Cancer and its impact on work among the self-employed: time to bridge the knowledge gap

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Cancer and its impact on work among the self-employed: time to bridge the knowledge gap

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Key points

- The self-employed are a growing population of considerable importance to the European economy and society as a whole.
- Emerging evidence suggests that self-employed cancer survivors may be at risk of poorer work-related outcomes and/or poorer health outcomes as a result of work-related decisions.
- However, the available evidence is limited and important knowledge gaps remain.
- To bridge these knowledge gaps, there is a need for robust research to better quantify the impact of cancer on this population, and to understand their experiences and preferences.
- Interventions and supports for self-employed people with cancer should focus both on work outcomes and on maintaining business.
Self-employment, and the so-called flexible layer of the economy, has gained importance following
the economic crisis. In Europe, the self-employed now comprise on average 15% of workers. Around
one-third of self-employed people also provide jobs for others, which has considerable economic
and societal importance. Moreover, this sector of the economy adapts quickly to changing
circumstances. In the UK, for instance, recent growth in self-employment is considered to have
made an important contribution to labour market recovery (Hatfield, 2015).

Self-employment has many advantages. It offers freedom and autonomy regarding type of work,
pace and scheduling. Hence, compared to salaried workers, the self-employed report greater job
satisfaction, more desire to work to an older age and less work pressure and burnout. However, not
all aspects of self-employment are positive. Workers unable to find salaried jobs may feel forced into
self-employment while other self-employed people are de facto employees but without the
protections available to salaried workers, and with poorer working conditions. Because of the
industries in which self-employment is concentrated (e.g. agriculture, fisheries), the self-employed
more often perform heavy physical work than salaried workers. In addition, income is volatile. In
several European countries median weekly earnings of self-employed people have fallen over the
past decade (Hatfield, 2015).

The past decade has also seen an explosion in knowledge about the adverse effects of cancer on
people’s working lives. There is increasing acceptance of the need to return cancer survivors to their
desired level of work participation after cancer. Despite the growing importance of self-employment
to the European economy, the impact of cancer on self-employed people is a largely neglected area.
However, a few studies suggest that self-employed cancer survivors may be vulnerable to poorer
work outcomes or worse health outcomes due to work-related decisions, than salaried survivors.

Research from France indicates that cancer increases risk of unemployment among the self-
employed, although to a lesser extent than for salaried workers (Tison et al., 2016). The self-
employed are more likely to continue working during cancer treatment (Pearce et al., 2015).
Furthermore they have less time off work following cancer (or fewer periods of lengthy absence) and
are more likely to be working 12-months post-diagnosis (Lauzier et al., 2008; Pearce et al., 2015; Van
Hoof, 2015). These patterns possibly reflect the greater flexibilities afforded by self-employment. On
the other hand, they may result from feeling pressure to continue to work, because of the financial
and business implications of not working. In Ireland, self-employed survivors more often report that
finances affect their work decisions (Sharp & Timmons, 2010), while in France, among self-employed
people, a cancer diagnosis is associated with a 60% increased risk of business failure (Ha-Vinh,
Régnard, Huiart, Sauze, and Eisinger, 2015). Furthermore, in Norway, among survivors who are working, work ability and self-rated health are significantly lower in self-employed than salaried people (Torp, Syse, Paraponaris and Gudbergsson, 2016), suggesting self-employed survivors work regardless of their health status. Self-employed survivors also reduce their working hours post-cancer to a greater extent than salaried workers (Torp et al., 2016), perhaps in an attempt to balance work with cancer recovery. But this has its own implications – namely, a higher percentage of lost income, and more financial changes (Lauzier et al., 2008; Torp et al., 2016). These losses, coupled with less compensation for lost income, mean increased financial worries among self-employed survivors (Lauzier et al., 2008; Sharp & Timmons, 2010). Studies increasingly show a relationship between financial hardship after cancer and poorer psychological wellbeing/quality-of-life; it is, therefore, unsurprising that self-employed cancer survivors have lower quality-of-life than salaried survivors (Torp et al., 2016).

