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CONSTRUCTED IDENTITY AND EMPLOYMENT SUPPORT NEEDS OF PERSONS WITH SCHIZOPHRENIA: A CASE OF SELECTED ORGANISATIONS IN GHANA

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DECLARATION

STUDENT'S DECLARATION

I, Jonathan Tabiri Essel, declare that this dissertation, with the exception of quotations and references contained in published works which have all been identified and duly acknowledged, is entirely my original work, and it has not been submitted, either in part or whole, for another degree elsewhere.

SIGNATURE: ……...

DATE: ……

SUPERVISOR'S DECLARATION

I hereby declare that the preparation and presentation of this work was supervised in accordance with the guidelines for supervision of Dissertation as laid down by the University of Education, Winneba.

NAME OF SUPERVISOR: PROF. ANDY OFORI-BIRIKORANG (PhD)

SIGNATURE: …….

DATE: ……..…

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DEDICATION

Dedicated to Bohyeba Adadewa Essel (Daughter) for never complaining whilst I schooled to make this dream a reality.

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ABSTRACT

The research study focused on investigating the constructed identities and employment support needs of persons with schizophrenia in some selected organisations in Ghana. It further sought to identify the kind of identities constructed by the persons with schizophrenia at the workplace and the motivations behind the constructed identities. It employed a case study as its research design. Purposive sampling was also employed as the sampling technique for the study. The data collection method used for the study were interviews and observations. Communication Theory of Identity and Identity Negotiation Theory were also employed to aid in answering research questions one and two. Supported Employment Model was also employed to help respond to research question three. With the aid of the theories and models employed in the study, the research revealed that the kinds of identity constructed by the persons with schizophrenia at the workplace are individual identity, illness identity, stigmatised identity with an emphasis on concealable stigmatised identity and professional identity. Enrichment, engulfment, rejection, and personal convictions were the motivations behind the constructed identities of the schizophrenic at the workplace. The study also discovered that distraction, self-controlling, and defensiveness are utilised by persons with schizophrenia who have undergone supported employment as a coping strategy in the workplace. The study concluded that it is prudent to employ the schizophrenic since it aids in their recovery. It was also evident that employing persons with schizophrenia also gives them some social recognition. Furthermore, the study established that persons with schizophrenia who have undergone supported employment are more inclined with coping strategies at the workplace than those who have not gone through supported employment.

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CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

About a percentage of the world population has the schizophrenia condition (Taskila, et al., 2014). Bevan, Gulliford, Steadman, Taskila, and Thomas (2013) assert that, globally, the schizophrenia condition has been ranked as the ninth leading cause of disability by the World Health Organisation (WHO). Bevan and his colleagues further maintained that the schizophrenia condition or illness is mostly seen at the threshold of adulthood especially during the transition to independent living. According to Guloksuz and van Os (2019) "schizophrenia is a severe and debilitating chronic brain disorder that is associated with high morbidity and mortality" (p. 254). It must be emphasised that the definition and description of the schizophrenia illness as maintained in the scholarly works of Guloksuz and van Os has allowed people to tag the condition with hopelessness, lunacy, and asylum. Nevertheless, employment is an essential commodity when it comes to social inclusion and economic empowerment of persons living with the schizophrenic condition or illness (Anazodo, Ricciardelli, & Chan, 2019; Carmona, Gomez-Benito, & Rojo-Rodes, 2018).

Employment consists of all persons of working groups who work interdependently (McShane & Von Glinow, 2018) in a defined environment to achieve a purpose. Such a defined environment is mostly organised with laid down rules and regulations. According to Carmona, Gomez-Benito, and Rojo-Rodes (2018), employment is a fulcrum around which everyday life is organised as well as interpersonal network, physical and mental activities are carried out. This implies that being employed gives one a sense of belongingness. It also assures an individual of some level of acceptance in society. It also needs to be emphasised that employment

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promotes social inclusion and to some extent improves economic empowerment (Carmona et al., 2018; Hampson, Hicks & Watt, 2016) of the individual. It is therefore very essential to consider even persons with schizophrenia and other severe mental disorders to be employed in a work setting (Marwaha & Johnson, 2004). Work contributes to the financial empowerment of persons with schizophrenia and other disabilities as well as offers a structure to everyday life (Løvvik, Shaw, Øverland & Reme, 2014). Although employment is about getting paid for work done, the benefit of being employed is not only a monetary recompense but also the latent benefit of gaining a social identity, social status, and social contacts (Boardman, Grove, Perkins & Shepherd, 2003).

More so, employment assists in the recuperating processes of persons with schizophrenia and other disabilities (Frost, Carr & Halpin, 2002). Employing the psychotic disordered person of which persons with schizophrenia are part also serves as an intervention to improve functional outcomes (Drake, 2018). This means that employing the psychotic, assists dramatically in their healing processes or controlling their health challenges. In tandem with the above, it is essential for people with issues of schizophrenia and other disabilities to return to work or be given some skills to keep them away from isolation. The World Health Organization (WHO) avers that the link between work and one's mental health is significantly evident (Harnois & Gabriel, 2000). Studies have indicated that a good working environment, positively improves one's psychotic disorder such that it builds the social participation and self-esteem of such individuals (Soeker et al., 2018). This mostly encourages persons with schizophrenia and other severe disabilities to desire to go back to work or be employed. Even though WHO argues that the aspect of job stress is unpardonable with the health

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of all persons, they as well identify that employment is also very significant in the mental wellbeing of persons with schizophrenia (Harnois & Gabriel, 2000).

It must be emphasised that it is necessary for the psychotic to be employed in organisations or to go into apprenticeships. Studies have indicated that clinical treatment is not enough to guarantee the quality of life of the schizophrenic and that more is needed to maximise employment potential (Hampson, Hicks, & Watt 2016). Studies have also shown that quite a number of persons diagnosed with schizophrenia and are of the working-age are able and eager to work or find a job (Bevan et al., as cited in Soeker et al., 2018). However, most people with disabilities (PWDs) are sidelined from paid work and those who were fortunate to have been employed are paid with meagre salary (Vlachou, Roka & Starvroussi, 2019). Currently, the Convention on the Rights of Persons with Disabilities (CRPD) defines persons with disabilities as "those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (United Nations, 2008; p. 4). According to Harnois and Gabriel (2000), the burden of psychotic disorders on health and productivity has been buried for a long while. That is to say, the importance of health and productivity in the life of the psychotic has been overlooked for a long time. The WHO also posits that the cost of society sidelining the psychotic who forms active participation in community life leads to diminished productivity and losses in the human resource capabilities of the society (Harnois & Gabriel, 2000).

The rates of unemployment amongst persons with schizophrenia continue to increase daily (Reddy, Llerena & Kern, 2016). In 2012, the Schizophrenia Commission, UK, reported an average of 8% out of a range of 5% -15% being the employment rate for the psychotic (Taskila et al., 2014). Unemployment affects the psychological

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wellbeing of individuals (Bartley, 1994), and it is an integral part of the social exclusion of people who are mentally ill especially in developing countries (Boardman, Grove, Perkins & Shepherd, 2003) of which Ghana is part. Several reports of joblessness amongst the adult schizophrenic confirm that 75% - 90% are unemployed (Haslett, McHugo, Bond & Drake, 2014; Rosenheck et al., 2006). Marwaha and Johnson (2004) aver that employment for the psychotic is very low. This, however, does not encourage the psychosocial treatment of persons with schizophrenia. It should, however, be known that as the meaning of "unemployed" suggests, not all jobless persons are classified as unemployed but basically, those who are seeking work and are readily available without employment are those said to be unemployed (Fogg, Harrington, & McMahon, 2010).

It must be emphasised that persons with psychotic disorders especially schizophrenia face barriers in the cost of obtaining equal opportunities – be it communal, institutional, legal, and attitudinal barriers which in turn makes them feel inferior and marginalised (Harnois & Gabriel, 2000). It is just unfortunate that most employers are of the view that, persons with schizophrenia could only perform low-level, low-skill, and repetitive manual labour roles (Bevan, Gulliford, Steadman, Taskila & Thomas, 2013). This in effect suggests that most of the employers are ignorant of the psychotic disorder (schizophrenia) and for that matter make the working environment of the person with schizophrenia uncomfortable. According to Løvvik et al., (2014), return-to-work after sick leave has been a multifaceted and complex process for some time now. Lack of coordination of service between an employer and the psychotic, specifically the persons with schizophrenia has also been an employment barrier for the disordered (Soeker et al., 2018). Several studies have reported that persons with psychotic disorders (schizophrenia) who seek employment in

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organisations are mostly the last to be hired and the first to be fired when issues on crisis erupt (Kaye, 2010).

In 2006, the Persons with Disability (PWDs) Act 715 was passed by the Parliament of Ghana. One ideal focus of the Act was to employ PWDs in organisations. Schizophrenia is a disability and it is classified under the PWDs Act 715. The passing of Act 715, was a fulfilling endeavour in "Ghana's human rights discourse" (Asante & Sasu, 2015). The act according to Asante and Sasu (2015), brought hope and motivated people with disabilities to be a part of mainstream society. Vlachou, et al., (2019) aver that men and women with impairments form an economically and socially forgotten population, as they live and function in a non-disabled-driven society. "Disability is associated not only with higher rates of unemployment and low work intensity but also with a greater risk of poverty, severe material deprivation, and social exclusion" (Groce et al., 2011; Pinilla-Roncancio & Alkire, 2017 as cited in Vlachou et al., 2019; p. 2).

