

The Arthritis Society “Fit for Work” Study: Findings, Challenges for the Future and Implications for Action

Summary Report prepared by the Arthritis Community
Research & Evaluation Unit (ACREU)

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May 31, 2013



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Summary and Implications for Action

- Many individuals living with arthritis report being able to work and that their disease does not affect their productivity or work attendance. Efforts to reach employers, insurers and others with this positive message are needed. People with arthritis are not an inevitable drain on employment resources. At the same time, the episodic nature of arthritis symptoms is likely to make employment difficult at some point in the working lives of people with arthritis.
- Overall, there were many similarities in the work experiences of those with inflammatory arthritis (IA) and osteoarthritis (OA). However, more individuals with IA reported giving up their jobs at some point and more respondents with OA reported a lack of benefit from treatment to manage their disease at work.
- Although people with arthritis were less likely to be working as they got older, a significant minority of respondents were employed after the age of 65 years. Older workers were not more likely to have missed time from work or report being less productive than their younger counterparts. However, more middle-aged participants were worried about remaining employed. Research with younger workers (< 45 years) and attention to the potentially differing needs of employees with arthritis across the life span is needed.
- Respondents reported some policies, practices and treatments available that might help manage working with arthritis. However, there were gaps in workplace and health care provisions. This combined with a reluctance to discuss arthritis with employers and a lack of awareness or unwillingness to use work accommodations is concerning.

Currently, there appear to be few proactive efforts to help people with arthritis sustain their employment. Both workers and employers need assistance with “starting a conversation about arthritis in the workplace” and education about the types of work accommodations and practices that may be helpful.

- There was a clear message that individuals working with arthritis do not find medications and traditional health care treatment enough to sustain employment, return to work after an absence, or work well.
- When strategizing around arthritis and work, consideration of a full range of treatments and interventions is needed, including medical treatment, rehabilitation, lifestyle and self-management.
- Engaging diverse groups to help improve the work experiences of people with arthritis is needed. This includes people living with arthritis, employers, insurers, unions, professional associations, disability managers, government (ministries of health and ministries of labour), health care professionals and not-for-profit groups.

Overview and Methodology

In 2012, The Arthritis Society contracted Leger Marketing to conduct a survey to better understand the experiences of adult Canadians living with arthritis and the impact of the disease on their paid employment.

The survey was completed using an online questionnaire in September, 2012. Leger Marketing maintains a panel of approximately 400,000 members. Panel participants are selected randomly to receive email invitations to surveys.

The total sample for The Arthritis Society “Fit for Work” survey was 1,057 Canadians living with arthritis. Sixty nine percent of the sample were women (n = 725) and 31% were men (n = 332). The average age of study participants was 57 years with an age range of 21 – 92 years. See Appendix 1: Table 3 for a profile of study respondents.

This summary is a synthesis and partial re-analysis of the survey data, in particular examining diagnosis and age similarities and differences among respondents who reported being currently employed.

Important notes on methodology

For the purposes of developing messages and their implications, the Arthritis Community Research & Evaluation Unit (ACREU) aimed to:

1. Compare two groups of conditions:

Inflammatory arthritis (IA, n = 414) (i.e., rheumatoid arthritis, inflammatory arthritis, psoriatic arthritis, ankylosing spondylitis, other inflammatory arthritis) and Osteoarthritis (OA, n = 351). The remainder of participants reported fibromyalgia, gout, an unknown arthritis diagnosis, other multiple diagnoses, or did not complete the question about their diagnosis. Smaller numbers in these groups precluded comparisons with

IA and OA respondents. See Appendix 1: Table 1 for a breakdown of diagnosis by age and gender.

2. Disentangle age and diagnosis effects:

As expected, respondents with IA were often younger than those with OA. As a result, caution needs to be exercised when discussing age and diagnosis effects. Further analyses by ACREU often revealed that apparent age differences were more likely to be due to differences in diagnosis.

