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# HEART DISEASE IN RELATION TO EMPLOYMENT

The author discusses the problem of heart disease in relation to employment. He suggests a few methods for studying this problem. As the group of patients under observation was not representative of all cardiacs, no sweeping conclusions should be drawn from the data presented. However, on the basis of this study it may be argued that the cardiacs suitable employed can successfully perform a variety of jobs without unfavorable effects on heart disease.

The subject of heart and employment is at present receiving an increasing amount of attention in many parts of the world. This is quite natural, since heart disease as a cause of disability and death is growing in importance, since disability pension programs are being more widely adopted, and since it has been recognized that certain rehabilitation techniques can be applied in the case of medical as well as orthopedic impairments.

In considering heart disease in relation to employment, a number of basic questions must be answered. Some of these are:

1. Can persons with heart disease be employed?
2. If so, what type of work can they do?
3. What effect does the heart disease have on their ability to work?
4. What effect does the occupation have on the course of heart disease?
5. What are some of the difficulties encountered in finding suitable employment for cardiacs?
6. What can be done to increase employment opportunities for cardiacs?

Undoubtedly there are additional questions that might be raised, but this discussion will be limited to those just mentioned.

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Table I

*Work Status of 580 Patients With Heart Disease According To Age and Sex*

| Work Status | Percentage Distribution | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | MALES | | | | FEMALES | | | |
| | 0–34 years | 35–54 years | 54 and over | Total | 0–34 years | 35–54 years | 54 and over | Total |
| Full Time Work . . . . . . . . . . . . . . | 80 | 59 | 30 | 45 | 90 | 70 | 45 | 64 |
| Limited* Work . . . . . . . . . . . . . . . | 0 | 9 | 10 | 8 | 2 | 21 | 40 | 25 |
| Not Working (cardiac) . . . . . . . . . . | 6 | 22 | 48 | 35 | 2 | 7 | 11 | 7 |
| Not Working (other)** . . . . . . . . . . | 14 | 10 | 12 | 12 | 6 | 2 | 4 | 4 |
| Total Per Cent | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |

* Limited as to hours per day, hours per week and taxing features

** Includes unemployed and illness or disability other than cardiac

1. *Can persons with heart disease be employed?*

The answer to this question can be given strongly in the affirmative, and there is evidence that a large majority of cardiacs are able to engage in some type of useful occupation (1). One method of seeking an answer to this question is to study the occupational status of patients who are under observation or treatment for heart disease. The results of one such study are given in Table I.

It is apparent from Table I that at least in this particular group of cardiacs, a large majority of those under 55 years of age were employed, and that the proportion of employed females was larger than that for males. The difference in the two sexes is due to the fact that in this study housewives were considered as being employed if they carried the usual responsibilities of that occupation without the assistance of servants. Without giving details, it can be stated that the patients represented in this study included all types and all degrees of severity of heart disease.

2. *What type of work can cardiacs do?*

An answer to this question is given in Table II. If it should appear that cardics are greatly restricted in the kind of work they can perform, the problem of suitable employment would obviously be most difficult to solve. It is apparent from Table II that in the group of patients studied, a wide variety of jobs were being performed and that in all job categories a majority of the patients were successfully performing the required work.

Table II

*Usual Occupation and Work Status of 580 Patients with Heart Disease*

| Usual occupation | Total number of patients | Number working | Number not working |
|---|---|---|---|
| Professional, self employed | 23 | 15 | 8 |
| Students, clerks, salesmen | 102 | 92 | 10 |
| Housewives | 171 | 161 | 10 |
| Skilled workers | 63 | 47 | 16 |
| Semi-skilled workers | 45 | 32 | 13 |
| Unskilled workers | 155 | 101 | 54 |
| Constantly changing | 21 | 21 | 0 |
| Total | 580 | 469 | 111 |

Of particular interest in Table II is the fact that housewives and unskilled workers are the two largest groups. These occupations are likely to call for a greater expenditure of physical effort than most other types of work.

