

University of Denver

Digital Commons @ DU

Electronic Theses and Dissertations

Graduate Studies

1-1-2016

Investigating Residual Impacts of Teachers with Cancer

Jill Athena Netz-Fulkerson
University of Denver

Follow this and additional works at: <https://digitalcommons.du.edu/etd>



Part of the [Health and Physical Education Commons](#), and the [Teacher Education and Professional Development Commons](#)

Recommended Citation

Netz-Fulkerson, Jill Athena, "Investigating Residual Impacts of Teachers with Cancer" (2016). *Electronic Theses and Dissertations*. 1089.

<https://digitalcommons.du.edu/etd/1089>

This Dissertation is brought to you for free and open access by the Graduate Studies at Digital Commons @ DU. It has been accepted for inclusion in Electronic Theses and Dissertations by an authorized administrator of Digital Commons @ DU. For more information, please contact jennifer.cox@du.edu, dig-commons@du.edu.

Investigating Residual Impacts of Teachers with Cancer

Abstract

This study investigates the residual impacts of cancer on teachers. Much research is currently available on how to support students in the classroom who have cancer, but there is still a gap in research regarding the impact of teachers with cancer.

This research focuses specifically on three central questions: 1) What are the perceptions of practicing *teachers* who identify themselves as cancer patients with regard to their professional experiences? 2) What are the perceptions of the teachers about their school community when they are identified as cancer patients? And, 3) What are the perceptions of practicing teachers who identify themselves as cancer patients with regard to the institutional school *support* they do or do not receive?

The literature review focuses on the perceptions of teachers who have cancer, the perceived impacts to their classrooms, and the teachers perceived support from the school community. The literature review also discusses how the teacher's cancer treatments and side effects impact the classroom. Additionally, this research found that teachers' identities are impacted by their cancer experiences.

This study uses a *thematic analysis* and a *grounded theory method* research design to analyze cancer forum groups for teachers as the data. Three data coding methods (theming, narrative, and pattern) are used to explore and uncover the related costs to the: education system, the teacher themselves, the community, administration, and impact on students and their learning. Four central patterns and themes emerged: *support, time, changes, and relationships*.

This research discovered that when teachers are compromised, so is the effectiveness of any curriculum they teach to overall learning effectiveness in school communities. Recommendations include: 1) new teacher support policies and procedures; 2) health awareness support programs for teachers; and, 3) the development of new education programs. This research aims to be a catalyst for additional research and studies to examine how education systems and health care systems can work together to help support the growing number of teachers with cancer and the greater school communities.

Document Type

Dissertation

Degree Name

Ph.D.

Department

Curriculum and Instruction

First Advisor

Bruce Uhrmacher, Ph.D.

Second Advisor

Nicholas Cutforth

Third Advisor

Sarah Pessin

Keywords

Cancer, Grounded theory, Health policies, School community, Teachers, Thematic analysis

Subject Categories

Education | Health and Physical Education | Teacher Education and Professional Development

Publication Statement

Copyright is held by the author. User is responsible for all copyright compliance.

INVESTIGATING RESIDUAL IMPACTS OF TEACHERS WITH CANCER

A Dissertation

Presented to

the Faculty of the Morgridge College of Education

University of Denver

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

by

Jill A. Netz-Fulkerson

March 2016

Advisor: Professor Bruce Uhrmacher

©Copyright by Jill A. Netz-Fulkerson 2016

All Rights Reserved

Author: JILL A. NETZ-FULKERSON
Title: INVESTIGATING RESIDUAL IMPACTS OF TEACHERS WITH CANCER
Advisor: Professor Bruce Uhrmacher
Degree Date: March 2016

Abstract

This study investigates the residual impacts of cancer on teachers. Much research is currently available on how to support students in the classroom who have cancer, but there is still a gap in research regarding the impact of teachers with cancer.

This research focuses specifically on three central questions: 1) What are the perceptions of practicing *teachers* who identify themselves as cancer patients with regard to their professional experiences? 2) What are the perceptions of the teachers about their school community when they are identified as cancer patients? And, 3) What are the perceptions of practicing teachers who identify themselves as cancer patients with regard to the institutional school *support* they do or do not receive?

The literature review focuses on the perceptions of teachers who have cancer, the perceived impact to their classrooms, and the teachers perceived support from the school community. The literature review also discusses how the teacher's cancer treatments and side effects impact the classroom. Additionally, this research found that teachers' identities are impacted by their cancer experiences.

This study uses a *thematic analysis* and a *grounded theory method* research design to analyze cancer forum groups for teachers as the data. Three data coding methods (theming, narrative, and pattern) are used to explore and uncover the related costs to the: education system, the teacher themselves, the community, administration, and impact on

students and their learning. Four central patterns and themes emerged: *support, time, changes, and relationships.*

This research discovered that when teachers are compromised, so is the effectiveness of any curriculum they teach to overall learning effectiveness in school communities. Recommendations include: 1) new teacher support policies and procedures; 2) health awareness support programs for teachers; and, 3) the development of new education programs. This research aims to be a catalyst for additional research and studies to examine how education systems and health care systems can work together to help support the growing number of teachers with cancer and the greater school communities.

Acknowledgements

First and foremost, I would like to thank my parents (Howard E. Netz, MD and Martha J. Netz) for the love of learning they modeled for my brother (David E. Netz) and I in our loving family home. To all of the teachers in our family and many family members who have had various types of cancer, some who survived their cancers and some who did not, I want to thank each of them for their personal courage for survival and their resiliency to overcome adversity.

I would also like to thank my excellent team of doctors at Lutheran Medical Hospital who helped me in my own personal breast cancer journey. Without the advances in medicine and their excellent medical care I would not have been alive today to write this dissertation. In addition, I want to thank my professors Paul Michalec and Nicholas Cutforth at the University of Denver who believed in me and helped to support and guide me to complete my PhD through many adversities in my eight-year journey.

My friends made me humble and grateful at the same time with their generosity of meals, encouraging words, gifts, and the moral support they provided throughout my cancer treatments, plus their encouragement and support to finish this dissertation.

Finally, I would like to thank my boyfriend (Frank) and wonderful extended family--three daughters (Shana, Terra, and Halie), three son in laws (Matt, Nate, and James), and my seven grandchildren (Trenton, Jamie, Oliver, Amelia, Eliza, Joelle, and Siena) all of whom make me want to be part of a better education system for them, for teachers, and for all of the children in the world so they too can experience the love of learning while living in a supportive and healthy environment.

Table of Contents

| | |
|--|----|
| Chapter One: Introduction | 1 |
| Global Cancer Statistics | 1 |
| United States Cancer Statistics | 2 |
| Teachers in the United States with Cancer | 3 |
| Purpose of the Study | 4 |
| Importance of Teacher Presence and Curriculum Continuity..... | 9 |
| Teacher Absenteeism and Mobility | 9 |
| Significance of the Study | 11 |
| Research Questions | 12 |
| Active Observer Role..... | 13 |
| Chapter Two: Literature Review | 15 |
| Terminology..... | 16 |
| Teachers with Cancer..... | 21 |
| Perceived Teacher Changes to Their Professional Identity | 23 |
| Teacher Treatments and Side Effects of Cancer..... | 27 |
| Finding a “New Normal” | 29 |
| Medical and Educational Research for Survivorship..... | 35 |
| Cognitive Neuroscience Related to Teaching..... | 41 |
| Impacts to the Classroom Community..... | 44 |
| How Is Teacher Absenteeism Handled?..... | 46 |
| Cognitive Impacts on Teachers..... | 52 |
| School Community Support..... | 54 |
| Support of Teachers with Cancer at School..... | 57 |
| Social Support and Association with Stress..... | 61 |
| Summary of Literature Review..... | 62 |
| Chapter Three: Methodology and Research Approach..... | 63 |
| Introduction and Overview | 63 |
| Purpose and Research Question..... | 63 |
| Background of Thematic Analysis..... | 65 |
| Background of Grounded Theory | 66 |
| Overview of Information Needed | 69 |
| Components of the Research Design | 70 |
| Narrative Coding..... | 74 |
| Theme the Data | 75 |
| Pattern Coding | 76 |
| Data Analysis and Synthesis..... | 77 |
| Research Sample—Teacher Cancer Forums | 77 |
| Ethical Considerations | 79 |
| Issues of Trustworthiness..... | 80 |
| Research Assumptions and Limitations..... | 82 |
| Summary of Methodology and Research..... | 85 |

| | |
|--|-----|
| Chapter Four: Presentation of Findings | 86 |
| Overview of the Data | 87 |
| Teacher Themes Uncovered | 90 |
| Four Key Central Patterns Within Themes Emerged | 93 |
| Theme 1: Perceived Teacher <i>Support</i> | 97 |
| Perceived Teacher Support | 98 |
| Discussions Surrounding Support..... | 99 |
| Theme 2: Perceived Issues Around <i>Time</i> | 103 |
| Time Away From Work..... | 106 |
| Time for Recovery | 109 |
| Theme 3: Perceived <i>Changes</i> Due to Cancer | 114 |
| Changes in Workplace | 116 |
| Emotional, Physical, and Mental Changes | 118 |
| Changes in Finances and Work..... | 123 |
| Theme 4: Perceived Impacts to <i>Relationships</i> | 126 |
| School Community Relationships..... | 127 |
| Student Connections and Relationships..... | 131 |
| Peer Teacher Relationships and Other Impacts on the Classroom | 136 |
| Administration and School Union Relationships..... | 140 |
| Summary of the Data Findings | 141 |
| Chapter Five: Analysis, Interpretation, and Discussion of Findings | 142 |
| The Research Questions—the Findings..... | 142 |
| Support Through the Data and Literature Review—the Findings | 144 |
| Analysis of the Findings | 146 |
| Number of Teachers with Cancer Diagnosis Rising..... | 146 |
| Teacher Jobs Impacted By Cancer..... | 147 |
| Inconsistent School Policies | 148 |
| Importance of Supportive Teacher Unions | 149 |
| Importance of Supportive Administrators | 150 |
| Residual Financial Support Impacts | 152 |
| Importance of Community and School Support | 153 |
| Fear, Loneliness, and Emotional Support | 154 |
| Growing Number of Discussion Forums for Cancer Support | 155 |
| Accuracy of Medical Advice in Forums..... | 156 |
| Technology as a Factor for Cancer Support | 157 |
| Age Dependent Teacher Support | 158 |
| Ongoing Cancer Support..... | 159 |
| Cultural Differences of Countries Support | 160 |
| Summary of Analysis and Interpretation of Findings..... | 166 |
| Recommendations..... | 167 |
| School Health Wellness Awareness Programs for Teachers | 168 |
| Education Programs to Dispel Cancer Myths..... | 170 |
| Better School Health Policies and Procedures..... | 171 |
| Conclusion | 173 |

| | |
|-----------------|-----|
| References..... | 175 |
| Appendix A..... | 182 |
| Appendix B..... | 193 |

Chapter One: Introduction

Long-term illness impacts people on many levels, perhaps most starkly in their personal and professional lives. This is relevant to teachers and curriculum because when the person who is implementing the curriculum is impacted by a medical condition in which they have no control over, the ability to effectively teach the curriculum may also be compromised and suffer (Danna & Griffin, 1999).

This study looks specifically at teachers whose classroom performance has been impacted by illness. One of the most pervasive and most known illnesses worldwide is cancer, and research demonstrates that even with just this one illness, there is an important global impact.

Global Cancer Statistics

Cancer knows no boundaries. It is an enormous global health burden that touches every region and socioeconomic level. Today, cancer accounts for one in every eight deaths worldwide – more than HIV/AIDS, tuberculosis, and malaria combined. In 2012, there were an estimated 14.1 million cases of cancer diagnosed and 8.2 million deaths from the disease around the world (American Cancer Society, Facts and Figures, 2014a).

More than 60 percent of all cancer deaths occur in low- and middle-income countries, many of which lack the medical resources and health systems to combat the disease burden. Moreover, the global cancer phenomenon is growing at an alarming pace. In 2030 alone, about 21.7 million new cancer cases and 13.0 million cancer deaths are

expected to occur, simply due to the growth and aging of the population (American Cancer Society, Facts and Figures, 2014b).

According to the World Cancer Research Fund International (2012), “Lung cancer is the most common cancer worldwide, with 1.8 million new cases diagnosed in 2012.” The statistics also show that “Breast cancer is the most common cancer in women worldwide, with nearly 1.7 million new cases diagnosed in 2012 (second most common cancer overall). This represents about 12% of all new cancer cases and 25% of all cancers in women (World Cancer Research Fund International, 2012). Therefore, it is important to study breast cancer because it is the most common cancer in women worldwide.

The world population is projected to top 7.1 billion at the start of 2014. There will be one birth every 8 seconds in 2014, while someone will die every 12 seconds. So in the time it took you to read this far, four newborn Americans entered the population while two residents of the country die (Schlesinger, 2013; US Census Bureau, 2014).¹ With the world population and the population growing in the United States, the number of people with cancer is also growing.

United States Cancer Statistics

In 2014 the United States Census Bureau estimates that the United States population will have reached a new record of more than 317 million people (Census Bureau, 2014). With a rise in the population, there is also an expected rise in cancer.

According to the American Cancer Society’s annual report, in 2014 there will be an estimated 1,665,540 new cancer cases diagnosed and 585,720 cancer deaths in the

¹ For an update on the world population, see also the Bureau of Census World clock at: http://www.census.gov/popclock/?eml=gd&utm_medium=email&utm_source=govdelivery.

United States. Cancer remains the second most common cause of death in the United States, accounting for nearly 1 of every 4 deaths (American Cancer Society Facts and Figures, 2014a). Statistics, such as these, illustrate the huge health implications cancer causes in the United States.

Teachers in the United States with Cancer

According to the National Center for Educational Statistics, a projected 3.7 million full time equivalent (FTE) elementary and secondary school teachers were engaged in classroom instruction in fall 2012. This number has risen 7 percent since 2002. The 2012 projected number of FTE teachers includes 3.3 million public school teachers and 0.4 million private school teachers. These teachers are hired to education the 49.4 million children attending public PK-12 schools (National Center for Education Statistics, 2012). Because of the huge consequential impact teachers make on a society, it is important to know: who teachers are, where they are coming from, and what they think.

With 1,665,540 new cancer cases diagnosed with cancer in the United States in 2014, how many of those diagnosed with cancer are teachers? Although the specific statistics about the number of teachers who have cancer is not currently available, one could extrapolate from the statistics mentioned above that teachers with cancer would follow the same trend as the general population. On that basis, approximately 1:4 teachers may at some point in their career receive a cancer diagnosis. Therefore, based on the above estimates, this would lead to a number of approximately 416,385 new cases of cancer diagnosis among teachers in the United States (American Cancer Society, Facts

and Figures, 2014b). These statistics are extremely important and provide the framework for understanding the purpose of this study.

Purpose of the Study

This paper investigates the perceived residual impacts to classrooms (student performance, teacher effectiveness, comprehensive implementation of the curriculum), the school community, and to the teachers in the United States after classroom teachers have been diagnosed with cancer.

The paper also examines teacher resiliency within the educational system. By doing so, the career work of the teacher is not lost; rather, while the effects of the illness will no doubt create obstacles, building awareness of this issue is important in order to retain excellent teachers and reduce turnover in schools. Schools and communities need to provide more robust support in the system to ease the burden on the teacher and to the educational system as a whole. The research in this paper attempts to examine the actual or perceived connection between support/lack of support teachers receive during cancer illness, and if the support received or not received is, in some way, causing some teacher attrition.

Some of the major issues that can impact the teacher's effectiveness once they are struck with cancer include, but are not limited to, the following:

- Increase in absenteeism (Halvorson-Boyde & Hunter, 1995; NCES, 2014)
- Lack of continuity and best practices modeling in the classroom (Nuthall, 2004)

- Decrease in classroom cohesion (Cancer Council, Cancer in School Community, 2008)
- Cognitive changes in the teacher, which impact his or her ability to function at the premorbid rate. For example, research is showing that as many as 75% of cancer patients experience Cancer Treatment Related Cognitive Impairment (CTRDCI) also known as “Chemo-brain” after cancer, an effect which is described by the medical literature as a condition that negatively impacts the teacher’s long and short term memory, ability to multi-task, propose and follow directions, remember names, and other daily functioning routines, all in addition to the other side effects of cancer adjunct therapies (American Cancer Society, 2015)
- Increase use of substitute teachers, therefore a decrease in the familiarity of the curriculum (Bloomberg & Volpe, 2012, p. 91)
- Impact of school or district policy on illness/leave not allowing sufficient time for recovery or renewal (Cancer Council, Cancer in School Community, 2008).

In current discussions about “Best Practices” and “master teachers,” there is limited discourse about how teachers with illnesses due to cancer are supported and/or how a teacher is evaluated when they are out of the classroom during and after cancer treatments.

It is important with the contemporary notion of “performance tied to teacher pay” to make sure that a teacher with cancer receives a fair assessment. Currently, with more

emphasis in schools being placed on professional development of teachers; with rising health care costs; and, with shrinking educational budgets; it is becoming increasingly important for administrators to consider the ramifications cancer has on teacher performance reviews. For example, administrators must consider how teachers who have been diagnosed with cancer or other serious illnesses may be impacted physically, psychologically, intellectually, and emotionally; so although these factors may impact the efficacy of education, these medical conditions from the cancer ethically should not be used against the teacher in their evaluation.

With so many adverse factors impacting the personal lives and identity of teachers, it is safe to assume that teacher's professional lives are also compromised. It is not an unimaginable leap to see how so many important and adverse events could impact their ability to use the curriculum effectively in the classroom.

Many cancer survivors must discover their "new normal," a term that refers to a cancer survivor's requirement to adjust to the many complex changes they experience throughout their journey. Research has shown that receiving a cancer diagnosis and going through treatments (such as chemotherapy) is life changing for the survivor and oftentimes for those around them (Halvorson-Boyd & Hunter, 1995, p. 2). So, how does this life-changing event directly impact the students in the classroom?

The investigation for this paper's research is three-fold. First, it explores how the teacher perceives his/her professional identity has been changed by their cancer journey. Second, it explores the perceptions of the school community about how a teacher going through cancer treatments or afterwards residually alters the teacher's classroom. Third, it

examines what perceptions of support teachers who have been diagnosed with cancer do or do not receive. For example, the paper looks at the extent of the negative impact of teachers who may be out of the classroom for a length of time (weeks, months, or indefinitely) and how those absences may contribute to a lack of continuity of curriculum as the result of the use of substitute teachers. It seems likely that such discontinuity will impact the quality of the students' education through inconsistent modeling for the students. For the purposes of this research project, the focus is on teacher's perceptions of their professional identity and experiences. This paper also looks at how medical and education research can be used together to help create a more rigorous research study. This study examines how cancer and education research may need to overlap—especially when teachers have cancer that may impact them professionally and create another layer of complexity to teaching and learning in the classroom. One residual complexity this research looks at is in regards to teacher retention and attrition in the classroom when a teacher is struck with cancer as a long-term illness.

Teachers have a lot of fears around receiving a cancer diagnosis. In the aftermath of a cancer diagnosis, teachers may have heightened fears of losing their jobs or careers in addition to the fear that they may not survive the cancer (National Cancer Institute, 2014). Currently, little is written on how teachers who have gone through cancer have personally been impacted and how their cancer has possibly also impacted their classrooms during and after surviving the cancer. When a teacher is diagnosed with cancer and must go through life-saving treatments, such as surgery, chemotherapy, and/or radiation, the result is that the teacher may have more absenteeism, a change in life-

perspective, changes in cognition, and in some cases the result is death. In a recent study by the American Cancer Society, more than 60 percent of people going through cancer have “Chemo-brain” (AKA mental foggiess) and these individuals’ cognitive function sometimes does not return to the premorbid level (American Cancer Association Cancer Facts, 2014b).

One of the main fears may be the type of repercussions in the work place. Many educators with cancer are afraid to tell their employers that they have cancer because of how it may impact their jobs and therefore their livelihood. Consequently, many teachers try to continue working “as normal” in order to keep their jobs although they are impacted by some new limitations created by the cancer and treatments. Some of the limitations include: 1) physical endurance changes; 2) how they think and process information; and, 3) absenteeism (Halvorson-Boyde & Hunter, 1995). Employees with a cancer diagnosis can be fearful of telling an employer or their school they have cancer even though according to the American Disabilities Act (ADA). The ADA makes this point clear when it states, “If you are able to perform the duties of your job, an employer cannot treat you unfairly (or discriminate). In fact, the employer may need to allow some changes to help you do the job, such as light-duty work, flexible hours or leave time” (Livestrong Foundation, 2015).

In summary, the reason this study is important is because it investigates the residual impacts of teachers with cancer and discusses how: 1) administrators can become more aware of the gaps they need to fill in order to support teachers with cancer; 2) teachers can be more informed and proactive in working through some of the issues they

will encounter with regards to their professional roles; 3) the greater community can have a better understanding and provide additional and more specific types of support; and, 4) this research will provide a contribution to the greater body of knowledge surrounding the residual impacts of cancer worldwide.

Importance of Teacher Presence and Curriculum Continuity

A main factor of curriculum effectiveness is the presence of consistency in the classroom (Freiberg, 1983). When a teacher is absent from class for an extended period or intermittent periods, there is an increase in the use of substitute teachers. While the substitute may be versed in the curriculum, the substitute may not be as familiar with the students as the primary teacher. Familiarity with students and the classroom dynamics may be just as important as familiarity with the curriculum. Therefore, the continuity and stability of the classroom may be negatively impacted. This could take a variety of forms; such as, there may not be a clear point of contact person for the families, a decrease in the quality of teaching, and the curriculum instruction may also be compromised. It is not the teacher's fault she/he gets cancer and this paper aims to include an argument for better teacher support because of the teacher's long-term illness and its residual impacts to the classroom, to the school, and the school community. Because a teacher may have long-term illness due to the cancer, they may be absent from their classrooms for extended periods of time.

Teacher Absenteeism and Mobility

What are the perceptions about how cancer may be impacting the mobility rate of teachers within schools (and consequently their classrooms) because their contract was

not renewed, they change fields afterwards, or if they stay working the same job after “recovering” from cancer (NCES, 2014)? How much of the teacher mobility is perceived to be due to cancer is statistically unknown. However, while these statistics do not reflect mobility rates specifically related to cancer, they are important to examine. This is because teachers with cancer often have concerns related to mobility; such as, not returning to the classroom, returning in limited capacities, or briefly returning to work before retiring.

- Of the 3,380,300 full-time and part-time public school teachers who were teaching during the 2007–08 school year, 84.5 percent remained at the same school (“stayers”), 7.6 percent moved to a different school (“movers”), and 8.0 percent left the profession (“leavers”) during the following year. Among the 487,300 private school teachers who were teaching during the 2007–08 school year, 79.2 percent were stayers, 4.9 percent were movers, and 15.9 percent were leavers.
- About 26.2 percent of public school teacher movers changed schools in 2008–09 because of personal life factors, compared to 16.0 percent of private school teacher movers. About 5.3 percent of public school teacher leavers left teaching in 2008–09 because their contract was not renewed, compared to 13.0 percent of private school teacher leavers.
- Among teachers who left teaching in 2008–09, about 8.9 percent of public school teachers, compared to 17.4 percent of private school teachers, were

working in an occupation outside the field of education, including military service (Kirby & Grissmer, 1993).

It is not clear from current teacher mobility and retention statistics if teachers with cancer were or were not included under the generic headings of “personal life factors” and teacher contract renewals. Therefore, further investigation is needed to determine if a teacher’s cancer-related illness is factored into teachers’ contracts—such as, if a reason for teacher contracts not being renewed and high mobility rates is the fact that a teacher has cancer.

The statistics do, however, demonstrate that an increase in teacher mobility can possibly impact teacher performance and the classroom. This study will attempt to illuminate, from the teacher forum samples selected (shown later in this paper), that it is certainly the teachers’ perspectives that cancer does indeed impact their ability to teach and also may result in early retirements or life choice changes. In summary, it is perceived that teacher mobility may also be a residual impact to the classroom.

Significance of the Study

This study is important because teachers are the vehicle of knowledge for their students and when they are compromised (in this case, by cancer), so is the effectiveness of any curriculum they teach to the overall learning effectiveness in schools. This study also plans to expand the greater body of knowledge with regards to the residual impact of teachers with cancer on the quality of education provided in their classroom during and after the teacher is treated for cancer. For example, I will explore the related costs to the:

- Education system

- Teacher
- Community
- Administration
- Students

A cancer diagnosis does not have to derail student learning and curriculum effectiveness, as long as there is information and preparation on the part of administration with a clear understanding on how to best support the teacher and the classrooms in the process.

Research Questions

Although many factors could be researched with regards to studying teachers with cancer, this paper's research focuses specifically on three central questions:

1. What are the perceptions of practicing teachers who identify themselves as cancer patients with regard to their professional experiences?
2. What are the perceptions of the teachers about their school community when they are identified as cancer patients?
3. What are the perceptions of practicing teachers who identify themselves as cancer patients with regard to the institutional school support they do or do not receive?

For this research paper, a teacher's *professional experiences* are those events in and out of the classroom related to the school where he/she teaches. The community to be examined is the teachers' perceptions of the *school community*. The school community is anyone having a connection or involvement with the school and specifically the teacher's

classroom. For example, members of the community include students, administrators, school boards, businesses, friends, and/or family members of the students, teachers, and administrators. Fullan describes how important a school community is for the health of a school in his following statement:

“Teachers can not do it alone. Parents and other community members are crucial and largely untapped resources who have (or can be helped to have) assets and expertise that are essential to the [school] partnership” (2007, p. 190).

For the purpose of this research, the teacher’s perceived community support is that of the school’s institutional support.

Active Observer Role

After surviving cancer myself, it is my perception and the perception of other cancer surviving educators that it is difficult for those who have not gone through these cancer treatments and the cancer journey to completely understand the depth of the residual impact of the disease on an educator’s professional identity and productivity.

When someone completes their cancer treatments, others expect the survivor just to pick up where they left off prior to the cancer. One hears comments like, “Congratulations you are cancer free, so when are you going back to work?” Many educators also desire to return to work because they have no other choice for financial reasons than to return to their work. In doing so, they try to continue where they left off prior to their cancer.

When a teacher is diagnosed with cancer, many of the school community surrounding the teacher may not know how to react or how to help support the teacher. Some administrators, parents, and co-workers may be overly focused on the cancer instead of focusing on the teacher and other aspects of the teacher’s life. Other school

community members may not even care about the teacher's health situation and professional struggles intertwined with their cancer journey.

Chapter Two: Literature Review

This literature review focuses on three areas: 1) teachers with cancer; 2) how the teachers' personal and physical capacities impact their ability to teach effectively; and, 3) support of the teachers and their classrooms (such as, support for teacher's identity and recovery).

No one specific piece of literature was found through an extensive inter-library literature research that ties together all three of the research areas in any one peer-reviewed piece of literature. This new area of research needs to have a starting place, such as Malchi and MeEvoy (2012) suggest: "Once you have selected the focus of the subject, you need to select the perspective or vantage point that is the place from which you view the subject" (p. 22). The "perspective or vantage point" this literature review plans to investigate begins with the three research areas. This literature review begins by leveraging on area-specific peer-reviewed classroom teacher research and on cancer organizations to include cancer facts and cancer patient experiences as a long-term illness.

In summary, the objective of this literature review is to be a narrative. A narrative that integrates, synthesizes, and critiques the research and thinking around the topic of teachers' professional classroom experiences while they are going through cancer treatments. In addition, the literature review investigates the perceptions of these teachers

in regards to the support teachers receive from the school community (Bloomberg & Volpe, 2012, p. 91).

In order to better understand these three areas of focus, it is first important to provide a framework about the terminology described in this literature review.

Terminology

The objective of the terminology section is to provide a clearer contextual understanding of some of the pertinent areas of focus to more fully understand how a teacher who receives a cancer diagnosis may unintentionally impact those around them; such as, their classrooms and their school community, as they go through their cancer treatments in anticipation of being able to recover from having this disease.

The source of these definitions came from leading cancer organizations, such as, the Mayo Clinic, National Cancer Institute, and the American Cancer Society. Education-related definitions leveraged on definitions provided by educational scholars and organizations.

- **Adjuvant Therapy.** Certain cancers may have specific changes within their cells that indicate the likelihood that cancer will return. If tests (such as, cancer oncotype pathology reports of the cancer) show cancer is unlikely to recur, adjuvant therapy may offer little benefit. If tests show cancer has a greater chance of recurring, the cancer patient is more likely to benefit from adjuvant therapy. Doctors may request special testing of the patient's cancer cells to determine if adjuvant therapy would be beneficial. Receiving adjuvant therapy does not guarantee the patient's

cancer will not recur. It can, however, help reduce the risk of cancer coming back (Mayo Clinic, 2015). For example, some breast cancer patients who are HER+ to estrogen and also possibly progesterone may take daily adjunct therapy pills from 5-10 years after their surgery, radiation, and chemotherapy treatments to help keep cancer from returning. These adjuvant therapy treatments can also have some other side effects, such as, night sweats, still joints, fogginess of thought, and other reported conditions (American Cancer Society, 2014a).

- **Cancer.** Cancer refers to any one of a large number of diseases characterized by the development of abnormal cells that divide uncontrollably and have the ability to infiltrate and destroy normal body tissue. Cancer also has the ability to spread throughout your body. Cancer is the second-leading cause of death in the United States. But survival rates are improving for many types of cancer, thanks to improvements in cancer screening and cancer treatment (Mayo Clinic, 2015).
- **Hormone therapy.** Some cancers are sensitive to hormones. For these cancers, treatments to stop hormone production in your body or block the effect of hormones on your cancer may be helpful. Cancers that are commonly hormone sensitive include breast, uterine and prostate cancers. Your cancer will be analyzed to see if it is hormone sensitive. If it is, you might benefit from hormone therapy. Hormone therapy can be used in conjunction with surgery, radiation or chemotherapy (Mayo Clinic, 2015).

- **Immunotherapy.** Immunotherapy works with your own body's immune system to fight off remaining cancer cells. Immunotherapy treatment can either stimulate your body's own defenses or supplement them (Mayo Clinic, 2015).
- **Teacher Mobility.** Moving patterns of teacher retention in schools and districts. Research examines individual teacher records during a period. Statewide analyses and in-depth examination are conducted to gather and analyze data in relation to a representative sample of teachers regarding their views on factors that influence their decisions to stay or leave their school or school district (Elfers, Plecki & Knapp, 2009, p. 94-127).
- **Performance Tied to Teacher Pay.** The linking of teacher pay to student achievement. According to the National Education Association (2014), "This is one of education's burning hot issues: pay-for-performance (also known as merit pay), and it's becoming one of the determining factors in whether a teacher is judged a success or flat-out failure."
- **Professional Development.** The term professional development may be used in reference to a wide variety of specialized training, formal education, or advanced professional learning intended to help administrators, teachers, and other educators improve their professional knowledge, competence, skill, and effectiveness (Great Schools Partnership, 2014).

- **Radiation therapy.** Radiation therapy uses high-powered energy beams, such as X-rays, to kill cancer cells. Radiation therapy can be given internally or externally. Adjuvant radiation therapy focuses on the area around the original cancer site to reduce the risk that cancer will recur in that area (Mayo Clinic, 2015).
- **School Community.** The teacher's perception of anyone having a connection or involvement with the school. For example, student, administration, school boards, businesses, friends, and/or family members of the students, teachers, and administrators. All perceived influences the teacher has on the education of a child needs to be taken into consideration. For example, these influences are revealed when Fullan writes, "Teachers can not do it alone. Parents and other community members are crucial and largely untapped resources who have (or can be helped to have) assets and expertise that are essential to the [school] partnership" (2007, p. 190).
- **Student Outcomes.** The term student outcomes typically refers to either 1) the desired learning objectives or standards that schools and teachers want students to achieve, or 2) the educational, societal, and life effects that result from students being educated. In the first case, student outcomes are the intended goals of a course, program, or learning experience; in the second case, student outcomes are the actual results that students either achieve or fail to achieve during their education or later on

in life. The terms *learning outcomes* and *educational outcomes* are common synonyms (Great Schools Partnership, 2014).

- **Targeted therapy.** Targeted therapy aims to alter specific abnormalities present within cancer cells. For example, women with a type of breast cancer that makes too much of a protein called human growth factor receptor 2 (HER2) may choose a targeted therapy drug that blocks the action of that specific protein. These medications target the specific protein within those cancer cells. More targeted therapies are under development and may one day be available for use as adjuvant therapy (Mayo Clinic, 2015).
- **Teacher effectiveness.** How a teacher is evaluated is based on the teachers' contribution to student achievement gains and how teachers impact classrooms, schools, and their colleagues as well as how they contribute to other important outcomes for students (Geo, Bell, & Little, 2008). Processes for these teacher evaluations vary depending on the criteria and evaluation tool selected.
- **Teacher identity.** Recent educational research reminds us that teaching is not merely a cognitive or technical procedure but a complex, personal, social, often elusive, set of embedded processes and practices that concern the whole person (Britzman, 2003; Cochran-Smith, 2005; Hamachek, 1999; Oakes & Lipton, 2003; Olsen, 2008). As such, it is difficult to remove the person or the identity of the teacher from the process of

teaching. What the teacher does in the classroom is impacted by who the teacher is as an individual. There is a perception that a teacher's identity is changed due to the near death and life-threatening illness of cancer. When this happens, then some of the perceptions of the teacher also change, and hence, a change in the perception of their identity occurs—one of being someone who is in the ongoing life-long process of surviving cancer and/or the fear of reoccurrence of cancer.

Understanding these terms help to provide a foundation to better frame the issues and concepts discussed in the paper about teachers with cancer.

Teachers with Cancer

This section of the literature review focuses on the perceptions of practicing teachers who identify themselves as cancer patients with regard to their professional experiences. The literature investigates teachers with cancer through: 1) perceived changes and impacts to the teacher's professional identity; 2) teacher treatments and the side effects of those treatments; 3) how teachers perceived "new normal" changes them professionally; 4) comparison of medical and educational research; and, 5) looking into the practice and cognitive neuroscience research to identify cognitive changes teachers may professionally experience.