3. Examine the experiences of those currently employed:

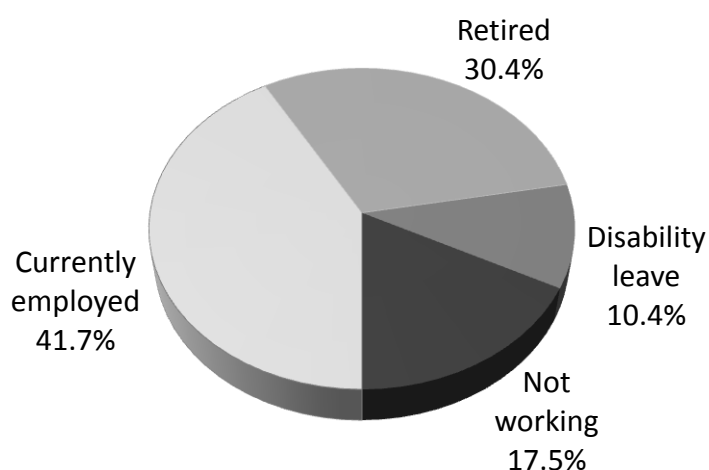
Leger Marketing provided information about working from all respondents. However, ACREU restricted employment information to those currently working or on disability leave from work, unless otherwise noted. This removed data from people who were retired or who stated that they were not in the labour market or looking for work. We believe this enables a more accurate picture of the issues important to people working with arthritis for planning purposes. However, the number of respondents drops for some analyses. See Appendix 1: Table 2 for a breakdown of employment status by diagnosis.

In reporting findings, ACREU used the unweighted data provided by Leger Marketing. Findings were similar between weighted and unweighted data. We did not analyze data by province. The numbers were often small, which would result in estimates that were unstable. We also do not provide detailed summaries of questions that were focused on treatment needs: our summary of the Patient and Caregiver Education Survey provides further information about the treatment and other health concerns of people living with arthritis.

Main Findings

I. The Impact of Arthritis on Employment

Across all survey participants, 41.7% reported being employed in the past 4 weeks.



Currently employed, i.e. full-time, part-time, self-employed (n = 441); Retired (n=321); Disability leave (n=110); Not working (n=185)

If we restrict the sample to those individuals less than 65 years of age, only 48.3% of respondents reported working in the past four weeks.

Similar employment rates have been reported by other national Canadian surveys, although numbers vary depending on the timeframe asked in the questions. The Participation and Activity Limitation Survey (2001-2002) found that 2.3% of the Canadian working age population (aged 25-64 years) reported arthritis disability and 41% of these individuals were employed for at least part of the previous 12-month period.¹ Our analyses of the Canadian Community Health Survey from 2009-2010 finds that 57.4% of people with arthritis reported being employed when asked about the previous week and an additional 5.8% reported having a job but being absent in the previous week.

Regardless of the data source used, the results highlight the need to find ways to help a greater number of adults with arthritis sustain employment.

Percentage employed	
54 years or less	62.2%
55-64 years	38%
65 years or older	16.4%

Not surprisingly, the percentage of respondents with arthritis who were employed decreased with age. However, 16.4% of respondents with arthritis who were 65 years of age or older continued to work.

To date, there has been little examination of the needs of older workers with chronic conditions like arthritis. The findings of the “Fit for Work” study point to the need for greater attention to this group, especially with the aging of the Canadian population. Large numbers of “baby boomers” are approaching the traditional retirement age of 65 years, but many may choose to continue working. Statistics Canada’s Survey of Older Workers finds that nearly 76% of baby boomers aged 50-59 years plan to retire beyond the age of 60² and the percentages of men and women working at ages 65-69 has increased dramatically between 2000 and 2010.³

But is it all bad...?

Although many participants in the study were not currently working, there were encouraging findings related to the impact of arthritis on productivity, absenteeism and remaining employed.

The majority of respondents reported no impact or only an occasional negative outcome of their disease on their jobs.

Among those employed or on disability leave from work:

- Two thirds reported no productivity losses at work in the past week because of their arthritis. Only 6% reported that their disease had a big effect on their productivity.
- 79% of those with IA and 81% of those with OA had missed no time from work in the past month.
- Most respondents said that the past month was typical of their work productivity and attendance or reported that their arthritis often had less of an impact on work.
- Across the entire sample, more than half of respondents (53.6%) reported that arthritis had never prevented them from working either temporarily or permanently.

Additional ACREU analyses found that those with IA were more likely to have stopped working at some point. There were no age differences in work productivity or employment status among those under age 65 years.

Although the impact of arthritis was intermittent for many employed participants, working was not always easy:

- 66% of participants reported going to work even when they felt unwell because of their arthritis.
- 41% reported difficulty managing their symptoms and their jobs.
- 41% said arthritis made it difficult to carry out their work responsibilities.
- Over 1/3 of participants reported that arthritis made it difficult to travel to and from work; noted that their condition had affected their career development; and

believed that their arthritis prevented them from looking for a different job.

