

Factors affecting change of paid employment status of working and non-working people with Parkinson's in Europe.

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Abstract

Title: Factors affecting change of paid employment status of working and non-working people with Parkinson's in Europe.

Aim

To explore the impact of a Parkinson's diagnosis on individuals' employment, with consideration of the effect of early support programmes.

Objectives:

- 1) To identify whether individuals' employment status changed after a Parkinson's diagnosis
- 2) To explore reasons for a change in employment and identify factors potentially associated with the extent to which a diagnosis of Parkinson's impacts on paid employment
- 3) To explore what could be done to get people with Parkinson's back into paid employment
- 4) To determine the number of people offered an early support programme around the time of diagnosis of Parkinson's and those who would have attended a programme if available

Study Design

Cross-sectional observational internet-based survey, with self-selected convenience sample.

Method

692 pan European people with Parkinson's responded to an internet survey based in Oxford UK which was live for seven months. Questions were designed to examine outcomes of whether there was a change in employment status after diagnosis with Parkinson's, and factors affecting time to loss of employment. Other changes in employment status questioned were skill set; prevalence of leaving paid employment or changing work pattern. The main exposure was whether a participant had early intervention; and other reasons for a

change of employment: physical and mental health, and time since diagnosis of Parkinson's was also questioned. Baseline questions to assess confounders included age, gender, nationality, educational level, age of diagnosis. Results were collated and examined for relationships.

Results

The study results showed that over half of the participants' employment status did change after a diagnosis of Parkinson's with average time to loss of employment 4.22 years. The majority of participants left employment within the first five years after diagnosis. Whether or not a person was offered an early support program did not affect how soon they left paid employment. The top factors cited by participants for leaving work were fatigue, mobility, and difficulty with manual tasks. Problems with manual tasks, speech and depression all significantly shortened time to loss of employment. Just under half of participants who had left paid employment wanted to return to work and cited the top three facilitators which would expedite a return to work were flexible working hours, better control of Parkinson's symptoms, and a flexible working pattern.

Conclusion

The results of this study can be used to inform healthcare professionals to exemplify a biopsychosocial approach when undertaking holistic assessment and treatment of a person with Parkinson's. An awareness of factors which can curtail time from diagnosis to loss of employment, or factors which can expedite a return to work can influence decision making with the health care user, enable self-efficacy, and facilitate the professional to be an advocate for the employee with Parkinson's. The content, timing, and follow up with regards to early support programmes for people with Parkinson's needs further investigation in terms of it's impact on loss of employment.