



## Transcript for S13 E3 Let's talk about cancer with Alyssa Burkus

Intro: Welcome to the future of internal communication podcast. I'm Jen Sproul, CEO of the Institute of Internal Communication.

Since we launched this series in 2021, the world of work has been disrupted by event after event. A pandemic, geopolitics, AI, extreme weather events, remote and hybrid working, generational shifts, inclusion, diversity - the entire nature of how we work needs transformation.

This podcast explores opportunity for internal communication in the future of work. Internal comms is a crucial function that helps organisations achieve lasting change, building trust and relationship between people, in pursuit of shared goals.

Join me, Dominic Walters and Cat Barnard as we dissect what this means for internal communication.

With relentless change the new normal, it's time to reimagine our profession.

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Cathryn Barnard (01:06)

Hello and welcome to another episode of the Future of Internal Communication podcast. I'm Cat Barnard as ever joined by Jen Sproul and Dominic Walters. Today we are going to be talking about a topic that is quite significantly off-piste, I would say, for internal communication because we're not necessarily focusing on the tools and techniques, rituals and routines for internal communication and the future of internal communication, but we are going to drill into a topic that is impacting an increasing number of us at work that is still, in my view, very taboo. I think we've done an awful lot to make progress on sensitive issues in the last decade. We're much more vocal and aware of mental health and well-being in the workplace. We've made substantial gains in talking about things like menopause at work. We've taken the covers off a lot of topics, but this one, and it is an issue quite close to my heart, this one I think we're still absolutely dreadful at talking about both at work and in society and when we don't talk about important issues such as this we do ourselves a massive disservice because we then aren't able to support one another. So today we're going to talk about cancer and we've got a brilliant guest with us, Alyssa Burkus from Canada. I met Alyssa online in a workshop or a kind of sense-making event two, three years ago. And then last summer, summer before last, we were able to meet in real life in London. And Alyssa very generously shared her work history with me, but also some of her personal history. So on the professional front, Alyssa has her own boutique consultancy, Shift Wisdom, which is a thought leadership agency that helps



founders and business leaders increase their influence and authority through writing. Prior to that, she worked as an enterprise change consultant for some 20 years, working with organisations ranging from tech startups to Fortune 500 companies, and spent a lot of that time ghostwriting for senior executives, hence the pivot into her own consulting business.

More importantly to this conversation, Alyssa is also a three-time cancer survivor and a volunteer cancer recovery coach and she's located near Toronto in Canada and she and I have had some really interesting conversations that go way deeper than just work and what we do at work and so on and I we got talking, I don't know when it was actually, was it late last year, we got talking about the importance of talking about cancer and why is that important? Well, the reality now is that with people living longer and better diagnoses, methods and rates, the chances are one in two of us will be diagnosed with cancer at some point in our lifetime. And so for me, when I think about that, I think that means that the chances are that right now in your workplace, somebody will either be going through the illness or supporting a family member or close friend with the illness. But if we can't talk about it, then we can't lend support. We can't demonstrate any kind of empathy and despite all the progress that has been made in terms of diagnosis and interventions and recovery, it is still a word that instils dread into all of us. It's, you know, it's the word. I mean, in some cultures, certainly in the UK, sometimes we don't even call it by its name. Sometimes we call it the C word as if somehow that's going to make it easier for us to have a conversation. So I feel very strongly, I've lost both my parents to cancer a long time ago, but I feel really strongly that we need to get better at talking about this topic that is going to impact many, if not most of us. And so without further ado, I am in awe of you, Alyssa, for being so generous to spend your time with us today talking about this really important topic. Thank you.

Alyssa Burkus | Shift Wisdom (06:06)

Thanks for having me. I'm glad to be here.

Cathryn Barnard (06:09)

So I guess to start at the beginning. I know because you've told me that your cancer story spans more than two decades. Can we start by hearing what your experience has been with cancer, please?