Respondents with IA were somewhat more likely to report difficulties or worries about working with arthritis than respondents with OA. For example, 36% of those with IA and one quarter of those with OA reported being very worried about their ability to earn an income when working with arthritis. Middle-age workers were more worried than older workers.

These findings highlight that, for many individuals living with arthritis, the episodic nature of symptoms had a variable or intermittent impact on employment. Many individuals reported being able to work and that arthritis did not affect their productivity.

Also important was that, although people with arthritis were less likely to be working as they got older, among those employed there were few age differences. That is, older workers were not more likely to have missed time from work or report being less productive than their younger counterparts.

At the same time, efforts to help individuals with arthritis sustain their employment are needed. Many respondents reported difficulties at work or were unable to work. This was especially true of those with IA.

II. Talking about Arthritis at Work and Making Workplace Changes

Overall, 83% of the survey respondents who were currently employed reported having at least one benefit or workplace practice available to them that could potentially help them manage working with arthritis.

These included

- Having health benefits or insurance (63%)
- An employee assistance program (EAP) (43%)
- Flexible working hours (34%)
- Availability of specialized equipment (33%)
- The ability to work from home (30%)

Fewer working participants reported the availability of ergonomic assessments (22%) or access to an occupational health specialist (16%), and 17% of respondents reported having no benefits or specialized workplace arrangements available to them at all.

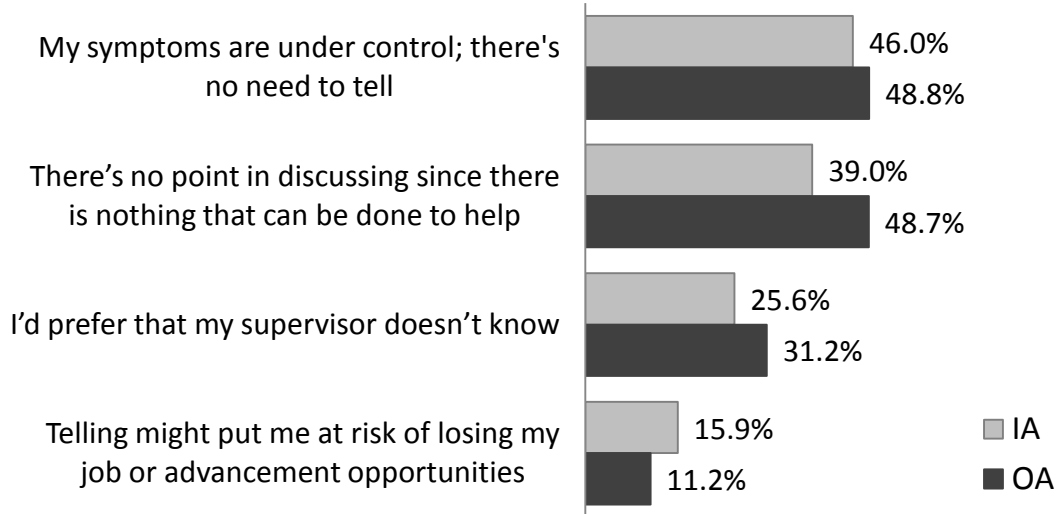
Choosing to talk about arthritis at work

Of interest was that, among those employed, nearly half (46%) had not told their supervisor about their arthritis. This was especially true of individuals with OA. Fifty two percent of those with OA and 38% of those with IA had not discussed their disease with their supervisor.

On the positive side, most participants did not believe that talking to an employer would put them at risk of losing their job or advancement opportunities.

Instead, many people reported that they didn't disclose because they felt their symptoms were currently under control. Nearly half of working respondents with OA and over a third of those with IA also reported that there was no point in telling their supervisor because nothing could be done at work to improve their job situation.

Reasons for not disclosing arthritis to employers varied and sometimes differed between those with IA and OA:



Note: respondents could select more than one answer

These findings are of concern given that many study respondents reported that working with arthritis was sometimes difficult. The perception that nothing can be done to improve working with arthritis or that, because symptoms are currently under control, no efforts are needed is worrying.

Specifically, the findings raise the prospect that many workers with arthritis are not proactive in managing their condition at work either because they will wait until a problem arises or because they don't know what options are available to them to avoid difficulties working with arthritis. Similar concerns have been raised in other research. For example, one study found that three quarters of study participants with IA and OA reported intermittent arthritis symptoms at work. Individuals tended to only make changes when disability was consistently high.⁴ There is a possibility that, by waiting until arthritis creates problems at work, the impact of the disease on poorer productivity will increase and that it may be too late to find ways to help individuals remain employed.

