Employers' attitudes to epilepsy

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Obtaining employment is often difficult for a person with epilepsy. Recent studies have shown that public attitudes towards epilepsy have improved^{1,2} but finding a job is still difficult for 25-75% of the 140 000 potential employees with epilepsy in the United Kingdom.^{3,4} It has been said that the reason for this difficulty is prejudice and discrimination which reflects a prevailing ignorance about epilepsy and its consequences. Many patients come to expect this prejudice and lower their sights accordingly.⁵ Employers give several reasons for not employing people with epilepsy, notably a fear of increased accident rates at work,^{6,7} an increase in employers' liability insurance premiums,^{8,9} and the obligations imposed on employers by the Health and Safety at Work Act. These reasons are surprising as there are no factual grounds for them.

Major epileptic convulsions would constitute a serious inconvenience for certain employees and their colleagues. It would clearly be unreasonable to employ people who are not permitted to drive a car for work for which driving is necessary. Frequent attacks would probably reduce the efficiency of a patient with epilepsy in dealing directly with the general public, particularly in selling goods or services. Epilepsy is also a reasonable bar to work up ladders or on scaffolding. Nevertheless, many jobs, especially of an administrative or clerical nature, would not be appreciably affected by occasional epileptic attacks. In such cases undue apprehension, ignorance, or prejudice is possibly the principal stumbling block.

The present study was designed to establish whether a relation exists between the accuracy of employers' knowledge of epilepsy and the opportunities for employment for people with epilepsy in the Southampton area.

Methods

Employers in the Southampton area were circulated with an introductory letter asking for an interview with the person responsible for selecting new employees, which was usually the personnel officer or

a manager of the company. The letter explained that the purpose of the survey was to explore the problems of employment for disabled people from the employers' point of view. Following the response to this letter, the questionnaire was presented in person to the personnel officer or manager of 52 concerns in the Southampton area.

Twenty six of these concerns were engaged in manufacturing goods (21), heavy engineering (2), or printing (3). There were also seven retailers, six transportation companies, two dairies, two energy boards, three educational employers and one bank. The rest were administered by city or county councils.

The questionnaire contained 20 questions and took about 20 minutes to complete. The first part was designed to determine employers' attitudes to a range of illnesses in relation to insurance liability, the Health and Safety at Work Act, the Employment Protection Act, and willingness to employ. Four other disabilities besides epilepsy included in the questionnaire, partly to disguise our primary interest and partly to indicate whether attitudes to epilepsy simply reflected attitudes to disease and disability in general. The other disabilities specified were a heart condition, loss of one eye or one leg, diabetes, and chronic bronchitis.

The second part of the questionnaire was designed to determine what employers in the Southampton area understood about epilepsy. Many of the questions were structured around the pamphlet *Employing someone with epilepsy* published by the Manpower Services Commission (with advice from the British Epilepsy Association) which contains simple statistical data about work performance and the effects of epilepsy.

THE INTERVIEW

The interview time ranged from 20 minutes to two hours. During this time the employer would read and answer the questionnaire there and then without discussing the questions with colleagues or looking anything up.

Results

The employers were divided into three groups accord-

Table 1 *Employers' willingness to employ people with epilepsy in relation to the size of employment*

Questions put to employers who were ranged by size of workforce	Employers responding	
	Yes (%)	No (%)
If a person is allowed to hold a driving licence would you allow him/her to work with heavy machinery if he/she also has epilepsy?		
< 50 employees	20	80
50-1000 employees	32	68
> 1000 employees	35	65
Have you jobs that could be filled by a person who has epilepsy?		
< 50 employees	50	50
50-1000 employees	80	20
> 1000 employees	94	6

ing to the number of their employees. Ten firms had fewer than 50 employees each and were designated small employers; 25 had between 50 and 1000 (medium sized employers), and 17 each had more than 1000 employees (large employers). The total number of employees covered by this survey was 164 654.

ANSWERS TO THE QUESTIONNAIRE: EMPLOYMENT POLICY FOR PEOPLE WITH EPILEPSY

Fewer jobs were available for people with epilepsy than for any of the other disorders. Seventy two per cent of employers would not allow an employee with epilepsy to handle machinery even if he was allowed to hold a driving licence (table 1).

Why were the employers so reluctant to offer work to those with epilepsy? This was not due to fears of

time off work, since every employer without exception agreed that compared with the other illnesses mentioned in the questionnaire those with epilepsy would be likely *not* to take the greatest time off work (table 2). Forty three per cent of employers erroneously believed that their employers' liability insurance premiums would not cover people with epilepsy and 17% considered that the Health and Safety at Work Act restricted them in practice from employing such people. By contrast, the Employment Protection Act was not considered to discourage them from doing so.