1.1.1 Identity Construction

This era of globalisation has made it necessary for individuals to shape their identities to suit their immediate environment especially in their workplaces or social settings. Kroskrity (2000; p. 111), defines identity as the "construction of membership in one or more social categories". As stated in the work of Hatoss (2012), "identity is not a given, 'monolithic' or 'static' characteristic of individuals; rather it is constructed in social settings" (p. 49). Hence, identity is not built on rigidity but can experience some sort of metamorphosis depending on the situation or the setting. Identity is enacted, modified, and interpreted as both an individual and social production (Seroka, 2019; Hecht & Choi, 2012) which also shapes the formation of beliefs, attitudes, and

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behaviours (Hecht et al., 2012). According to Thompson (2014), one's identity and one's culture play a role in any given interaction. Hence studying identities help to gain an understanding of individual experiences and perspectives on a broader range of concern of workers (Elraz, 2018).

The communication theory of identity (CTI) posits that identity is based on social categorisation and shared group membership (Turner, 1991 as cited in Hecht et al., 2012). However, the evidence of schizophrenia or psychotic disorders motivates a sense of loss of identity and social responsibilities (Pérez-Corrales et al., 2019). This in effect affects the personal identity of the schizophrenic within the work setting.

Elraz (2018) posits that several studies have examined how cultural, political, and historical practices are mulled over in the formation of identity. This, however, informs the relationship between the construction of an employees' identity and the discursive regulations of an organisation.

The high risk of negative treatment by others has given room for persons with various kinds of disability to conceal a disability in the workplace (Santuzzi et al., 2019). This is rooted in the fact that making bare the truth of one's disability poses a threat of stigmatisation. This is because, even though persons with schizophrenia or psychotic disorders are motivated to make known their shortfalls in the work settings, fear of being stigmatised or being tag with an illness identity put them off to do so (Elraz, 2018). It needs to be emphasised that, an internalised stigma can negatively motivate workers' confidence to achieve success that will boost organisational outcomes (Santuzzi et al., 2019). Most unconcealed disability in the work setting may involve severe visible damage or may be made known during the job application stage and this may be possible due to the assurance of high-level confidentiality. In effect,

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the area of psychotic health and work interact with the nature of illness and stigma identities (Elraz, 2018).

1.1.2 Schizophrenia

The term 'schizophrenia' was coined by a Swiss psychiatrist called Eugene Blueler in 1908. The word was a blend of the Greek words for "split" (skhizein) and "mind" (phrenos). Schizophrenia is an austere psychotic disorder characterised by important distortions in thoughts, perception, emotions, and behaviour (Zaprutko et al., 2015; Zhai, Guo, Zhao & Su, 2013). Its treatment takes quite a time and has some social, financial, and health consequences (Zaprutko et al., 2015). Newman (2017) posits that schizophrenia is characterised by delusions, hallucinations, and other cognitive difficulties. Culture might affect the nature of a person's experience such that actions and inactions of people characterised with schizophrenia symptoms may be concluded to be demonic possessions (Cooke, 2017). Hence, it will be appropriate to take into account not only the distress symptoms of clients but their cultural background as well. According to World Health Organization (WHO), it is estimated that schizophrenia affects approximately 24 million people globally. In the United Kingdom (UK), about one person in every hundred have been diagnosed with schizophrenia, hence an estimated 500,000 people have received the diagnosis (Cooke, 2017). The ninth leading cause of disability is schizophrenia (Soeker et al., 2018).

Odue et al., (2018) are of the view that schizophrenia changes one's perception of reality, often evident in the affected person to think and act abnormally. As cited in Öz, Barlas, and Yildiz (2019: p.1), "being one of the major mental health problems, schizophrenia leads to disability in the patient, impairs their quality of life, increases the risks of injury and suicide, and affects patient relatives and the community

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negatively" (Aziz et al., 2016; Shamsaei et al. 2015). A report published in June 2013 by the Ministry of Health on the "Mental Health System in Ghana" indicates that outpatient services on schizophrenia, schizotypal and delusional disorders was 25% of the total mental health outpatient in the country (Roberts, Asare, Mogan, Adjase & Osei, 2013). This makes the issue of schizophrenia a problem that needs attention.

1.1.3 Employment Support Needs

Carmona et al., (2018) are of the view that employment support needs are an equivocal term that could cover various forms of support provided by both social security services and employment services. However, in this study, employment services are restricted to things that facilitate being employed and remaining in employment. Supported employment provides mentorship, specialised job training, transportation, and helpful technology, all to enable disabled people to learn and perform better in their jobs. According to Darcy (2016), most disabled persons desire their movement from welfare support to employment. However, most disabled persons of which the schizophrenic is a part are denied access to employment, and their career narratives to work remain a dream. However, engaging in employment or returning to work are tangible signs of recovery (Carmona et al., 2018). According to Taskila et al., (2014), it is evident that supported employment models are one of the effective methods by which persons with schizophrenia who want to work are assisted to achieve sustainable competitive employment.

Most experts emphasise finding a role based on an individual's existing skill and expertise along with finding an organisation or an employer who is willing to work with them (Taskila et al., 2014). Notwithstanding, Öz, Barlas, and Yildiz (2019) are of the view that the willingness of employers to employ persons with schizophrenia into

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organisations is dependent on the willingness of health professionals to at least visit them once a week to assess them. This means that if health professionals who have duly ascertained that the person with schizophrenia can work and are willing to monitor them strictly, then it is possible for them to gain employment easily. Supported employment is also considered a well-known evidence-based practice aimed at competitive work attainment which is as well considered significant in the rehabilitation and quality of life of persons with schizophrenia (Zaprutko et al., 2015). The main focus of supported employment is to minimise or eradicate social exclusion of the schizophrenic within a social setting (Campbell, Bond & Drake, 2011). In tandem with the above, it is evident that supported employment assists in reducing the "fears" a person with schizophrenia has of seeking a job especially during the process of recuperating.

It must be emphasised that supported employment also assists in developing coping skills or strategies that aid the persons with schizophrenia to be able to withstand the working environment when the opportunity avails itself (Soeker et al., 2018). According to Soeker et al., (2018), a conducive working environment motivates the employee to stay in work because they feel accepted and needed in such a working environment.

Even though returning to work is essential to the recovery of persons with schizophrenia, it must be noted that several barriers continue to fight against its significance. A hostile working environment has been seen as a barrier that discourages most psychotic persons to return to work (Soeker et al., 2018). Taskila et al., (2014) posit that lack of confidence of the employer or the health professional responsible to provide care to the schizophrenic will negatively affect the motivation of the schizophrenic to return to work. It needs to be emphasised that negative symptoms, especially dissatisfaction on the part of the supported employer have also been seen to

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be a barrier that deters the schizophrenic to either seek employment or return to work (Marwaha & Johnson, 2004; Rosenheck et al., 2006).

1.2 Statement of the Problem

Society mostly frowns on people who are disabled, and as classified in the Persons with Disability (PWDs) Act (2006), the schizophrenic patient is part. According to Anne (2017) and Taskila et al., (2014) people with schizophrenia are approximately a percentage of the world's population. Although, family acts as caregivers in taking care of the schizophrenic in Ghana (Odue et al., 2018), employing schizophrenics in organisations grooms their social and economic confidence (Hampson et al., 2016). Notwithstanding, Rosenheck et al., (2006) are of the opinion that there has been less work done to encourage more employment for persons with schizophrenia. Persons with schizophrenia who go through apprenticeship or acquire employment accomplish better symptom control, greater superiority complex, higher levels of contentment, and more financial security (Mueser, Drake & Bond, 1997)

According to Hampson et al., (2016), employing persons with schizophrenia is relevant in encouraging social and economic participation. The idea that a schizophrenic is enrolled to work reduces the stigma attached to it. Patients with schizophrenia in Ghana mostly end up in prayer camps thereby becoming a burden to their families or caregivers (Ofori-Atta et al., 2018). In a study conducted by Mueser et al., (1997) it was ascertained that participants who gained work after 18 months tend to have lower schizophrenia symptoms than those who were unemployed.

Many pieces of research have been conducted to confirm employed persons with schizophrenia within organisations. Marwaha et al., (2018) researched into

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reviewing employment and schizophrenia. Hampson et al., (2016) also focused their research on employment barriers and support needs of people living with Psychosis. Whereas Odue et al., (2018) also emphasised their research on Caregiving for patients with schizophrenia. However, all the above-mentioned works did not consider furthering their research into how the identity of the schizophrenic is constructed in a given organisation. It must be noted that there is scant information regarding how persons with schizophrenia or psychotic disorder construct their identities within work settings (Santuzzi & Waltz, 2016). According to the literature, minimal consideration has been shown to the identities of persons with schizophrenia in organisations (Foster & Wass, 2013; Clair et al., 2005 as cited in Elraz, 2018). Hence, the identity construction of a schizophrenic in an organisation is a lacuna that needs further investigation or research.

