

# RETURNING TO WORK FOLLOWING CANCER: COMPARISON BETWEEN PMETS AND NON-PMETS

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## Introduction

The process of returning to work for cancer survivors entails reintegration into society, often marked by a complex interplay of physical, psychological, and social challenges.<sup>1</sup> Following a cancer diagnosis, cancer survivors may re-evaluate their priorities and preferred a greater work-life balance by seeking roles that are less stressful and more fulfilling.<sup>2</sup> However, the need to manage workload demands, rigid routines, and expectations in their current work situations may cause many to feel anxious about returning to work.<sup>3</sup>

Cancer survivors may experience a decline in their functional abilities that impact on their confidence in meeting job demands. Physical limitations such as chronic fatigue, joint pain, and decreased mobility affect cancer survivors' ability to sustain previous work activity level.<sup>4</sup> In addition, cognitive changes that include diminished ability to process information quickly, switch tasks, and retain information may result in self-doubt and worry about making mistakes.<sup>5</sup> Feelings of inadequacy may also affect cancer survivors' ability to cope with external workplace pressures and negative feedbacks and further reinforced a sense of reduced competency.<sup>6</sup>

Presently, few studies have examined occupational differences among cancer survivors and their perceived ability to cope with various job demands after their cancer treatments. Hence, the aim of this study was to understand the challenges faced by cancer survivors in returning to work based on job category and identify differences in their ability to meet job demands.

## Methodology

Participants were cancer patients attending rehabilitation at Singapore Cancer Society who had indicated job-related concerns and were either employed (n= 96) or seeking a new job (n=24). Cross sectional survey was conducted between April to June 2025. Perceived work ability was measured using a single item from the Work Ability Index that asked about participants' current work ability compared with their lifetime best, with a possible score of 0 (completely unable to work) to 10 (work ability at its best).<sup>7</sup> Participants also rated their work ability in relation to the demands of the job, ranging from very poor to very good with a lower score denoting lower ability. A Welch's t-test was used to compare perceived work ability between two occupational groups- professionals, managers, executives and technicians (PMET) and non-PMET. Significance was set at p<0.05 using IBM SPSS version 26.0 software.

## Results

Study sample was predominantly female (85%), aged between 46 to 59 (53%) with breast cancer (59%), had a degree and higher education level (60%), and work experience as PMET (63%). See Table 1. for demographics of study sample. PMETs reported significantly higher perceived work ability (M = 6.6, SD = 1.8; n=76) compared to non-PMETs (M = 5.8, SD = 2.1; n=44). t (80) = 2.2, p < .05. PMETs also indicated stronger motivation and readiness towards returning to work while non-PMETs reported higher anxiety and weaker work-supportive routine. Mean sick leave in the past 4 weeks was 3.0 ± 6.4 days for PMETs and 2.4 ± 4.3 days for non-PMETs. 67% of PMETs endorsed a high likelihood of continuing in their job over the next 3 months compared to 57% among non-PMETs. Overall, employed PMETs reported greater work ability to meet the physical, social, mental, and emotional demands of their job than employed non-PMETs. See Table 2.

Table 1. Characteristics of study sample (n=120)

| Variable              | N (%)           | PMET(n=76) | Non-PMET(n=44) |
|-----------------------|-----------------|------------|----------------|
| Age                   | 18 to 29 years  | 2 (2)      | 0              |
|                       | 30 to 45 years  | 24 (20)    | 7              |
|                       | 46 to 59 years  | 64 (53)    | 23             |
|                       | > 60 years      | 30 (25)    | 14             |
| Gender                | Female          | 102 (85)   | 39             |
|                       | Male            | 18 (15)    | 5              |
| Cancer type           | Breast          | 71 (59)    | 27             |
|                       | Gynecologic     | 11 (9)     | 3              |
|                       | Colorectal      | 8 (7)      | 4              |
|                       | Blood           | 8 (7)      | 1              |
|                       | Head & neck     | 5 (4)      | 2              |
|                       | Brain           | 5 (4)      | 3              |
|                       | Lung            | 4 (3)      | 0              |
|                       | Others          | 8 (7)      | 1              |
| Race                  | Chinese         | 97 (81)    | 33             |
|                       | Malay           | 10 (8)     | 5              |
|                       | Indian          | 7 (6)      | 4              |
|                       | Others          | 6 (5)      | 2              |
| Highest qualification | Degree & higher | 72 (60)    | 33             |
|                       | Diploma/ ITE    | 27 (23)    | 5              |
|                       | O/A levels      | 12 (10)    | 4              |
|                       | Secondary       | 8 (7)      | 1              |
| Employment status     | Primary         | 1 (1)      | 1              |
|                       | Self employment | 4 (3)      | 2              |
| Employment status     | Employed        | 92 (77)    | 32             |
|                       | Unemployed      | 24 (20)    | 10             |

