Understanding Contextual Factors that Influence Decisions related to Health and Work among People with Recently Diagnosed Rheumatoid Arthritis

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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.

Results

<table>
<thead>
<tr>
<th>Demographics</th>
<th>N=44</th>
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<tbody>
<tr>
<td>48 interviews</td>
<td>44 participants.</td>
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<tr>
<td>Gender</td>
<td>40 women (91%), 4 men (9%)</td>
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<tr>
<td>Location</td>
<td>24(55%) from rural or remote areas, 20 from urban/suburban</td>
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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.

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

In our study, we found that health and employment decisions were often intertwined. 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.

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.