Access to accommodations at work

More than half of respondents had told their supervisor about their arthritis, potentially increasing opportunities to better manage arthritis in the workplace.

However, among individuals who had disclosed their condition, just over one third (37%) had discussed options to better manage working with arthritis. In other words, across all employed participants, less than one in five individuals had discussed ways to manage their disease at work (17.4%).

The most frequently discussed accommodations were the

- provision of equipment or workplace adaptations
- changes to the pattern of hours
- changes to job duties

Unfortunately, among those who reported discussing changes or accommodations to work, one in five said that no changes were actually implemented. There was a trend for older workers to report no changes made to work to manage arthritis.

These findings highlight significant gaps in workplace provisions to manage arthritis. There is a need to educate both workers and employers about the types of work accommodations and changes that may be helpful.

Workers with arthritis may need assistance with strategies that would help them start a conversation about arthritis at work. Additional research is also needed to better understand why some changes are not implemented after discussion and whether job accommodations and changes to the type and amount of work help individuals with arthritis sustain their employment.

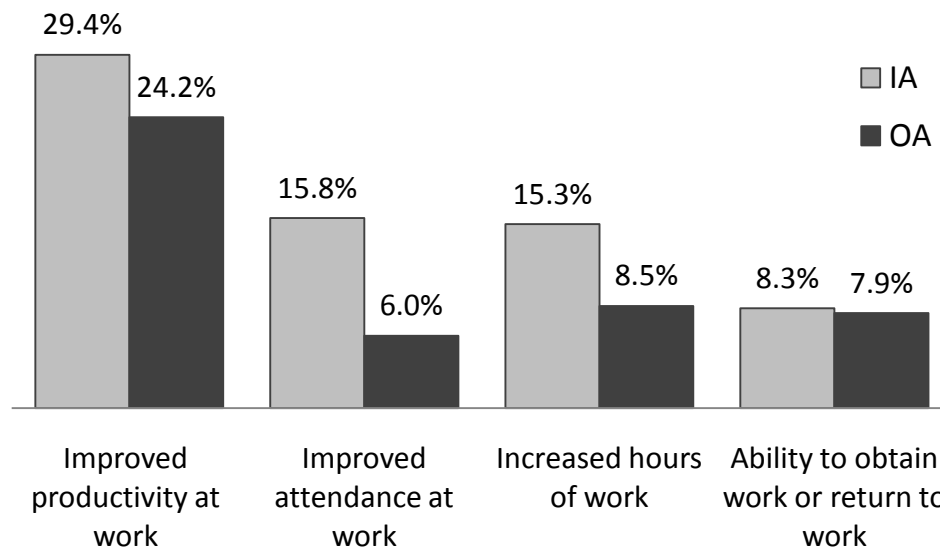
III. Arthritis Treatments and Work

An important finding in the “Fit for Work” survey was that, among participants who were employed, 57% reported that treatment did not have a positive impact on their work life.

Focusing on the potential benefits of prescription medication did not substantially change this finding. Nearly half of those with IA (48.7%) and 56.4% of those with OA reported no positive impact of their prescription medication on work.

Overall, there were differences by diagnosis in the percentage of individuals reporting benefits to their jobs related to different kinds of treatment. Fewer respondents with OA reported benefits to their work lives compared to those with IA.

Treatment resulted in...



There were also some age differences. More middle-aged working participants (55-64 years) reported that treatment did not help to improve their productivity or increase their number of work hours compared to other age groups.

More older workers (aged 65+) reported that treatment was not helpful in improving attendance at work or in obtaining a job or returning to work. This

finding may be because older workers were less likely to be looking for work and less interested in returning to work if they were on disability leave. In addition, a greater percentage of older workers in the study were working part-time compared to other age groups, which may have meant they had fewer difficulties attending work.

Access to Treatment

Some respondents identified treatments that they believed might be helpful in managing their arthritis and work, but that they were unable to access. Responses were similar for those with IA and OA and across different age groups.

Massage therapy (16.6% of working respondents) and physical or occupational therapy (13% of working respondents) were the most difficult treatments to access. Far fewer working participants reported difficulty accessing surgery (5.6%), alternative or complimentary therapies (5.9%) and non-prescription medication (6.0%).

Out-of-pocket cost for treatment was the most common barrier to accessing treatment identified by respondents.

