PERSONALITY AS A SUBJECT OF LIFE: PROBLEMS OF HEALTH AND DISEASE

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СОЦИАЛЬНО-ПСИХОЛОГИЧЕСКИЕ РЕСУРСЫ ИНВАЛИДОВ ТРУДОСПОСОБНОГО ВОЗРАСТА В РЕАБИЛИТАЦИОННОМ ПРОЦЕССЕ, ВЛИЯЮЩИЕ НА РЕЗУЛЬТАТИВНОСТЬ

SOCIO-PSYCHOLOGICAL RESOURCES OF DISABLED INDIVIDUALS OF WORKING AGE
THAT INFLUENCE EFFECTIVENESS OF REHABILITATION PROCESS

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Аннотация:

Статья описывает объективные и субъективные факторы, влияющие на результативность реабилитационного процесса, что является актуальным вопросом как для здравоохранения, так и для всех других областей, включенных в реабилитационный процесс. Целью данной статьи выступает описание факторов, влияющих на результативность реабилитационного процесса.

В статье рассмотрены объективные и субъективные факторы результативности реабилитации в зависимости от возраста и пола реабилитантов. Так, к объективным факторам отнесены группа инвалидности, возраст, пол, давность заболевания. Ведущими субъективными факторами, влияющими на реабилитационный процесс, являются: отношение к болезни, реабилитационный потенциал, отношение к болезни до и после реабилитации, отношение к реабилитации до и после реабилитационного процесса, отношение к себе после реабилитации и ассоциации с эмоциональным состоянием после

Abstract:

The article describes objective and subjective factors that influence the effectiveness of the rehabilitation process, which is a topical issue both for healthcare and for all other spheres involved in the rehabilitation process. The purpose of this article is to describe the factors that influence the effectiveness of the rehabilitation process.

The article considers objective and subjective factors of rehabilitation effectiveness depending on the age and gender of the rehabilitants. Thus, the objective factors include the disability group, age, gender, and prescription of the disease. The leading subjective factors that influence the rehabilitation process are: attitude to the disease, rehabilitation potential, attitude to the disease before and after rehabilitation, attitude to rehabilitation before and after the rehabilitation process, attitude to oneself after rehabilitation, and associations with the emotional state after rehabilitation. It is shown that motivation for the rehabilitation process is not a statistically significant parameter.

реабилитации. Указывается, что мотивированность на реабилитационный процесс не является статистически значимым показателем.

Результативность реабилитационного процесса прямо тесно связана с такими объективными факторами, как пол и возраст инвалидов, группа инвалидности, и обратно-пропорциональна давности заболевания. Чаще улучшается состояние клиентов женского пола со II и III группами инвалидности с такими хроническими нозологиями, как артриты и артрозы, ДЦП, сахарный диабет средней тяжести. Улучшает состояние смешанный непротиворечивый тип отношения к болезни, тогда как смешанный тип, характеризующийся наличием психической дезадаптации, снижает результативность. У мужчин и женщин трудоспособного возраста результативность улучшается, в том числе, за счет изменения отношения к себе и к своей болезни в процессе реабилитации на более ориентированное на других людей взаимодействие. Серьезный вклад в результативность вносит изменение эмоционального состояния клиентов, что является проявлением отношения специалистов к клиентам.

Ключевые слова:

инвалиды трудоспособного возраста, индивидуально-личностные ресурсы инвалидов, результативность реабилитационного процесса.

The effectiveness of the rehabilitation process is directly related to such objective factors as the gender and age of the disabled, the disability group, and is inversely related to the age of the disease. More commonly improvement of the condition is seen in female clients with II and III disability groups with such chronic nosologies as arthritis and arthrosis, cerebral palsy, and moderate diabetes mellitus. Mixed consistent type of attitude to the disease improves the condition, while the mixed type, characterized by the presence of mental maladaptation, reduces the effectiveness. In men and women of working age, effectiveness improves, not least due to change in the attitude towards themselves and their disease in the rehabilitation process with a focus on interaction with other people. A significant contribution to performance is made by a change in the emotional state of clients being a manifestation of the attitude of specialists to clients.

