

Background

- In rheumatoid arthritis (RA), early diagnosis and aggressive treatment are essential to better outcomes.
- Many people defer seeking help or treatment for reasons currently not well accounted for, but often related to decisions concerning work.
- Contextual factors influence patients' decisions in the early stages of RA when dealing with concerns about employment.

Purpose

To examine the contextual factors at play in situations where

- Health affects work/work decisions, and
- Work affects health/health decisions.

Methods

- Secondary data analysis of two qualitative studies with new research question.
- Participants were eligible for initial studies if diagnosed with RA within 12 months prior.
- Interview questions focused on how RA affected the daily lives of participants.
- 1st study: 1 in-depth interview per participant (n=38)
- 2nd study: 3 in-depth interviews per participant over 1-year period. (n=63)

Data Analysis

- Transcripts selected for current study if work/employment discussed by participant.
- 23 of 38 transcripts included from 1st study, 25 (at least one interview from every participant) of 63 in 2nd (n=48)
- Approach: Constant comparison method, a theme-based, iterative, qualitative approach that foregrounds the experience of the participants. Analysis was done by one researcher, in consultation with researchers who previously worked with the dataset.

Demographics	N= 44
48 interviews	44 participants.
Gender	40 women (91%), 4 men (9%)
Location	24(55%) from rural or remote areas. 20 from urban/suburban

Physical limits and financial concerns often the catalyst for work-related decisions, however, many participants deferred making a decision until one of these factors became so overwhelming that they were forced to act upon it.

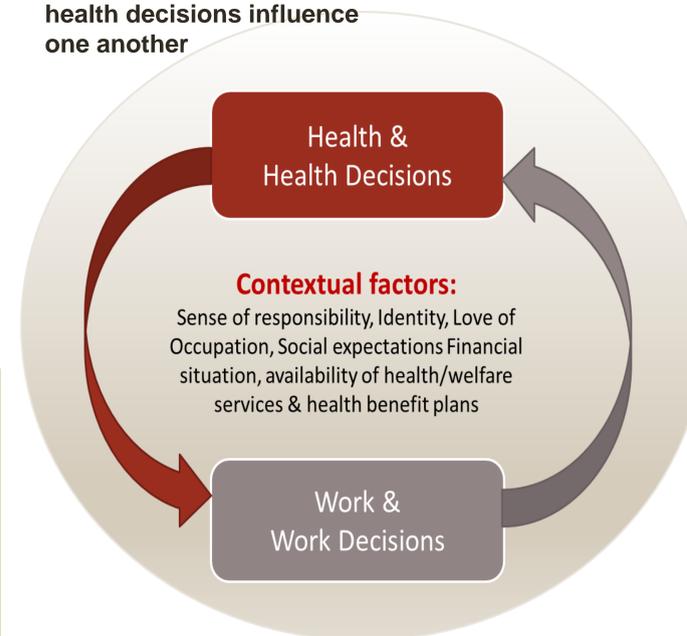
In complicated scenarios, it is difficult to say whether it is work affecting health or health affecting work. The two aspects may become fused together in the general problem of maintaining livelihood with RA.

Diagram: How work and health decisions influence one another

Many participants continued to work despite pain and fatigue, even if alternatives to working for livelihood existed. Many seemed to act counter to a "health first" logic.

In absence of overwhelming physical or financial necessity, decisions were driven by "work ethic", which included:

- love of occupation,
- sense of responsibility,
- commitment to being a hard worker
- occupation defining identity.
- social expectation



Results

"But I will be the first one to admit that work to me, even though it puts me in a place where I am having to do things with certain parts of my body physically that probably aren't the best for it, work has certainly been, and will be, and always has been my salvation from dwelling on things that I can't do and instead feeling like I'm still being useful and productive." - CHARLIZE

"I don't like to rely on things or seem unable. I'm positive people already get that idea from my size. But I just, I was raised to have a strong work ethic. This is what you need to do so you've got to suck it up and do it. And I saw using a cane as a sign of weakness but at that point, that was the only way I could get around to continue doing what I needed to do." - TALLULAH

*"Q: Why is it so important to you to work?
A: I think because mostly I'm a single parent. And I don't want to be homeless and a pension is very important to me... So yeah, it's very important for me to have the money. It's very important for me to work, very important. Don't work, don't eat. And I really, really don't want to be on disability of any kind because I was raised, you know, you don't go on welfare. You don't go on disability, you work." - MARY*

"When I got [RA], I was already working part time and then I realized that I was, even part time was too much. So all I did, because I didn't know what to do, it was just go to work and come home and rest and sleep. And I did that for years until I lost my job." - CARLITOS

"So you can imagine and the fact that I had to stop working, that took a huge portion of who, my identity if you want to call it that, away from me. And that's why I used to hide from going for the mail here, from my neighbors so nobody would ask me, 'How are you today' because I was ashamed of how I walked." - PRINCESS

"At the beginning [my physio] kept saying you shouldn't be at work. You shouldn't go to work. You have to get out of working to give yourself a chance to get better. Myself I was keeping going at work just for my own sanity I guess. Just to prove to myself I could still go. Once I finally was on medical leave and I told her she said – it's about time. She says you should have been off work for two months already. So then I felt guilty that I kept on working thinking it was the right thing to do. But nobody had told me not to work." - JULIE

Conclusion

Our findings suggested that while physical limits and financial necessity were important contributors to individuals' decisions about work, these decisions might also be influenced by work ethic. Participants (mostly women) revealed the preference to stay at work despite difficulties with their health and challenges arising from their work, suggesting that non-medical life-course factors could be as influential as physical or financial factors in one's employment decisions. Further research is needed to understand the interplay of these contextual factors in the effectiveness of interventions on patient decision-making.