Alyssa Burkus | Shift Wisdom (06:24)

I was first diagnosed in 2001 at the age of 31. I was diagnosed with a chronic form of non-Hodgkin's lymphoma, meaning we knew at the time that I had a form that would likely recur over time.



To set the stage from a context perspective, I had just left a global consulting job to start as part of a leadership team and a tech startup. So had just gone through some big upheaval already in my life when this diagnosis hit. And it was also was a lot for me and my partner was a lot for the company I was working for was it was a lot.

I didn't know a lot of people who had been, I don't know if I even know anybody who had been diagnosed with cancer at that point or not many anyway. It was as sort of, not even parents, it was like a grandparent might have been. So there really wasn't a lot of people, weren't a lot of people around me who had experience that I could draw from. And so it required a lot of educating and understanding of cancer, of lymphoma.

And over the next 10 years, so I was sort of in and out of treatment. I had chemotherapy, there were some new immunotherapies that had been introduced in Canada a couple of years after I was diagnosed and that ultimately was what changed the prognosis for me. I was initially given 10 years, which my haematologist was delighted to be able to give me 10 years, but at 31, that was not enough time to have from a runway perspective. But some new treatments changed the path forward. In the time, sort of in and out of treatment, I was able to work. I had two kids. So there were lots of reasons to be hopeful.

And it was just sort of steady on over the next, gosh, 15 years. But then in 2017, I was diagnosed with a second form of lymphoma, non-Hodgkin's lymphoma, specifically an aggressive form, which required very heavy chemotherapy. I also had a stem cell transplant, which is, if you're not familiar with a stem cell transplant, they take your stem cells, they plump them up through medication, they extract your own stem cells if you're gonna donate to yourself. They give you high dose chemotherapy, about 10 times the normal dose of chemotherapy to drop your immune system. Basically your blood count drops to about zero and then they reintroduce your stem cells to sort of help bring your immune system back online. That's my little side science explanation for you if you're not familiar with it. And so that treatment worked. It got rid of the new second aggressive form. It may have gotten rid of the original chronic form, but I'm continuing to be monitored because that can stay quiet and dormant and recur. But that treatment brought a fair bit of chronic illness issues as a result. So a number of things, ADHD like symptoms, the chemo pathways can disrupt your brain in ways that are similar to ADHD, brain fog, instant menopause, a whole host of things that I've had to live and work with as a result.

Cathryn Barnard (09:59)

And so what I've heard you say there and thank you for sharing that is and I remember that when we were talking about recording this episode you told me



something else which I will jump back to in a moment but it's not simply about a diagnosis and a treatment because one thing leads to another and so every what you taught me what you told me in one of our preparatory conversations, my annotation, so please correct me if I've misunderstood, but you could take 100 people with a cancer diagnosis and almost all of them will have differences both in the particular nature of their cancer.

So it could be a hundred people, let's say with lung cancer, but the way that that cancer shows up will be different, which then necessitates a different treatment plan. And then the way that their body responds to that treatment plan will create different responses. So different ways in which the body responds, but also the side effects will also be different. So in essence, what I took from the conversation that we had off air was it's a really simple two syllable word that covers a myriad of different scenarios. And actually when I think about it, we do ourselves even more disservice because it's a really ignorant, catchall word to try and encompass a great amount of complexity and stress and anguish for the individual and their immediate family, friends, etc. Right?

Alyssa Burkus | Shift Wisdom (12:02)

It's challenging for the person being diagnosed to get what they feel is enough information about what's happening to them. Then they have the added responsibility of explaining it to all the people in their life. People at work, people in their family, difficult to anticipate what they might need. Partly because it's so different in every person, partly because there's a lot of misinformation that circulates. The number of times that people said to me, my best friend's cousin's ex-boyfriend's uncle also had lymphoma and he died, so that's particularly unhelpful. But they would hear lymphoma and think, oh, I know a person when the reality is there's more than 80 forms of non-Hodgkin's lymphoma and they're continuing to find new forms all the time. Those forms require different treatments, they have different prognosis, they have different symptoms. And so, yeah, it's messy and complicated. And I think because we're afraid of the topic, we're afraid to ask the wrong thing, we're afraid to show that we don't know a lot about the topic, that we kind of hold back and sort of wait for the other person, to make the overture and in turn they're waiting for someone to show. It's a tricky dance when you're initially diagnosed and at different points all the way through. Yeah, it's messy.

