

EMPLOYMENT STATUS AND QUALITY OF LIFE IN SCHIZOPHRENIA

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Abstract:

Background: Unemployment is a factor that negatively affects the health of the entire population and is an important cause of exclusion, affecting persons with severe mental health problems. The rise of unemployment rates for these persons contrasts with the dropping of unemployment rate for the general population.

Objective: To explore the occupational history of a sample of Romanian persons diagnosed with schizophrenia and the relationship between working status and dimensions of quality of life.

Results: Employed patients emphasize a higher level of functioning and better clinical profile (on positive and general symptoms) than the patients who do not work.

Conclusions: Early course of illness is a critical period for vocational integration. Employment issues should be included as an important issue in the treatment plan.

Key words: schizophrenia, employment, quality of life.

Background

Unemployment is a factor that negatively affects the health of the entire population (1) and is an important cause of exclusion, affecting persons with severe mental health problems (2). Being without work and a regular income puts people with mental illness at risk of poverty even if they receive social security benefits (3). The rise of unemployment rates for these persons contrasts with the dropping of unemployment rate for the general population. Recent studies (4) estimate that in Europe only 10-20% of patients are working.

The employment status of Romanian patients in 1996 is as follows: 39.3% of patients were hired (5) while in 2007 only 11% of patients were employed (6). All these data suggest a dropping in the number of persons with severe mental health problems who managed to find and to maintain a job.

Employment and a satisfactory financial situation are positively related to quality of life (QOL) and well-being (7).

Objective

The objective of this study is occupational history of a sample of Romanian persons diagnosed with schizophrenia and the relationship between working status and dimensions of quality of life.

Method

Study participants: 90 patients with schizophrenia living in the community were recruited at the County Hospital Nr. 2 Satu-Mare (Acute Psychiatric Department), Romania. Inclusion criteria were: a diagnosis of schizophrenia according to ICD-10, a minimum duration of one year since the diagnosis of schizophrenia has been established, age 18–55 years at the time of inclusion. Exclusion criteria were: history of head injury, a general medical condition that could mimic a psychosis.

Clinical Measures

The patients were evaluated using the following instruments:

1. The Positive and Negative Syndrome Scale (PANSS) (8).
2. The Global Assessment of Functioning Scale (GAF). (9)
3. The WHO Quality of Life Scale-Short –Romanian version

The Positive and Negative Syndrome Scale (PANSS) uses a seven-point scale to assess the severity of positive symptoms, negative symptoms, general psychopathology.

The Assessment of global functioning GAF assesses overall social, occupational and psychological functioning on a scale of 1–100 and is one of the axes of the DSM IV

The World Health Organization Quality of Life–Brief Form (WHOQOL-BREF) (10) instrument comprises 26 items and is sensitive to the health related quality of life status of those with long-term mental illness. It provides measures on four domains: physical, psychological, social relationship, and environment.

Statistical analyses

All analyses were done by SPSS 12. Differences in quality of life and clinical profiles were analyzed using Student's t-test.

Results

90 subjects were included in the study. 54.4% of them were male. Mean age was 39.85 (S.D. 10.59) and the mean length of illness 14.64 (S.D. 10.06). 21 individuals were working and 69 were not working and were on permanent seek leave.

TABLE I
Clinical and QOL data on study subjects

	Employed patients	Patients who don't work	T	P
PANSS positive	21,5714	25,2754	-2,177	<.05
PANSS negative	24,7619	31,7971	-2,963	<.05
PANSS general	44,7619	50,8841	-1,744	>.05
GAF	40,7143	26,8986	4,879	<.001
WHO physical health	14,8571	12,5135	4,852	<.001
WHO psychological	13,6190	12,2106	2,832	<.001
WHO social relationship	14,6667	11,4783	4,222	<.001
WHO environment	13,9048	12,4486	2,381	>.05

Table I shows differences in quality of life and clinical profile, the sample divided into individuals employed and individuals who don't work. Employed subject showed a better quality of life, level of functioning and clinical profile.

TABLE II
Working history

Work history	Age of first psychotic episode		X^2	P
	Before 24 years	After 24 years		
Currently working	9 (42.9%)	12 (57.1%)	10.676	<.05
Have worked	23 (48.9%)	24 (51.1%)		
Never worked	19 (86.4%)	3 (13.6%)		

Table II shows differences in work history, the sample divided in function of age at the illness onset. Chi-Square was performed in order to investigate whether age at the onset of illness influenced work history.

TABLE III
Number of years worked after the onset of illness

	Age of first psychotic episode		t	P
	Before 24 years	After 24 years		
Number the year worked after the first psychotic episode	2,3846	6,3846	3.17	<.001

Table III shows differences in number of years worked after the onset of the illness, the sample divided in function of age at the onset of illness.

Discussion

The majority of persons (76.6%) worked at least once during their lifetime. It was found that employed patients reported a greater QOL in the area of physical health and social relationships. A possible explanation for this finding is that employment is usually associated with greater physical health. Having a job allows more social interactions and facilitates the development of social networks.

Early onset of psychosis is not associated with low education but it is associated with low income and to failing to enter on labor market. Employed patients have a higher level of functioning and better clinical profile (on positive and general symptoms) then the patients who do not work.

Conclusions

Early course of illness is a critical period for vocational integration. Employment issues should be included in the treatment plan. Persons unable to keep their jobs after the illness onset may have different needs regarding social and rehabilitation management compared to those able to maintain a working activity.

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