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## Work experiences during and after treatment among self-employed people with cancer --Manuscript Draft--

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<b>Corresponding Author:</b>	Steffen Torp, PhD Universitetet i Sorost-Norge - Campus Vestfold Borre, NORWAY
<b>Corresponding Author Secondary Information:</b>	
<b>Corresponding Author's Institution:</b>	Universitetet i Sorost-Norge - Campus Vestfold
<b>Corresponding Author's Secondary Institution:</b>	
<b>First Author:</b>	Steffen Torp, PhD
<b>First Author Secondary Information:</b>	
<b>Order of Authors:</b>	Steffen Torp, PhD Birgit Brusletto, MSPH Tina Blomquist Withbro, MSc Bente Nygaard, MSc Linda Sharp, PhD
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<b>Abstract:</b>	<p><b>Purpose:</b> The proportion of self-employed people in the workforce is growing. However, most research on work participation among cancer survivors has focused on salaried workers. We aimed to explore how self-employed people experience work during and after cancer treatment.</p> <p><b>Methods:</b> We conducted semi-structured interviews with seven self-employed people who had been treated for cancer and seven key informants, namely counselors in the Norwegian Labour and Welfare Administration (NAV) who had long experience in supporting self-employed people and cancer patients around work participation. Interviews were audio-recorded, transcribed and content analysed.</p> <p><b>Results:</b> Uncertainty was an overarching theme: uncertainty about the cancer, its treatment and future consequences, made it difficult to plan and caused uncertainties about the business. Five themes related to owning a business during and after cancer treatment emerged: Cancer treatment and late-effects; Entrepreneurship and engagement; Business-related worries; Support; and Shame. Survivors often worked during treatment. While working could provide a sense of normalcy, it was also essential to keep the business running. Survivors struggled with several work-related issues (e.g. high work demands vs low work ability), but financial issues related to running their business caused particular worry. Getting cancer and, consequently, struggling with financial problems elicited a sense of shame that was closely connected to their strong identity as (successful) self-employed business (wo)men.</p> <p><b>Conclusion:</b> Self-employed cancer survivors experience uncertainty about personal and business matters. While work sometimes helped them to cope with having cancer, financial worries and responsibility for keeping the business running weighed heavily on them.</p>

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## **Work experiences during and after treatment among self-employed people with cancer**

Steffen Torp<sup>1</sup> · Birgit Brusletto<sup>1</sup> · Tina B. Withbro<sup>1</sup> · Bente Nygaard<sup>1</sup> · Linda Sharp<sup>2</sup>

<sup>1</sup>Department of Health, Social & Welfare Studies, University of South-Eastern Norway, Norway

<sup>2</sup>Institute of Health & Society, Newcastle University, Newcastle-upon-Tyne, UK

**Correspondence:** Steffen Torp, Department of Health, Social & Welfare Studies, University of South-Eastern Norway, PO Box 4, 3199 Borre, Norway, Tel: +47 33031277; e-mail: [steffen.torp@usn.no](mailto:steffen.torp@usn.no)

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## ABSTRACT

**Purpose:** The proportion of self-employed people in the workforce is growing. However, most research on work participation among cancer survivors has focused on salaried workers. We aimed to explore how self-employed people experience work during and after cancer treatment.

**Methods:** We conducted semi-structured interviews with seven self-employed people who had been treated for cancer and seven key informants, namely counselors in the Norwegian Labour and Welfare Administration (NAV) who had long experience in supporting self-employed people and cancer patients around work participation. Interviews were audio-recorded, transcribed and content analysed.

**Results:** Uncertainty was an overarching theme: uncertainty about the cancer, its treatment and future consequences, made it difficult to plan and caused uncertainties about the business. Five themes related to owning a business during and after cancer treatment emerged: Cancer treatment and late-effects; Entrepreneurship and engagement; Business-related worries; Support; and Shame. Survivors often worked during treatment. While working could provide a sense of normalcy, it was also essential to keep the business running. Survivors struggled with several work-related issues (e.g. high work demands vs low work ability), but financial issues related to running their business caused particular worry. Getting cancer and, consequently, struggling with financial problems elicited a sense of shame that was closely connected to their strong identity as (successful) self-employed business (wo)men.