Cathryn Barnard (13:31)

And I know I need to hand over to you, Dom, but this does segue into what I know you will be curious about. I think that tricky dance, just an anecdotal story and I didn't plan to raise this, but it is, I think, a lovely kind of illustration of the clumsiness with which people approach these sensitive topics.



So summer of 1999, my mother was in end of life hospice care and I had a very generous boss who had given me full permission to flex my hours around hospice visits and I was very fortunate, well, very fortunate insofar as I was dealing with mainland Europe. So was coming in an hour early, leaving an hour early. Everything was covered. And then one day I came into work very early because that's what I was doing. And one of the other big bosses caught me on the stairs and I didn't know this guy particularly well, he was part of the business as a result of a recent merger acquisition and was coming up the stairs and he turned to me and he said, so Cathryn how are you doing? I don't know why I've given him a really funny accent, bear with me and I said yeah I'm fine and he said hmm tell me how long do you think this situation will continue for?

And I swear in that moment, something just flipped in my brain. I was like, I'm not working here anymore. And I actually left that organisation three weeks after my mum died. And I look back on it and I just think, I am absolutely sure that he didn't mean to convey what he wanted to say in that particular way. And I'm sure that my rational brain probably wouldn't have responded quite so emotively.

But that is the reality of what happened. And so I think that to some degree, that's a little story that gives listeners an indication of just how sensitive this topic is, right?

Dom (15:38)

Alyssa, thank you very much for talking us through your story, which I found obviously grim because of what you went through, but also inspiring about the fact that you're here talking about it. And so it struck me that there are going to be lots of people as Cat said in her introduction who are going through their version of your story. And as you say, it could be very different depending on what they're facing and their circumstances. But that has a big impact upon leaders because again, going back to what Cat said in the introduction, with more diagnoses, with people living longer, with people having longer careers perhaps, inevitably there are going to be more individuals with similar challenges in organisations. So combining your experience with also your professional experience of working with leaders, what do you think realities are for leaders and what can they do? I'd like to break it into three areas if I may, if I can push my luck. The first is what have you learned about how leaders should approach individuals? And Cat's given us an example of perhaps where something didn't work. Secondly, leading from that, what can leaders do to create a sense of safety so that people if they do suffer or that they do find themselves diagnosed or fear they might be, that's one extra concern they haven't got to worry about, how it's going to be approached at work. And then my third one, don't worry, we can do this in stages, but the third one is, what can this teach us, your experience of leaders helping people with cancer, what can that teach us about how we approach other difficult topics and conversations? I'm being a bit greedy there. Let's look at the first one. When



leaders are dealing with individuals, what do you think from your experiences, what do they need to do and how can we as communicators help them?

Alyssa Burkus | Shift Wisdom (17:19)

Well, I love that you've foreshadowed a heavy hitter to follow. The teaching us about all difficult topics. I'm going to solve it all for you, Dom, in the next 15 minutes. It's interesting in my own work career, right? I've been a leader. I've headed up HR. I've done internal comms. I've worked with C-suite. And I've been the employee on the receiving side.

