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Personal Needs and Psycho-Social Expectancies of People with Mental Chronic Disorders Regarding Professional Insertion

Mihaela GAVRILA-ARDELEAN¹

Abstract

The aim of research is to identify the personal needs and psycho-social expectancies of people with mental chronic disorders regarding professional insertion. It has been considered that this pilot study can give an overview of the results that may be obtained on larger samples. It can also help with building and implementing appropriate intervention projects for better employability of this group of subjects. Methodology consists in analysis of personal needs of beneficiary through collecting data with two general expectancies assesment questionnaires: *Personal Expectances Assessment Questionnaire (P-EQ)*, and *Professional Integration Counseling Expectancies Assessment Questionnaire (PIC-EQ)*. The research is conducted on three areas: personal, relational and professional, with 17 items. There were two partially validated hypotheses. The data has been processed with SPSS Program V20, and the results are statistically significant. Subjects give an increased importance to the *personal* domain, and on second place is situated the *relational* field. Preliminary results from the group of subjects diagnosed with chronic psychoses, allow us to estimate the results that will be obtained on larger groups of subjects. At the same time, these results are useful in order to initiate, in parallel, the building of specific interventional programs for patients with this type of diagnostic, for a better occupational insertion.

Keywords: mental chronic disorders, personal needs, psycho-social expectancies, professional insertion, questionnaire.

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Introduction

In the social and economic context of Europe, at the beginning of XXI century, the demographic changes and trends of morbidity make the persons with the chronic mental disorders constitute an important percentage of the population (www.euro.who.int, European Health for All Databases). This phenomenon is observed, not just in developed countries, but also in Eastern European countries (<http://sante-mentale-insertion.org/Contexte-Roumanie-version-FR.pdf>). In the last over twenty five years, after political and economical changes in Romania, our country takes part in this increasing trend of mental disorder morbidity (Gavrila-Ardelean, 2015a).

In the last years, in Romania, the number of mental illnesses at adults was doubled; 300.000 new cases per year (www.euro.who.int, European Health for All Databases). The demographics studies shown the roll of work environment in mental health (Koohpaei, Khandan, 2015). For the most part of patients, mental disorders are debilitating, chronic, and recovery takes a long time, requires great costs and effort (Clark & Weir, 2012; Hoang *et al.*, 2013). Mental illnesses have a disabling effect on the person, its family, and the community (Gavrila-Ardelean & Gavrila-Ardelean, 2016; VanTil *et al.*, 2013). The impact is economic, social, legal, medical and professional (Cooper, 2012; Villotti *et al.*, 2014). Romania ranks second place in Europe at mental illnesses, 1403.75 at 100.000 people (www.euro.who.int, European Health for All Databases). For these people, is important to do something to improve their wellbeing and their future (Kelemen *et al.*, 2015). Wellbeing is the indicator of health (Alber and Kohler, 2004).

Research studies in the field of professional insertion of people with mental disorders have shown the importance of: beneficiaries' empowerment, that increases their wellbeing and welfare, by raising up their self-esteem (Corbiere *et al.*, 2009; Corbiere *et al.*, 2012; Micluia, Junjan & Popescu, 2004); the improvement of social perception of people with mental disorders, through their social and professional integration (Lanctot *et al.*, 2012b; Gavrila-Ardelean, 2016); the amelioration of professional competencies and skills of specialists who support the occupational insertion of people with mental chronic disorders (Corbiere *et al.*, 2014). The results aim to decrease socio-economic governmental costs for this category of population, obtained by transforming the beneficiaries into active population (Drake *et al.*, 2012).

Henry Mintzberg (1995) described the fields of exploration in human domain research. The collection of data through questionnaires constitutes an analysis to determine the elements necessary to develop and improve the professional competences of occupational specialists (Abbat & Mejla, 1990; Gavrila-Ardelean, 2016). This method has been applied in another research in the field of professional insertion for people with mental disorders (Corbiere & Lariviere, 2014; Gavrila-Ardelean, 2015b).