Keywords:

disabled people of working age, individual and personal resources of disabled people, effectiveness of the rehabilitation process.

Relevance

In 2008 Russia signed the UN Convention on the Rights of Persons with Disability and ratified it in 2012. In Article 27 of Convention it is directly stated that «the state parties acknowledge the right of disabled persons to work on an equal basis with other people; this includes the right to a possibility to earn for living by labor that the disabled person freely chose or to which he freely agreed in the conditions of the open, inclusive and available for disabled persons labor market and industrial environment» [1]. After adoption of the Convention, a discussion opened in European countries concerning the concept of disability itself. As it is stated by N.V. Yakovleva, N.N. Ulanova and I.M. Shishkova, «disability is a multi-level concept incorporating many aspects that in their totality form an idea of the given state on the psychological, emotional, behavioral and social levels. There exist many approaches permitting to study the given construct from different positions. A sufficient amount of works of socio-psychological direction make it possible to study motivational, personal, gender, adaptation and other aspects of disability» [2].

However, «it is classifications of working ability that became the main marker of limited abilities: a part of European countries used a quantitative approach based on special classifications identifying percent of the working ability; other countries concentrated on the rehabilitation capacities and evaluation of the working ability in connection with these capacities» [3, p.156]. In the quantitative approach to disability, the central position is a medical model of disability with the main accent on limitations of the vital activity that prevent normal functioning of an individual in the society. Nowadays, most European countries turned to socio-cultural model of disability based on the International Classification of Functioning, Disability and Health (ICF) [4], the main idea of which consists in the integration of «medical» and «social» models of disability. This document departs from the classification of the «consequences» of disorders in functioning and assigns the first place to «health constituents». If the consequences of a disease orient a specialist to alteration of health that may occur in an individual, the health constituents are mainly oriented to the resources of the personality. In the interpretation of ICF, disability is a complex phenomenon, and measures for overcoming the damages associated with disability, have complex and systemic character and vary depending on the specific conditions. Just because of this, ICF determines disability as an «umbrella term for designation of disorders, limitations in actions and limitation in participation» [4] which permits to supplement the information about a rehabilitant with possibilities of his functioning, activity and participation, and also with analysis of different environmental factors that help an individual to or prevent him from coping with his status. This information makes it possible to obtain the all-sided picture of the situation of a disabled person which is the basis for taking a decision by specialists in development of the rehabilitation route. The important factors in such approach are contextual factors (factors of the environment and individual-personal features).

Aim

To determine socio-psychological factors that influence the effectiveness of a rehabilitation process of disabled individuals.

Objectives:

1. To identify objective and subjective factors that influence the effectiveness of rehabilitation process of disabled individuals of working age.
2. To check the relationship between motivation of patients for rehabilitation and effectiveness of rehabilitation.

Materials and Methods

To identify the main factors that provide effectiveness of the rehabilitation process, a psychodiagnostic examination of patients admitted for rehabilitation within 2019, was performed. The research was conducted on the base of the Regional Center for Rehabilitation of Disabled Individuals of Ekaterinburg. The disabled stayed on rehabilitation in the Center for

14 days in conditions of in-patient servicing. By the method of random sampling, 200 respondents of working age (100 men and 100 women) were selected for the experimental group, and 200 respondents of the retirement age (100 men and 100 women) that were on rehabilitation in the Center and were capable of performing test assignments, were selected for the group of comparison (control group). The amount of selected respondents made about 50% of the total amount of disabled persons passing rehabilitation in in-patient conditions in 2019.

