

**Sociální vědy**

UDC 364.04

**PROFESSIONAL WORK OF PEOPLE WITH DISABILITIES –
POSITIVE AND NEGATIVE FEEDBACK****M. Garbat***Ph.D., University of Zielona Góra, Poland*

Summary. Work (or lack of work) affects human efficiency and health, as well as the functioning of man in the employment situation. Work is a source of money and satisfaction, as well as the basis for economic existence of the household. This allows one to meet one's needs. Work gives one a sense of freedom, independence, self-sufficiency, creativity, assertiveness, well-being, but also a sense of tethering, coercion and necessity. For people with disabilities work means even more – encourages rehabilitation and is often the credo of social life, the quantifier and the determinant of their importance and value. However, professional work also leads to exhaustion, “the usage” of the body and many injuries. Badly or improperly executed may even cause loss of health, and then leads to incomplete efficiency.

Keywords: work; unemployment; economic inactivity health; illness; disability.

Introduction

In the case of people with disabilities it is noted that the work is not only of instrumental (it is a source of income), but also therapeutic and social character. Professor Dega – the pioneer of rehabilitation of people with disabilities in Poland – said that “man should not be deprived of the blessings of work due to accident or illness. Disabled persons do not want to be a burden to society, nor to remain excluded from socio-political or economic life. Nothing in fact, even the largest compensation will pay for ones feeling of uselessness to work” [7, pp. 4–5].

Labour and health are among the most important social and individual values that play a key role in people's lives. They determine to a large extent their survival and development – both directly and indirectly. There are strong links between work or lack of work and health, disease and incomplete efficiency.

Disability

Disability may be defined as a concept which is in opposition to the concept of “full efficiency”. Therefore disability may be regarded as a “violation of efficiency on one of the levels or as a partial loss of ability to function within the framework of one of the levels”. The concept of disability covers “primary biological defect of organism (dysfunctionality) and its psychological and social effects”, whereas the “dysfunctionality” means the lost of efficiency of the body, systems or organs.

People with disabilities constitute a specific category of labour, which is restricted in terms of health, disability or dysfunction. Evaluation of ones health is very important when choosing ones profession and in career planning. Getting to know ones state of health with the knowledge of contraindications for certain professions, helps to avoid wrong decisions. Among people with disabilities and with contraindications for certain professions, there are both people with slight



variations in health status, as well as those that have major abnormalities and for there are a not many occupations available for them [4, p. 84].

Impairment of the body and its ability to work are very important factors, but for most disabilities they do not determine employment opportunities. This point of view is based on two fundamental premises of vocational rehabilitation. The first one says that every person with disability retains certain specific skills, physical and mental functions; the second – that no work requires full efficiency from person performing it. The human body has the ability to adapt to changes, and therefore the disabled may start compensatory mechanisms, replacing damaged or disturbed body functions with other activities. These people learn to perform these operations using another technique than people without disabilities.

So the employment of people with disabilities depends primarily on the adaptation of the positions and workplace. They should be organised and equipped so as to compensate for the limitations of disabled employees and to enable them to perform their work. Adaptation of positions and workplace includes their physical change and modification (eg. installing additional elements or removing the existing ones) and equipping employee with appropriate tools, enabling proper work as well as individual selection of specific professional tasks [5, p. 28–29].

Professional work

Professional work is a deliberate and organised action during which transformation of reality occurs and material goods and intangible assets are created [1, p. 16]. Work includes mental and physical activities in different proportions: in case of simple work physical activities dominate and in the case of complex work – mental activities. Having work is assigned to a number of positive values, in contrast to

the lack of work (unemployment), which is of negative character [6, p. 8].

Performance of work is an important factor in achieving a certain level of development and self-realisation. In a society based on market economy it provides mainly clear material effects, satisfying ones needs. It is also a determinant of social status and the source of many personal contacts [2, p. 25]. However, in the case of persons with disabilities, to all the features of professional work, typical for non-disabled people, one can add other specific ones, arising from the disability. Active work is conducive to rehabilitation, it is often the credo of social life – quantifier and a determinant of their importance and value [4, p. 67].

An opposite state to performing the work is a state of passivity, characterised by the need to refrain from employment (even when many job offers are available).

A sphere of unemployment is situated between these states. Unemployment means that some people able to work and who want to work cannot find job. Unemployment – because of the induced effects – is one of the most difficult socio-economic problems.

