

SOCIODEMOGRAPHIC, CLINICAL, AND WORK-RELATED FACILITATORS AND BARRIERS IN WOMEN LIVING WITH METASTATIC BREAST CANCER

*Ashley M. Henneghan, PhD, RN, FAAN¹; Heather Becker, PhD¹

*Presenting Author ¹The University of Texas at Austin School of Nursing



Introduction:

Being employed is positively correlated with better quality of life in women living with metastatic breast cancer (“WLMBC”)^{1,2,3}. Little is known about factors that may facilitate (or hinder) continuing to work full or part time in this population. The objective of this study was to compare clinical and sociodemographic differences between WLMBC who were working to those who were not working and describe work-related changes related to metastatic breast cancer.

Methods:

A secondary analysis of cross sectional, quantitative and qualitative data was conducted. Sociodemographic and clinical history, including 1 open ended question—**“If there have been any changes in your work situation since your cancer experience, please describe the changes?”**, were collected via online surveys. Clinical/ sociodemographic differences were explored with independent samples t-tests/Chi square tests. Qualitative content analysis was used to identify themes related to potential facilitators/ barriers to maintaining employment.

Results:

21 of the sample were working (full or part time for pay) and 30 were not working (retired, laid off, on disability, homemaker). Working WLMBC were closer to date of diagnosis, more likely to be hormone receptor positive/ HER2 negative, and less likely to have received surgery (*p*’s < 0.05; See Table 1). Five themes emerged from 37 responses related to facilitators/barriers to employment (Table 2).

	Not working/ Unemployed (n=30)	Employed full or part time (n=21)	P value for Group Comparison
Sociodemographic Characteristics			
Age	mean 52.6 (SD 9.5)	mean 49.3 (SD 13.1)	0.3 [^]
Years Education	mean 15.6 (SD 2.1)	mean 16.7 (SD 2.2)	0.1 [^]
Partnered	21 (70%)	12 (57.1%)	0.26 [#]
Perceived discrimination related to physical ability	7 (23.3%)	1 (4.7%)	0.07 [#]
Race or Ethnic Minority	4 (13.3%)	4 (19.0%)	0.54 [#]
Annual Household income <\$100,000	15 (50%)	11 (52.4%)	0.8 [#]
Clinical Characteristics			
Years since diagnosis	mean 5.7 (SD 3.7)	mean 2.3 (SD 2.2)	0.001 [^]
Number of comorbidities	Mean 2.2 (SD 2.2)	Mean 1.9 (SD 1.1)	0.65 [^]
Hormone receptor positive/ HER2 negative type cancer	15 (50%)	17 (81.0%)	0.02 [#]
History of Chemotherapy	20 (66.7%)	10 (47.6%)	0.17 [#]
History of Surgery	24 (80%)	9 (42.9%)	0.006 [#]
History of Targeted Therapies	28 (93.3%)	18 (85.7%)	0.37 [#]
History of Hormonal Therapy	22 (73.3%)	20 (95.2%)	0.04 [#]
Recurrent type MBC	15 (50%)	7 (33.3%)	0.24 [#]
History of Depression	17 (56.7%)	8 (38.1%)	0.19 [#]
[^] Independent t test [#] Chi-square used			



Theme	Description	Exemplar(s) Quotes
Facilitator: Reducing Workload	Reducing the number of working hours, taking more time off (sick days), slowing down work productivity, and changing to part time working status	<i>“I have dialed back considerably due to time it takes and feeling less than 100%”</i> <i>“I have slowed down”</i>
Facilitator: Workplace accommodations	Changing to work from home, less physically demanding work, colleague support to take on higher functioning roles temporarily.	<i>“I have had to shift to working more from home and at my desk. I don't have the stamina to walk around very much.”</i> <i>“For a short period of time after diagnosis and treatment beginning, the team I supervise was covered by other supervisors and I was more of a backup. I have since received my team back and am working the same as prior to diagnosis.”</i>
Barrier: Physical and cognitive side effects of cancer/ treatments	No longer physically (e.g., low stamina/fatigue) or cognitively able to fulfill job responsibilities	<i>“Quit working two years after being diagnosed with stage 4. unable to even do volunteer work., cognitive issues overwhelm and I’m a different person”</i>
Barrier: Time toxicity	Time away from work related to cancer appointments/treatments.	<i>“I was able to work the first 4 years after diagnosed and going through treatment, but have had continuous treatment, appointments, tests and surgeries, I missed a lot of work, and my oncology team agreed short term disability was appropriate.”</i>
Paths women take to deal with the employment disruption	Continue as is, switch from full-time to part-time employment, return to work (sometimes in different types of work), go on disability	<i>“When diagnosed decreased from 40 to 16hrs per week. Recently had to increase hours to 30 hrs. per week to keep benefits.”</i>

Conclusions:

WLMBC who are not working may be more likely to perceive discrimination related to ability, have been diagnosed longer, have had chemotherapy and surgery, have recurrent MBC, and more likely to have a history of depression (not all the differences were statistically significant).

Our findings suggest that work-related outcomes for WLMBC are a result of interactions among disease severity and related clinical factors, type of work, accommodations received/not received, and what work means to the individual. Workplace-related factors like reducing workload, work from home flexibility, and support from colleagues may facilitate maintaining employment status.

Acknowledgements:
This research wouldn’t be possible without the patients, survivors, thrivers, metavivors who volunteered to participate. This study was supported by IRG-21-135-01-IRG from the American Cancer Society.

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