

# Being viewed as accountable for one's illness as a barrier to returning to work

Julie DAUL<sup>1,2</sup>, Valérien BOUDJEMADI<sup>2</sup>, Odile ROHMER<sup>2</sup>

✉ [julie.daul@ligue-cancer.net](mailto:julie.daul@ligue-cancer.net)

<sup>1</sup> Comité du Bas-Rhin de la Ligue contre le cancer, Strasbourg (France) - <sup>2</sup> Laboratoire de Psychologie des Cognitions (UR 4440), Université de Strasbourg (France)

## INTRODUCTION

- Nowadays in France, 40% of the diagnosis of cancer per year concerned employed people (INCa, 2018).
- Returning to work (RTW) is an important step in the healthcare pathway. However, difficulties can be found in work environment, like a feeling of being helpless in the management of these situations.
- These situations can constitute barriers to access to RTW, notably for certain types of so-called "avoidable" cancer: we prefer to avoid them because we think they are responsible for their illness (Marlow et al., 2010).
- Attribution of responsibility depends on the control perception about the occurrence of an illness. If we think that illness is due to people and not environment, it can lead to stigmatization and avoiding behavior (Marlow et al., 2010).
- To try to understand how people with different types of cancer are perceived in society and why they are perceived as such, our work focused on social perception (Abele et al. 2021) and attribution of responsibility (Marlow et al., 2015).

## HYPOTHESIS

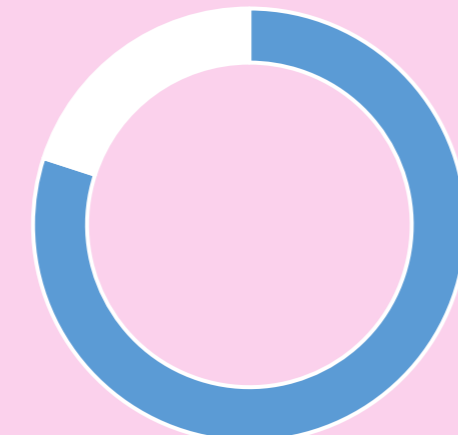
- H1 : people depicted as having cancer will be perceived as friendly but incompetent. More precisely, people with so-called "avoidable" cancers will be perceived less friendly and competent than others types of cancer.
- H2 : People with so-called "avoidable" cancers will have a greater attribution of responsibility than "non-avoidable" ones.
- H3 : Greater responsibility will lead to negative beliefs and affective reactions.
- H4: Finally, we want to explore links between social perception, emotion and responsibility.



## MATERIALS & METHOD



French native population  
213 participants  
177 women, 35 men, 1 non-binary  
36 years old

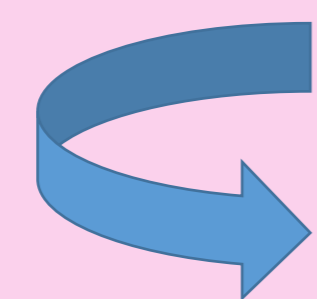


42% master, engineer degree  
18% bachelor degree  
15% baccalaureate



Types of cancer : avoidable (lung, skin, liver and colon)  
Non-avoidable (breast, prostate, leukemia, blood, brain and pancreas)

3 measures : perception (warmth, competence, 8 items)  
Emotion (envy, admiration, disgust, 8 items)  
Responsibility (3 items)



E.g : In your opinion, to what extent are people with [name] cancer seen by most people as capable :