3. *What effect does heart disease have on the ability to work?*

This question can be approached both from a long-time and short-time point of view (2). A study of the effects of heart disease on ability to work over a period of many years is summarized in Table III.

Tabla III

*Number of Working Years of 580 Cardiacs According To Known Duration of Heart Disease*

| Known Duration of Heart Disease | Number of Patients | Number of Working Years | | | | Never Worked | |
|---|---|---|---|---|---|---|---|
| | | Less than 5 | 5-9 | 10-14 | 15 and more | Cardiac Reasons | Other Reasons |
| Less than 5 years . . . . . . . . | 278 | 203 | — | — | — | 63 | 12 |
| 5–9 years . . . . . . . . . . . . . | 112 | 12 | 77 | — | — | 21 | 2 |
| 10–14 years . . . . . . . . . . . . | 93 | 3 | 6 | 74 | — | 9 | 1 |
| 15 years and more . . . . . . . . | 97 | 3 | 8 | 21 | 62 | 2 | 1 |
| Total | 580 | 221 | 91 | 95 | 62 | 95 | 16 |

The most striking feature of Table III is the fact that most of the patients had worked most of the time since the discovery of their heart disease. Thus, of 97 patients with heart disease of known duration of 15 years or more, 62 had worked during the entire time, an additional 21 had worked for more than 10 years, while only 3 had not worked at all. These figures would tend to show that heart disease does not necessarily render its victims unfit for work.

Employers are frequently reluctant to hire persons who have some form of physical disability. This is particularly true in the case of heart disease. One reason for this reluctance is fear of excessive absenteeism. That this attitude may be entirely unwarrented is demonstrated by Table IV. The figures in Table IV are based on a study of the sick-absence record for a full year of 189 cardiac patients who were employed full-time in industry. Housewives, self-employed persons, and part-time workers were not included in this group.

It is apparent from Table IV that a great majority of these workers having heart disease lost no time from work because of this disease nor from any other illness. When the total of sickness absenteeism was calculated, it was found to be no greater than the average for industrial workers generally.

### 4. *What effects does occupation have on the course of heart disease?*

One method of seeking an answer to this question is to compare the course of heart disease in a group of employed cardiacs with the course in a similar group who have not worked (3). Such a comparison is made in Table V. Judgment as to whether the status of a patient had improved, remained the same, or deteriorated, was based on the symptoms described by the patient, complete physical examination, roentgen and electrocardiographic evidence and other laboratory findings. In the case of employed cardiacs, the ease with which they were able to perform their duties was an important factor. No physiological function tests were employed. More than one-half of the patients were under observation for more than five years, about one-third for more than ten years, and about one sixth for more than fifteen years. (The actual figures are given in columns 1 and 2 of Table III.)

The two points of major interest in Table V are, first, that slightly more than half of the patients in both groups showed no significant change in status during the period of observation, and, second, that a slightly greater proportion of those who worked showed improvement, as compared with the non-workers. It may be argued that the working group represented those cases having a better prognosis, and hence that improvement was to be expected. In any case, it can be said that there is no evidence in this particular series of cases that working has had an unfavorable effect on the course of heart disease. Since symptoms in heart disease are often related to emotional and psychic factors, it may be that the social and economic adjustment of the working group had a favorable effect on symptoms.

### 5. *What are the difficulties in finding suitable employment for cardiacs?*

Surely one of the major difficulties is fear: on the part of the patient, his family, his physician, and his employer. So much publicity is often given to the dramatic cases of sudden death in heart disease that many cardiacs fear that death will surely result unless they remain almost completely at rest. Because of this widespread belief, many physicians fear to assume the responsibility of advising activity or employment. Employers fear the possibility of property damage, workmen's compensation or liability claims, and excessive absenteeism. The association of fear with ignorance is true in the case of heart disease as it is elsewhere.