In researching "teachers with cancer," many peer reviewed articles were found to be written about how to help the students in the classroom if the students have been diagnosed with cancer, but very little has been published about how to personally and

professionally help the teacher who has received a cancer diagnosis. Plus, even less has been published about how to help the students if their teacher is diagnosed with cancer.

In the United States, through an extensive inter-university library network peer reviewed data base research, approximately 80 peer reviewed articles were found through ProQuest about teachers in California who had been diagnosed with cancer. However, none of these articles discussed impact of the teacher's cancer on the classroom and/or the teachers' job. The focus of these articles predominantly focused on a group of teachers in California who had higher rates of cancer who were trying to understand the cause and how financial compensations were or were not handled. In 2005, a dissertation from the College of Education at the University of Colorado was published on the topic of cancer, however it was more akin to a biographical study because it was the teacher (and author) who was diagnosed with cancer and describes the author's personal cancer journey experience.

In summary, the literature in this chapter provides support about how effective teachers must know themselves before they can know and support their students in the classroom. When a teacher becomes ill with cancer, the literature review describes ways in which a teacher may not be as effective as they were prior to experiencing cancer and may even have to find a "new normal" professionally, as well as, "adapt to their changes of being a cancer survivor" (National Cancer Institute, 2014). Some of these changes may involve medically related changes that can have side effects creating changes in the teacher (mentally, physically, emotionally, and also spiritually), plus possibly some

changes professionally (National Cancer Institute, 2014). Both medically related changes and professional changes that may impact a teacher's identity.

Perceived Teacher Changes to Their Professional Identity

This section investigates how the job of the teacher is to facilitate students' learning of various curriculums and how the identity of the person (AKA teacher) who is teaching becomes an influential part of the experience. When a teacher perceives their professional identity has changed due to cancer treatments, then one must also examine the perceived impacts that this change may or may not have to their classroom. Fuller (1971) explains this perception in the following passage:

Teachers teach far more than just intellectual content in their total interactions with students... Whether there is, in the strict sense, incidental or unintentional learning is an as yet unanswered question. There seems to be little doubt, however, that there is incidental teaching. To adapt an adage, often times what teachers say speaks so loudly that students cannot hear what they say (p. 3).

As Fuller writes, teachers are "far more than the intellectual content" they teach. It is also the teacher's professional identity that influences the students. If this were not the case, then it would be like putting a robot in front of the class. However, cancer can change the teacher's interactions with students.

In Hamachek's (1999) book, *Effective Teachers: What they Do, How They Do It, and The Importance of Self-Knowledge*, he agrees that while it is safe to say that "the more teachers know about their subject," then "the better they teach." It also can be said that the more teachers know about themselves—"the private curriculum"—the better their decision about how to pave the way for better teaching and learning. Hamachek further expands on this in the passage below:

Teachers teach not only a curriculum of study, they also become part of it. The subject matter they teach is mixed with the content of their personalities. We remember our teachers, not so much for what they taught, but for those they were and are. We remember their substance as persons, their style and manner as individuals. Students may be attracted to a teacher's mind, but it is the essence of a teacher's self-hood that is remembered (p. 208).

When teachers are remembered for who "they were and are," then students may learn with a greater passion. This passion can be compromised, though, when a teacher's identity is not as strong.

Luiz and Hereford (1971) point out the link between teacher identity and teacher effectiveness in the classroom. While a command of the subject matter and mastery of teaching methods is important in teacher preparation, Luiz and Hereford believe the success of a teacher depends a great deal on the teacher as a person:

Often the person a teacher is, the qualities that give him his individuality and make him different from anyone else, determines his effectiveness... His characteristic way of interacting, of communicating the subject-area information, and of implementing teaching techniques sometimes is the most important thing a student can learn... In a teacher's coming to understand himself, in his becoming a person, he becomes a more effective teacher (p. ix).

How a teacher comes to "understand himself, in his becoming a person" may also be tied to the teacher's identity. When cancer challenges a teacher to question whom they are becoming as a person, then the effectiveness of their teaching may also be challenged.

Parker Palmer (1998), a teacher himself, speaks of the essence of identity in teaching when he reveals:

After three decades of trying to learn my craft, every class comes down to this: my students and I, face to face, engaged in an ancient and exacting exchange called education. The techniques I have mastered do not disappear, but neither do they suffice. Face to face with my students, only one resource is at my immediate command: my identity, my selfhood, my sense of the "I" who teaches—without which I have no sense of the "Thou" who learns (p. 10).

As Palmer so clearly states, it is the “identity,” the “selfhood,” and the teacher’s sense of “I” who is the teacher. Therefore, this literature review includes an analysis of the concept of teacher identity, followed by an exploration of teacher integrity after teachers have been impacted with cancer (or another serious illness).

What is *identity*, the self who teaches? Defining *identity*, or its synonyms, self and selfhood, can be a nebulous task (Mahon, 2003). In his book, *How, Then, Shall We Live?* Muller (1996) reflects on the self:

Who do we think we are? Erik Erikson, the gentle sage of childhood development, was one of my most beloved teachers. He said, “The sense of “I” is one of the most obvious facts of existence—indeed, perhaps the most obvious—and it is, at the same time, one of the most elusive.” What we call our “self” is elastic; it shifts and moves. The “who” that we are depends upon the way we see (p. 16).

Normal life may create shifts in teacher’s perspectives and “the way we see” things, but cancer presents an even deeper level of introspection. This is an important point because a teacher with cancer may experience extreme “shifts and moves” as they face their mortality and complete loss of “self.”

In Jersild’s (1955) classic book, *When Teachers Face Themselves*, he maintains that the self is the composite of a person’s awareness of his existence—his conception of who he is. Jersild takes this approach to understanding “self”:

The ultimate statistic in the world of the self is not the many, or even the few, but a statistic in which $N=1$, and that one is you, or I. This does not mean that the you or the I dwells in isolation in a separate world. The self and the other are closely bound together. But the final repository of meaning is within each person as a separate self... It is through myself—and through yourself—that the intimacy of individual existence is realized, and it is also through this self that intimacy and relatedness with others is achieved. The self is the citadel of one’s own being and worth and the stronghold from which one moves... (pp. 134-135).

Teachers form “intimacy and relatedness” with their class when they are present and functioning as their “self” in the classroom. If a teacher’s self and identity is threatened due to cancer, then so may their bond be threatened with their students?

In Parker Palmer’s (1998) book, *The Courage to Teach*, he describes the formation process as the exploration of the identity and integrity of teachers. He maintains that the formation process is integral to personal and professional renewal (Mahon, 2003). Garcia (2000) describes Parker Palmer’s concept further, adding, “Formation is a professional development approach that invites educators to reclaim their own wholeness and vocational clarity, and makes connections between the renewal of a teacher’s spirit and the revitalization of education” (p. 8). Gardner’s (1961, 1981) work regarding renewal also emphasizes the necessity for inner work, for one to explore the self, stating, “The individual who has become a stranger to himself has lost the capacity for genuine self-renewal” (p. 15). Teachers may struggle with “self-renewal” in their attempts to rediscover their lives again after cancer.

Palmer (1998) offers his definition of identity as the intersection of the inner and outer forces that makes up one’s existence. He describes his multifaceted concept in the following passage:

By identity I mean an evolving nexus where all the forces that constitute my life converge in the mystery of self: my genetic makeup, the nature of the man and woman who gave me life, the culture in which I was raised, people who have sustained me and people who have done me harm, the good and ill I have done to others and to myself, the experience of loving and suffering—and much, much more. In the midst of that complex field, identity is a moving intersection of the inner and outer forces that make me who I am, converging in the irreducible mystery of being human (p. 13).

Teachers create a classroom “culture” in order to facilitate their students to gain “experiences” they want their students to learn. When the teacher’s “identity” is challenged due to cancer, then the “culture” of the classroom may also “experience of loving and suffering—and much, much more.”

Recently there has been a renewed interest in teacher identity and education. Lipka and Brinthaupt (1999) examine identity in their work regarding teacher self-development. Possibly in the “cult of efficiency” movement we have forgotten that “the quality of life of the student is directly tied to the quality of life of the teacher” (p. 1). They believe that we must recognize and address the instrumental role of self in teacher development in order to encourage the personal and professional growth that fosters effective teaching and learning.

The new trend of “master teachers,” and “performance tied to teacher pay” must also consider the important contributions teachers make to the classroom (National Education Association, 2014). This section on teacher identity establishes the importance of the “identity” term for teachers. The next sections describe how that teacher identity is impacted by cancer and surviving cancer. Therefore, professional *Identity* is who the teacher perceives they are in their own self-identification, in relationship to themselves and their teaching community, based on their core-belief, values, inner light, and the soul of their being.

Teacher Treatments and Side Effects of Cancer

According to the American Cancer Association, until the early 1970’s, cancer patients were rarely told their diagnosis. This may have made sense since the prospect of

survival of cancer was relatively new. In the early 1900s, few cancer patients had any hope of long-term survival. In the 1930's, fewer than one in five patients remained living five years after treatment. In the 1940's, it was one in four, and in the 1960's, it was one in three. In 1995, half of those diagnosed with cancer did not survive the disease. In 2014, nearly two-thirds of those diagnosed with cancer survived their disease and these numbers are steadily increasing (American Cancer Society, 2014b).

The teacher's survival rates and course of treatments a teacher receives for their cancer depends on the type of cancer they have. For example, breast cancer treatments typically involve surgery, radiation, chemotherapy, and occasionally adjunct therapies for five to ten years if the type of the cancer is diagnosed with these regiments of treatments. All of these cancer treatments are known to have side effects (American Cancer Society, 2014b).

Some of the side effects are physical, practical, and intangible losses. Physical complaints include fatigue, nausea, shakes, hot flashes, loss of hair/teeth/nails, lymphedema, neuropathy, and many other health problems. Mental complaints and losses, such as "Chemo-brain," short-term memory loss, loss of directions, the inability to remember names or words, difficulty multi-tasking, missing the part that was surgically removed, severe skin burns from radiation are also common side effects. Emotional complaints and losses, such as, possible losses of spouses/partners/friends who could not handle the teacher's cancer treatments, depletion of estrogen in women who are HER+, possible loss of their appearance (for example if a breast or two were removed), near

death experiences, many fears such as the fear of dying or losing their jobs as a result of their having cancer (American Cancer Society, 2014b).

Many of these losses can be followed by grief, depression or, as Thomas Moore refers to as “the dark night of the soul,” as a residual impact of having gone through the “cancer recovery.” Even though the teacher may have “survived cancer,” there is a not-so-visible survival journey that teachers (or anyone else who has had cancer) must go through. Moore considers this journey to be a positive and worthwhile experience to embrace, not a negative experience to avoid (Moore, 2014). Teachers who have gone through a cancer journey may come out of the cancer journey with a changed perception. Possibly a perception that they have a second chance in life and renewed thoughts about what is truly important to them in their lives (Halvorson-Boyd & Hunter, 1995).

Finding a “New Normal”

The literature that follows demonstrates that a teacher who has survived cancer is often challenged with “finding a new normal” (AKA new “teacher identity”) after cancer. This renewal takes on a new inventory of the “teacher identity” to uncover what is now more important in the teacher’s life because their perspectives have changed based on their professional experiences. According to the National Cancer Institute,

“Many say that they felt they had lots of support during their treatment, but once it ended, it was hard to make a transition to a new way of life. It was like entering a whole new world where they had to adjust to new feelings, new problems and different ways of looking at the world” (2014).

Consequently, cancer may shift the scope of what is important to the teacher. What was once important may no longer be as important to the teacher, so how a teacher relates to their job or their teaching may also take on a different perspective or meaning, which

impacts the very core of their being and therefore their professional life as a teacher (Halvorson-Boyd & Hunter, 1995). Therefore, when what was most important to the teachers at the core of their belief changes a teacher's identity changes and is impacted, as well. For example, if their doctor tells a teacher that they have a 15% chance of cancer returning, then they may take a new inventory of how they are choosing to spend their time and what is of value to them.

When teacher's perception of their self (AKA, their teacher identity) changes due to their going through the cancer journey, then the teacher's perceptions about their professional life may also change. Some of the teacher's priorities and perceptions may shift about what is or is not important in their being a teacher and how they may teach in response to this perceived change to their teacher identity. In an attempt to better understand what "identity" is and what it means,

Philosophers haggle about what to call this core of our humanity, but I am no stickler for precision. Thomas Merton called it true self. Buddhists call it original nature of big self. Quakers call it the inner teacher or the inner light. Hasidic Jews call it a spark of the divine. Humanists call it identity and integrity. In popular parlance, people often call it soul (Palmer, 2004, p. 33).

Whatever a teacher decides instead to call their "identity" and what is considered "normal" to them may both change after going through the cancer journey.

Some teachers can experience depression or a deep introspection at the losses they have endured, such as, the loss of a body part or the knowing that their disease could have resulted in their death, which could impact their professional lives as teachers.

According to Moore (2004),

Illness is a dark night of the soul, which needs as much attention as the purely physical aspects. To consider the dark night is to look at a particular facet of the

illness and to be concerned with the experience of it. Intuitively people have always understood this connection, but in recent decades the focus on the isolate body has changed the very nature of medical care (p. 273).

When a teacher's professional life has been disrupted mentally, physically, emotionally, or financially due to cancer illness and medical care, the teacher may need to regroup professionally (and also personally on a topic that is outside of the scope of this research) to find a new grounding. When teachers return to teaching in their classrooms, they sometimes find out that life is not stationary and moved on while they were out of the classroom undergoing treatments to regain their health. The teacher may experience additional stress upon returning as they figure out how to cope with the new changes and maneuver through possibly new school changes in policies and the community.

Possibly by the teacher going through their cancer journey, they also have found a renewed or different perspective about their profession.

There is a cruel myth about surviving cancer. In this myth, when medical treatment is successful, the story ends. Having survived cancer, [...] lives where they were interrupted carry on—with increased gratitude for the simple acts of daily life and the clarity of purpose that only a brush with death affords. In this myth, cancer is a blessing in disguise (Halvorson-Boyd & Hunter, 1995, p. 1).

Though the “myth” has some truth, there are some unspoken realities of having “survived cancer.” The real story does not always end “happily ever after.” According to Halvorson-Boyd & Hunger (1995), a teacher who has “experienced a cancer diagnosis sometimes live in limbo knowing they are on uncertain ground and most feel disconnected and fragmented” (p. 2). In the beginning, teachers may think that limbo is only as large as their cancer: Will I live or will I die from this disease? If so, who will teach my students? Although teachers cannot control their own fate, teachers should try

to be proactive and do more than just wait. Teachers should try and be responsible for their individual health care choices in how they live in whatever time they have left to live, and whenever that time is up, the teacher may face their death again should their cancer return.

The following is an observation made by Halvorson-Boyd and Hunter (1995) when they tried to make sense of their having had cancer and why they wrote their book, *Living in Limbo—Life After Cancer*:

We have both survived cancer. We have also struggled to make sense of the sad and frightening feelings that are omitted from the survival myth. When we resumed our daily lives, we were disoriented and confused. Everyone who had cared for us went on about his or her business, leaving us to ours. All the people we knew thought we were getting back to normal. Neither of us realized that “normal” was gone (p. 2).

Many cancer survivors can feel lost in the most familiar places—home and work and play—and among the most familiar people—family and friends. Nothing can seem the same, and of course, it is not because the teacher, as a cancer survivor, is not the same. Teachers must come to the reality that they must make sense of their own lives after cancer.

In Halvorson-Boyd and Hunter’s book *Living in Limbo—Life After Cancer*, the journey to survive cancer was described as having been “...harder than I had expected... Living with terminal uncertainty is humbling, and I had underestimated its effect...it was the ground falling away beneath me” (1995, p. 7). An interesting distinction can be drawn between the emotional, conceptual, and spiritual limbo and the limbo caused by cancer. This first limbo is something that all teachers should strive for as it opens up new terrain for teaching and learning. The second limbo may do this also, but at a higher cost to the

teacher, student, and community. Once a teacher's cancer is in remission, there is never a guarantee that the teacher's cancer will not return and these teachers are usually at a higher risk of cancer returning some time in their lives than a teacher who has never experienced cancer. Consequently, teachers who have "survived" cancer live in a "limbo" wondering how long they have until their cancer does returns, will their cancer return, and how long do they really do have to "survive." The teacher who has once survived cancer therefore lives with uncertainty.

Very little has been studied about what it means to be a "survivor of cancer" and what this phrase truly means (National Cancer Institute, 2014). There is more and more information about diagnosis and treatment. Diagnosis and treatments can vary as much as the different types of cancer. Many teachers who had HER positive breast cancers continue to take a daily pill (such as, Tamoxiphen or Aromatase Inhibitors) five to ten years after their last cancer treatment (such as, radiation or chemotherapy) in an attempt to keep cancer in remission and from coming back. In this scenario, patients are informed that the research only shows that these drugs can help fight off cancer, but beyond this timeframe there are no guarantees or new studies available in the Oncology research. These adjunct therapy drugs may also have many side effects—such as, teachers and other patients have complaints of some mental and cognitive impairments (confusion, short-term memory, loss of directions, short-temperedness), plus physical side-effects, such as: insomnia, hot flashes/night sweats, weight gain, stiff joints, and muscle pain (American Cancer Society, 2015).

Dozens of books give cancer patients advice: some tell cancer patients what to eat while others tell cancer patients what to think. Much of this is useful but may not be totally what the teacher needs after the diagnosis and treatment are past. Why the silence about survival even though survival rates are growing in numbers (National Cancer Institute, 2014)? The 13.7 million cancer survivors in the United States (American Cancer Society, 2014a) today are living longer and experiencing many issues in their “new normalcy” of living post-treatment. They are living longer because of the many advances in diagnosis and with treatment and their numbers are projected to grow to ~18 million by the year 2022 (American Cancer Society, 2014a). Cancer survivorship numbers are also increasing internationally with 2012 estimates of the global number of cancer survivors within five years of diagnosis being 32.6 million (International Agency on Cancer Research, 2013).

No matter the location, cancer survivors face many challenges, at home and in the work place. Not all survivors are able to advocate for themselves. Family members, caregivers, nurses, or others become their advocates. Patients with cancer and their families often try to learn all they can about their illness and its treatments. Once teachers enter the survivorship period, they may not know what questions to ask and who to ask.

There is currently little information available on what happens to the patient after all possible medical treatments and adjunct therapies have been administered after a cancer patient becomes a “cancer survivor.” Most cancer patients live with the knowledge that there is a possibility for cancer reoccurrence in their futures. Consequently, it is important to look at how both medical and educational research can

work together to help support teachers professionally who have cancer. Because teachers are the vehicles of teaching, if they are allowed to share with their students that they have cancer and to possibly use a science lesson to describe to their students what cancer is, it might become a teachable moment for the students. Possibly some of these students will use what they have learned to pursue science and medical-related fields to find a cure for cancer?

Medical and Educational Research for Survivorship

This new area of study “cancer survivorship” is just beginning to be studied in the medical community (National Cancer Institute, 2015). Many of the residual long-term impacts to the teacher who has experienced the cancer journey are still relatively unknown (National Cancer Institute, 2015). When studying about the professional impact of teachers who have cancer in relation to their medical illness, it is important to look at how medical and educational fields need to work together, not in isolation, in order to come up with a cure for cancer and to keep teachers professionally healthy and teaching in the classroom.

Riehl (2006) compared medical research to educational research and found that the two fields share similar challenges. One challenge involved the generalizability of specific studies to individuals. Another challenge occurs “when the results of randomized trials conflict with results derived from other kinds of research, the former generally seen as more authoritative and persuasive” (Riehl, 2006, p. 25). Medical research is sometimes “invoked as models to which education research ought to aspire, the implication that education research fares poorly in comparison” (Riehl, 2006, p. 24). Randomized clinical

trials (RCT) are often considered the gold standard for medical research. However, as Riehl (2006) pointed out, methods are matched to the kinds of research questions for which they are appropriate, resulting in many different research designs being employed in medical research. Just as in education, beyond the feasibility and appropriateness of randomized experimental research in answering research questions, it is an appropriate interpretation and use of findings. Further, results may not always guarantee results in individual cases, medically or educationally (Neiman, 2008).

The publication of medical research often find its' way into the media especially with public concerns of recognizable diseases like cancer. However, but the results do not come with finality, as Riehl (2006) explained:

The serious medical journals convey the sense that medical research is an ongoing conversation and quest, punctuated occasionally by important findings that can and should alter practice, but more often characterized by continuing investigations. These investigations, taken cumulatively, can inform the work of practitioners who are building their own knowledge bases on medical care (p. 28).

Many teachers with cancer discover they also need to become their own healthcare advocate by “building their own knowledge bases” on which “medical care” regiment they choose to follow. With the advances in modern medicine, practices on how to treat cancer are changing (such as, with adjunct therapies). As medical “investigations” uncover better treatments or cures for cancer, teacher’s cancer recovery needs will also change. As medical research changes the teacher experience, subsequently, the experiences on the classroom will also change.

Education may benefit from a similar ongoing conversation among researchers and practitioners (Neiman, 2008). The American Educational Research Association

(AERA) certainly promotes conversation and collaboration among researchers, “although they are sometimes less successful in bridging the distance between researchers and practitioners” (Riehl, 2006, p. 28). In both fields, “the efforts to make connections between research and practice are works in progress” (Riehl, 2006, p. 28). In relation to the types of research that are more likely to impact classroom instruction, Nuthall (2004) suggested that it is research that focuses on the relationship between teaching and learning.

Nuthall (2004) critiqued four types of research on teaching effectiveness: studies of best teachers, correlational and experimental studies of teaching-learning relationships, design studies, and teacher action and narrative studies. The question addressed by Nuthall (2004) was: “How should researchers conduct research that will produce a practical understanding of how teachers’ actions shape student learning?”

What Nuthall (2004) does not address is how teacher illness could also shape a student’s classroom experience and learning in regards to best teacher practices. When a teacher is ill due to cancer, the teacher’s actions may also be impacted by fogginess of thinking, fatigue, and other side effects of going through cancer treatments (American Cancer Society, 2015). Even though the teacher may be considered a “master teacher” with expert skills prior to receiving a cancer diagnosis, the teacher may be experiencing new challenges in the classroom either while going through the treatments and/or after returning to the classroom from an extended absence due to cancer treatments.

Nuthall (2004) believed that research should address problems that practitioners face in their classrooms. When a teacher is diagnosed with cancer, it can definitely

become a professional problem for the teacher and his/her classroom. The concept that if something is taught, it is automatically learned is a common belief among educators (et al, McMahon, 2003). Therefore, it is not unreasonable to wonder how the student's classroom experience and relationship with a teacher who is ill with cancer (and who may not be functioning as effectively as they were prior to cancer) may have a different experience and relationship to a teacher who is not ill.

Nuthall (2004) presented a model that illustrated the relationship between teaching and learning. It included three premises: (1) how individual student behavior and experiences are shaped by the way the teacher designs, manages, and assesses classroom activities; (b) how the three different sociocultural contexts (public-teacher-managed context, semi-private peer relationship context, and private individual cognitive context) influence the relationship; and (c) how individual students make sense of and extract information from their classroom experiences. In addition to understanding the relationship between teaching and learning, teachers need research that will provide them with this kind of explanatory knowledge. Kinds of research on how teaching relates to learning were described by Nuthall (2004) to see how each contributes to an explanatory theory of teaching-learning relationships.

Studies of excellent teachers, or case studies of best practice, were the first type of research critiqued (Nuthall, 2004). Case studies researched the habits of excellent teachers. Excellent teachers are often recommended based on their reputations, but those reputations do not always correlate with measures of student achievement (Neiman et al.,

2008, p. 48). Being considered an excellent teacher does not always equate to effective teaching or student achievement especially when a teacher is ill with cancer.

Next, Nuthall (2004) examined correlational and experimental studies that were based on the beliefs that teaching consists of a repertoire of behaviors or teaching methods, and that the student learning follows more or less directly from the frequency teachers use specific behaviors or apply specific methods. One problem is that context in which these process-product studies take place does not necessarily transfer to other contexts or discreet teaching and learning behaviors among teachers and students. Another problem is that these process-product studies focus on the teacher and a collective student, rather than a myriad of individual students.

Third, Nuthall (2004) focused on design experiments that involved continuous cycles of design, enactment, analysis, and redesign. The goal of design experiments is to provide teachers with models of effective instructional programs and practice-based theories of how teaching connects to learning. Most design experiments fall short of in-depth observation and recording necessary to provide an empirically based explanation of the three-way connections between the program, teacher implementation, and student learning experiences.

Finally, Nuthall (2004) examined teacher action and development of craft knowledge and determined that this type of research was more likely to change teachers' classroom practices. This type of research takes into account the awareness of the individual student's experience, momentum, alternative explanations, time and content

constraints. Although lacking generalizability, action research results in authentic knowledge on which a teacher may build effective practice (Neiman, 2008, p. 48).

In order to be effective in producing appropriate data, research on the teaching-learning relationship should take into consideration the follow guidelines:

- Independent in-depth assessment of what students learn
- Complete, continuous data on individual student experiences
- Complete, continuous data on classroom activities
- Analysis based on the continuous connections among classroom activities, student experiences, and learning processes
- Avoid the aggregation of data
- Explanatory theory must be directly and transparently connected to relevant evidence (Nuthall, 2004, pp. 296-297).

The above guidelines address the quality of research and best practices. The quality of teaching is only as good as the quality of the research that supports it. And, the best practices may also only be as good as the teacher's ability to be involved in student learning.

When teachers are absent and out of the classroom due to cancer illness or still teaching in between going through cancer therapies, how can the teacher be as involved with the student learning as Nuthall (2004) describes? The next section will look at the connection of a teacher's absence from the classroom, either physically or mentally, in greater depth.

Cognitive Neuroscience Related to Teaching

In addition to research focused on the teaching-learning relationship, research in cognitive neuroscience is also important to define and describe the characteristics of the learner and the types of learning activities that facilitate learning. Recent research in the brain sciences, specifically cognitive neuroscience, which “focuses on how brain biology gives rise to emotion, attention, thought, and behavior” (Sylwester, 2005, p. 35), is consistent with explicit instructional methodology. The term cognitive neuroscience emerged in the 1970s and is connected to “the teaching and learning issues that are of importance to educators” (Sylwester, 2005, p. 35). Bruer (1997) distinguished between neuroscience, cognitive science, and education, while Hall (2005) characterized the links between these three disciplines in the following passage:

At the first level, scientists are concerned with the inner workings of the brain. This is the level of “neuroscience” where various aspects of biology, physiology, and chemistry are concerned with the structure, organization and development of the brain as a physical organism. At the second level, the brain is thought of as a “black box,” studied experimentally from outside. This is the level of “psychology,” particularly in its experimental and cognitive forms, and is interested in the behavioral impact of various types of input applied in specified contexts. At the third level we are dealing with the practical application of knowledge about human behavior to promote effective teaching and learning. This is the realm of “education” which is as much a social endeavor as a scientific one (p. 27).

Because the brain is so important for cognitive understanding in teaching, it is not a far stretch to understand how cognitive thinking and perceptions may be clouded due to teacher’s cancer treatments and, as a result, how student learning also may not be as effective.

In Elliot W. Eisner's book, *Cognition and Curriculum Reconsidered*, he discusses the representation of the mind and how:

it calls our attention to the importance of perception and the cognitive character that it ineluctably poses...most important, it seeks to reveal the contributions that different forms of representation, various modes of treatment, and different syntactical structures make to the meanings we are able to create and experience (1994, p. x).

Treatments, in this sense, could be both the "treatment" that a teacher receives in relationship to others through the cancer journey, but also in relationship to how the medical "treatments" impact the teacher's ability to mentally "think" clearly and perceive their cancer "experience."

Eisner (1994) continues with the profound thought "the ability to secure meaning in the course of our experience is a basic human need; we all want to lead meaningful lives. But meaning is not simply found; it is constructed" (p. x). When a teacher has been impacted by cancer and the teacher's perceptions change the "secure meaning" in the "course of our experience," then the teacher's mentally constructed meaning of their existence and purpose may change.

Consequently, Hall (2005) agrees that "neuroscience has implications for psychology, just as psychology has for education" (p. 27), but the gap between cognitive neuroscience and classroom application is wide. Phillips (2005) suggested that the best way to bridge cognitive neuroscience theory to educational practice is for large-scale national and international initiatives to "...research, disseminate, and apply brain science to education. Today, multi-disciplinary approaches to current education practices are viewed as the best method to bridge cognitive neuroscience theory to educational

practice” (p. 2). How the teacher teaches in relationship to their thinking also needs to be considered when a teacher’s brain is altered through treatments (AKA Chemo-brain).

Brain imaging technology is making it possible to study an individual’s brain while that individual is reading a text, making a decision, or simply moving a finger (Sylwester, 2005). Functional magnetic resonance imaging (commonly written fMRI) measures brain blood-flow patterns and metabolic changes, which allows neuroscientists to map the brain for activity of an individual completing a variety of tasks. Because teachers daily have many tasks they must complete in the classroom, many of which requires multi-tasking which is sometimes difficult to do especially after chemotherapy and when taking adjunct therapies, it is important to consider using tools that help teachers on the job when they have problems with their cognition as part of their cancer recover. More research needs to be done on how various medical tools might benefit teachers in their cancer recovery.

Sylwester (2005) for example writes “much of what we’ve learned recently about cognition has been accomplished with fMRI technology” (p. 34). Perhaps more exciting than fMRI and positron emission tomography (PET), which uses small amounts of radioactivity tagged glucose injected into the subject’s bloodstream, are the emerging advances in electroencephalography (EEG) technology. EEG technology, the least invasive, cheapest, and most portable of the imaging technologies, may provide the best initial and potential venue for educational researchers (Sylwester, 2005). The way this is done is that “the electrodes can now be placed inside a cap where they send wireless signals to a nearby computer, so a researcher could eventually observe brain activity in

non-laboratory settings; such as, within a classroom” (Sylwester, 2005, p. 34). Although this technology currently is not available for the classroom or the teacher, the research emerging from cognitive neuroscience regarding teaching and learning is consistent with constructivist practices (Goubeaud & Yan, 2004).

According to Phillips (2005), “there is now a movement towards evidence-based teaching as a result of the new information about cognitive neuroscience and education” (p. 2). Best practice in education is supported by research from studies in both education and cognitive neuroscience. When the teacher is impacted by the effects of cancer as the person who implements the education to the students, then the teacher’s cognition may negatively or positively affect students.

Impacts to the Classroom Community

This section of the literature review includes the perceptions of the classroom community about practicing teachers who are identified as cancer patients in regards to their: 1) sharing with the students in their class that they have cancer; 2) discussing absenteeism; 3) highlighting the side-effects of the cancer treatments that residually may impact classrooms; 4) evaluating the financial implications of cancer on the community; and, 5) thinking about the possible impact on student achievement.

Many teachers have the difficult decision whether or not to share with the students in their classrooms that they have a cancer diagnosis and wonder how much or how little about their disease they ought to share with their students and/or others in the school community (such as, the parents and other school staff). According to a teacher

who wrote about her experiences going through cancer treatments (on Cancerwise

Blogger):

It's no secret that cancer treatment can cause changes in your appearance. Experiencing those changes in front of middle school students, however, can be a challenge. In addition to being a mother, wife, sister and daughter with cancer, I am also a middle school teacher. That means I had 400 students with ring-side seats to my journey through treatment. The teacher in me had to portray strength and stability, but the patient in me was vulnerable and scared (Waites, 2013).

This teacher clearly points out that her "400 students" will somehow be impacted through her "journey through treatments" because they are the closest to her with their "ring-side seats."

With the newer understanding of how teaching and neuroscience are related, teachers may wonder how much they should tell their students about their cancer as it relates to them professionally – a lot or a little? How should they tell them –in class, or face-to-face? Should the teacher only tell their students in a limited manner and then not answer questions, or should they be prepared to answer any and all questions the students might have? According to Eckhart (2011), these are difficult questions, but if the teacher approaches the disclosure in the right way – avoiding irrelevant, overly negative, or offensive disclosures – it can be a positive for both the teacher and the students (p. 43-50). One teacher, with a pseudonym *SW*, made the decision to let her students' participate in her cancer journey as she attempted to do it "the right way":

When I initially envisioned myself undergoing treatment in front of them, I was scared and nervous. But they allowed me to take one day at a time and they rode the ups and downs with me. They [the students] were loving on days that I needed it and treated me just like every other teacher on most other days. That's something I really grew to appreciate (Breast Cancer Care, 2014).

Although this teacher had concerns of how she would cope in the classroom, this teacher chose to share that she had cancer with her students and benefited from their support. How much personal information to disclose to students is a fundamental question teachers have been asking themselves for decades.

Whether a teacher chooses to tell their students or is allowed to tell their students of their cancer is an interesting discourse especially when a teacher may need to be away from the classroom.

How Is Teacher Absenteeism Handled?

When a teacher experiences a serious illness and needs to be out of the classroom for an extended period, the perception is that there will be an impact to the implementation of the curriculum for the students due to substitutes and inconsistent teacher modeling.

This section reviews literature about the best practices for implementation strategies in the classroom with the absence of the classroom teacher, plus the impact on other teachers and administrators regarding classroom mobility and on funding. Further described is the impact on the community—parents, grandparents, etc.—who are affiliated with the school. More specifically, the cost of absenteeism is three-fold: 1) the cost to the students; 2) the cost to the other educators and community members who must help to cover the gap of an ill teacher; and, 3) the monetary cost.

These core elements related to the impact of teacher absenteeism are addressed here, with specific attention paid to student/teacher relationships, impact on learning, and to the financial consequences of a teacher being absent from the classroom.

Cost to the Students

As educators, we know that continuity is important for student growth. When a teacher is missing from the classroom and substitutes fill his/her position, the continuity of instruction may be lost. A teacher who is absent through illness or any other cause or who leaves teaching because of persistent illness is lost to the children. We might intuitively expect a teacher's absence to lower the quality of the school experience for the students whom she/he would otherwise have taught.

Little has been published regarding whether or not illness has been long or short-term when a teacher is away from the school. This is important because while it is relatively easy to find a correlation between teacher attendance and students' academic outcomes, it is less easy to establish that the first influences the second. For example, whether schools with the highest levels of under achieving students can also be at least partially be the result of teachers' absenteeism due to cancer as a longer-term illness.

