



## Original Article

# Views of individuals diagnosed with schizophrenia on working life: A qualitative study

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### Abstract

**Objectives:** In the study, it was aimed to determine the views of individuals diagnosed with schizophrenia with work experience about working life.

**Methods:** The study has a descriptive qualitative design, one of the qualitative research methods. The study data were collected from 11 individuals diagnosed with schizophrenia through semi-structured interviews. For the selection of the individuals in the sample, the purposeful sampling method was used. Individuals with a history of at least 24 months of illness (schizophrenia), without hearing impairment, having worked or still working at a full or part-time job, and being diagnosed with schizophrenia, being in remission for at least 1 year were included in the study. The content analysis method was used in the analysis of the data.

**Results:** Four main themes were obtained at the end of the study: Working Life as a Part of Life, Facilitators, Barriers and Suggestions/Expectations.

**Conclusion:** For individuals diagnosed with schizophrenia, working is a part of life and is of importance. On the other hand, while there are facilitators that enable individuals diagnosed with schizophrenia to be included in the working life, there are obstacles that make their working life difficult and keeping them away from working life. Mental health professionals' awareness of working life, which is an important area in the recovery of individuals diagnosed with schizophrenia and their visibility in the society, is of importance. Integration of the results obtained from the study into the content of psychosocial intervention programs created by mental health professionals for individuals with chronic mental illnesses and their making plans for the creation of an employment environment are of great importance.

**Keywords:** Qualitative research; schizophrenia; work experience; working life.

Unemployment or being unable to work in individuals with schizophrenia leads to serious individual, familial and social problem.<sup>[1]</sup> Vocational employment is stated to play a significant role in the rehabilitation of individuals with schizophrenia.<sup>[2]</sup> Participation of individuals with mental disorders in employment is stated to improve their social functionality, to alleviate symptoms of the disease and to decrease the number of hospitalizations<sup>[3]</sup> which positively contributes to their quality of life and enables them to participate in social life.<sup>[2]</sup> Although the majority of individuals

diagnosed with schizophrenia want to work, their employment rate is low and ranges between 10% and 25%.<sup>[1,4]</sup> In a study, the employment rate of individuals with schizophrenia by country was investigated, the rate was determined as 12.9% in the United Kingdom, 11.5% in France and 30.3% in Germany.<sup>[5]</sup> In another study, of the patients with schizophrenia, 14.5% participated in competitive employment (normal jobs), 12.6% participated in non-competitive employment (protected and supported jobs), and 72.9% did not participate in any employment.<sup>[6]</sup>

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**What is presently known on this subject?**

- Employment has an important place in the care, treatment and mental healing of chronic mental diseases.

**What does this article add to the existing knowledge?**

- At the end of this study, it was concluded that for individuals with schizophrenia who have previous work experience or who still work, continuing working and involving in working life is of great importance. While social support received by individuals with schizophrenia facilitates their working life, they also face several barriers in their environment preventing them from involving in working life.

**What are the implications for practice?**

- The results obtained from the study are expected to contribute to the inclusion of the content to facilitate the employment of individuals with mental illness within the scope of psychosocial interventions created by mental health professionals and to guide the development of mental health policies in this regard.

In their pilot study conducted in our country, Turkey (2017), Kaytaz et al. found that individuals with schizophrenia and schizoaffective disorder had an average of one work experience before and after their illness, only 10% were actively working and 14% had never worked in their lifetime. They also found that 71% of the employed individuals with schizophrenia worked in temporary jobs.<sup>[7]</sup> In a cross-sectional study conducted by Yıldız et al. (2010), the unemployment rate was 56% among individuals with schizophrenia who were followed up in three different centers.<sup>[8]</sup> In another multicenter study conducted by Yıldız et al. (2019), the duration of employment of individuals with schizophrenia before they had schizophrenia was higher than was that after they had schizophrenia. The current employment rate among them is 11%. Compared to other countries, the employment rate of individuals diagnosed with schizophrenia in our country was rather low.<sup>[9]</sup>