This research seeks to investigate how identity is constructed by a person with schizophrenia in a given organisation. This study, however, will help change our mindset of PWDs especially schizophrenics in the open employment and also change our perception that the schizophrenic is only good with craft (example, basket weaving) or be locked up in their rooms. Winston Churchill had bi-polar (manic depression) but he led Great Britain as a Prime Minister and also American President Roosevelt was a wheelchair user yet these two PWDs led legacies worthy of commendation. Hence, there is the need to research into the identity construction of people with schizophrenia in organisations such that they will be able to cope in the work environment and as well build their superiority complex.

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1.3 Research Objectives

It is uneasy to employ known persons with schizophrenia. However, most have either been employed into white-collar jobs or have gained some vocational training through employment support need and are acting as their bosses in one way or the other. It was therefore relevant for this research to:

a. Identify the kind of identities persons with schizophrenia construct at the workplace.
b. Examine the motivations of the identity constructed by the persons with schizophrenia at the workplace.
c. Examine how persons with schizophrenia who have undergone supported employment cope at the workplace.

1.4 Research Questions

The following research questions guides the study:

RQ1. What kind of identities do persons with schizophrenia construct at the workplace?

RQ2. What motivates the identities constructed by persons with schizophrenia at the workplace?

RQ3. How do persons with schizophrenia who have undergone supported employment cope at the workplace?

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1.5 Significance of the Study

Hampson et al., (2016), aver that it is very necessary for persons with schizophrenia or people living with psychosis to gain employment since it is a significant tool in promoting their social inclusion and acceptance. However, epidemiological studies have indicated that approximately 20% of psychotic persons are employed "even" in Western cultures (Marwaha et al., 2004). This indicates the low employment rate of persons with psychosis. Several studies have also indicated the relationship between psychotic symptoms and benefits derived from employing the psychotic (Öz et al., 2019; Carmona et al., 2018; Rosenheck et al., 2006; Boardman et al., 2003). Some studies also place emphasis on the barriers to employment of persons with schizophrenia (Hampson et al., 2016; Marwaha et al., 2004). However, few studies have been conducted on the identity construction and employment support needs of persons with schizophrenia in organisations (Carmona et al., 2018; van Niekerk, 2015). Although some studies have been conducted on schizophrenia and employment, this study will add up to existing literature and also open avenues for research to be updated in the area.

It must be noted that the findings of this study will also enhance some change in perceptions we hold about persons with schizophrenia within the Ghanaian context. Most people who show signs of schizophrenia are always connected to possessing witchcraft or being demonic. This, however, affects their relationship with their immediate environment and even reduces their confidence. It, therefore, becomes a great barrier to their employment. More so, those who are fortunate to be employed are tagged with some sort of stigma and illness identity which in turn affect their desire to maintain employment. It needs to be understood that most of these relationship barriers

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and attitudes are evident because of the ignorance of these psychotic symptoms which are unknown to most people within the community.

Studying the selected persons with schizophrenia will enable researchers to enrich themselves with some knowledge of constructed identities and support needs of persons with schizophrenia in the Ghanaian context. The findings of the study will also assist me to make generalisations as to how identities are constructed in organisations especially by people with schizophrenia. In sum, the study will be expected to help inform and shape government policies and strategies regarding persons with schizophrenia and the psychotic in organisations.

1.6 Delimitation

The study was centred on constructed identities and employment support needs of persons with schizophrenia. It concentrated on only persons with schizophrenia and not other mental disorders. More so, the research was limited to the Ghanaian environment. For the purpose of the study, the research also focused on persons with schizophrenia in a structured organisation. Although there are quite a number of people who are diagnosed with schizophrenia, "only" those in recognised or registered organisations were considered for the study.

The researcher operationally defined schizophrenia as a psychotic disorder or a form of psychosis with symptoms like hallucinations, catatonia, delusions and distortions. The study is also aimed at providing a case by case analysis of how identity is constructed by persons with schizophrenia and also the strategies the schizophrenic employ to enable cope within Employment Support Needs.

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1.7 Organisation of the Study

The study is coordinated into five chapters. Chapter one caters for the introduction to the study which concentrates on the background, statement of the problem, research objectives, and research questions. The significance of the study, the delimitation of the study, and the arrangement of the integral research work are also outlined in the first chapter. Chapter two focuses on reviews of related literature and discusses the theories needed to underpin the research within context. Chapter three also examines the methods and procedure for data collection and analysis. The research approach, research design, population, sample and sampling technique, data collection instruments, data collection procedure, and method of data analysis are discussed thoroughly in the third chapter. Chapter four is dedicated to the findings and discussions of the study. Chapter four is also focused on discussing thematic issues using a theoretical framework and or concepts in the literature reviewed. Chapter five summarises the findings arising out of the study, draws conclusions, and makes recommendations for succeeding studies.

1.8 Summary

In sum, chapter one introduced the study with a broad overview of constructing identity and employment support needs of persons with schizophrenia in some selected organisations. It is evident that there is a low rate of employment of persons with schizophrenia and its accompanied barriers. However, minimal studies have been conducted on the constructed identities and employment support needs of persons with schizophrenia in organisations within the Ghanaian context. This study, therefore, seeks

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to add to the minimal existing literature on the constructed identity and employment support needs of persons with schizophrenia in Ghanaian organisations.

The next chapter focuses on reviews of related literature and discusses the theories needed to underpin the research within context.

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CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

1.0 Introduction

This chapter extensively reviews, analyse, and critically evaluates literature on all significant documents that are necessary to the research problem. The chapter depicts an important tie between existing knowledge and the problem under investigation. The chapter further discusses the theories that underpin the study and their relevance to the entire research work. These are purposed to help locate the research within context. The chapter concludes with a summary.

1.1 Schizophrenia and other Psychotic Disorders.

Moreno-Kustner, Martin, and Pastor (2018) postulate that schizophrenia is a chronic and severe mental illness which have been ranked among the 15 leading causes of disability globally in the year 2016. According to Lieberman and First (2018), the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III) posits that psychotic disorders which include schizophrenia indicate gross impairment in reality testing – that is interruption of the ability to differentiate between the internal experience of the mind and the external realities of the environment. This suggests that persons exhibiting signs of psychotic disorders find it difficult to differentiate between reality and imagination. There is that sort of split in the mind that is, a sort of cascade in the imagination of the person suffering the illness. Lieberman and First (2018) further argued that after DSM-III was published by the American Psychiatric Association (APA) in 1980, another publication in 1994 by APA introduced the DSM-IV which

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main purpose was to achieve greater diagnostic precision. The DSM-IV defined psychotic disorders or psychosis more specifically to apply to "mental disorders characterised by symptoms such as fixed false beliefs (delusions, such as the belief that one is being poisoned by neighbours who are piping gas through the walls), hallucinations, disorganised thoughts (illogical and incoherent speech, neologisms, and made-up words), clang associations (rhymed words), word salad (nonsensical sentences), echolalia (repetition of spoken words), and abnormal motor behaviour (bizarre postures, stereotypy, and waxy flexibility)" as asserted in the scholarly works of Lieberman and First in 2018. However, Dryden-Edwards (2018) argues that the introduction of DSM-V in 2013 have made psychotic disorders to be referred to as "schizophrenia" and "other psychotic disorders".

Kamens (2019) postulates that "schizophrenia" is a psychotic disorder that is often seen as the most severe and enigmatic of all mental disorders. It was first called *dementia praecox* (early dementia), a term coined by the German psychiatrist, Emil Kraepelin in the 1890s to mean "a brain process of unknown causation, leading to demented end states" (Kurtz, 2015). However, in 1908, Eugene Bleuler, a Swiss Psychiatrist coined the term "*schizophrenia*" to demystify Kraepelin's submission of "demented end states" and posited it in notable secondary symptoms like delusions, hallucinations, and catatonia (Kamens, 2019). Notwithstanding, the meaning of schizophrenia has changed over time with the definitions of the American Psychiatric Association (APA) through the *Diagnostic and Statistical Manual of Mental Disorders (DSMs I-V)* (Kamens, 2019). The most recent version of the *DSM-V* defines schizophrenia as "characterised by delusions, hallucinations, disorganised speech and behaviour, and other symptoms that cause social or occupational dysfunction. For a

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diagnosis, symptoms must have been present for six months and include at least one month of active symptoms" (APA, 2013).

With all these metamorphoses that schizophrenia has undergone in the past century, it must be noted that the social communication of persons with schizophrenia continues to deteriorate as time passes (Hooley, 2010). This however encourages persons with schizophrenia to be socially isolated (Zaprutko et al., 2015) and thus prolongs the recovery process (Corrigan, 2006). According to Hooley (2010), the impairments in the social function of the schizophrenic influences their lifestyle such that most of the patients with the disorder avoid conjugality and employment. Be that as it may, Aloneftis & Challenor (2019) maintain that taking up social roles builds self-consolidation and a stronger sense of self through the environment. Hence, it will be very essential for the schizophrenic to accept some basic social roles in order to aid in their recovery process and as well build some bonds or communal relationships.

Galderisi, Giodano, and DeLisi (2019) are of the view that schizophrenia affects approximately 0.5 - 1% of the general world population. They further argued that since the discovery of the schizophrenia illness, patients are; unaware of their symptoms, disconnected from realities, exhibit negative symptoms that affect both high-level and basic cognitive functions.

