

Workability and psychological factors following surgery: an exploratory study among cancer survivors.

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INTRODUCTION

- The evaluation of workability is essential since it is one of the main factors affecting the process of return to work among patients with cancer.
- Workability is defined as the balance between the job demand and the individual physical and cognitive resources. It is a dimension evaluating whether an employee is able to do his/her job in the present and the future, in relation to the job demands, the work environment, and his/her own mental and physical resources.
- Among various type of cancers, glioma and breast cancer have been chosen for the study of workability: the first one for the side-effects of treatments, clinical deterioration for tumor progression, fatigue and cognitive complaints which impact on the process of return to work; the second one because the breast cancer destroys the balance between work and family life for many women.
- This study aimed to investigate the workability and its associated clinical and psychological factors in patients with glioma (II, III) and breast cancer after 6 and 12 months from surgery.

METHODS

This study is a part of a wider project funded by the Lombardy Region (Italy) aimed to identify the way patients with cancer are followed-up after surgery with curative intent. A total of 99 patients with glioma and breast cancer were evaluated at 6 (T0) and 12 months (T1) after surgery. Self-reported measures were administered. The association between workability and age, gender, treatments, job characteristics, psychosocial factors was analysed at T0 and T1 after surgery with correlation and Mann Whitney tests.

Questionnaires measures:

- 1- WAI: workability index
- 2- WHODAS-12: disability
- 3- HADS: mood disorders
- 4- EORTC QLQ-FA12 fatigue
- 5- RS-14: resilience
- 6-OSS-3: social support
- 7- CFQ: frequency of cognitive failure

RESULTS

The main results showed that work ability was associated with emotional distress, disability, resilience and social support in glioma III patients at T0, and with fatigue, disability and clinical treatments in patients with breast cancer patients at T0 and T1.

DISCUSSION

In our study workability was associated with different psychosocial factors in patients with glioma and breast cancer at 6 and 12 months after surgery. Their investigation is therefore suggested and should be take into account over time in order to facilitate the return to work and to plan tailored interventions.

Groups WAI	T0	T1
Glioma II		
Questionnaire test		
HADS	r = -0.493 (p=0.032)	r = -0.558 (p=0.016)
EORTC QLQ - FA 12	r = -0.451 (p=0.053)	r = -0.389 (p=0.110)
WHODAS 12 T0	r = -0.580 (p=0.01)	r = -0.275 (p=0.270)
RS 14	r = .588 (p=0.008)	
OSS-3	r = 0.209 (0.391)	r = 0.284 (0.253)
CFQ	r = -0.276 (0.252)	r = -0.098 (0.699)
Socio-demographic and clinical data		
GENDER	t = 1.128 (p=0.275)	Z = -1.137 (p=0.256)
AGE	r = -0.230 (p=0.343)	r = 0.137 (p=0.565)
CLINICAL TREATMENTS	t = -0.937 (p=0.362)	Z = -0.742 (p=0.458)
JOB CLASSIFICATION	t = -0.835 (p=0.416)	Z = -0.216 (p=0.829)
Glioma III		
Questionnaire test		
HADS	r = -0.859 (p=0.000)*	r = -0.236 (p=0.485)
EORTC QLQ - FA 12	r = -0.711 (p=0.01)	r = -0.739 (p=0.009)
WHODAS 12 T0	r = -0.697 (p=0.001)*	r = -0.114 (p=0.739)
RS 14	r = 0.689 (p=0.001)*	
OSS-3	r = 0.688 (0.001)*	r = 0.462 (p=0.153)
CFQ	r = -0.541 (0.017)	r = -0.305 (p=0.361)
Socio-demographic and clinical data		
GENDER	Z = -0.903 (p=0.367)	t = 0.524 (p=0.613)
AGE	r = -0.008 (p=0.973)	r = 0.123 (p=0.719)
CLINICAL TREATMENTS		
JOB CLASSIFICATION	Z = -0.573 (p=0.567)	t = 0.029 (p=0.978)
Breast cancer		
Questionnaire test		
HADS	r = -0.274 (p=0.033)	r = -0.155 (p=0.292)
EORTC QLQ - FA 12	r = -0.422 (p=0.001)*	r = -0.572 (p=0.000)*
WHODAS 12 T0	r = -0.492 (p=0.000)*	r = -0.427 (p=0.002)*
RS 14	r = 0.087 (p=0.507)	
OSS-3	r = 0.215 (0.095)	r = 0.391 (p=0.006)
CFQ	r = -0.231 (0.073)	r = -0.296 (p=0.041)
Socio-demographic and clinical data		
GENDER		
AGE	r = 0.114 (p=0.394)	r = 0.137 (p=0.565)
CLINICAL TREATMENTS	t = -3.974 (p=0.000)*	t = -4.312 (p=0.000)*

MAIN IMPLICATION

Our study provides potential support for a culture of reasonable accommodations in all workplaces to improve inclusion and work ability for all workers with a history of chronic health conditions.

REFERENCE

Silvaggi F, Silvani A, Lamperti EA, et al. (2022) Pathways of follow-up care in an Italian center: retrospective study on patients with gliomas II and III. *Neurological Sciences* 43(2): 1303–1310.

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