



Opinions and Expectations Related to Job Placement of Individuals with Schizophrenia: A Qualitative Study Including Both Patients and Employers

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Abstract

The present study was conducted to identify the problems related to the placement of individuals with schizophrenia into jobs, the conditions allowing them to keep working and to reveal obstacles to their employment. The depth-interview technique was used for obtaining information from both patients with schizophrenia ($n = 25$) and the human resource managers of selected companies ($n = 8$). All interviews were recorded, transcribed and assessed using a thematic analysis approach. After the evaluation of qualitative data, the main emerging themes included the problems and suggestions of the patients, the worries of the employers about persons with schizophrenia and things that they could do about employment. The results of this study can be used to identify solutions to the problem as they were obtained from the individuals who were personally experiencing employment difficulties and from the employers, who were in a position to help solve the problems.

Keywords Schizophrenia · Employment · Recovery · Obstacles · Bias

Introduction

Being one of the major mental health problems, schizophrenia leads to disability in the patient, impairs their quality of life, increases the risks of injury and suicide, and affects patient relatives and the community negatively (Shamsaei et al. 2015; Aziz et al. 2016). It has already been shown that

recovery cannot be achieved by reducing the severity of disease symptoms, as the disease negatively affects the patient's life, their family and the community in which they live. To achieve recovery, improvements are needed in independent living skills, interpersonal relationships, social functionality, education, and employment and this can be facilitated by rehabilitation programs and social support (Penn et al. 2000; Yıldız 2005). The recent developments in treatment and care, use of antipsychotic drugs, psychosocial interventions, support and rehabilitation services, and family and social support enable achievement of long-term well-being in individuals with schizophrenia, making them functional in society (Berry and Haddock 2008; Ünsal Barlas and; Işıl 2010). One of the most important problems in people with mental diseases is unemployment and the feeling of uselessness (Yıldız 2005). Working is also very important for people with disabilities and unemployment often leads to a sedentary life style, which also has negative impacts on individuals with psychiatric disorders. Individuals with mental disabilities need jobs as much as other people. Going to work every day gives a person with mental disability the opportunity to enjoy productivity, improve self-respect and obtain the respect of others, improve self esteem and obtain satisfaction, as well as to socialize and interact with their colleagues (Lieberman 2011). Although a considerable

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number of people with schizophrenia are willing to work, they constitute the group having the highest rate of unemployment (Killian and Becker 2007; Zaprutko et al. 2015). The major obstacles for placing these people into jobs have been reported to be social viewpoints, prejudices, discrimination, stigmatization, and economic conditions (Angermeyer et al. 2003; Sickel et al. 2014; Bouwmans et al. 2015). The negative attitudes of employers towards individuals with schizophrenia also limit their placement into jobs. Employers hesitate to have individuals with schizophrenia working in their workplaces unless they have a legal obligation or a special reason (Marwaha and Johnson 2005; Luciano et al. 2014). Therefore, real obstacles and those perceived by employers should be dealt with to enable individuals with schizophrenia to obtain and maintain a job. If employers help placement of these people into jobs and support them to hold on to their jobs, affected individuals can manifest their abilities which they have not had the opportunity to show previously due to their diseases. This will help them have a positive outcome in their treatment and get ready to socialize (Yu et al. 2016). The policies developed for individuals with schizophrenia in Turkey has become the focus of serious attention recently (Ministry of Health 2011), but the problems involved in placement of these persons have not yet been solved. Community based mental health services are important for individuals with mental health problems, aim to increase the patients' functionality, inclusion to society, having better physical and psychological wellbeing. The present study was conducted to identify the problems related to the placement of individuals with schizophrenia into jobs and the conditions allowing them to keep working and to reveal the obstacles to their employment. We also evaluated the views of individuals with schizophrenia and employers about the things that can be done to reduce obstacles to their placement.

Methods

The study was designed as a phenomenological study because the purpose of such a design is to reveal the experiences and perceptions of individuals in relation to an incident and the meanings they attribute to it (Polit et al. 2001). This is because we wished to evaluate the views, expectations and experiences of both the individuals with schizophrenia and the employers who were in a position to make positive contributions. This would allow us to obtain individual and detailed information from the viewpoint of both prospective employees and prospective employers concerning the problem. The semi-structured interview questions were designed to investigate the following three key areas: the barriers to work and work placement of individuals with schizophrenia; employers concerns about recruiting and

working with individuals with schizophrenia; and what sorts of initiatives could be put in place to ensure job placement.