How do we know that absenteeism is bad for children's education? Some pieces of literature suggest that there is controversy regarding this topic. For example, Ehrenberg et al. (1991) found no direct evidence that lower teacher absenteeism influenced students' academic performance. However, since their research involved them in looking at whether or not students had achieved a 'minimum pass' level in particular tests, they acknowledge that they had no way of knowing how teacher absenteeism had affected students already well above that level (McMahon, 2003).

While the above research cast doubt upon the importance of teacher absenteeism, other research proposes that perhaps the influence of absenteeism on student outcomes

really depends on *who* (which specific teacher) is absent. Pitkoff's (1993) finding that teachers whose performance was rated by their managers as 'satisfactory' were absent less than those rated as 'doubtful' or 'unsatisfactory' suggests that the loss to children's learning caused by absence of members of the latter group may be less than that when 'satisfactory' teachers are away (McMahon, 2003).

Other factors may, of course, mediate the effects that teacher absences have on students, among them the age of the students and the measures taken by school managers to provide suitable substitutes. Summers & Ravietz's (1982) study of 10-year-olds' performance in reading found, perhaps unsurprisingly, that teacher absenteeism affected performance on tests of reading attainment. On the other hand, a three-year study of 191 South Carolina secondary schools (Madden, 1993) failed to find an important relationship between student academic achievement and teacher absenteeism (McMahon, 2003).

In comparing studies, another study (Clotfelter, Ladd and Vigdor, 2006) used a methodology that accounted for time-invariant differences in skill levels among North Carolina elementary school teachers found that each 10 days of teacher absence decreased student achievement by 2.6 per cent of a standard deviation. This study mentions skill level differences among the teachers, so it is not a far stretch to conceive that the difference between master teacher absenteeism and the absenteeism of less impactful or less experienced teachers may also be a factor in student achievement.

By continuing to use the North Carolina school study as an example, the impact of teacher absences on student achievement is as follows. First, the cost to the students may be influenced by the teachers' perceived readiness to come back to work. Second,

instructional intensity may be radically reduced when a regularly assigned teacher is absent (Gagné, 1977; Varlas, 2001). A substitute teacher showing movies is a time-honored illustration. Low skill levels of substitute teachers may contribute to the reduction in instructional focus. In the United States, 19 states do not require that substitutes hold a Bachelor's degree (Henderson, Protheroe and Porch, 2002), a standard requirement for regular teachers. The third way in which teacher absences may affect student achievement is through disruption of the regular flow of classroom events. Students may have difficulty forming meaningful relationships with multiple, mobile substitutes. Even if substitutes manage brilliant isolated lessons, they may not be able to implement the long-term instructional strategies of a regular teacher. Also, substitutes' lack of detailed knowledge of students' skill levels makes it difficult to provide differentiated instruction that addresses the needs of individual students. Finally, teacher absences may have a negative impact on student achievement by inhibiting attempts by school faculties to implement consistent instructional practices across classrooms and grades, and to collaborate on improving instruction.

In summary, many studies have found a negative relationship between teacher absences and student achievement (Bayard, 2003; Beavers, 1981; Boswell, 1993; Cantrell, 2003; Lewis, 1981; Madden, Flanigan and Richardson, 1991; Manatt, 1987; Pitkoff, 1989; Smith, 1984; Summers and Raivetz, 1982; Womble, 2001; Woods, 1990). These studies do not provide compelling evidence of a causal link between teacher absence and student achievement. However, they do suggest a correlation. This is

because they do not deal explicitly with the potential association between teacher absence and unobserved levels of teacher skill and effort (et. al McMahon, 2003).

Cost to the Community

Teachers who take time away from work through sickness may present problems for school principals, who are in charge of covering their work (Bowers, 2001). Their absence will have an impact on students and other teachers, as well as on the money available to schools (Bowers, 2001). When teachers become too ill to return to teaching, their absence before retirement may affect the organization of the school, while their premature retirement due to disability can have adverse consequences both for the individual and the education system as a whole (Bowers, 2001).

While the teachers may be physically cleared for health, there may be residual psychological impacts as a result of cancer treatments on the teacher's work. In Imants & van Zoelen's study, teacher's sickness and absence impacts the workplace, whether or not they are inside or outside of it (1995). In The Netherlands, they suggest, 'strictly medical grounds' (p. 78) account for fewer than 20% of all sickness absence, while more than 50% is attributable to psychological factors and job-related conditions. If we accept their analysis, most illnesses reported by teachers are not what they seem; they simply offer a means of legitimating the teacher's absence from school. Imants and van Zoelen's view was not shared by most of the head teachers who participated in a recent survey (Bowers, 2001). With only a few exceptions, they considered under a tenth of reported teacher absenteeism to be attributable to anything other than the illness of the teacher (McMahon,

2003). Consequently, teacher absenteeism due to illness (especially long-term absenteeism) may impact schools on many levels.

Monetary Costs

Besides costs to the school community, there are also financial and monetary costs to the schools. The monetary consequence of teacher absence is usually calculated by computing the cost of paying substitute or 'supply' teachers to replace those who do not report for work (Bowers, 2001, et. al McMahon, 2003). Accounting procedures can at times be dubious. Lewis (1981, et. al McMahon, 2003), for example, arrived at an overall estimate of \$2,000,000,000 for the cost of teacher absenteeism in the USA by aggregating the salaries of absent teachers with those of the teachers used to replace them, his figure contrasting sharply with the more prosaic estimate of \$500,000,000 offered by Bridges (1980, et. al McMahon, 2003).

Given the high cost of the absenteeism it is important to understand the cause of the problem. Remarkably little attention has been paid to the actual reported causes of sickness absence. Allegro & Veerman's (1998, et. al McMahon, 2003) review gives limited attention to somatic complaints. In the Netherlands, they report, there are no medical diagnostic statistics for 70% of all spells of sickness absence. Their concern with decision models, which focus on individuals' readiness to report sick (the 'absence threshold') and to report again for work after being away (the 'return threshold'), indicates an assumption that employees, not their doctors, generally decide whether or not they are capable of working. In England, absences of 5 days or less do not usually need medical certification (et al., McMahon, 2003). The requirement for medical

verification varies from country to country, of course, but even when a doctor is involved, reliability of agreement cannot be counted upon. Luz & Green (1997), for example, suggest that there may be considerable inter-doctor variation in willingness to sign medical certificates, as well as an interactive effect between doctor and patient characteristics (et al., McMahon, 2003). This is why distributions of ‘causes’ of sickness spells such as those offered by Luz and Green have to be treated with considerable caution (et al., McMahon, 2003).

Cognitive Impacts on Teachers

When teachers go through cancer treatments, especially chemotherapy, they can have cognitive thinking side effects (American Cancer Society, 2015). These side effects are talked about in the following passage:

For years people with cancer have worried about, joked about, and been frustrated by the mental cloudiness they sometimes notice before, during, and after cancer treatment. Even though its exact cause isn’t always known, and it can happen at any time during cancer, this mental fog is commonly called *chemo brain*. Patients have been aware of this problem for some time, but only recently have studies been done that could help to explain it (American Cancer Society, 2015).

Mental foginess, referred to as “chemo-brain,” is a newly recognized phenomenon although patients first reported these symptoms over thirty-five years ago (Oxman, 1980). Newer cognitive neuroscience studies are showing some relation between teacher’s abilities to teach during and after cancer treatments, therefore creating a “...gap between classroom practice and best practice as chronicled in many studies and reform proposals” (Darling-Hammond & Friedlaender, 2008; Wiggins & McTighe, 2008; Futrell & Gomez, 2008). Moving from current practice to best practice, Darling-Hammond and

Friedlaender (2008) recommended curricula that “fully acknowledge modern conceptions of learning and curriculum” (p. 20) and “encourage performance assessments” (p. 20).

Best practice for instructional methodology has been documented and is consistent with current educational and cognitive neuroscience research (Brooks & Brooks, 1993; Willis, 2006; Schmoker, 2006; Marzano, 2007; Philp, 2007). Progress in technology enhanced the findings of cognitive neuroscience research that seemed to affirm or dispute outdated educational research and/or practices supported by past or outdated research. In many cases, one informed the other (et al., McMahan, 2003).

Unfortunately, many education experts and promoters took early studies about the brain and published books and programs about brain-based learning. Some of those early works were premature, such as left and right brain learning (McMahan, 2003). Philp (2007) strongly recommends those “educators who advocate for right-brain thinking or left-brain thinking would benefit from reading dates on the research” (p. 35). Eventually, education experts connected cognitive neuroscience research to classroom practice and described effective practice that was supported by educational research (Books & Brooks, 1993; Sylwester, 1995; Caine & Caine, 1997; Daniels & Bizar, 1998; Marzano, Pickering, & Pollock, 2001; Wolfe, 2001...Philp, 2007). Some education experts relied on traditional educational research, whereas others relied on cognitive neuroscience research and applied it to specific types of classroom activities that facilitated learning (et al., McMahan, 2003). Because teachers have a tremendous impact on student achievement, what if the teacher experiences some cognitive changes from undergoing cancer treatments (such as, fatigue and cognitive fuzziness from chemotherapy

treatments) that are trickling down to how the teacher is able to respond to their class? When the teacher is ill due to cancer treatments, then more school community support may be needed.

School Community Support

This section of the literature review investigates the perceptions of practicing teachers who identify themselves as cancer patients with regard to the perception of the institutional support they do or do not receive. The literature review includes the perceived: 1) support of teachers with cancer at school; 2) social support of teachers; and, 3) associated stress in the school community.

When people in the school community learn about a teacher's cancer, there will be a variety of reactions. Some people will ask questions or be extremely helpful; others will pretend they do not know the teacher has cancer or will go out of their way to avoid the teacher with cancer.

Some parents may request that their child be moved out of a teacher's class for many reasons, such as, personality differences, a mismatch in teaching styles, etc. According to discussions with principals at the CASE 2015 Conference in Denver, Colorado, sometimes principals have parents requesting that their students be moved from a teacher's class because the teacher is experiencing a lot of absenteeism from class due to their cancer treatments. According to these principals, the parents had made this request because they perceived that their child's schooling was being compromised. "Schools, in this case, should do their best to help to explain how long the teacher will be away and how the teacher's work will be managed" (Cancer Council NSW, 2011, p. 36).

It may be difficult for schools to state how long teachers will be out of the classrooms unless school medical policies state this.

In order to keep communications open, according to the Cancer Council NSW (2011), “Specifically, principal and school counselors should assist members of the school community who need more information about cancer or would like to access counseling services” (p. 36). Providing more information to the communities also means the principal or counselors themselves may need more training and knowledge around the subject of cancer so as to provide accurate information.

There is currently no law that requires a teacher to tell their employer or colleague they have cancer. Some teachers may decide that they want to keep their diagnosis private. Many teachers fear that telling others that they have cancer may jeopardize their jobs. Newer teachers may feel even more vulnerable because they have not established themselves with tenure and may not yet have the support of teachers unions, so they may feel even more fearful than a master teacher about keeping their jobs.

Even master teachers or teachers with tenure worry about their job stability because of their uncertainty about what the future holds for them personally and professionally. In cases where Administrators must choose which teachers receive top ratings in the Performance Tied to Teacher Pay models, teachers who are absent from work due to illness may not receive as high of ratings as those teachers who are present every day in the classroom.

Many teachers may have to modify their work schedule or make flexible working arrangements to help accommodate treatment side effects. While some teachers may

continue working, others may take time off or retire. Therefore, these decisions surrounding cancer may not currently be factored into teacher mobility rates and national statistics. One primary teacher's account, according to the Cancer Council (2008) was as follows:

The main issue was that the school didn't want me to return. But I wanted to, and I had to, for financial reasons. I felt like the school saw me as a liability. If I hadn't had a letter from the surgeon and demanded it, I don't think they would have done much. I think schools need to take a more humanitarian approach.—
Anne, primary school teacher with cancer (p. 48).

Teachers are vulnerable after they have had cancer and schools need to take more “humanitarian approaches” to caring about the teachers to regain trust.

In Anthony Bryk and Barbara Schneider's book, *Trust in Schools: A Core Resource for Improvement*, they discuss the importance of trust in schools and how this *relational trust* varies among schools. “Relational trust reduces the sense of vulnerability that school professionals experience when they are asked to take on new and uncertain tasks associated with reform” (2002, p. 116). School relationships and “relational trust” within schools is necessary for successful school reform. School reform might include implementing new cancer policies and procedures to better support the teachers with cancer. However, it is difficult to build trust when teachers are absent or school policies vary.

According to Andy Hargreaves and Michael Fullan (2012),

What you believe (the substance of culture) is, in other words, profoundly affected by your relationships with who does or doesn't believe it (the form of a culture). Change the form of a culture (the relationships among people) and you have a good chance of change its content too (p.103-104).

Teacher perceptions and what they “believe” impacts how they relate.

Teachers are also not obligated to tell their students they have cancer. However, if the teacher is going to be away from school for extended periods of time, it may be helpful to talk with their students, principal, and other appropriate staff, plus possibly also helpful to send a letter home to prepare parents for any questions their children may have. If the teacher decides to tell parents, current literature suggests that it is beneficial to explain how the school will manage the continuity of a student's education. The school may also want to appoint a contact person to manage any offers of assistance from parents or other members of the school community (Cancer Council NSW, 2011).

Many school-related organizations are just beginning to be more proactive and have developed guides and resources for how to support students, parents and colleagues with cancer in public and private schools. For example, one such Australia-based organization published a resource called "Cancer in the School Community: A guide for staff members" (Cancer Council, 2011). More guides like this are needed in other schools and in other countries. There are also a number of cancer support groups starting up in the United States and world-wide who help support those individuals who receive a cancer diagnosis (groups such as, Living Beyond Breast Cancer, Cancer Care, local hospitals, Mayo Clinic, and the American Cancer Society to name a few).

Support of Teachers with Cancer at School

If a teacher in a school has been diagnosed with cancer, it affects every aspect of their life, including their employment. Work is an important part of life for most people—besides having an income, working at school may provide satisfaction,

enjoyable challenges and a chance to mix with people from different age groups and backgrounds. According to the American Cancer Society:

The focus of cancer care today continues to be on cure, rather than the recognition that for many patients, cancer is a chronic disease. Current treatment options and improvements in medical care mean that patients are living longer and must contend with ongoing effects of cancer and its treatments. The paradigm must shift from *illness* to *optimum wellness*. A management model designed for improving outcomes for those living with chronic conditions can be used for cancer survivorship plan of care, as well. The six elements of this model are:

- Mobilize community resources to meet needs of patients
- Create a culture, an organization, and mechanisms that promote safe, high-quality care
- Empower and prepare patients to manage their health and health care
- Ensure the delivery of effective, efficient clinical care and self-manage support
- Promote clinical care that is consistent with scientific evidence and patient preferences
- Organize patient and population data to facilitate efficient and effective care (Improving Chronic Illness Care, 2004).

This quote captures the idea of teachers moving from “illness to optimum wellness.” In order for teachers to do this, administrators need to create a comprehensive support plan or set of guidelines for the teachers’ adjustments at work or when they return to work.

Some teachers with cancer may have to take extended leave from work, and it will probably be difficult for them to decide how to tell other colleagues about their

diagnosis and the many decisions they will need to make, such as: 1) who to tell and how to say it; and, 2) their plan of action. As one teacher shared:

I never actually told the students. As far as my colleagues were concerned, some were comfortable enough to be openly supportive. But some were so uncomfortable that they didn't ever talk about it. I don't think that those people had a lack of concern, I just think they had no idea what to say. (Cancer Council, 2008, p. 41, Shirley, secondary school teacher with cancer.)

Cancer tends to be a difficult subject to discuss. This quote illustrates that the schools need better education for the professional colleagues so they know better how to better relate to their co-workers who have cancer.

Another teacher's experience was the following:

The hardest part is going for tests. I had constant tests—three-month tests, scans, doctor appointments. It takes it out of you. I would try to do it all in one day, so I didn't have to take too much time off school, but it was exhausting... I made the decision to take six months off. The administration was supportive of my decision. (Cancer Council, Susan, primary school teacher with cancer, 2008, p. 40)

This quote encapsulates that transparency between teacher and administration and it may have played a key role in her decision to take time off. This type of support may not always be typical and in its absence, there may be misconceptions on the part of the administrators when evaluating the teachers.

Specifically, teachers who are sick may be seen as teachers performing poorly. According to *Time* magazine (November 3, 2014 issue) headlines of "Nearly impossible to fire bad teachers," the author Haley Sweetland Edwards indicated that an average classroom was impacted teacher performance by showing that students who had effective teachers produced students with \$240,000 dollars more in income later in life than classrooms who did not have an effective teacher. With school administrators having to

rate their teachers according to a performance rating scale which is now being tied to teacher pay, it is put in the principal's formulary that they are not allowed to rate all of their teachers with top performance ratings (even though they may all be excellent teachers and earn this rating), so they must choose which teachers receive top performance ratings. When teachers are out of the classroom due to illness, it may create a quandary for administrators on how to rate the classroom performance for a teacher who has been impacted by cancer. Conceivably, it is possible that when a teacher is absent from the classroom with a serious cancer illness, then the teacher may receive lower performance ratings by the school administrators because the teacher may be unable to "perform" in the classroom.

According to the University of Cambridge School of Education:

Teachers who take time away from work through sickness present problems for school principals in covering their work. Their absence will have an impact on students and other teachers, as well as on the money available to schools. When teachers become too ill to teach again, their absence before retirement may affect the organization of the school, while their premature retirement due to disability can have adverse consequences both for the individual and the education system as a whole (Bowers, 2001, abstract).

When the teachers are absent, it also creates hardship for the school and extended community. This hardship could be financial, logistical, or relational.

Andy Hargreaves and Michael Fullen (2012) discusses the importance of relations further in their "...case for professional capital: human, social, and decisional. It is the presence and product of these three forms of capital that is essential for transforming the teaching profession into a force for the common good" (p. 88).

It is not a stretch to assume that there are differences in how teachers are supported on their absenteeism depending if they are a tenure teacher or a new teacher. A teacher with tenure may typically have more support through the Teacher Unions than a new teacher who has cancer. New teachers, who have possibly not yet had the opportunity to prove themselves as a teacher, may possibly have more job security issues. This paper does not go into depth in this area, but this could be an area of future exploration and research. Regardless of how long a teacher has been in the classroom, teachers who experience cancer need additional support and understanding of their administrators and the families. Cancer adds an additional layer of stress onto the lives of teachers, so additional support to reduce the amount of stress is important for a teacher's recovery.

Social Support and Association with Stress

There are several ways to reduce a teacher's anxiety and help them during their transition back to work. For example:

- Talk regularly about the teacher's concerns (such as, job security)
- Adjust the teacher's work schedule and workload
- Take a proactive role in liaising with parents and students, if appropriate
- Make necessary physical accommodations
- Liaise with other staff (act as a contact person or coordinate offers of help)
- Offer counseling/EAP support for the teacher and their family
- Support the employee's decisions and boost their morale. (Cancer Council, 2008, p. 48)

There is no doubt that receiving a cancer diagnosis can be a stressful event. However, the event may possibly be even more stressful if the person with cancer is expected to take care of numerous students at the same time as they are trying to care for themselves. There are millions of people in the United States who are cancer survivors. Many papers have already been written on the stress teachers experience in the classroom, so this paper will not expound on this topic except to highlight the additional stress reduction support that a teacher with cancer may need.

Summary of Literature Review

The literature review focused on the perceptions of teachers who have cancer, the perceived impact to their classrooms, and the support teachers perceive they are receiving or not receiving from the school community. In summary, this literature review critically examined the research questions to distinguish what has been and still needs to be learned about studying the residual impact of teachers with cancer.

The next chapter furthers the literature review by providing the methodology and research approach used to further investigate the perceived professional impacts of cancer upon teachers, the perceived impacts to their classrooms, and the perceived support teachers did or did not receive from the school community.

Chapter Three: Methodology and Research Approach

Introduction and Overview

The research design draws upon the supporting evidence from the prior literature for the decisions and choices that have been made for the qualitative research design. This chapter begins by restating the purpose and research questions. Next, this chapter provides a rationale for using a qualitative research approach (i.e., why this qualitative research is appropriate for this particular study), as well as a rationale for the particular qualitative tradition/genre chosen.

Purpose and Research Question

The purpose of this research is to investigate the three central research questions for the methodology: 1) What are the perceptions of practicing teachers who identify themselves as cancer patients with regard to their personal and professional experiences? 2) What are the perceptions of the teachers about their school community when they are identified as cancer patients? 3) What are the perceptions of practicing teachers who identify themselves as cancer patients with regard to the institutional support they do or do not receive?

How is this methodology going to answer these questions? The research chosen for this study is a *Thematic Analysis* leveraging on a *Grounded Theory* methodology to focus on the sample population (classroom teachers) using *Narrative coding* (their experiences as expressed in their lived and told stories) using select online social forum

cancer groups (data from the field). Through the use of these social forum groups, teachers describe their professional experiences and perceptions of going through cancer surviving treatments while they are also working within a school community--a school community that is perceived to already be providing teacher support. In regards to teacher experiences, Machi & McEvoy (2012) provide a deeper level of understanding about the narrative method: "As a method, narrative research begins with the experiences as expressed in lived and told stories of individuals...the researcher studies the lives of one or more individuals through the telling of stories (p. 34).

The objective of a *Thematic Analysis* method in its simplest form is a categorizing strategy for qualitative data. Researchers review their data, make notes and begin to sort it into categories. Styled as a data analytic strategy, it helps researchers move their analysis from a broad reading of the data towards discovering patterns and developing themes. While researchers debate whether thematic analysis is a complete "method" per se, it is a process that can be used with many kinds of qualitative data, and with many goals in mind. For that reason, thematic analysis is often implicitly and explicitly a part of other types of data analysis including, but not exclusively to, Grounded Theory method (Boyatzis, 1998).

The objective of the *Grounded Theory* study method is to generate theory from the data or modify or extend existing theory. As the title of this research paper and research questions suggest, the theory of this paper states that when teachers are diagnosed with cancer, they can be impacted professionally as are the communities and schools of which they are a part. These impacts may be magnified and perpetuated

because many schools do not have sufficient supportive resources to manage transitions and changes related to the residual impacts of the cancer. To generate this theory, this paper used the *constant comparative method* of data analysis (i.e., the ongoing comparison of data with emerging categories) and *theoretical sampling* of different groups to maximize the similarities and differences of information. To see trends and themes of the data emerge, *open coding* of the data in addition to other types of coding will be used (Bloomberg & Volpe, 2012, pp. 33-34) such as, thematic analysis, which is described in the section that follows.

Background of Thematic Analysis

As Boyatzis (1998) writes in *Transforming Qualitative Information*, *thematic analysis* is a process of "encoding qualitative information" (p. vii). Boyatzis continues:

Thus the researcher develops "codes," words or phrases that serve as labels for sections of data. Depending on the methodology and research question, codes can come in many shapes and sizes. Referring to a set of codes, Boyatzis explains, "This may be a list of themes, a complex model with themes, indicators, and qualifications that are causally related; or something in between these two forms" (vii). Boyatzis shows how one could take a variety of approaches to using thematic analysis and essentially get the same rigor. He contrasts theory-driven codes, derived from the researcher or other existing theories; inductive codes, derived bottom-up from the researcher's reading of the data; and prior-research driven codes.

Developing "codes" for key "words and phrases" for labeling the data begins the process of theming the data for the research.

The scholarly paper, "*A Pragmatic View of Thematic Analysis*," describe further "how once the information is gathered, researchers are faced with the decision on how to analyze the data. There are many ways to analyze informants' talk about their experiences (Mahrer, 1988; Spradley, 1979; Taylor & Bogdan, 1984) and thematic analysis one of the

ways (Aronson et al., 1995).” Thematic analysis is flexible and what researchers do with the themes once they uncover them differs based on the intentions of the research and the process of analysis.

Boyatzis argues that all approaches have something to offer qualitative data analysis. Many researchers use thematic analysis as a way of getting close to their data and developing some deeper appreciation of the content. Researchers interested in looking for broader patterns in their work in order to then conduct a more fine-grained analysis often use thematic analysis as a first step (Boyatzis, 1998). Because thematic analysis is not tied to any particular discipline, it can be used in conjunction with another qualitative research method, such as Grounded Theory, to help strengthen the methodology and research approach for the study.

Background of Grounded Theory

Grounded theory is best used when a broad explanation of a process of action is warranted. For example, as a “systematic process, grounded theory exhibits the rigor quantitative researchers like to see in an educational study” (Creswell, 2005, p. 396). Grounded theory not only provides an in-depth explanation for a process or an action. It also provides guidelines for action (Strauss & Corbin, 1998). Ultimately, “grounded theory serves as a way to learn about worlds we study and a method for developing theories to understand them” (Charmaz, 2006, p. 10).

The concrete origins of grounded theory clearly reside in sociologists Barney G. Glaser’s and Anselm L. Struss’ (1967) cutting-edge book *The Discover of Grounded Theory*. The authors introduced grounded theory as a systematic, inductive, iterative, and

comparative method of data analysis for the purpose of sociological theory construction (Wertz, Charmaz, McMullen, Josselson, Anderson, and McSpadden, 2011). *The Discovery of Grounded Theory* was the first major attempt to codify and systematize implicit methodological strategies for analyzing qualitative data and moving the analysis into explicit theoretical statements. Although less acknowledged than theory construction, Glaser and Strauss (1967) also developed grounded theory to analyze and explain social and psychological processes (Wertz, Charmaz, McMullen, Josselson, Anderson, and McSpadden, 2011).

Grounded theory continued to be developed over time since Glaser and Strauss (1967) first introduced it “as a method of discovery, treated categories as emergent from the data, relied on direct and, often, narrow empiricism, and analyzed a basic social process” (Charmaz, 2006, p. 8). Twenty plus years later Strauss and Corbin (1990; 1998) offered their approach to grounded theory that emphasized categories and technical procedures. Both approaches to grounded theory assumed a positivistic epistemology, which along with its rigor and usefulness gained acceptance from quantitative researchers (Charmaz, 2006). Meanwhile, a growing number of scholars have moved grounded theory away from the positivism in both Glaser’s and Strauss’ (1967) and Corbin’s version of the method (Charmaz, 2006, p. 9). Charmaz (2006) suggested “a way of doing grounded theory that takes into account the theoretical and methodological developments of the past four decades” (p. 9). Having worked with Glaser and Strauss (1967), Charmaz (2006) was reminded of the invitation from Glaser and Strauss (1967) to their readers and students “to use grounded theory strategies flexibly in their own way” (Charmaz, 2006, p.

9). In their own book, Glaser and Strauss (1967) shared this goal: “Our principal aim is to stimulate other theorists to codify and publish their own methods for generating theory”

(p. 8). Many have done that, including Charmaz.

Charmaz’s (2006) approach to grounded theory challenged an objectivist grounded theory approach and proposed a constructivist grounded theory approach.

Objectivist grounded theory is defined as:

A grounded theory approach in which the researcher takes the role of a dispassionate, neutral observer who remains separate from the research participants, analyzes their world as an outside expert, and treats research relationships and representation of participants as unproblematic. Objectivist grounded theory is a form of positivist qualitative research and thus subscribes to many of the assumptions and logic of positivist tradition (Charmaz, 2006, p. 188).

This grounded study will predominantly be using a combination of the most current Grounded Theory experts (Charmaz, 2010; Birks & Mills, 2012; and, Saldana, 2013) in order to use and adapt their recommendations for describing the phenomenon of when teachers have cancer and the residual impacts of the diagnosis to themselves, their classrooms, and the support they receive.

In a scholarly paper called “Discovering Chronic Illness: Using Grounded Theory,” Kathy Charmaz (2003) wrote on this topic and uses “grounded theory method to study social psychological themes” in regards to “chronic illnesses.” The paper focuses on using the grounded theory method to study social psychological themes, which cut across diverse chronic illnesses:

The grounded theory method is presented as a method having both phenomenological and positivistic roots, which leads to confusion and misinterpretations of the method. A social constructionist version and application of grounded theory are introduced after brief overviews of the method and of the debates it has engendered are provided. Next, phases in developing concepts and

theoretical frameworks through using the grounded theory approach are discussed. These phases include: (1) developing and refining the research and data collection questions, (2) raising terms to concepts, (3) asking more conceptual questions on a generic level and (4) making further discoveries and clarifying concepts through writing and rewriting. Throughout the discussion, examples and illustrations are derived from two recent papers, 'Disclosing Illness' and 'Struggling for a Self: Identity Levels of the Chronically Ill'. Last, the merits of the method for theoretical development are discussed (Abstract).

This research attempts to avoid the confusion regarding the Grounded Theory method as in the prior example by using a Thematic Analysis for additional support.

Overview of Information Needed

The information needed to answer the three research questions is relatively simple. The information needed is made up of the perceptions of the experiences of teachers with cancer diagnoses that, in this case, were found on two online teacher forums. The teachers discussed their experiences of having been diagnosed with cancer in relation to their job experiences as a teacher. Specifically, the kind of information this study is collecting comes from teacher cancer forums.

Throughout this study, demographic information may not be available because the teacher cancer forums are designed to maintain confidentiality. On some occasions, teachers may volunteer their geographic location, but this is not consistent across the sample. In summary, "Four general areas of information are typically needed for most qualitative studies: contextual, perceptual, demographic, and theoretical information" (Wertz, Charmaz, McMullen, Josselson, Anderson, & McSpadden, 2011, p. 3). The contextual, perceptual, and theoretical information will be included in this chapter. Demographic information will only be included if the teacher shares this information through their posts on the teacher cancer forums/blogs.

Components of the Research Design

This section outlines the overall research design/methodology. It includes the list of steps in carrying out the research from data collection through data analysis. The sections that follow elaborate in greater detail on the methods of data collection and the process of data analysis. The narrative in this section used a flow chart that describes the various steps, as shown in Linda Dale Bloomberg and Marie Volpe's, *Completing Your Qualitative Dissertation—A Road Map From Beginning to End* (p. 102-103).

There are three major components of a “Grounded Theory” research design/methodology: 1) Philosophy; 2) Methodology; and, 3) Methods (Birk and Mills, 2012, p. 4). This *Research Design* plans to provide various philosophies and in turn the methodologies and methods that are linked to these schools of thought. To provide a framework for the research in this study, it is important to provide a clear distinction between a *methodology* and a set of *methods*. Birk and Mills (2002) describe how the differences emerged as “Stemming from a congruent philosophy, a methodology is a set of principles and ideas that inform the design of a research student. Methods, on the other hand, are practical procedures used to generate and study” (p. 4). This study plans to use these definitions, “methods” and “methodology,” as a foundation of what should be included in the research design.

This chapter plans to use a few selected grounded theory principles, strategies and techniques to reduce the complexity of grounded theory, demystifying this approach to research, and making it more accessible and “user-friendly.” This accomplishes the following:

- Provide a broad overview of grounded theory from traditional and contemporary perspectives
- Examine the evolution of grounded theory including an exploration of various philosophical and methodological influences.
- Grasp fundamental principles and major concepts of grounded theory using examples from a broad range of disciplines.
- Develop skills in the application of essential grounded theory methods for use in this specific research regarding the residual impacts on teachers who have a diagnosis of cancer on themselves, their classrooms, and the support community around them.

The thematic analysis and grounded theory method was chosen to gather and cohere themes from social media (specifically blogs for teachers with cancer), and then uncover similar themes within the literature to evaluate if teacher's morale/effectiveness and the learning environments for students are diminished due to teachers who have cancer (Birks & Mills, 2012, p. 85). Simplistically stated, Grounded Theory coding techniques will be used to pull out common themes about the residual impact of teachers who are going through cancer treatments and the impacts on the teachers themselves and on those around them. Plus, it is extremely important to see if any common themes emerge regarding the perceived support that the teachers are or are not receiving.

Therefore, the focus of this study will be to develop a theory that is grounded in the narrative data to uncover a sociological theory (or theoretical model) by using thematic analysis "to analyze and examine the themes that emerge through careful coding

of the data to uncover relational meaning (Birks & Mills, 2012, p. 85).” Although there are many different nuances of grounded theory, with each research expert defining different levels of analysis available, this research will predominantly be modeled after Birks and Mills process of grounded theory coding of secondary data.

Just to clarify what is meant by secondary data, Boslaugh (2007) makes the distinction between primary and secondary data on the basis of who collects the data versus who analyses it. The researcher “proposes that data is *primary* when it is analyzed by the person who collected it, while data is deemed *secondary* when it is analyzed by someone else” (Birks & Mills, 2012, p.84). The source of the data for this research will be secondary because the data comes from “... a number of resources available on the internet [...] forums, that will promote your engagement with the research community and provide you with a wealth of resources”(Birks and Mills, 2012, p. 35).”

The Internet is now an established part of life in most societies, particularly among younger generations, but also with a growing popularity among older generations who are familiar with blogs and/or online forums. An *Internet forum*, or message board, is an online discussion site where people can hold conversations in the form of posted messages (www.dictionary.com, 2015). The definition of a *blog* is an online, chronological commentary (www.dictionary.com, 2015). *Blogs* are industry known as being synonymous with *Internet forums*. The *sample population* taken from these teacher cancer forums/blogs will be discussed in more depth later in this chapter.

In order to uncover the similar themes from two online forums (AKA, blogs), the first task is to select the appropriate coding methods to use. In order to better understand

which coding method(s) is the most appropriate for this study, Patton (2002) suggests that “...each qualitative study is unique, [so] the analytical approach used will be unique” (Patton, 2002, et.al Saldana, 2013). For the nature and goals of this study, one coding method did not appear sufficient; therefore, two additional coding methods were used to capture the complex processes or phenomena in the data.

According to Saldana, “some coding methods are not discrete and a few coding methods even overlap one another” (2013). In order not to muddy the analytic waters with using too many methods, this paper plans to simplify this coding used. So, which coding method(s) are appropriate for this particular study? Saldana (2013) recommends that the nature of your central and related research questions—and thus the answers you seek—influence the specific coding choice(s) you make” (p.127). Based on Saldana’s guidelines, the coding choices selected for this study’s research are directly linked to the “central and related research questions” as previously stated.

