

Attitudes towards cancer survivors: a small survey

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ABSTRACT

Introduction: The National Cancer Survivors Day Foundation defines a cancer “survivor” as anyone living with a history of cancer – from the moment of diagnosis through the remainder of life. Little is known about the size and make-up of this population or about the medical care experience of and social implications for patients who have had a diagnosis of cancer in Singapore. An opportunistic survey was undertaken to understand how members of the public believe about this population.

Methods: A sample of the general public was undertaken during the “CancerVive” event in 2004. Questionnaires regarding employment as well as attitudes towards cancer and cancer survivorship were distributed.

Results: Members of the public held certain misconceptions about cancer survivors. They also have certain negative attitudes toward cancer survivors. Beliefs and attitudes about cancer are similar for cancer survivors and the general public. Although members of the public had positive attitudes towards working with cancer survivors, the majority felt that cancer survivors should not be given equal opportunities at work, by not employing cancer survivors if they were in the position to hire.

Conclusion: Further research with larger and more representative samples needs to be undertaken to extend the understanding into cancer survivorship issues.

Keywords: attitude towards cancer, cancer, cancer survivors

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INTRODUCTION

Cancer incidence is increasing in Singapore. Over the past 30 years, the crude rate of cancer diagnosis

has increased by almost two-fold from 136.3 per 100,000 per year to 208.8 per 100,000 per year⁽¹⁾. These numbers are expected to increase reflecting an ageing population. Although improvements in early diagnosis have also contributed to this increase, better and earlier treatments have also led to improved survival following diagnosis for many tumour sites. Significant increases in the overall survival in Singapore have been seen with cancers of the nasopharynx, breast, non-Hodgkin’s lymphoma, leukaemia, testis, cervix, ovaries, stomach, colon and rectum⁽²⁾. As patients who are inflicted with many of these cancers tend to be younger (below 34 years old)⁽²⁾, it is inevitable that the prevalence of cancer survivors will increase over the next several decades.

This pattern of survivorship is similar with other national studies in United States⁽³⁾. This population consists of individuals no longer undergoing active treatment, either cured of their disease or are in remission, as well as individuals with recurrences or resistant diseases requiring on-going treatment. Regardless of disease status, all survivors may experience lasting effects of the treatment. The effects of treatment can range from physical detriment leading to an increase in personal health burden⁽³⁾, to social implications such as a simple lack of employment opportunities. Indeed, in the United States, it has been shown that nearly one-fifth (18.2%) of the cancer survivors who worked before or after their cancer were diagnosed experienced employment problems because of their cancer⁽³⁾.

The National Cancer Survivors Day Foundation defines a cancer “survivor” as anyone living with a history of cancer – from the moment of diagnosis through the remainder of life. Relatively little is known about the size and makeup of this population or about the medical care experience of, and social implications for, patients who have had a diagnosis of cancer in Singapore. With an increase in the prevalence of young cancer survivors, it is important to understand this group

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Table I. Demographical data of members of public and cancer survivors.

Characteristics	Cancer survivors (n=32)	Public (n=30)
Age (%)		
<50 years	56.6	58.5
≥50 years	43.4	41.5
Gender (%)		
Male	41.9	23.3
Female	58.1	76.7
Educational attainment (%)		
Primary	3.2	10
High school equivalent	51.6	50
Tertiary education	45.2	40
Current employment status (%)		
Employed	46.8	82.7
Unemployed	34.4	10.4
Retired	18.8	6.9

of individuals so as to pre-empt any potential problems (similar to those experienced in other countries) and formulate solutions. We conducted an opportunistic survey as part of a larger future project that aims to understand the profile of cancer survivors in Singapore.

METHODS

National Cancer Survivors Day® is an annual, worldwide celebration of life that is held in hundreds of communities throughout the world. The National Cancer Centre organised the inaugural participation of this world event in Singapore. "CancerVive" 2004 was a forum designed to increase awareness of cancer survivorship as well as to provide patient education in issues such as psychosocial needs of cancer survivors and legal

issues. As part of this public forum, we surveyed cancer survivors and members of the public. We distributed questionnaires regarding employment as well as attitudes towards cancer and cancer survivorship. The definition of cancer survivors is not well-known in Singapore. We assumed that our own population would take the definition of cancer survivorship to be that of patients in complete remission, rather than patients with active cancer. For attitudes towards cancer survivors, we divided them into active cancer patients as well as cancer patients whose disease was in remission. The data was analysed using Statistical Package for Social Sciences (SPSS) version 11.5 (Chicago, IL, USA).