There are several barriers to the employment of individuals with schizophrenia.<sup>[3]</sup> The most serious of these barriers are the stigma of schizophrenia and of people with schizophrenia, financial issues, and the inability of mental health services to provide and maintain employment for these people.<sup>[10]</sup> Among the impacts of stigma on employment are the negative effects of patients' interpersonal interactions, structural discrimination (spending less on mental health services), public image of mental illnesses, and lack of participation in social roles.<sup>[3]</sup> Among the barriers mentioned in a review study on employment policies for patients in the United States are low education, negative labor market dynamics, low productivity, lack of appropriate occupational and clinical services, labor discrimination, inadequacy of the protective labor legislation, job barriers caused by government policies, and poverty level. In the present study, as in the literature, a comprehensive service system and the following suggestions to overcome these barriers are presented: appropriate vocational training, counseling and financial literacy training, legal assistance to deal with employment discrimination, peer support and self-help to promote professional commitment, and active participation of employer communities.<sup>[11]</sup>

Studies in the literature conducted on the employment of individuals with schizophrenia indicate that employment yields

positive results in these patients. In the rehabilitation of individuals with schizophrenia, those who participate in employment are stated to have higher functionality, higher self-confidence, and greater satisfaction with their financial situation than unemployed ones have.<sup>[3]</sup> Enabling these individuals with schizophrenia to work in a job plays a significant role in the process of their recovery, and participation in society.<sup>[12]</sup> In the rehabilitation of individuals with schizophrenia, interventions aimed at involving them in employment have increased in the last decade.<sup>[1,13,14]</sup> Rehabilitation programs developed for the employment of individuals with schizophrenia are stated to increase the employment rates of these individuals.<sup>[15-17]</sup> In their meta-analysis conducted on the employment of individuals with schizophrenia, Suijkerbuijk et al. stated that they could work full-time in sheltered jobs thanks to employment programs created for them.<sup>[1]</sup>

It is emphasized that individuals with schizophrenia should take part in working life if they are to maintain their well-being,<sup>[18]</sup> which will possibly make them effective and productive members of the society they live in.<sup>[19]</sup> Determining these individuals' views about working life will make it possible to understand their real wishes, preferences and demands regarding their employment.<sup>[20-23]</sup> In a qualitative study conducted with individuals diagnosed with schizophrenia in our country, the authors stated that these individuals' employment could gain them the opportunity to enter society, to have self-confidence, to establish a regular life, to earn money and to be free.<sup>[12]</sup> In another qualitative study, it was stated that the most important factor preventing these people from being employed was stigmatization.<sup>[2]</sup> However, our search for studies investigating at what jobs individuals with schizophrenia who have working experience can work and how they work at these jobs, and their views on working life revealed a gap in both Turkish and foreign literature. Determination of the views of individuals with schizophrenia who have work experience on which jobs and how they can work is expected to contribute to the development of employment programs for these individuals and to the arrangement of the regulations in this regard. The aim in this study was to determine the opinions of individuals with schizophrenia who have work experience about working life.

## Materials and Method

### Study Design

In the present study, the descriptive qualitative method, one of the qualitative research designs, was used. In this design, the phenomenon (action or experience) investigated is determined in line with the individual's perspectives of this phenomenon.<sup>[24]</sup>

### Sample Characteristics

The present study was conducted in the Adult Psychiatry Clinic and Outpatient Clinic of a university hospital between De-

ember 2019 and February 2020. The study sample included 11 individuals diagnosed with schizophrenia who presented to the adult psychiatry clinic and outpatient clinic and met the sampling criteria. The inclusion criteria were as follows: "not having hearing problem that prevents the person from understanding and completing the verbal narratives", "having a history of schizophrenia for at least 24 months", "being in remission for at least 1 year" and "having worked or still working in a full- / part-time job". The purposive sampling method was used in sample selection. Individuals who agreed to participate in the study comprised the study sample.