Using Saldana’s (2013) *Literary and Language Methods* provided in his book, *The Coding Manual for Qualitative Researchers*, the first cycle of coding method selected for this research specifically focuses primarily on two types of coding: “Narrative Coding” and “Theming the Data” (p. 59). The second cycle of coding method selected focuses on “Pattern Coding” (p. 59, see “Figure 1.0: First and Second Cycle Coding Methods table). So, what is the difference between codes and themes? According to Saldana (2012), Rosesman and Rallis (2003), describes the differences as follows:

Several qualitative research texts recommend that you initially “code for themes.” That, to me, is misleading advice because it muddies the terminology waters. A Theme is an outcome of coding, categorization, or analytic reflection, not

something that is, in itself, coded (that is why there is no “Theme Coding” method in this manual, but there are references to thematic analysis and a section called Theming the Data). A datum is initially and, when needed, secondarily coded to discern and label its content and meaning according to the needs of the inquiry. Rosesman and Rallis (2003) explain the differences: “think of a category as a word or phrase describing some segment of your data that is explicit, where as a theme is a phrase or sentence describing more subtle and tacit processes” (p. 282, emphasis added, Saldana et al., 2014, p. 14).

As Saldana recommends, this research design will primarily look for the most common “themes” as an “outcome of coding, categorization, or analytic reflection” in order to provide subtle “theming of data.” The research design will also look for categories of “words or phrases” that explicitly describe the segments of the data.

The sections that follow provide more specific details regarding how this study plans to use the following primary and secondary coding methods: 1) narrative, 2) theme the data; and, 3) pattern.

Narrative Coding

Using “narrative coding” for social media blogs is ideal because it captures a comment made by one person, such as a teacher, until others read the post and respond to it, resulting in a quick response rate. Narrative coding and analysis (Clandinin & Connelly, 2000; Coffey & Atkinson, 1996; Cortazzi, 1993; Coulter & Smith, 2009; Daiute & Lightfoot, 2004; Holstein & Gubrium, 2012; Murray, 2003; Riessman, 2008) all have coding done in regards to social identity. So, specifically, according to Saldana (2012), *Narrative Coding* does the following:

Applies the conventions of (primarily) literary elements and analysis to qualitative texts most often in the form of stories. Appropriate for exploring intrapersonal and interpersonal participant experiences and actions to understand the human condition through narrative. Suitable for such inquiries as: identity development,

critical/feminist studies, documentation of the life course, and narrative inquiry (p. 267).

Through the teacher's narratives posted in teacher cancer forums, this study plans to better understand how cancer impacts both "intrapersonal and interpersonal participant experiences." Through the narratives teachers share, the research plans to document any changes to their lives and professional identity.

Goffman (1963) notes that we tend to assign a person we first meet with categories and attributes that impute a "social identity." Reciprocally, that person is implicitly requesting of others that the impression—the managed presentation of self—fostered before them is a "character [who] actually possesses the attributes that he appears to possess" (Goffman, 1959, p. 17). Because teachers work in a school setting, which is social by nature, they are greatly impacted based on how they perceive (or infer) they are fitting or not fitting into the dynamics of the school community. According to Saldana (2013), "these inferences can sometimes be incorrect, and [...require] confirmation" (p. 127). This is an important point to make because the narratives that teachers share are their personal perceptions of: themselves and their situation in relationship to others.

Theme the Data

What does it mean to *theme* and/or *theme the data*? Saldana (2012) explains what this means in the following explanation:

Unlike a code, a theme is an extended phrase or sentence that identifies what a unit of data is about and/or what it means. A theme may be identified as the manifest level (directly observable in the information) or at the latent level (underlying the phenomenon). Themes can consist of such ideas as descriptions of and morals from participant stories. The analytic goals are to develop an

overarching theme from the data corpus, or an integrative theme that weaves various themes together into a coherent narrative. Appropriate for virtually all qualitative studies, especially for phenomenology and those exploring a participant's psychological world of beliefs, constructs, identity development, and emotional experiences. Also a strategic approach for metasummary and metasynthesis studies. Examples: For a study exploring what it means "to belong" (p. 267-268).

From the teacher's stories (AKA narratives), this research plans to discuss some of the "overarching themes" that emerge from teacher's posting in forums (the narrative data). This study plans to also include the teacher's "beliefs, constructs, identity development, and emotional experiences" for a deeper understanding of the teacher narrative and what it means to be part of the school community.

Pattern Coding

Initial coding (also called *pen coding* or *pattern coding*) is the first step of data analysis. It is a way of identifying important words, or groups of words, in the data and then labeling them accordingly. Saldana (2012) further describes *pattern coding* as the following:

A category label ("meta-code") that identifies similarly coded data. Organizes the corpus into sets, themes, or constructs and attributes meaning to that organization. Appropriate for Second Cycle coding; development of major themes from the data; the search for rules, causes, and explanations in the data; examining social networks and patterns of human relationships; or the formation of theoretical constructs and processes (p. 266).

The use of *pattern coding* is planned in this study to provide more rigor to the study in order to develop "major themes from the data" and explain or examine the "social networks and patterns of human relationships" within the school communities.

Data Analysis and Synthesis

This section reports on how the teacher cancer forum data was managed, organized, and analyzed in preparation for the findings. It is important to note that this section can thus be completely written only after the write up of the findings and analysis chapters are completed.

Research Sample—Teacher Cancer Forums

This section describes the research sample and the population from which the sample is taken. New Teacher Forums for teachers with cancer are appearing in abundance online. In these online forums, teachers use aliases to discuss their concerns and issues about going through the cancer recovery. The way in which the online forums (such as, blogs and social discussion boards) were selected for this research is based on the following criteria for the forum sites and the blogs:

- Developed specifically for teachers who have been diagnosed with cancer
- Sponsored and housed by known cancer support groups to provide a trustworthy site
- Censorship free, in other words, a site that lacks censorship so the teachers can have perceived anonymity to express themselves freely with their comments.

In addition, the criteria for sample selection was also selected based on the relevance of the content to the research questions. In this particular paper, the sampling for the qualitative research method includes people (teachers), texts (their narratives), and cultural phenomena (all of the teachers have cancer and are posting on blogs for social

networking support). The definition and discussion of the sampling strategy used was previously discussed under the components of the research design section of this chapter.

Therefore, the sample for this research was chosen from the entries from the elementary and secondary grade teachers who post on two selected Internet cancer forums specifically created for teachers who have breast cancer. These forums are: 1) *Cancer Care Organization for Teachers* (for example, see: <http://forum.breastcancercare.org.uk/t5/Work-finance-and-travel/Teachers/td-p/497437>); and, 2) American Cancer Society's forum for teachers (see: <https://community.breastcancer.org/forum/5/topic/776056>). Sample excerpts from these cancer forums for teachers with breast cancer can be found in Appendix A.

Only breast cancer forums for teachers were selected in an attempt to stratify similar types of cancer narratives. The teachers' shared narratives of their experiences are used to gain consistent perspectives of the teachers and better sample data for this Grounded Theory research study. Only teachers with breast cancer were chosen for this study because "Breast cancer is the most common cancer in women worldwide, with nearly 1.7 million new cases diagnosed in 2012 (second most common cancer overall). This represents about 12% of all new cancer cases and 25% of all cancers in women" (World Cancer Research Fund International, 2015). Consequently, this study is important due to the high number of teachers who are women and the high breast cancer statistics.

Another reason for selecting teachers with breast cancer who post to forums and blogs was because of a larger sample population being available versus teachers with other forms of cancer. This study also thought it important to look at various regions of

the world, such as, the “rate of new cases of breast cancer in Europe was double that in Africa in 2012. The highest rate was observed in Northern America - about 92 per 100,000 population for USA and 80 per 100,000 population for Canada” (World Cancer Research Fund International, 2015). Based on the high numbers of cancer in certain regions, this study chose to look specifically at teachers who have cancer in the United Kingdom and the United States. These regions were also selected because teacher forums were found for each of these regions.

Another very important advantage of having raw data for the teachers with cancer (sample population) is because the identity of the teacher posting on teacher forums is protected and unknown to the public unless the teacher chooses to disclose their personal identity. Therefore, the sample population’s data is also available as “public knowledge” and does not require any authorizations by the teachers themselves.

These two forums selected include posts by teachers that include narratives about the teacher’s professional experiences and about the institutional support the teacher perceive they are or are not receiving at their schools and for their classrooms. Because these two forums include many narratives both with positive and negative perceptions about the support teachers have received, they include representative samples.

Ethical Considerations

This section discusses the ethical issues that might arise in the study and describes the necessary steps taken to address these issues. Due to the fact that Teachers post openly to these forum sites with the expectation that others can view their information publically (yet the teacher is relatively unknown with a pseudonym they have chosen),

the information posted and data derived from these forum groups is considered public property.

Birks and Mills (2012) make an important point:

There are a vast number of social networking sites, weblogs (blogs) and discussion boards that address various topics that may be of value for use in a grounded theory study. While the contents of these sites should be treated in the same way as any other textual data used in your research, you should be aware that specific ethical issues may be raised particularly as the contents are often of a sensitive nature and the contributors may choose to be anonymous (p. 86).

Because cancer is an extremely “sensitive” and important personal topic, this research made sure that all teachers’ identities remained “anonymous.” This research also went through the University of Denver’s Internal Review Board (IRB) processes to make sure the ethical issues and issues of trustworthiness are considered in this paper to receive the University of Denver’s approval.

Issues of Trustworthiness

In Teacher forums, Teachers who want to achieve high security against being revealed chose to use anonymity servers so they can express themselves openly while hiding their identities to protect their personal cancer health issues and struggles.

Teachers who use these open forum sites are trusting that the sites lack censorship. For example, they are like a blank screen where they can get the feedback they are searching. Most of the time, teachers see something on the forums that they can identify with and feel that their comments will be accepted and validated by like-minded people who are on equal ground with the participant and could potentially feel connected.

Anonymity in this study means that the real name of the teacher who is authoring a message posted in a forum group is not shown. The hosting forum sites attempt to make

it very difficult to find out the real author of a message, however anonymity is not always possible. Therefore, an advantage to using a pseudonym, compared with complete anonymity, is that it is possible to recognize different messages written by the same author. Sometimes, it is also possible to write a message to a pseudonym (without knowing the real person behind it) and get replies back. It is even possible to have long discourses between two pseudonyms, neither of them knowing the real identity behind the other's pseudonym. A disadvantage, for a person who wants to be anonymous, is that combining information in many messages from the same person may make it easier to find out who the real person is behind the pseudonym.

Even though complete or partial anonymity is not something new, the Internet has increased the ease for a person to distribute anonymous and pseudonymous messages. Anonymity on the Internet is almost never 100%; there is always a possibility to discover the true identity, especially if the same person uses the same way to gain anonymity multiple times.

Since anonymity has positive uses (such as, privacy in teacher cancer forums) there are people who run anonymity servers. An anonymity server receives messages, and resends them under another identity. There are two types of anonymity servers: 1) Full anonymity servers, where no identifying information is forwarded; and, 2) Pseudonymous servers where the message is forwarded under a pseudonym (Palme & Berglund, 2002). The server stores the real name behind a pseudonym, and can receive replies sent to the pseudonym, and transmit them back to the originator.

Anonymity servers often use encryption of the communication, especially of the communication between the real user and the server, to increase the security (Palme & Berglund, 2002). There are companies with market anonymity servers and there is a research area on improving the techniques of such software (McCullagh, 2001, et al in Palme & Berlund, 2002).

In accordance with the principle of freedom of expression and the right to privacy, use of anonymity is legal. A user may wish to access data and browse anonymously so that their personal details cannot be recorded and used without their knowledge (Palme & Berglund, 2002). Content providers on the Internet may wish to remain anonymous for legitimate purposes. For example, for a victim of cancer or another disability who wishes to share their experiences with others without revealing their identity because doing so may result in undesired consequences like losing their jobs. A user should not be required to justify anonymous use.

Research Assumptions and Limitations

Although there are many positives about using teacher cancer forums for this study, there are also some sample limitations and possible assumptions that may need to be made. For example, because there are so many other types of cancer besides breast cancer not being studied in the sample population of this study, there are most likely more teachers with cancer who are not represented on the forums selected for the sample. So, more research may need to be performed to gather additional data for other types of cancers teachers may have.

This study only provides a slice of the representative sample of the number of teachers who may actually have been diagnosed with breast cancer and/or need support. This study may also be limited by what data teachers with cancer provide in the teacher forums since it is their choice of what topics they chose to participate and post on in the forums and blogs.

It is also not a far reach to assume that teachers, who are a little older and have cancer, may not be as technology savvy as their younger counterparts. Consequently, older teachers may not be posting on blogs and/or Internet forums as much as younger teachers, but this can only be an assumption. “Master teachers” may also be more established in the educational system and therefore, may have other forms of support available (Teacher Union support and tenure), than do some of the newer teachers who have been diagnosed with cancer. An assumption can be made that the reasons teachers post on blogs may be for additional cancer community support in relation to their professions “as teachers” since they have chosen to post as a teacher instead of posting as a general cancer patient.

Also, because this study is using secondary sources online (such as, online forums and blogs) for the sample population (teachers who post on forums/blogs), this research cannot confirm demographics of those teachers who choose to post their narratives on them (that is, unless the teacher posting divulges this information in their posted comments). Consequently, some of the teacher demographics (such as, the age of the teachers, the grade levels they teach, the school name and location, length of time in the profession as a teacher, ethnicity, and the specific type of breast cancer that the teacher

has) may not be available in this study; that is, unless the blogs require this information for their postings. The data from the forums consist only of what the teacher chooses to post in their comments. The anonymous of the posts can be both positive and negative. For example, the value of the anonymity is that teachers are free to post and say what they actually think without any consequences. The teachers may also use the forum for a place just to rant or voice their frustrations. These rants and frustrations may sometimes be a camouflage for the real deeper meaning of their personal experience.

Although the sample population does have some limitations by only analyzing the sample population for those teachers with breast cancer who have publically posted, teacher cancer forums and blogs are still an excellent source representation of the perceptions that teachers have about their cancer diagnosis in the classroom. This is a manageable starting place to further studies regarding teacher perceptions about their cancer, the impact to their classrooms, and the perceived school community support they receive. One of the assumptions we can make, of course, is that some of the teachers may be on a rant about their jobs or what they perceive is unfair treatment, but this can be flushed out in the data results and findings also. We can also make the assumption that the representative sample will be for more female teachers than male teachers who are diagnosed with breast cancer since it is a common practice that more women than men get mammograms and annual testing even though men can also be diagnosed with breast cancer.

Summary of Methodology and Research

In summary, this chapter provides an outline of how the thematic analysis and grounded theory method research design will be implemented and carried out through a step-by-step plan. The plan describes how the sample data will be analyzed through various narrative coding methods in order to better understand the teacher perceptions of their having cancer, the perceived impacts to their classrooms, and the perceived support the teachers did or did not receive from their school institution community.

As designed, the Grounded Theory and Thematic Analysis methods used in this paper culminates in the following theory which states that when teachers are diagnosed with cancer, they can be impacted professionally as are the communities and schools of which they are a part. These impacts may be magnified and perpetuated because many schools do not have sufficient supportive resources to manage transitions and changes related to the residual impacts of the cancer. Also discussed in this chapter are the ethical considerations, trustworthiness of the data samples, and the research assumptions and limitations.

The next chapter will include the “results” of the data collected from the Internet forums/blogs by using the research method and design described in this chapter. All examples of teacher postings from the forums will include the teacher’s exact posting to the websites (whether or not there are spelling and/or grammatical errors).

Chapter Four: Presentation of Findings

This chapter attempts to make sense of the data collected by using the Thematic Analysis and Grounded Theory data collection methods as described in the previous chapter. Also included is some of the pertinent raw data, as examples, to create a deeper meaning through the analysis and to make an inference from the discrete pieces of information gathered from the selected teacher cancer forums and blogs: 1) *Cancer Care Organization for Teachers* (for example, see: <http://forum.breastcancercare.org.uk/t5/Work-finance-and-travel/Teachers/td-p/497437>); and, 2) American Cancer Society's forum for teachers (see: <https://community.breastcancer.org/forum/5/topic/776056>).

By deconstructing and coding the narratives of the teachers' data found on the cancer discussion forums, this research uncovered many common themes and experiences teachers made in their comments. This research attempts to use tightly organized and highly structured schemes to filter out the unusual and serendipitous. Although a procedure was used to prepare and analyze the data, the data was not as linear as expected because many interrelationships showed up during the analysis, so the process grew to an essentially iterative and somewhat messy path. For example, some central themes contained other central themes and so forth. Therefore this research cycled through the phases many times, looping back and revisiting earlier phases in an ongoing effort to narrow and make sense of what was in the data. What to do with all of the data

conducted was a real challenge because so many possible themes emerged from the analyzed data concerning teachers with cancer. See *Appendix B—Additional Themes Emerged* for some additional themes that emerged from the data analysis, but are not included in the scope of this paper. These additional themes could warrant future research in another study.

Overview of the Data

In analyzing and organizing the results from the two cancer forums, as of July 27, 2015, the Breast Cancer Care organization had 160,018 members in 80 forums discussing 126,334 topics. Between April 2011-July 2015 different “threads” (AKA, topics and sub headings) were uncovered from the Breast Cancer Care organization’s breast cancer forum (breastcancercare.org) with postings under one main heading “Work, finance and travel” from teachers with breast cancer as described (as examples) in Table 1.

Table 1

Cancer Forum Threads for Teachers

| <u>Examples of Threads</u> | <u>Number of Views</u> |
|--------------------------------|------------------------|
| “Younger women and families” | 4,312 |
| “End of Life” | 3,584 |
| “How long off work” | 3,328 |
| “Hormone Therapy” | 3,060 |
| “Work, finance, travel” | 2,821 |
| “Chemotherapy” | 2,763 |
| “Diagnosed with Breast Cancer” | 2,255 |
| “Forum for site feedback” | 2,130 |
| “Living with breast cancer” | 1,714 |
| “Teachers and phased return” | 1,511 |

| <u>Examples of Threads</u> | <u>Number of Views</u> |
|---|------------------------|
| “Recovering from Treatment” | 1,479 |
| “Have come to a crossroads!” | 1,476 |
| “Lymphedema” | 1,229 |
| “Early retirement” | 1,192 |
| “Any other teachers or teaching assistants with BC....” | 1,081 |
| “Surgery” | 925 |
| “Teachers!!!” | 879 |
| “Hope and Inspiration” | 852 |
| “Triple Negative” | 833 |
| “Teachers return to work interview” | 729 |
| “Appointments and waiting for results” | 725 |
| “Treatment and medical issues” | 763 |
| “Living with secondary breast cancer” | 572 |
| <hr/> | |
| And many others... | |

Data for the total number of threads discussed by teachers prior to 2011 are unavailable.

Through the exploration of the contents of the threads, various themes emerged and were identified.

As of April 30, 2015, the American Breast Cancer organization in comparison had over 159,155 teacher members of BreastCancer.org with over 80 individual forums and over 125,803 topics. Under one of these topics “Teaching elementary school and breast cancer” under the forum group “Just Diagnosed—Discuss next steps, options, and resources,” it was interesting to uncover the number of postings from some of the teachers who had been forum members for a number of years and were posting still in 2015.

Table 2

Length of Time in the Teacher Forum and Activity Levels

| <u>Teacher Alias Name</u> | <u>Diagnosis Date</u> | <u>Joined Forum</u> | <u>Number of Posts</u> |
|---------------------------|-------------------------|---------------------|------------------------|
| <i>ruthbru</i> | 2/2007 | 2/2009 | 37,894 |
| <i>Apple</i> | 4/10/2008 | 12/2008 | 7,767 |
| <i>exbrnxgrl</i> | 7/8/2011 | 8/2011 | 7,262 |
| <i>cp418</i> | Not disclosed | 5/2006 | 6,003 |
| <i>mdg</i> | 12/13/2010 | 12/2010 | 3,454 |
| <i>Shirlann</i> | 13 years post-treatment | 1/2007 | 3,279 |
| <i>AmyIsStrong</i> | 4/2009 | 3/2009 | 1,721 |
| <i>Ginger48</i> | 4/5/2011 | 9/2011 | 1,661 |
| <i>cycle-path</i> | 12/10/2010 | 12/2010 | 1,480 |
| <i>mrsnjband</i> | 1/10/2008 | 5/2010 | 1,403 |
| <i>ma111</i> | 8/4/2009 | 1/2007 | 1,368 |
| <i>Cookie Monster</i> | 8/2/2011 | 9/2011 | 979 |
| <i>MaxineO</i> | 12/1/2010 | 12/2010 | 536 |
| <i>Rjbaby69</i> | 7/20/2011 | 7/2011 | 349 |
| <i>sflow</i> | 8/4/2009 | 1/2007 | 273 |
| <i>AnnetteS</i> | 9/20/2010 | 10/2010 | 179 |
| <i>bb226</i> | Not disclosed | 7/2011 | 102 |
| <i>CAteacher</i> | 8/30/11 | 2/2002 | 4 |
| <i>Acceptance</i> | Not disclosed | 6/2013 | 4 |
| <i>DeborahK</i> | Not disclosed | 11/2011 | 2 |

Table 2 includes teachers (as identified by their user names) as a random sample example of the participants whose posts were reviewed and synthesized to generate data for the story. Because teachers who had experienced breast cancer in some form continue to post, it leads one to believe that once a teacher experiences cancer, then they are

somehow changed and may need on-going support through an online forum and/or other means.

On some occasions, the teachers were posting with concerns of cancer reoccurrence and/or to offer other teachers support, encouragement, and suggestions on how to make their cancer journeys easier. Typically, most of the teachers' beginning dates of their joining the teacher cancer forum correlated closely with their dates of their diagnosis. However, some teachers did not. The reason for this could be the person posting knew some other teachers with cancer, or possibly they were not aware of the forum yet, or some other reasons, which suggest further investigation is still needed.

Some of the most popular tags in the American Breast Cancer Association forum (BreastCancer.org) include: Chemotherapy, Children, Complementary Therapies Emotions, Exercise, Friends and Family, Hair, Health, Healthy Eating, Holidays, Insurance, Legal Issues, Libido, Lymphedema, Menopause, Metastatic Breast Cancer, Reconstruction, research, Resources, Sexuality, Side Effects, Spirituality, Survivors, and Young Woman. Within these tags various themes were uncovered at a deeper level of analysis. By analyzing these various threads, teacher themes emerged.

Teacher Themes Uncovered

Using the systematic procedure for data analysis described in the prior chapter, the research began to prepare, review, explore, and analyze the data. It was interesting to watch each thread (also included some combinations of the themes) to see the number of posts growing daily. For example, there were 2,255 posts as of 4/30/15 under the “work-finance-and travel” topic: <http://forum.breastcancercare.org.uk/t5/Work-finance-and->

travel/Teachers/td-p/497437. Because the forums and blogs continue to grow daily, it was important to decide a cut-off date for the data, yet allow for enough time to possibly note a few teacher postings over time. A systematic number of steps were used to outline the process of selecting the data for this study.

First, it was decided that only data from eight years (April 2008-July 2015) would be used due to the large number of postings and scope of the data posted on the forums and blogs. Seven years was selected because it may take seven years or longer for a teacher to go through the many stages of breast cancer treatments including surgery, chemotherapy, radiation, reconstruction, and also possibly five-year adjunct therapy treatments. Only subsets of this seven-year data were selected based on the relevancy to the research questions and included as the representative sample data. Therefore, the sample data from this study was extracted from some of the threads posted in the former tables.

Second, the sample data set of postings was identified to limit the volume of postings. The reason for this was to find a randomized sampling of the data which best represents the larger target audience—teachers who had received a cancer diagnosis. The sampling includes 50 representative teacher postings on a topic and/or thread of discussion.

Third, common key words and central themes were underlined on printouts of the data set. The data sets were then coded and noted on printouts in the sidebars of each of the teacher postings. After reviewing the data through many steps, occurrences of the

data started to emerge. It was observed that many of the postings were not linear and very messy crossing over many themes.

Finally, after many passes of the teacher forum data, a color code was applied to each of the emerging themes of the data to better understand which were the most relevant, interesting, and most discussed themes (AKA topics), so that the number of occurrences of the sample populations could be obtained.

On the teacher forums, a number of reoccurring teacher themes showed up as aforementioned findings, such as:

- Psychological and cognitive issues are impactful even when the physical issues of cancer have been resolved.
- Loss of income
- Loss of physical endurance
- Change in life perspectives

This research results section discusses, identifies, and expands on the most common themes. Next, discussed is what the themes may mean and how they answer the research questions through the findings about: 1) the perceived residual impacts that cancer has upon the teacher; 2) the perceived impacts teachers with cancer have on their classrooms; and, 3) the perceived impacts teachers with cancer have on the school community. Through this integrated process, four central and reoccurring themes emerged and are discussed in the next section.

Four Key Central Patterns Within Themes Emerged

Although many themes and patterns emerged around the research questions, for the purpose of this paper, only the most central and salient patterns found in postings from the themes found in the teacher cancer forums discussions are included in this chapter. The “pattern codes” are the most important group of words or groups of words used in teacher posts. The data for this report was analyzed and limited to four of the most central, interesting, pertinent, and meaningful re-occurring patterns uncovered in the themes. These four patterns in the themes emerged from the coding of the data collection and also supported and focused on the following three research questions:

1. What are the perceptions of practicing teachers who identify themselves as cancer patients with regard to their professional experiences?
2. What are the perceptions of the teachers about their school community when they are identified as cancer patients?
3. What are the perceptions of practicing teachers who identify themselves as cancer patients with regard to the institutional school support they do or do not receive?

The four common patterns of the themes selected are just a representative example of the expansive amount of data that could still be analyzed in another research paper. The following are the final four themes that emerged from patterns in the data (teacher postings):

- Perceived issues of *support*—color-coded as blue
- Perceived issues about *time*—color-coded as yellow

- Perceived issues regarding *changes*—color-coded as pink
- Perceived impacts to *relationships*—color-coded as green

The reason more themes were not selected for inclusion into this paper is two-fold: 1) the four themes chosen were the most salient of the themes; and, 2) most of the teacher postings included one or more of these common themes in their narratives. What was interesting to find was that the theme of *support* was almost always the foundation of the other themes (*time*, *changes*, and *relationships*). Therefore, *support* was the most central theme because it served as a base for all of the other themes.

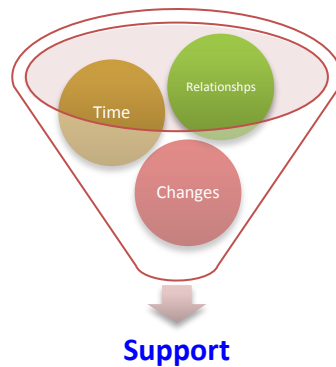


Figure 1: Four Central Themes

This figure describes the major themes uncovered in the data with *Support* (giving and receiving) being the overarching theme and reason for teachers posting in the forums.

Table 3 provides, as an example, one representative random posting per teacher and provides a comparison of the data for themes, dates, and country represented. As previously noted, some teachers posted numerous times (as shown in Table 2). It is important to note that some posts by teachers were long narratives (578 words) while

other posts are short narratives (13 words) and may account for more or less references or occurrences found within the themes.

Also in Table 3, the number of times *Support*, *Time*, *Changes*, and *Relationships* were coded as themes and patterns within each teacher posting are indicated. Words that infer *support* include words: *help*, *need*, *problem*, *cope*, and *concern* as examples. Words that infer *time* include words: *date*, *length*, *year*, *month*, *full-time*, *phased return*, and *afternoon* as examples. Words that infer a *change* include *roller coaster ride*, *retrospect*, *new normal*, and *rehabilitation* as examples. Words that infer a *relationship* include *colleagues*, *health nurse*, *the school*, and references to *self* (the *I* and *my* tied to the teacher's identity).

Table 3

Summary of the Data—Posts in Teacher Cancer Forums

| Contact Information | | | Number of References To Themes | | | |
|----------------------|-------------|----------------|--------------------------------|-------------|----------------|---------------------|
| <u>Teacher</u> | <u>Date</u> | <u>Country</u> | <u>Support</u> | <u>Time</u> | <u>Changes</u> | <u>Relationship</u> |
| <i>Sherbert</i> | 11/11/10 | UK | 14 | 30 | 14 | 24 |
| <i>Smelltheroses</i> | 11/15/15 | UK | 20 | 39 | 15 | 41 |
| <i>Survivin</i> | 11/29/08 | UK | 9 | 20 | 7 | 18 |
| <i>annalou24</i> | 11/14/09 | UK | 11 | 22 | 12 | 27 |
| <i>CATeacher</i> | 10/6/11 | USA | 13 | 28 | 18 | 48 |
| <i>shirlann</i> | 10/6/11 | USA | 6 | 7 | 8 | 12 |
| <i>sflow</i> | 10/6/11 | USA | 10 | 15 | 7 | 23 |
| <i>ma111</i> | 10/6/11 | USA | 6 | 7 | 10 | 24 |
| <i>mrsnjband</i> | 10/6/11 | USA | 10 | 4 | 9 | 18 |
| <i>exbrnxgrl</i> | 10/6/11 | USA | 12 | 14 | 11 | 41 |
| <i>Animallover</i> | 3/18/15 | UK | 7 | 7 | 5 | 17 |
| <i>waveylocks</i> | 4/13/15 | UK | 13 | 16 | 14 | 22 |
| <i>Dogmad84</i> | 3/18/15 | UK | 10 | 9 | 10 | 19 |

| Contact Information | | | Number of References To Themes | | | |
|-----------------------|-------------|----------------|--------------------------------|-------------|----------------|---------------------|
| <u>Teacher</u> | <u>Date</u> | <u>Country</u> | <u>Support</u> | <u>Time</u> | <u>Changes</u> | <u>Relationship</u> |
| <i>bahamamom3</i> | 10/12/11 | USA | 14 | 10 | 14 | 34 |
| <i>Swirly</i> | 3/16/15 | UK | 1 | 0 | 2 | 4 |
| <i>Jacqueline</i> | 8/31/14 | UK | 9 | 20 | 8 | 8 |
| <i>Chinook</i> | 5/12/11 | UK | 10 | 27 | 28 | 31 |
| <i>AnnetteS</i> | 10/7/11 | UK | 13 | 15 | 15 | 34 |
| <i>McKenna</i> | 10/23/14 | UK | 6 | 13 | 8 | 12 |
| <i>Kaz5047</i> | 11/12/15 | USA | 8 | 21 | 10 | 10 |
| <i>Cycle-path</i> | 10/6/11 | USA | 7 | 10 | 12 | 28 |
| <i>littlemrs</i> | 4/25/14 | UK | 4 | 7 | 4 | 10 |
| <i>ruthu</i> | 4/12/14 | UK | 10 | 19 | 8 | 15 |
| <i>“C”</i> | 1/31/14 | UK | 6 | 11 | 4 | 2 |
| <i>Bev12</i> | 11/27/13 | UK | 4 | 5 | 4 | 19 |
| <i>samjf</i> | 7/1/13 | UK | 8 | 3 | 5 | 21 |
| <i>Mrs.B</i> | 11/27/13 | UK | 15 | 11 | 18 | 30 |
| <i>DeborahK</i> | 11/12/11 | USA | 7 | 11 | 6 | 8 |
| <i>foggy</i> | 6/6/11 | USA | 15 | 22 | 10 | 18 |
| <i>busyrahael</i> | 10/15/13 | UK | 26 | 38 | 18 | 33 |
| <i>Mel_A</i> | 8/10/13 | UK | 6 | 7 | 3 | 10 |
| <i>JCJ</i> | 1/31/14 | UK | 14 | 14 | 13 | 11 |
| <i>Swanie</i> | 10/3/09 | UK | 5 | 6 | 4 | 9 |
| <i>salsasuri</i> | 11/11/11 | USA | 4 | 16 | 6 | 8 |
| <i>Buffy3</i> | 5/5/13 | UK | 8 | 11 | 8 | 13 |
| <i>Southcoastbeac</i> | 5/15/13 | UK | 13 | 7 | 10 | 19 |
| <i>ElaineTherese</i> | 9/23/15 | UK | 9 | 11 | 9 | 26 |
| <i>Bean67</i> | 6/29/15 | UK | 6 | 16 | 7 | 6 |
| <i>boursheid</i> | 9/24/08 | UK | 11 | 15 | 11 | 17 |
| <i>Acceptance</i> | 6/12/13 | USA | 11 | 13 | 18 | 17 |
| <i>Ginger48</i> | 11/17/11 | USA | 20 | 21 | 23 | 55 |
| <i>Naz</i> | 5/1/14 | UK | 10 | 14 | 11 | 11 |

| Contact Information | | | Number of References To Themes | | | |
|----------------------|-------------|----------------|--------------------------------|-------------|----------------|---------------------|
| <u>Teacher</u> | <u>Date</u> | <u>Country</u> | <u>Support</u> | <u>Time</u> | <u>Changes</u> | <u>Relationship</u> |
| <i>jrglomb</i> | 1/10/09 | UK | 15 | 14 | 12 | 26 |
| <i>Sandra44</i> | 10/21/09 | UK | 6 | 13 | 14 | 9 |
| <i>Saralouise</i> | 5/5/13 | UK | 9 | 4 | 12 | 18 |
| <i>CookieMonster</i> | 11/12/11 | USA | 28 | 29 | 28 | 112 |
| <i>Lily200</i> | 11/15/09 | UK | 12 | 12 | 14 | 29 |
| <i>Apple</i> | 1/10/09 | UK | 6 | 9 | 8 | 21 |
| <i>ruthbru</i> | 3/21/12 | UK | 12 | 7 | 11 | 26 |
| <i>ivorymummy</i> | 6/30/13 | UK | 5 | 4 | 4 | 12 |
| Total | | | 514 | 704 | 540 | 1,106 |

Each of the major and common patterns found in the themes of *support*, *time*, *changes*, and *relationships* are discussed in more depth in the sections of this chapter that follow.

The relevancy of these themes to this paper's research questions will also be discussed and included.

Theme 1: Perceived Teacher *Support*

How do the teacher's narratives in their forum postings describe their experiences of support? In other words, how do the themes and coding suggest the teachers feel supported or not supported in the following areas:

- Financial
- Emotional
- Logistical
- Physical (such as, teacher's aids)
- Confidentiality



Figure 2: Theme of Support

After analyzing the sample data, the overall results of the 514 total occurrences (see Table 3) showed a mixture of teachers who did or did not feel completely supported during their cancer treatments. Although the theme of *support* did not receive as many of references in each posting as some of the other themes (see Table 3), the reason most teachers were posting on the forum was either to give or receive support. The themes of support tended to be a grouping of words to make meaning of their experiences. For example, statements made in their narratives: “I’m now classified as disabled” (*Chinook*), “I seem to have lost lots of confidence since the BC (not sure why)...” (*Naz*), “I pleaded with my surgeon to let me have my holidays...” (*Beam67*), and “I do worry how I will cope...” (*Salsasuri*).