Not agree      Totally agree

## RESULTS

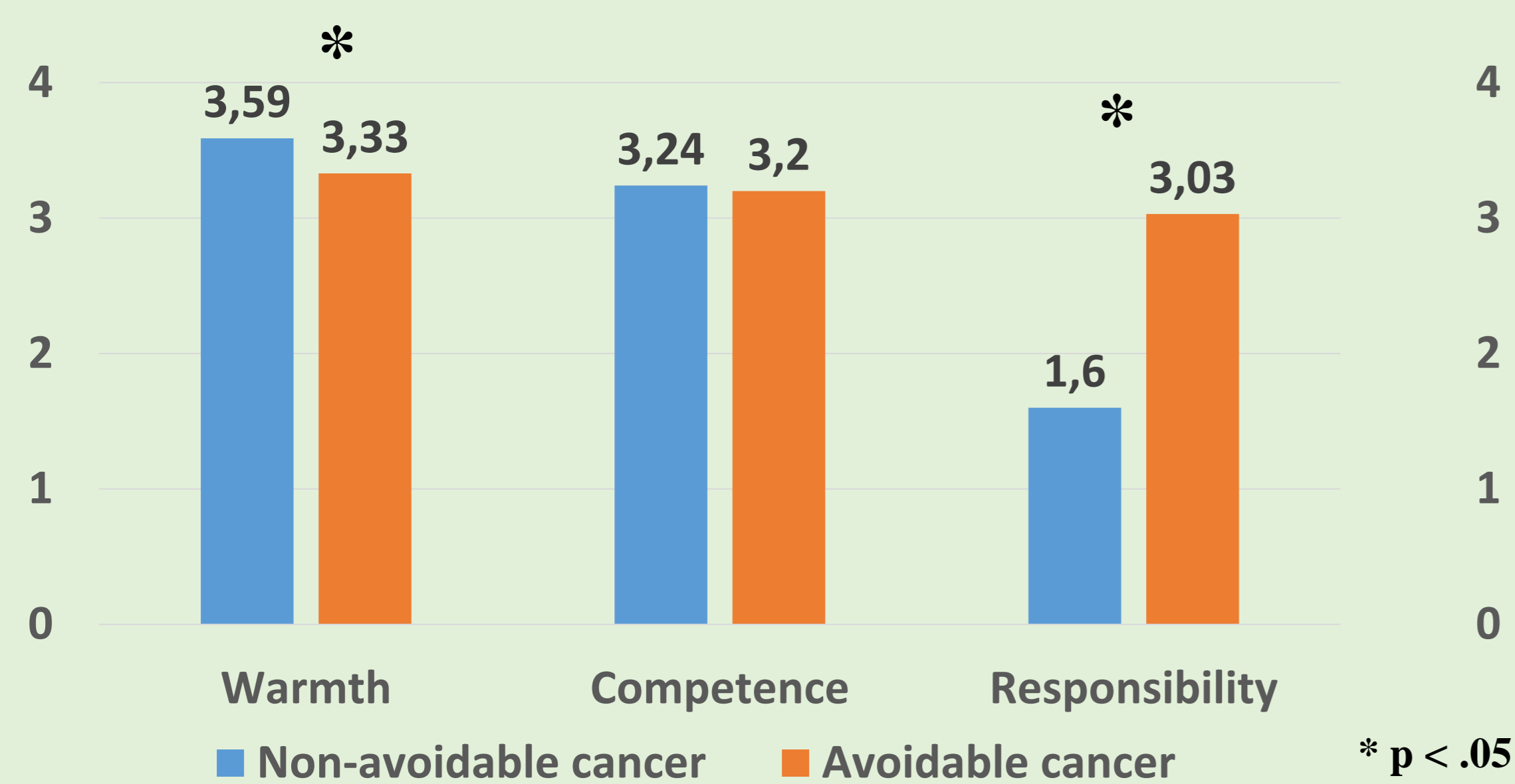


Figure 1 : social perception and responsibility in function of different types of cancer