**Conclusion:** Self-employed cancer survivors experience uncertainty about personal and business matters. While work sometimes helped them to cope with having cancer, financial worries and responsibility for keeping the business running weighed heavily on them.

Keywords: Self-employment · Cancer survivor · Return to work · Rehabilitation · Social security · Health promotion

## INTRODUCTION

Self-employment makes an important contribution to society in terms of entrepreneurship, job creation and economic growth. European countries, therefore, have a range of policies and measures to encourage, promote and support self-employment [1, 2]. Across Europe, 15% of all workers are self-employed [3].

Compared to salaried workers, the self-employed are more often male, older, less skilled, and have manual work in high-risk sectors such as agriculture, construction and transport [4]. While self-employed people constitute a heterogeneous group, what they all have in common is the absence of an employer. Being their own boss offers freedom and autonomy regarding type of work, pace and scheduling [5, 6]. High job autonomy is, in general, positively correlated with job satisfaction and well-being [7], and self-employed people do report greater job satisfaction and better quality-of-life than salaried workers [6, 8, 9]. Despite these seemingly positive aspects of self-employment, self-employment can be insecure. The self-employed work longer hours on average than salaried workers, but income is volatile, and median weekly earnings have fallen the past decade in Europe [1]. Increasingly, in some countries, people are forced into self-employment because they are unable to find suitable salaried jobs [10]. Moreover, in most settings, social security provisions are worse for self-employed than salaried people [11].

Approximately 40% of patients diagnosed with cancer are of working age [12]. Although most patients take some time away from work following a cancer diagnosis, it is widely recognised that it is important to return to work; work resumption represents an important step on the path to recovery and helps maintain income and living standards of survivors and their families [13, 14]. Almost all studies on work participation after cancer involve salaried workers and, although a few studies mention self-employed people, they have rarely been the main focus of the study [15]. The limited available evidence suggests self-employed cancer survivors may face more (and different) difficulties in relation to working after cancer than salaried survivors [16-18, 15, 19], but the precise nature of self-employed survivors' work experiences is not well understood. Qualitative research among self-employed people with other conditions has shown that uncertainty about income when facing medical problems is a particularly important stressor [20]. However, as far as we are aware, no qualitative studies have been reported on self-employed cancer survivors' work experiences.

We undertook a qualitative study to explore how self-employed people experience their working situation during and after cancer treatment.

## **METHODS**

### **Setting**

The study took place in Norway, where 7% of the workforce are self-employed [3]. When people become sick, all salaried workers are granted sick leave with 100% salary compensation from day one for one year [21]. Self-employed people are granted sick leave compensation from day 17 for one year, but only with 66% of the annual income. After one year of sick leave both salaried and self-employed are either transferred to disability pension or receive work assessment allowance, both of which provide approximately 66% of annual income.

### **Design**

We used a qualitative, explorative design featuring data produced through individual semi-structured interviews [22] with two groups of participants: cancer survivors and key informants. Our inductive approach involved a combination of phenomenological and hermeneutical insights.

### **Participants**

*Cancer survivors:* We recruited self-employed cancer survivors by sending information about the study to cancer coordinators in local municipalities, hospitals and labour and welfare administration offices in the region of South-Eastern Norway. In addition, we published information about the project on the Facebook pages of the Norwegian Cancer Society and in two rehabilitations centers for cancer patients, and the Norwegian Broadcasting (NRK) interviewed us about the study on radio. Ten cancer survivors contacted the research team, of whom 7 (6 women, 1 man) met the inclusion criteria of working in their own business at the time of the cancer diagnosis; having their main income from this business; having finished their cancer treatment; not having had a cancer relapse.

*Key informants:* To provide further perspectives on self-employed cancer survivors' work experiences we also interviewed key informants, namely, Norwegian Labour and Welfare

Administration (NAV) counsellors. These individuals are employed by local labour and welfare administration offices to support people (including the self-employed and cancer survivors) to retain work following sickness. We recruited NAV counselors through personal contacts and by sending information about the study to local NAV offices in the South-Eastern region. Eligibility criteria were that they should have experience in supporting self-employed people and cancer patients around work participation. A total of seven NAV counselors contacted the research team; all were eligible and were interviewed.