The following psychodiagnostic methods were used: TOBOL [5], methods «Rehabilitation potential of personality» developed by I.Yu. Kulagina and L.V. Senkevich [6], attitude color test (ACT) of Etkind (with evaluation of the following parameters: «Ego», «rehabilitation», «my disease», «emotional status» [7]. The results were processed by SPSS package (frequency, correlation, factor analysis). Factors were rotated through clusters of variables using the VARIMAX normalized method.

On the whole, sampling by nosological forms corresponded to the general totality of receivers of social services – disabled individuals in the Center.

Results and Discussion

At the beginning of the rehabilitation process in the Center, each client underwent clinical and psychodiagnostic examination, with setting the aim of rehabilitation and formulation of the tasks for each rehabilitation division of the Center. At the end of rehabilitation process the clinical and diagnostic examination was repeated, and the results of rehabilitation were summarized (Table 1).

The condition of each third individual (33.25%) improved, that is, the aim of rehabilitation was achieved, in 66% the condition remained without changes, so, the aim of rehabilitation was not achieved, and in 0.75% of receivers of social services the condition worsened (3 clients were hospitalized from the Center to medical institutions due to problems with health).

Table 1

Distribution of Clients by «Effectiveness» Parameter (man /%)

Status	Positive Effectiveness			Without Changes		
	Men	Women	Σ (%)	Men	Women	Σ (%)
Working age	19	45	16%	81	55	34%
Pensioners	23	46	17.25%	75	53	32%
	42 чел.	91 чел.	33.25%	156 чел.	108 чел.	66%

*3 clients (0.75%) are not taken into consideration due to hospitalization

Let us consider the main factors that influenced the effectiveness of the rehabilitation process. The factors may be classified to two groups: objective and subjective, personal. The main objective factor reducing the effectiveness of rehabilitation process was the duration of

rehabilitation in the Center – 14 days according to the standards of the Sverdlovsk region. Another objective factor was severity of clinical condition of clients admitted for rehabilitation. Thus, practically each forth client had I disability group resulting from the consequences of acute cerebrovascular event, craniocerebral and spinocerebral traumas usually burdened with essential hypertension, cardiac failure, cognitive disorders, with this, 76% of persons with I disability group were of working age. Another objective factor was severity of diseases in disabled individuals. 51% of the sample was disabled individuals with the main diseases being infarctions and consequences of acute cerebrovascular events commonly complicated with type 2 diabetes mellitus and essential hypertension.

Table 2

Factor Matrix of Variables

Variable	Factor 1	Factor 2
Attitude to disease		0.380100*
Rehabilitation potential	0.456850*	0.472133*
Motivation for rehabilitation process	0.124217	
Effectiveness	0.498710*	
Disability group	0.482479*	0.307475*
Status (of working age – pensioners)	0.735223*	0.348027*
Gender	0.679404*	0.394973*
Clinical diagnosis	0.497280*	
Age of disease	-0.406632*	-0.366094*
ACT «Disease» before rehabilitation process		0.465390*
ACT «Rehabilitation» before rehabilitation process	0.382962*	
ACT «Ego» after rehabilitation process	0.322205*	0.437565*
ACT «Disease» after rehabilitation process		0.473273*
ACT «Rehabilitation» after rehabilitation process	0.382407*	0.482479*
ACT «Emotional status» after rehabilitation	0.334801*	

To evaluate the variables that influence the effectiveness of rehabilitation process, factor analysis was conducted where two factors were specified presented in the matrix of factor structure of variables (Table 2). The first factor may be called «Effectiveness» since it incorporated the following variables of significant weights: effectiveness, gender, disability group, status, age of disease, rehabilitation potential and some parameters obtained using ACT («Rehabilitation» before and after rehabilitation process; «Ego» after rehabilitation; «Emotional status» after rehabilitation). Thus, the first factor combined both objective and subjective variables that influence the effectiveness of the rehabilitation process.