Perceived Teacher Support

Those teachers who did not feel supported posted comments such as the following post from Chinook on January 2, 2011: “I’ve lived through a 21 day experience no

teacher should have to go through with zero support from authority or union” (Breast Cancer Care Organization, Teacher Forum). Some other teachers in comparison felt supported through their posted comments, such as Cookie Monster on November 12, 2011: “I have found only support and kindness from our community, from all directions - administration, colleagues, students and parents” (Breast Cancer Care Organization, Teacher Forum). From the representative sampling, the findings showed about half of the teachers felt very supported by their school communities while the other half of the teachers did not feel supported.

It is interesting to note that the perceived support teachers received from students was the most support received while the perceived support the teachers perceived they received by Administration was the least. Teachers felt mostly supported by their fellow teachers, but also shared through their posts that they felt guilt and stress for increasing the loads of their colleagues while being away from their students.

More than half of the teachers mentioned their need to contact their teacher’s union for support and information. Being supported by parents was hardly mentioned by teachers. Most teachers felt stressed by the situation of having cancer and having to make choices in regards to their career and finances.

Discussions Surrounding Support

Phasing back into work, taking an early retirement, or leaving their job were some key discussions teachers made in regards to support. A majority of the teachers posted that they were running out of time through their insurance companies and most commented that their time running out or needing to go back to half-time work also

meant being cut in pay. While most teachers were posing questions and asking for support, some other teachers provided support and advice for fellow teachers within the online forums. Most teachers were asking for support while also providing support for other teachers through their shared experience. Many teachers mentioned getting some additional support in some context from their teacher unions. For example, on Oct. 22, 2014, “Mrs. B” wrote in a response to “Mckenna” the following:

22-10-2014 08:35 PM

Hi McKenna

You are right, you need a 12 week rehabilitation phased return. This is different to an ordinary phased return which is only 4 weeks. Your head [principal] most likely does not know your employment rights following a cancer diagnosis. Don't accept a four week return plan. You MUST also contact Access to Work. It will provide funding for your employer to make any work place adaptations. I for example have a height adjusting desk, ergonomic chair, light weight laptop etc. Please do contact them. So many people don't bother, but you're fully entitled to thus support. I'd also make contact with your unio[n] . They will be able to give you a lot more support and advice....but PLEASE!!!! Google Access to Work to find your regional office

Hope this helps

Dianne (Breast Cancer Care Organization, Teacher Forum).

As of July 28, 2015, over 1,511 teachers had viewed/responded to issues about the number of weeks that should be taken to phase back into work and what happened to

them financially with only partial pay due to time off. Most of the teachers wanted to return to work in their classrooms even though they had apprehensions about doing so because they did not feel physically, emotionally, and mentally ready and able after their cancer treatments.

More than half of the teachers who did return to the classroom felt they were not supported or allowed by their administration to tell their class and parents that they had cancer, even though other teachers, parents, and students most likely knew they had cancer. For example: on July 1, 2013, *samjf* posted:

My class' parents were told I was absent due to having an operation. I said to the head I wanted to explain why I wasn't going back this term in a letter that I would put in their reports, he said it wasn't necessary. However, one of the teacher sis organising a whole school sponsored walk for a local breast cancer charity that raises money for the hospitals i am being treated at and I have told her I would like the parents to be told why they are doing it. I think honesty is best (Breast Cancer Care, Teacher Forum).

Buffy 3 also posted on the same conversation thread on July 1, 2013: “With regard to what parents/children were told, I felt it best to be honest. In fact now am back the short hair is a give away! It’s really up to you what you say to your students. For me honesty was best policy“(Breast Cancer Care, Teacher Forum). Although Buffy felt unsupported by her principal, other teacher’s posts indicate they did feel supported by the principals to tell or not to tell their classes they had cancer. These other teachers felt

supported and that it was their choice (and right of confidentiality) if they wanted to disclose this information to their students.

More than half of the teachers did not feel supported to make the request to move to part-time work. While the rest of the teachers who did receive support to move to part-time work while recovering from cancer, worried about their cut in pay to go part time.

For example, *Mel_A* posted on August 10, 2013,

I have been told by my nasuwt rep that while having chemo this should not be regarded as sickness so I should get normal full pay but not as sick pay. I would welcome any info anyone else has on this. School have been great but I am worried about going on half pay” (Breast Cancer Care, Teacher Forum).

Teachers wrote of their conflict of needing to move to part-time work because of their health situation while still needing the financial support of their full-time salaries.

Some teachers indicated a mix of the support they received. For example, *busyrachel* posted on October 15, 2013:

Hello. I don't often post on here but I'm really struggling at the moment. I was diagnosed in July 2012, had mx, chemo and rads and am now on tamoxifen. I am a part time primary school teacher with contracts at 2 schools. I went back to work in June, doing 2 days a week in one school. In Sept I returned to both schools, doing 1 full day and 2 afternoons in a very supportive school, and 1 full day in a very unsupportive one. Since going back I've been asked to plan the Science for 3 y5/6 classes and take on the role of RE coordinator. Fatigue has been a real problem. I haven't had a proper return to work meeting, the only

adaptation is to agree that my playground duty is moved from the morning to the afternoon, as I get a break in the afternoon having my PPA time while the children are in assembly. I am doing proportionately more than my full time colleagues, and returning after treatment. I was beginning to feel a bit better and that I could see my energy levels creeping up when I had an email from the Head saying my planning was causing concern. I was so upset that it has really battered my fatigue again, and I'm not sleeping. My union rep sounded very supportive when I spoke to him last week but I haven't heard from him since putting everything in writing for him. I'd happily never go back but if I get signed off probably can't work in my supportive school. Fed up and finding it hard to cope (Breast Cancer Care, Teacher Forum).

This teacher's post demonstrates the frustrations and conflicts teachers feel after they return to work. It was interesting to see the connections between support and time through the various postings. More than half of the postings mentioned time and support together in the same posting. More specific results will be shared in regards to time in the next section.

Theme 2: Perceived Issues Around *Time*

The issue of *time* was an important theme and discussed on multiple occasions in the teacher forums. After analyzing the sample data, the topic of *time* received a total of the 704 total occurrences (see Table 3) out of the small sampling of 50 teacher postings. Such postings included a reference of *time* in the following ways: the amount of time away from work, time needed or allotted for recovery, time left for the teacher's survival,

time to tell students about the cancer, time to move to part-time work, time before their hair grew back in, time for cognitive/emotional recovery, etc. This number also includes a reference to time when words (such as, years, days, minutes, or other key words) were used as a reference to *time*.

The following is a summary of more common and generalized areas this research uncovered about “time”:

- How much time teachers may have left to be alive and what that means for the teachers? (In other words, teachers now have a possible finite existence that they did not face previously.)
- Amount of time they did or did not receive for a leave of absence or time off?
- Amount of time teacher has been in the classroom (such as, a new teacher or a teacher with tenure).
- Comments about not having enough time or days off for the cancer treatments and recovery and what to do about the issue.
- Whether or not teachers should retire early or continue teaching after receiving a cancer diagnosis?
- How much time might teachers be in remission?
- What time of the year their cancer diagnosis occurred (e.g., during their Summer off, or during the academic school year)
- How much time the teacher will receive for treatments depending on the cancer diagnosis and recommended treatments.

- Whether to continue back full time or come back part time?
- What happens if the teacher runs out of sick leave time?
- How much time to spend or not to spend explaining and/or processing the teacher's transitions (such as, hair loss) to their class, their students' parents, other teaching staff, and to their administrators.
- How much time is needed for recovery? For example, one teacher said that it was time for her body to return to the classroom, but her head still needed more time for recovery.
- How much time it would take for physical conditions to return or repair? Such as, how long before their hair grew back and they would regain eyebrows or eye lashes after their chemotherapy treatments? How long before the teacher's stamina or endurance would take to return to pre-cancer levels?
- How much time for their mental clarity to return after their chemotherapy treatments finished? One year? Two years? Or, in time would their mental foginess ever return?

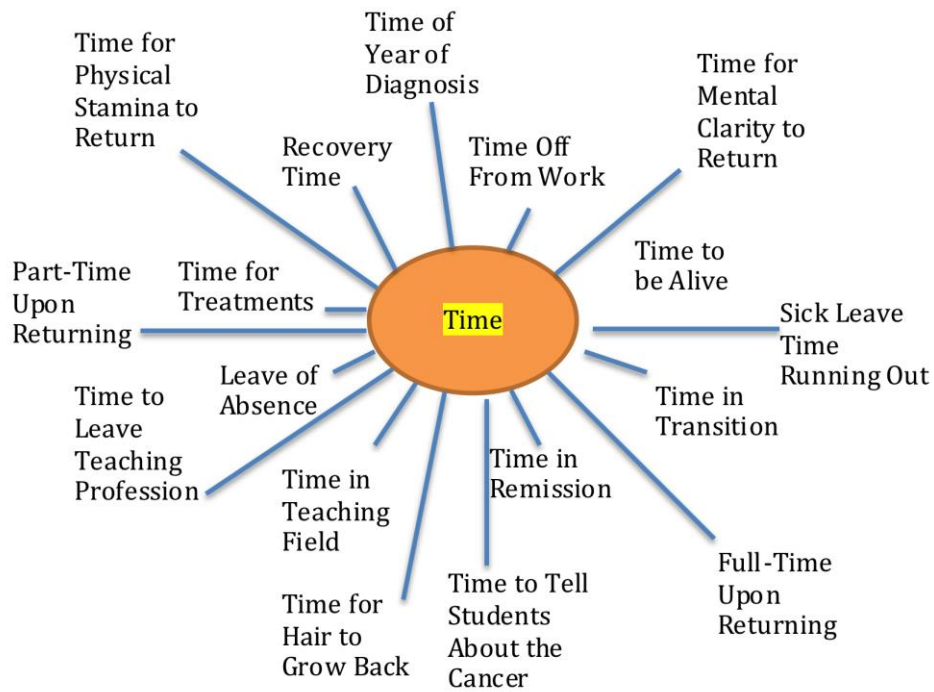


Figure 3: Theme of Time

The teacher posting showed a rich array of the understandings of *time*. These various uses and meanings of the word *time* required an immense amount of coding. For example, *phased return* connotes a length of time, as are references like *returning back to work* and *mid-June*. Another complete research study by itself could be written regarding the theme of time in relation to teacher’s recovery needs regarding cancer. Some of the postings on time were dependent on each teacher’s specific situation and cancer diagnosis. The following sections highlight the two most prevalent references to *time* as they relate to a teacher’s work and the school community.

Time Away From Work

Almost all teachers who posted comments regarding *time* wrote that they did not have enough time for a full recovery before having to go back to work. Even teachers

who commented that they had received a phased return indicated they had concerns how they would “cope” on the job. For example, Salsasuzi on November 11, 2011 posted about her worries about being able to cope after returning from cancer treatments after her phased return:

I'm a specialist learning Mentor in a PRU and have just started a very long phased return. Work [is] being absolutely brilliant regarding my return and are phasing it over 13 weeks in total (holidays included). By mid June I will have built up to more or less full time and I do worry about how I will cope... (Breast Cancer Care, Teacher Forum).

Many teachers shared on their posts that they had concerns of their abilities to perform on the job after returning from cancer treatments.

Another teacher, Midge, also posted on November 11, 2011, about her experiences upon returning with regard to time in the following post: “...I did a phased return over six weeks. Although I was originally full time, it has been agreed that I can work part time for the next two years and then renegotiate” (Breast Cancer Care, Teacher Forum). Ideally, most teachers would like a phased return to work to better help them cope with the side effects of cancer treatments—many of which can be unpredictable and extensive.

How much time a teacher will need or want to take off work for their recovery depended on the teacher’s specific breast diagnosis, treatment plan, and other factors (such as, financial situation). Plus also the specific school and/or district’s policy that is allowed and the interpretation of how long of a leave of absence, disability leave, and/or

medical leave was not consistent per different teacher's account of their varying experiences. For example, on May 5, 2015, *samjs* posted

I get my op [operation] date tomorrow and I know everyone is an individual but **how long** have people taken **off work** following a lumpectomy and nodes removal? Just want to give **work** soem [some] idea of **how long** I may be **off** for. (Breast Cancer Care, Teacher Forum)?

Most of the postings from teachers in regards to returning to work had some questions regarding how much time they needed versus how much time they were allowed. Another example, on June 6, 2011, *foggy* posted:

I am a teacher and due to return to work in a few weeks after 5 months off (lumpectomy + radiotherapy), I will be on a phased return until the end of term so am not worried about that as I will only be doing 2 days a week max. But I am worried about September when I will be back full-time (I am also Head of Dept)and I do wonder whether I will cope again as the job is very demanding and stressful . So I would love to hear from any fellow teachers who have either got success stories to tell about going back etc...because that would encourage me .But I would also like to hear from anybody who could explain to me if we do come under the Disability act and what does that mean exactly if we do ; can you insist on a reduction in hours and do you have to ask for that within a set time after your return ? Hope someone can give me some answers! many thanks in anticipation (Breast Cancer Care, Teacher Forum).

Most of teachers also shared their concerns in their abilities to “cope” upon returning to their classrooms. The Web MD speaks to this phenomenon of time away from work and the “ability to cope” when a teacher experiences a reoccurrence of their breast cancer:

Every woman who has had breast cancer wonders if it will come back. For some women it does, and for others it doesn't. When breast cancer comes back, it's called recurrence.

Breast Cancer can recur at any time or not at all, but most recurrences happen in the first 5 years after breast cancer treatment.

Breast Cancer can come back as a local recurrence (meaning in the treated breast or near the mastectomy scar) or somewhere else in the body. Some of the most common sites of recurrence outside the breast are the lymph nodes, bones, liver, lungs, and brain (WebMD, 2015).

Teachers with a reoccurrence of breast cancer and those with breast cancer for the first time both share concerns about being able to recover and to the time as it relates to the amount of recovery they need.

Time for Recovery

The postings in response to this posted question, varied by teacher to teacher. Conditions and side effects from treatments (such as, lymphedema) encountered by teachers with cancer sometimes impacted how much time the teachers actually ended up needing for recovery or if the result is more or less time off of work. For example, the amount of time given off for recovery is dependent on many factors (such as, health care

policies, administration decisions, union support, and others) as shown in the following passage from a teacher from the United Kingdom:

25-04-2014 10:42 PM - edited 26-04-2014 09:07 AM

Hi Ladies, I was until Feb a primary teacher. I wanted to say (you may know all this) that your phased return is arranged through occ health. They make recommendations and if your HT decides to ignore these and you become ill the school is failing in their duty of care. Also I had very useful support from Access to Work. Occ health suggested contacting them and my union was annoyed that this hadn't been implemented before.

I've now been given early medical retirement as I've developed lymphodema in both arms and have a problem writing. I understand you wanting to return to prove yourself as I felt the same and managed to work for 5 years after my treatment. This was at some cost to myself as by Thursday I was exhausted and could do little except get ready for the next day at work and spent weekends recovering. I'm glad I did go back BUT am very happy to be free of work now. My income is reduced of course and I was the main wage earner but Id rather that than the poor quality of life I had while I was working. It's felt like a bereavement adjusting to not working as I was very committed to my job but know it was the best thing for me and my family.

Consult your union and Macmillan as they have new publications about cancer

survivors returning to work. Give a copy to your HT! (Breast Cancer Care, Teacher Forum).

Various medical conditions following cancer treatments may create unexpected consequences of bereavement, loss of income, additional time away from the classroom, and other quality of life changes. For example, this teacher's Lymphedema following her cancer treatments impacted her in many unexpected ways. In this teacher's case, the teacher points out she had to be her own advocate. The way she advocated for herself was by doing her own research, working with the teacher's unions to get the support she required, and posting in the forum group for mental and emotional support. Although the teacher's medical conditions received support by the teacher's unions, the teacher shares the impact this has had on her quality of life.

Half of the teachers who had already gone through the experience of how much time it took them to go through their specific treatments wrote encouraging posts for other teachers. For example, JCJ posted on January 31, 2014:

Welcome aboard the Roller coaster none of us wanted to be on, 'TotallyConfuse'. Hold on tight - you won't necessarily enjoy the ride but you WILL get through it. Don't push yourself too hard. Take time to recover. I've been back at work (HLTA, Primary School) since Sept 2012, and the 4 months I had off to treat BC now seem like a distant memory - although at the time it seemed sooooo long and I was so frustrated at not being able to work. In retrospect, I wish I'd just chilled out a bit more and enjoyed what I could of the time off! (Easier said than done after a BC dx though??! 🤔) I hope your treatments are successful and not too

horrible. This forum is certainly a great place for support (Breast Cancer Care, Teacher Forum).

This teacher emphasizes to another teacher to take the necessary time for recovery. This teacher also uses an analogy of surviving cancer as a “roller coaster” ride to describe her own experiences in an attempt to offer support to other teachers with cancer. This is a great analogy because it provides a visual of a teacher experiencing highs and lows and unexpected turns during their cancer journey.

The length of time allocated for recovery is dependent on the sick-leave policies from country-to-country. A 2009 study from the Center for Economic and Policy Research (CEPR) published an article “Contagion Nation: A Comparison of Paid Sick Day Policies in 22 Countries” discussed the differences in sick leave days and policies:

We review paid-sick-day and paid-sick-leave policies in 22 countries ranked highly in terms of economic and human development and find that the United States is the only country that does not guarantee that workers receive paid sick days or paid sick leave. Current U.S. labor law does not require employers to provide short-term paid sick days or longer-term paid sick leave; current U.S. law does not even protect all workers from being fired when they miss work due to illness.

To compare the various national policies, we calculate the employer- or government-provided financial support available to workers facing two different illnesses requiring time off from work: a bout of flu that requires missing five days of work and a cancer treatment that requires missing fifty days of work. Provision of paid sick days or leave is critical to the ability of employed Americans to take time when they or their family members are sick and to prevent the spread of influenza and other contagious diseases. Paid sick days and leave are essential for ensuring that all Americans can treat and address their own and their family members’ serious illnesses. A substantial body of research has shown that in addition to the obvious health and economic costs imposed on employees by the lack of paid sick days or leave, significant economic costs result as well for employers. Workers who go to work while sick stay sick longer, lower their productivity as well as that of their coworkers, and can spread their illnesses to coworkers and customers.

Only three countries – the United States, Canada, and Japan – have no national policy requiring employers to provide paid sick days for workers who need to miss five days of work to recover from the flu. In Canada, labor policy is a provincial jurisdiction and most provinces provide for some days off during short-term illnesses. Eleven countries – Australia, Austria, Belgium, Denmark, Finland, Germany, Iceland, Luxembourg, New Zealand, Norway, and Switzerland – guarantee the typical worker full pay while recovering from a five-day illness. In the rest of the countries in our sample, payments vary: 3.5 days pay for five missed days in Greece and the Netherlands, 3.2 days pay in Sweden, 1.2 days in Spain, 1 day in France, 0.7 days in Ireland, and 0.4 days in the United Kingdom. The lesser days generally reflect a waiting period for mandated coverage.

The United States is the only country that does not provide paid sick leave for a worker undergoing a fifty-day cancer treatment. Luxembourg and Norway provide full pay for the 50 full-time equivalent working days missed, while others provide less: Finland (47), Austria (45), Germany (44), Belgium (39), Sweden (38), Denmark (36), Netherlands (35), Spain (33), Italy (29), Greece (29), Japan (28), France (24), Canada (22), Ireland (17), Iceland (17), Switzerland (15), Australia (10), the United Kingdom (10), and New Zealand (5) (Heymann, Rho, Schmitt, and Earle, May 2009, p. 1).

In this study, the United States was “only country” that did not pay “sick leave” for teachers “undergoing a fifty-day cancer treatment.” This is an important finding because the teacher postings from the United Kingdom and the United States clearly showed that cancer treatments sometimes take more than 7 years to complete. The time teachers had off work for cancer recovery varied depending on country-to-country policy, plus also on the type of breast cancer and recommended treatments for recovery.

From the teacher postings, it was interesting to note the perceptions of the teachers regarding their cancer treatment varied depending on which cancer treatments the teachers received. For example, the teacher in the prior example spent four months for her cancer recovery which probably indicates that she did not have to go through radiation or chemotherapy treatments, possibly just the breast surgery (with or without reconstruction) since the amount of time off equates to the time she spent in recovery.

This teacher's experience of a four-month cancer journey may have differed greatly from a teacher whose cancer journey involved a number of years of chemotherapy treatments or reoccurrences of cancer. What is obvious from this teacher's statement is that receiving a cancer diagnosis is quite an unexpected experience that changes the teacher no matter the type or length of the cancer treatments. Cancer is a life-changing event.

Theme 3: Perceived *Changes* Due to Cancer

After analyzing the sample data shown on Table 3, the theme of *change* received a total of the 540 total occurrences out of the small sampling of 50 teacher postings.

Some of the issues regarding the *changes* teachers perceived they faced are as follows:

- Changes to the teacher's identity both personally and professionally (referred to as "the need to find a new normal") may result in changes in the teacher's values of what's important in their lives, and acceptance by the teacher to their new way of being.
- Changes to their cognitive, psychological, mental, physical, and spiritual lives. For example, some teachers had difficulty doing the same job functions they did before the cancer due to side effects from their cancer treatments. For example, some teachers noted that life now seemed "surreal" and commented that they no longer had the physical stamina they once had, plus their "mental fogginess" was impacting doing functions on the job that they previously did automatically.
- Changes to co-worker dynamics

- Changes to their classroom from their absenteeism, curriculum, and continuity.
- Changes to their personal and school budgets due to re-allocation of funding.
- Changes to their plans for retirement or life changes
- Changes and adaptations they need to make to accommodate their decreased energy levels, the way they looked (without hair), how they responded to community.
- Changes to development levels of students
- Changes to their family life--which also changed and is now different since having cancer.
- Financial changes, such as, substitutes were needed to cover the classroom
- Changes to school policies, such as, whether or not teachers are allowed to tell students they have cancer or not. Other school policies regarding sick leave and if other teachers can or cannot donate their days off to them. Readiness (physical/mental) for teachers to return to work after cancer treatments. Changes not only to school policies, but also to state, district, individual schools and national policies. Changes to school schedules and accommodations. Changes that occurred to policies while the teachers were on long sick leaves.

- Changes that happened that are unintended consequences due to the cancer diagnosis, such as whether or not the teacher decided to go part time upon returning, or if they lost their insurance, or if they are no longer hireable.
- A lifestyle change to balance treatments with work demands
- Additional stress added to the teacher's life and those around them.

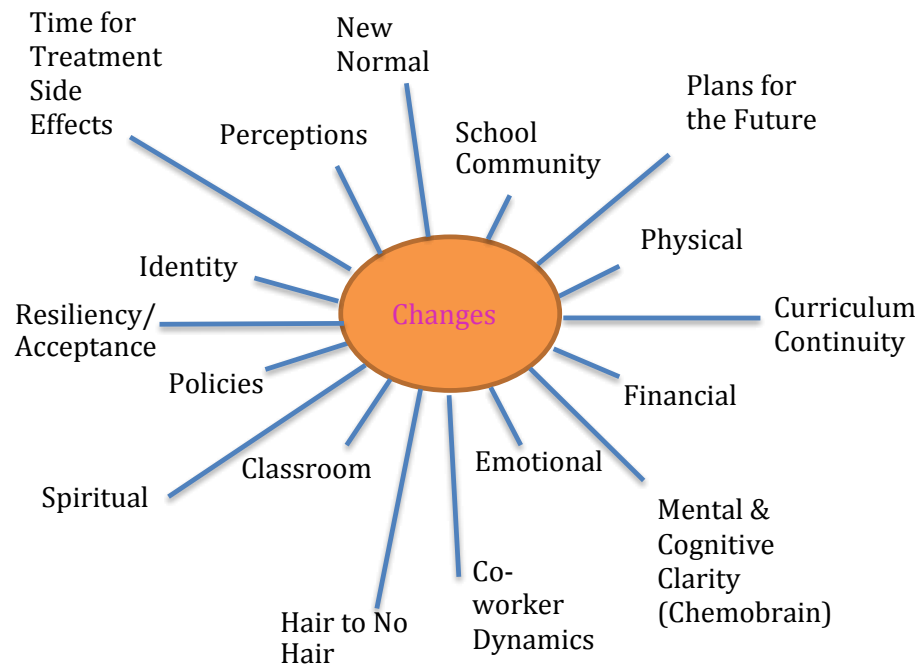


Figure 4: Theme of Changes

Changes in Workplace

More than half of the teachers (after going through between six months-seven years of cancer treatments according to their cancer history profiles) expressed that they could no longer do the same job at the same level of proficiency as they did prior to having cancer and were concerned about their job performance, changing fields, and/or looking for another job.

The following are three examples of teachers who were considering a career change after going through their cancer journey and posted under the *Work, Finances, and Travel Discussion Group* discussion thread. In the first example on October 3, 2009, *swanie* posted:

Hi I need some advice. I am filling in application forms for work, mainly in the public sector. I used to teach but I have felt I need to change, I just do not have the energy or patience anymore... (Breast Cancer Care, Teacher Forum).

This particular post received 311 views from other teachers and twelve replies were posted. The second example comes from the same discussion thread, *Buffy3* posted on May, 5, 2013:

...I am so concerned I won't cope, I know the last thing the school [school] needs is for me to go off sick again. I have been visiting a friend for 3 days came back yesterday and have been exhausted today... I know what you mean about having a career change. The teaching profession has become very stressful and I don't think I need additional stress. I shall return and see how I get on (Breast Cancer Care, Teacher Forum).

In the third example, *Southcoastbeac*, posted on May 15, 2013:

...Everyone in education knows how stressful a job we do and I have decided that my health needs to take a priority this time. My Head of Service has been very supportive of me taking time to recover fully. I know as soon as I am back I will be in the thick of Ofsted inspections again and need to be at the top of my game to keep up with all of it. I know I don't have to stand in front of a class every day but

the pressure is still immense. Actually think I might like to change career after all of this. It makes you re evaluate what you want from life. Good luck with recovery Twizzle and with your op Sam. Keep us posted Buffy” (Breast Cancer Care, Teacher Forum).

As the above posts mention, the stress of the teaching profession was of a concern to teachers in trying to figure out if the stress of the job was detrimental to their health recovery.

Emotional, Physical, and Mental Changes

Of the teachers who had indicated on their profile of having undergone radiation, chemotherapy, and/or adjunct therapy treatments, a majority of the teachers posted that they experienced many changes in their personal identity and professional performance levels from their pre-cancer treatment levels with regards to physical stamina, mental sharpness, and emotional wellbeing. Many of these teacher’s comments included not being able to cope, exhaustion, fatigue, decreased stamina, inability to focus and think clearly, and being “fuzzy” headed. Less ability to handle stress and multi-task were other mentioned side effects of cancer treatments. Teachers who had not undergone a full-regiment of post-surgery treatments tended to write about being able to return to things being normal. Fewer teachers posted to the forum groups who did not have post-surgery treatments than those who did have post-surgery treatments (such as, chemotherapy, radiation, and adjunct therapies).

Of the teachers who indicated that they did not have these aforementioned side-effects from treatments many were teachers who did not require chemotherapy, radiation,

or adjunct-therapy as part of their treatment plans or did not experience the same side-effects as the teachers who did comment about these changes.

Over half of the teachers posted about “change” only in context to their actual treatments, changes to their medication, and changes to their schedule. Two-thirds of the teachers discussed the changes to their physical appearance during and after going through chemotherapy. Of these discussions (AKA, postings and/or narratives), most of the postings were about the teacher losing their hair after chemotherapy treatments and their reactions and the students reactions to that happening. For example, on June 23, 2015, *ElaineTherese* posted her experiences of wearing a wig and going bald after chemotherapy treatment. This thread received 333 posts regarding hair loss and changes to the teachers’ physical appearance, such as:

...RE: telling the students..... When I taught in the Fall 2014, I wore my wig and told my students that I had health problems which might require the TA to step in to teach from time to time. (It didn't prove necessary.) When I taught in Spring 2015, my hair was growing back and it was becoming more difficult to hide my real hair under my wig. (Plus, it was itchy.) So, one day, I just came to class without the wig. The students were startled (the wig was shoulder length and my new hair was very short) and some didn't recognize me. ("I thought we were having a substitute!" one student remarked.) I told them I was through with my "cancer wig" and it was time to go back to my "real hair." And, that was that. By the way, even though I was not particularly energetic during these semesters, I got good teaching evaluations anyways (Breast Cancer Care, Teacher Forum).

About a third of the teachers posted about the changes they needed to make to their physical classroom environments and/or special accommodations, such as if the teachers developed Lymphedema (from the removal of their Lymph and other nodes during surgery), so they could return to work and continue their teaching. For example, *Mrs. _B* wrote on November 27, 2013:

...you should be back on full pay, even on a Rehabilitation phased return. Make sure you use the phrase 'rehabilitation phased return'. My HR is with Bradford council and I received a copy of their return to work policy, which laid out it being 12 weeks. My occ health nurse then informed me that I can have a further 4 weeks Ordinary phased return after that. Access to Work is brilliant. I'm getting a range of equipment to help me..Ergonomic chair, adjustable height desk, air coolers and electric stapler and hole punch to name a few items. Make sure you have an assessor to actually come out and see you in your working environment to give them a better understanding of your needs. Funding is provided for most of the equipment, plus it gives recommendations for your employers to make 'reasonable adjustments'. The biggest thing for me will be a smart board, as I'm left handed which is the side I had my op (mx and lymph node removal). Am already feeling a swelling in my arm 🙄 so may have to ask for a referral to lymphoma clinic. Am hoping a smart board will reduce the stress on that arm. I was disappointed that school was slow to get my my referrals, so contacting my union has been invaluable in giving me the support and advice I needed to make my return to work easier (Breast Cancer Care, Teacher Forum).

About half of the teachers were surprised at how things had changed at their school while away on treatments. Since their time away from school varied depending on what treatment plans they had, some participants in the discussion forums required a longer time or shorter time away from the school for recovery and treatments. Not enough data was available to include the actual time teachers spent away from school during treatments and recovery to include in this report.

Of the teachers who indicated that they had received a full regiment of treatments (including adjunct therapies) some teachers indicated that they had been undergoing cancer treatments up to seven or more years—especially those who were taking adjunct therapy treatments to minimize the risk of cancer re-occurrence or those teachers who were diagnosed with triple negative breast cancer. A couple teachers also commented on how even the discussion forum had also changed when they had not posted for a while. For example, *Mrs._B* posted on September 3, 2013: “This new forum is reminding me of work....you go away for a while and its all changed!! 🤖” (Breast Cancer Care, Teacher Forum).

Teachers experienced posts differently based on where they were in the cancer recovery process. Their experiences also varied depending on their specific type of breast cancer and the treatments required. Teachers also posted their individual impacts in different ways depending on what change was going to be needed, such as, a change to their time in and out of work, the time of year in which they received their cancer diagnosis, and even the amount of time they had been teaching in the school system. For example, on June 29, 2015, *Beam67* posted:

“... I pleaded with my surgeon to let me have my holidays - I have worked hard all year and wanted something nice before the horrors ahead. The initial surgery was for 12 July but I will be canoeing down the Ardeche river in the South of France with 40 kids that day, so they have changed it to 22 July, the first day of the holidays 😞 The chemo will start in Sept, they told me I will need a year off... (Breast Cancer Care, Teacher Forum).”

Interestingly, *Beam67* never posted again to the forum after this initial posting. The reasons *Beam67* never posted again are unknown.

Although a majority of the teachers experienced and posted about some type of change, most of the teachers felt compelled to be “an example” for their students during their cancer treatments to show and teach students how to overcome adversity. Some teachers experienced change over time. For example, from *bourscheid* posted the following on September 24, 2008:

Good luck threegirlsmom! I start Oct. 2. Keep yourself surrounded by positive thinkers. I am trying to make sure I set a positive example for my students (and fellow staff) about handling adversity. However, friends also are a great support when you just need to whine once in a while! Yesterday was a whiny day - shoulder pain from port insertion felt like being kicked by a horse! Principal sat with me on the couch in the office and just let me whine and rest for a few min. while kids were at PE. Then I felt strong enough to finish out the day - although having a rocking chair in the room helped! The kids thought it was cool to sit around the rocker and learn! We had some great discussions! Took morning off

to rest for 2 hr drive on windy mountain roads for PET/CT scan. Upside...get to see my son at college (Breast Cancer Care, Teacher Forum)!

This teacher had a surgery (Mastectomy of her left breast) on August 17, 2008, and this posting was five weeks after her surgery. This teacher, *bourscheid*, received 685 posts from other teachers after she posted. The number of posts teachers receive is shown on the forum threads by clicking on the teacher's name. This teacher, *bourscheid*, continued to post through her last posting after she was receiving additional chemotherapy treatments for her triple negative breast cancer on August 26, 2014. This teacher's posts continued to remain positive and upbeat through most of her posts, even though she described additional difficulties (such as, the experiences about hair loss and students reactions to it, need for more time off, and so forth) as the treatments progressed from 2008 to 2014. The teacher mentioned the need to continue to teach due to financial reasons as a parent of children who were dependent on her. Additional postings beyond August 26, 2014 for *bourscheid* were not found, so it is unknown if she continued to be positive through her other treatments, if she died, or if she stopped posting for other reasons.

Changes in Finances and Work

Some teachers posted about their concerns regarding the changes in their income, work and finances, such as, *jrglomb* who posted on January 10, 2009, and who received 1,231 posts from other teachers who also experienced losses to their finances:

hi all---I am just now starting treatment and I am a teacher . I teach High school language arts to students with learning disabilities. I hope to work throughout

treatment. I will be on FEC and then taxotere. Anyone on such a regiment? If so, what were the ses? Similar to other posted above?