### Data Collection

The patients followed in the Adult Psychiatry Clinic and Outpatient Clinic were contacted by telephone and informed about the purpose of the study. The interviews were conducted by the first researcher in the classrooms of the Nursing Faculty of the university. The classroom furnished with chairs and a table has physical conditions which provide a quiet and appropriate atmosphere where the interviews could be conducted without being interrupted. Before the interviews were conducted, the individuals who agreed to participate in the study were informed about the purpose of the study, and their written and verbal consent was obtained. The in-depth individual interview method was used in data collection. The interviews were audio-recorded. Before they were interviewed, the participants were informed that the interviews would be audio-recorded. The same voice recorder was used in all the interviews. The interviews were terminated when the saturation point was reached, the point at which no new data were obtained.<sup>[25]</sup> The interviews lasted a minimum of 12 minutes and a maximum of 52 minutes. Each participant was interviewed once, and interviews were not repeated.

**The Tools Used to Collect the Data Were as Follows:** the Patient Descriptive Information Form, Semi-Structured Interview Form and voice recorder.

**Patient Descriptive Information Form:** The form prepared in line with the pertinent literature includes items questioning the participants' characteristics such as age, sex, educational status, employment status, socioeconomic status, marital status, and duration of the disease.

**Semi-Structured Interview Form:** The form consists of semi-structured interview questions prepared by the researchers to examine the views of individuals with schizophrenia on the work experience in line with the literature.<sup>[1]</sup> The interview questions in the Structured Interview Form are as follows:

- What do you think about this study?
- What do you think about the environment you are working in or likely to work in?
- What do you think about your current or possible working hours?
- How do you evaluate your current working environment?

- Where and how do you think you can work?
- What does working in a job mean to you?
- What would you compare your work experience / life to?

### Data Analysis

In the analysis of the socio-demographic data, of the descriptive analysis, numbers, percentages and arithmetic mean were used. The content analysis method was used to analyze the data related to the interviews. Data analysis was carried out by the second and third authors. Both of the researchers who conducted the data analysis are experienced in qualitative research, and they received training on qualitative research. In the first stage, the audio-recorded interviews were transcribed verbatim by the researchers on the same day they were recorded. In the first stage, these transcripts were read repeatedly for the analysis. Then, the data pieces in these transcripts were classified by encoding them. In line with the purpose of the research, each code was written next to the related statement and the whole text was encoded. In the code list obtained after the encoding phase, the codes given by both researchers were compared, discussed, and the codes were finalized. Then, "categories" were created by categorizing each code in line with its context. After the categories were examined, "themes" were obtained by bringing together the categories that formed a meaningful whole. In the data analysis, after each researcher performed the analysis individually, they came together to discuss and finalize the themes.<sup>[25]</sup>

### Accuracy of the Data

The accuracy of the data was ensured based on the principles of transferability, consistency, confirmability and credibility.<sup>[26]</sup> In order to ensure the transferability of the study, the participants' statements were given verbatim. To ensure consistency, interviews were conducted by the same researcher in line with semi-structured interview questions. During the analysis of the data, to check the consistency between the two researchers, the analysis was carried out on the same code list. For confirmability, interview notes were kept to make the re-examination possible. For credibility, the in-depth interviews were continued to the point where no new information was obtained from the interview.

### Ethical Issues

In order to conduct the study, permission was obtained from the Chief Physician of the University Hospital (decision date: October 24, 2019, decision number: 72292585-00.99-86536) and the Non-Interventional Research Ethics Committee of the relevant University (decision date: December 23, 2019, decision number: 2019/32-38). In addition, after the participants were informed about the purpose of the study, their written informed consent was obtained.

## Results

The socio-demographic characteristics of the participants are given in Table 1. The mean age of the participants was 47 years, whereas the mean duration of the disease was 21 years. Of them, 9 were men, 2 were women, 2 were married, 9 were single, 5 worked full-time, two worked part-time, 4 had previous work experience but currently were not employed, 2 were primary school graduates, 2 were junior high school graduates, 4 were senior high school graduates, 3 were university graduates, 10 lived with a relative and 1 lived alone (Table 1).

**After the analysis, the following four main themes were obtained:** Working Life as a Part of Life, Facilitators, Barriers and Suggestions / Expectations.