32 of the respondents were cancer survivors and 30 were non cancer-survivors. The latter group comprised members of the public as well as family members and friends of cancer survivors. This is a small survey of a possibly-biased sample and does not allow for the generalisation of the reported results to all Singaporeans. The demographical data of the respondents are reported in Table I. Among cancer survivors, breast cancer was the most prevalent (28.1%).

RESULTS

Both cancer survivors and members of the public reported misconceptions about cancer (Table II). In terms of employment, 46.8% were currently employed. The details of the currently unemployed are summarised in Table III and that of the currently employed are summarised in Table IV. The majority of the public interviewed generally held positive attitudes towards cancer survivors. We had categorised cancer survivors into cancer patients (CP) (patients still currently under treatment or have active cancer) and cancer patients in remission (CPR) (patients who had cancer but are not currently under treatment) (Table V).

Table II. Survey results on cancer survivors' and the public's misconceptions of cancer.

Beliefs about cancer (% with misconception)	Cancer survivors (n=32)	Public (n=30)
Everyone can have cancer	13.3	23.3
Cancer can spread to other parts of the body	80	80
Cancer might not have obvious symptoms	16.7	26.7
Cancer usually occurs with no known cause	36.7	55.2
Cancer can happen because of genetic malfunction	13.3	20
Cancer can be prevented	23.3	10
Cancer is contagious	3.4	6.7
Cancer happens due to bad "Karma"	13.3	6.7
Cancer can only be inherited from parents	20	16.7

Table III. Details of unemployed cancer survivors.

Employment details	Unemployed survivors (n=18)
Reasons for unemployment (%)	
Personal reasons (i.e. cannot find the job I like, choose to stay at home, did not look for a job or do not need to look for a job)	57.2
Employment issues (i.e. employers don't want to hire me or retrenched)	28.6
Student	14.2
Gone for job interviews (%)	
Yes	(50)
No	(50)
If yes, did you make your cancer history known (%)	
Yes	75.0
No	25.0
Potential employer gives reason for unemployment (%)	
Yes	9.1
No	27.3
Not reported	63.6
If no, what do you think are the reasons for not employing you (%)	
Medical issues (i.e. they are afraid that I will spread the disease to them, or they are afraid that I will fall sick easily, or they are afraid that I will have a relapse)	27.3
Treatment hassles	9.1
Not reported	63.6

In the analysis of the public's attitudes towards cancer survivors, it is interesting to note that although the majority of individuals had positive attitudes towards working with cancer survivors, most would not employ them nor feel that they deserved equal opportunities at work. Majority of the respondents did not feel that cancer survivors are less productive than other people, yet it was felt that cancer survivors should not be given equal opportunities at work, whether they are in remission (91.3%) or still on treatment (78.6%). Majority (more than 80%) would also not employ cancer survivors if they were in the position to hire, regardless of their treatment status. In fact, approximately one in five respondents felt that active cancer patients should never work again.

DISCUSSION

Our small survey has provided us with an opportunity to look into the cancer survivorship issues in Singapore. Many of the public's misconceptions appear to be simplistic negative beliefs based on sparse facts. Our results tended to agree with those of other studies where people tend to perceive cancer negatively⁽⁴⁻¹⁰⁾. This can influence behaviour towards cancer survivors^(11,12). These misconceptions might hinder the cancer survivor's re-assimilation into society (specifically

Table IV. Details of the employed cancer survivors.

Employment details	Employed survivors (n=15)
Working in the same company (%)	
Yes	86.6
No	6.7
Not reported	6.7
Retain same appointment as before (%)	
Yes	80.0
No	13.3
Not reported	6.7
Same employment benefits as colleagues (%)	
Yes	85.7
No	14.3
Employer paying for treatment (%)	
Yes	80.0
No	20.0

the work force). Correction of certain myths with cancer education may increase the understanding of cancer⁽¹³⁾. It is also important to identify methods of physical rehabilitation in order to allow cancer survivors to return to the workforce. In doing so, we hope to be able to change the behaviour of cancer survivors and the public attitudes towards them.

Table V. Public attitudes towards cancer patients (CPs) and cancer patients in remission (CPRs.)