Sample and Setting

The study population consisted of individuals with schizophrenia who attended the Izmit Our Garden Schizophrenia Relatives Solidarity Association in the province of Kocaeli, Turkey. Patients had not received inpatient treatment in the past year, were using medications regularly and who were in remission. The human resources officers approached represented private sector companies employing more than 250 people (large scale industrial entities). The qualitative nature of the study design involved a flexible structure where no rule was set out for sample size, which can be determined based on the study question and purpose. However, it has been reported as a criterion that when data starts repeating itself, in other words, when data becomes satisfactory, the sampling procedure should be stopped (Aksayan and Emiroğlu 2002). Our goal was to expand the sample size up to a point where data became satisfactory in line with this recommendation, a practice applicable to qualitative studies. For this reason, we did not calculate a sample size for our study. The study was completed with 25 individuals with schizophrenia and 8 employers and the interviews with them provided satisfactory data. The real names of the participants who were interviewed were not used; instead, each participant was anonymised by assigning a number which was used during data analysis.

Qualitative Data Collection

The data were collected using a questionnaire designed to reveal the characteristics of the individuals with schizophrenia and the employers and a semi-structured interview form to guide the researchers when holding in-depth personal interviews to understand the experiences and expectations of the groups. Both forms were developed by the investigators. Before starting interviews, the participants were informed about the study and were also reminded that a voice recorder would be used during interviews. Their verbal and written consents were obtained. All individuals with schizophrenia agreed to the use of a voice recorder during their interviews, but only one of the human resources officers agreed to have their voice recorded, the other seven employer representatives stated that they did not wish to be interviewed while being recorded. With their permission, detailed notes were taken during the interviews with these seven participants who did not wish to be recorded. The interviews were held face-to-face using the semi-structured form and the "personal in-depth interview technique". The duration of an interview was planned to be approximately 1 h, but all interviews actually lasted from 30 min to 50 min to complete.

Since the human resources specialists stated that they were not knowledgeable about schizophrenia and simply understood patients with schizophrenia to be aggressive, they were briefly informed about schizophrenia before their interviews. In the semi-structured interview form, the individuals with schizophrenia and the human resources officers representing the employers were asked in-depth questions to investigate their views on obstacles to job placement of individuals with schizophrenia, employer concerns about employing and retaining these individuals and interventions to facilitate job placement.

Qualitative Data Analysis

Data analysis in phenomenology studies serves to reveal experiences and meanings. The content analysis performed for this purpose aims at conceptualizing the data and revealing the themes that can define the incident. The incident is presented in a descriptive way by describing it with concepts and themes, and writing about it using direct quotations. Additionally, the results obtained within the framework of these themes and patterns are disclosed and interpreted (Yıldırım and Şimşek 2006). After completing the interviews, the verbatim voice recordings were transferred to computer and were then transcribed word-for-word into a Microsoft Word file. The voice recordings were listened to once more to check the written file. After converting all data into a written form, they were read first by the investigator from beginning to end several times. Data were analyzed using content analysis and dimensions were created from the results as previously described (Yıldırım and Şimşek 2006). All the interviews were reviewed in the same way and the data were listed and grouped together, according to their meanings, to form themes. The study report included direct quotations from the individuals with schizophrenia and the employers that best highlighted and described their views and experiences. The relevance of the themes was reviewed again by two persons, a psychiatric nurse performing qualitative studies and a human resources officer representing the employers, to ensure reliability of the data and to put them in their final form.

Ethics

The study was approved by the Non-Interventional Clinical Trials Ethics Committee of Marmara University, Health Sciences Institute (Project Number 30). All authors certify responsibility for the study and permission was obtained from Izmit Our Garden Schizophrenia Relatives Solidarity Association to conduct it. Verbal consents of the human resources managers were obtained before holding interviews. The purpose and data collection method of the study were explained to the individuals with schizophrenia and

the employers' human resources representatives and they were assured that the data to be collected would be used only in the study, would be fully anonymised and that voice recordings would not be shared with anybody other than the investigators, and their verbal and written consents were obtained. All respondents received verbal and written information about the study and were informed that they could opt out of the study at any stage of the research process without any negative consequences. There are no known potential conflicts of interest to report for this study. All authors certify their responsibility for this manuscript.