**Theme 1. Working Life as a Part of Life:** The participants stated that working life was a part of life. While some of participants perceived the meaning of working life more positively, some other participants expressed negative views about working life. Working life is defined as a positive life experience in terms of living without receiving help from anyone else, standing on one's own feet, gaining economic independence, developing social relations, increasing self-confidence, and breaking down some social prejudices. One participant expressed his positive work experience as follows: *"Making an effort for something is something good. Making an effort and receiving a reward for your efforts is even better..."* (The second participant)

However, some participants talked about not only the positive but also the negative effects of working on their lives. One participant explained this negative experience with a metaphor:

*"Outside is like wildlife; lions and tigers devour what they see weak. People with schizophrenia are weak too, so they are vulnerable to them. Because there are big troubles coming from behind: sounds, images... There are many things we are afraid of anyway, well then we can't see them clearly from the outside, so I can't see them as you see them. You have a defense against the*

*dangers that will come from the outside, but I have no defense against them because I have to deal with others, they can easily devour me, I liken myself to this situation."* (The fifth participant)

**Theme 2. Facilitators:** The participants stated that there were some factors facilitating their coping with the difficulties they experienced in working life. These facilitators can be family or social based. They may also be workplace-based facilitators including the manager's positive attitudes. One participant expressed the effect of her family's support on her working life as follows:

*"My mom came and said 'honey, you have an exam today, what are you doing, hurry up.' Everything can be accomplished thanks to such a caring and guiding parent... I mean, thanks to my mother's guidance, I took that exam then, and I passed it thanks to my mother, so whatever happened happened thanks to my mother."* (First participant)

One participant mentioned the support he received from his employer when he became exasperated in his working environment: *"When I first started my job and became exasperated, I used to go to my house. I used to say to the manager, 'I'm exasperated', 'Can I go home?' then I used to go home. Later, the manager was replaced, and when the manager was replaced, this reason disappeared."* (The fourth participant)

**Theme 3. Barriers:** The participants stated that they faced some barriers while they tried to continue their working life. Of these barriers, some stemmed from them, some originated from the environment.

**Individual barriers:** According to the participants, there were some barriers arising from the nature of the disease, from the treatment process, and from their individual characteristics. Among these barriers are the exacerbation of the disease, side effects of the drugs (e.g. sleeping, etc.), living alone and getting bored quickly at work.

One of the participants who put an end to his working life due to the side effects of medication he considered as a barrier, expressed his opinion as follows:

**Table 1. Sociodemographic characteristics of the participating patients with schizophrenia (n=11)**

Number	Age (years)	Sex	Current employment status	Marital status	Educational status	Duration of the illness (years)	People lived together
1	50	Man	Part time	Married	Primary school	32	Spouse
2	41	Man	Unemployed	Single	Senior high school	9	Mother and father
3	64	Man	Unemployed	Married	University	42	Spouse
4	39	Man	Part time	Single	Primary school	15	Mother and father
5	40	Man	Employed	Single	Senior high school	30	Mother and father
6	49	Man	Unemployed	Single	Junior high school	12	Mother and father
7	49	Man	Employed	Single	Senior high school	17	Alone
8	40	Man	Employed	Single	Senior high school	15	Mother and father
9	45	Woman	Employed	Single	University	20	Mother
10	49	Man	Employed	Single	University	14	Mother and sibling
11	57	Woman	Unemployed	Single	Junior high school	30	Sibling



"I quit working because of those pills. That is, because of those cutting tools, cutting tools... I was cutting 20 cm instead of 15 cm. Processing, wood, chipboard, that is, MDF (medium density fiberboard) whatever... That's why I left my profession of furniture making, I also gave up craftsmanship. I had to leave my job because of this illness. I had to quit when the drugs caused harm, when my hand trembled, when I felt dizzy." (The sixth participant)

**Environmental Barriers:** The participants talked not only about individual barriers but also about environmental barriers in their working life. They stated that environmental barriers mostly stemmed from the attitudes displayed towards them by people in the workplace and around them. Some participants stated that due to the attitudes of people in the environment, they experienced stigma, which created a barrier in their work life. One participant stated his opinion on this situation as follows:

"We make do with what is offered to us. If we, even if we are sick individuals, can do something within the framework of what is

offered to us, that is, if we say to people, hey man, I am different from you, I am obliged to this, but you do not have to, I experience this, but you do not. You cannot explain these things to people, anyway, if you say to someone, 'I have schizophrenia,' the man will probably say 'you are crazy.'" (The second participant)

Apart from stigma, the participants stated that heavy workload at the workplace, the employer's negative attitude, and crowded environments were among the factors preventing individuals with schizophrenia from involving in working life. One participant stated his opinion on the fact that the disease was not known in the work environment as follows:

"For example, I was going to get a health report, I wanted to go to İzmir (a city in western Turkey) because the employees that is my colleagues did not know, they said "I can give you only one day off, don't go to Izmir, what will you do there?" In fact, I won't stay there. So it is not possible for him to empathize and understand me, because he does not know, this may be the second problem." (Third Participant)

Table 2. Themes related to work experiences of the participants diagnosed with schizophrenia	
Themes	Categories
• Working Life as a Part of Life	<ul style="list-style-type: none"> <li>• Not needing anyone</li> <li>• The pleasure of earning</li> <li>• Standing on one's own feet</li> <li>• Economic freedom</li> <li>• Breaking down prejudices</li> <li>• Social relationship</li> <li>• Being like normal people</li> <li>• Increase in self-confidence</li> <li>• Wildlife documentary</li> </ul>
• Facilitators	<ul style="list-style-type: none"> <li>• Family support</li> <li>• Social support</li> <li>• Manager's positive attitude</li> </ul>
• Barriers	<p><b>Individual Barriers</b></p> <ul style="list-style-type: none"> <li>• Side effects of the Medication (lethargy, drowsiness)</li> <li>• Living alone</li> <li>• The thought that there is no need to work</li> <li>• Boredom from work</li> <li>• Exacerbation period of the disease</li> </ul> <p><b>Environmental Barriers</b></p> <ul style="list-style-type: none"> <li>• Crowded working environment</li> <li>• Barriers from the family preventing him or her from working</li> <li>• Attitudes of people in the working environment</li> <li>• Stigma</li> <li>• Employer's attitude (not being knowledgeable of the disease)</li> <li>• Intensive work (long working hours)</li> </ul>
• Suggestions / Expectations	<ul style="list-style-type: none"> <li>• Expectation of a suitable environment when an attack comes</li> <li>• Presence of other patients in the work environment</li> <li>• Being empathized in the workplace</li> <li>• Breaks</li> <li>• Expectation of being treated with respect</li> </ul>

Theme 4. Suggestions / Expectations: The participants stated that they had some suggestions and expectations regarding working life. Among these expectations / suggestions are their being provided with a calm environment in the workplace in case the symptoms of the illness appear, understanding and respect for themselves in the workplace. The opinions of some participants regarding these expectations were as follows:

*"I became exasperated a few days ago, a black girl who came near me opened the door, I had closed it, she opened the door "what happened?" she asked, "I'm exasperated" I said, "Okay," she said, she closed the door. She was understanding. Do you understand? So, of course, I tried to cope with on my own."* (The fourth participant)

*"He must be someone who will let you take leave when you are sick, who will understand when you are sick. Sometimes no one from the outside can understand you, but if they observe you, they will understand you, probably they will let you take leave or will tell you 'go and rest for a while'."* (The fifth participant)

## Discussion

Based on the participants' views, the following four main themes were obtained: *Working Life as a Part of Life, Facilitators, Barriers and Suggestions / Expectations*. The study results were discussed under these four themes.

**Theme 1. Working Life as a Part of Life:** The participants defined working life as a positive life experience in terms of living without receiving help from anyone else, standing on one's own feet, gaining economic independence, developing social relations, increasing self-confidence, and breaking down some social prejudices. Similarly, in a phenomenologically designed study conducted with individuals with chronic mental disorders, the participants stated that working at a job increased their self-worth and contributed positively to the improvement of their health.<sup>[27]</sup> In a qualitative study conducted by Besse et al. (2017), most of the participants reported that being employed reduced their stress levels. In Brohan et al.'s study (2014), the participants reported that employment enabled them to earn money, increased their self-confidence, kept them busy and helped them to have a purpose in their lives. In another study conducted by Yu et al. (2016), the participants defined working life as leading a normal life, being financially independent, and being a part of the society.<sup>[28-30]</sup> These results indicate that individuals with chronic mental disorders will gain self-confidence by fulfilling the necessities of life if they take part in working life. In addition, individuals' taking part in working life will meet their needs for being a part of the society.