So I have people who will ask me, they have someone important in their life who has been diagnosed and they ask me, what can I do? And so my advice to leaders is the same as what I tell people who have a personal story, whether it's caregiving or just someone in their circle and that is to educate themselves on the disease, not asking the employee or the partner or the person in your life to do all the educating for you. Do your best to understand what it means to be diagnosed with breast cancer in the UK today. What are some possibilities for treatment? What will they potentially need access to post-treatment? If only to just level set for yourself about what this diagnosis may mean to the person. So that's the first thing. The second thing is educating yourself about what supports are available in your organisation for your employee. So is there a leave policy? Are there leave supports that are in place within your benefits plan? I know in Canada there were different supports available depending on whether you are on short-term leave or needing longer term leave that was time-based there were also a number of paramedical supports so naturopath arm sleeves for lymphedema like a number of additional resources that people don't pay attention to when they scan the benefits booklet when they join in our company because they're healthy but if you can help connect your employee to those resources, it's reducing the to-do list for them. There's a ton of paperwork and policies and forms and navigating to-do when somebody's first diagnosed. And so if you can help them get connected to that information, great. They may or may not want to disclose to HR about their situation depending on the treatment that they're having. And that speaks to your second question about creating safety, right? So asking somebody to be very forthcoming about what you're observing may be difficult for them to do if it's not a safe workplace for them to do that. You may have created some safety within the team, but they may be mindful that as an organisation they're looking to remove people who aren't being perceived as carrying their weight. And Cat's story is so telling to me because, what the leader wanted was some element of certainty to create some planning, right? We want to understand when we can return to normal and asking somebody how long they expected it to take for their parent to die is absolutely absurd. There is no certainty in that equation whatsoever. And so asking for certainty in a situation that is extremely uncertain. We all went through it at



the start of the pandemic, right? How long do we think we're going to be needing people to work entirely remotely? Nobody knew. We could speculate all we wanted. And so if we connect that point in time to what your employee is going through in this moment, there may be things that worked out really well in that situation, in the pandemic that we all went through that you can draw from as your own experience. It used to be that when an employee went out on cancer leave or unknown leave that nobody wanted to talk about, it was sort of expected that they would likely not return. Nowadays, with the change in treatments, there's a research quote in Nature that says, for example, in Canada exceptional gains have been made in cancer treatment that's substantially improving life expectancy. It means that more of us are going to be back in the workplace. And so we need to deal with this and be ready to deal with this. But it's different in every person, right? Again, it speaks to the uncertainty. So what one employee, even within your own team, right? Let's say, teams of teams of teams, you're responsible for 100 people in your organisation, two people may require very different things. They may be out for very different amounts of time and so starting the conversation with connecting them to information and opening that door to continuing conversations.

Dom (22:24)

Sorry, you mentioned earlier about, and I think many of us can recognise what you said, that people may not have a conversation because they're fearful of saying the wrong things. And that does start to connect with our third point because clearly that's not just around people with health issues, it could be lots of issues. In your experience and when you advise leaders, how do they get the right line of not being, not coming across as patronising or as overbearing? What advice do you give them about the sorts of questions to ask or the way they approach the conversations.

Alyssa Burkus | Shift Wisdom (22:55)

So it will depend on how much has been disclosed and when. Frankly, the conversation I encourage people to have is exactly the same as any other performance-related issue. Meaning, if there are impacts to the team's ability to deliver on goals, impacts to other team members, that's a conversation you need to have. And you need to have figured out how to have that conversation, whether it's cancer related or anything else. And talking about the degree to which you can be flexible, make accommodations. Cat's example of coming in early and staying late, right? There's different ways to deliver your work that may be required without there being an impact on quality, timing, the measurables that are important to you as a team, right? The work needs to continue. And I think that's a very reasonable thing for a leader to expect. As a team, our work needs to continue. That being said, we want to be as flexible as we can be through this time.



Help us understand what might be helpful to you. I'll figure out what we're able to do and we'll work together to figure it out. There'll be some cases where we can't make exceptions. We'll figure out what that means. Is a leave needed? Let's figure out what we're dealing with and sort of take it step by step. I mean, does that sound reasonable to you?