Research Methodology

Aim of Research

The present study aims to identify personal needs and psycho-social expectancies of people with mental chronic diseases regarding professional insertion. The objective of this research is to measure the level of needs and expectancies, on micro individual and relational plan: personal and relational. The research is conducted on three areas: personal, relational and professional, with a total of 17 items (6 items for the personal domain, 4 items for relational domain, and 7 items for the professional field). This research is a pilot study that could give us an overview of the results that may be obtained on larger samples. It also helps us build and implement appropriate intervention projects for a better employability of this group of subjects. These needs must be known, in order to ameliorate the professional competencies of occupational support specialists (Gavrila-Ardelean, *et al.*, 2016).

Hypotheses

The research is based on two hypotheses:

H1: It was assumed that subjects will put more emphasis on expectations from themselves and personal resources. The areas of personal expectancies and personal resources will get higher scores than the relational field, at the questionnaire on expectations for oneself.

H2: It was supposed that on the first three places in the second questionnaire the following items will be placed: pharmaceutical and medical support, psycho-social support, and training.

Sample

The study lot includes ten people with mental chronic disorders, from Arad County, in Western Romania. The diagnosis was included by psychiatrists in the following International Classification Disease of Mental Disorders (ICD) of American Psychiatric Association (2002), under the codes: F20, F22, F25 and F10 (www.who.int/classifications/icd). All of these codifications are for the psychotic chronically disorders. The professional fields of beneficiaries, included in this research, were: public alimentation (post: cook helper), advertising (job: information technology programmer), supermarket (post: commercial worker, arranges merchandise on the shelf), security agent (now no longer working, the patient is retired of mental illness), protected unit (posts: manual packer and carton maker), multinational (operator: quality technical controller). The age distribution of the lot shows a range of 25-40 years old.

Research Methods

Personal Expectancies Assessment Questionnaire was completed by beneficiaries, on paper support. The application of grids was conducted between: 04/06/2015 - 08/06/2015, in Arad County. Ten patients completed each three grids in the doctor's office, under medical and / or social worker, specialized in mental health, supervision. The beneficiaries appreciated their responses through a number at an intensity scale from five (least important) to one (most important). Anonymous questionnaires were completed respecting the patient rights, after verbal informed consent. The questionnaire explores the three fields of expectancies of people with chronic psychic diseases (Gavrila-Ardelean, *et al.*, 2016; Fond-Harmant, 2008):

- *Personal expectancies*: managing emotions/stress/anxiety, self esteem, mobilization (difficulty-capacity), management of mental disease, attitude/change, and capacity of concentration;

- *Relational expectancies*: autonomy, consciousness of hazard/risk, report of authority/conflict, capacity of team life;

- *Personal resources*: understanding the instructions, knowledge of institutional levers, learning capacity, school level, enterprise culture (punctuality, absenteeism, and professional rules), productivity/efficiency, knowledge of job/training.

Professional Integration Counseling Expectancies Assessment Questionnaire explores next fields: counseling/disease management and medical support, psycho-social support, occupational insertion specialist, adequacy of public insertion actors, with the target audience, job formation, free time, appropriate training services.

Results and Discussions

The research results consider three areas: personal, relational and professional, with a total of 17 items (6 items for the personal domain, 4 items for the relational domain, and seven items for the professional field). The diagnosis is considered as an independent variable and the dependent variable are the items in three areas of subject skills.

Verification of the first hypothesis H1.

To check first hypothesis was applied questionnaire expectations for themselves which considers three areas: personal, relational and professional, with a total of 17 items (6 items for the personal domain, 4 items for the relational

domain, and 7 items for the professional domain). It is considered as an independent variable and the dependent variable subjects diagnosis items of the three areas of competence. It first presents a summary table that includes quotas for each item, rank items and total quotas on the three areas (see *Table 1*).

Table 1. Table summarizing quota for each item, rank items and total quotas on three areas

Competences		Quota/Item	Total/Area	Rank/Items
Personal	Managing emotions/stress/anxiety	18	54	2
	Self Esteem	10		6
	Mobilization (difficulty-capacity)	-		12
	Management of mental disease	13		4
	Attitude/Change	5		9
	Concentration	8		7
Relational	Autonomy	13	53	4
	Consciousness of hazard/risk	2		11
	Report of authority/conflict	8		7
	Capacity of team life	30		1
Personal resources	Understanding the instructions	5	43	9
	Knowledge of institutional levers	4		10
	Learning capacity	11		5
	School level	-		12
	Enterprise culture (punctuality, absenteeism, professional rules)	16		3
	Productivity/efficiency	7		8
	Knowledge of job/training	-		12

To check the first hypothesis, extract the table summarizing only the rank and value areas (see *Table 2*).

