occupational sick pay though still less than she was contracted. She, via her son, utilised a shared notion of the severity of her illness with her line manager to access additional sick pay. She expressed gratitude for what help she did receive and implied a renewed sense of obligation to her employer.

Another participant was in a position of seniority in her organisation meaning her line management was the organisation's board of directors. Unusually, she had discretional sick pay written into her employment contract:

> . . . according to my contract, you get six weeks full pay, and then it goes to half pay, but in exceptional circumstances they can change that, so I wrote a letter . . . if cancer's not an exceptional circumstance, I do not know what is . . . and they refused! (4F)

This employee situated cancer as particularly deserving and found it difficult to understand why she was not awarded additional discretional sick pay. When she returned to work she accessed workplace support from a UK cancer support charity to address concerns that she might not be managed appropriately. With this support she negotiated a return on phased hours and dropped to a part-time contract, evidencing a changed relationship with her employer.

Many of the participants, including line managers and staff from occupational health and human resources departments drew a distinction between cancer and other long-term conditions. It was made clear in numerous interviews that having cancer was "one of the worst things in the world" (OH2), and having an employee disclose a cancer diagnosis was "devastating" (LM2) and "a shock" (LM1). Line managers framed supporting employees with cancer, especially in the first instance, as a moral imperative. That it was their "duty" to "support [employees with cancer] in any way [they] could" (LM6) as they were "genuinely poorly" (LM4).

Workplace entitlement was also undermined through managerial discretion. Data highlighted how despite viewing cancer as a particularly deserving condition, line managers and employers were able to apply support as they felt was suitable. Ultimately it was the responsibility of line managers to "interpret" policy (CS3) and, influenced by organisational priorities, decide when their employee had had the "appropriate time, to get over cancer basically" (LM5). Workplace accommodations, then, were influenced by this discretion. Public sector line managers described annual reviews of formalised workplace adjustments. Many of the employees interviewed experienced long-term symptoms as a result of being diagnosed with

cancer. The negotiated, reviewable and ultimately temporary nature of reasonable adjustments put some employees with cancer in awkward situations. The below quote from a cancer charity staff member highlights how entitlement can be undermined by notions of deservingness. She describes how an employee could, paradoxically, be perceived as less deserving over time by attempting to maintain her entitlement to workplace accommodations:

> I have experience of somebody . . . who has a reasonable adjustment package put in place and because of [managerial] changes . . . her line manager has not even read it . . . she is in the difficult position of having to constantly remind managers of what they can and can't ask her to do . . . makes her look like she's a stroppy, difficult member of staff who's refusing to work . . . (CS6)

How employees with cancer are rewarded for specific post-diagnosis conduct

The previous quote not only illustrates how deservingness can undermine entitlement but also suggests that the post-diagnosis conduct of an employee with cancer influences the support they are deemed to deserve. There was an expectation from employer representatives that their employees with cancer should conduct themselves in a particular way post-diagnosis, and that employer support would reciprocate this effort. Those who were perceived to behave appropriately post diagnosis were rewarded and those that did not were not. Rewards included workplace accommodations and better severance payments. The provision of workplace adjustments appeared to be offered as rewards to employees with cancer whose conduct aligned with organisational priorities. For example, one public sector line manager explained how she allowed her returning employee flexible working, and time away from their workstation as part of an informal adjustment provision because they were "good enough to come back in that short period of time, and I think, as an employer, we have to support that" (LM1).

Examples of employees with cancer receiving support seemingly as a reward for evidencing a desire to return to work were provided by staff from the UK charity supporting people with cancer, including an employee being "kept on the books for three or four years . . . because he wanted to go back to work" (CS6). Similar sentiments were expressed by a private sector line manager who described covering last minute shifts so that her employee could attend hospital appointments without having to take unpaid leave, she mused that she might "feel differently towards somebody who wasn't as, you know, keen to get on themselves" (LM4). She added that this employee did not "moan or whinge" on her return.

OH1 provided a particularly demonstrative account of employer expectations of employees' post-diagnosis in her comparison of two employees with cancer that she had worked with in a previous role. One of the employees scheduled his treatment for cancer so that he was able to work around it. She expressed how she "totally admired" this employee, who worked throughout their treatment and recovery and

who she viewed as an example of how employees with cancer should be. The second employee she described took their full entitlement of sick leave and she was "not impressed" with that. She explained how he was seen "living his life" in the town local to the organisation while on sick leave and how that made his colleagues and her suspicious that he might have been "playing the system". He encapsulated, for her, what it was to be an undeserving employee with cancer. She said that the result of this was that his colleagues (including her) "made his life miserable" when he returned to work full time after treatment and a period of recovery. OH1 went on to explain that this employee eventually left the organisation. The vulnerability of employees to perceptions of their deservingness was supported in the data from employees with cancer who expressed a sense of precarity on their return to work. They explained how they were concerned that their managers or organisation more widely might "find a way of getting rid" (3F) if as employees they did not perform adequately post-diagnosis and keep their work "on the level" (14M).

