

Introduction

- People with Parkinson's disease (PwP) exit the workforce on average 5 years earlier than people without PD due to motor, cognitive, communicative, and affective symptoms.^{1,2}
- Early exits from the workforce may imperil individuals' financial stability going into retirement, particularly due to the unforeseen costs associated with chronic health conditions. Early employment interventions can help this population retain employment and improve quality of life outcomes.^{3,4}

Objective

To describe workplace self-efficacy, perceived work satisfaction, and financial well-being/hardship in a cohort of PwP who wish to remain working.

Methods

Baseline data were collected via phone and online surveys to assess work-related needs and track changes in work problems.

Measurement Tool	Purpose
Workplace Self-Efficacy Scale (SES)	Measure self-efficacy for job retention
Modified Work APGAR	Assess work satisfaction
COmprehensive Score for financial Toxicity (COST)	Measure financial well-being & financial hardship related to PD

Demographics

- The first 20 enrolled participants are included in analysis.
- Eligibility: 1. Currently working; 2. PD diagnosis in the past 5 years; 3. Intend to continue working for at least 3 years

Characteristic	Mean ± SD or frequency (%)
Age, years	56.5 ± 8.7
Disease duration, years	2.0 ± 1.5
Gender, female	5 (25%)
Source of income	
• Part-time employment	2 (10%)
• Full-time employment	15 (75%)
• Supported by spouse	3 (15%)

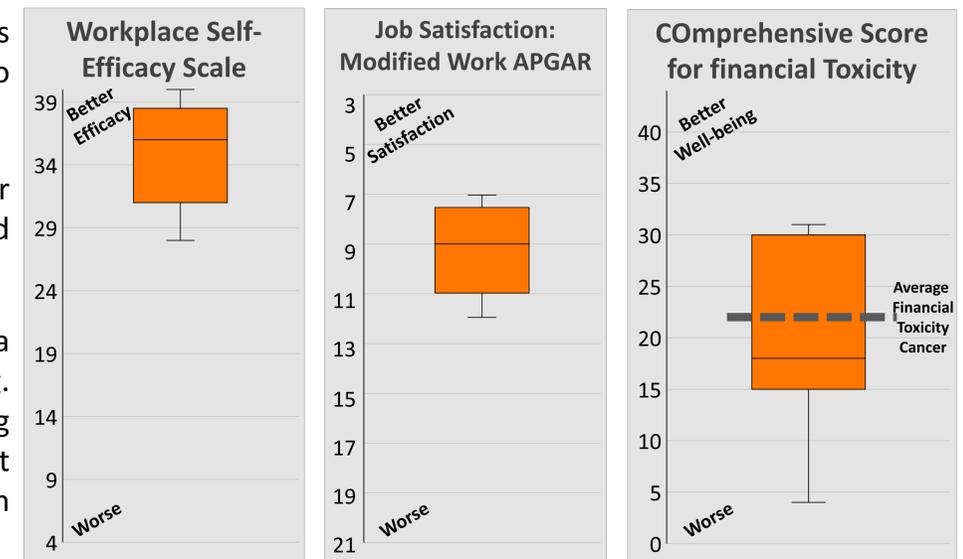
Results

- KEY FINDINGS:**
1. Participants reported moderate to high scores for self-efficacy for job retention and work satisfaction.
 2. Financial toxicity scores were moderately low, similar to those reported by patients with cancer.⁵
 3. As financial hardship increases, workplace self-efficacy decreases.

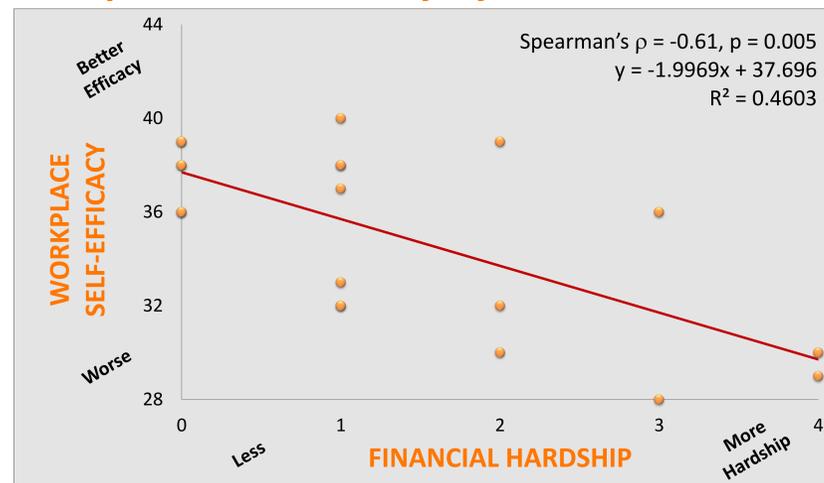
Workplace SES is measured on a scale from 4-40. Higher scores indicate higher self-efficacy. Participants reported moderate to high self-efficacy for job retention (35.0 ± 3.9).

Modified Work APGAR is measured on a scale from 3-21. Lower scores indicate higher work satisfaction. Participants reported moderate to high scores (n = 18; 9.9 ± 2.7).

COmprehensive Score for financial Toxicity (COST) is measured on a scale from 0-44. Higher scores indicate better financial well-being. Participants reported moderate scores for financial well-being (19.9 ± 8.7) and moderate overall financial hardship (1.4 ± 1.3 out of 4). COST scores were similar to those reported by people with cancer in other studies.⁵ (----- = mean for cancer patients)



Workplace Self-Efficacy by Financial Hardship



As reported financial hardship increases, self-efficacy in the workplace decreases with a moderate negative correlation.

Future Directions

Participants will be monitored for three years to measure changes in levels of self-efficacy, work satisfaction, and financial well-being/hardship over time.

We will observe whether participants elect to access support services from physicians, therapists, vocational rehabilitation counselors, and/or social workers.

Limitations: COVID-19, geographic/travel barriers

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References

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