EMPLOYERS' UNDERSTANDING OF EPILEPSY

Employers tended to underestimate the prevalence of epilepsy and to overestimate the frequency of attacks in those who have it. Over half the employers believed the prevalence of epilepsy to be 1 in 2000 or less (a tenfold underestimate). Unconsciousness was clearly regarded as an important feature of the condition and 18% would apparently regard fainting as a form of epilepsy if consciousness was lost during the faint.

In response to a question comparing the accident rates for employers in industry only 50% of employers correctly answered that the accident frequency rate at work for people with epilepsy is lower than for the general population.^{3,6} Fifty four per cent believed that epilepsy is associated with reduced intelligence and 6% that it is associated with a violent personality. Forty three per cent of employers would call a doctor even when consciousness had started to return after an epileptic attack, indicating an excessive degree of concern about the *medical* consequences of epilepsy for the patient.

Table 2 *Answers to part I of the questionnaire for people with epilepsy: comparing the responses from those employers who had had previous contact with epilepsy and those who had not*

Question	Employers' responses					
	Personal contact with epilepsy			No personal contact with epilepsy		
	Yes %	No %	Not sure %	Yes %	No %	Not sure %
1 Do you think insurance companies would include in the insurance liability insurance policy a person with epilepsy at normal rates?	53	43	4	54	46	—
2 If a person is allowed to hold a driving licence would you allow him/her to work with heavy machinery if he/she also has epilepsy?	24	72	4	30	58	12
3 Does the Health and Safety at Work Act restrict you in practice from employing a person with epilepsy?	17	83	—	17	83	—
4 Is a person with epilepsy likely to take the greatest amount of time off work due to ill health?	—	100	—	—	100	—
5 Have you jobs that could be filled by a person who has epilepsy?	58	ltd 25	17*	83	17	—
6 Does the Employment Protection Act restrict you in practice from employing someone with epilepsy?	—	96	4	—	100	—

*Seventeen per cent said they had jobs for people with epilepsy but they would be limited to administrative and clerical work.

Discussion

Employers in the Southampton area are reluctant to employ people with epilepsy; 25% had no jobs whatsoever for people with epilepsy. This had no relation to the type of employment but was related to the size of the concern; the smaller the place of employment, the less likely it was to have places for people with epilepsy. It is easier to find a job if one has one eye, one leg, diabetes, heart disease, or chronic bronchitis than epilepsy.

Of particular note is that 72% of the employers interviewed would not allow a person with epilepsy who is allowed to hold a driving licence to work with heavy machinery. This is particularly true of those employers who believe that most people with epilepsy have more than one attack a month. The driving licence regulations in the United Kingdom at the time of this survey permitted the holding of a standard driving licence only if there had been no attacks while awake for a continuous period of three years. It is likely therefore that many employers did not appreciate the rigour of the driving licence regulations, though their knowledge on this point was not specifically tested in this study.

Although some of the provisions of the Employment Protection Act and the Health and Safety at Work Act could discourage employers from employing people with epilepsy, in practice this legislation appears to be a relatively small barrier to their prospects. Nevertheless, almost 50% of the employers wrongly assumed that their liability as an employer of people with epilepsy could not be insured at normal rates.

Twenty eight of the 52 employers had witnessed an epileptic attack or knew someone with epilepsy and these employers tended to have a more accurate picture of epilepsy than the others. Nevertheless, 42% of these employers and 43% of the total believed it necessary to call a doctor if an attack occurred, even when the patient was already regaining consciousness after the attack. Some of the features of the natural history of epilepsy appeared to be correctly understood by employers whether or not they had an experience of epilepsy. They knew that not all people with epilepsy have convulsions, that some can predict their attacks, and that over 75% of patients can live "an essentially normal life" with attacks less often than once a month.

In view of this, it is surprising that 25% of employers would not consider taking anyone with epilepsy in any capacity whatever. One reason for this discrepancy could be that the employer is subconsciously prejudiced against people with epilepsy. Another reason could be that the employer tended to be more liberal in his answers to our questionnaire than he

really was, or that his practice is in fact determined by the attitude of other employees at the workplace. For instance, two employers expressed their concern for "the effect that an epileptic might have on the young girls in the office."

How can this situation be improved? Clearly there is some way yet to go in improving employers' knowledge of epilepsy in certain areas, especially regarding the frequency and effects of epileptic attacks and the stringency of driving licence regulations in the United Kingdom. It may also be useful to point out to employers the discrepancy that exists between their knowledge of epilepsy and their actual policies in employing people with it. Employers themselves help to bolster prejudice and ignorance by protecting employees from contact with people with epilepsy. There is no direct evidence, however, that the acquisition of this knowledge actually leads to more jobs being offered to people with epilepsy.

Since contact with people with epilepsy is associated with greater knowledge of the condition, personnel managers and the colleagues of an employee with epilepsy should be informed of the nature of epilepsy and what to do if their colleague has an attack. If they have not witnessed an epileptic attack it would be helpful to show them a film of one as part of the process of explanation.

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