EPIDEMIOLOGICAL ANALYSIS OF SELECTED MEDICAL AND SOCIAL PROBLEMS CONNECTED WITH NON-INFECTIOUS DISEASES IN POLAND

Scientific editor

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COURSE OF CONTINUOUS REHABILITATION AS A PART OF OCCUPATION GUIDANCE

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Continuity and perpetuity are the measures of contemporary rehabilitation. The results of medical rehabilitation-the highest possible psychophysical efficiency-is acquired with the use of particular methods and certain procedures in professional medical centres. It accounts for the efficiency of both the course of rehabilitation and the social adaptation. However, the effects of clinical rehabilitation are not durable. Lack of continuity of systematic physiotherapy treatments and other forms of efficiency and rehabilitation in surrounding conditions effects in the increase of the degree of disability due to the descend of general efficiency as well as illegitimate compensation. Among all the problems defined in rehabilitation process limited access to professional medical consultation and rehabilitation service, poor orthopaedic and technical procurement in the period of the disability were raised most frequently.

The aim of the research conducted in 2003 was to gain information about the range, the form and the continuity of rehabilitation treatments. The group of 50 people at the age of 24-55 took part in the first stage of the pilot programme Telepraca organised by The Attorney of Polish Government. The programme was put into practice by Fuga Mundi Foundation based in Lublin and it is main target is supporting the disabled people in a job-creation scheme, particularly in professions that require information technology skills.

The participants of the research were subjected to the comprehensive tests aiming to compile an occupation guidance model for the disabled. The tests were

undertaken in the last quarter of the year 2003. For the purpose of this article the organisation of continuos rehabilitation treatments has been analysed with the assumption that presented potential of physical efficiency is the most essential advantage in the process of recruitment and in the organisation of the work place for the disable employee.

With a view to elaborating in the next part of test the quality of life questionnaire was applied. The questionnaire consists of EuroQol [1] as well as additionally categorised interview-like questionnaire concerning the treatments applied by the participants.

Results

Full set of results was obtained from 45 participants. There were 19 women and 26 men at the age range of 24-55 (the average age of those examined was 33.4). The majority of the participants live in Lublin or in the close neighbourhood cities (20-100 thousand residents) 8 people live in the country.

They had been given the opinion of innate disability (n=13) and acquired disability (n=32). The types of disability of respondents are presented in the following diagram (Fig.1.).

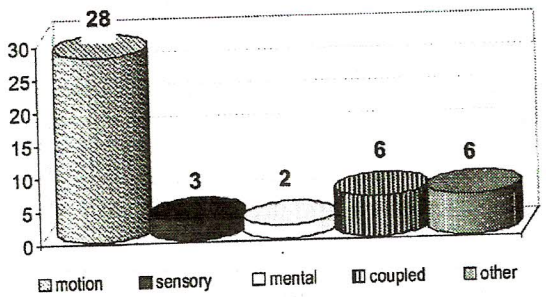

Figure 1. Type of disability.

There were particular degrees of disability among the respondents: moderate (n=27) and significant disability (n=18). In terms of their educational background all the participants graduated from a secondary school. 11 of them graduated from university.

Poor health condition and physical inefficiency impeded the movement of the participants: 8 persons had to use the additional orthopaedic equipment whereas 2 required also other people's assistance. Other participants stated the ability of moving with no assistance. 5 persons raised the problem of architectonic barriers in their nearest surrounding and the other 2 claimed impediments to access many other objects. Others considered their domicile accessible.

The majority of respondents stated that their financial status allows them to fulfill only their elementary needs (n=17), whereas 7 persons regarded their financial situation as totally unsatisfying.

In terms of health assessment (in scale from 10-100 points) the majority of respondents viewed it quite high (mostly 70-80 points.) – the scores were higher in innate disability group.

In the EuroQol life-quality assessment the participants of the training regarded themselves as those who do not have major problems with self-sufficiency nor the psychological spirit. Slightly worse results were acquired in *'pain/discomfort'* and *'motion'* categories" (Fig. 1.)