On the other hand, some of the participants mentioned the negative aspects of working life that gave patients a hard time. In Besse et al.'s study (2017), as in the present study, individuals with chronic mental disorders experienced fear of failure as a negative outcome and they felt pressured to per-

form their work.<sup>[28]</sup> This result is thought to stem from the fact that individuals with schizophrenia lack experience regarding working life.

**Theme 2. Facilitators:** The participants of the present study stated that the facilitators which helped them overcome the difficulties they experienced in working life were the supports given to them by their family, society and workplace. Consistent with the result obtained from the present study, in Thomas et al.'s study (2019), according to the participants, facilitators of working at a job were their own strengths, social support, harmonious working environment, and support they received from mental health professionals and services.<sup>[31]</sup> In Marwaha and Johnson's study (2004), the participants with chronic mental disorders stated that their chances of continuing their jobs would increase when their employers became knowledgeable about their diagnosis.<sup>[3]</sup> In Ebuenyi et al.'s study (2019), according to the participants diagnosed with chronic mental disorders, among the factors that facilitate employment were self-awareness and acceptance, self-employment opportunities, reasonable arrangements provided for them, improved health services, enforcement of privileged laws and regulations, and implementation of social development programs.<sup>[32]</sup> In Saavedra et al.'s study (2016), the participants diagnosed with schizophrenia stated that factors facilitating employment were as follows: planning their working time and providing leisure time for them, improving mental health practices regarding employment, and supportive attitudes in social relations.<sup>[33]</sup> These results indicate that these individuals' being accepted in the society, and their thinking that they are socially supported can increase their motivation for taking part in working life.

**Theme 3. Barriers:** The participants of the present study stated that while some of the barriers preventing them from continuing their working life stemmed from them, the others originated from the environment. The participants in our study defined individual barriers as the exacerbation of the disease, side effects of the drugs, living alone and getting bored quickly at work. Similarly, in Thomas et al.'s study (2019), the participants reported that among the individual barriers to working at a job were the symptoms of the illness, side effects of medications, academic failure, and inadequate work history.<sup>[31]</sup> According to the individuals with chronic mental disorders in Brohan et al.'s study (2014), individual barriers to getting a job were as follows: lack of self-confidence due to previous rejection when they applied for a job, lack of job competence, being old and having a diagnosis of illness.<sup>[29]</sup> In Marwaha and Johnson's study (2004), the participants with chronic mental disorders stated that the symptoms of the disease and side effects of the medication would affect their abilities in working life.<sup>[3]</sup> In Ebuenyi et al.'s study (2019), individuals with chronic mental disorders stated that the main obstacle to employment was the diagnosis, and symptoms of a mental illness.<sup>[32]</sup> In their study (2018), Thisted et al. reported that the symptoms of the disease caused individuals with chronic mental disorders to lose control and to have difficulties in the

continuity of work life in.<sup>[34]</sup> In their study (2019), Charette-Dussault and Corbière found that illness, lack of work experience, lack of belief in their abilities, fears and lack of motivation were among the individual barriers to employment of individuals with chronic mental disorders.<sup>[35]</sup> Individuals with a diagnosis of schizophrenia think that their having difficulty in managing their lives due to the disease may prevent them from continuing their working life.