Looking at the entire sample, over one third of participants (37%) reported that challenges in accessing treatment had an impact on their work. This included having to leave the workforce permanently or retire earlier than planned, reduce work hours, or modify job responsibilities.

Impact of Treatment and Interventions

Additional information is needed to better understand the impact of treatment and interventions on working with arthritis.

Reviews of non-pharmacological interventions for work disability find that many promote the use of a combination of

- disease self-management and education
- exercise and lifestyle changes (e.g., diet)
- psychological counselling
- use of accommodations and benefits

in addition to medical and rehabilitation treatment.⁵⁻⁸

There is a clear message that individuals working with arthritis do not find medications and traditional health care treatment enough to sustain employment, return to work after an absence, or work well.

When strategizing around arthritis and work, we need to consider a full range of treatments and interventions that include medical treatment, rehabilitation, lifestyle and self-management.

A greater understanding of the potential benefit of different types of job accommodations, modifications, workplace policies and practices is also necessary. However, we lack research examining what types of accommodations may be most helpful to people with arthritis.

It is also important to involve employers and insurers in addition to health care professionals when going forward with interventions to help people with arthritis sustain their employment or return to work.

Appendix

Table 1: Diagnosis by age and gender

	IA % (n)	OA only % (n)	Other % (n)	Total N
Age group				
54 or less	49.2% (177)	22.5% (81)	28.3% (102)	360
55-64	36% (172)	32.4% (155)	31.6% (151)	478
65 or +	29.7% (65)	52.5% (115)	17.8% (39)	219
Gender				
Male	41.6% (138)	27.7% (92)	30.7% (102)	332
Female	38.1% (276)	35.7% (259)	26.2% (190)	725
Total	414	351	292	1057

Table 2: Employment status by diagnosis

	IA % (n)	OA only % (n)	Other % (n)	Total N
Currently employed	38.3% (169)	31.8% (140)	29.9% (132)	441
Retired	32.4% (104)	38.3% (123)	29.3% (94)	321
Disability leave	58.2% (64)	23.6% (26)	18.2% (20)	110
Not working	41.6% (77)	33.5% (62)	24.9% (46)	185
Total	414	351	292	1057

Table 3: Profile of Respondents

N = 1,057

	N	Percent
Age (years)		
Range : 21-92		
Mean (SD): 57.1 (10.8)		
54 or younger	360	34.1
55-64	478	45.2
65 or older	219	20.7
Gender		
Male	332	31.4
Female	725	68.6
Diagnosis		
Inflammatory Arthritis (includes IA; IA and OA)	414	39.2
Osteoarthritis only	351	33.2
Other	292	27.6
Employment status in the last 12 months		
Between jobs and looking for work	33	3.1
Charity/volunteer work	8	0.8
Employed full time	288	27.3
Employed part time	101	9.6
Homemaker	60	5.7
In school full time/part time	9	0.9
Not working and not looking for work	14	1.3
On permanent medical/disability leave	89	8.4
On temporary medical/disability leave	18	1.7
Other (please specify)	28	2.7
Retired	339	32.1
Self-employed	70	6.6
What you have been doing in the past month/4 weeks?		
Between jobs and looking for work	33	3.1
Charity/volunteer work	21	2.0
Employed full time	281	26.6
Employed part time	94	8.9
Homemaker	68	6.4
I have never worked	2	0.2
In school full time/part time	7	0.7
Not working and not looking for work	23	2.2
On permanent medical/disability leave	84	8.0

	N	Percent
On temporary medical/disability leave	26	2.5
Other (please specify)	31	2.9
Retired	321	30.4
Self-employed	66	6.2
Union membership		
No	214	66.7
Yes	106	33.0
Don't know/prefer not to answer	1	0.3
Do you have any other chronic conditions?		
No	476	45.0
Yes	558	52.8
Don't know/prefer not to answer	23	2.2
Current marital status		
Married or common-law	680	64.2
Divorced or separated	146	13.8
Widowed	70	6.6
Single	155	14.6
Don't know/prefer not to answer	9	0.9
Community size		
Large metropolitan centre	320	30.2
Mid to big-sized city	319	30.1
Small city	144	13.6
Town	154	14.5
Rural area	109	10.3
Remote area	11	1.0
Don't know/prefer not to answer	3	0.3
Education		
Elementary School	4	0.4
Some/completed High School	231	21.8
Some junior college/CEGEP	122	11.5
Completed junior college/CEGEP	215	20.3
Some University	152	14.3
Completed University	325	30.7
Don't know/prefer not to say	11	1.0

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