Table 1. EuroQol life-quality assessment according to Dorman.

CATEGORY		n	Average value
MOTION			
No problems with motion	5	19	4.00
Some problems with motion	4	11	
	3	11	
	2	4	
Wheelchair user	1	0	
SELF-SUFFICIENCY			
No problems with self-sufficiency	5	33	4.53
Some problems with personal hygiene and dressing	4	5	
	3	5	
	2	2	
Not able to keep personal hygiene and dress	1	0	
DAILY ROUTINE DUTIES			
No problems with daily routine duties	5	19	4.07
Some problems with daily routine duties	4	15	
	3	6	
	2	5	
Not able to carry out daily routine duties	1	0	
PAIN / DISCOMFORT			
No pain or discomfort	5	13	3.96
Moderate pain or discomfort	4	18	
	3	13	
	2	1	
Severe pain or discomfort	1	0	

CATEGORY		n	Average value
ANXIETY / DEPRESSION			
No anxiety or depression	5	23	4.40
Moderate anxiety or depression	4 3 2	18 3 1	
Severe depression	1	0	
Total:	4.19		

As we can see from the information provided above the greatest problems come from inability to move. For 26 respondents the term 'some problems with motion' places an outstanding importance (2 - 4 points in EuroQol scale). They also reported pain with different range of its intensity (n=32). Physical suffering and constrained movements are the typical determiners of the disability and what is more, they affect greatly the possibilities of obtaining a job. However, those can be minimised by applying continuous rehabilitation, particularly by physical treatments and rehabilitation exercises.

Despite the fact that the access to medical care and professional help was regarded as on the medium level, in the group of the disabled participants of Information Technology Training there were few people applying continuous rehabilitation, 'it's fairly easy to get medical assistance and advice on rehabilitation' (Fig. 2).

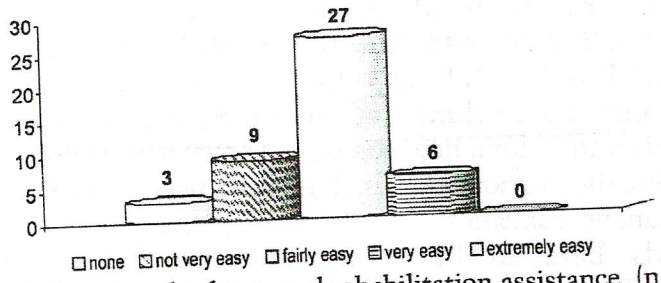

Figure 2. Accessibility of medical care and rehabilitation assistance. (n).

The accessibility of means of transport was viewed quite high. 29 persons said that they are satisfied 'generally' 'completely' with the transportation system whereas for 3 individuals no means of transport was accessible. All the factors mentioned above could influence badly ways and frequency of the rehabilitation treatments (Tab. 2).

Table 2. Ways and frequency of the continuous rehabilitation of respondents (n=45)

FREQUENCY	WAYS OF THE CONTINUOUS REHABILITATION				
	Professional rehabilitation centres	**ZOZ first-aid room**	**Private practice (independent medical care)**	**Rehabilitation Spa**	**Individually at home**
Everyday	0	1	0	-	10
2-3 times a week.	4	0	2	-	12
Occasionally	6	8	7	3	8
Never	35	36	36	42	15

In the majority of respondents the rehabilitation has been undertaken very seldom and was not provided by National Health Service. In the last 5 years 6 persons has been to the Rehabilitation Spa among of whom 3 persons at least twice.

Results

Job-creation scheme for the disabled people is a part of a very specific rehabilitation department so called industrial rehabilitation. The main objective of industrial rehabilitation is to show the disabled people how to live with their psychophysical disorder and help them to take up a job. Occupational rehabilitation includes teaching and mastering chosen profession as well as training and adaptation for a new position at work if a health condition does not allow continuing the previous duties. There is a necessity to pay more attention towards permanent education and mastering professional qualifications and these demands have to be taken into consideration by occupational rehabilitation. This is a complex and multistage process, which includes occupation guidance, in the first stage. Health safety and psychophysical suitability are the most important factors that have to be taken into account in order to avoid the dangers connected with inappropriately chosen profession. The final stage a work place for the disabled person has to be organised. In the whole process it is vital to readjust the environmental conditions to the degree of the disability, in terms of supplying essential technical equipment and professional aids, the means of transport and proper use of professional qualifications. We cannot underestimate the importance of friendly relations between the co-workers. Appropriate medical care conditions as well as continuity of rehabilitation treatments have to be secured [2, 3].