At the end of the present study, according to the participants, among the environmental barriers were their being exposed to stigma, having heavy workload, negative attitudes displayed by the employer, and working in a crowded environment. In Thomas et al.'s study (2019), inadequate social support in the workplace, inadequate working environment, and cultural and social differences were perceived by the participants as environmental barriers.<sup>[31]</sup> In Brohan et al.'s study (2014), anxiety due to the possibility of losing disability benefits experienced by the participants with chronic mental disorders, and their undertaking jobs beyond their capacity were among the environmental barriers to continuing their working life.<sup>[29]</sup> In their study (2004), Marwaha and Johnson stated that the fact that individuals did not tell their employers about the diagnosis of their disease due to fear of stigma created problems in continuing the job.<sup>[3]</sup> In Ebuenyi et al.'s study (2019), the participants with mental disorders stated that environmental barriers to employment were social exclusion and stigma, and inability to adapt to the job description and work environment.<sup>[32]</sup> In Saavedra et al.'s qualitative study (2016), the participants diagnosed with schizophrenia stated that not being able to participate in social relations, lack of free time, undergoing conflicts, stressful work environment and tasks performed outside the employee description were the environmental factors preventing them from being employed.<sup>[33]</sup> In their systematic review study (2000), Sandelowski found that the cessation of disability benefits, stigma, social support and inadequacy of professional services were among the environmental barriers to the employment of individuals with chronic mental disorders.<sup>[24]</sup> Due to the ambiguity of the job description, and unsuitable working environment in the working environments of individuals with chronic mental disorders, their capacity can be insufficient, which in turn may hinder the continuity of working life. In addition, it is considered that stigma causes a lack of trust in them, which poses an obstacle to their participation in working life. Due to these stigmatizing attitudes in society, individuals with chronic mental disorders are not adequately empathized.<sup>[2]</sup>

**Theme 4. Suggestions / Expectations:** The participants of the present study stated their expectations about continuing their working life as follows: having a calm environment in the workplace, being understood, and being treated with respect in the workplace. Similarly, in their (2007) qualitative study, Liu et al. reported that the expectations of individuals with schizophrenia about employment were the elimination of the barriers to job search, improvement of their working conditions, and ensuring the maintenance of their psychological well-be-

ing.<sup>[36]</sup> In An and Seo's study (2015), individuals diagnosed with schizophrenia were reported to have expectations for the formation of intrinsic motivation for finding a job and achieving a normal life.<sup>[37]</sup> In Boycott et al.'s study (2015), the participants suggested that they should be given the opportunity to work in a job in their field of interest<sup>[38]</sup>. In the meta-synthesis conducted by Thisted et al. (2018), the expectations of the participants with chronic mental disorders in working life were as follows: reduced stigma and creation of a supportive work environment.<sup>[34]</sup> In Charette-Dussault and Corbière's study (2019), the participants diagnosed with schizophrenia suggested that their vocational training and experience should be improved, that their symptoms should be detected early, and that social sensitivity should be ensured to enable them to take part in employment.<sup>[35]</sup> In Yu et al.'s study (2016), the participants diagnosed with schizophrenia reported that they wanted to establish social relationships in their working life.<sup>[30]</sup> These results indicate that these individuals' expectations of working life are often associated with the elimination of the disease-related factors, which is probably due to these individuals' and their employers' lack of knowledge of the disease and disease management.<sup>[40]</sup>

### Limitations

In the present study, in the unit where the study was conducted, the number of the individuals who were diagnosed with schizophrenia, and had worked or still worked was limited. Therefore, we could not conduct pilot interviews.

### Results and their Implications for Practice

At the end of the present study, it was determined that there were many factors affecting the working life of individuals with schizophrenia. Within this context, mental health professionals can determine the employment needs of individuals with schizophrenia in order to support their participation in society, and increase their chances to participate in working life by organizing intervention programs specific to this field. In addition, when community-based interventions are planned, efforts aimed at reducing these individuals' fear of failure, and stress should be given priority. Awareness-raising studies should be carried out to increase the social support these individuals receive in their own lives and the supportive attitudes displayed towards them in their workplaces. Another significant result of the present study is that stigmatization is an important factor affecting the working life of individuals diagnosed with a mental illness. Within this context, to enable these individuals to participate in employment actively, anti-stigma programs aimed at informing their families, employers and society about the inappropriateness of stigma regarding these people should be carried out. It is recommended that in the future, descriptive and intervention studies should be carried out to determine the jobs in which these individuals can work under appropriate conditions.

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