Table 2. Rank and value domains

Rank	Area/Field/Domain	Value
1	Personal	54
2	Relational	53
3	Personal resources	43

For patients, the personal area is more important than others fields, because its value is close to the relational domain (54 and 53). The personal resource field is the least important for them (with a value of only 43). The difference between the frequencies of the first two areas and the third frequency is statistically significant at $p < .01$ (see table 3, significance for χ^2). This means that most items from the personal domain are considered by patients as having importance for their good professional integration.

Table 3. Extract from the meanings χ^2

n	p = .10	p = .05	p = .01
4	7,78	9,49	13,28

The values obtained for χ^2 , between first and third domains are 14.79, and between second (relational) and third (personal resources) domain are 16.34. Both have a significant statistical values of $p < .01$, which means that the differences are statistically significant.

This proves that the first hypothesis is partially confirmed. It is confirmed that the subjects give importance only to the personal competence domain, but not to the resource field. On second place, from this point of view, is the relational field. If responses are analyzed in detail, in terms of rank items, will result the situation presented in Table 4 and Figure 1.

Table 4. Rank depending on the item

Competences	Value	Rank
Capacity of team life	30	1
Managing emotions/stress/anxiety	18	2
Enterprise culture (punctuality, absenteeism, professional rules)	16	3
Management of mental disease	13	4
Autonomy	13	4
Learning capacity	11	5
Self Esteem	10	6
Report of authority/conflict	8	7
Concentration	8	7
Productivity /	7	8
Attitude/Change	5	9
Understanding the instructions	5	9
Knowledge of institutional levers	4	10
Consciousness of hazard/risk	2	11
Mobilization (difficulty-capacity)	0	12
School level	0	12
Knowledge of job/training	0	12

The results obtained when the ranks of items are established provide an interesting situation. On the first place is item in relational domain, *Capacity of team life*, with 30 points. It is interesting that subjects from this study group (despite the fact that they are diagnosed with Chronic Psychotic Disorders) believe that teamwork is the most important requirement for good professional insertion. This could be explained in two ways: on one hand, given their diagnosis, they feel marginalized and isolated from other people, and feel the need to be part of a team that would give them a sense of belonging shown elsewhere by Begin and Corbiere in 2012. On the other hand, maybe they are not confident in their capacities and skills, and, therefore, they need teamwork to help them cope easier with work tasks (Gavrila-Ardelean, 2016).

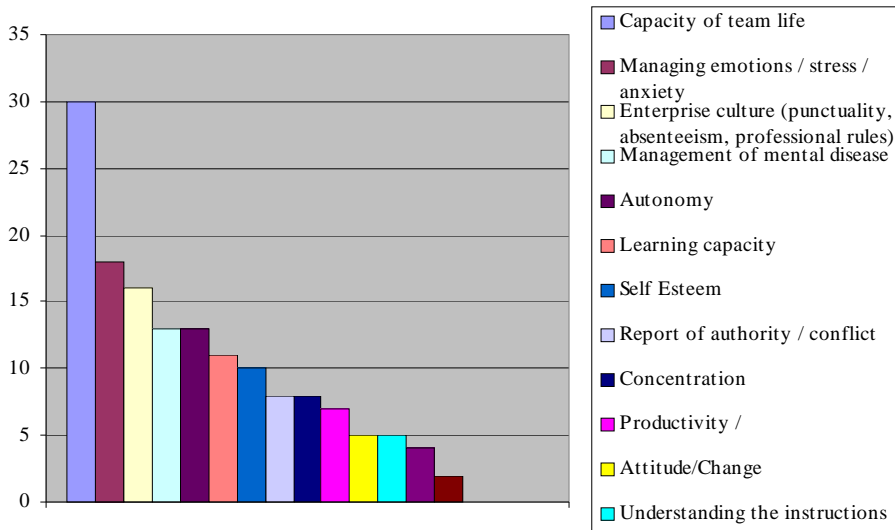


Figure 1. Value and rank of the personal skills

The second most valuable item is *Managing emotions/stress/anxiety* (18 points). Taking into account the specifics of their disease, they need useful knowledge, in order to favorably manage emotions, stress and anxiety that may arise at work-place. It is known from the literature, Lanctot *et al.*, 2012(a), that increased anxiety or stress can lead to decompensation of these patients. Therefore, for them it becomes essential to learn how to manage these aspects of life, for a more successful professional integration (Villotti *et al.*, 2012; Beauchamp *et al.*, 2013, Lecomte *et al.*, 2014).