Post-diagnosis behaviour was also important for employees intending to leave work after being diagnosed with cancer. One example of this came from a public sector line manager who described how she would be required to contribute to the calculation of an ill-health retirement lump sum:

> I have to compile a case over the years that I've managed her to say how well she's performed . . . what her behaviour's been like, how accommodating she's been, has she been keeping in touch, has she been trying always to come back to work (LM7)

Alongside information relating to employee pre-diagnosis workplace contribution, this manager reflected on their employee's conduct post diagnosis. In this instance the employee was ineligible for ill-health retirement and returned to work. However, the criteria described by the line manager, including her employee keeping in touch and evidencing an attempt to come back to work were found in the accounts of other managerial descriptions of support and narratives from employees with cancer.

Employees were not exclusively rewarded for returning to work, or showing a desire to return to work, but sometimes for providing clarity about their intentions to leave or stay. 12M described the lump sum he negotiated on his departure from work as part of a compromise agreement as "very generous"; he attributed this to his line management (also the organisational executive committee and so well placed to make discretional decisions relating to support) appreciating how clear he was regarding his intentions to leave. He "told them where [he] stood" choosing not "to mess them about with tribunals and that" and for saving his employers the additional work, and potential costs relating to other forms of workplace departure or employment tribunal; he was rewarded with an enhanced severance payment.

Discussion and conclusion

This paper illustrates how line managers and employees negotiate and understand post diagnosis support offered by employers to employees with cancer. Its key contributions are to provide insight into subjective notions of deservingness and to illustrate the scope for managerial discretion within individualised negotiations with employees with cancer. Line managers drew on the contribution of employees prior to their diagnosis, their conduct since and the perceived deservingness of cancer as part of these negotiations, which covered material resources such as sick pay, severance payments and workplace adjustments. Decisions relating to the support offered to employees with cancer were highly subjective and discretional, featured reciprocity and had the potential to alter employee–employer relationships.

Though most line managers had limited levels of discretional power over the provision of sick pay and lump sum payments, there were examples of discretional (over)payments in the accounts of employees with cancer. There was extensive evidence of managerial discretion in the application of workplace adjustments as found in previous research (Foster, 2007). While this previous research highlighted employee reliance on managerial “goodwill” (Foster, 2007), the current study identified what informs this goodwill in the context of employee cancer. The data showed how managers considered the pre- and post-diagnosis conduct of their employees to make these judgements, rewarding longer and uninterrupted service prior to diagnosis and enthusiasm for returning to work reciprocally with workplace accommodations despite these being an entitlement under the Equality Act (2010).

Employees also understood the support that they received in these terms, recognising and justifying the support they did or did not receive on these bases. They also contextualised the support they received using their pre-diagnosis experiences of the workplace and their direct management, sometimes expressing disappointment or surprise at their post-diagnosis workplace interactions. The findings support other research that has highlighted the insecurity of discretional managerial decision making of this kind (Wood, 2018) by placing employees in a position of obligation to managers to retain their adjustments.

Though legislative and policy frameworks differ between organisations, regions and nations, the reflection of wider disability discourses in these data has implications for ageing workforces across the world. The incidence of long-term ill-health increases across a population as it ages, and more workplaces will have to manage more diverse illness trajectories, including those of various cancers. Employers drawing on categorisations of deserving or undeserving replicate decisions relating to the provision of welfare benefits (Van Oorschot, 2000). In requiring that disabled or ill employees act in a specific way post diagnosis, employers proliferate assumptions relating to how “genuinely” ill people should act. Those deemed not to meet these assumptions fulfil the enduring stereotype of sickness related welfare benefit recipients – the underserving recipients of support – as either having managed to trick medical professionals or having connived with them to over exaggerate their health problems (Grover and Piggott, 2007).

The consideration of pre-diagnosis workplace contribution reflects contributions-based benefit provision. It has implications for those with long-term health conditions that involve periods of sickness absence, those working on short-term contracts or in organisations with high managerial turnover as they cannot evidence uninterrupted periods of work or build the employee–employer relationship necessary to access support in the event of (further) ill health.

Making decisions about workplace adjustments, sick pay and severance pay on the basis of prior contribution raises questions relating to the management of employees diagnosed with stigmatised, misunderstood or gendered conditions. Misunderstandings relating to the nature of long-term ill-health in the data show that assumptions were made about employees who were seen to be acting inappropriately for an ill person, and as such were mistreated on their return to work. This reflects wider disability discourses where those acting in such away are considered to be shirking their duty to work. The presented data reflect the societal significance ofwork in relation to deservingness and illustrates how these wider discourses are manifest in individual employment settings to that effect.