## **Interviews**

Interviews were conducted at a time and location chosen by the interviewee (mainly survivors' homes and NAV counsellors' workplaces). All but one interview was face-to-face; one survivor lived in another part of the country and was interviewed by telephone. We developed different semi-structured interview guides for the two groups. Both guides covered the cancer trajectory, sick leave, work ability, self-employment, and work tasks and environment. The discussion with each interviewee was different and allowed to evolve organically; specific questions asked and probes used varied from interview to interview. Participants provided informed consent and, with their agreement, interviews were audio recorded. Interviews lasted 45 – 75 minutes.

## **Analysis**

Interviews were transcribed verbatim and anonymized. Transcripts were content analyzed in conjunction with observation and reflection notes taken by the interviewer. The analysis consisted of four steps:

1. We read and re-read the transcripts to obtain a sense of the whole.
2. We identified meaning units and condensed them to a description close to the transcribed text.
3. We organized the condensed meaning units into categories and subthemes.
4. We developed the main themes and searched for similarities and differences between the categories and subthemes in each interview and across the set of interviews (23, 24).

The two sets of interviews were analyzed separately, compared and, as similar themes had emerged in relation to self-employed survivors' experiences of work participation during and after treatment, were combined. [Findings in relation to the NAV counsellors' support of self-employed cancer survivors will be reported elsewhere]. Direct quotes that illustrate participants' narratives are provided. Each quote is followed by the relevant participant ID

number and an indication of whether the interviewee was a survivor (“SE”) or counsellor (“NC”).

## **RESULTS**

### **Participants**

At time of interview, three out of seven cancer survivors were working full-time, three were partly in work and partly on work assessment allowance, and one was still on sick leave. See Figure 1 for further information about the self-employed informants.

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Insert Table 1 about here  
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All NAV counsellors had long experience with supporting cancer patients and self-employed people (4 – 38 years). At time of the interview, they worked in a range of departments at NAV (Table 2).

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Insert Table 2 about here  
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### **Uncertainties and worries for the future**

Overall, uncertainties about the future, in relation to both personal and business issues, was the most prominent theme. Typical issues were; Will I survive?; Do I have metastases?; How long will the treatment take?; Do I have to be on sick leave?; Will my company survive?; and What will happen with me and my family? NAV counselors described how these uncertainties may affect cancer survivors’ work participation and also their family.

Uncertainty and worries may be regarded as an over-arching theme as it influenced several other themes.



Five further themes related to owning and having responsibility for a business during and after cancer treatment emerged: Cancer treatment and late effects; Entrepreneurship and engagement; Business related worries; Support; and Shame.

### **Cancer treatment and late effects**

One factor that helped ease the self-employed survivors' anxiety and work-related worries was that they were generally treated quickly; they felt very satisfied with their cancer treatment and described how they were taken well care of from the day they got the cancer diagnosis and through the whole treatment period:

*I had my surgery within one week after I got the diagnosis. It went «schmokk» (=rapidly), and it was a fantastic journey. I didn't have time to think about it too much (SE1)*

Interviewees described how it was important to have information about treatment and, especially, the time it would take. Several underlined the importance of predictability and participation in when and how the treatment was supposed to be executed. This was important for their overall well-being but also of particular importance for practicalities related to managing their business. The NAV counsellors strongly echoed the survivors' accounts in relation to this.

All survivors had experienced late effects such as neuropathy, lymphedema, vision disturbances, depression, stress-related headache and fatigue, but these generally came as a surprise. When they thought they would have recovered after treatment, they felt sicker than before:

*I supposed I was just going back to normal, but it was a huge setback when I realized that I was even sicker after the treatment than during the treatment (SE5)*

No one had told them that they would not feel healthy after treatment, and they were disappointed that they had not been informed about possible late-effects by their cancer physicians. In addition, survivors described how their general practitioners and other local health personnel did not know much about late effects after cancer.