Dom (24:34)

Yeah it does and what I think is coming through very strongly is it's about pragmatic approach. It's depending on the personality of the individual and your own personality to a degree I suppose. But it is about, as in so many things around communication, asking the right sort of questions. And they're focused on saying basically how can we help you get through this but how can we help you make sure that you do what you need to do here but also you meet your other needs and requirements and I think that strikes me as being a very sensible way of doing it which isn't patronising or seem to be demeaning the situation or to go to the other extreme which is where people say you just do what you need to do and that sort of stuff. It's a very much more pragmatic thing I think which also retains someone's purpose. Which I guess does lead into, and I will pass over to Jen I know, but it does very quickly lead into this third question which is what have you learnt from how people approach conversations around cancer and other serious illness to what we can do when it comes to other complex conversations, difficult conversations and that may be around things to do with diversity, equity, accept, whatever it might be.

Alyssa Burkus | Shift Wisdom (25:41)

There's a lot there. In the case of the cancer conversation specifically, there's a level of sort of personal vulnerability that an individual leader would need to have in starting that conversation and admitting that even though in the rest of their life they're expected to assert the answer and solve the problem.

that this is new for them and they're not necessarily sure what might be needed and opening up that conversation. I don't know the degree to which that applies to some of the other examples that you gave. I think in the case of difficult conversations, we tend to avoid them and that's really what not to do. And so figuring out for yourself, whether it's getting some coaching around this, why am I avoiding these tough conversations. Because the tough conversations, I mean, you gave some heavy hitter examples, but sometimes they are related to why am I avoiding talking to this employee about their performance issues? Why am I afraid to talk to this person about why they're consistently late when everybody else, you



know, is covering for them? So getting, you know, doing some introspective thinking around why is this difficult? What's the gap in in me is probably the place to start. And then, educating yourself again, much like with cancer, I think in all those examples that you gave, understanding why these issues are pervasive in your organisation, what are the problems that are perpetuating these issues in my team, in my organisation, what can I do individually, are some of the places to think about too.

Jen Sproul (27:25)

I really appreciate you sharing all that you've shared and your own experiences. And I think, as Cat said at the beginning, it affects all of us. And I think what I found really, validated from my own personal experiences. So my mom had cancer last year and she's all good. And I personally had a close by last year, but then also in a leadership position, I've had a colleague that reported to me that was diagnosed with cancer and sadly passed under my employment. All of which have different nuances and I think that what you're saying and feels really true in my own personal experiences is emotionally for me as whether I was a leader, a daughter or just my own personal health, I felt definitely in every situation. I needed something different in every situation because it is personal, it is different.

I felt a different anxiety about how do I talk to my, that empowers them, that gives them agency, that feels like I am, not mollycoddling or being pitying in any way or, and I find as well really tuning into when that person, A, I agree, you have to have safety. But when you tune into how that person is, you're in that one-to-one talking to you, it's best to listen first to think what is the language that they're feeling comfortable with? I found that a really helpful way. Like some people want, no, it's all good, it's fine. No, it's not. Just go for that. Get it all sorted. Whereas some people sort of, please, I don't want to talk about it. I want to crack on. Don't do this or don't do that. And I think that what you've explained and I feel really mirrors is that it is such a personal situation, but it is certainly one that is not easy. Now you can't put a timeline on or a navigation or an output or a way to it. And I think as well how do we as human beings talk to each other about forget work and leadership, but how do we as human beings? I think one of the things that particularly in my leadership role was that was when you have to then sort of go, well, how do you want me to explain that to your colleagues or how, in the team that you're in, so they're understanding, but I'm not giving away personal information that you're not comfortable with. I think was a really important question because then when I was talking with my team with what I've been asked is there, you can see the fear in their eyes of how do I have a conversation with them as a human being? I guess one of my questions, but from there is if we're thinking, there's leadership and organisations and, and we know there's lots more



we need to do, but how do we, as a society have a conversation? And how do we have a conversation? What did you find from a friend to a colleague as a way that I guess your thoughts on how do we open up the conversation in general? If that makes sense.