According to Newman, (2020), schizophrenia most often occurs in people between the ages of 16 and 30, and males tend to be diagnosed with the symptom at an early age than females. However, a scholarly study conducted by Soeker (2019) in South Africa and published in 2019 contends that the onset of the disorder is between the ages of 25 and 35 years for males and females respectively. Although the disorder

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evolves slowly in an individual such that they may be unaware of it for many years; it can as well strike and grow quickly (Newman, 2020).

1.2 Schizophrenia: The Ghanaian Perspective

Ghana is a country in the West of Africa that shares boundaries with other countries predominantly French-speaking. It shares a boundary to the east with the Republic of Togo, to the west with Ivory Coast, Burkina Faso to the North, and the Gulf of Guinea to its south. Agriculture is the predominant economic booster in the country with approximately 40% of the working population in different kinds of agribusiness being it horticulture, aquaculture, or animal husbandry. Ghana can boast of being one of the leading cocoa exporters in the world. The country is also recognised for the exportation of timber, bauxite, manganese, diamond, and other historical tourist sites like the Cape Coast Castle, Christianborg Castle, Kakum National Park, and some waterfall sites.

Even though there are few mental health facilities in Ghana (Roberts, Mogan, & Asare, 2014), the government has expanded the work of the psychotherapist to all health facilities in the country. This enables persons with mental illness to have an immediate check when there is a crisis. Currently, Ghana can boast of the Accra Psychiatric Hospital, the Pantang Hospital (both in the Greater Accra Region), and the Ankaful Psychiatric Hospital also in the Central Region. The Accra Psychiatric Hospital which was built in 1906 as the oldest of the three, has a 600-bed capacity whilst Pantang and Ankaful have 500-bed and 350-bed capacity respectively (Kretchy, Osafo, Agyemang, Appiah & Nonvignon, 2018; Oppong, Kretchy, Imbeah & Afrane, 2016). Akotia, Knizek, Hjelmeland, Kinyanda, and Osafo (2019); Asare (2012) argues

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that the mental health professionals in the country are few, more so, the mental health facilities or hospitals are also located in the southern part of the country, of which most are situated in the capital which makes the persons with schizophrenia and their family or caregivers within the Northern part of the country to rely on traditional healers and shrines as an immediate means of seeking assistance for recovery. Inadequate personnel and resources for rehabilitation and psychosocial therapies have made the mental health sector in Ghana embrace the pharmacological method as a means of sustaining patients (Oppong et al., 2016; Roberts et al., 2013).

The Ghanaian perception of the illness, schizophrenia, is very alarming. This is because persons with schizophrenia show symptoms like hallucinations and delusions which are mostly interpreted by the indigenous Ghanaian community as "Spirit Possession" (Turkson, 2000). More so, a research conducted in the Zaare community within the Bolgatanga Municipality in the Upper East region of Ghana maintains that the majority of the participant saw schizophrenia as "witchcraft or evil spirit" and that it is a "divine punishment" cast on the disordered person (Fiasorgbor & Aniah, 2015). Notwithstanding, Turkson (2000) argues that the traditional beliefs and practices of the indigenous Ghanaian folks influence the meaning associated with schizophrenia and other psychiatric disorders in different cultures. Kpanake (2018) avers that no one exists in isolation, the social and cultural setting is an influence in people's ideology thereby making the cultural system determine their beliefs and even behaviour. This, however, leads most of the persons with schizophrenia and other disabilities with their caregivers mostly seen in spiritual and traditional healing centres in most cases in the rural settings of the country (Odue, et al., 2018).

Most studies in the Ghanaian context have indicated the fact that the first point of call for persons suffering from schizophrenia and their immediate family has never

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been the health centres or psychiatric hospitals but rather religious homes, shrines, and most especially to save cost, then been tied to a tree with shackles or fetters on one's feet and hands. The scholarly work by Turkson (2000) confirms this in his study:

> *In this country, where currently there is a proliferation of all kinds of pentecocharismatic churches and prayer houses as well as various shrines which profess to heal the mentally ill, there is no doubt in the author's mind that many patients such as E.D. could be found in such places. Indeed, it is a widely held belief among some Ghanaians that there is a high prevalence of mental illness among Ghanaians who attend traditional shrines and prayer houses, and camps. These people perhaps see every illness in terms of spiritual causes just as E.D. and that illness is a direct result of spirit possession (p. 629-630).*

According to WHO (2007), the Ministry of Health, Ghana, estimates that between 70% - 85% of Ghanaians living with schizophrenia and other disabilities have confidence in traditional (herbal) medications prepared by herbalists or traditional priests as the first point of call for treatment with its concomitant problem of ensuring the quality of care.

Inasmuch as there are primitive perceptions closely encircling the Ghanaian mindset about the schizophrenic, Barke, Nyarko, and Klecha (2011) argue that a study conducted in Ghana found out that there is a high level of stigma towards persons with schizophrenia and other severe disabilities. The stigmatisation of schizophrenia and other severe disabilities has become a "canker" affecting persons suffering the illness, their relatives, and caregivers (Barke et al., 2011) which in the nutshell affects their self-esteem, social adjustment, and health-related quality of life (HRQoL). Nevertheless, Fiasorgbor and Aniah (2015) posit that persons with schizophrenia and other severe disabilities desire to be respected and honoured by their immediate

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community than been stigmatised, hence they trust to stay with their families, have better education, and at least a little income which may keep them going.

Akotia et al., (2019) assert that studies in Ghana and Africa as a whole have reported that most suicidal behaviours of persons with schizophrenia and other severe disability may be attributed to supernatural or diabolical influences. Kpanake (2018) elucidates that the African cosmogeny is perfused with diabolical and supernatural beliefs about the involvement of metaphysical forces in people's mental life and in most cases influences health-seeking behaviours. This makes the concept of individuals to be tied to denotative and connotative norms and tasks that are peculiar to their culture with dimensions or emphases that vary depending on gender, social status, and religion. Quinn (2007) as cited in Franke et al., (2019) posits that spiritual causal ascriptions for illness search as schizophrenia and its relative healing were more evident with the traditional healers or herbalists especially in the Northern and rural part of the country, Ghana. The mentality composed by some Ghanaians however deters most schizophrenics to be employed into industries and also be accepted within a given society.

1.3 Schizophrenia and Employment

It is very crucial to promote the social and economic inclusion of people living with schizophrenia (Hampson et al., 2016). Hampson et al., (2016) further assert that it is obvious clinical treatment alone cannot be sufficient to ensure the quality of life for the persons living with schizophrenia and that more attention needs to be emphasised on psychosocial rehabilitation. It is therefore very necessary that persons with schizophrenia and other disabilities are enrolled in employment and other social

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activities to aid in their recovery process (Carmona et al., 2018; Hampson et al., 2016). Luciano et al., (2014) however argue that employment serves as a protection function rather than rehabilitation. In tandem with the above, the employed schizophrenic feel socially accepted when employed and for that matter minimises the thought of suicide. Lexen et al., (2016) elucidate that employment is a central goal and vital for the recovery of persons with schizophrenia and other disabilities.

Chan and Yu (2004) assert that out of Hong Kong's 6 million population, 80% of the 68,500 mental health problems have been diagnosed specifically with schizophrenia. They further elucidate that many of these persons with schizophrenia remain unemployed and for that matter have poor self-care and no social life. Breen et al., (2017) also maintain that psychosocial intervention like being employed and other recreational activities can be effective in reducing some depressive symptoms of the person with schizophrenia and improve health-related quality of life (HRQoL). However, Chan, et al., (2019); Marwaha et al., (2007); Mueser, Salyers, and Mueser (2001) contend that there is a minimum employment rate between 10 and 30% of persons with schizophrenia and other disabilities. Yoshii, Mitsunaga, and Saito (2018) avow that there is a relatively minimal rate of employment among persons with schizophrenia and other disabilities in Japan. They furthered to say that about 1.15% are enrolled in private organisations which have about 50 hired workers. Credit however should be extended to Marwaha & Johnson (2004) for being the maiden authors of *"Schizophrenia and Employment"* (Bouwmans, de Sonneville, Mulder & Roijen, 2015).

Employment plays a significant role in providing both financial gains and nonfinancial gains, including social identity, social contacts, and a sense of personal achievement to the persons with schizophrenia and other disabilities (Bouwmans, de

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Sonneville, Mulder & Roijen, 2015). According to CSIP (2006), work is important, both in maintaining schizophrenia and other severe disabilities and also in promoting the recovery and well-being of those who have experienced the conditions. However, persons with schizophrenia being severe or mild are under-represented in the employment setting (Vlachou et al., 2019). In the United Kingdom, the Social Exclusion Unit (SEU) after a conducted study affirmed that over 70% of respondents wanted much better aid and support to enable them to return to work (CSIP, 2006). The report further argues that the Patients Survey conducted in 2004, found that most people with schizophrenia and other severe mental health problems were not seen in paid work and most were also denied any assistance even though they needed it (CSIP, 2006). Nonetheless, Darcy et al., (2016) contend that employment of persons with schizophrenia is very minimal, this is because several studies have shown that persons with schizophrenia and other disabilities are seriously under-represented in paid or open employment as indicated by Organisation for Economic Co-operation and Development (OECD) in 2010. Schneider et al., (2009) posit that most health services may stand to gain if their service users, thus, persons with schizophrenia and other disabilities obtain employment, since it will help to improve their social participation and economic empowerment that will lead to HRQoL. According to Evensen et al., (2016), a scientific study conducted on some selected persons with schizophrenia indicated that continually recurring psychotic symptoms were associated with poor functional income which in turn affects their recovery process.