Table IV *Days Lost From Work in The Year 1949 By 189 Cardiacs Employed Full Time*

| Age | Cardiac Reasons | | | | | | Non-Cardiac Illness | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Number of Cases | Days Lost | | | | | Number of Cases | Days Lost | | | | |
| | | 0 | 1–6 | 7–29 | 30–59 | 60 and more | | 0 | 1–6 | 7–29 | 30–59 | 60 and more |
| 0–34 years . . . . . | 61 | 56 | 3 | 2 | 0 | 0 | 61 | 47 | 5 | 8 | 0 | 1 |
| 35–54 . . . . . . . . | 65 | 56 | 1 | 4 | 3 | 1 | 65 | 52 | 4 | 6 | 3 | 0 |
| 55 & over . . . . . | 63 | 47 | 4 | 5 | 3 | 4 | 63 | 54 | 4 | 5 | 0 | 0 |
| TOTAL . . . . . . | 189 | 159 | 8 | 11 | 6 | 5 | 189 | 153 | 13 | 19 | 3 | 1 |

Table V *Comparison of the Course of Heart Disease in 469 Working and 111 Non-working Cardiacs*

| Age in 1949 | Percentage Distribution | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Worked | | | | Never Worked | | | |
| | Unchanged | Improved | Became Worse | Total | Unchanged | Improved | Became Worse | Total |
| Under 35 . . . | 47 | 25 | 28 | 100 | 100 | 0 | 0 | 100 |
| 35–54 . . . . . . | 62 | 14 | 24 | 100 | 63 | 12 | 25 | 100 |
| 55 and over . . | 51 | 23 | 26 | 100 | 55 | 14 | 31 | 100 |
| All ages . . . . | 54% | 21% | 25% | 100% | 58% | 13% | 29% | 100% |

A second difficulty, and one which applies in the case of other handicapped persons, is the attitude of many employers which can be expressed in such terms as: "Why should I hire a sick person if I can hire a healthy one?". A counter-argument based on social responsibility is not always an effective answer to this question. It is well known, however, that in periods of labor shortage, employers will readily accept handicapped workers. The relationship of the state of the labor market to employment possibilities for handicapped persons should never be overlooked in any rehabilitation program.

A third difficulty in job placement of cardiacs is lack of information on the relationships of employment and heart disease. Data such as those presented above are very meagre. Many other studies, covering long periods of time, must be made before the basic questions can be answered with any degree of assurance. In the meantime, such facts as are known must be given the widest possible dissemination.

### 6. *What can be done to increase employment opportunities for cardiacs?*

Some of the answers to this question are apparent from a mere statement of the difficulties involved. If fear is an obstacle, and if this fear is due to ignorance, the truth must be sought and must be widely publicized. Research and education are the obvious needs.

A method which has met with a measure of success in finding suitable placement for cardiacs as that of the so-called Work Classification Unit (4). This involves the team-work of physicians, social workers and vocational counsellors who determine the suitability of cardiacs for specific jobs, attemt to find such jobs and maintain medical, social and vocational follow-up. When necessary, vocational training or retraining are advised and arranged for. Units of this type also serve as research centers for studying the relationships of heart disease and employment.

In some parts of the world, attempts have been made to create employment opportunities for handicapped persons by means of legislation. It is unlikely that any government will go so far as to require employers to engage a certain number of cardiacs as a fixed proportion of the total personnel. This principle of obligatory hiring of handicapped persons is one which some day may help the cardiac.

The purpose of this brief report has been merely to point out some of the major problems of heart disease and employment and to suggest a few methods of studying these problems. No sweeping conclusions should be drawn from the data presented, particularly since the group of patients were not representative of all cardiacs. The group included only those who were living and who continued to attend the cardiac clinic. Other studies of a more comprehensive nature are obviously needed before it will be possible to give conclusive answers to the basic questions.