Results

Patient Demographics

Patients were aged from 27 to 54 years and age of onset of their schizophrenia was between 18 and 20 years. None of the patients was in work and all lived with their families. All patients used their medicines regularly.

Qualitative Results

Theme 1. Meaning Attributed to Work

The one-to-one interviews held with the individuals with schizophrenia showed that almost all of them wished to work. They stated that working would bring financial gain and this would not only mean earning money but also increased self-confidence, independence and control over their own lives.

“Joining in the community, socializing”

When there is work, my ailment becomes better, my troubles diminish. When working, one feels more relaxed, joins in the community and socializes. If we work, things get better, we regain our health and we assume better positions, I mean in the society, as a career (Individual with Schizophrenia 5)

The employers stated in their interviews that they did not know schizophrenia very well but they thought that these individuals were not much suitable for work; they might be inclined to violence due to their problem of job orientation and aggressive dispositions.

“Violence, first thing coming to mind when schizophrenia is mentioned”

First thing coming to mind when schizophrenia is mentioned is violence. It is difficult for them to work with these prejudices...But how will they be prevented from causing harm. (Employer 6).

Theme 2. Obstacles to Employment

Individuals with schizophrenia stated that the major reason preventing their employment was society's negative attitudes and beliefs as well as society's general prejudices and stigmatizations.

“Stigmatization—Being considered as prone to violence”

I had interviews a few times. When they ask first what my disease is, I say I have schizophrenia and they are surprised then. They suddenly open their eyes and ask ‘Do you attack then or what?’.... (Individual with schizophrenia 22)

Theme 3. Worries of Employers About Employing and Retaining Individuals with Schizophrenia

The employers stated that working conditions may be burdensome for individuals with schizophrenia and unrest may arise in the workplace due to negative attitudes of their colleagues. They feared individuals with schizophrenia. They stated that the shift system at their workplace would not be suitable for them and other employees would be restless. They were worried that business efficiency would decline.

“The worry that employees would act in a prejudiced way and this would cause unrest”

...Negative attitudes of people by commenting with lack of knowledge, their prejudiced thoughts such as they would impair peace, they would not conform to the environment. There is also shift work in general and this would affect them negatively. Shift work would not be suitable for them. (Employer 2)

“It may not be certain what will happen when”

Since it can go as far as injuring or even killing a person, these can be annoying things during the interview, before starting to work. In the end, it may not be certain what will happen when. They may not use their medication, may give up; who knows what they will do if conditions that trouble them start arising. Therefore, the company will not want to endanger its employees. (Employer 1)

Theme 4. Recommendations to Increase Job Placements

The patients mentioned in their statements that informative education and meetings about the disease should be organized to eliminate the stigmatization and discrimination. Employers should see patients with schizophrenia as individuals, these patients should be allowed to benefit from

the opportunities of occupational training and courses. A small percentage of the workforce should be registered for the individuals with schizophrenia by the law.

“Organizing informative meetings about the disease”

Those living in our community and the businesses should be informed about the disease; the prejudices, those stigmatizations should be eliminated. They should see us as human beings. Educations should be provided to them so that they cease humiliating us, imputing madness, aggressiveness to us (Individual with Schizophrenia 7)

Theme 5. Things that Can be Done to Reduce Obstacles to Job Placement as Proposed by Employers

The employers stated that the most important step for reducing the obstacles to job placement was to organize informative meetings with employers, with the collaboration of the Ministry of Labor and the Labor Agency, together with healthcare professionals. They stressed that if the capabilities of individuals with schizophrenia could be identified, there might be recruitment to appropriate positions and they would have acted then in a professional way.