Alyssa Burkus | Shift Wisdom (32:03)

I know for myself, I made a decision that I didn't want it to be the secret topic, frankly, the idea of the added cognitive load of managing this as a secret in my life felt like too much. And so I was very open with people and said, this has happened. I've been diagnosed. We're still trying to figure out treatment and how this will all work. You can ask me any questions.

If you ask me something that I'm not ready to answer, I'll tell you. And I'll do my best to tell you if there are changes and things that happen that will impact the work that we're doing together. And that was at the time I was both working with a leader, the two co-founders of the company.

I had peers in the leadership team and I also had people who reported to me and it was the same for all of them. For people sometimes work is also a refuge, right? They can leave their whatever their illness or situation is, leave it at the door, pretend for those eight or 10 hours or however long you're at work, you know, that you're just a regular normal person again, even if you in my case there were no points in time where I had no hair and needed a nap during the day. But by and large, it was great to be able to not think about it for a while. So the reason I hesitated to say the way I handled it was to bring it up is it feels like what I'm saying is the burden is on the person with cancer to open the door. Not everybody feels comfortable doing that. And so the way you suggested or the way that you did with your employee was a great example of, thank you for sharing this with me. How do you want me to describe it to your colleague? What do you want to have happen next with your colleagues, team members? Some of them they'll want time to do that and others they'll want to not or wait.

As a society, again, it comes a little bit back to educating, I think, and understanding and doing some of that homework ourselves. The world of cancer changing rapidly. My initial prognosis was 10 years. I've been living with it for 24 now because of the change in treatments. A lot of people don't even need chemo anymore. Not a lot of people. Chemotherapy is still a standard of care, but more and more immunotherapies are happening where somebody needs an afternoon for treatment, but otherwise feels quite well. And then I guess the last thing society-wise is really thinking about how do we start to look at this differently in organisations where we're not treating it in this black and white that you have a diagnosis of cancer, capital C, means you go on leave until you deal with it then you come back. Yes, some people need that, but how do we begin to handle the



uniqueness of these situations uniquely in our organisations? How can we start to talk about it more, give support to each other peer to peer, rather than having to go into organisations that, support organisations outside of our company?

To get that support, can we provide that support peer to peer? So, sort of looking at it from some different lenses to figure out how we're going to navigate this differently.

Jen Sproul (33:27)

I think it's looking at things from that multitude of perspectives. And one of the things I just wanted to ask, I guess, whether it's a practical or a viewpoint as well, and you talked about it earlier on in the podcast. And when you were talking earlier, I think it's that thing of how do we help people what they need practically and emotionally on those two sides. But one of the things you talked about, which I thought was brilliant, was about educate yourself on what we practically offer you as an employer to support you and help you fill in the pay. Obviously the Canadian healthcare system and the UK health system, different, but they are still challenged in the way and the processes and the policies. And I certainly having gone through that with a colleague and didn't have enough things in place for my employees to change my policies and the support systems I offer since then, I hope that never happens again. But it drew a light to me that we weren't really prepared to help colleagues in those moments practically, financially, insurance wise, healthcare wise, et cetera, et cetera. And that's brilliant, so I think the education piece is right. And I guess maybe this is picking up on your HR background as well and that involvement is where I sometimes I wonder if it falls down is we can do all that thing. But it's when we try to communicate a policy, there are policies, but communicating policy feels very cold.

Alyssa Burkus | Shift Wisdom (34:49)

Well, I was just about to jump in and you went to the same place I went to, which is yes, educate yourself, but then look at what are the barriers we're creating. Sometimes unintentionally, but sometimes intentionally. When your policy statements are written in third person corporate benefit speak, people don't necessarily know what a paramedical benefit is as a category. Or how to read and interpret what this practically means for them in their lives. So, finding ways to simplify the way you describe the supports that are available and the protocols or policies that exist in a way that is more friendly or accessible. Yeah, is looking for those. Some of those are barriers to people being able to get the support that they need that would allow them to return to work and get that satisfaction and purpose again.