"Employment, work, and leisure are key dimensions of social adjustment" (Boardman, Grove, Perkins & Shepherd, 2003). Frost, Carr, and Halpin (2002) argue that in the period of relative economic prosperity, the failure to accomplish higher heights carries the risk that mental illness and unemployment will be perceived as

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synonymous. A longitudinal study conducted by Mueser et al., (1997) maintains that persons with schizophrenia and other severe disabilities who were employed after 18 months exhibit lower symptoms, better self-esteem, and more financial independence than those who are out of open employment. According to Bouwmans et al., (2015), treatment models of persons with schizophrenia and other disabilities have progressively been centred on the subject of employment and other goals to increase the individual's own subjective opinion of health-related quality of life (HRQoL). Bouwmans et al., (2015) contend that "although intuitively being employed may lead to increased HRQoL, the converse reasoning is also defendable, that is, having a higher HRQoL indicates being happier, presumably resulting in better capacities to perform daily activities such as a (paid) job. So, there is still a need to further explore the association between employment and HRQoL in schizophrenia."

Sutton, Family, Scott, Gage, and Taylor (2016) are also of the view that the perception of employees in organisation describes the characteristics of their employing organisation. That is, if the employee, hence the person with schizophrenia and other severe disabilities has a negative perception of their new employing organisation, it becomes uneasy for such patients or clients to work within such organisations since they have accumulated some negative thoughts overtime about competitive employment. It is for this reason and some crucial others that make Lexen et al., (2016) argue that although it is essentially a brilliant idea for persons with schizophrenia to work in organisations, it is equally significant for employees to undergo a modified employee training for them to help the patient or client to be in the position to organise and perform work tasks in the competitive employment setting. According to Campebell et al., (2011), "Competitive employment was defined as employment in integrated work settings in the competitive job market at prevailing wages with

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supervision provided by personnel employed by the business". Egdell et al., (2019) suggest that further employer guidance and awareness-raising regarding the reasonable adjustment of persons with schizophrenia and other severe disabilities is necessary to aid in promoting better working relationships and further avoiding stigmatisation from the work setting.

1.4 Schizophrenia and Employment Support Needs

It is a known fact that people with schizophrenia and other disabilities are under-represented in most work settings (Vlachou, et al., 2019) because most employees are of the view that employing them is a waste of resources. Mitra, Posarac, and Vick (2013) also contend that though persons with schizophrenia and other disabilities account for about 15% of the world population according to World Health Organisation and The World Bank in 2011, little is known on the economic status of the persons with schizophrenia, especially in developing countries. However, Almalki (2019) aver that individuals with disabilities also make up society and as such have the right to choose their life directions in a given society (Green, 2013). Schall et al., (2015) argue that even though certain rights are accorded persons with schizophrenia and other disabilities, there are still very poor competitive employment rates when they leave their various schools or complete apprenticeship. Most persons with schizophrenia are kept out of paid jobs (Vlachou et al., 2019). They further elucidate that those who are fortunate to be employed are few and are as well designated to do menial jobs in the work setting.

EUSE (2010) posits that "Supported Employment (SE) is a method of working with disabled people and other disadvantaged groups to access and maintain paid employment in the open labour market". International Labour Office; World

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Association for Supported Employment, (2014) also aver that "SE can be characterised as paid work in integrated work settings with ongoing support for individuals with disabilities in the open labour market. Paid work for individuals means the same payment for the same work as for workers without disabilities". SE was developed in the North American Continent (the USA and Canada) in the 1970s and 1980s (EUSE, 2005). Wehman et al., (2018) contend that Supported Employment (SE) was a dramatic paradigm shift from allowing for vocational services in daycare programs and sheltered workshops to ensuring support at a community-integrated job site with training and support from a qualified employment specialist who was called *'job coach or Employment Support Worker (ESW)'*. The main purpose of supported employment was to assist persons with schizophrenia and other significant disabilities or learning disabilities to gain an ordinary job, however, it has in later years proved to be of relevant assistance to other persons with a disability like persons with schizophrenia to gain and maintain employment (EUSE, 2005).

Barnes and Sheldon (2010) argue that the poverty and marginalisation experienced by people with schizophrenia and other disabilities the world over, will not be eradicated if a fundamental structural change is not affected at the international level. In 2006 the UN Convention on the Rights of Persons with Disabilities (CRPWD) particularly identified the rights of persons with schizophrenia and other disabilities (severe or mild) to work and employment (United Nations, 2006). According to Eleweke (2013), the United Nations Decade of Disabled Persons (1983-1992) was the period that aroused many anticipations on the part of persons with schizophrenia and other disabilities the world over. This was because the World Programme of Action Concerning People with Disabilities was expected to be implemented by the UN Member States. Eleweke (2013) further argues that although the United Nations

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declared the Decade, efforts were not made to fund the programme. Many governments as well relaxed since to them, investing in persons with schizophrenia will not add any vantage to the economy. Darcy, Taylor, and Green (2016) also contends that although employment and careers are both rights and obligations of every individual within a given society, persons with schizophrenia who can and are willing to work are denied access to employment and their career narratives as well becomes a fallacy.

Almalki (2019) is of the view that the desire and vision of social groups and the entire society at large towards persons with schizophrenia and other disabilities have changed over time. This is because many legislations have been enacted to aid in providing a purposeful life for all persons with schizophrenia and other disabilities to be able to cope and compete with the open labour market. According to Wehman et al., (2018), the Workforce Innovation and Opportunity Act (WIOA) of 2014 is one of the key legislation enacted recently to aid with the work and innovations of persons with schizophrenia and other disabilities especially for the youth, adults, and their families. Several Disability Acts have been passed by most countries in recent times to affirm the change of perceptions the society has of persons with schizophrenia and other disabilities about employment and career choices. Asante and Sasu (2015) in their article cited the Persons with Disability Act, 2006 (Act 715) in Ghana, Nigerians with Disability Decree, 1993 (Nigeria), National Policy on Disability (Namibia), National Policy on Equalisation of Opportunities for Persons with Disabilities in Malawi, the Persons with Disabilities (Amendment) Act, 2007 (Kenya) and the United Nations' Convention on the Rights of Persons with Disability to be some of the Disability Act passed by many governments to aid the persons with schizophrenia and other disabilities in their career and employment choices. Wehman et al., (2018) further contend that the desire for the passage of WIOA was to close all segregated workshops.

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Studies have indicated that the majority of persons with schizophrenia and other disabilities as well as their families prefer open employment to segregated employment or day services (Gilson, Carter, Bumble & McMillan, 2018).

According to Weston (2002), Supported Employment (SE) arose from discontentment of the consequences by sheltered workshops and day centres in an attempt to graduate persons with schizophrenia and other disabilities and move them into open employment. This was because towards the end of the 1970's it was extensively recognised that the '*train and place'* method of vocational rehabilitation and training did not make enough effort to integrate people with schizophrenia and other disabilities into open employment (EUSE, 2005). Wehman et al., (2018) assert that since 1980, supported employment has sprung up and developed into a principal lynchpin that gives hope to the persons with schizophrenia and other disabilities who have been undermined by their immediate surroundings. EUSE (2005) further argued that it was relative that good working skills alone, were in themselves not sufficient for persons with schizophrenia and other disabilities to search, find and retain employment. It was, therefore, necessary to employ the services of a *'job coach'* also called an Employment Support Worker (ESW) who was mainly tasked to offer well-structured support to persons with schizophrenia and other disabilities performing ordinary work. Carmona et al., (2018) assert that support from employment specialists or experts is relatively a positive approach capable to improve relationships with employers and as well enable persons with schizophrenia and other disabilities to cope better with challenges within open employment. According to EUSE (2010), the early practice was to 'place and train' the persons with schizophrenia and disabilities through systematic training procedures with sometimes minimal or no particular attention. The activities in this system of rehabilitation were that the client had to be empowered by ensuring

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the necessary training fit for the open employment was well given such that persons with schizophrenia or with other disabilities will be considered capable for employment. In most cases apart from the job coach or ESW ensuring the guidance or assistance necessary to aid the persons with schizophrenia and other disabilities in open employment, there are at times ongoing development of natural support where co-workers assist the schizophrenic rather than the job coach or ESW.

Pinilla-Roncancio and Alkire (2017) assert that persons with schizophrenia and other disabilities and their families mostly face difficulties in getting enough source of income. Family caregivers of a person with schizophrenia and other disabilities experience adverse psychological health outcomes as a result of their caregiving experiences (Aoun, Deas, Kristjanson & Kissane, 2016). However, Aoun et al., (2016) further contend that family caregivers' psychological health outcomes can experience some sort of improvement if better support is met during caregiving. It is, therefore, necessary to enrol persons with schizophrenia and other disabilities into daycare or rehabilitation to gain some skill or knowledge to equip them to face their environment equally.