Employee and managerial judgements in this context have implications for equality, diversity and inclusion agendas as notions of deservingness are likely to have ramifications relating to gender, race and class in the workplace (Dwertmann and Boehm, 2016; Sang and Powell, 2012). Workplace adjustments were framed as “rewards” for employees whose post-diagnosis conduct supported organisational priorities of identifying a timeline for a departure from or return to work – and in particular those who returned faster. In this respect their actions reflect the aims of the UK state welfare system, to propel people back into the labour force (Bambra and Smith, 2010). Those best able to evidence recovery and return to full productivity were most likely to receive support. For returned employees and their managers support in the workplace was an ongoing negotiation. These negotiations reflect those described by Wood (2018) in relation to flexible scheduling and Bourdieu’s theorising on gift giving (1977). Workplace adjustment packages agreed between line managers and employees with cancer were subject to review in some workplaces and at risk from alteration by upper management and/or managerial turnover. This left some employees in positions of precarity as there was little assurance that reasonable adjustments would continue. As described by staff from the UK cancer support charity, employees ran the risk of being perceived as difficult if they asserted their needs, and/or feeling obliged to their individual manager who provided their workplace accommodations as recipients of unreciprocated gifts (Bourdieu, 1977).

Data suggest that managerial support in the context of employee cancer is temporary. In what can be understood as the acute stage of cancer, managerial support was assumed and reflective of the perceived need of employees. Crucially, this initial support was enabled by organisational policies and wider workplace legislation, which are, broadly speaking, designed to fit the needs of short-term

illness and in many workplaces reward tenure with additional inducements. Employers have previously been found to make decisions about workplace accommodations on the basis of their employees' past performance (Florey and Harrison, 2000) though in these data it appeared to extend beyond performance to include employee attitude, tenure and/or workplace value.

Some employees with cancer did not consider the support they received, whether sick pay, redundancy payment offers or reasonable adjustments, as commensurate with either their workplace contribution or the severity of their illness, while others did. Ultimately, employees drew on similar criteria for deservingness as line managers though in some instances reaching alternative conclusions. A key difference was that employees were not influenced by organisational priorities to frame their entitlement.

They were instead influenced by their pre-diagnosis employment conditions and how supportive they viewed their employers to be, their contribution to the workplace prior to being diagnosed and their level of need once diagnosed. Though the employees in the study acknowledged work as important to them, whether as a necessary domestic income, part of their identity or an important site of social interaction, they did not discuss needing to go back to work to meet targets, only to recoup lost income/savings or to return to "normal" which has proven important to people recovering from serious illnesses including cancer (Luker et al., 2013; Moffatt and Noble, 2015).

Poor management serves as a motivation for employees with cancer to leave work (Taskila, 2007) and employees with cancer already report being subject to a number of problematic employment practices (Johnsson et al., 2010; Stergiou-Kita et al., 2016). Despite this, data from this study included numerous accounts of positive interactions with line managers who were well-intentioned and had good working relationships with their employees, often in the context of supportive organisations. Data from both positive and more negative relationships between employees and line managers raise some important questions regarding the politics of managerial support for employees with cancer, and consequently, employees experiencing other health conditions or disabilities.

These data suggest that cancer is currently framed as distinct from other disabilities in the UK. In the first instance, the condition is considered deserving. Arguably, the presence of cancer charity support staff in UK workplaces could be seen to endorse the particularity of cancer as a condition. In this respect, though a small number of employees with cancer benefitted individually from workplace support from charity staff, condition-specific workplace training or intervention can be interpreted as a development of the depoliticisation identified by Foster (2007) caused by individualised negotiations. This warrants further empirical and theoretical exploration. There is perhaps a risk implicit in these data that debates relating to deservingness in the workplace function to undermine entitlement, much as it does

within social policy discourse in Western Europe and North America (Piven and Cloward, 1972). Deservingness generates opportunities for discretion and arbitrary/conditional boundary making with regard to who is, and who is not deserving of particular support. It undermines entitlement, within policy parameters that are already subject to individual interpretation, and further individualises workplace labour relations around health, diminishing disability as a political category. Though explored in individual workplace negotiations, this paper highlights how wider views relating to illness and disability transcend national legislation in workplace contexts and manifest in individual workplace negotiations between employees with cancer and their line managers.

Table 3

Charity staff Location Client group

CS1 National office Employers

CS2 National office Employees with cancer

CS3 National office Employers

CS4 National office Employers

CS5 National office Employers

CS6 Regional worker Employees with cancer and employers

CS7 Regional worker Employees with cancer and employers

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