The first objective value, that directly and closely correlated with effectiveness of the rehabilitation process, was the status of the client. Thus, the effectiveness of the rehabilitation process was approximately the same both in individuals of working age, and in pensioners ($r=0.74$, $p\leq 0.001$). Among the clients of the retirement age whose condition improved after rehabilitation, there was a high percent of disabled of II and III groups with such diseases as cerebral palsy, arthroses, rheumatoid arthritis in remission stage, type 2 diabetes mellitus, etc.

Such diseases, as a rule, are chronic and do not require rehabilitation measures associated with high efforts of specialists and with use of high technological equipment which considerably simplifies the rehabilitation process and improves the condition of clients.

The second variable that influenced the effectiveness, was gender. It is worth noting that in the group of women, the condition improved practically in 45% of women of working age and in 46% of pensioners, while in men of working age this parameter was significantly lower (19% of men of working age and 23% of pensioners). Another objective factors was the variable «age of disease» which had a negative close connection with the effectiveness, that is, the longer the duration of the disease, the lower the effectiveness of the rehabilitation process ($r=-0.4, p\leq 0.001$).

In the course of the given study, a suggestion was made about the effectiveness being directly related to the rehabilitation potential and motivation for the rehabilitation process, that was confirmed only in regard to the rehabilitation potential ($r=0.46, p\leq 0.001$).

As it is seen from Table 3, improvement of the condition after rehabilitation was stated in 41.55% of clients with a high rehabilitation potential, among which there were almost each forth woman of working age with II and III disability group (23%) and a rather high percent of men of working age with I disability group (8%).

Table 3

Dependence of Effectiveness on Rehabilitation Potential (man/ %)

Rehabilitation Potential	Positive Effectiveness			No Changes			Σ (man/ %)
	Working age	Pensioners	(%)	Working age	Pensioners	(%)	
High	62	34	24.15%	38	31	17.4%	165 (41.55%)
Medium	52	74	31.7%	33	35	17.2%	194 (48.9%)
Low	11	15	6.55%	4	8	3%	38 (9.55%)

*3 clients are not taken into consideration due to hospitalization

Of interest are the data of clients whose condition improved after rehabilitation and who had low rehabilitation potential. 74% Of these clients were men of all ages with such nosologies as myocardial infarction, consequences of acute disorder of cerebrovascular circulation burdened with essential hypertension, diabetes mellitus, etc., that account for low potentials of these clients. Improvement of condition of such clients after rehabilitation depended on the motivation for rehabilitation which, as a rule, was high in these patients.

However, correlation relationship between effectiveness and motivation was low ($r=0.12, p\leq 0.001$). Let us consider the data obtained. A high level of motivation was found in 16% of the clients with improvement of the condition after rehabilitation, the most part of which were women with I group of disability (53%) with a high rehabilitation potential and with the following diagnoses: cerebral palsy, congenital malformations, B20 (the disease induced by human immunodeficiency virus). A low level of motivation in the clients with improvement of

the condition after rehabilitation was determined in 67% of men-pensioners of this subgroup with III group of disability with the following diagnoses: oncologic diseases in the remission stage, consequences of the bypass surgery, type 2 diabetes mellitus.

Among the clients with a high motivation, but with no effectiveness of the rehabilitation process, there were 100% of men of working age with 1st disability group with diagnosis of craniocerebral trauma, consequences and intoxications. Practically all clients with such diagnoses have an experience of using psychoactive substances which signals their asocial orientation. Thus, motivation of these clients may be associated with the possibility of psychological consulting (practically for all the clients of this subgroup it was not the first stay in the Center).

The variable «disability group» also had tight connections in the first factor which permits to suggest improvement of the condition after rehabilitation first of all in persons of II and III groups of disability.

More interesting were the data obtained for disabled people in whom, with a high rehabilitation potential and a high level of motivation, the effectiveness has not changed. Among the clients of working age and retirement age, the majority were women with II and III disability groups with diagnoses: arthrosis, rheumatoid arthritis, cerebral palsy, bronchial asthma, and the consequences of cancer. There were almost twice as many men among the disabled individuals who have not improved their rehabilitation results. A high level of motivation with a low rehabilitation potential can have the following explanation. In this group, there were sufficient amount of men with I disability group who had quite serious diseases (the consequences of traumatic brain injury, poisoning, etc.) and did not respond adequately to their somatic state, thinking that they will be able to "become as before" in the process of rehabilitation (in their words).