Both survivors and NAV counsellors spoke about how the (late)effects of the cancer and its treatment limited survivors' ability to work following treatment. Several survivors were concerned that they would continue to have low work ability in the future. These

concerns created worries and challenges with regard to returning to work and especially in taking care of their business now and in terms of planning for the future:

*Being like a Duracell rabbit from before with 80 hours working week and still having excess of time, now I can hardly manage to work 30% of a full 37 hours week. My work ability is so low that I'm unable to think about visions and plans for my company (SE2)*

### **Entrepreneurship and engagement**

Both the survivors and NAV counselors described how self-employed people's business was their lifework or "baby" and that being self-employed was an entire lifestyle. Most of the self-employed had started their business because they were engaged, and particularly interested, in what they worked with:

*I think if you love your business, you will enjoy working. The job will embrace you and you forget everything else. Work is a big part of me and important to get me going. I work everywhere.... I don't do this because of the money. Of course, I need housing and bread, but if I had won the lottery I would still have worked. The work engagement is such a big part of me (SE7)*

The NAV counselors spoke about how the self-employed work more than salaried people during treatment and that they are more motivated to quickly return to "normal" work after treatment. However, they were not quite sure that this is always healthy:

*I think many of the self-employed work - although they should not - because they know they need to take care of the business. So then, there are many self-employed who are rather sick and work anyway..... They experience the joy of coping well! –because working is actually quite all right (NC1)*

All except one survivor (who could not be in contact with other people because of a low immune system due to the cancer treatment), visited their business on a daily basis during treatment and they kept contact with customers, suppliers and employees:

*I worked 24/7 whether I was at the hospital or at home. I phoned with suppliers while receiving chemotherapy. The shop is my little baby, you know - you're automatically very engaged (SE2)*

The survivors and counsellors spoke about how being their own boss provided self-employed people with the possibility to work while receiving cancer treatment since the work could be fit around the treatment and their daily work ability:

*I got chemotherapy on Wednesday, and was at home Wednesday, Thursday and Friday. Thereafter, I worked the entire week until Wednesday and new chemotherapy (SE1)*

The survivors also observed that they needed to work during treatment as their business would not operate without their participation:

*I was all the time (during treatment) responsible for the finances of the shop. I paid the bills and such things. No-one but me could do that (SE2)*

To have a place to go to and to have something to be engaged in during treatment was also described as very important to avoid boredom and the thoughts, worries and anxiety that could be triggered when being alone at home. Working provided a feeling of normalcy and several stated that it made them feel mentally well. One survivor (a chiropractor) explained:

*I love my work and coping well at work gives me energy. To be at work was really important for me and a driver for becoming well. That is how I am «constructed». It was a place where I was not a patient (SE1)*

Self-employed survivors described how engagement in work served as some kind of therapy in the initial phase of the cancer trajectory because work issues forced them to focus on other issues than their uncertainty and anxiety for the cancer. Still, it was somewhat unclear how much of this working was voluntary and how much was necessity.

### **Business-related worries**

The self-employed survivors described how challenging it was to be responsible for keeping a business running to secure current and future income for themselves, their family and their employees- and noted that cancer made that responsibility feel even greater. Some considered that the reputation of the business was very closely linked to themselves, and their name, reputation and achievements, and that other people did not distinguish between them and the business. Several expressed frustration about their responsibility for the business; if they did not work, there would not be any income while the expenses, mortgages and corporate tax had to be paid. Combined with uncertain future related to their work ability, ongoing

expenses and the risk of lost income was experienced as very stressful. One of the shop owners claimed:

*I have no time to be sick! Will I lose customers? What can I do? Do I have to shut down my business? (SE2)*

The NAV counselors emphasized the financial difficulties the self-employed have because of lower sickness absence benefits. They regarded this as unfair but pointed out that the self-employed got some of this compensated because they could write off expenses against tax:

*When the taxation system is so favorable to the self-employed, they should not gain benefits from both systems (respectively, tax and welfare systems) (NC7)*

When diagnosed with cancer, all survivors started immediately to worry about their business. They described how they were largely alone in managing the business and were often the only one who knew what needed to be done:

*It is only me who can make that Christmas exhibition. And I had to make it while being FEC-intoxicated! (SE4)*

They found it frustrating that they had to work more than they wanted to be available for vendors, employees and customers and to keep the business afloat. They were constantly thinking about business, employees, customers and finances. Some mentioned that it would have been nice to be an employee and not to have responsibility for anything:

*I was so fed up with the company! I wished I was an ordinary employee, then I could have been allowed just to be sick (SE2)*

One survivor was advised to contact a social worker at the hospital if she needed to discuss financial issues with someone; none of the others were asked about their work or work-related challenges by anyone in their clinical team. Some had discussed their worries about their business with their general practitioner, but doctors responded that this was not something they could help with.