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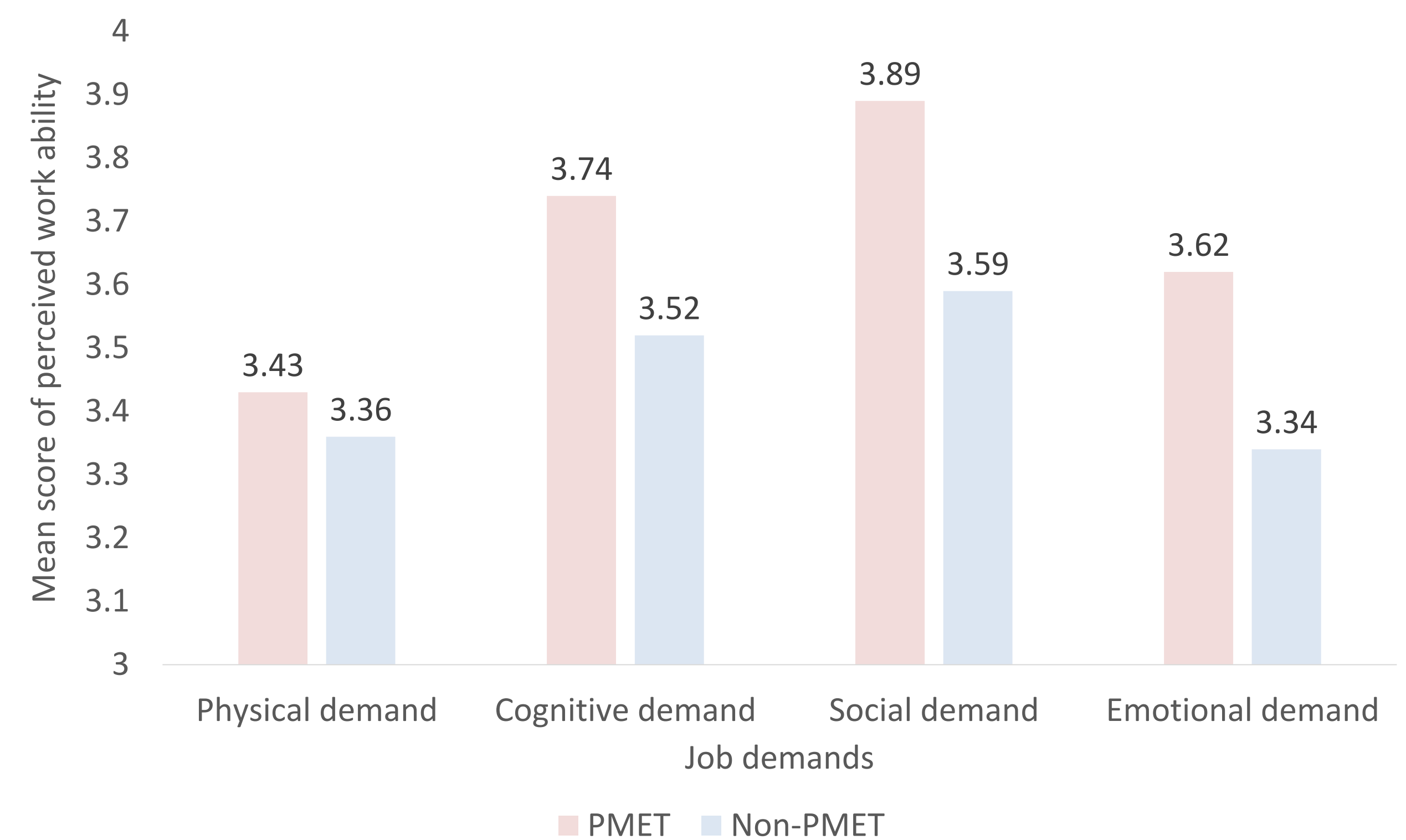
## Declaration

The authors declare no conflict of interest

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Table 2. Perceived work ability to meet job demands by occupation type.



## Discussion

Occupation type is a key determinant of post-cancer employment outcomes. Across international and Singapore-based studies, cancer survivors working in white-collar jobs as professionals, managers, and executives show higher likelihoods of returning to work, shorter work-disability durations, and better post-treatment job stability than their blue-collar counterparts working in production, transport, and cleaning jobs.<sup>8-12</sup> Findings from this study similarly reveal greater perceived work ability among PMETs to cope with various job demands compared to non-PMETs; these differences likely contribute to better return to work and employment outcomes.

Differences in perceived work ability among PMETs and non-PMETs may be attributed to several factors. Firstly, non-PMETs often assume physically demanding work that involves lifting, carrying and prolonged standing or exposure to irritants such as smoke or oil, and these working conditions have been strongly associated with reduced RTW likelihood.<sup>12,13</sup> In addition, PMETs experience greater job flexibility and capacity to adjust working hours and tasks, in contrast to labor intensive work that afford fewer accommodations.<sup>11</sup> Thus, PMETs maybe able to cope with the physical demand of their job better than non-PMETs. Secondly, the higher physical workload of non-PMETs may compound fatigue, musculoskeletal pain and stiffness, and post-treatment recovery, further constraining sustained employment.<sup>12</sup>

Socioeconomic status interacts with occupation type, engendering possible inequalities in job retraining opportunities and job security.<sup>12</sup> PMETs typically enjoy higher education, income, and job autonomy, leading to greater resilience and employment security post-diagnosis.<sup>12</sup> Conversely, non-PMETs have a socioeconomic disadvantage and face limited retraining resources, and their jobs are more easily replaced by others, thus resulting in lower job security.<sup>12</sup> These factors may also influence non-PMETs' ability to sustain their job and cope with the work demands.

Evidence from this study underscores the need for RTW interventions to mitigate the impact of occupation type on employment outcomes. Specifically, for the non-PMETs, intervention may focus on guiding them to seek vocational retraining opportunities and resources to enhance employment and job security.

This study is limited by small and unequal sample sizes between PMETs and non-PMETs that hindered subgroup analyzes across age group and gender. Future research should adopt longitudinal designs to understand how cancer survivors navigate the RTW process over time and how targeted interventions can improve work ability among cancer survivors from different occupation types to meet their various job demands.

## Conclusion

Non-PMETs may experience more challenges at work compared to PMETs. These challenges may be due to non-PMETs' job demands involving more physical labor and less support or flexible work routine. Rehabilitation programs should address these occupational differences and provide tailored care to better facilitate cancer survivors to meet their specific job demands.

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