Table 4

Dependence of Effectiveness on Motivation (man/ %)

Motivation Level	Positive Effectiveness			No Changes			Σ (man/ %)
	Empl.	Retired	(%)	Empl.	Retired	(%)	
High	42	24	16.6%	39	29	17.15%	134 (33.75%)
Medium	36	34	17.6%	59	81	35.3%	210 (52.9%)
Low	6	12	4.5%	21	14	8.8%	53 (13.35%)

*3 clients are not taken into consideration due to hospitalization

Significant subjective variables closely related to the effectiveness were data obtained using ACT. This method was used twice, the first time on admission to rehabilitation, the second time after completion of the rehabilitation process in the Center. This method showed that not all variables have statistically significant connection with the variable (effectiveness). Thus, the parameter «Ego» before the rehabilitation process did not fall into the first factor, since it was not significant, however, the variable «Ego after rehabilitation» had a close connec-

tion with the effectiveness ($r=0.39$, $p\leq 0.001$).

Association of color with «Ego» after rehabilitation in the clients with improvement of the condition changed in the following way: in men with improved condition the association mostly changed from green to yellow that can be interpreted as transition from the desire to get rid of annoying limitations of the body, mind, criticism, obstinacy (green) to hopes for changes (yellow), and in women from red («symbolizes the force of volitional effort, aggressiveness, attacking tendencies, excitement») [7] to yellow.

Clients without improvement after rehabilitation more often changed association «Ego» from yellow to red color that reduces rehabilitation potentials because it requires more energy which is usually in deficit in disabled people. Women of all ages having a high rehabilitation potential and high level of motivation, more commonly associated themselves after rehabilitation with purple and brown colors that required serious work of the department of socio-psychological rehabilitation.

Evaluation of the emotional condition also changed after rehabilitation. Thus, before rehabilitation the clients of both groups associated their emotional condition with grey («weakness, passiveness, fatigue») [7] and brown color («non-satisfaction of the demand for physiological comfort, enhanced anxiety, emotional tension») [7]. With this, the given tendency was found both in the group of clients of working age and among pensioners, and may be associated with a heavy trip to the regional center for rehabilitation. After rehabilitation the clients with improvement of the condition associated their emotional state with yellow color, and those without improvement – with purple and red colors that can be interpreted as a demand for emotional contacts, as anxiety, nervousness (purple), unreasonable activity and excitement (red).

The second factor determines the relationship of rehabilitation potential with other variables and can be called «components of rehabilitation potential». I.Yu. Kulagina and L.V. Senkevich include the following components into the rehabilitation potential: «attitude to the disease, motivational, emotional, communicational components and self-esteem» [6, p.54]. In factor analysis, the following objective variables had statistically significant weight: disability group, status, gender and duration of the disease. Thus, among working-age clients, almost twice as many women had a high rehabilitation potential. A similar picture was observed among pensioners: 23% of women have a high rehabilitation potential, while among men this percentage was only 11%. The largest contribution to the second factor was made by subjective parameters obtained using the ACT (see Table 2). Also a direct link with the attitude to the disease ($r=0.38$, $p\leq 0.001$) was identified. In the first place in all subgroups with mixed attitude to the disease.

It was found that in the clients of working age with improvement of the condition after rehabilitation, the most common types in the structure of mixed attitude both in men and women were anognosic and sensitive types, but in pensioners the structure of mixed attitude

was more complicated. Thus, the mixed attitude in men included anosognosic, dysphoric and ergopathic types, in women – ergopathic and sensitive types. In the clients with no improvement, mixed attitude included sensitive, melancholic and neurasthenic types in men of working age, and sensitive, ergopathic and hypochondriac types in women of working age, while in pensioners neurasthenic, melancholic and paranoid types in men, and sensitive, hypochondriac and ergopathic types in women ($t=2.34$ at $t_{crit.}=1.972$, $p=0.05$) were found, which confirms a significant difference between the clients of working age and pensioners.