It must be emphasised that although supported employment is aimed at finding and retaining employment, it has become very obvious that persons with schizophrenia and other severe disabilities see maintaining employment as a more difficult task than acquiring it (Becker et al., 1998). Campbell, Bond, and Drake (2011) argue that a common perception of supported employment is that persons with schizophrenia and other severe disabilities mostly have limited job tenure. Several reasons account for the above assertion. One of the reasons is that though persons with schizophrenia are supposed to be provided a reasonable accommodation to achieve some sort of equality as other "normal" counterparts, they are mostly denied the basic need for shelter in most

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situations (Egdell et al., 2019). Mancuso (1993) as cited in Becker et al., (1998) elucidates that a study conducted came to the realisation that employees most often see flexible work schedules as a needed form of accommodation. A study conducted by Cook (1992) as cited in Becker et al., (1998) asserts that over half of 73 employees who have been diagnosed of schizophrenia and other severe disabilities mostly initiates the job termination themselves; the most common reasons were stress, inability to cope with employment details and the idea that they deserve better employment opportunities. However, it has become a known fact that some persons with schizophrenia and other disabilities find it difficult to accept their illness in the workplace, making them feel unaccepted and stigmatised (Santuzzi & Waltz, 2016).

It is very unquestionable per several scholarly studies conducted by most researchers that supported employment for persons with schizophrenia and other severe disabilities have exhibited several positive results in global functioning, self-esteem, and some financial independence especially for those who have obtained competitive employment (Evensen et al., 2016; Luciano, Bond & Drake, 2014; Burns et al., 2009). According to Maru, Rogers, Hutchinson, and Shappell (2018) supported employment are designed to improve the work of individuals or persons with schizophrenia and other disabilities however, recipients of those services are mostly paid with low wages and are sometimes given short-term employment which eventually does not encourage them to maintain a job.

1.5 Schizophrenia and Employment Barriers

Persons with schizophrenia are met with the highest out-of-work rates among all persons with disability who seeks for a job or employment (Marwaha & Johnson,

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2004; Taskila et al., 2014). A study conducted by Rosenheck et al., (2006) affirms that employment among persons with disabilities especially the schizophrenic declined immensely in the 1990s. Hampson et al., (2016) argue that systematic barriers are established on broader social issues that are government policies, legal issues, and ideologies which in turn becomes an obstruction to the desire for a schizophrenic to seek employment. Notwithstanding, individual factors and interpersonal factors are also components that bar persons with schizophrenia from employment (Hampson et al., 2016). Whereas personal attributes and circumstances define the individual factors as posited by Hampson and her colleagues, the interpersonal focuses on stigma, discrimination, lack of communication collaboration, and workplace management issues.

Løvvik et al., (2014) contend that "the transition from work to sick leave and from sick leave to disability or back to work has been described as a process that requires decisions". This is because most persons diagnosed with schizophrenia and other disabilities find it opprobrious and embarrassing to return to open employment especially where they use to work before an expert diagnosed them of their predicament. It must be ascertained that most employees who are unaware of the schizophrenia illness and its accompanying symptoms, however, see it odd and superstitious to accept persons with schizophrenia back into their facility especially with certain diabolic perceptions they hold. Since returning to work after sick leave is a barrier to open employment amongst persons with schizophrenia, Taskila et al., (2014) argue that families and caregiver's attitudes towards persons with schizophrenia have a negative or positive influence on the ability of them to gain or even remain in employment.

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There is scholarly work that has confirmed that the *great recession* witnessed some *labour force reserve* (mostly employed persons with disability especially the schizophrenic) who are underutilised since their skills are least relevant in the open employment (Fogg, Harrington & Brian, 2010). Inasmuch as they are willing to stay in employment their usefulness is a decay because of updated technologies or the otherwise which makes their skill irrelevant in the job market. Rosenheck and his colleagues through their study also concluded that people who receive monthly disability payments from the government are seen as economically empowered hence neglected when considering application into the job market or open employment. Carmona et al., (2018) argue that the welfare systems provided by the government as stated by Rosenheck and his colleagues in their work in 2006 is also a barrier because many persons with schizophrenia who could work in open employment avoid employment for the fear of losing their monthly benefits. Also, the benefits the schizophrenic gain when it comes to free public transport and others deters them to opt for employment (Carmona et al., 2018).

Harnois and Gabriel (2000) elucidate that there are six principal barriers to the employment of persons with schizophrenia and other severe mental illness:

> *Lack of choice in employment services and providers.*
> *Inadequate work opportunities.*
> *Complexity of the existing work incentive systems.*
> *Financial penalties of working.*
> *Stigma and discrimination.*
> *Loss of health benefits.* *(p. 34)*

They further asserted that although the schizophrenic wants to work, they are often discouraged by barriers in the public system as affirmed by Hampson and her colleagues in 2016.

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Lasalvia and Ruggeri (2018) are of the view the term "*schizophrenia*" is associated with stereotypes, social rejection, prejudice, and discrimination towards persons with the illness. This in turn affects the possibility of been employed. This is because the public image of the term schizophrenia is diluted inappropriately in the mass media where persons with schizophrenia are tag with an identity of dangerousness and unpredictability as argued by Lasalvia and Ruggeri (2018). Such an identity affects the possibility of being employed in the job market.

The World Report on Disability also reveals that people with schizophrenia and other disabilities are denied employment because most lack formal education which is a prerequisite in open employment (World Health Organisation; The World Bank, 2011). It must be noted that education and training are the fulcra for the qualification into good and productive employment. However, persons with schizophrenia are mostly denied an education by their families because they are looked down upon and are seen as insignificant to open employment. Hence it becomes uneasy for them to gain employment into the open employment because of their lack of training and education.

1.6 Identity

1.6.1 Identities at Work

There is an information deficit regarding how persons with schizophrenia and other disabilities construct their identities within a given working environment and the mechanisms they employ to retain or maintain their jobs (Elraz, 2018; Santuzzi & Waltz, 2016). Elraz (2018) argues however that a person's identity construction egresses out of varied subjective positions which act as a part of a totality of identity.

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In tandem with the above, many scholarly studies have probed how cultural, political, and historical practices are expressed in identity formation and inform the active relationship between organisational discursive regulation and employees' identity construction. This results in Swann and Bosson's (2008) assertion that the survival of the identities of individuals are not dependent on an idiosyncratic perspective that one holds but on the view of other people in the organisation or a given society.

Anazodo, Ricciardelli, and Chan (2019) also maintain that employment is important in providing income for sustainability within a given society. In defiance of Anazado, Ricciardelli and Chan's (2019) assertion, there are subtle discrimination that affects relationship and productivity at the workplace or in organisations (Van Laer & Janssens, 2011) which in effect bears upon the constructed identity of the person with schizophrenia within the organisation and the importance of employment as the means of providing for the family's sustenance. This is because such subtle discriminations can go to the extent of negatively affecting the schizophrenic such that they will quit employment and also either positively or negatively negotiate their identity. In the view of Gutek et al., (1996) as cited by Van Laer and Janssens (2011), a typical example of such subtle discrimination at the workplace against persons with schizophrenia and other disabilities is a denial of employment or promotion because of a persons illness and some other identifiable factors like ethnicity, race, gender, and some relevant others.

It must be emphasised that such negative stereotypical thoughts of employees and other workers (Ainsworth & Hardy, 2009) which affect their constructed identities suggest that persons with schizophrenia and other disabilities have deficient capabilities and are not more likely to accept change where and when possible within a given organisation. This in effect forges certain unverified identity for people with

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schizophrenia within the organisation by colleague staff and employees without neither affirming nor disaffirming with attestation the fulcrum of their prejudice about the schizophrenic within the organisation. Elraz, (2018); Tsang et al., (2007) contend that absence from work by persons with schizophrenia and other disabilities are not only dependent on low work performance but rather the pejorative attributions that are contributed to them.

Foster and Wass (2012) posit that some organisational procedures or policies give birth to a lack of equality in income, identity, and cultural images within a given working environment. Good policies within an organisation do not only affect the organisation's identity but also the personal and relational identities of the workers. In this case, the persons with schizophrenia within the organisation feel satisfied and acceptable at the workplace. It also affects their superiority complex and encourages solidarity amongst them and their colleague staff.

Swann, Kwan, Polzer, and Milton (2001) elucidate that there are many pieces of evidence whereby for the sake of a workgroup, the idiosyncratic perspectives and qualities that make members of the group unique have been forfeited to showcase the workgroup identity. Frenk (2011) contends that individual constructs about identity are based on the underlying organisational systems that define a given society or work setting.

Persons with schizophrenia and other disabilities have been confirmed to lose quite a number of working hours because of psychosocial constraints which in effect affects productivity. Studies have indicated that such psychosocial constraints are mostly because of the higher level of psychological strain, due to high demand from the workplace which results in occurrences of depression (Elraz, 2018; Mausner-

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Dorsch & Eaton, 2000). Some times certain negative stereotype affects the work of people especially the person with schizophrenia.

