Dealing with dementia at work

With aging workforce, employers should better understand impact of disease

BY SARAH DOBSON

ABOVE four years back, Keith Barrett had a stroke-like event that led him to Ottawa Hospital. And with the subsequent testing, Barrett was diagnosed with young-onset dementia, probable Alzheimer’s — at the age of 57.

As co-owner of Partners in Parenting in Ottawa, a social welfare company, Barrett deals with HR policies, bookkeeping and facility maintenance. And he still works there today, despite the disease.

He’s lucky because his work is largely repetitive, he said.

“My cognitive reserve is good for me. So I’ve been doing this for so many years, hopefully it’ll be one of the last things to go.”

A neuropsychologist told Barrett he should have his work supervised, so when it comes to tasks like issuing cheques or processing invoices, there are safeguard measures such as another person checking the work.

“We work in tandem, so that we make sure that the accuracy is still there,” he said.

Barrett often asks colleagues to write requests or replies down in emails, in bullet form, so he won’t forget their input. And because he might have trouble following the “banter” of meetings, he relies on minute notes afterwards. Using an Apple watch also helps Barrett stay supervised, so when it comes to tasks like issuing cheques or processing invoices, there are safeguard measures such as another person checking the work.

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ing in performance that just doesn’t make any sense.

“It’s important for both the employer and the person to have open and honest communication if you notice work performance issues.”

Barrett was nervous about disclosing his diagnosis to his staff. He had his own stigma about the disease, knowing of a family friend who was locked in a Nova Scotia ward, heavily medicated.

“I was very apprehensive, saying it to my business partner and to my management team, but the whole organization, for the most part, knows now and they certainly are supportive.”

Transparency is important, he said.

“If you’re open with your people that are around you, they can play a supportive role, and help you continue on as best you can. I think it’s when you try and totally hide it and not be transparent, you’ll end up making even more mistakes, and then it’ll become a performance issue.”

Employers and employees need to learn more about dementia, in terms of the warning signs, the impact it will have, and how to support those impacted in the workplace, said Tardiff.

“They can foster what we call the dementia-friendly workplace,” she said. “If you’re a supervisor and you see that someone is struggling a little, you can re-assign the work or focus on what the employee can do, as we would any other accommodation, not focus on their deficits. Focus on their capacity, maybe provide a quieter workplace or space so they can focus a bit better; allow for flexible hours.”

It’s also about providing time for medical appointments, said Tardiff.

“There’s a bunch of stuff people can do. But they need to think that through proactively and say, ‘OK, we know what we’re going to do when somebody presents to us with a physical disability, here is our accommodation, but what are we going to do when people come to us with a request for accommodation for cognitive impairment?’”

One of the organization’s volunteers, for example, previously worked for Alberta Health Services for many years and started making mistakes with his spreadsheets. But the supervisor noticed and made a point to check in with his employee, which led to the diagnosis of Alzheimer’s, she said.

“I don’t want to underestimate the responsibility we have in workplaces to educate ourselves. We educate ourselves on how to give CPR if somebody has a heart attack in the workplace. We educate ourselves around physical disabilities and accommodation — why wouldn’t we proactively get educated and educate ourselves broadly on dementia and what cognitive impairment might look like in our workplace?”

As a way of accommodation, people diagnosed with dementia may benefit by having more flexible hours and modified assignment for a period of time. And when they’re no longer able to do the work, “it’s about what is the path to helping them get the most benefit that they can so that they can move out of the workforce in the best possible way,” said Drew.

“Also, remind people about what their options are, whether there are resources that they can reach out to. If there is medical attention that’s needed, or testing that’s needed, to point them in that direction.”