“It should be specified what the appropriate works for them are”

Personal assessments of these individuals can be performed. Their areas of work can be identified and the prejudices and information inadequacies of employers should be eliminated by way of organizing educations. If work areas specific to individuals are created, I think they will find an environment where they will not experience stress or tension, they will not feel unqualified. (Employer 7)

“Labor Agency (LA), Ministry of Labor and Government should support them”

You should cooperate with the LA to provide information to workplaces. Awareness should be raised. For job placement, support from the government is needed; health professionals, the LA and Ministry of Labor should also give their support. The LA should bring together institutions, companies and introduce them to the individuals with this disease and organize seminars to eliminate lack of knowledge. (Employer 2)

Theme 6. Supported Employment

There would be a greater willingness of employers to employ individuals with schizophrenia if a professional person visited and followed up on them once a week. The employers stated that they can employ individuals with schizophrenia in their workplaces provided that they are strictly followed

up and supervised by a healthcare professional. Easy and quick access to professional support for the employers at any time would also be beneficial.

“It will be more reassuring”

Support is provided when requested. Then it will be more reassuring and I will feel more relaxed. I will also give my support to retain that employment.
(Employer 2)

Discussion

The one-to-one interviews held with the individuals with schizophrenia revealed that almost all of them agreed that it would be beneficial if they could work. Other studies have also shown that the result we obtained from the interviews, that being able to work in a job, would not only enable the person to sustain his/her living but would also play an important role in personal satisfaction and being part of the society is a common theme that arises when investigating the role of employment in the lives of schizophrenic people. It has been reported that when they have a job, individuals with schizophrenia will gain respect, satisfaction and personal value and it will provide an opportunity for them to socialize, increasing their self-confidence and self-esteem (Marwaha and Johnson 2005; Boo and Loong 2011; Yıldız 2011). The results obtained in the interviews are similar to the results of previous studies where the importance of working in improving social skills, learning new skills, earning money, establishing friendships, increasing self-esteem and socializing was emphasized (Krupa 2004; Bell et al. 2005; Dunn et al. 2008). The assessment of the views of the human resources officers, representing employers, about employment of individuals with schizophrenia showed that they did not know about or understand schizophrenia and had prejudices, such as seeing schizophrenics as being very prone to violence. The reason for this may be due to reports involving violence in the news media, employers not knowing the disease or absence of any individual with schizophrenia in their close environment. Other studies have also reported that the negative attitudes and discrimination of employers and their staff towards individuals with schizophrenia is a major obstacle to finding employment for job applicants with schizophrenia. Studies have found that individuals with schizophrenia generally exhibit violent behavior more to their family members than to strangers (Nordstrom and Kullgren 2003; Shaw et al. 2006). Ural et al. (2013) reported that violent relationships were limited to the family because the delusions and hallucinations usually involved close family members. It has been reported that there may be violent behavior in individuals diagnosed with schizophrenia but this is often associated with

non-compliance with medication and alcohol-substance use, but regular pharmacological therapies are very effective in preventing violent behavior (Short et al. 2013; Çınık et al. 2015). We believe that when individuals with schizophrenia receive regular treatment, they enter remission and those who are willing to work will be able to work if their treatment is continued regularly. The individuals with schizophrenia stated that the greatest obstacle to their employment was the fact that people saw them as mad and mentally ill when they found out that they had this disease and discriminated against them, fearing that they would engage in aggressive acts. The fear of people that patients with schizophrenia would harm their community seems to underlie these negative attitudes. Although the results obtained here have not been shown for the first time, they are valuable in that they stress how important these prejudices are in the lives of individuals with schizophrenia and how they prevent them from socializing. Various studies have revealed that with such stigmatization and discrimination, individuals are excluded from society and deprived of employment opportunities and their social and family lives are affected negatively (Overton and Medina 2008; Corker et al. 2015; Danacı et al. 2016). These stigmatizing attitudes have been reported to arise from categorization of people, misrepresentation in the news media about severe mental illnesses (Penn et al. 2000) and behavior observed in relation to mental diseases (Sato 2006). We also found that the individuals with schizophrenia suffered from stigmatization, low self-esteem and lack of motivation. In the interviews with the employers, the focal point was that they saw individuals with schizophrenia as having tendencies to violence and thus they were doubtful and hesitant about having contact with them and bringing them into the workplace. Similar to this study, the qualitative study made by Hunt (2015) with employers also revealed that the employers experienced stress when working with individuals with mental diseases and were worried about having difficulty in communicating with them. Taskila et al. (2014) emphasized that one of the major obstacles to the employment of individuals with schizophrenia in particular was stigmatization, which was more damaging to individuals with schizophrenia than their actual diagnosis of the disease. Little et al. (2011) has reported that practical education and guidelines to be provided to employers would produce good outcomes in preventing stigmatization of, and negative attitudes towards, individuals with schizophrenia and other mental health problems. Education programs are reported to be effective also in reducing negative stereotyped attitudes (Corrigan and Watson 2002). Coodin and Chisholm (2001) reported that besides providing education, establishing interaction with these individuals is also important to correct the misbelief that psychiatric treatment is ineffective. Sartorius et al. (2010) stressed that the role of the media in promoting common attitudes in a society has become more and more