According to Hamelink (2013), the discourse of international human rights has established that 'all people matter' and as such, no one should be undermined and be treated inhumanely but rather such negative ideas should be jettison in other to treat other human beings in non-humiliating ways. It implies that the personal and social identities of people need not be marginalised to build the confidence of the schizophrenic in a given work environment. Hamelink (2013) argues that human humiliation would include acts such as:

> de-individualization of people - where people's personal identity is undermined, their sense of personal significance is taken away, they are reduced to numbers, cases, or files, and they are treated as group members and not as individuals;
>
> discrimination against people, treating them according to judgments about superior versus inferior social positions. This is where 'inferior' people are excluded from the social privileges the 'superior' people enjoy;
>
> disempowerment of people by denying them 'agency' - where people are treated as if they lack the capacity of independent choice and action;
>
> degrading of people by forcing them into dependent positions in which they efface their dignity and exhibit servile behaviour. This is where people are scared in ways that make them lose control over their behaviour (dirtying themselves for example) and make them beg on their knees for approval, blessing, or forgiveness (p. 148).

In tandem with the scholarly works of Hamelink in 2013, it can be resolved that for persons with schizophrenia to remain and maintain employment is dependent on how they accepted and assisted in their workplace. It should also be emphasised that tagging the schizophrenic with positive identities will build their confidence in the work setting and boost massive productivity at the workplace. Stets and Burke (2000) aver

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that one's identities are composed of the self-views that egress from the reflexive activity of self-identification that emerges from one's membership in an organisation or roles played by an individual or the schizophrenic within an organisation.

1.7 Theoretical Framework

Schaetti (2015) posits that identity is said to be "a person's largely unconscious sense of self, both as an individual and as part of the larger society". Hence, identity focuses on the psychological personality of an individual as well as the sociological settings of one's environment. It determines with whom individuals associate or drawback, why and how they make meaning to their immediate environment, and also influences the extent to which they are willing to engage with people who differ from them in terms of color, race, language, ethnicity, and so on (Schaetti, 2015).

1.7.1 Communication Theory of Identity (CTI)

Identity has been seen as a fulcrum in the construct of the social and behavioural sciences (Jung & Hecht, 2004). Identity does not only define an individual but also manifests the social roles and social interaction assigned through communication. It is important to note that identity considers both the sociological and psychological, internal and external environment of an individual.

Communication theory of identity (CTI) offers a holistic theoretical account that examines experiences as facilitated through intrapersonal, interpersonal, and group interaction (Pang & Hutchinson, 2018). Notwithstanding, identity constitutes a developmental construct that metamorphosis with time or through life-span maturation (Luyckx et al., 2018). Nevertheless, Pang and Hutchinson (2018) contend that the

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internalization, externalization, and social enactment of identity are upheld through interaction. The scholarly works of Seroka (2019) further affirm the assertion that identity is both an individual and social output which is mainly evident depending on a given situation or environment, hence identity is constantly shifting and evolving. Inasmuch as identity is both an individual and social output, Hecht and Choi (2012) construe identity as a multifaceted approach by which individuals or persons with schizophrenia and members within their organisation or workplace socially construct themselves. It must be emphasised that it sets the basis of communication or interaction between the individual (persons with schizophrenia) and members of their workplace.

CTI proposes four layers or frames of identity — personal, enactment, relational, and communal (Hecht, 1993; Hecht, Warren, Jung & Krieger, 2005; Seroka, 2019; Shin & Hecht, 2017). Shin and Hecht (2017) elucidate that personal identity defines one's sense of self. It can be understood as we think of self-concept and self-image, hence defining "who am I?". Nevertheless, CTI argues that more than one personal identity may be evident in a given interaction or conversation (Hecht, 1993; Seroka, 2019). Inasmuch as personal identity may have unlike identities in a conversation, each personal identity has its own set of implications. This, however, makes it very necessary not to view an individual or the person with schizophrenia through a single lens. The identity performed or expressed by interaction and social behaviour defines the enacted identity of CTI (Shin & Hecht, 2017). The enacted identity internalises one's sense of self and it reinforces the externalisation of social behaviour. Jung and Hecht (2004) argue that in CTI, enacted identities are focused not on expressions alone but are considered as identity in itself. Notwithstanding, people have multiple and sometimes competing enacted identities to perform.

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Relational identities emerge in four levels showing the mutual construction of identity. These are:

Ascribed relational; individual shapes his or her identity depending on the assumptions of the society

Relationships with others; relationship formations like father and son, employer and employee, husband and wife, brothers and sisters, etc.

Multiple related identities; exist in relation to each other. For instance, a person can be both a teacher and a father, a son and a husband, a manager, and an employee.

Relationship as a unit of identity; it is common with pop culture and evident in pairing of identities such as the three musketeers, the three amigos and some others (Seroka, 2019).

Identities shared in common by a collective group of people who share a religion, language, norms, and ethnicity are called communal identities and it is the fourth frame of identity. It manifests anytime an individual solely concentrates on what society thinks or does.

The CTI arrogates that the four identity frames are interdependent on each other called the *interpenetration of frames* which affect each identity simultaneously (Hecht & Choi, 2012; Seroka, 2019). As such, each frame can be probed by itself, in pairs or trios or all four together and can lead the researcher to make meaning of CTI and tensions that change their identities. (Jung & Hecht, 2004). Nevertheless, Seroka (2019) argues that identity negotiation occurs when the four frames of identity witnesses some sort of frictions amongst them which leads to the emergence of inconsistencies in identity.

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1.7.2 Identity Negotiation Theory

Constructed identity is neither an individual nor a discreet process but it is always performed in relation to the social setting of others who share similar culture (Littlejohn et al., 2017). Be that as it may, Chatman, Eccles, and Manchuk (2006) argue that identity is innate and it resides in a person. Stella Ting-Toomey as cited in Littlejohn et al., (2017) further argues that individuals manage or negotiate the state of perplexity between personal and cultural selves in ways that encourage respect for and consideration of other cultural groups. In tandem with the above, the self-reflection of an individual or persons with schizophrenia is managed when they find themselves in a working environment to enable them to adapt to available situations.

Notwithstanding, Ting-Toomey (2015) further elucidates that the term identity is "multifaceted identities of culture, ethnicity, religion, social class, gender, sexual orientation, profession, family or relational role, and personal image(s) based on self-reflection and other-categorisation social constructionist processes". The term negotiation in identity negotiation theory refers to the exchange of verbal and nonverbal interaction between two or more people in maintaining, threatening, or uplifting the versatile sociocultural group-based or ideal personal identity images of the other in place. Hence, identity negotiation focuses on the persona or personality that is assumed in a relationship by persons within the group (Swann & Bosson, 2008). Swann, Johnson, and Bosson (2009) elucidate that the identity negotiation process establishes the ''*interpersonal glue* that bonds people to one another and their organisations". This is because it aids in building a relationship that helps persons with schizophrenia and other disabilities to tolerate colleagues within a given organisation in achieving its purpose.

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Chatman, Eccles, and Malanchuk (2006) however, contends that individuals (being it either persons with schizophrenia or not) always encounter new event and experiences which are most necessary for it to be incorporated with available traces of oneself. They further posit that whereas some of these events may be major life situations that may change the attitudes and beliefs a person holds, some may also create intra-conflict or inter-conflict of the self. In either case, however, one needs to reevaluate the consciousness of one's identity and subsequently employ varied negotiation techniques in order to adapt to current experiences and events (Chatman, Eccles & Malanchuk, 2006).

Society is made up of diverse individuals with different upbringing and temperament. However, when people come to work in organistions it is very necessary that individuals sequester their personal differences and adapt to the acceptable culture at the workplace to maximise profit. It is for this reason that persons with schizophrenia in organisations are supposed to negotiate or managed their identity in order for them to adapt to current experiences and events that are apparent in the workplace.

According to Swann and Bosson (2008), the process of identity negotiation has several constituents. One of such constituents may be considered as the *"self-presentation"* procedures which are performed by individuals in respect of identifying who they are. Paradoxically, Swann and Bosson (2008) contend that self-presentation can not be compared to or replaced with identity negotiation since self-presentation is made-up of behavioural strategies designed towards achieving varied interactional goals.

In considering the core assumptions of identity negotiation theory by Ting-Toomey (2015), it is avowed that what establishes the acceptable way to show identity

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affirmation and considerations differs based on one's social setting and also per ones working environment with the underlying rules and regulations that govern the work setting. This explains the fact that persons with schizophrenia and other disabilities who find themselves in a given working environment are likely to adapt to different experiences and events since the underlying rules that govern the said organisation differ from one organisation to the other. Hence, it is obvious that how each schizophrenic will negotiate their identity would differ per the environment available to them.

It is very prudent to understand however that the value content of one's identity is in order to develop mindfulness of cross-cultural communication. According to Frenk (2011), “mindfulness of communication” focuses on the ‘readiness to shift one’s frame of reference’, or the preparedness of a person to make use of new and distinct categories to understand cultural differences and to find original ways of problem-solving”. This when achieved, enables the identity negotiation attained by the person with schizophrenia to be devoid of ethnocentric behaviour. Notwithstanding, Valenta (2009) argues that the spontaneity and biases of people of which the persons with schizophrenia and other disabilities are part affect their identity negotiations in interactions and relations with members of their workplace or in the organisation in which they find themselves.