My administrator has said she will help me out and try to rearrange times where I don't have to use sick days-other teachers may be able to fill in, and then if I have arranged a sub yet feel fine that day anyway, she will use the sub elsewhere. That has been a huge relief to me because I am the financial breadwinner of the family and worrying about limited pay checks because of disability pay has been overwhelming.

My mantra has been: I know chemo will be tough, but I can do it!!!! okay, that is the polite version! (Breast Cancer Care, Teacher Forum)

Although many teachers anticipate working through their cancer treatments because of financial reasons, many teachers discover, in hindsight, that they should have taken more time off for recovery even if it meant changes in finances. In this instance, the teacher mentioned how her administrator was planning to help her.

Teachers also changed fields due to their experiences with cancer. For example, such is the case for *sandra44* on October 21, 2009, when the teacher posted:

Congratulations on your new job ! I think that after diagnosis and treatment it certainly changes your slant on work/life balance. It certainly did for me....after finishing active treatment in May I spent the summer starting up a home baking business selling at local markets and now have my produce going into shops. Can take on as much or as little work as I like and hours to suit me and most importantly I'm enjoying it. Don't think I would ever have just gone for it before

this cancer milarky, every cloud and all that.....Good luck to all going back to work or starting new jobs and ventures (Breast Cancer Care, Teacher Forum).

A majority of the teachers expressed the need for changes to their personal and professional identity associated with their work and job after having cancer. For example, *Naz* posted on May 1, 2014:

...I am glad the message makes you feel better and you can chat to someone who understands. It is not an easy road post BC at times is it. Most just think once its gone, business as usual, but its not quite as simple as that.

...My contract comes to an end next March, i have no idea what i will do from then on. I was once a teacher, but have no desire to re enter that professional again, so not sure what to do yet. I seem to have lots lots of confidence since the BC (not sure why) and working from home hasn't helped, but hey ho (Breast Cancer Care, Teacher Forum).

From posts like this and others, there is an understanding about the breast cancer experience which connects breast cancer survivors to one another. After a teacher survives breast cancer, there is some type of bond that forms among cancer survivors who understand that cancer changes lives and returning to “normal” is not as simple as someone who has not had a breast cancer experience. One of those changes is in regards to a teacher’s work and finances.

When a teacher changes as a result of having undergone cancer recovery treatments, there is also a residual impact to the various relationships of the teacher. This is addressed in the section to follow.

Theme 4: Perceived Impacts to *Relationships*

After analyzing the sample data in Table 3, the overall results of the 1106 total occurrences showed the importance of relationships (to themselves and to others) during the teacher's cancer journey. Half of the references to *relationships* were to themselves and their identity. While the other half of the references were in related to their interactions and experiences with their school community as was told in their personal stories and narratives posted.

All teachers with cancer did not perceive to receive the same levels of support from their relationships described in their posts from their students, peers, and administrators. Also some of the support teachers received varied in postings based on the teachers' personal and professional relationships pre-cancer. The findings did discover a close connection between when a teacher felt "supported" and how their "relationships" were perceived as a result. The support the teachers did or did not receive also directly changed their relationships. When the teachers did or did not receive support, some of the following relationships were altered or impacted:

- School community
- Student connections
- Other teachers and peers
- Government
- School boards
- Administration
- Teachers' Union

- Health care (such as raised health care costs as an unintended consequence)
- Teacher's self and identity
- Teacher's family life (such as, a high number of spouses or partners that left due to the teacher having cancer with unintended consequences of less teacher support at home).

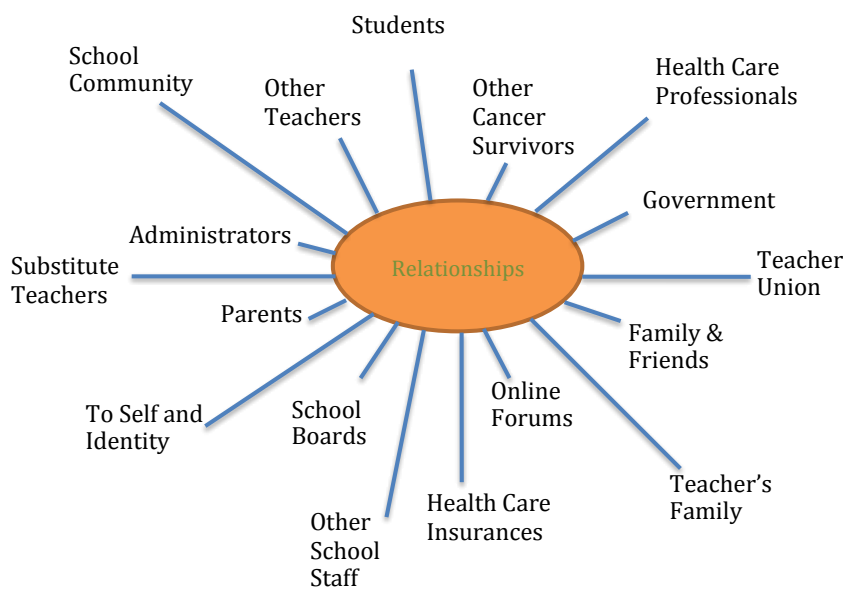


Figure 5: Theme of Relationships

School Community Relationships

Many teachers struggled with whether or not they should even disclose to their school community (and to whom in the community) about their cancer diagnosis. For example, *sarahlousie* posted on May 5, 2013, the following:

To tell or not to tell that is the question..... this is the way I look at it if you tell them then they have a choice faced with someone who is registered disabled or

someone who is 'Normal' which would you choose?? also I'm not sure how you stand if you choose not to tell them and then have to sign a contract that stipulates that you need to come clean about any ailments. Its difficult and I'm sorry I can't help you any further but at least ponder on it for a while before you make your decision. Also why not contact macmillan and ask them what the protocol would be... (Breast Cancer Care, Teacher Forum)

Many teachers were uncertain if they should disclose about their cancer in regards to how it would impact their relationships. Many teachers worried about the ramifications of how cancer might change their relationships in regards and if it would make them even more vulnerable. For example, many teachers worried they would lose their jobs and experienced changes in their relationships based on their decisions whether or not to tell others they had cancer. Other teachers were not given a choice whether or not they could share that they had cancer.

An example of whether or not teachers were supported and allowed whether to tell or not to tell their students was a post from *AnnetteS* on October 7, 2011, who wrote:

I'm so sorry you are having to go through this. I am a 4th grade teacher and had bilateral cancer, bmx and chemo last school year. My principal told me I was NOT allowed to tell the parents until we knew what was going on and then I was NEVER to use the word CANCER with the students. They all knew though because the day after I had bmx the whole school wore pink in support of me (this was in October).

Anyway, I tried to work through chemo although with some other medical conditions I have, I had a hard time. I took a week off for each infusion except one where I was quite sick and took almost the entire three weeks off.

I was concerned with germs and washed constantly when I was there. The afternoon before I came back they would use sanitizer to sanitize the room. I HATED my wig, so I wore hats to school and told the kiddos that the medicine to make me better made my hair fall out but that was worth it in order to get better.

Other than not allowing me to use the C word, my principal and everyone else were wonderful. It actually was my evaluation year and somehow we just passed that up. I'm not sure to this day if she faked an eval. or if she is going to come after me this year.

Best of luck to you. Feel free to send me a message if you want to 'talk' (Breast Cancer Care, Teacher Forum)

Overall, most teachers perceived they were generally supported by the school community as a whole. For example, there were some exceptions teachers made. Such as, how their administrators commented about their teachers. The support mostly did occur even when the teacher was allowed or not allowed to disclose they had cancer—"the C word." As a consequence of the support teachers received, many teachers also posted that they were somewhat overwhelmed by the support they received.

Teaching, by the nature of the trade, is a service profession of giving and supporting others. When teachers are the recipients of the giving and support, a few teachers commented that they wished the community wouldn't dwell on their disease and

were growing somewhat tired of well-meaning comments and not knowing “how to respond.” This inability to provide better responses to the teacher with cancer highlights the notion that education about cancer is needed for the teachers with cancer, as well as, for the school community. A few teachers indicated that they wanted to be treated “normally” again without so much emphasis placed on the cancer itself. In other words, how the teacher is treated changed after having cancer. Cancer is a disabling disease and more often than not there is a change from the “normal” routine in the school community. For example, changes to the school community as a result of the teacher’s absences or accommodations that may need to be made if/when a teacher returns to the classroom. Consequently, the mention of a teacher having a “disability” after cancer emerged within a number of postings.

A few teachers posted that the support and questions they received from the school community were difficult to handle at times. On November 15, 2009, *Lily200* posted the following when an administrator made the decision for her whether or not she could tell their students she had cancer and how she tried to use her humor to handle the unfavorable reactions she also received from other teachers and a couple parents:

... The Head at my school insisted that I did not tell the kids. I was a bit annoyed at first but had to go with it. On my first morning back to visit, just the staff totally overwhelmed me and it was much easier that the kids did not know. Quite a few asked and still do and I just said oh I am trying to forget all that or made a joke about being zipped and unzipped. It has actually been a lot easier for me as people being too sympathetic and acting like I am about to kick the bucket makes

me cry. People go really odd about cancer and some go straight for the jugular and ask 'how long'. So although I felt bad about my tutor group not knowing mostly they were close to GCSEs and really did not need my worries too. You have to do what is right for you but I found it much easier being able to be normal in lessons. The staff room was terrible if I tripped or anything like I would fall apart. I also had 2 students with parents with cancer and thought I would make them worse.

Lots of luck and it is very very tiring going back so make sure you go back really slowly. I went back on a Thursday just before half term and that worked well (Breast Cancer Care, Teacher Forum).

Sometimes teachers use humor to help respond to uncomfortable discussions about their cancer. As was written above, humor sometimes becomes a tool to help cancer patients cope better with their serious illness and with their changes in relationships. In a literature researches on humor with cancer, it is not surprising to find very little written on the subject. Also, as this teacher's writing points out, well-meaning relationships can actually cause the teacher with cancer to be even more isolated and impacted by the cancer. The parents, in this instance, caused the teacher even additional grief instead of support.

Although every school community relationship the teacher has is important, the seemingly key to the teacher's community relationships were that of their students.

Student Connections and Relationships

Most of teachers described the "relationships" they had with their students to be very supportive after the students were told that the teacher had cancer. When posting

about the support the teachers had received from their students, it was interesting to see differences in relationship support received varied depending on the age and grade of the students and possibly the relationship the students had with the teacher prior to the cancer diagnosis. An example of wonderful student support was posted by *apple* on January 10, 2009 about a second grade teacher who had cancer:

...our darling 2nd grade teacher was stricken a few years back. she is so cute.. a petite barbie doll blond and well loved for her dedication and kindness. We were all shocked and saddened by her hair loss and double mastectomy. We were all struck dumb when most of the girls cut their hair to donate to locks of love and the boys to one up them (every single one of them) shaved their heads. that's like 300 buzzed boys... they had a hair cutting festival as a fund raiser. She's doing fine now and her blond hair is about 8 inches long. myself?.. i only had a few bad days. I don't teach, but have a very active work load. I barely missed (Breast Cancer Care, Teacher Forum).

The above is a good example of an outsider's perspective about the unexpected support a teacher receives from their students, such as, "when girls cut their hair to donate." This post also shows how cancer patients compare themselves to other cancer patients even when their situations and diagnosis may be different from one another. Some relationship jealousies may therefore exist when cancer survivors have had less supportive experiences than other cancer survivors.

When older students were informed that their teacher had cancer, teachers still received support, but the reactions tended to be different based on how the teachers

reacted to their cancer diagnosis and how they disclosed that they had cancer with their students. For example, as the following posting on March 31, 2012, by *ruthbru* describes the reactions of her seventh grade class:

I teach 7th grade in a small town. There is no way it could have been kept secret. I first talked to my principal, then (with his OK) sent out an e-mail to the entire staff (much easier than having to tell individual people and then everyone knew and could handle it however they wanted). I did tell my class, honestly and briefly, without any gory details. I felt like it could be a teaching moment. That kids could learn a positive way to handle a tough situation & find out that a person could have a serious illness and still be themselves (not the illness) and be OK in the end too. Middle school kids are pretty self-centered, so once the initial surprise wore off, they handled like they saw me handling it, and the year turned out to be pretty normal (for them anyway). I did wear a wig, (I look like an escaped convict with no hair), and that kept things more 'normal' too. Handle it however feels most comfortable to you. Best of luck! (Breast Cancer Care, Teacher Forum)

This teacher described her experiences of telling her middle school students about her cancer. It was interesting to note that she saw the students as pretty self-centered and that although the year was fairly normal for the students after she disclosed to them she had cancer, she did not perceive the year as normal. Many teachers state in their post how important it is for each teacher to handle their cancer journey in whatever way they need to handle it. Because teachers are also individuals with their own identities, it is no

surprise that teachers individually had to figure out the best way they could to get through their cancer journey.

Some teachers personally did not want their students to know about their cancer, but they wanted to receive support in making their decision. Other teachers, who wanted to share their cancer diagnosis information with their students, indicated in their posts that they were told (specifically by their administrators) that they could not share their cancer diagnosis. From the data, it is unclear why administrators would or would not allow their teachers to share with others in the school community about their cancer diagnosis. One could assume that the reasons are related to the administrator's comfort levels about dealing with cancer? Or, possibly, the administrators had concerns that additional work disruptions would occur if the students and the school community knew the teacher had cancer? Or, possibly it is a school policy the administrator is just enforcing? More research is needed to uncover the rationale behind administrators making decisions for teachers who have cancer whether or not they can disclose to others about their illness.

It is interesting to note, however, that there appeared to be less stress from the teachers who were given a choice "to tell or not to tell" versus the teachers whose administrators made the decision for them. There are many posts on the topic thread about teachers informing their students of their cancer. It was interesting to note when teachers did not or were not able to disclose that they had cancer to their students, these teachers understandably perceived to receive less support from the students.

Therefore, some teachers struggled with whether or not to tell their students and peers that they had cancer. For example, *Ivorymummy* posted on June 30, 2013:

This is a great thread - thanks!... I do have a question for you all though, especially the secondary school teachers - what did you tell your students? I told them nothing at all, but in my absence they've been asking the other staff - so far all they've been told is that I've had a "procedure", so of course they all now think I've had a hysterectomy! Clearly if I lose my hair it will be pretty obvious, but until then, what do you recommend?

Whether or not students are told, cancer tends to be an illness that exposes itself even without words. This teacher is obviously asking about other teacher's experiences in what to expect next with her students.

Another example came from *bahamamom3* who posted on October 12, 2011 and received 241 posts by other teachers:

I am a middle school teacher, and I am having a lumpectomy with sentinel node biopsy done on Monday, October 17th. I really didn't want anyone from my work to know about my diagnosis. As far as my colleagues are concerned, I don't want them to feel sorry for me and treat me differently. I teach at a school that has a very involved parent base, and I don't want them to think that I am not strong enough to do my job or that I am going to be shortchanging their children in any way. And as for my students, I just don't know what to tell them. I did go ahead and tell my principal, even though I didn't want to, mostly because I am going to be out for my surgery for between 1-2 weeks, then maybe other days as I do my

radiation and any other appointments I have to keep. Anyway, I don't know what to say to my students. I don't really want to tell them that I have breast cancer, but I know there will be questions and speculation if I am absent 7-8 days as I am planning. I would love to hear from any of you who are classroom teachers. How did you handle telling/not telling your students and the rest of the school community? (Breast Cancer Care, Teacher Forum)

Many teachers (like the teacher above) share their fears that others in the school community will perceive the teacher is not “strong enough to do their job.” Teachers’ fears and perceptions may be justified if their experiences confirm them. Consequently, many teachers struggle with the decision if they should tell others in their school community that they have cancer. Because of this fear, some teachers struggle whether or not to tell their peers and administration about their cancer diagnosis.

Peer Teacher Relationships and Other Impacts on the Classroom

Some teachers posted comments on how most of the teachers were already so exhausted in their own jobs that it is difficult for them to support another teachers’ classroom when they are out of the classroom. This sentiment was posted by *sherbert* on November 11, 2010:

I was diagnosed 3 years ago and have been back at work teaching, on and off, for about 2 1/2 years. I had my last zoladex injection in April and am still taking tamoxifen.

When I returned to work, I did three days a week for about 6 months. I found it too much and my confidence had become very low. I was advised on this site, to

make an appointment with occ health and it really helped. I reduced my hours right down to 1/2 a day rather than finish work completely! I now work every morning.

I would strongly recommend having regular reviews with Occ health. The occ health nurse made it clear in her report to school that I was covered by the DDA and therefore the school should make reasonable adjustments which could include part time hours.

Although in many ways I'm enjoying work and most days I am pleased I decided to continue teaching, it hasn't been easy. My colleagues are often so tired themselves that it is difficult for them to be supportive. Start small is the best advice I can offer, perhaps a couple of 1/2 days and build up gradually. I apologise if this doesn't make sense like others have said my brain feels very foggy these days! Good luck (Breast Cancer Care, Teacher Forum)

Many teachers may resent their peer teachers who have cancer adding to their current workloads and stress levels. The teacher who has cancer may also feel guilt for creating an additional workload for their professional colleagues.

Of the teachers whose peers knew the teacher had cancer, some did receive great support by the other teachers and administrators. For example, *smelltheroses* wrote on November 15, 2015:

I was acting head at my primary school last May when diagnosed. I immediately told all the staff and the Chair of Govs. I am so glad I told them straight away as I was completely overwhelmed by their support and could not have got through the

next few weeks without them. They certainly went every step of the way with me until I went off for my op at half term. I just told the parents and children that I had to have an op but would be back in September (real boss would be back by then). I expected to have rads during the summer and be back at work as normal.....

Unfortunately, a grade 3 tumour meant chemo which started in July. I did not think I would go back to school but have been going in when I feel OK. Luckily I don't have a class. I am also having rads now so am going in each morning as long as I feel OK. Very tired just now.

The children and parents don't know about the cancer. I wear my wig and no one notices the difference. If they were to ask, I would tell them and probably will at some point. But for now, I need normality and it helps me that I am treated normally. I don't really need questions during the time I am at school... (Breast Cancer Care, Teacher Forum).

This teacher speaks of her needed time away from school and her need to keep as much “normality” as possible. She also discusses how fortunate she is because “luckily” she did not “have a class.” The timing during the school year of when a teacher is diagnosed with cancer may determine how much time the teacher will be away from their class.

When a teacher is out for an extended period of time due to a life-threatening illness, what happens to the classroom continuity? Due to no fault of the teacher, some teacher posts indicated that a classroom sometimes had numerous substitutes during a teacher's absence. This sentiment was posted by *survivin* on November 29, 2008, who

described how teachers should not feel guilty about being away from the classroom during their illness when they take time off from school:

The AC were the worst! Luckily, I had those over the summer. I had my taxol on Thursdays and sometimes had to take Fridays off. When I did my radiation in April, I only taught half days. Then for my year of Herceptin, I just took a day off every three weeks -- almost no side effects to the Herceptin. My school was really great about it. They created a sick bank in case I ran out of days. The down side was that the first sub got appendicitis, and the second found another job, so my poor students had at least six different teachers last year. But never feel guilty about taking time off. It's time to focus on you now. I think that's the hardest part for a teacher.

The result was that although this teacher felt supported, the students in her class suffered due to a high turnover of substitute teachers in the classroom. For this class, a consistent teacher model was not there during the year. Although this teacher cared about her class, she realized her priority was that she needed to focus on her cancer recovery first and foremost. For this particular teacher, other teachers donate their sick leave for her in case she was out of sick days. Many districts do not allow other teachers to do this, so policies varied school-by-school, district-by-district, and region-by-region.

A direct consequence to teachers being away from the classroom is that the parents of the students sometimes get involved either in a positive or negative way for the teacher. Sometimes the parents' involvement creates awkward moments for the teacher. As described by *annalou24* in the post on November 14, 2009:

I am a teacher (dyslexic support) in a Junior school. I was diagnosed in the summer hols and have not been back to work this term. Had WLE, SNB and rads.

I am planning to go back next term or maybe at February half term.

All my colleagues know I have had BC and have been very supportive; this includes the Head. However, the pupils and **parents** have been just been told that i am absent, " recovering from surgery" (which I am ok with)

How fully have other teachers told their pupils what's going on ?I am not sure what to do when I go back. I generally work one to one with pupils and have a close relationship with them and their **parents** due to the nature of the support I give. I've seen some of the **parents** by accident in the shops etc. and it's been a little bit awkward. Would be interested to know how other teachers have tackled this. Best wishes (Breast Cancer Care, Teacher Forum).

Many times, it was the teacher's administrator who communicated to the other teachers and parents when a teacher would be absent either periodically or for a longer period due to their cancer diagnosis.

Administration and School Union Relationships

How the administrator disseminated the teacher's cancer news to the school community definitely impacted the relationships of the teachers, their peers, and the parents. If a teacher perceives they are supported by administration at their schools, then the teacher's cancer recovery is not as stressful.

Summary of the Data Findings

This chapter attempted to present a summary of the data collected from online forum resources in a dependable and accurate manner. In summary, this chapter identified and provided the key findings through the analysis of the report data. Teachers who have gone through the cancer journey experienced the need of additional support, changes to their professional lives, most needed more time for healing physically and emotionally than they received through their health benefits, and most experience changes to themselves and to their relationships based on the support they received. One thing for sure, is that teachers who are recovering from breast cancer experience more than just a few obstacles with a cancer diagnosis. In the next chapter, these findings of the data are discussed and synthesized.

Chapter Five: Analysis, Interpretation, and Discussion of Findings

This chapter attempts to interpret the key findings shown in the data of the prior chapter by analyzing and synthesizing the salient themes and observations found through Thematic Analysis and Grounded Theory research methods. These findings are further investigated and tied to the data through: 1) the research questions; 2) the literature review; and, 3) a deeper understanding, meaning, and interpretation of the teachers experiences.

The Research Questions—the Findings

The research questions posed at the beginning of this study were very relevant to the data and the findings of the teacher themes.

First, the perceptions of practicing teachers who identified themselves as cancer patients with regard to their professional experiences showed stable results in regards to the themes (AKA findings). How these findings manifested or were implemented depends on many factors. For example, the theme of *time* was important in regards to the specific diagnosis the teacher received and the required time needed for their cancer recovery regiment of treatments. This may include more or less *time* away from being in their classrooms; what *relationships* they had before and after cancer; various *changes* that occurred before, during or after their cancer treatments; and, what *support* teachers experienced during their cancer recovery journey.

Second, the perceptions of the teachers about their school community when they are identified as cancer patients also showed stable results in regards to the themes (AKA findings). For example, some parents were *supportive* of the teacher and some parents were not. Some parents were concerned about their child's well being and asked to switch classes. In some cases, the teachers posted that the parents were afraid that the teachers themselves would give their students or them cancer. The findings clearly showed more education needs to be provided to the school community to alleviate any myths or misunderstandings people in the school community may have about cancer being contagious and/or the facts about cancer. Cancer is not contagious and more people are living today due to advances in the health care field and not all cancer results in death. With people living longer and the number of cancer cases still growing each year, until a cure is found, cancer will continue to be a growing problem/concern for people in general and also an issue school communities must learn to handle better.

Third, the perceptions of practicing teachers who identify themselves as cancer patients with regards to the institutional school support they do or not receive. The findings were stable in regards to the uncovered themes: teacher support, issues of time, changes to the teacher and school community; and, impacts to relationships due to cancer. How these findings manifested or were implemented are what varied in the results. For example, some teachers felt supported by their administrators, while the majority of the teachers did not feel supported. Most teachers indicated that they did not have sufficient time for recovery (especially mentally) which were dictated by the health care school policies and the administrators of when they teacher needed to return to the

classroom. Many teachers turned to the teacher unions for support and protection to uncover how policies could help them from unfair treatment. Some teachers received the support from these teacher unions while others did not (depending on if the teachers were tenure).

Other important findings showed specific policies of their schools, unions, administrators, and health care providers influencing whether or not the teacher perceived to be supported. The teacher postings encouraged each other as teachers to contact the teacher unions to let them know their legal rights, such as, when extended time off is needed. Or, when teachers are not receiving the support the teachers believe they should be receiving. Or, when teachers perceive they are not receiving a fair evaluation in regards to pay tied to teacher performance when they have a need to reduce the number of their working hours due to a change in stamina or cognitive impairments from treatments. Unfortunately, school policies varied between schools in the findings. For example, some teachers were able to tell their students they had cancer. Some schools allowed other teachers to give them some of their sick days when theirs ran out, while other schools did not allow this practice. Some schools provided more accommodations when teachers returned to the class from having cancer, while others did not.

The next section synthesizes the research questions with the literature review to find deeper meaning of the data results.

Support Through the Data and Literature Review—the Findings

Quite a lot of literature is available about supporting students with cancer. However, as previously discussed in the Literature Review section, there is little to no

literature about support given to teachers with cancer. Consequently, this study found a gap in literature that specifically addresses the content in the research questions in any one piece of literature. Therefore, this project provided literature to support the various aspects found in the research questions using key searches on cancer, teacher identity, changes due to treatments, teacher absenteeism, support, community, the classroom, best practices for teaching, and other literature searches in order to investigate the unintended consequences of a teacher with cancer. For example, the literature review and data (through the teachers' narratives in the cancer forums), revealed teachers need more support in the following ways during and after their cancer experiences:

- Additional time, as needed, for recovery (physically, mentally, emotionally, and spiritually) for the teacher to create and “secure new meaning” of their cancer “experiences” (Eisner, Gardner, and Fuller).
- Better understanding and “relational trust” from their extended school community (Bryk & Schneider, Danna & Griffin, Garcia, and Fuller).
- A change in policies and procedures to provide administrators, unions, and other key-decision makers with more consistent and proactive ways to handle the consequences of a teacher with cancer (Cancer Council, Fullan & Hargreaves, Bowers, Eckhart, Elfers, Darling-Hammond & Friedlander, Freiberg, and Futrell).

In summary, the literature selections supported the data findings in regards to the content found in the themes of support, time, changes, and relationships. The next sections analyze and highlight the most important findings derived from the data.

Analysis of the Findings

The data were extensive and represented quite diverse experiences of teachers with breast cancer, which also varied depending on the types of cancer, the types of treatments the teachers received, and the school environments in which the teacher works. In reviewing the data, the following sections discuss the salient themes and observations in order to uncover and gain a better understanding and meaning through teacher cancer experiences.

Four themes (support, time, changes, and relationships) were chosen for the paper since they were the dominant themes uncovered. Sometimes there is a crossover of the themes that occurs because themes become interrelated. For example, when a teacher did not receive support, then the result may have impacted the teacher's identity and other relationships. *Support* is an important hinge concept because the support teachers did or did not receive directly impacted the teacher's identity and their experiences in their cancer journey. Also, the amount of time the teacher was allowed for recovery and the teacher's job performance (such as, performance tied to teacher pay) may have been directly influenced by the relationship(s) the teacher with cancer had with their administrators before and after their diagnosis.

The following sections further highlights the most salient themes and observations through 14 important findings.

Number of Teachers with Cancer Diagnosis Rising

With the number of people receiving a cancer diagnosis on the rise throughout the world and people's life expectancy now longer than in prior generations due to advances

in medicine, more and more teachers will be diagnosed with cancer. With the growing number of those with cancer, the need for support will also be on the rise. With the rise of teachers with cancer in the schools, there is a growing need for more support programs.

With approximately half of the teachers feeling supported and the other half of teachers not feeling support, one can deduce that more support is needed for teachers when they have cancer. Therefore, teachers with cancer who are still working on the job or returning to their job after cancer treatment need support.

Teacher Jobs Impacted By Cancer

It was obvious from the teacher postings that many teachers are also struggling to handle their same job after going through cancer treatments. When a teacher is absent from the classroom and cannot perform at the same pre-cancer levels, then there are impacts on the student learning. See Nuthall's (2004) research previously described in the literature review. The teacher absenteeism could be in the classroom as well as outside the classroom—that is, depending on the mental, psychological, emotional or physical state of the teacher.

It is not conclusive from this study whether or not the high teacher mobility rate in the teaching profession (26%) is or is not somehow tied to long-term illness. The findings did, however, show that many teachers were making decisions to either move to part-time work or leave the teaching professional after cancer. This is important to understand in the professional school community because when a teacher is diagnosed with cancer, it is impacting the whole school system in a variety of ways. Consequently, relationships between the school and home communities also are impacted.

According to the findings, emotional support is not the only support teachers need to receive. The findings suggest that the work experiences that a teacher has relate directly to the teacher as a cancer survivor's physical, mental, and emotional wellness. Teachers also need financial and professional support. The latter is the support teachers need to receive from their administration. In order for administrators to do a better job in supporting teachers in their schools who have cancer, they need clear, fair, and consistent school policies.

Inconsistent School Policies

Findings uncovered that school policies varied between schools. One important finding showed specific policies of their schools, unions, administrators, and health care providers influencing whether or not the teacher perceived to be supported. Therefore, the findings suggest that inconsistent or non-existent school policies about how to better support teachers who have cancer are causing teachers to have additional suffering. Teacher postings encouraged other teachers in the forum to contact their teacher unions to let them know their legal rights, such as, when extended time off is needed. Or, when teachers are not receiving the support the teachers believe they should be receiving. Or, when teachers perceive they are not receiving a fair evaluation in regards to pay tied to teacher performance when they have a need to reduce the number of their working hours due to a change in stamina or cognitive impairments from treatments.

When school policies are not clearly written or schools do not have policies in place regarding how the Administrators must manage their school when their teachers have cancer or other long-term illnesses, then the results and outcomes vary as this study

indicated. For example, some teachers were able to tell their students they had cancer and others were not. Some schools allowed other teachers to give up some of their sick days to help the teacher with cancer—especially if the teacher with cancer’s sick leave days were running out. Other schools did not allow the practice of other teachers. Some schools provided more accommodations when teachers returned to the class from having cancer, while others did not. Other important findings showed specific policies of their schools, unions, administrators, and health care providers influencing whether or not the teacher perceived to be supported.

Importance of Supportive Teacher Unions

Teacher unions played an important role in supporting teacher with cancer in the workplace for teachers, especially for teachers in the United Kingdom who have a strong teachers’ union. The teacher postings encouraged each other (as teachers) to contact the teacher unions to let them know their legal rights, such as, when extended time off is needed. Or, when teachers are not receiving the support the teachers believe they should be receiving. Or, when teachers perceive they are not receiving a fair evaluation in regards to pay tied to teacher performance when they have a need to reduce the number of their working hours due to a change in stamina or cognitive impairments from treatments.

Unfortunately, school policies varied between schools in the findings. For example, some teachers were able to tell their students they had cancer. Some schools allowed other teachers to give them some of their sick days when theirs ran out, while

other schools did not allow this practice. Some schools provided more accommodations when teachers returned to the class from having cancer, while others did not.

Most teachers, who needed additional support, if they felt unsupported by their administrators, contacted their teacher unions for advice. Many times, teachers have additional support they were not aware of, such as, knowing their legal rights in the workplace and understanding that they have additional support and protection while managing their cancer treatments with their work. For example, Americans with Disabilities Act (ADA), Family Medical Leave Act (FMLA), Equal Employment Opportunity Commission (EEOC) and other state and local laws are a few of the agencies and support acts mentioned on the teacher posts.

When teachers felt supported by their administrators and school unions, then their narratives (as data) described a better cancer journey than those teachers who did not receive as much support. The findings also provided results and important insight about the importance of a teacher's relationship to their administrators when they have cancer.

Importance of Supportive Administrators

Administrators and teacher unions played a critical role and made key impacts on the teacher's job—especially when the teacher has cancer. In the data findings, it was the perception of the majority of the teachers that they felt administrators needed to be more supportive when they had cancer. It was interesting to note that some of the teachers who initially felt supported their administrators, later on in their subsequent postings did not feel as supported. For example, when the teacher's time away from work grew longer than expected. When situations like this occurred, the teachers posted comments about

how their trust in the administrators had also diminished. Overall, the data showed that most of the teachers felt they needed additional support from their administrators.

Administrators typically decide how they will handle the disseminating of information to the school community when a teacher may be absent for a longer time due to cancer. The administrator also must weigh the impact the teacher's absence may have on the teacher's classroom and the overall school performance goals and ratings. In addition, the teacher is an employee of the school, and the Principal or other administration must also consider how to best support their employee. It is no wonder Administrators are in a difficult position needing to balance all of the needs of a school as a whole in addition to trying to support a teacher (or possibly multiple teachers in their school at the same time) who have cancer and require extensive treatments if they are to survive the disease.

Administrators have many responsibilities within the school to handle, such as, managing the school finances and managing the teachers. Consequently, depending on how administrators handled the situation of their teachers having cancer greatly influenced the perceptions of the teacher's cancer journey experience. It was observed that teachers who experienced greater support from their administrators posted less about wanting to change jobs and professions. Administrators, who did not provide the support the teachers expected to receive, created additional suffering for the teacher.

How the administrators decide to handle the paying of the teacher on extended absence or when a teacher needs to move to part-time work, while figuring out where in the school budget they will pay for the substitute teachers who are needed to fill in while

the teacher is out of the classroom, can admittedly be quite a challenge for Administrators. Whatever decision is made in regards to the teacher's job also impacts the teacher's finances.

Residual Financial Support Impacts

One of the residual impacts of teacher's having cancer is that most teachers experienced reduction in their finances due to their cancer diagnosis. Cancer treatments are expensive and health insurances do not cover all of the expenses. Many teachers struggled to know when the time was going to be right for them to physically return to their work, or if and how they should return to their work at all (such as, phased returns, going part-time, or taking early retirement). And, in some cases, teachers experienced loss of their jobs for many reasons.

It was interesting to note so many mentions in the data (AKA, teacher postings) about teachers' needing to make some type of change to their jobs. However, it is unknown in regards to how much of teachers' mobility due to personal reasons is actually due to long-term illness. More research and data is needed in the area of research around teacher attrition and retention. Many times, the teachers mentioned returning to work and their classrooms prematurely due to financial reasons, whether those reasons are the teacher's personal financial needs or school financial budgeting needs was not fully disclosed. Many times, it was mentioned that the medical insurance company policies, the doctors, or the school administrators who were determining whether a teacher could continue treatments in or out of their school workplace environment. Whatever the factors, teachers are being forced to return to work prior to their being ready to do so

mentally, physically, psychologically, and emotionally. The data from the teacher postings clearly show that teachers perceive that they do not have enough time for recovery and needed additional support. Many teachers regretted returning to their jobs too soon, which ultimately resulted in their taking more time off later as a result.