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# SRČANA OBOLJENJA I ZAPOSLENJE

Pitanju srčanih oboljenja u vezi sa zaposlenjem počinje se u mnogim stranama svijeta pridavati sve veća pažnja. To je posve naravno, budući da srčane bolesti kao uzrok nesposobnosti i smrti postaju sve značajnije, primjena programa renta za slučaj nesposobnosti sve šira i budući da se uvidjelo, da se izvjesne metode rehabilitacije mogu primijeniti u slučajevima medicinskih i ortopedskih oštećenja.

Promatrajući srčana oboljenja u vezi sa zaposlenjem treba odgovoriti na nekoliko osnovnih pitanja kao što su:

1. Mogu li se osobe sa srčanom bolešću zaposliti?
2. Ako mogu, koju vrstu posla mogu vršiti?
3. Kako srčana bolest djeluje na njihovu radnu sposobnost?
4. Kako djeluje zaposlenje na tok srčane bolesti?
5. Na koje se teškoće nailazi pri pronalaženju odgovarajućeg zaposlenja za srčane bolesnike?
6. Što se može učiniti, da se poveća mogućnost zaposlenja srčanih bolesnika?

Bez sumnje ima još drugih pitanja koja bi se mogla postaviti s time u vezi, no ovo razmatranje ograničit će se samo na ova, koja su spomenuta.

1. *Mogu li se osobe sa srčanom bolešću zaposliti?*

Na ovo se pitanje može odgovoriti potpuno afirmativno i ima dokaza, da je velika većina srčanih bolesnika sposobna da se zaposli u izvjesnim korisnim zvanjima (1). Jedan od načina, da se potraži odgovor na to pitanje, je proučavanje zaposlenosti bolesnika, koji se zbog srčanih oboljenja promatraju ili liječe. Rezultati takvog jednog proučavanja prikazani su u tablici 1.

Iz tablice 1 se vidi, da je velika većina srčanih bolesnika ispod 55 godina bila zaposlena, bar što se tiče te grupe, i da je zaposlenih žena bilo razmjerno više nego muškaraca. Ta razlika u spolu dolazi otuda, što su domaćice u ovom proučavanju uvrštene među zaposlene, koliko svoje funkcije domaćice vrše bez pomoći posluge. Ne ulazeći u pojedinosti može se ustvrditi, da bolesnici prikazani u ovom pregledu uključuju sve vrste i sve stepene srčanih oboljenja.

2. *Koju vrstu posla mogu vršiti srčani bolesnici?*

Na to pitanje je odgovoreno u tablici 2. Koliko bi se činilo, da su srčani bolesnici u velikoj mjeri ograničeni u vrstama posla, koji mogu vršiti, onda bi, očito, problem odgovarajućeg zaposlenja bilo vrlo teško riješiti. Iz tablice 2 se vidi, da ispitivana grupa bolesnika vrši vrlo različite poslove i da u svim vrstama posla većina njih rade uspješno posao, koji se od njih traži.

U tablici 2 je naročito zanimljiv podatak, da dvije najveće grupe sačinjavaju domaćice i nekvalificirani radnici. Čini se, da ta zvanja zahtijevaju veći fizički napor nego mnoge druge vrste posla.

3. *Kako srčana oboljenja djeluju na radnu sposobnost?*

Ovo se pitanje može razmatrati sa stajališta duljeg ili kraćeg vremenskog perioda (2). Proučavanje djelovanja srčanih oboljenja na radnu sposobnost kroz niz godina ukratko je prikazano u tablici 3.

Tablica 1

*Zaposlenost 580 srčanih bolesnika prema starosti i spolu*

| Zaposlenost | U procentima | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Muškarci | | | | Žene | | | |
| | 0–34 god. | 35–54 god. | 54 i više god. | Ukupno | 0–34 god. | 35–54 god. | 54 i više god. | Ukupno |
| Puno radno vrijeme | 80 | 59 | 30 | 45 | 90 | 70 | 45 | 64 |
| Ograničeno* radno vrijeme | 0 | 9 | 10 | 8 | 2 | 21 | 40 | 25 |
| Ne rade (srčani bolesnici) | 6 | 22 | 48 | 35 | 2 | 7 | 11 | 7 |
| Ne rade (ostali)** | 14 | 10 | 12 | 12 | 6 | 2 | 4 | 4 |
| Ukupno % | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |

* Ograničeno na satove u danu i tjednu.