Several other issues likely influence work-related outcomes after a cancer diagnosis for the self-employed. The often high physical demands of the occupations in which self-employment is concentrated has implications for survivors’ work ability. Social, emotional and instrumental support from managers and co-workers, which can positively influence post-cancer work participation and experiences, is unavailable to many self-employed survivors. In addition, many self-employed do not have access to occupational health services, which can provide information about work-related aspects of the disease and support the return to work process.

Social welfare systems are probably also a major driver of self-employed survivors’ work-related decisions and, hence, outcomes. While such systems vary from country to country, a common trait is that statutory provision is poorer (at least in some aspects) for self-employed than salaried workers. In France, for instance, all salaried workers must have insurance covering sickness leave but self-employed white-collar professionals are exempted and, therefore, not entitled to sickness leave compensation when diagnosed with cancer. Similarly, in Ireland and the Netherlands, the self-employed generally do not qualify for social welfare payments designed to compensate for unemployment or work absence due to illness or disability; indeed, breast cancer research in the Netherlands indicates self-employed survivors less often receive disability benefits (Paalman et al., 2016). In the Scandinavian countries and Belgium, the self-employed are entitled to social welfare payments but provision is less good than for salaried workers.

While this commentary summarises existing evidence, it is noteworthy that the evidence-base on self-employed cancer survivors is very limited; only a few studies from even fewer countries report
any data on self-employed survivors, and they are not usually the research focus. In addition, the self-employed are heterogeneous by sector, occupation, educational level, socio-economic status, and type of self-employment (e.g. sole proprietor, limited company with employees). Irrespective of cancer diagnosis, mortality among self-employed people who run a limited company is lower than among salaried employees, while sole operators have higher mortality than salaried employees (Toivanen, Griep, Mellner, Vinberg, Eloranta, and Toivanen, 2016). These patterns suggest that cancer types, treatment patterns, prognosis and, hence, work-related outcomes of different groups of self-employed people probably differ; this has not been investigated. Social welfare system variations mean that findings on work experiences and outcomes of self-employed people in one setting are unlikely to be transferrable. In fact, data is lacking in almost every country on: the impact of cancer on self-employed people and their businesses; prognostic factors for post-cancer work-related outcomes among the self-employed; and self-employed survivors’ experiences, decision-making, needs and preferences around work after cancer. There is an urgent need for research in all of these areas.

However, there are specific challenges in researching work outcomes among the self-employed. It can be difficult to systematically identify the self-employed population. Although national organisations of self-employed people exist, most are not active or engaged within these. Asking a self-employed person to participate in research entails them making a decision to do something else at a time when they could be engaged with their business. Questions that researchers might ask salaried staff do not necessarily apply to the self-employed; for example, “length of sickness leave”, “receipt of sick pay” or “support from your supervisor” may not be meaningful.

To bridge the knowledge gap, researchers need to find solutions to these challenges. Registry-based data linkage studies could enable comprehensive identification of self-employed survivors. However, registry data have limitations in other areas. For example, they usually do not provide information on sick leave/work absence for non-salaried workers, and lack any information on many key outcomes (such as work ability). Nor do they illuminate the lived experience of how cancer affects people’s working lives. This means that research involving primary data collection among self-employer survivors, using both qualitative and quantitative approaches, is also required.

Finally, and perhaps most importantly, evidence is lacking on how best to support self-employed survivors to (re-)engage with work or business after cancer. Most interventions to enhance cancer survivors’ work outcomes have been pertinent (only) for salaried employees and targeted return to work. For the self-employed, it is likely that interventions would need to focus both on workforce
engagement and maintaining business. To understand what interventions would effectively support self-employed survivors, and how these can be implemented in policy and practice, requires involvement of researchers, health professionals, service providers, policy-makers and the self-employed. If this can be achieved, the work-related and health outcomes of self-employed survivors will be optimised; this, in turn, will yield benefits for self-employed survivors’ families and employees, the economy and society.
References