Mixed type of attitude to the disease in pensioners was characterized by the existence of psychic deadadaptation associated with contradictory attitude to their disease. Hypochondriac and sensitive response to the disease, on the one hand, and ergopathic on the other hand, lead to disorders in social adaptation of individuals and reduce the effectiveness of the rehabilitation measures.

A different structure of mixed attitude to the disease is closely related to associations of clients by which they determined their disease before rehabilitation in the Center ($r=0.47$, $p\leq 0.001$). Women of both working age and pensioners mostly associated the disease on admission to rehabilitation with black («fears, anxiety») and with grey color which may be attributed to the evident pain syndrome present in them, since on admission to the Center it were women who most commonly presented with complaints of pain. In men of working age the attitude to the disease was mostly colored grey and red, men of retired age associated the disease with blue («submission» when the disease is considered as punishment, need for support in the disease, inertness in taking decisions for rehabilitation) [7] and brown color.

In the second position (except a group of women of working age) there was a diffuse attitude to the disease consisting of 4 and more types. The diffuse attitude of clients of the retirement age usually consisted of contradictory types (ergopathic, sensitive, neurasthenic, melancholic, anosognosic) which led to low effectiveness of rehabilitation in these clients. This combination was most common in men of retirement age with II disability group and women of retirement age with III disability group. All the pensioners with a diffuse attitude to the disease completed rehabilitation with no changes in their state.

In men of working age the structure of diffuse attitude to the disease was different and more commonly contained hypochondriac, anxious, ergopathic and sensitive types. In women of working age the diffuse attitude consisted of neurasthenic, sensitive, anxious, ergopathic types. Attention is drawn to the fact that the clients of working age there show much more anosognosic and less harmonic attitude to their disease.

After rehabilitation in the Center, the attitude to the disease changed which was directly associated with rehabilitation potential ($r=0.47$, $p\leq 0.001$). In clients with improvement of the state after rehabilitation, the association with the disease changed: in men of working age mostly from black and grey to yellow, in women of working age – mostly from black and grey to green. In the situation with absence of changes after the rehabilitation, the color in men of the

working age changed from black to grey and brown, and females of the working age associated the disease with brown color both before and after rehabilitation.

Evaluation of the rehabilitation process changed practically in all the clients ($r=0.48$, $p\leq 0.001$). Thus, on admission to the Center, men evaluated rehabilitation as red, and after completion as blue, which may be interpreted as «tranquility, quiescence, need for rest, emotional stability and satisfaction» [7]. In women on admission, the rehabilitation was associated first of all with red color, and after completion – with yellow [7].

Conclusion

As it was found in the given study, the effectiveness is directly and closely related to such objective factors as gender and age of the disabled persons, disability group and is inversely related to the age of the disease. The leading subjective factors that produce effect on the rehabilitation process are: rehabilitation potential, attitude to the disease before and after rehabilitation, attitude to rehabilitation before and after rehabilitation process, attitude to oneself after rehabilitation and association with the emotional state after rehabilitation. Motivation does not always determine the effectiveness of rehabilitation. In men and women of working age the effectiveness increases due to change of the attitude to themselves and to the disease in the process of rehabilitation to the interaction more oriented to other people. A serious contribution to the effectiveness is made by the emotional status of the clients which is a manifestation of the attitude of specialists to them.

Identification of significant resource factors for rehabilitation permits the specialists to be more highly oriented in the construction of a rehabilitation route for a particular disabled person, thus promoting recovery of the activity and participation of a disabled person in integration into the society.

There is no conflict of interest.

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