	Strongly agree & Agree (%)	No opinion (%)	Strongly disagree & Disagree (%)
Items for CPs			
I will consider working with a colleague who has cancer	89.7	6.9	3.4
Cancer patients tend to make use of their condition to gain benefits	3.6	28.6	67.8
I would feel nervous in the presence of cancer patients	3.6	3.6	92.8
Cancer patients should be given equal opportunities at work	10.7	10.7	78.6
I would employ cancer patients if I am able to make employment decisions	0.0	17.9	82.1
Cancer patients are less productive than other people	35.7	3.6	60.7
Cancer patients tend to frequently take medical leave	57.1	14.3	28.6
Cancer patients are always dependent on their colleagues at work	60.7	17.9	21.4
Cancer patients are fit to work	71.4	3.6	25.0
Cancer patients should work again	66.7	11.1	22.2
Cancer patients should be given a lighter workload/responsibility	55.6	18.5	25.9
Items for CPRs			
I will consider working with a colleague who had cancer	87.0	4.3	8.7
People with a history of cancer tend to make use of their condition to gain benefits	8.7	4.3	87.0
I would feel nervous in the presence of people with a history of cancer	4.3	0.0	95.7
People with a history of cancer should be given equal opportunities at work	8.7	0.0	91.3
I would employ cancer patients in remission if I am able to make employment decisions	4.4	13.0	82.6
People with a history of cancer are less productive than other people	21.7	0.0	78.3
People with a history of cancer tend to frequently take medical leave	21.7	21.7	56.6
Cancer patients in remission are always dependent on their colleagues at work	13.0	13.0	74.0
People with a history of cancer are fit to work	95.7	4.3	0
People with a history of cancer should work again	95.7	4.3	0
People with a history of cancer should be given a lighter workload/responsibility	36.4	18.2	45.4

It is necessary to emphasise that this is a small survey of a biased sample. This does not allow for the generalisation of the reported results to Singaporeans as a whole. In addition, the test materials of this study have not undergone psychometric validation. However, our small survey has generated some interesting findings that will be used in future to formulate a validated test questionnaire. Further research with larger and more representative samples will be undertaken to extend the understanding into cancer survivorship issues on these basic findings.

REFERENCES

- Chia KS, Seow A, Lee HP, Shanmugaratnam K. Cancer incidence in Singapore 1993-1997, Singapore Cancer Registry Report No. 5: 12.
- Chia KS, Du WB, Sankaranarayanan R, et al. Population-based cancer survival in Singapore, 1968 to 1992: an overview. *Int J Cancer* 2001; 93:142-7.
- Yabroff KR, Lawrence WF, Clauser S, Davis WW, Brown ML. Burden of illness in cancer survivors: findings from a population-based national sample. *J Natl Cancer Inst* 2004; 96:1322-30.
- Anderson BL, Golden-Kreutz DM. Cancer. In: Johnston WD, Johnston M, eds. *Health Psychology: Comprehensive Clinical Psychology*. Oxford: Elsevier Science, 1991: 217-34.
- Berman SH, Wandersman A. Measuring Fear of Cancer: the Fear of Cancer Index. *Psychology Health* 1992; 7:187-200.
- Bishop GD. *Health Psychology: Integrating Mind and Body*. Boston: Allyn and Bacon, 1994: 322-54.
- Dein S. Explanatory models of and attitudes towards cancer in different cultures. *Lancet Oncol* 2004; 5:119-24.
- Miller M, Kearney N, Smith K. Measurement of cancer attitudes: a review. *Eur J Oncol Nurs* 2000; 4:233-45.
- Stanton WR, Balanda KP, Gillespie AM, Lowe JB, Baade PD. Measurement of community beliefs about colorectal cancer. *Soc Sci Med* 2000; 50:1655-63.
- Wong-Kim E, Sun A, DeMattos MC. Assessing cancer beliefs in a Chinese immigrant community. *Cancer Control* 2003; 10 (5 suppl):22-8.
- Allport GW. *The Nature of Prejudice*. 4th ed. Ontario: Addison-Wesley Publishing, 1966.
- Taylor SE. *Health Psychology*. 5th ed. Boston: McGraw-Hill, 2003: 369-73.
- Kok G. Health education. In: Baum A, Newman S, Weinman J, West R, McManus C, eds. *Cambridge Handbook of Psychology, Health and Medicine*. New York: Cambridge University Press, 1997: 216-9.