Several survivors had thought about renting out the premises of the business or hiring someone to do their job, but they were unsure whether they could afford it, and how long they would be away from work. Uncertainty about when they would be well enough to get back in work one hundred percent was a challenge for all. They spoke about how health professionals

told them they just had to take their time. This was of no help or comfort for the self-employed:

*I just cannot “take the time” because then I won’t have no shop anymore. Then it is too late! (SE4)*

*The farm is completely dependent on my participation, but I cannot participate. What do I do then? What are we going to do? (SE6)*

## **Support**

All of the survivors experienced a lot of understanding, help and support from people around them. Family and friends helped both with the business and other aspects of everyday life. This was also something the NAV counselors had observed. This support was important for relieving both the self-employed people’s financial worries and for coping with challenging emotions. Two survivors described this as follows:

*If it hadn’t been for my husband this business wouldn’t have existed (SE3)*

*My husband had to take over everything with the kids when I got treatment. Deliver the kids in kindergarten and also to milk the cows. We got a substitute worker but my father also helped with feeding the cows. When I was at home (from the hospital) during the week-end I could take my share (SE6)*

The survivors also spoke about receiving sympathy and emotional and instrumental support from employees, colleagues, persons they shared premises with, customers and business associates. Employees increased working hours; banks were understanding; vendors extended time limits for bills; business associates made adaptations; and even the public child welfare authorities helped by financing a substitute for one who was both a farmer and a foster mother. Customers missed them and sent supportive messages. This positive experience of being missed motivated them to return to work.

## **Shame**

Some of the self-employed were ashamed of their appearance during treatment, and they described using wigs, makeup and new clothes to try to look better. Some were also ashamed of getting cancer. One of the younger informants said:

*I felt like a second class item - the weak chicken of the flock that the fox takes. For me, cancer was a hag disease. Young and fit me, I was in fine shape! To me, those who got breast cancer were some heaps of fat sitting inside while smoking (SE6)*

Several also reported shame related to the fact that their business was not going well. Business failure was seen as a kind of taboo, and something they were responsible for. Some felt that they had no-one to discuss this with. One of the shop owners said:

*I have big financial difficulties, but I have never talked about it with anyone. I am the boss, it is me who is the family's breadwinner. It is my responsibility. I do not know if I ever will be able to get back to work 100% (SE4)*

Several survivors were ashamed by not being back working full-time after treatment. Customers, family and friends expected that they would be able to work as before once treatment was finished. The survivors felt they did not meet the expectations from themselves and from others:

*Customers and employees expected me to be able to start right away. People doesn't know - before, I didn't know either- and everything after, all the late effects and everything.... (SE3)*

## **DISCUSSION**

The results of this qualitative study show that self-employed cancer survivors struggle with maintaining their work, income and business because of the cancer and its treatment and particularly the late effects thereof. The issues raised by the self-employed were more or less all related in one way or another to how to keep the business going and to secure income during a phase of life when their work ability was low. Uncertainty (about how long treatment would last, when/if they would recover, how long they would be off work for, etc.) was an overarching theme which made any planning for the business very difficult. Our key informants, the NAV counselors, largely confirmed the narratives of the self-employed survivors, and provided some nuances and further insights.

The self-employed are a very heterogeneous group of workers with very different kinds of work [1]. This was true of our interviewees who included shop owners, a farmer, a

chiropractor, a hairdresser, and an artist. However, their narratives were surprisingly similar when it came to their work experiences during and after cancer treatment.