important and the knowledge of the media about psychiatric practices is mostly inadequate or outdated. They underlined that national psychiatry societies should provide seminars and regular informative press bulletins to the media in order to supply them with current information and to develop a good relationship between healthcare professionals and the media. After the education they provided to district officials for prevention of stigmatization in mental diseases, Çam et al. (2014) found that positive changes occurred in the officials' attitudes towards diseases. They suggested that education should also be provided to influential groups that have leadership status in society, such as teachers, officials of religion, healthcare professionals and the police to eliminate poor knowledge of the condition and prevent stigmatization. To this end, events and education, which should also include employers, should be planned to show that individuals with schizophrenia are capable of working and participating in society and to eliminate the lack of knowledge about schizophrenia evident from the results of our work with employers. Here, the importance of providing employers with means to know and interact with individuals with schizophrenia comes to the fore. The capabilities of individuals with schizophrenia should be identified and the type of work they can perform should be specified. The main social factors preventing the disabled from participating in business life are known to be general education deficiency and lack of occupational education (Kyung et al. 2016). The results of our study showed that human resources officers representing the employers required guidance and information. Arslan and Altıntaş (2014) stated that to enable employment of the disabled, employers needed to be informed about issues such as disability, types of disability, work that can be performed by the disabled and their capabilities and that there was a need for professionals who can advise about this. We suggest that employment specialists and mental health teams should work together to help employers eliminate this lack of knowledge. Mamatoğlu (2015) stated that employers used the expression “we cannot find skilled, vocationally educated and qualified disabled” when mentioning their justification for not employing disabled staff and suggested that to increase job placements, education should be provided to the disabled, primarily in occupation and work conduct at occupational rehabilitation centers to increase their effectiveness. It is important to provide social and occupational skill training to individuals with schizophrenia to prepare them for working and social life (Yıldız 2005; Liberman 2011). The importance of providing supported employment for individuals with schizophrenia is again emphasized. Employment specialists should be in constant contact and cooperation with treatment team members. Individuals with schizophrenia should be supported when working and communication with them and the employers should be continued for problem resolution (Liberman 2011). This may have

great benefit in integrating schizophrenic people more completely with society and elimination of stigmatization (Killean and O'Day 2004; Sickel et al. 2014).

Limitations

This study utilized a phenomenological approach and the emphasis was on the unique experiences of each participant. The findings of this study may not be broadly representative but their opinions are nevertheless important and informative.

Conclusions

Our key findings include the following: working in a job will provide benefits such as socializing, gaining self-confidence and earning income, community wellness are highly related with respect to live a better life; the greatest obstacle to employment is the prejudiced behaviors of employers and society, seeing schizophrenic people only as individuals inclined to violence, excluding them because they are “mad” and depriving them of job opportunities. Ways to counter this prejudice would include informing employers about the disease and the type of work these individuals can perform. In addition the government should provide incentives to employ affected individuals. Finally an employment opportunity can be created as long as support is provided with the supervision of a professional person. Provision of supported job opportunities is important to enable job placements. Opportunities to find jobs and be placed into a job should be created through close collaboration, consultancy and communication between employment specialists and mental health team members. To enable individuals already employed to continue working without problems, it is important for continuous and easily accessible dialogue between the mental health team and the individuals, and their employers. This will help employers understand mental health and also support the employees, ensuring that they do not become isolated so that they can get used to situations such as learning their duties.

Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical documentation.

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