Professional work and its impact on disability

Disability causes certain consequences in human life, including their work. This is reflected primarily in the form of restrictions on the choice of profession, the difficulties in finding a job and maintain it. It should be noted that professional work is not only a source of income, but also the confirmation of self-worth and usefulness – which is essential to anyone, the disabled in particular. If for health reasons one cannot work, such state may be called the inability to work. Inability to work is the total or partial loss of earning capacity due to disability – with no hope of regaining the ability to work after retraining.

Mutual bilateral relationships (the feedback) occurs between work, the lack



of it, and the disability. Both work (or lack of it) affects human efficiency and human efficiency significantly affects the functioning of the unit in the employment situation. There are two types of feedback: positive and negative ones, depending on the exerted effects.

Positive feedback

Having a job provides employee with a major source of income, forming the basis for economic existence of the household. With the money earned one can meet their needs of their own and of their relatives; depending on the amount of income and scope of household needs these are either the the basic or higher needs. Work gives everyone a sense of self-worth and social usefulness. Work will mobilise the body to carry out daily activities, and in most cases provides life with suitable time frame ordered, both during the day and throughout the year.

Job satisfaction and a sense of professional satisfaction improves the quality of life. Higher wages help to maintain the appropriate balance between work and leisure (work – life balance), which in turn translates into better health by avoiding unnecessary fatigue, not exceeding the limits of endurance of the body that can aggravate an existing state of health or generate any other illness / disability.

On the other hand, the better health and higher psychophysical efficiency of the organism is, the better the choice of career paths, jobs, a chance to get higher, more satisfactory earnings. Good health makes it easier to cope with professional tasks, easier to take up professional challenges.

Negative feedback

Performing work leads to fatigue, “wearing” of the body, injuries, and in extreme cases – death of the employee. Chronic stress leads to reduction of medical fitness and may be the ground of mental disorders and increased incidence of various diseases.

Worse, less attractive, less prestigious job means lower earnings, lower life satisfaction and, therefore, lower life quality. Lower earnings make it necessary to restrict the level of meeting the needs of the household – often only the most basic needs. Too low earnings often forces one to seek additional work, causing extra fatigue, reducing the time needed to rest, and thus – in the long run may lead to worsening of health status and the possibility of losing the body efficiency.

On the other hand, the worse health is, the more serious dysfunctions of the individual are and the less opportunity of getting (any) jobs, careers, promotion, maintenance in employment one have. The poorer, lower paid job one has, the smaller the ability to satisfy the needs of the household and non-business interests is. Worse health reduces psychophysical fitness, productivity and quality of work. The disease causes absenteeism; after a long break for treatment, a person must undergo a process of readaptation to work. Chronic diseases may not be tolerated by the employer, as they may causes increased costs for, among others, the need to ensure replacement for periods of the employee’s absence.

Lack of work may also negatively affect health and disability. This effect can be represented by a spiral. Losing ones job in the first place involves the loss of regular income. As a consequence, a deterioration of the standard of living appears together with problems of the leisure time management, social isolation, restriction or abandonment of participation in political and cultural life. This is accompanied by psychological discomfort, often involving a sense of helplessness. The consequence of financial difficulties is not only reduced standard of living, but also depriving the unemployed from the opportunity to purchase goods that are the symbols of ones status and this may leads to lower self-estimation.



It is well known that the long-term unemployed are exposed to harmful stress, which negatively affects their psyche. They worry about the present and the near and distant future, and even that they will fall into severe depression. However, few people realise that unemployment also negatively affects physical health. As recent studies have proved, the unemployed are exposed to a higher risk of heart attack, especially in the first year after the loss of employment and the impossibility of finding a new job [8, [http](#)].

Unemployment is often multigenerational phenomenon. Lowering the standard of living of unemployed parents causes lower level of education of children, which in the future may result in the unemployment of the young. Unemployment has negative consequences for society. They are: significant costs of social benefits, the unused capacity to work of the unemployed, job insecurity among workers and the risk of severing of undesirable effects (eg. alcoholism, divorce, drug addiction, crime level, suicides). People with professions for which there is no demand, very often remain jobless or perform work not in line with their education and this may cause frustration [3, s. 124].

The unemployed, remain unemployed for a long time, usually have many unsuccessful attempts to find a job. Experiencing failures weaken the sense of perpetration, which can sometimes lead to learned helplessness. With the period of long unemployment people often cease efforts aimed at getting a job. The unemployed stop believing in the effectiveness of their current operations and do not initiate new ones in order to gain employment.

