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Institutionen för klinisk neurovetenskap

Psychosocial situation and work after breast cancer surgery - women's experiences

AKADEMISK AVHANDLING

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ABSTRACT

Background: Breast cancer is the most common cancer among women. Nowadays, most women survive the disease, and many working women continue in paid employment. Nevertheless, there is little scientific knowledge of working after breast cancer surgery and of how various stakeholders support women after a breast cancer diagnosis.

Aim: The aim of this thesis is to explore women's work situation after breast cancer surgery, with special focus on how women experience interactions with different stakeholders, and on women's reflections and actions with regard to work.

Methods: Four studies, based on information about women aged 26-63, living in Stockholm, who had had breast cancer surgery, were conducted. In studies I and II, data from four focus group interviews with 23 women, who had had breast cancer surgery three to thirteen months previously, were analyzed by means of qualitative content analysis and thematic analysis, respectively. For studies III and IV, questionnaire and treatment registry data on 605 women working at time of diagnosis were analyzed by means of descriptive statistics, and univariate and multivariable logistic regressions.

Results: Study I revealed that the women had encountered many different stakeholders regarding issues of paid employment. These encounters involved information exchange and adjustments, and reflected attitudes towards sickness absence and the women themselves. Examples concern the issues of job retention or sickness absence, e.g., of an inflexible interpretation of sickness absence regulations, and of a lack of information on the side-effects of treatment.

Study II focused on women's reflections and actions with regard to work. Several of the women had worked, at least to some extent, during the cancer trajectory. The following three action themes were identified: returning to work or not, asking for adjustments or not, and disclosing one's disease or not. Five themes with regard to reflections were found: health and function, the value of work, self-esteem and integrity, social circumstances, and relationships at work. Women who continued to work throughout the treatment period tended to refer to work as a normalizing factor, but others wanted to focus on rehabilitation and were on sick leave.

At the time of breast cancer were the vast majority of women working full-time and when answering the questionnaire were 61% sickness absent, whereof the majority on full-time. The results of Study III furthermore showed that women shortly after breast cancer surgery valued their paid work highly, and found it to be one of the most important aspects of life. Low job satisfaction and younger age were associated with being on sick leave.

Social support at work and adjustment of work was explored in Study IV. It was found that many women received social support from their colleagues and supervisors. Low perceived social support from supervisors and low work-adjustment opportunities were associated with being on sick leave, even after controlling for socio-demographic factors, work posture, axillary surgery, and planned adjuvant chemotherapy.

Conclusion: All stakeholders involved in women's circumstances after breast cancer surgery need to pay great attention to psychosocial factors, such as being flexible in providing support, solutions and information, and taking into account women's preferences and perceived competence. These are considerations of essential importance to the women, and may have a bearing on being sickness absent or returning to work.