Jen Sproul (35:45)

As you described that what I see is **a real opportunity for internal comms to help HR in how we communicate policies with clarity, but with empathy and compassion.** And there are ways that we can do that. But I think there's also ways of helping line managers in particular, who maybe will get perhaps dealing on that colleague on the front end. We'll then go, oh, HR, can you send them to tip? Just be like, think about that, I guess that juncture and how we help managers to help, because there is so much paperwork and practicality and things that need to be done. And I don't think we all really understand that when we do, because we just think, we don't need that until you need it. And then it's really quite daunting. So I think there's an opportunity there to really think about how policies are disseminated corporately but also on the line manager level and to bring that with more empathy, compassion, but also clarity and practicality. Cause terminology and paperwork.

Alyssa Burkus | Shift Wisdom (36:43)

Sometimes policies have been in place for decades, right? Or benefit plans or parameters for things that if you are responsible for benefits or communicating those benefits, asking the question at renewal of is that all there is or, other options that are now available?

I'll give you just a quick example. When I was returning to work with my first diagnosis, I had been on leave following chemo for about four months and I was ready to come back, but not quite ready full time. At that point in time, the policy had been all or nothing. You had long-term disability until you were well enough to return full time. Our benefits provider had just started experimenting with partial returns that would top you up. And so I was able to return on a part-time basis, but kept whole financially for the four months that I needed to really get back on my feet, which was great for the organisation. We were a small company, reduced burden on benefits and like it was win-win all the way around. It had not been done for very long, by that benefits provider, but it was simply asking the question; what else is possible that started to change things.

Cathryn Barnard (38:02)

So just listening, I mean it is so clear that this isn't something that we can shy away from and ignore because even if it weren't the sheer number of diagnoses, right, even if it wasn't that, there are so many things to consider. It's so nuanced and complex and personal and I guess what I find myself thinking about is, each and every one of us identifies with how we would aspire to show up in the world. So,



you know, I see myself as a person of integrity. I see myself as trustworthy. I see myself as honest. I see myself as diligent, whatever those adjectives are.

If you see yourself as an internal communicator who cares and is compassionate or a leader who is caring and compassionate or that you have created, curated, crafted an organisation that you aspire to be seen as caring and compassionate. I mean, I know this is like a million dollar question, right? And I know that we would be here all afternoon but what do we need to start doing?

Alyssa Burkus | Shift Wisdom (39:32)

We've touched on, I think the edges of it and dipped into it. It's really examining for ourselves as leaders or in our role and within the organisation to look at where are the barriers within myself and where are the barriers within an organisation and what are we gonna do about it? Sometimes if I think about internal communication specifically, they can be the, ahead of the change, the sea change that happens within an organisation by just starting to do some storytelling, making the cancer experience sort of woven into the natural way that we talk about what employees are going through. We talk about diabetes and heart disease kind of in practical terms now. It's just a thing that people deal with and there's supports available and it has its own emotional weight for sure, but it seems like cancer is just so much heavier. And so how can we start to make that cancer conversation part of the storytelling that we do? Can leaders talk about their experience with it? Can we train them to feel more comfortable with, how that happens? Again, we touched on in two of you with your stories.

Caregiving is an equally practical reality for people, right? If the one and two isn't you, but it might be someone in your life that is changing the way that you're working in order to be able to take them to treatment or provide supports to them. So thinking about it differently and looking to remove those barriers starts with understanding people's experience and what they're going through and what they might need.

Cathryn Barnard (41:27)

And it's a funny one, isn't it? I find myself just reflecting, if you're in an organisation of any size, unless you're an absolute micro business where you don't have colleagues, the chances are that if there's a group of 10 of you, five of you, somebody will have a story there.

I'm not saying that's guaranteed, but it's quite a high probability. I just think, isn't it interesting? We don't do ourselves any kind of service by not being open. And I fully get Jen's point 110 % that we have to meet people where they are in terms of their own feelings about privacy and disclosure and so on and so forth. I totally, totally get that.



