

Employment status plays an essential **role** as a social determinant of **health**. **Unemployed** are more likely to have a longer hospital **length of stay** and a nearly twofold greater rate of 30 day **readmission** than those who were well employed at the time of back surgery. A study aimed to investigate whether employment status influenced post-surgery outcomes and if so, the differences were clinically meaningful among groups.

This retrospective **observational study** used data from the Quality Outcomes Database Lumbar Registry. Data refinement was used to isolate individuals 18 to 64 who received primary spine surgeries and had a designation of employed, unemployed, or disabled. Outcomes included 12 and 24 month back and leg pain, disability, patient satisfaction, and quality of life. Differences in descriptive variables, comorbidities, and outcomes measures (at 12 and 24 months) were analyzed using chi-square and linear mixed-effects modeling. When differences were present among groups, we evaluated whether they were clinically significant or not.

Results: Differences (between employed, unemployed, and disabled) among baseline characteristics and comorbidities were present in nearly every category ($p < 0.01$). In all cases, those who were disabled represented the least healthy, followed by unemployed, and then employed. Clinically meaningful differences for all outcomes were present at 12 and 24 months ($p < 0.01$). In post hoc analyses, differences between each group at nearly all periods were found.

The findings support that the health-related characteristics are markedly different among employment status groups. Group designation strongly differentiated outcomes. These findings suggest that **disability** and unemployment should be considered when determining prognosis of the individual ¹⁾.

¹⁾

Cook CE, Garcia AN, Shaffrey C, Gottfried O. The Influence of Unemployment and Disability Status on Clinical Outcomes in Patients Receiving Surgery for Low Back-Related Disorders: An Observational Study. Spine Surg Relat Res. 2020 Nov 20;5(3):182-188. doi: 10.22603/ssrr.2020-0156. PMID: 34179556; PMCID: PMC8208951.

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