In accordance with studies on self-employed people in general [6, 9], the cancer survivors were highly engaged in their work and worked long hours. They described their work or business as their “baby”. They appeared to have some difficulties in distinguishing their identity as a person from the business; the business was them and they were the business. In terms of cancer specifically, this attachment to the business, and working during treatment, was in one way positive as it helped them to cope with the disease. Nevertheless, it created at the same time a constant worry about finances, feelings of responsibility, and a “need” to work during and after treatment because nobody could take their place. Indeed, the narratives suggested that some survivors at least felt their identity was threatened because the cancer threatened the existence of their business.

The NAV counselors’ impression was that the self-employed worked more during and after cancer treatment than salaried workers because they were eager to work and owning their own business gave them the flexibility to work hours and times that suited. The counselors also underlined that the financial support provided through the social security scheme was poorer for the self-employed compared to the salaried. This was echoed in the financial worries described by all of the survivors. It is worth noting that the social security provisions for self-employed people who become ill in Norway are overall better than in most other European countries [19] which may suggest that the struggles of self-employed cancer survivors may be even worse in other settings or countries.

Other studies have shown that self-employed take less time off work due to cancer than salaried people [19, 23] and that they take sick leave later in the illness trajectory [16]. A Norwegian survey-based study [18] did not show any difference in sick leave between self-employed and salaried survivors but showed that the self-employed struggle with poorer health and quality of life and lower work ability after cancer compared to salaried. This latter finding is echoed in the current study, for example in the observation by the NAV counsellors that self-employed survivors worked more than was good for their health. In line with a Canadian study [24], the Norwegian study . [18] also showed that more self-employed than salaried workers report lost income because of cancer. Likewise, Sharp and Timmons [25] reported, in Ireland, increased financial worries among self-employed cancer survivors. Thus, it seems, as described in this study by both the self-employed and the NAV counselors, that many of the decisions self-employed take during and after treatment is guided by business interests rather than the interest of taking care of their own health and well-being. This kind of

sickness behavior is often called sickness presenteeism [26] and is shown to be associated with difficulties in staff replacement, time pressure, insufficient resources, and poor personal financial situation [27]. Although sickness presenteeism may have positive effects [28] (which were also seen in the current study) most researchers claim it has negative health effects in the long run [29, 30].

Thorough patient information about treatment and the sickness trajectory, combined with person-centered care, has for long been advocated as essential in high-quality treatment and rehabilitation [31, 32]. Side-effects of cancer treatments and the risk of late effects are well known [33, 34], and it is perhaps surprising that the cancer survivors in this study reported poor information from the health personnel regarding such issues. However, this finding supports other studies which report that health personnel at hospitals and in primary care do not focus on return to work as a goal of treatment [35, 36]. The topic is relevant for all cancer survivors since such effects influence well-being and work participation up to many years after cancer treatment and thus makes it difficult to plan future working life, in both the short and long-term [37]. However, as our results show, for the self-employed, it is of particular importance since being able to plan work participation is so closely connected with being able to keep their business afloat during a difficult period with cancer treatment and low work ability.

Social support at work is important for a well-functioning and healthy working life [7]. The self-employed do not have a manager to help them with adaptations at work, may have no work colleagues to provide social and/or emotional support and, if they do have subordinates, provision and receipt of emotional support may be challenging. Nevertheless, the self-employed cancer survivors in this study underlined the importance of both emotional and instrumental support from family and friends both in private and in work. The fact that they also received support and understanding from colleagues, customers and business associates is interesting and promising, and may be related to the fact that cancer is a disease eliciting much sympathy and compassion compared to other diseases and disorders such as musculoskeletal pain and psychiatric diseases [38]. Social support from both colleagues and supervisors has been shown to be important element of return to work among salaried cancer survivors [39, 40] and there is no reason to believe that support should be less important for the self-employed. An indication of the importance of support and some kind of financial security for self-employed people is the result of a study showing higher mortality among sole proprietors than self-employed in limited companies [41]. Regarding sickness absence, a French study showed that self-employed people who could be replaced by a relative or an



associate reported twice as much sick leave compared with self-employed who did not have this opportunity [17]. Most self-employed have no employees [42] and relatively few will have family and friends who can fill their professional role. Therefore, with the aim of keeping the business running and avoid bankruptcy, there seems to be a need for some sort of network or social welfare arrangements that secure self-employed cancer survivors (and others) some kind of professional support while being sick.