Importance of Community and School Support

The findings showed that when teachers received support from the school community, teacher's experiences of going through the cancer recovery process was more positive. The data also suggests that the type of support that a teacher needs is based on the specific area of the teacher's need or struggle. Teachers posted that they were sometimes surprised at who supported them during their cancer journey (some of the school and extended community they did not expect), while people who they were expecting to support them, let them down for unknown reasons (such as, administrators or health care insurance companies).

Most of the teachers posted that their students provided them with the most support. Teachers received support from their students in many ways, such as, treating them "normal," in some instances. Or, giving the teacher additional support on some days when they were feeling emotionally and physically depleted. In a couple examples, students in their classes cut or shaved their heads in support of their teacher losing their hair. The findings did, however, show that the emotional support received from students varied depending on the age of the students, their prior relationships with their students, and whether or not their students knew their teacher had cancer and what that meant.

The findings showed that their peer teachers had mixed reactions (some good and some not good) about the teacher's cancer. For example, it was a positive experience when fellow teachers gave up some of their vacation days for a teacher who had run out of time for their sick leave. Or, when fellow teachers provided extra support to the teacher with cancer when they needed it, such as, helping to fill in when they were ill. However, some teachers did not know how to respond to the teacher who had cancer, sometimes giving less favorable reactions with statements asking how much time the teacher had remaining to live. Many of the teachers wrote that their relationships had changed because some teachers were overly concerned, so it made their functioning more difficult. While other teachers seemed to avoid the topic of the "C" word all together. An interesting finding was in regards to a number of teachers who felt "guilt" by relying on the other teachers for additional support. Teachers tend to be "service-oriented" by the nature of their jobs and could account for some of the teacher perspectives around their need for support. The findings indicated that more training of teachers would be beneficial for teachers whose peer has been diagnosed with cancer.

Fear, Loneliness, and Emotional Support

Another important finding was there were lots of discussions about fear and loneliness in the teacher's lives while going through their cancer journey. Some teachers even talked about being depressed about their cancer diagnosis. In consequence, more postings are about the teacher's need for emotional support rather than the needs of physical support. This is a salient finding because it reinforces the need for more teacher

emotional support and helps to address the research question about the perception of a teacher's self and identity that is changed by cancer.

Regardless if the depression was caused by side-effects from medical treatments or as a result of the many mental changes the teacher went through during the cancer journey; teachers showed a need more emotional support and a reassurance that they are not going through this cancer journey alone.

For emotional and psychological support, teachers seem to feel most supported by those who have experienced a similar circumstance (someone who has cancer) or who have gone through a similar situation (such as, telling or not telling their students they have cancer). Consequently, the cancer teacher forums created this space of support for the teacher.

Growing Number of Discussion Forums for Cancer Support

This study uncovered a phenomenon that was an unexpected outcome. The discussion forums and blogs are a place of support themselves for the teachers with cancer. This is an important finding because with the growing use of technology becoming the norm instead of the exception, it is safe to assume that more and more teachers will be using discussion forums and blogs for support when they are diagnosed with cancer. In other words, teachers are filling the gap of needed support by using the Internet itself as a source of support and information that may not be available elsewhere for the teachers.

Although there is more support now (such as, internet forum groups) than in the past for teachers who are cancer patients and survivors, still more support systems are

needed to fill in current gaps. Gaps identified from the forum groups included perceptual changes in the cancer teacher's identity, changes to their jobs and finances due to the cost of cancer treatments and other factors, changes in relationships both in and out of school, and changes in the amount of time available (in various constructs). The teachers even used anonymous names to identify themselves when posting to the forum groups, such as, *survivin*, "C," *Acceptance*, *foggy*, and other names relevant to their cancer journey.

Accuracy of Medical Advice in Forums

Although teachers are reaching out for support from each other, it is unclear whether or not the information posted in the forum groups is accurate. For example, one teacher may be giving advice to another teacher whose diagnosis was different, or whose level of tenure as a teacher was different, or whose school administration and policies were different. Consequently, the advice that one teacher may give another teacher may not be medically accurate. For example, a teacher with HER+ Estrogen and Progesterone breast cancer may have a completely different recommended course of treatments than a teacher with Triple Negative breast cancer. When teachers anonymously post to these cancer forums, they agree to the policies of the forum sponsors. See *Appendix B—Example of Online Forum Rules* for an example of these online forum agreements indicating that those posting accept the information "as is" and state that the organizations hosting the website forums are not responsible for the information or content posted.

Some teachers are lucky enough to find a forum support group for posting, but what about the teachers who did not? It can be assumed that some teachers may die so quickly after their breast diagnosis that they may not even have the opportunity to go to teacher cancer forums for support.

Technology as a Factor for Cancer Support

This research found that those teachers who post to forum groups are only a representative subset of the teachers who have breast cancer. Teachers may not be represented on these forums due to their level of technology familiarity (such as, generational), or teachers maybe getting their support through other avenues. Teachers may also simply not have access to technology, or some teachers may not even have had the time or opportunity to reach out for support (in the case of a teacher dying after a short diagnosis).

Sometimes teachers just posted once or twice and did not return to the forum. It is also unclear of what happened with some teachers who posted and then they stopped posting. Although this study does not have the data to support the reasons for this phenomena of teachers leaving groups and not returning, it is no less a finding.

Questions such as the following would be interesting in future studies. Did the teacher receive the support they needed through the forum group and move on? Did the teacher just move on to a different support group? Did the teacher find a different form of support outside of the forums? Did the teacher not survive and passed away? If the teacher who posted on the teacher forum dies, then do the other teacher forum members ever know? This brings up an interesting observation.

This research did find a couple occurrences when other forum members shared with those posting to specific threads of discussion to the group that a member of their group (AKA, one of the teachers) had passed away. This would suggest that some teachers who posted to the cancer forum group have created personal relationships with each other through the forum group. Additional research is needed to: 1) find out if participating in these cancer forum groups created some type of hidden association as a cancer member; or, 2) better understand why teachers discontinued their posting in the forum groups to find out if they received, did not receive, or might be receiving support elsewhere.

Age Dependent Teacher Support

Some teachers may not be as tech savvy as other teachers and may not even know how to find or be part of a breast cancer forum. Because the postings are anonymous and the teacher's age is not included (that is unless the teacher personally posts it), then we can only assume that the forum postings are more representative of younger teachers based on the large number of teachers (4,312) who posted to the thread "Younger teachers with families." It could also be assumed that older teachers who are possibly less technology savvy than younger generation teachers who may be digital natives and also more established with larger support systems, so may also not be posting as much to the forums as younger teachers.

When younger teachers are diagnosed with cancer, many of them faced the reality that they will never be able to have their own biological children due to the sterility that cancer treatments cause when going through the chemotherapy and radiation. This is one

of the important concerns younger teachers shared on their posts to “Younger Teachers with Families.”

Ongoing Cancer Support

In addition to receiving resources, support and guidance through the postings, teachers also created high-quality bonds and relationships with other teachers who had a cancer diagnosis that seemed to endure beyond just the given or received advice. It was interesting to document some teachers who had survived cancer (some self-identified for over 13 years as survivors) were still posting on the teachers with cancer forums and blogs. It is not a far stretch to assume that after a teacher has experienced cancer as a life-threatening illness, that some teachers may have concerns or worry about cancer reoccurring. Therefore, they may need ongoing support that keeps them connected with other teachers who experience the cancer journey as survivors or those just beginning their cancer journey.

It was anticipated that teachers were not receiving as much support as they needed; however, the results showed that the teachers were receiving support both within the forum and outside the forum. The postings were not so much about the quantity of support received, but rather about the quality of support that the teachers received--such as, when students were so caring to teachers it was very impactful in the way the teachers received the support. Whether or not the teacher received enough of the right type of support is not fully known. What is evident from the cancer forum postings is that teachers are impacted and changed by their experiences of surviving cancer.

Cultural Differences of Countries Support

This study found, as many research studies have found, that cancer is a world problem. This study shows that cancer (specifically breast cancer) in teachers is also a growing worldwide phenomenon. This research included breast cancer teacher forum groups from two different world regions (United States and United Kingdom). The findings suggest that both world regions are using forum groups for additional teacher support when the teachers have cancer regardless of their cultural differences.

The teacher postings did, however, show similarities and differences in health care systems and educational systems available between the two regions regarding teachers with cancer. Some of these differences may be the result of different health care systems and how the school policies and school structures may differ.

In order to better understand teachers in the United Kingdom and the United States, it is also important to note the cultural differences. According to the Fullbright Commission there are “numerous cultural differences between the US and the UK,” such as “differences in customs, attitudes, opinions, language, and reactions” (2014). For example, Americans have numerous holidays which follow an “academic calendar” and includes days off from classes. Major holidays in the United States include: New Year’s Day, Labor Day, Columbus Day, Veteran’s Day, Thanksgiving, Martin Luther King Jr. Day, Christmas Day, President’s Day, Spring Break, Memorial Day, and Fourth of July. The United Kingdom has statutory minimum holidays that are currently 5.6 weeks a year which includes eight official holidays for England and Wales and ten official holidays for Ireland. Some of the major holidays in the United Kingdom include New Year’s Day,

May Day Bank Holiday, Christmas Day, and Boxing Day. A number of teachers, both in the United States and the United Kingdom, did post about the impact vacation days had regarding their time for treatments and recovery. For example, if teachers received their cancer diagnosis during School Summer breaks, then less time was required to be out of classroom for their treatments than when school was in session.

Some personal differences between teachers in the United Kingdom and the United States, in general, are that “Americans are much more open than Britons” (Fullbright Commission, 2014). For example, friends and even acquaintances discuss personal thoughts and opinions that might seem private or intrusive in the United Kingdom. “Americans tend to ask seemingly private or presumptuous questions. Although most likely sincerely curious about another person’s thoughts and feelings, there is an assumption that others would like to share them” (Fullbright Commission, 2014). An unexpected finding was that teachers in both the United States and in the United Kingdom wrote openly about their cancer experiences because the Breast Cancer forums were anonymous and teachers could express themselves without fears of reprisal.

You may learn more about your American friends than you wanted to know, or you may hear more childhood stories than you care to listen to. **Americans will be interested in your experiences and background** as well since your upbringing may differ greatly from theirs. In addition to more frequent discussion about their personal lives, there is often a greater display of photographs, posters and memorabilia in dorm rooms or office spaces (Fullbright Commission, 2014).

In order to better understand the differences between teachers in the United States and Teachers in the United Kingdom, it is also important to examine how the schools differ.

The best way to understand the difference is by looking at the teachers’ classroom environments. For example:

The classroom environment in the US is often very different to what UK students are accustomed to. One consistent trait of the US classroom experience, however, is the **emphasis on student participation**. The liberal arts philosophy is based on the development of well-rounded knowledge through discussion and critical thinking.

As a result, professors usually dedicate a **portion of students' final mark to attendance and participation**. They expect their students to display their knowledge actively and engage in their lectures, as participating in the classroom discussion is how you demonstrate to the professor your grasp of the material. Attendance and class participation is expected and may count toward up to 15% of your final mark, so it is important to participate (which you cannot do if you do not attend!)

There are **two types of participation** which you will experience in the American classroom: involuntary and voluntary. Involuntary participation is when the professor calls on you to answer a question. Voluntary participation is when the question is posed to the class and anyone may respond.

As participation is often such an important part of one's mark, you should **try to volunteer at least one time per class**. Participation grades are not meant to frighten you; it is meant to encourage you to do the assigned reading and to think about what you have read. Some US universities place an emphasis on keeping classroom sizes small for this very reason... (Fullbright Commission, 2014).

How academic teacher workloads may differ between the United States and the United Kingdom also needs better understanding. According to the Fullbright Commission:

In addition to classroom participation, another key difference in the US is **amount and frequency of coursework**. Professors will expect you to be continually engaged in their classes and will begin grading you within the first few weeks of class...

You might find that exams are at an easier level to those you would take at university in the UK, depending on the institution you attend and the courses you pick. However, the workload will definitely be more frequent. You will soon gather what is expected of you and how to manage this; if in doubt, consult your international student or academic advisor who can help you manage your timetable efficiently (2014).

The findings suggest that although classroom structures traditionally differ, it is still vital that a teacher be in the classroom for learning to occur. According to the Oxford Royale

Academy, the classrooms in the United Kingdom are changing and now becoming more focused on student involvement:

The traditional Victorian image of students sitting in rows in front of a blackboard, patiently writing down everything that their stern teacher says, doesn't much resemble a modern British school. For one thing, teachers aim to keep their lessons lively and varied, but more importantly, students speaking up and having their opinions heard is considered a major part of the educational process. So you might just as often see students sitting around working in groups and discussing a task with one another, or with their desks in rows facing one another for a debate. If everyone is facing the board, they're as likely to be listening to a presentation given by one of their classmates as they are to be listening to a teacher.

This means that creativity and individual thought are key features of British classrooms; if a textbook has an error, British students will not hesitate to point it out. Memorisation of facts is kept to a minimum in favour of more active styles of learning. This may be partly why language-learning in the UK is falling, as that requires a kind of memorisation that British students don't often practise; but it also gives British students a flexible, creative approach to learning (2015).

Whether there are smaller classes, larger classes, with more or less student participation, student learning is improved with consistent and qualified teachers in the classroom. The findings suggest that more support is needed, in the United Kingdom and in the United States in order to retain teachers after their cancer journey.

In regards to union support, the findings suggest greater support from the teacher unions in the United Kingdom than in the United States. According to Ludger

Woessmann in his article "Why some countries do better," he describes the differences:

It is important to emphasize the difference between teachers acting individually and as part of a union, for these settings may have very different consequences for student achievement. When teachers act collectively, they are a potentially powerful political interest group; their sheer numbers give them voting power that politicians cannot ignore. The aim of teacher unions is to promote the interests of teachers and to defend them against the interests of other groups. The unions, therefore, will focus on the interests that are not advanced by other interest groups—mainly, increasing teachers' pay and decreasing their workload. They can also exert collective bargaining power. In doing so, they will advance the interest

of the median teacher, favoring a leveling of salary scales instead of differentiation by merit (2001).

For teachers who have cancer, it becomes increasingly important for unions to help protect teacher's pay and decrease their workloads as needed for recovery. The research suggests, throughout all of the teacher postings, that teachers who have been compromised by cancer relied heavily upon their teacher unions for support in both the United States and in the United Kingdom.

According to *The Economist* magazine, America has the "highest survival rates for breast cancer" while the United Kingdom is ranked "world's best overall health-care system" when comparing the two countries:

BRITAIN'S National Health Service (NHS) was recently judged the "world's best health-care system" by the Washington-based Commonwealth Fund in its latest ranking of 11 rich countries' health provision. The Commonwealth Fund tends to give the NHS a pretty clean bill of health in its assessments (it also scores Switzerland, Sweden and Australia highly). Other rankings reach different conclusions. How do you compare something as complex as a national health-care system with its peers?

The Commonwealth Fund makes quality, access, value for money and equity the leading criteria for judging which countries perform well. Its emphasis on access and per-capita spending mean that America, struggling to extend its insurance coverage, while committing a large amount to overall health-care spending, regularly comes bottom of the Commonwealth Fund table. But that judgment overlooks what American health care delivers well: it scores highly on preventative health measures, patient-centred care and innovation, for instance. It has led the way in reducing avoidable harm to patients, with Seattle's Virginia Mason hospital delivering "near zero harm", something many systems, including England's, are seeking to emulate.

What the NHS is good at is providing cost-efficient care. It spends \$3,405 per person per annum, less than half America's outlay of \$8,508. Alas, that does not mean the NHS is financially secure: a £2 billion (\$3.4 billion) shortfall looms from 2015 and NHS England is struggling to implement £20 billion in savings. And some outcomes for serious conditions do not commend the English model, which does worse on serious cancer treatment than Canada, Australia and

Sweden, according to data from the King's Fund, a health-care think-tank based in London. American women have higher survival rates for breast cancer. Mortality rates following strokes also let down the English system. (June 29, 2014).

These findings are important to note because of the overall ranking of the health care systems does not directly related to the survivorship of a teacher with cancer. Also the financial impacts of teacher's with cancer may also manifest differently between the United States and the United Kingdom creating different hardships for the teachers with cancer.

Although this research study discusses the differences in health care for teachers with breast cancer in the United States and United Kingdom, further research is needed to compare health care for teachers with cancer in other countries and regions of the world.

The Economist magazine further states:

Not everyone agrees with the Commonwealth Fund about what should be measured, and how the results should be weighted. A survey on health-care efficiency by Bloomberg recently chose Hong Kong, Singapore and Japan as the best performers, based on their efficiency. Adding greater weight to patient choice, for example, might reshuffle the rankings. The Commonwealth Fund most values equity and access, and so rewards the systems where it finds these. But change the weighting given to each category and you can quickly change the outcome. When it comes to judging the world's health systems, preferences and values guide conclusions, as well as raw data (June 29, 2014).

Overall, teachers in the United Kingdom may have less out-of-pocket medical expenses from their cancer journey than their American teacher counter-parts due to a different health-care system, but teachers from the United Kingdom may pay more taxes upfront for their health-care. Additional studies are needed regarding the financial strains teachers with cancer face depending on the countries or regions where they teach. What is evident from the findings is that teachers who are out-of-the-classroom due to cancer beyond

their allowed time for recovery all suffer financially due to changes in their job statuses—full-time, part-time, or if they chose to leave the teaching field after their cancer journey.

The findings of the data show, regardless of the differences in countries or demographically regional differences, teachers are suffering from cancer and many teachers participate in breast cancer forums to receive anonymous support and information from other teachers with cancer. Consequently, it is not a far stretch to imagine that other teachers in other countries are also using cancer online forums for cancer support and to find information about their cancer. Further research is needed to compare health care support for teachers with breast cancer from other countries and regions to see if more commonalities existed.

Summary of Analysis and Interpretation of Findings

This study generated the following theory: when teachers are diagnosed with cancer, they can be impacted professionally as are the communities and schools of which they are a part. These impacts may be magnified and perpetuated because many schools do not have sufficient supportive resources to manage transitions and changes related to the residual impacts of the cancer.

Basically this study found that teachers are suffering because the structure of the United States or United Kingdom educational systems are not sufficiently in place in order to mitigate the residual impacts of teachers who have cancer. Fourteen findings were observed and interpreted during the analysis. Because only a representative sample (as a snap shot in time) of the teacher's cancer journey was selected, these fourteen

important findings may only be a small subset of other possible findings that could evolve with additional research in regards to a teacher's on-going cancer journey.

Recommendations

Further research studies are needed on the implications of teachers with cancer. Based on the findings in the study, the following are a few recommendations schools could help to foster in regards to teacher support. First, to engage teachers themselves to help advocate for their own cancer care and cancer journey realize that they are not alone and have rights to protect them. Second, help administrators provide a more compassionate, understanding response and supportive environment for their teachers who are struggling with cancer. Third, help educate the school community to better understand what a teacher with cancer is experiencing and create plans for how both the classroom and teacher will be fully supported—financially, physically, emotionally, and mentally. Finally, help the school community engage in real-life solutions to some of the issues when a teacher has cancer. If teachers with cancer are problematic to school communities (and also vice-a-versa), then solutions need to be found in order to work through the perceived issues and reduce the residual impacts of teachers who have cancer for themselves, for their classrooms, and for the educational community as a whole.

Ideally, this study serves as a catalyst for additional research and new studies. One new study could focus on creating new education programs around the topic of health and wellness. Another study might examine educational teacher support policies within the education system. Another study might examine the personal financial and career impacts to teachers when they have cancer. In summary, medical health care

systems and school communities need to work closely together in order to help support the growing number of teachers who have cancer and their interactions with the school community.

School Health Wellness Awareness Programs for Teachers

With cancer on the rise, schools and school communities will need to start providing more proactive health awareness programs to help school community environments provide more cancer support for teachers. Therefore, the first recommendation is that school communities need to start being more proactive (instead of reactive) when it comes to health care wellness awareness programs for teachers.

Why are new health wellness awareness programs needed for teachers? Schools and school communities must start creating more proactive programs to help reduce the number of cancer diagnosis of teachers in schools and reduce the number of teacher illnesses, absenteeism, and mobility. New evidence and research is being released daily about the contributing causes of cancer, such as, lifestyle choices. According to the September 18, 2015, BBC Health news headline, “Healthier lifestyles ‘could cut cancer cases by a third’ and new data from the 2013 World Cancer Research Fund:

About a third of cancer cases in the UK could be prevented if people ate healthily, exercised more and cut down on alcohol, figures indicate. In 2013, there were more than 351,000 new cases of cancer in the UK...84,000 cases of cancer could have been prevented (Data from the World Cancer Research Fund, 2013 and BBC Health News, 2015).

The Head of research, Dr. Rachael Thompson, said simple changes to diet and lifestyle could make “a huge difference” in the battle against cancer. Even minor adjustments, like 10 to 15 extra minutes of physical activity each day, cutting down on alcohol, or limiting your intake of high calorie foods and sugary drinks, will help decrease your cancer risk. She said that after cutting out

smoking, being a healthy body weight was the most important thing people could do to cut their risk of getting cancer. There is strong evidence that being overweight or obese increase the risk of 10 cancers. The link between a healthy lifestyle and the risk of developing cancer is well known, and this new data looks at preventable cases in 13 of the UK's most common cancers...38% of breast cancer cases could be prevented particularly in postmenopausal women, by increasing physical exercise and reducing body fat (Data from the World Cancer Research Fund, 2013 and BBC Health News, 2015).

Professor Kevin Fenton, director of health and wellbeing at Public Health England added, "UK was currently behind on cancer survival rates compared with other European countries. He said one major factor was that cancer prevention was not in the public consciousness (Data from the World Cancer Research Fund, 2013 and BBC Health News, 2015).

Many teachers lead somewhat sedentary, yet stressful life-styles. The reason for this is due to long hours and being inside their classroom every day. As this article points out, "even minor adjustment" could make an important difference.

School environments need to be more health conscience in order to create school environments for the teachers, as well as for the entire school community--better nutrition, exercise, stress-reduction techniques, and education for the whole person. Part of creating healthier school environments should also include creating less stress and more support for teachers in classrooms. With performance-tied-to-teacher-pay and constant assessing of students becoming more of the norm instead of the exception, the stress levels in schools may be equal to the rising numbers of cancer. This would be an excellent study to pursue in the future, especially since a teacher is seen as an important adult role model for students. When a teacher is healthier, then residually, it is not a far stretch to assume that classrooms will become healthier also.

Education Programs to Dispel Cancer Myths

Although creating healthier school environments for teachers is important, it is not the total answer to ridding school communities of cancer. The next recommendation would be to educate school communities about Cancer. New genetic counseling research available within the last two years regarding genetic factors are letting breast cancer survivors know about improvements to genetic testing (BRACA 1&2 tests, plus Amsterdam 1&2 tests) which are linking new genetic ties in families with prostate, colon, uterine, ovarian, and breast cancer (Garber & Offit, 2015).

More medical research is being released about genetic predispositions to having cancer; such as teachers with Ashkenazi Jewish heritage have a higher likelihood of cancer. For example, “About one out of every 40 individuals of Ashkenazi Jewish ancestry have a mutation in the BRCA1 or BRCA2 gene, as compared to one out of every 800 members of the general population, according to the Centers for Disease Control” (Hutch, 2015). Consequently, there are a number of influential factors determining if a teacher may have cancer, some of those factors are hereditary, environmental, or yet to be discovered.

Consequently, schools and their communities need better policies and support systems for effectively handling the teacher support, absenteeism, and policies surrounding support on the job if teachers need to have accommodations or reduced hours due to having cancer. This is an important finding as a recommendation for the need to develop and implement new policies for how Administrators should handle telling or not telling students or the extended school community about a teacher’s cancer.

It is important that myths about cancer do not get propagated, such as, cancer is contagious, the teachers caused their own cancer, or that all teachers with cancer are going to die. This is in reference to a few teacher postings when parents told the teachers they were removing their child from the teacher's class because they did not want them to get cancer.

Cancer has no social, sexual, political, religious, or racial boundaries. The new 2015 statistics from The American Cancer Society show that:

Nearly half of all men and a little more than one-third of all women in the United States will have cancer during their lifetimes. Cancer can happen at any age, but more than 3 out of every 4 cancers are found in people older than 55. People of all racial and ethnic groups can get cancer" (American Cancer Society, 2015).

It is unknown what the impact is or will be on schools is regarding the age of teachers compared to the number of teachers with cancer. This warrants further investigation and study.

The best way to dispel myths about cancer is by offering education to the school communities about cancer. More research about teachers with cancer and how to provide better accommodations' for teachers with cancer needs to be researched and created. In addition to dispelling myths about cancer, teachers need better ways to navigate through the health care system in relation to how to better function on the job as a teacher while going through cancer recovery.

Better School Health Policies and Procedures

Schools systems need to provide better guidelines to simplify, not complicate, teacher's lives when they are already struggling with cancer as a life-threatening illness. Guidelines for administrators need to be developed to provide them with better ways of

handling teaching staff when they receive cancer diagnosis. For example, if school administrators should (or should not) decide if a teacher can tell their students, the parents, and other teaching staff about their cancer diagnosis.

In other words, better policies to protect teacher's rights to their own privacy as to whether or not they want to share their personal health information with the extended school community. In addition, if teachers do want to disclose their cancer diagnosis, better guidelines should be available in order to disseminate the information appropriately to students and others in the school community.

School health insurance policies and plans need to be re-evaluated to make sure teachers are receiving sufficient time for recovery from their cancer diagnosis and treatments. From the teacher postings, there is sometimes a disconnect between when schools or health insurance policies say a teacher should be back to work compared with doctor recommendations and if the teachers themselves feel ready or not. For example, when some teachers posted to advise other teachers to avoid coming back too soon, so not to make the same mistakes that they made.

With national health records becoming more connected and networked with data connections; and, access to medical records becoming easier, it is not a far stretch to assume that issues of discrimination for retaining teachers who have had cancer or the likelihood of cancer may become an issue in the workforce, which requires further studies. With the growing need for more teachers in the schools, more support is needed in order to retain the good teachers and minimize the teacher attrition rates for those teachers with and without cancer in the schools.

Consequently, new policies need to sufficiently provide time off with pay for teachers who have long-term illness, plus provide waivers to provide accommodations for teacher performance evaluations. Based on the number of comments in the blogs, the aforementioned recommendations for new teacher support policies and procedures, health awareness support programs for teachers, and the development of new education programs are important.

Conclusion

The cancer experience changes teachers and their relationships. How the teacher finds their “new normal” after cancer depends on the support they received after their cancer diagnosis. Teachers who have cancer need additional support from administrators, unions, other teachers, students, their parents, and the extended community. Teachers with cancer need sufficient time for recovery and wellness (physically, mentally, emotionally, and spiritually). New policies to support teachers need to be developed and implemented to better support teachers and the extended community when a teacher’s cancer impacts them residually.

By using Grounded Theory and Thematic Analysis methods, this research discovered the following theory: when teachers are diagnosed with cancer, they can be impacted professionally as are the communities and schools of which they are a part. These impacts may be magnified and perpetuated because many schools do not have sufficient supportive resources to manage transitions and changes related to the residual impacts of the cancer.

Specifically, when teachers are compromised, so is the effectiveness of any curriculum they teach to overall learning effectiveness in school community. As an educational consultant for 15 years, I have met with Administrators of schools who have disclosed that they had a number of teachers at their schools going through cancer treatments and they do not know how to support them. I have also known teachers who have had cancer and the ones who have survived tell me their stories and narratives of how cancer has changed their lives. This research aims to be a catalyst for additional research and studies to examine how education systems and health care systems can work together to help support the growing number of teachers with cancer and the greater school communities.

References

- American Cancer Society. Cancer Facts and Figures (2014a). Atlanta, GA: American Cancer Society. Retrieved from <http://www.cancer.org/acs/groups/content/@research/documents/webcontent/acspc-042151.pdf> .
- American Cancer Society. Cancer Facts and Figures (2014b). Atlanta, GA: American Cancer Society. Retrieved from <http://www.cancer.org/research/cancerfactsstatistics/cancerfactsfigures2014/>
- American Cancer Society, Inc. (2015). Atlanta, GA: American Cancer Society. Retrieved from <http://www.cancer.org/treatment/treatmentsandsideeffects/physicalsideeffects/chemotherapyeffects/chemo-brain>.
- American Educational Research Association (AERA), (2013). *Research Points*. Retrieved from <http://www.aera.net/Publications/ResearchPoints/tabid/10234/Default.aspx>
- Aronson, J. (1995). A pragmatic view of thematic analysis. *The Qualitative Report*, 2(1), 1-3. Retrieved from <http://nsuworks.nova.edu/tqr/vol2/iss1/3>.
- BBC News (2015, September 18). “Healthier lifestyles ‘could cut cancer cases by a third.’” BBC Health 18. Retrieved from <file:///C:/Users/CONNEC~1/AppData/Local/Temp/Low/YUGJ42H7.htm>
- Birks, M. & Mills, J. (2012). *Grounded theory a practical guide* (pp. 1-160). Thousand Oaks, CA: Sage Publications, Inc.
- Bloomberg, L. & Volpe, M. (2012). *Completing your qualitative dissertation –A road map from beginning to end*. Thousand Oaks, California: Sage Publications, Inc.
- Bowers, T. (2001). Research review: Teacher absenteeism and ill health retirement: A review. *Cambridge Journal of Education*, 31(2),135-157. doi:10.1080/0305764012006119.
- Boyatzis, R.E. (1998). *Transforming qualitative information: Thematic analysis and code development*. Thousand Oaks, CA: Sage Publications, Inc. Retrieved from <http://isites.harvard.edu/icb/icb.do?keyword=qualitative&pageid=icb.page340897>
- Bureau of Census (2013, 2014). Retrieved from <http://www.usnews.com/opinion/blogs/robert-schlesinger/2013/12/31/us-population-2014-317-million-and-71-billion-in-the-world>.

- Bryk, A. & Schneider, B. (2002). *Trust in schools: A core resource for improvement*. American Sociological Association's Rose Series in Sociology. New York, NY: Russell Sage Foundation.
- Cancer Council NSW (2011). *Cancer in the school community—A guide for staff members*. Woolloomooloo, NSW. Retrieved from www.cancercouncil.com.au.
- Charmaz, K. (2006 & 2010). *Constructing grounded theory a practical guide through qualitative analysis* (pp. 1-177). Thousand Oaks, CA: Sage Publications, Inc.
- Charmaz, K. (2002). Discovering chronic illness: Using grounded theory. *Social Science & Medicine: [Special Issue] Qualitative Research On Chronic Illness*. 30(11), 1161–1172. Rohnert Park, CA: Sonoma State University. doi:10.1016/0277-9536(90)90256-R.
- Creswell, J. W. (2005). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research (2nd ed.)*. Upper Saddle River, NJ: Pearson Education, Inc.
- Danna, K. & Griffin, R. (1999). Health and well-being in the workplace: a review and synthesis of the literature. *Journal of Management*, 25(3), 357-384.
- Darling-Hammond, L. & Friedlander, D. (2008). Creating excellent and equitable schools. *Educational Leadership*, 65(8), 14-21.
- Eckhart, R. (2011). To share or not to share: Cancer and what teachers should tell students about it. *Talking About Teaching*, V(43-50). Ohio State University. Retrieved from <http://works.bepress.com/bobeckhart/1>.
- Eisner, E. (1994). *Cognition and curriculum reconsidered (2nd ed.)*. Teachers College, Columbia University: Teacher's College Press.
- Elfers, A., Plecki, M. & Knapp, M. (2006). Teacher mobility: Looking more closely at "the movers" within a state system. *Peabody Journal of Education*, 81(3), 94-127. Retrieved from http://www.tandfonline.com/doi/abs/10.1207/S15327930pje8103_4#.VLihvlqRjdk.
- Fullan, M., & Hargreaves, A. (2007). Teacher development and educational change. M. Fullan, & A. Hargreaves (editors), *Teacher development and educational change* (pp. 1-9). London: Falmer Press.
- Fuller, F. F. (1971). Intensive individualization of teacher preparation. L. Natalicio, & C. Herefore (editors), *The teacher as a person* (pp. 1-26). Dubuque, Iowa: Wm. C. Brown.

- Futrell, M.H. & Gomez, J. (2008). How tracking creates a poverty of learners. *Educational Leadership* 65(8), 74-78.
- Freiberg, H. (1983). Consistency: key to classroom management. *Journal of Education for Teaching: International research and pedagogy*, 9(1).
- Garcia, R. (2000). To teach with soft eyes: Reflections on a teacher/leader formation experience. Dallas, TX: Dallas County Community College District.
- Gardner, J. W. (1963, 1981). *Self-renewal: The individual and the innovative society*. New York: Norton & Co.
- Glaser, B. G. (1992). *Emergence vs. forcing: Basics of grounded theory analysis*. Mill Valley, CA: The Sociology Press.
- Glaser, B. & Strauss, A. (1967). *The discovery of grounded theory: Strategies for qualitative research*. New York: Aldine de Gruyter.
- Garber, J. & Offit, K. (2015). Hereditary Cancer Predisposition Syndromes. *Journal of Clinical Oncology*, doi: 10.1200/JCO.2005.10.042, 23(2), 276-292.
- Great Schools Partnership (2014). *The Glossary of Educational Reform* [Guide]. New England Secondary Schools Consortium. Retrieved from <http://www.greatschoolspartnership.org>
- Hall, G. E., Smith, C., & Nowinski, M. (2005). An organizing framework for using evidence-based assessments to improve teaching and learning in teacher education programs. *Teacher Education Quarterly*, 32(3), 19-33.
- Halvorson-Boyd & Hunter (1995). *Dancing in Limbo—Making Sense of Life After Cancer*. Jossey-Bass: San Francisco, CA.
- Hamachek, D. (1999). Effective teachers: What they do, how they do it, and the importance of self-knowledge. R P. Lipka & T.M. Brinthaup (ed), *The role of self in teacher development* (pp. 189-224). New York: State University of New York Press.
- Hargreaves, A. & Fullan, M. (2012). *Professional Capital: Transforming Teaching in Every School*. Teacher's College, Columbia University: Teacher's College Press.
- Heymann, J., Rho, H., Schmitt, J., & Earle, A. (2009). Contagion nation: A comparison of paid sick day policies in 22 countries (pp.1-22). Washington, D.C.: Center for Economic and Policy Research (CEPR). Retrieved from: <http://www.cepr.net/documents/publications/paid-sick-days-2009-05.pdf> .