The third place is occupied by *Enterprise culture* item (punctuality, absenteeism, professional rules) with a value of 16. The increased value of this item can also be understood in the context explained above. Subjects with chronic psychotic diagnosis need a secure environment in which the rules are set in advance and are fixed. This gives them a sense of security. This is demonstrated by the location of item *Consciousness hazard/risk*, ranking last in the importance of skills. Risky situations involving a higher degree of hazard cause anxiety in front of the unknown, and can lead to worsening symptoms or decompensation of subjects' disease. From another point of view, a situation with fixed rules, simple and constant work tasks, repetitive, with a fixed timetable, which do not accept fluctuations, gives them a sense of security because they know that everything will run according to the schedule set in advance (Begin & Corbiere, 2012).

On the fourth place, with equal points (13), lies *Management of mental disease*, and *Autonomy* items. In order to achieve a better occupational (vocational) integration of subjects who took part of this study, they need not only to know how to

manage stressful situations, but also to have knowledge to manage their disease. This implies: acceptance and awareness of this disease, understanding the factors that can cause disease decompensation, treatment compliance and lifestyle prescribed by a doctor etc. Good management of the disease helps them to reconcile with their disease, and to live with it, without any recurrences (Corbiere & Lecomte, 2009). Autonomy is essential for leading a normal social life and for integrating into society. Therefore, for the study subjects, *Autonomy* is located on the same place with the *Ability to manage disease*. Autonomy means not only physical autonomy, to be able to move or travel, but also financial autonomy, which cannot exist outside of a job that can provide them with material resources necessary for autonomy. Having a job is closely linked to a better employability of these subjects at the concerned workplace (Pluss, 2016).

The three items ranked last in importance are: *Mobilization (difficulty-capacity)*; *School level*, and *Knowledge of job/training*, with the same number of 12 points. These items are considered unimportant for a good occupational insertion, because this type of patients have rigid thinking. In this context, once they have mastered the work tasks that need to be performed at workplace, they do not consider that is necessary for them to be more mobilized, to have additional training, or an increased level of education. In their system of thought, work operations, once learned, become an exclusive way to perform the task, without the necessary information or additional training studies.

The verification of hypothesis H2

In order to check this hypothesis, *Professional Integration Counseling Expectances Assessment Questionnaire* was applied. This questionnaire explores subject's expectancies from occupational counseling specialists. Table 5 and Figure 2 summarize quotas and ranks questionnaire items.

Table 5. The quotas and ranks questionnaire items

Users Expectances	Value	Rank
Counseling/Management of disease	14	6
Pharmaceutical and medical support	18	3
Psycho-Social support	16	4
Occupational Insertion Specialist	12	7
Appropriate of public actors on professional insertion, with the beneficiaries	12	7
Job	25	2
Training	27	1
Free time	11	8
Appropriate training services	15	5