If all these demands are fulfilled the whole process will prove to be successful. Strength and persistence to achieve a high stage of self-development lies in a human being, his mentality vitality and the support he is given by the closest environment [4].

Most of the people tested require physical rehabilitation and physical therapy because of the two main reasons: constant pain and the degree of the disability (motion disability of the respondents 62.2% expressed by the EuroQol in this category: 4.0 points.).

In spite of this, only 10 persons undertake systematically physical exercise at home. In the period of permanent disability only few seek for professional help and undertake treatments in medical care centres.

Only 3 people had an opportunity to take part in rehabilitation spa organised by various associations, 6 people was subjected to treatment in sanatorium (1 out of 6 goes there once a year). Only 5 respondents are subjected regularly to kinetic therapy and physiotherapy in professional medical consulting centres and the other 2 in private practice.

In the last 5 years as many as 11 persons have not taken part in any kind of rehabilitation. Among all the barriers defined in rehabilitation the most frequently specified are: financial problems, transportation issue, limited access to professional medical consultation and rehabilitation service provided by National Health Service.

Previous opinions concerning the financial situation and the quality of life self-assessment EuroQol test results seem to be incoherent. Maybe in view of the participants rehabilitation treatments are not the priority in life and can be realised in the second place. For instance the disability was not a big barrier to overcome in acquiring knowledge and gaining high educational levels.

In the light of gathered information it is difficult to justify about the administrational organisational or financial obstacles in the realisation of continuous rehabilitation (although these are the reasons most frequently named by those respondents who are not applying rehabilitation treatments). Equally important issues seem to be the lack of discipline and no habits of systematic exercise.

In our opinion the process of occupational guidance (labour market the next stage of the programme) should also evaluate the course of the process and the advisory in the continuous rehabilitation depending on the opinionated degree of the disability. This element of the professional development is very significant. It allows estimating physical efficiency of the potential employee, which is indispensable to commence work or give directions about needed complementary and corrective treatments in correlation with the psychophysical condition and predicted work responsibilities [5].

Conclusions

The research on the state of continuous rehabilitation carried out among people with permanent disability that took part in the Information Technology training proved the following:

- respondents appraise the quality of life quite high despite the pain and motion disorders,
- only 1 out of 5 individuals undertakes systematically rehabilitation treatments in order to maintain or improve their health condition,
- In the organisation of continuous rehabilitation there are objective obstacles (financial, transport organisation) but also lack of discipline and no habits of systematic exercise,
- the process of occupational guidance should take into consideration the psychophysical condition of the disabled, during the training and while adapting them to new occupation duties, through all the stages, should also evaluate the course of the process and assist during all kinds of treatments in the continuous rehabilitation.

REFERENCES:

1. Dorman P., Waddel F., Slattery J., (1997). Are proxy assessment of the health after stroke with EuroQol Questionnaire feasible, accurate, and unbiased?. Stroke, 28; 1883-1886.
2. Kirenko J., (2002). Ocena życiowych możliwości psychofizycznych osób niepełnosprawnych. (W:) Rutkowska E., (red). Rehabilitacja i pielęgnowanie osób niepełnosprawnych. Lublin.
3. Otrębski W., (red.) (1999). System wsparcia aktywności zawodowej osób niepełnosprawnych. Lublin.
4. Sowa J., Wojciechowski F., (2001). Proces rehabilitacji w kontekście edukacyjnym. Wyd. FOSZE, Rzeszów.
5. Szczepankowska B., Ostrowska A., (red.) (1998). Problemy niepełnosprawności w poradnictwie zawodowym. IFiS PAN, Warszawa.