I guess my lens is skewed by my personal experience. And I know that, that 26 years ago, I wish, and as I'm sure you do, Alyssa, I wish that I had known people who had trodden my path because I would have found solace and support in that.

And actually the reality now, in 2025 is that in one guise or another, many more people have trodden that path. And therefore, if only we could be more open about it. And this is for me, I think there's everybody at work. This is a sensitive topic. Internal communicators have the gift of communication as a craft and a kind of touchstone which is that a decade ago we weren't great at talking about stress, anxiety, mental ill health, menopause, miscarriage, all the many things that befall us as fragile humans and we have made great gains so I guess before I hand over to you guys to close up my kind of impassioned plea would be, wouldn't it be amazing if we could actually open up this dialogue to create more support and care at work.

Jen Sproul (43:54)

And I think Alyssa said it as well if we think about it as a profession, one of the greatest gifts and skills and abilities we bring to any workplace, small, medium, large, huge, is storytelling. And I think that that is a technique is innately powerful. And I think courage takes a domino effect of things. If one has courage, then another one will have courage and the others will have courage. And to bring back to your point, at IOLC we are eight people. 50 % of my team are dealing with a partner, spouse, sibling that are dealing with cancer as of today. So therefore I think the conversation we have as colleagues is also innately important and I would say listening to your story there's so much to take from that and there's so much practical things there's so much think reflection needed as well and but I also think it's the courage needed to be like let us deal with this as a company because when you how you help people practically policy all those things that you talked about but also create that safety and that environment and also that courage where you showcase story telling and dialogue that then ripples through an organisation, but also teaches and helps our colleagues have compassion and feel comfortable as well. So we can all be those things. I think it's an innately powerful gift that we have to help something and don't we all want a better society, better place we can feel supported.

I would say as an employer, and Cat, you gave the example of you quit after three weeks, right, because of what happened to you. If employers can get this right, this goes beyond, yes, what's good for human souls, but it's a business benefit to us because I certainly know here in the way we talk to each other and the way I'm supported as well, feels that sense of positivity afterwards. Hopefully that resonates. I don't know, Dom, if you had any final thoughts and I just wanted to say thank you. Alyssa, it's been a very cathartic and wonderful conversation. I think a really important conversation to have.



Dom (45:56)

It is. I would like to finish with one question and then we will come into land. I've got loads of notes. Listen, thank you very much for sharing your experience and your thoughts and ideas.

One of the key things I've taken from it is that for leaders, for anybody, it's down to starting with yourself about why you feel the way you do about certain conversations, about equipping yourself with the information, about having the confidence to ask the right questions, about understanding the other individual and responding to how they're reacting to what you're saying. You talked about demystifying things, I think that was very clear as well. There's a lot in there. But I'm going to ask you, I suppose, quite a practical internal comms question, which is if there's one thing that you would like an internal communication practitioner who has heard our conversation to take away, what is that?

Alyssa Burkus | Shift Wisdom (46:41)

I hope that this has maybe shifted or unlocked something that they previously thought wasn't possible, that could now be possible. Meaning, stories we've kept locked away or because we've always done it a certain way in the way we've handled how people are treated or the way we talk about absences or difficulties that in spite of whatever may have happened previously, there's still the potential to start differently from today. And looking for what that baby step forward might be within their control. So it might be in the way that different types of things that are considered newsworthy in the SharePoint site or in our internal comms could now be included as an example. It could be simply just going and speaking to people about what their challenges have been confidentially. There's any number of ways to start, but I think it's seeing that there's so much influence and power to be ahead of that change in that work that you do in internal communications and thinking about what role do you want to take in making that change happen.

Dom (48:05)

Listen, thank you very much for your candour. Thank you for a great conversation.

Alyssa Burkus | Shift Wisdom (48:09)

Thanks, it was wonderful, thank you.