** Uključeni nezaposleni te bolesni i nesposobni zbog drugih, a ne srčanih oboljenja.

Tablica 2

*Redovno zvanje i stanje zaposlenosti 580 srčanih bolesnika*

| Redovno zvanje | Ukupan broj bolesnika | Broj onih, koji rade | Broj onih, koji ne rade |
|---|---|---|---|
| Obrtnici i samostalna zvanja | 23 | 15 | 8 |
| Studenti, činovnici, prodavači | 102 | 92 | 10 |
| Domaćice | 171 | 161 | 10 |
| Kvalificirani radnici | 63 | 47 | 16 |
| Polukvalificirani radnici | 45 | 32 | 13 |
| Nekvalificirani radnici | 155 | 101 | 54 |
| Radnici, koji stalno mijenjaju zvanje | 21 | 21 | 0 |
| Ukupno | 580 | 469 | 111 |

U tablici 3 najupadljivija je činjenica, da je većina bolesnika, nakon što im je otkrivena srčana bolest, najvećim dijelom radila. Tako su 62 od 97 srčanih bolesnika s poznatim trajanjem bolesti od 15 godina i više radila čitavo to vrijeme, 21 je radio više od 10 godina, a samo 3 nisu radila uopće. Ti brojevi bi pokazivali, da srčana oboljenja ne moraju onesposobljavati svoje žrtve za rad.

Tablica 3

*Broj godina zaposlenja 580 srčanih bolesnika prema poznatom trajanju srčanog oboljenja*

| Poznato trajanje srčanog oboljenja | Broj bolesnika | Broj godina rada | | | | Nisu radili nikada | |
|---|---|---|---|---|---|---|---|
| | | Manje od 5 | 5–9 | 10–14 | 15 i više | Zbog srčanih razloga | Drugi razlozi |
| Manje od 5 god. | 278 | 203 | — | — | — | 63 | 12 |
| 5–9 god. | 112 | 12 | 77 | — | — | 21 | 2 |
| 10–14 god. | 93 | 3 | 6 | 74 | — | 9 | 1 |
| 15 god. i više | 97 | 3 | 8 | 21 | 62 | 2 | 1 |
| Ukupno | 580 | 221 | 91 | 95 | 62 | 95 | 16 |

Poslodavci često odbijaju da zaposle osobe, kojih je fizička radna sposobnost u bilo kojoj formi nepotpuna. To se naročito odnosi na srčana oboljenja. Razlog tom odbijanju je strah od prekomjernog izbivanja. Da to stajalište može biti potpuno ne-

opravdano, pokazuje tablica 4. Brojevi u tablici 4 temelje se na analizi izvještaja o tome, koliko je izbivalo zbog bolesti u toku jedne cijele godine 189 srčanih bolesnika, koji su bili zaposleni u industriji puno radno vrijeme. Domaćice, obrtnici i slobodna zvanja te radnici s nepotpunim radnim vremenom nisu uključeni u tu grupu.

Iz tablice 4 se vidi, da velika većina tih radnika sa srčanim oboljenjem nije izgubila ništa od radnog vremena zbog tog oboljenja, a ni zbog kakve druge bolesti. Ako se izračuna ukupno izbivanje zbog bolesti, nalazi se, da ono nije veće od prosjeka, koji vrijedi za industrijske radnike uopće.