Several of the self-employed survivors reported shame. In general, it has been shown that being ill may lead to a feeling of shame [43] and also that frequent or long sick leave spells are associated with shame [44, 45]. In addition, workers reporting shame are at higher risk for reporting ill-health [46] and being on sick leave the year after being diagnosed with a disease compared to patients not reporting shame [45]. Shame related to physical appearance, such as hair loss, is probably relevant for all cancer patients and not only for those being in work or being self-employed. Still, it may be that appearance is of particular importance to (at least some) self-employed people because it is relevant for selling their products or services. However, the issue of shame went further than personal appearance; the survivors spoke about how business problems due to cancer made them feel shame because their business is so closely linked to their personal identity as (successful) business (wo)men. The NAV counselors did not mention shame related to the self-employed survivors' situation. This might be explained by the fact that the self-employed have not revealed their shame for their counselors because, as the survivors themselves indicate in this study, it is difficult to admit and talk about. Still, it seems relevant for NAV counselors and health personnel to be aware of and sensitive to this issue when supporting self-employed clients.

### **Methodological limitations**

Since very little is known about self-employed cancer survivors' experiences related to work, we chose to use qualitative semi-structured interviews with an open and inductive approach to reveal as many aspects as possible of their lived experiences [22]. The participants were self-selected and only one of the self-employed was male. While it is possible that this may limit the representativeness of the themes that emerged, the issues raised by the survivors were largely echoed by the key informants - NAV counsellors – who have extensive experience of talking with and supporting many cancer survivors and self-employed persons with health and work-related challenges.

## **CONCLUSION**

This, the first qualitative study of work experiences in self-employed cancer survivors, shows that self-employed survivors experience a range of challenges around work. Uncertainty about the cancer, its treatment and future consequences, made it difficult to plan and caused uncertainties about the business. While work sometimes helped them cope with having cancer, financial worries and responsibility for keeping the business running weighed heavily on the survivors and made them feel like they needed to work even though they were not fully functioning well. More research, both qualitative and quantitative, is demanded regarding the needs of, and how best to support, self-employed cancer survivors at the individual level and also at the level of social welfare and legal systems.

### **Compliance with ethical standards**

**Conflict of interest** No conflicts of interest declared.

**Ethical approval** All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. The Norwegian Social Science Data Service assessed and approved the study (registration numbers 50094 and 49812).

**Informed consent** All participants provided written informed consent before participation.

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**Table 1:** Description of the self-employed cancer survivors

<b>Informant</b>	<b>Sex</b>	<b>Cancer diagnosis</b>	<b>Profession (Type of enterprise<sup>1</sup>)</b>	<b>No. of employees</b>	<b>Duration of treatment (in months)</b>	<b>Worked during treatment</b>	<b>In work at time of interview</b>
SE1	F	Breast	Chiropractor (SP)	0	5	Yes	Yes, 100%
SE2	M	Lung	Shop owner (Ltd.)	2 (part-time)	12	Yes	Partly
SE3	F	Breast	Hair dresser (Ltd.)	4 (part-time)	7	Yes	Partly
SE4	F	Breast	Shop owner (Ltd.)	2 (part-time)	10	Yes	Partly
SE5	F	Lymphoma	Chiropodist (SP)	0	4	No	No
SE6	F	Breast	Farmer (SP)	1	12	Yes	Partly
SE7	F	Breast	Artist (SP)	0	9	Yes	Yes, 100%

<sup>1</sup>S= Sole Proprietor, Ltd.= Limited Company

**Table 2:** Description of NAV counselors

<b>Informant</b>	<b>Sex</b>	<b>Years of higher education<sup>1</sup></b>	<b>Years worked as a NAV counselor</b>	<b>Current work tasks/ department at NAV</b>
NC1	F	3	4	Work assessment allowance
NC2	F	1	38	Sick leave
NC3	M	5	7	Labor market
NC4	F	2	36	Disability and work assessment allowance
NC5	F	3	11	Sick leave without employer
NC6	F	3	16	Sick leave without employer
NC7 <sup>2</sup>	F	2	38	Experience from all departments in NAV

<sup>1</sup>After high school; <sup>2</sup> Recently retired