- Hutch, F. (2015). *Cancer in Our Communities: Ashkenazi Jews and Cancer*. Seattle, WA: Fred Hutchinson Cancer Research Center. Retrieved from <https://www.fredhutch.org/en/events/cancer-in-our-communities/ashkenazi-jewish-communities.html>
- Jersild, A. T. (1955). *When teachers face themselves*. Teachers College, Columbia University: Bureau of Publications.
- Kirby, S. N., & Grissmer, D. W. (1993). *Teacher attrition: Theory, evidence, and suggested policy*. (Report No: D-7827). Washington, D. C.: U.S. Department of Educational Research and Development, Educational Resources Information Center (ERIC Document Reproduction Service No. ED364 533).
- Luiz, N., & Hereford, C. (1971). *The teacher as a person*. Dubuque, Iowa: Wm. C. Brown and Co.
- Machi, L. & McEvoy, B. (2012). *The literature review—Six steps to success*. Thousand Oaks, California: Corwin Publishing.
- Managing your life during treatment (2015). *We can help: Employment issues*. Austin, TX: Livestrong Foundation. Retrieved from <http://www.livestrong.org/we-can-help/managing-your-life-during-treatment/employment-issues/>
- Marzano, R. J. (2007). *The art and science of teaching: A comprehensive framework for effective instruction*. Alexandria, VA: Association for Supervision and Curriculum Development.
- Marzano, R. J., Pickering, D. J., & Pollock, J. E. (2001). *Classroom instruction that works: Research-based strategies for increasing student achievement*. Alexandria, VA: Association for Supervision and Curriculum Development.
- Mayo Clinic Staff (2015). *Diseases and conditions: Cancer definition*. Patient Care and Health Information. Retrieved from <http://www.mayoclinic.org/diseases-conditions/cancer/basics/definition/con-20032378>.
- McE.A. (2014, June 29). *The Economist explains: How to compare health-care systems*. *The Economist* [magazine]. Retrieved from <http://www.economist.com/blogs/economist-explains/2014/06/economist-explains-16>.
- McMahon, L. (2003). *Rekindling the spirit to teach: A qualitative study of the personal and professional renewal of teachers*. Dissertation: School of Professional Studies, Gonzaga University, 58-65. ProQuest UMI 3116072.

- Miller, R., Richard Murnane, and John Willet (2008). Do worker absences affect productivity? The case of teachers. Harvard University Graduate School of Education and the International Labor Organization. *72 International Labor Review*, 1(137).
- Muller, W. (1966). *How, then, shall we live?* New York, NY: Bantam.
- Moore, T. (2004). *Dark Nights of the Soul*. Gotham Books/Penguin Group: New York, NY.
- National Cancer Institute (2014). *NIH Turning Discovery Into Health*. U.S. Department of Health & Human Services and the National Institute of Health. Retrieved from <http://www.cancer.gov/cancertopics/coping/after-treatment>.
- National Education Association (2014). National Education Association (NEA). Retrieved from <http://www.nea.org/home/36780.htm>.
- Neiman, L. (2008). *Influence on High School Teacher Implementation of Best Practice: Grounded Theory*. College of Education and Leadership, Cardinal Stritch University, 48, 118-125. ProQuest UMI 3343531.
- Nuthall, G. (2004). Relating classroom teaching to student learning: A critical analysis of why research has failed to bridge the theory-practice gap. *Harvard Educational Review*, 74(3), 273-306. Retrieved from <http://0-search.proquest.com.bianca.penlib.du.edu/docview/212260220?accountid=14608>
- Olsen, B. (2008, Summer). Introducing teacher identity and this volume. *Teacher Education Quarterly*. Retrieved from http://www.researchgate.net/publication/274003407_Introducing_Teacher_Identity_and_This_Volume.
- Oxford Royale Academy (2015, August). Ten fascinating differences between British schools and schools abroad. Oxford, UK. Retrieved from <https://www.oxford-royale.co.uk/articles/british-schools-different-from-schools-abroad.html>.
- Oxman, T. & Siberfarb, P. (1980). Serial cognitive testing in cancer patients receiving chemotherapy. *American Journal of Psychiatry*. 137(10), 1263-1265. Retrieved from: [https://American+Journal+of+Psychiatry.&source=bl&ots=fNIUg7cQ6Z&sig=vWe0kunkLkaHHk8ft_bIbMCcES4&hl=en&sa=X&ved=0ahUKEwj47c_qhZ7LAhVG0GMKHxjcAsUQ6AEIMTAC#v=onepage&q=Oxman%20T.%20\(1980\).%20Serial%20cognitive%20testing%20in%20cancer%20patients%20receiving%20chemotherapy.%20American%20Journal%20of%20Psychiatry.&f=false](https://American+Journal+of+Psychiatry.&source=bl&ots=fNIUg7cQ6Z&sig=vWe0kunkLkaHHk8ft_bIbMCcES4&hl=en&sa=X&ved=0ahUKEwj47c_qhZ7LAhVG0GMKHxjcAsUQ6AEIMTAC#v=onepage&q=Oxman%20T.%20(1980).%20Serial%20cognitive%20testing%20in%20cancer%20patients%20receiving%20chemotherapy.%20American%20Journal%20of%20Psychiatry.&f=false)

- Palme, J. & Berglund, M. (2002). Anonymity on the Internet: Usenet news and anon.penet.fi [French Translation]. Retrieved from <http://dsv.su.se/jpalme/society/anonymity.pdf>.
- Palmer, P. (2007). *The courage to teach: exploring the inner landscape of a teacher's life (10th ed.)*. San Francisco: Jossey-Bass.
- Palmer, P. (2004). *A hidden wholeness*. San Francisco: Jossey-Bass.
- Phillips, J. M. (2005). From neurons to brain power: Cognitive neuroscience and brain-based learning. Bloomington, IN: Indiana University. (ERIC Document Reproduction Service No. ED490546)
- Philp, R. (2007). *Engaging 'tweens and teens: A Brain-compatible approach to reaching middle and high school students*. Thousand Oaks, CA: Corwin Press.
- Riehl, C. (2006). Feeling better: A comparison of medical research and education research. *Educational Researcher*, 35(5), 24-29. Retrieved from <http://0-search.proquest.com.bianca.penlib.du.edu/docview/216908296?accountid=14608>
- Saldana, J. (2013). *The coding manual for qualitative researchers*. London, England: Sage Publications Ltd.
- Schlesinger, 2013. The 2014 U.S. and World Populations: The U.S. grew by 0.7 percent in 2013 while the world grew by 1.1 percent. *US News and World Report*. Retrieved from <http://www.usnews.com/opinion/blogs/robert-schlesinger/2013/12/31/us-population-2014-317-million-and-71-billion-in-the-world>
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory (2nd Ed.)*. Thousand Oaks, CA: Sage Publications Ltd.
- Study in the United States (2014). The US-UK Fulbright Commission. Unit 302, 3rd Floor Camelford House, 89 Albert Embankment, London SE1 7TP. Retrieved from <http://www.fulbright.org.uk/pre-departure/us-culture/cultural-differences>.
- Sweetland E. H. (November, 2014). Rotten apples: It's nearly impossible to fire a bad teacher: Some tech millionaires may have found a way to change that." *TIME*. Retrieved from time.com/3533556/the-war-on-teacher-tenure/.
- Sylwester, R. (1995). *A celebration of neurons: An educator's guide to the human brain*. Alexandria, VA: Association for Supervision and Curriculum Development.

- Sylwester, R. (2005). *A biological brain in a cultural classroom* (2nd Ed.). Thousand Oaks, CA: Corwin Press, Inc.
- Sylwester, R. (2007). *The adolescent brain: Reaching for autonomy*. Thousand Oaks, CA: Corwin Press, Inc.
- United States Census Bureau (2015). World Clock. Retrieved from http://www.census.gov/popclock/?eml=gd&utm_medium=email&utm_source=go_vdelivery
- Waites, S. (May 9, 2013 at 9:25 AM) Teacher copes with cancer with students' support. Cancerwise Blogger. The University of Texas MD Anderson Cancer Center. Retrieved from <file:///C:/User/CONNEC~1/App'data/Local/Temp/Low/RLYY8KQ0.htm>.
- WebMD (2015). Checking for breast cancer reoccurrence. Retrieved from <http://www.webmd.com/breast-cancer/guide/breast-cancer-recurrence>.
- Wertz, F., Charmaz, K. McMullen, L., Josselson, R., Anderson, R., and McSpadden, E. (2011) *Five Ways of Doing Qualitative Analysis*. The Gillford Press. New York, NY (pp. 56-99)
- Woessmann, L. (Summer 2001). Why Students in Some Countries Do Better: International Evidence on the Importance of Education Policy. *Education Matters*. 2(1), 67-74. Retrieved from <http://eric.ed.gov/?id=EJ632385>
- World Cancer Research Fund International (2012). Lung and breast cancer statistics. Retrieved from <http://www.wcrf.org/int/cancer-facts-figures/data-specific-cancers/breast-cancer-statistics>
- World Cancer Research Fund International (2013). Cancer facts & figures: Data on specific cancers. Retrieved from <http://www.wcrf.org/int/cancer-facts-figures/data-specific-cancers>

Appendix A

Breast Cancer Care Organization—Teacher Forum Examples and Excerpts

New Teacher Forums for teachers with cancer are appearing in abundance online, where teachers are using aliases to discuss their concerns and issues about going through the cancer recovery, such as: the 2,255 posts as of 4/30/15 and growing daily on:

<http://forum.breastcancercare.org.uk/t5/Work-finance-and-travel/Teachers/td-p/497437>.

The following section includes some word-for word excerpts as examples pulled from postings by teachers (2009 to 2015) who are trying to continue to work while also dealing with a cancer diagnosis, treatments, and survival. This particular website, from which the research sample was drawn, was founded by the Breast Cancer Care Organization. The purpose of this site was developed especially as a teacher support forum where teachers could find a community where they could anonymously and openly discuss their cancer journeys. In addition to the blogs, from which the posts below were selected, this site also offers a variety of other resources to help people with cancer.

Animallover



Re: Teachers!!

30-04-2015 10:17 AM

Thanks to all for your sound advice. I've been offered (and have accepted) 5 x afternoons per week. Not quite what I wanted - more full days off to recover - but Head was having none of that. Have bills to pay though and needs must...

waveylocks



13-04-2015 06:48 AM

I think your head is being rather unhelpful & clearly hasn't experienced or hasn't had a positive experience of job sharing. Two teachers to one class of pupils can bring other strengths such as different skills which the class benefit from. You will need a pass over time to ensure continuity especially in any behaviour management issues. However teachers do successfully job share without health issues being the reason to do so I would have thought your head is on a sticky wicket turning it down as a reasonable adjustment!! It does mean he/she will need to advertise and interview to appoint a teacher to do the hours you are not going to do. You can ask for a temporary reduction of hours in your contract which gives you the right to put your hours up again as you regain your health without permanently losing the hours...reductions can last for several years. I was on a burnham terms & conditions when this happened to me a few years ago.

Animallover



18-03-2015 05:58 PM

Thanks dog mad. I've had my union cast their eyes over my initial letter/request and they say it's strong. They also mentioned about making an appeal should my initial request be turned down. I think in a primary setting where the kids more or less have one teacher for all subjects all year, my Head thinks two professionals somehow won't communicate effectively with each other, and thus, the kids will suffer. Grr!

Dogmad84



18-03-2015 05:50 PM

Hello, Animal lover- Heads have to make 'reasonable adjustments' to accommodate staff returning to the classroom after a long illness.

Are you in a Union? ATL were brilliant with me when I needed advice returning to high school after a year off for my BC treatment and surgery. The regional Rep will normally attend any meetings you have with the Head, and they are experts at asking the right questions, and spot on with Occupational Health and other work related rights that staff should have.

My guess would be that your Head is most concerned as to how he will cover the shortfall in your timetable should you go down to PT!!

Animallover



16-03-2015 05:13 PM

Hi, Im a FULL-time primary school teacher and I'm new to the forum. I've had breast cancer, a double mastectomy and both ovaries removed. My lovely sister has secondary breast cancer and is a regular on the forum. My chemo is now finished and I'm about to start letrozole. I want to return to work PART time. My Head isn't thrilled about this saying it'll be detrimental to pupils. Anyone got any useful counter arguments?

Swirly



12-09-2014 10:36 PM

Hi Jacqueline, I hope you have had some good news from your results.

Jacquelineann



31-08-2014 05:44 PM

Hi

I am due to start my nqt year tomorrow. However, I was diagnosed with dcis on the 7th August. Due to having it throughout my breast, with the possibility of invasive cancer. I will be having a mastectomy in a few weeks. Thankfully, my new school is very supportive. I am hoping to continue with my nqt year after the operation. However, if chemo is involved, I'll do nqt next year. This is going to be a challenging year! More biopsy results this Thursday.

chinook



12-05-2011 06:49 PM

Hello

I'm back at work full time. I did a 2 week phased return as it was my head that needed to be sorted at this stage rather than my body. (see previous post). I'm

back in class but I'm not expected to do anything else until September. Because of lymphadema I'm now classified as disabled. This means I am not expected to do any displays, mounting of work or anything that may aggravate my arm and back. I have extra time allocated to me for my class displays.

I am according to my boss back to the real me. Last week given 5 year all clear and celebrated with friends at work.

Friday before Easter hols I was escorted off the school premises!!! I wanted to change a display so I thought I'd hang back till everyone had gone and I'd recover over the holidays. Trouble was some other staff knew what I was thinking and wouldn't leave until I had. Display was done for me on the Tuesday we got back. In training at the moment to do the Jane Tomlinson 10k to raise funds for The Haven in Leeds.

My advice, take it very slowly or it will come back to bit you in the bum.

Chinook

American Cancer Association—Teacher Forum Examples and Excerpts

The following are some examples and direct excerpts from the American Cancer Society's forum for teachers (see:

<https://community.breastcancer.org/forum/5/topic/776056>):

Topic: teaching elementary school and breast cancer

Forum: Just Diagnosed — Discuss next steps, options, and resources.

Posted on: Oct 6, 2011 11:46AM

Joined: Oct 2011

Posts: 4

CAteacher wrote:

I just had a bilateral masectomy. Sentinel lodes were negative during surgery so no other nodes were removed. Now the pathology report shows one ot them does contain cancer. So the one side is now stage 2B or ? There could be more positive lodes that were not removed.

My problem is I am an elementary school teacher at a great school. I have not told parents or my students. I have not told my neighbors because I live in the neighborhood where I teach. Any teachers out there? I could get a lot of love and support if I told my school and neighborhood community. But I will totally compromise my privacy and I worry how my darling students would react if they learned. I guess when I have chemo it will show. Obviously my breasts are gone too although I started immediate reconstruction.

Teachers? Need help with this one

Posts 1 - 26 (26 total)

[Shirlann](#)

Joined: Feb 2002

Posts: 3,277

Oct 6, 2011 05:49PM , edited Oct 6, 2011 05:50PM by [Shirlann](#)

Hi honey, welcome to our site, other women will be along quickly to help you. I just wanted to give you two things to consider. First one is exposure. Little ones are walking petri dishes of germs, so during chemo, when your immune system is compromised, this needs to be considered. Before chemo starts, be sure you have a Shingles vaccination and flu and possibly pneumonia shots, just makes sense. Also, despite all the laws that prevent employers from discriminating due to cancer, it happens. So if you have ambitions, other than where you are, this is a consideration.

Other than that please know that about 80% of us recover completely, this a huge number. I am 13 years post treatment, and just fine.

Gentle hugs, Shirlann

[sflow](#)

Joined: Jan 2007

Posts: 273

Oct 6, 2011 06:00PM [sflow](#) wrote:

Hi,

I was a junior high school teacher at the time of my diagnosis and treatment. I chose to tell only my principal--out of need--and a few close teachers. It is none of the students or parents' business. I did not want their sympathy, cause someone out there always twists the story and usually has you practically dead with all the rumors. I did not have chemo, but I did have to leave early everyday to go for radiation. Anytime at student wanted to stay after , I scheduled them for early in the morning and left it at that. . Trust me, you want to keep this private and rely on the love and support of your close family and friends outside your profession.

Dx 11/15/2006, IDC, <1cm, Stage I, Grade 3, 0/4 nodes, ER+/PR+, HER2-

[ma111](#)

Joined: Apr 2011

Posts: 1,378

Oct 6, 2011 06:23PM [ma111](#) wrote:

Children learn a lot from their teachers as we trust them to our schools. It takes a community to raise a child. So what if they figure it out or if you tell them. They will run into cancer some time in their life anyway. Children minds are sponges. When they ask questions, answer them. one in eight women get breast cancer, so teach them what they will need to take home or into the community to be understanding of either their mother or a friends mother.

Dx 8/4/2009, IBC, <1cm, Stage IV, 19/19 nodes, ER-/PR-, HER2+

[mrsnjband](#)

St. Joseph, MO

Joined: May 2010

Posts: 1,403

Oct 6, 2011 07:27PM [mrsnjband](#) wrote:

I am a music teacher & I was told my 400 students don't need to know. That put so much pressure on me to hide my condition & symptoms. Eventually that pressure took it's toll on me. The really sad things is, most of the kids knew I was sick but I didn't feel free to talk about it. I believe that contributed to a major depression for me.

Major details to them made not need be shared but kids are strong & resilient and can learn that cancer isn't an automatic death sentence. It's a personal decision as to sharing or not but at the elementary level, I believe would be a supportive thing.

Sending love & support. NJ

Norma June, Bi-lateral MX 2008, Bi-lateral DIEP 2011

Dx 1/10/2008, IBC, <1cm, Stage IIIb, ER-/PR-, HER2-

Chemotherapy 01/25/2008 Adriamycin, Cytosan

Chemotherapy 03/10/2008 Taxol

Chemotherapy 05/29/2008 Taxotere

Surgery 07/10/2008 Mastectomy (Right); Lymph Node Removal (Right);

Prophylactic Mastectomy (Left)

Radiation Therapy 08/11/2008 External

Surgery 08/15/2011 Reconstruction: DIEP flap (Right)

Surgery 08/15/2011 Reconstruction: DIEP flap (Left)

Surgery 12/12/2011 Reconstruction (Left)

[exbrnxgrl](#)

ca

Joined: Aug 2011

Posts: 6,830
Oct 6, 2011 07:44PM

[exbrnxgrl](#) wrote:

Hi CA teacher,

I am a first grade teacher in northern CA. I am heavily connected to my school and community because I was a parent there before I taught there. My history, both as a parent and teacher extends over 20 years. I had my bmx a month ago after having taught the first ten days of the school year. I was very upfront with both the staff and parents about my condition. I simply told the students that I needed an operation and would be back when I was better. As it turned out, I had a positive lymph node and will need chemo as well as the removal of my spared nipple since there was some sneaky dcis found per path report. My onc has forbidden me from working with my chemo compromised immune system. I admit, first graders have questionable hygiene and too many parents send sick kids to school. I was pretty devastated when I learned this but am beginning to accept reality. My school district is small and has, so far, been very compassionate. Take good care of yourself and pm me if you want to chat or ask something specific. Caryn

Bilateral mx 9/7/11 with one step ns reconstruction. As of 11/21/11, 2cm met to upper left femur

*Dx IDC, 4cm, Stage IV, Grade 1, 1/15 nodes, mets, ER+/PR+, HER2-
Dx 7/8/2011, IDC, 4cm, Stage IV, Grade 1, 1/15 nodes, mets, ER+/PR+, HER2-
Surgery 09/07/2011 Mastectomy (Both); Lymph Node Removal (Left);*

Reconstruction: Breast implants (permanent) (Both)

Radiation Therapy 11/15/2011 External

Hormonal Therapy 11/21/2011 Arimidex

Radiation Therapy 12/01/2011 External

Hormonal Therapy 06/19/2014 Femara

[exbrnxgrl](#)

ca

Joined: Aug 2011

Posts: 6,830

Oct 6, 2011 07:58PM [exbrnxgrl](#) wrote:

I should add that I chose to be very open with staff and parents as a way to avoid rumors. I am the one controlling the information and any parent/teacher at my school who hears someone spreading an untruth steps right up and sets that person straight. My school community is very close and we all support each other through good times and bad. Is it any of their business.? In the strictest sense, no

but we are a family centered, school based community and this is what we do for each other. BTW, they have set up a meal schedule for me. I am not married and although my adult daughters and their SO's have been a tremendous help, not having to grocery shop or cook has helped lighten their load. This may sound a bit old fashioned and it may not work for everyone but I am thankful and blessed beyond words. Caryn

Bilateral mx 9/7/11 with one step ns reconstruction. As of 11/21/11, 2cm met to upper left femur

Dx IDC, 4cm, Stage IV, Grade 1, 1/15 nodes, mets, ER+/PR+, HER2-

Dx 7/8/2011, IDC, 4cm, Stage IV, Grade 1, 1/15 nodes, mets, ER+/PR+, HER2

Surgery 09/07/2011 Mastectomy (Both); Lymph Node Removal (Left);

Reconstruction: Breast implants (permanent) (Both)

Radiation Therapy 11/15/2011 External

Hormonal Therapy 11/21/2011 Arimidex

Radiation Therapy 12/01/2011 External

Hormonal Therapy 06/19/2014 Femara

[Kaz5047](#)

Posted on: Nov 12, 2015 11:06PM

Arlington, VA

Joined: Nov 2015

Posts: 2

[Kaz5047](#) wrote:

I'm 25 and have just been diagnosed with IDC. I'm a first grade teacher. Having a bilateral mastectomy in December, then 4 months chemo Jan-April. Oncologist told me she is planning for very aggressive chemotherapy. I'll need reconstructive cosmetic surgery after chemo as well. Trying to decide if and when I'll be able to go back to work. End of the school year is June 23. Should I plan to get a long term substitute through the end of the year?

[cycle-path](#)

CA

Joined: Dec 2010

Posts: 1,480

Oct 6, 2011 10:23PM [cycle-path](#) wrote:

I must respectfully disagree with Shirlann, above, when she says "despite all the laws that prevent employers from discriminating due to cancer, it happens. So if you have ambitions, other than where you are, this is a consideration." Truly, the California Teachers' Association will not allow you to be discriminated against. Very few individuals have taken on CTA and won. They are the 500 lb

gorilla, as Arnold Schwarzenegger himself learned, and as I suspect CA Teacher knows.

When one of my children was in elementary school, his teacher was ill and was very secretive about it. I think the secrecy was hard on the kids. Kids have a tendency to think that they're to blame for things that are obviously not their faults, such as their parents' divorces. And the secrecy certainly contributed to gossip. I think if the teacher had been upfront the kids would have been more comfortable and there would have been less chatter.

I am an Uppity Woman. Don't like my posts? Put me on IGNORE.

Dx 12/10/2010, DCIS, 1cm, Stage 0, Grade 2, 0/2 nodes, ER+/PR+

[Ginger48](#)

CT

Joined: Sep 2011

Posts: 1,724

Nov 17, 2011 12:56PM [Ginger48](#) wrote:

CAteacher- I hope you are doing well and have made peace with your decision. I am a preschool teacher in a small town where I have been teaching for 25 years. I have taught most of the students in the school unless they moved in after preschool.

I sent an email to my staff so that everyone would get the same information and I would not have to wonder who knew and who didn't. It saved me from telling my story over and over. My administration and staff have been wonderfully supportive and caring throughout my BC experience. When I knew that I would be out for a while; I sent a note home to the families to let them know who the sub would be and how long I expected to be out.

Several students from junior high have sent me cards or made me breast cancer momentos. Two girls baked me a cake and decorated it with breast cancer ribbons. It was harder with the children in my class. Being so young we just talked about me having to go to the hospital and that the doctors would take care of me and tell me when it was ok to come back to school. They have sent me adorable pictures to say get well soon. My own children are teenagers and they have been amazing! Their friends are there to support them and the high school just dedicated their blood drive to me. If that makes more people come out to donate blood; all the better!

I cannot imagine how I would have gotten through all this if I had tried to keep it a secret and I am glad I did not. I have the opportunity to be a good role model when dealing with adversity and also to show others that it is ok to ask for help when you need it.

I hope your treatment and recovery is going well!

BRCA2+ Knowledge is power! lumpectomy 4/12/11, NSBMX 6/22/11, exchange to implants 10/27/11, ooph 12/7/11 Dx 4/5/2011, IDC, <1cm, Stage IA, 0/1 nodes, ER+/PR+, HER2-

[acceptance](#)

Joined: Jun 2013

Posts: 4

Jun 12, 2013 11:09PM - edited Jun 12, 2013 11:14PM by [acceptance](#)

ACCEPTANCE is the word I must use for whatever any elementary teacher decides in terms of whether or not they tell and who they tell about their cancer. As elementary teachers we are such public figures. I believe this decision is SO INDIVIDUAL as all decisions in this whole crazy breast cancer journey. Teaching young children is such a privilege and a responsibility. This is a huge decision and realize that your decision may change over time. There should be no judgment by anyone on what your decision is and certainly there should be no judgment by all of us out there who have been facing cancer. Wishing you clarity on your decision whatever it may be. I wished there was an easy, single answer also, but none came. Wishing you clarity in your decision. ACCEPTANCE!

[CookieMonster](#)

Los Angeles, CA

Joined: Oct 2011

Posts: 979

Nov 13, 2011 12:27AM [CookieMonster](#) wrote:

CA Teacher,

I don't know if you're reading these or not still, but I wanted to toss my experience into the mix. I teach at a relatively small private school in southern California. I was diagnosed during the summer and had my first surgery during our pre-school in-service week. At that time, I told our head of school, my division director (high school principal), and my department members. Everyone was supportive, but there was no need to tell the kids and few noticed a week later when we started school that I was moving a bit carefully still.

That first day of school I had my follow up with the surgeon and learned that I would need more surgery, and so we decided that I would tell my students (9th-12th graders) and their parents (I also told my colleagues) because I would be missing a few days of school and I felt that they deserved to know why (I'm the type of teacher who tells my students ahead of time when I know I'll be gone). I have found only support and kindness from our community, from all directions - administration, colleagues, students and parents. When I told my students, I set aside a class period to talk about it, I gave them the basics of my situation and then allowed them to ask questions, I also prefaced the discussion by telling them

that if they were uncomfortable with the conversation, they were free to step outside for whatever length of time they needed. I think it helped demystify CANCER for them. It wasn't something that was just going to kill everyone who got it. And I was lucky because my prognosis was so good. Apparently one of my students wanted to do an article about me and my strength for the school newspaper. I've been told by many that I have really set a good example for the students and that they have seen how dedicated and strong I am. I don't think of myself that way, It's just how I am, I guess.

My son also is a student in the school and I've told the employees on that campus who I think should know and they're keeping a close eye on him for me. When we first found out, I didn't want to tell him it was cancer, worried that there was so much negativity associated with the word. Soon I realized that he'd hear it from someone and it might as well be from me. And to my surprise, that word held no special connotation for him, it was just an illness to him. (he's 8 and in 3rd grade right now)

I think the decision to tell anyone or not, should be yours but made in consultation with your administration. My division director did not initially want to tell the students, but once we realized that I would have to miss class for another surgery, he changed his mind and has been supportive ever since.

Unfortunately my saga continues and after 3 lumpectomies, I still don't have clear margins so am looking at a mastectomy in December. This will, of course, necessitate another conversation with my students because this time I'll be missing more than just a few days of school. But through all of this, the support, love, and encouragement I've received from my school environment has been incredible and I really don't know how I could have done this without them knowing and supporting me.

Original diagnosis was DCIS surgery revealed area > 7 cm & IDC Dx 8/2/2011, IDC, 1cm, Stage IA, Grade 1, 0/12 nodes, ER+/PR+, HER2- **Hormonal Therapy** 2/20/2012

[DeborahK](#)

Bakersfield , CA

Joined: Nov 2011

Posts: 2

Nov 12, 2011 09:53PM [DeborahK](#) wrote:

Hi I also am a teacher. I had both breasts removed last month, and chemo starts on Monday. I'm missing my students terribly. The doc won't even think of letting me go back to work until after the first of the year. even then it depends on my immune system. So hard when it's a GOOD year.

Appendix B

Online Community Rules

This Appendix includes the **Online Community Rules** (*Last modified on June 8, 2015 at 12:38 PM*) for the [Breastcancer.org](http://www.breastcancer.org) forum. See also:

http://www.breastcancer.org/community/discussion/board_rules

The [Breastcancer.org](http://www.breastcancer.org) Online Community is a free service provided to users of [Breastcancer.org](http://www.breastcancer.org). The Discussion Boards are not edited, censored, or otherwise controlled by [Breastcancer.org](http://www.breastcancer.org). [Breastcancer.org](http://www.breastcancer.org) does not and cannot screen content provided by you or other users.

[Breastcancer.org](http://www.breastcancer.org) does not endorse, and specifically disclaims any responsibility or liability for, any content submitted to the Discussion Boards, whether the topic is first selected by [Breastcancer.org](http://www.breastcancer.org) or a user. By visiting the Discussion Boards, you agree to be bound by the following terms and conditions. If you do not want to be bound by these terms, then do not access or use the Discussion Boards.

You agree to be fully responsible for your own content and agree to access and use the Discussion Boards at your own risk on an "AS IS" basis. While [Breastcancer.org](http://www.breastcancer.org) has no obligation to monitor the Discussion Boards, the web site reserves the right to monitor content on the Discussion Boards and to remove content that, in its sole discretion, it determines to be harmful, offensive, unlawful or otherwise in violation of these Terms of Use and Rules of Conduct. [Breastcancer.org](http://www.breastcancer.org) cannot and does not guarantee that it will display or continue to display every message or other content you or other users submit to the Discussion Boards. Also, [Breastcancer.org](http://www.breastcancer.org) reserves the right to

edit or abridge content for any reason and to disclose any information as necessary to satisfy any applicable law, regulation, legal process or governmental request, or to edit, refuse to post or to remove any information or materials, in whole or in part, in Breastcancer.org's sole discretion.

By using the Discussion Boards, you are granting Breastcancer.org a perpetual, exclusive, royalty-free and irrevocable right and license to use, reproduce, modify, adapt, publish, translate, distribute, transmit, publicly display, publicly perform, sublicense, create derivative works from, transfer, and sell any such messages, files or communications.

Rules of Conduct

You agree to abide by the following rules, and all administrative and moderator decisions, in your online communications with or through Breastcancer.org, and you acknowledge that we may suspend or terminate your access to online communications in our sole discretion:

1. You represent that you are a breast cancer survivor or support person.
2. You agree to introduce yourself, greet newcomers and make them feel welcome, and to remain respectful in all interactions. You agree that if you find yourself at odds with another registered user, you will (i) use the “ignore” button, (ii) not respond to an offending communication or (iii) report the communication to a moderator via e-mail or the “Report This Post” feature (but will use this feature only to report communications that

are truly offensive, not those which simply reflect a view different from your own).

3. You agree to respect differences among participants in race, religion and sexual orientation, among others. You acknowledge that [Breastcancer.org](https://www.breastcancer.org) respects all political and religious beliefs and agree to limit your discussion of politics and religion to their role in your physical and emotional health.
4. You agree to obtain the advance written consent of [Breastcancer.org](https://www.breastcancer.org) prior to communicating any request for participation in research studies, school projects, polls or organizational events.
5. You agree not to communicate any personally identifiable information about any person, without his or her advance written consent, and not to provide your own address except through the Private Messaging function.
6. You agree not to defame, abuse, harass, stalk, threaten or otherwise violate the legal rights of others, or participate in deliberate, repeated, hostile behavior ("cyber bullying"). You agree not to post messages (public or private) that contain material that is inappropriate, unlawful, hateful, profane, defamatory, obscene, pornographic, hostile or indecent.
7. You agree not to impersonate any person or entity, or falsely state or otherwise misrepresent your affiliation with a person or entity and not to use more than one user name at a time.

8. You acknowledge that all members are permitted only one verified member identification, and that operating multiple accounts, even with unique email addresses, or a unique computer, is not permitted. If a user is banned from the Discussion Boards, s/he is prohibited from re-registering under a different account. Breastcancer.org reserves the right to delete additional member accounts. You acknowledge that the use of false registration information or creating multiple accounts on the Breastcancer.org site may result in permanent suspension of all associated registrations without notice.
9. You agree not to violate the intellectual property rights of others, and you agree not to post any content that infringes any patent, trademark, trade secret, copyright or other proprietary rights of any party.
10. You agree not to upload files, or cause users to upload files, that contain viruses, worms, "Trojan horses", corrupted files, or any similar software or programs that may adversely affect the operation of another's computer hardware, software or data.
11. You agree not to advertise or promote any goods or services or solicit anyone to buy or sell goods or services, or to make donations of any kind, without our express written approval. "Junk mail", "spamming", "chain letters", "pyramid schemes" and similar activities are strictly prohibited.
12. You acknowledge that Breastcancer.org is not in a position to assist those contemplating suicide or self-injury. If you are having thoughts of either,

please seek immediate, professional assistance. You may call 911 (or, if not in the United States, the comparable emergency number in your country) or visit a hospital emergency room, or call the National Suicide Prevention Hotline at 800-273-TALK (800-273-8255).

13. You agree not to violate any applicable local, state, national or international law in your use of this Web Site.

Future Studies—Additional Themes Emerged

In addition to the themes of support, time, change, and relationships, other lesser prominent themes (as sub-themes) emerged from the data findings. For example, themes of work, logistical concerns, mental fogging, physical fatigue, normality, financial, depression, coping, administrators, returning to work, bereavement, loss of income, quality of life, difficulties, balance, younger women with cancer, end of life, how long off work, hormone therapy, work, diagnosed with breast cancer, living with breast cancer, early retirement, hope, inspiration, Lymphedema, surgery, sex after cancer, chemotherapy, complementary therapies, emotions, exercise, friends and family, hair, health, healthy eating, holidays, insurance, legal issues, menopause, reconstruction, research, side effects, spirituality, survivors, and others.