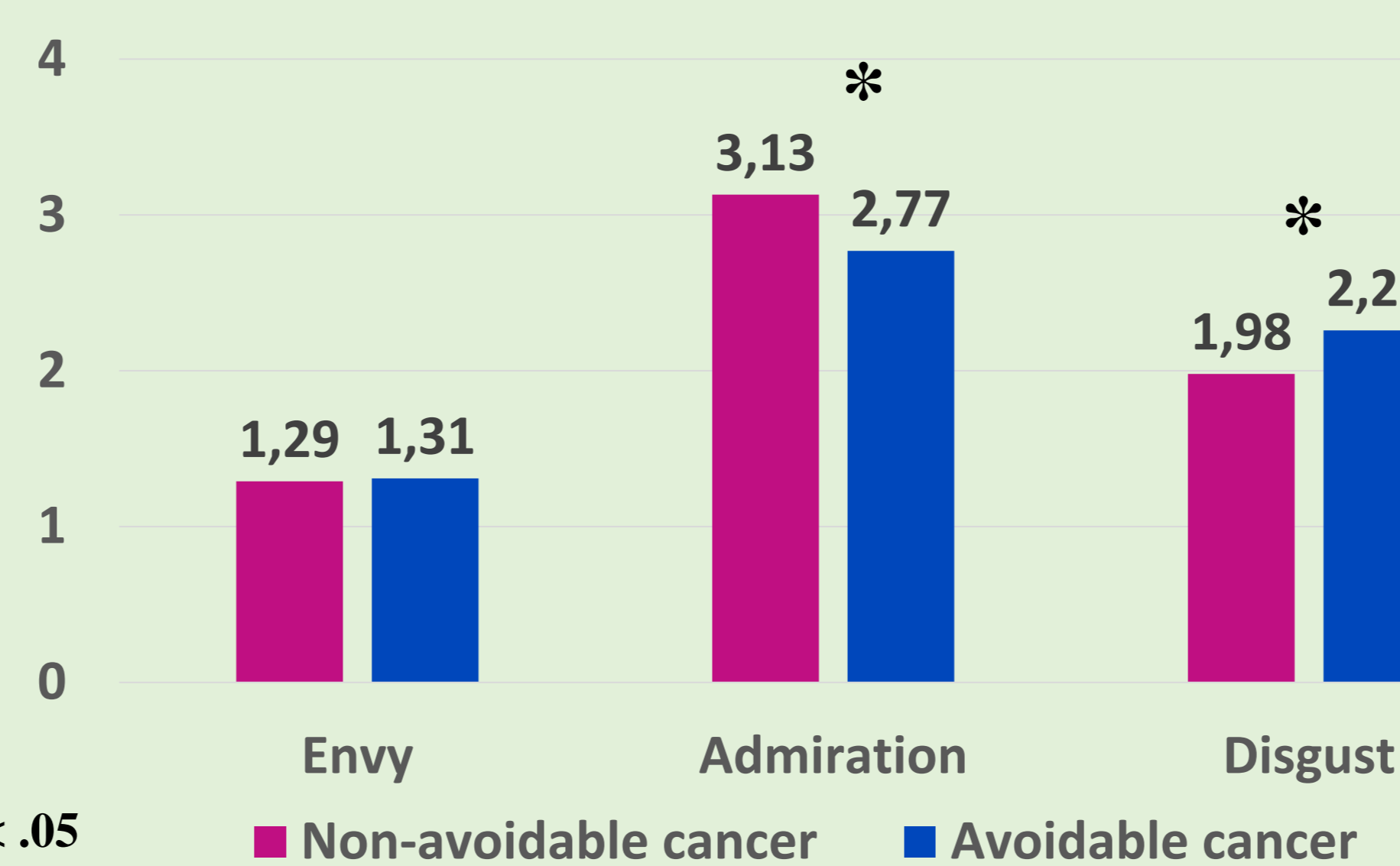


Figure 2 : emotions in function of different types of cancer

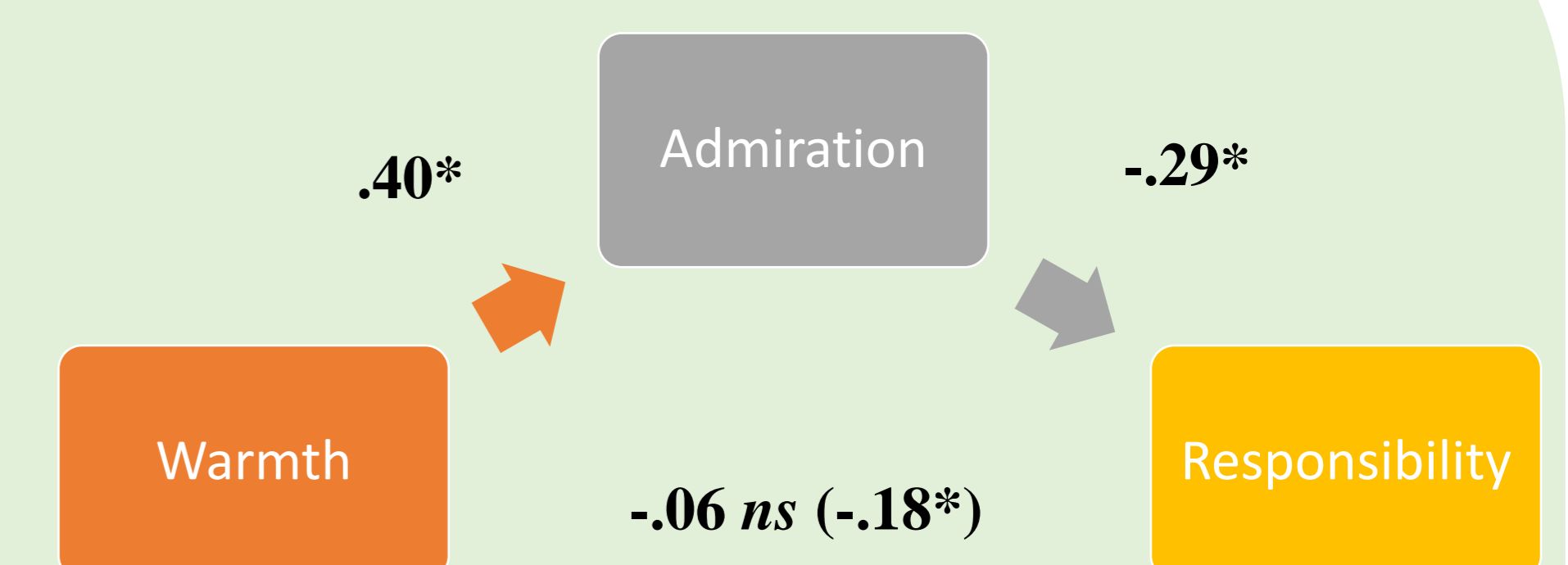


Figure 3 : mediation between warmth, admiration and responsibility

- All types of cancer are perceived warmer than competent ( $F(1, 103) = 17,39 ; p < .001 ; \eta^2 = 0,144$ ) but non-avoidable cancers are typically perceived more negatively than avoidable ones ( $F(1, 103) = 5,03 ; p < .02 ; \eta^2 = 0,047$ ).
- Social perception\*cancers ( $F(1, 103) = 8,77 ; p < .004 ; \eta^2 = 0,07$ ) : non-avoidable cancers are perceived less warm than avoidable ones, but people with cancer are not perceived as more competent depending on the type of cancer.
- Emotions\*cancers ( $F(2, 172) = 15,11 ; p < .001 ; \eta^2 = 0,14$ ) : admiration is the most evoked emotion whichever there are avoidable or non-avoidable cancers. Non-avoidable cancers evoked more admiration and less disgust than avoidable ones.
- Responsibility\*cancers ( $F(1, 101) = 90,2 ; p < .001 ; \eta^2 = 0,47$ ) : avoidable cancers are seen more responsible for their illness than the other ones.
- Admiration is a mediator of the relation between warmth and responsibility. The more the people with cancer are perceived as warmth, the more they evoke admiration and the less they are blame for their illness. We found also admiration as a mediator of the relation between competence and responsibility.
- Familiarity here has no significant effect on social perception, emotion or responsibility (ns).

## CONCLUSION

When it comes to RTW, it is important to focus on cancer social perception and moreover on different types of cancer perception. Indeed, avoidable cancers like lung cancer or skin cancer, are perceived more negatively on warmth and lead to more negative emotion like disgust and more blame for their illness. In other terms, in work environment, managers and colleagues would be more at ease to welcome back a colleague with breast cancer than one with liver cancer, because they would perceive the second one more negatively and responsible for their care pathway. Moreover, emotion seems to be here an important key factor due to its mediator's role. These results highlight that new awareness interventions need to be created in order to improve RTW after a diagnosis of cancer. Managers and employers need to be aware of how their emotions can affect their behavior to support cancer survivors and reduce the phenomenon of discrimination against them.

## BIBLIOGRAPHY

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