

Nevertheless, we consider that with this research gives an important contribute, useful to understand the non-yet studied reality of Chinese migrant workers in the context of a large city. Some recommendations will be presented aiming to contribute also for the improvement of well-being at work for these workers.

C-4

Health and employment among working-age cancer survivors

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Background. Breast cancer is the most commonly diagnosed form of cancer (excluding skin cancer) in American women [1]. In the United States, white women have historically had higher overall breast cancer incidence rates than African-American women; however, in 2012, the incidence gap between white and African-American women closed [2]. With advances in detection and treatment, the population of breast cancer survivors is expected to increase by 25% to almost 4 million by the year 2024, and approximately nine out of every ten breast cancer patients are expected to live at least five years after diagnosis [3, 4]. Nevertheless, in contrast to recent incidence rates, racial disparities in breast cancer survival persist, with five-year survival rates of 81% for African-American women and 92% for white women, and long-term mortality rates that are 42% higher in African-American women than white women [1].

Survivorship has become the expectation, not the exception, for women who have been diagnosed with breast cancer. In the United States, breast cancer survivors are more likely to be unemployed than the rest of the population [5], and among working age (<65 years) women, breast cancer has been associated with poorer employment outcomes in African-American women than in white women [6, 7]. In our prior studies of employment outcomes among breast cancer patients, we found that African American race and non-private insurance status were associated with diminished employment participation after early-stage breast cancer [8]. However, few longitudinal studies have examined determinants of employment outcomes among African-American women with breast cancer.

Methods. We examined factors associated with return to work over 2-year follow-up in a sample of African-American breast cancer patients participating in a randomized controlled trial of a cancer-information intervention's impact (vs. standard of care) on quality-of-life and treatment adherence outcomes. Interview and medical-record data from 227 newly diagnosed African-American breast cancer patients (stage 0-III), who enrolled a mean 6 days from surgical post-op visit or start of neoadjuvant therapy, were analyzed in association with return to work; four more interviews were conducted over two years. Potential predictors included sociodemographic variables (age, marital status, income, education, insurance status), treatment(s) received (surgery type, chemotherapy, radiation), comorbidity, and elevated depressed mood (Center for Epidemiologic Studies Depression Scale [CES-D] score > 15). Multivariable logistic regression models were used to identify factors independently associated with return to work.

Results. At enrollment, 100 patients (44%) were employed part- or full-time; 71 of employed patients returned to work during 2-year follow-up. Study arm and other treatment and sociodemographic variables were not significantly associated with return to work and was not included in the final model. Patients with elevated depressed mood at baseline were less likely to return to work than non-depressed patients.

Conclusions. Patients with elevated depressed mood were less likely to return to work over 2-year follow-up. Screening for depressed mood at diagnosis and providing treatment might be an effective strategy to improve continued workforce participation in African American breast cancer patients. Understanding how psychosocial health influences returning-to-work outcomes in breast cancer patients could be particularly powerful for developing new strategies to reduce racial disparities in the quality of breast cancer survivorship. It is our expectation that we will integrate findings from this study to establish criteria for identifying and engaging breast cancer patients who are at high risk for leaving to workforce and, based on such findings, develop an empirically-grounded strategy for improving return-to-work in breast cancer patients.

C-5

Workplace Incivility among Racial Minority Workers

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The problem: Workplace incivility, as a deviant behavior characterized by low-intensity and ambiguous intent to harm (Andersson & Pearson, 1999), is prevalent in today's organizations and thus has garnered significant amount attention from researchers and practitioners (e.g. Cortina, Magley, Williams, & Langhout, 2001; Pearson, Andersson, & Porath, 2005). Previous research has consistently found that workplace incivility can negatively impact a variety of employee work and well-being outcomes (e.g., Cortina, Magley, Williams, & Langhout, 2001; Penney & Spector, 2005). Furthermore, because workplace incivility also indicates violation of workplace norms for mutual respect, it could be a covert way through which discrimination is expressed at work (Cortina, 2008). However, few studies have examined workplace incivility in relation to employee race. This is an unfortunate oversight given that nowadays workforce gradually becomes more ethnically and racially diverse (Cascio, 2003; Barak, 2000).

Drawing on the modern racism literature (Bowman, 1991; Clark, Anderson, Clark, & Williams, 1999; Cortina, 2008; Major, Quinton, & Schmader, 2003), this study examined whether racial category one longs to contributes to the frequency of experienced workplace incivility. Furthermore, race may also influence how an employee interprets and responds to workplace incivility (Kern & Grandey, 2009). As such, based on the negative adaptation hypothesis (Thau, Aquino, & Bommer, 2008), the present study also examined whether race would moderate the relationship between workplace incivility and workplace deviance such racial minority employees are less reactive to workplace incivility (i.e., less workplace deviance). Finally, racial identity, defined as the importance and qualitative meaning that individuals place on race in defining themselves, and the individual's interpretation of what it means to be a member of their racial group, is a concept that is meaningful for racial minority employees (Sellers, Smith, Shelton, Rowley, & Chavous, 1998). Based upon previous literature, this study further examined whether racial identity weakens the effects of workplace incivility on physical symptoms and workplace deviance.

Procedures. One hundred and ninety-six (104 white participants and 92 minority participants) Mturk workers who recently experienced workplace incivility in the past 3 months were recruited. At time 1, using the Stress Incident Record (SIR) technique (Keenan & Newton, 1985), they were asked 4 questions that instructed them to describe the instance, explain why, what they did, and how they felt when experiencing the uncivil incident. Content analysis was conducted to examine

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