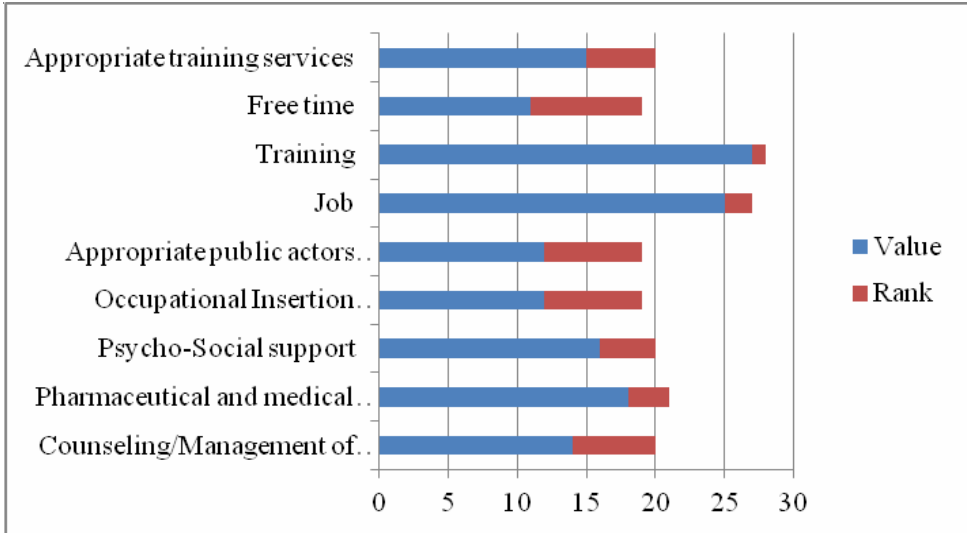


Figure 2. Summarize quotas and ranks of Professional Integration Counseling Expectances Assessment Questionnaire items

Table 5 and Figure 2 show that the second hypothesis is only partially validated: the first three places are occupied by *Pharmaceutical and Medical Support*, *Employment*, and *Training*, with values of 27, 25 and 18. The hypothesis does not confirm that psycho-social support is considered of first importance. Interestingly, the study subjects consider that the most important thing they have to expect from others is training (forming). This demonstrates that they realize that, without adequate training, they will fail to accomplish work tasks correctly. This is explained by the diagnosis of subjects. They suffer from chronic psychotic disorder with onset in adulthood, after the acquired intelligence was structured. The patients do not suffer from Mental Deficiency. On the second place of values is situated the item *Job*. Subjects realize that without having a job, there can be no socio-professional integration, and there cannot be any social integration and autonomy. Therefore, the job is considered an extremely important item, because it helps them be considered equal to other people and, very important, gives them autonomy.

Finally, on the third is situated *Pharmaceutical and Medical Support*. This item is very important for subjects, given that they suffer from chronic psychiatric disorders, and, over the course of the disease, they were convinced that no one can manage their disease without pharmaceutical treatment and regular medical control. They came to learn alone that, without medication and treatment, they cannot cope with the disease and cannot properly manage life with this diagnosis. Hence results the importance that the subjects attach to this item.

On the last three places there is the following situation: on the second to last place, with equal value (12), there are the items: *Occupational Insertion Specialist*, and *Appropriate of public actors on professional insertion, with the beneficiaries*. These issues appear normal from the perspective of psychiatric patients: for them it is enough to have adequate training for the job. They consider that they no longer need any specialized support for insertion or adequate public actors. On the last place (value 11) there is the item *Free Time*. The positioning this item at the end of the row of rank seems normal regarding subjects' way of thinking. For subjects with a diagnosis of psychosis, leisure does not matter, because they do not know how to spend their free time.

Conclusions

The present research started from two hypotheses, both were partially validated through the results obtained from application of questionnaires related to expectations of people with chronic mental diseases, from themselves and from others. For the first hypothesis it is confirmed that subjects give an increased importance to the *personal* domain, but it is invalidated that they give importance to *personal resource* field. On second place, from this point of view, is situated the *relational* field. For the second hypothesis it is confirmed that on the first three positions are situated the items: *pharmaceutical and medical support*, and *training*, but it is invalidated that the first three places are occupied by item: *psycho-social support*, its place being taken by item *job*.

Preliminary results from the group of subjects diagnosed with chronic psychoses, allow us to estimate the results that will be obtained on larger groups of subjects. At the same time, these results are useful in order to initiate, in parallel, the building of specific interventional programs for patients with this type of diagnostic, for a better occupational insertion (Corbiere & Durand, 2011). This research is useful in tertiary prevention program (Loisel *et al.*, 2009).

In this sense, the foundations of new research project in the field are created, as is the "Public Health, Mental Health in Europe" (SPSM Project), which aims to support the development of occupational insertion specialists' skills, for this category of beneficiaries (Gavrila-Ardelean, *et al.*, 2016).

After counseling, the persons with chronic mental disorders will improve their occupational insertion, and workplace compliance, and specialized professional skills are developed (Laisne *et al.*, 2013). These skills are: the ability to learn professional rules and management of enterprise (work program, absenteeism, avoiding work accidents, etc), shown elsewhere by Begin and Corbiere (2012).

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