The contact between inactivity, health and/or incomplete performance is relatively less explored. In the sphere of economic inactivity one can find mainly people who are permanently incapable of professional work, as well as any work. These are people with profound mental disability, with deep multiorgan paralysis, not independ-

ent, requiring full time care of others, and often in need to be on permanent support of the machine (eg. respirators).

There are also people – not necessarily with disabilities – who are discouraged by prolonged unsuccessful job search, who withdrew from the labour market. When losing the family income these people they are in danger of poverty and inheriting unemployment or inactivity. They become dependent on social assistance and benefits from charity organisations.

Professional inactivity may be the result of work, in particular serious accidents at work resulting in serious dysfunctions. In certain cases progressive dysfunction can lead to a gradual (continuous or stepping) decreases of employability, leading to loss of job. Multiple sclerosis may be an examples of such dysfunction.

Summary

Work is a word having so many meanings, throughout the centuries grew into a philosophy, motto and symbol of the survival of the human species. It is a human activity aimed at manufacturing of certain tangible or cultural goods, which is the basis and condition for the existence and development of human society. The performance of work is an important factor in achieving a certain level of development and self-realisation. In a society based on market economy it gives mainly clear material effects, aiming at satisfying ones needs. It is also a determinant of social status and the source of many personal contacts.

Work gives one a sense of perpetration, freedom, independence, self-sufficiency, creativity, assertiveness, welfare but also being tied, compulsion, necessity. It can be seen that work can be attributed to very many features. For people with disabilities work means so much more. To all the features of professional work, typical for non-disabled people, one can mention others, specific, arising from disability. Active work is conducive to rehabilitation,



it is often the credo of social life – a quantifier and a determinant of ones importance and value.

One might think that work has only positive values for people with disabilities. Unfortunately, it is not so. Work is also a factor of aggravating disability. Poorly or improperly performed work can result in damage to health and even incomplete fitness. This situation may be caused by such factors as: the lack of equipment or tools for work, wrong procedures, lack of adequate instructions or technical problems. If there are also other factors as such: shift work, smooth working hours, work on weekends or bad planning of working time, health problems are much more serious. Keeping the balance between work, leisure and family loses very often with professional duties, which has a direct impact on the negative social and health effects.

One needs to remember that disability is not an obstacle in performing ones work. Technical progress – new technologies and equipment caused that the labour market is becoming more accessible to different categories of disability. There are new, previously unknown jobs. Of course, this does not mean that a person with disability can work wherever they want and the way they want. The place of work is subject to many factors, physical, legal and social. One has to take into account the scope of fitness limitation of organisational and technological possibilities offered at a cer-

tain workplace. Technical progress and social development provides more and more opportunities related to the employment of people with disabilities. However, there are segments of the labour market which are still not available or in part limited for this social category.

Bibliography

1. Borkowska S., Ile pracy, ile życia poza nią?, [w:] Programy praca-życie z teorii i praktyki, red. S. Borkowska, IPISS, Warszawa 2011, s. 16–49.
2. Golinowska S., Praca i polityka społeczna. Wzajemne wzmacnianie się i konflikt, [w:] Człowiek w pracy i polityce społecznej, red. J. Szambelańczyk, M. Żukowski, Wydawnictwo Uniwersytetu Ekonomicznego w Poznaniu, Poznań 2010, s. 25–45.
3. Garbat M., Zatrudnianie i rehabilitacja zawodowa osób z niepełnosprawnością w Europie, Uniwersytet Zielonogórski, Zielona Góra 2012.
4. Garbat M., Aktywizacja zawodowa osób z niepełnosprawnością – bariery i koszty, Uniwersytet Zielonogórski, Zielona Góra 2013.
5. Hulek A., Teoria i praktyka w rehabilitacji inwalidów, PZWL, Warszawa 1969.
6. Król M., Przybyłka A., Rynek pracy osób niepełnosprawnych, Polityka społeczna, 2002, s. 7–12.
7. Rozmowa “Weterana” z profesorem dr med. W. Degą, “Weteran Walki i Pracy”, 1964, nr 14, s. 4–5.
8. Unemployed at Higher Risk for Heart Attack?, <http://news.health.com/2012/11/20/unemployed-at-higher-risk-for-heart-attack/> (dostęp 2014-02-14).

© Garbat M., 2015