4. *Kako zaposlenje djeluje na tok srčanog oboljenja?*

Odgovor na to pitanje može se potražiti uspoređujući tok srčanih oboljenja u grupi bolesnika, koji su bili zaposleni, s tokom oboljenja u sličnoj grupi, koja nije radila (3). Takvo uspoređenje je učinjeno u tablici 5. Sud o tome, da li se stanje bolesnika popravilo, ostalo isto ili pogoršalo, temelji se na simptomima, koje su bolesnici opisivali, zatim na cjelokupnom fizičkom pregledu, rentgenskim i elektrokardiografskim snimcima i drugim laboratorijskim nalazima. Važan faktor je bila lakoća, kojom su zaposleni srčani bolesnici mogli da vrše svoje dužnosti. Nikakvi fiziološki testovi nisu upotrebljeni. Više od polovice bolesnika promatrano je više od 5 godina, po prilici trećina više od 10 godina, a oko jedne šestine više od 15 godina. (Točne brojke prikazane su u stupcu 1 i 2 tablice 3.)

U tablici 5 su od naročitog interesa dvije stvari: prvo, da nešto malo više od polovice bolesnika u obadvije grupe nije pokazivalo u toku promatranja nikakvih značajnih promjena stanja bolesti, i, drugo, da je – u poređenju s onima, koji ne rade – neznatno veći broj onih, koji rade, pokazivao poboljšanje stanja. Moglo bi se tvrditi, da je grupa onih, koji su radili, predstavljala bolesnike s boljom prognozom, pa se zbog toga to poboljšanje moglo očekivati. U svakom slučaju se može reći, da u ovoj seriji slučajeva nije opaženo, da bi rad nepovoljno djelovao na tok bolesti. Budući da su simptomi srčanih oboljenja često vezani na emocionalne i psihičke faktore, može biti, da je socijalni i ekonomski položaj grupe, koja je radila, povoljno utjecao na te simptome.

5. *Koje su teškoće u pronalaženju odgovarajućeg zaposlenja za srčane bolesnike?*

Sigurno je, da je strah jedna od najvećih teškoća: strah bolesnika, njegove porodice, njegova liječnika i poslodavca. O dramatskim slučajevima nagle smrti srčanih bolesnika često se tako mnogo govori, da mnogi srčani bolesnici strahuju, da će sigurno umrijeti, ako ne budu potpuno mirovali. Liječnici se pak boje, s obzirom na to rašireno vjerovanje, da preuzmu odgovornost savjetujući rad i zaposlenje. Poslodavci se opet boje mogućnosti materijalne štete i traženja odštete ili druge novčane odgovornosti od radnika, te prekomjernog izostajanja. Strah udružen s neznanjem vrijedi za srčana oboljenja isto kao i drugdje.

Druga teškoća, koja je ista i kod ostalih osoba s nepotpunom radnom sposobnošću, je stav mnogih poslodavaca, koji se može izraziti ovim riječima: »Zašto da zaposlim bolesnu osobu, kad mogu zaposliti zdravu?« Protivni argumenat, koji se temelji na socijalnoj odgovornosti, nije uvijek efektan odgovor na to pitanje. Međutim, vrlo je dobro poznato, da će u periodima oskudice radne snage poslodavci spremno primiti radnike sa smanjenom radnom sposobnošću. Odnos stanja na tržištu radne snage i mogućnosti zaposlenja radnika sa smanjenom radnom sposobnošću ne bi se smio smetnuti s oka ni u jednom programu ponovnog osposobljavanja.

Treća teškoća u osposobljavanju srčanih bolesnika leži u pomanjkanju informacija o odnosu zaposlenja i srčanih oboljenja. Podaci slični ovima, koji su naprijed prikazani, vrlo su nepotpuni. Trebalo bi provesti razna druga ispitivanja, koja bi obuhvatila duge vremenske periode, prije nego što bi se s ma kakvom sigurnošću moglo odgovoriti na osnovna pitanja. U međuvremenu je potrebno, da se podacima, koji su poznati, dade što je moguće veći publicitet.

6. *Što se može učiniti, da se poveća mogućnost zaposlenja srčanih bolesnika?*

Neki od odgovora na to pitanje proizlaze iz samog izlaganja teškoća, koje su s tim spojene. Ako je zapreka strah, a strah potječe od neznanja, onda treba tražiti istinu i što više je širiti. Prema tome se nameće potreba istraživačkog rada i prosvjećivanja.

Tablica 4

*Radni dani, što ih je u 1949. g. izgubilo 189 srčanih bolesnika zaposlenih puno radno vrijeme*

| Starost | Zbog srčanih oboljenja | | | | | | Zbog drugih, a ne srčanih oboljenja | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Broj slučajeva | Izgubljeni dani | | | | | Broj slučajeva | Izgubljeni dani | | | | |
| | | 0 | 1–6 | 7–29 | 30–59 | 60 i više | | 0 | 1–6 | 7–29 | 30–59 | 60 i više |
| 0–34 god. . . . | 61 | 56 | 3 | 2 | 0 | 0 | 61 | 47 | 5 | 8 | 0 | 1 |
| 35–54 god. . . . | 65 | 56 | 1 | 4 | 3 | 1 | 65 | 52 | 4 | 6 | 3 | 0 |
| 55 i više god. . | 63 | 47 | 4 | 5 | 3 | 4 | 63 | 54 | 4 | 5 | 0 | 0 |
| Ukupno . . . | 189 | 159 | 8 | 11 | 6 | 5 | 189 | 153 | 13 | 19 | 3 | 1 |

Tablica 5

*Usporeñenje toka srčanih oboljenja 469 bolesnika, koji su radili, i 111 bolesnika, koji nisu radili*

| Godine starosti 1949. god. | U procentima | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Bolesnici, koji su radili | | | | Bolesnici, koji nisu nikada radili | | | |
| | Nepromijenjeno | Poboljšano | Pogoršano | Ukupno | Nepromijenjeno | Poboljšano | Pogoršano | Ukupno |
| Ispod 35 god. | 47 | 25 | 28 | 100 | 100 | 0 | 0 | 100 |
| 35–54 god. | 62 | 14 | 24 | 100 | 63 | 12 | 25 | 100 |
| 55 i više god. | 51 | 23 | 26 | 100 | 55 | 14 | 31 | 100 |
| Ukupno | 54 % | 21 % | 25 % | 100 % | 58 % | 13 % | 29 % | 100 % |

Metoda, koja je imala izvjesnog uspjeha u pronalaženju odgovarajućeg zaposlenja srčanih bolesnika, je metoda t. zv. Jedinice za radnu klasifikaciju (4). Jedinica obuhvaća radnu grupu liječnika, socijalnih radnika i savjetnika za izbor zvanja, koji određuju sposobnost srčanih bolesnika za specijalne poslove, nastoje da takve poslove pronađu i vrše medicinski i socijalni nadzor nad zaposlenjem. Ako je potrebno, savjetuje se i organizira stručna izobrazba ili ponovna izobrazba. Jedinice te vrste služe također kao istraživački centri za proučavanja odnosa srčanih oboljenja i zaposlenja.

U nekim dijelovima svijeta pokušalo se stvoriti mogućnost zaposlenja osoba sa smanjenom radnom sposobnošću preko zakonodavstva. Nije vjerojatno, da će i jedna vlada ići tako daleko, da traži od poslodavaca, da uposle izvjestan broj srčanih bolesnika u određenom omjeru prema čitavom personalu. Taj princip obvezatnog namještenja osoba sa smanjenom radnom sposobnošću predstavljat će jednog dana pomoć za srčane bolesnike.

Svrha ovoga kratkog prikaza bila je samo ta, da istakne neke od glavnih problema srčanih oboljenja u vezi sa zaposlenjem i da iznese nekoliko metoda za proučavanje tih problema. Iz prikazanih podataka ne mogu se izvesti nikakvi dalekosežni zaključci, pogotovu ne zbog toga, što grupa promatranih bolesnika nije reprezentativna za sve srčane bolesnike. Ta grupa uključuje samo one, koji su ostali na životu i koji i dalje pohađaju kliniku za srčana oboljenja. Očito su potrebna druga, mnogo opsežnija istraživanja, prije nego što će se definitivno moći odgovoriti na temeljna pitanja.

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