Swann and Bosson (2010) assert that as spearheaded by Erving Goffman, people's identity is similar to actors in a drama who play different roles or audiences. Inasmuch as actors may desire to be themselves, they are obligated to stay “in character” until they move to the next scene, at which point the identity of the actor changes to suit the next setting or scene (Swann & Bosson, 2010). Notwithstanding, persons with schizophrenia within organisation exhibit similar attitudes at the

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workplace. Hence, to avoid being tag with stigma and illness identity, social oppression, and prejudice, the person with schizophrenia within an organisation conceals his or her identity in order to be accepted and be devoid of discrimination and stereotyping (Santuzzi et al., 2019). Some identities may be concealed unintentionally within a given situation. It is easier to identify the schizophrenic doctor or medical officer in his or her white lab coat in the hospital than in the supermarket where he or she may mostly be in his or her casual wear (Quinn & Earnshaw, 2013). It must be emphasised that scant attention has been received of identity construction at the workplace or in organisation by scholars as argued by Swann et al., (2009).

1.7.3 Supported Employment Model (SEM)

EUSE (2010) posits that Supported Employment is entirely coherent with some basic concepts like empowerment, social inclusion, dignity, and respect of persons with schizophrenia and other disabilities. According to the Scottish Union of Supported Employment (SUSE), the Supported Employment Model (SEM) is a complex entity designed to restore the confidence of the less privileged especially the persons with schizophrenia of their ability to be employed and be given sufficient support essential to maintain employment (SUSE, n.d.). The SEM is flexible and a continuous process intended to satisfy the individual needs of persons with schizophrenia and their respective employers. The SEM was adapted to aid in answering research question three which seeks to examine how persons with schizophrenia cope with employment support needs at the workplace.

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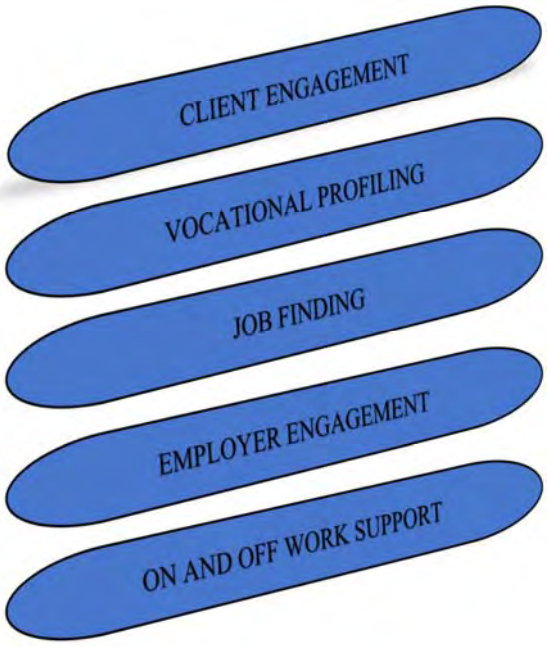

Figure 1 Adapted European Union Supported Employment Model (Credit: EUSE, 2010)

Traver, Fernández, and Fustes (2012) aver that it was necessary for a job coach to monitor or supervise the work of people with schizophrenia. Margolies et al., (2017) contend that supported employment is an evidence-based practice(s) that has demonstrated effectiveness in improving vocational.

Client Engagement

According to EUSE (2010), the outcome of client engagement is to ascertain whether the person with schizophrenia desires to use the Supported Employment Model (SEM) for job search and also assist them to be enrolled in employment which will eventually guide them in achieving their goal. In tandem with the above, the persons with schizophrenia who are yet to be enrolled on the SEM are allowed to make an informed choice on whether it is right for them. Rusch and Hughes (1989) assert that

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"zero-rejection" of the persons with schizophrenia into employment was an assurance given to the potential employee (the schizophrenic) to boost their superiority complex. EUSE (2010) however affirms that the value base of zero rejection is engrafted in the Supported Employment Model under the ethos of "anyone who wishes to work can work, provided the correct level of support is available". The client engagement process can take several weeks and a few meetings to educate and persuade the schizophrenic before he or she signs up for the service (SUSE, n.d.).

Per the above, the researcher took the opportunity to inquire from the occupational therapist or the Employment Support Worker if due diligence was made categorically in accomplishing the first stage of the model which is the Client Engagement Stage.

Vocational Profiling

The Scottish Union of Supported Employment (SUSE, n.d.) posits that vocational profiling is a stage in the Supported Employment Model (SEM) process where a Job Coach assists the persons with schizophrenia who is seeking the job to identify their goals, learning needs, individual skills and talents in order to make the right choice. Vocational profiling is as well a "tool that provides a structured and goal orientated approach towards securing and maintaining employment in the open labour market within a person-centered approach" (EUSE, 2010). At this stage of the model, as asserted by the Scottish Union of Supported Employment (SUSE), caregivers, direct family members and Employment Supported Workers (ESW) may be permitted to participate with the persons with schizophrenia during the vocational profiling if he or she is giving the nod by the job seeker. It must be emphasised that vocational profiling

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as well assists in the job finding process and makes searching for a quality job match more likely. It enables the employment worker and the person with schizophrenia to identify the type of occupation that best suits the jobseeker's skills and preferences. According to EUSE (2010), vocational profiling can be a detailed and potentially lengthy process. It may take several months to complete a high-quality Profile.

Job Finding

The third stage of the Employment Support Model (SEM) is of extreme relevance. It is also called the Job Marketing Process or stage. This involves the employment worker and client working together to find local vacancies and opportunities (EUSE, 2010). Rusch and Hughes (1989) maintain that community surveys are normally put in place to canvass for jobs suitable for persons with schizophrenia to work efficiently in achieving the organisational outcome. These jobs may be advertised or can be sourced by the supported employment agency marketing directly to employers. According to the Scottish Union of Supported Employment (SUSE, n.d.), the third stage is designed to help clients overcome traditional recruitment and selection barriers, which can be too formal and seldom result in offers of employment. It needs to be emphasised that job matching and placement are best suitable when the characteristics of the persons with schizophrenia have been interrogated in toto to be placed in a job suitable for the schizophrenic condition (Rusch & Hughes, 1989). Rogers, Sciarappa, MacDonald-Wilson, and Danley (1995) elucidate that people with schizophrenia and other severe disabilities usually take considerably longer time in the job finding stage because they want to be sure of the type of organisation they are going to be employed into and as well be sure if they are going to be accepted in the organisation.

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The Job coach usually persuades employers to adjust their recruitment process – for example, by hosting a "working interview" which allows the client to demonstrate their skills in the workplace and allow the employer to gather the sort of evidence that a formal interview seeks to capture. It must be emphasised that the Employment Support Workers (ESW) also negotiates such that the schizophrenic will be allowed to learn on the job whilst he is been monitored or coached (EUSE, 2010). Hence, "employment before training and not training before employment". It must be stated categorically that the employer engagement stage has no set timescale, it will vary for each individual and it can take several months to find the one suitable and acceptable for the person with schizophrenia.

Employer Engagement

According to EUSE (2005), the activities in the fourth stage of the model mostly depend on the format that the employer and employment support worker agree on. Once an employer has agreed to work with the supported employment service, a job analysis is usually carried out by the employment worker or job coach. The purpose of the job analysis at the employer engagement stage of the SEM is to investigate most especially all there is about the job and health and safety implications. The job analysis might give pointers towards ways of carving together parts of different job descriptions that suit the client's talents or creating a new job description that is appropriate for the new worker and cost-effective for the employer. As a rule, the more time that can be devoted to this stage, the better, if it allows the employment worker to gain an excellent understanding of the job and the employer. This will improve the likelihood of success and can enable a strong and lasting relationship to be built with a new employer.

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On and Off the Job Support

The last stage of the model is when the job analysis made at the engagement stage and the vocational profiling are used by the job coach or employment support worker (ESW) to ascertain whether the employed persons with schizophrenia are given the necessary support needed to enhance their output of work. It must be emphasised that support at this stage is individually tailored and targeted and could include induction, training, regular reviews, and workplace mentoring (SUSE n.d.). On and Off the Job Action Plan are used to record and update the support given to the employed schizophrenic and the achievement they attain during the period of employment.

The package of support measures to be provided should be person-centered and flexible and could include:

On the Job Support

Guiding and assisting with social skills

Identifying a mentor/co-worker

Determining workplace culture

Supporting the client to adapt to the workplace

Providing support to the employer and work colleagues

Identifying workplace custom and practice

Identifying opportunities for career progression

Off the Job Support

Solving practical problems/issues (transport, work dress, etc)

Discussing interpersonal work relationships

Assisting with welfare benefits bureaucracy

Maintaining liaison with Healthcare/Social Work professionals

Listening and advising regarding issues raised by service user

(EUSE, 2010; 2005)

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On the job support usually lasts for several months. It is mostly dependent on the shared agreement of both the employed person with schizophrenia and the employee. It is mostly recorded and reviewed and ensures it is consistent with the developing needs of the employed person with schizophrenia. *Off the job support* is however offered when the employed person with schizophrenia desires it. For instance, the client or the employed person with schizophrenia may desire to open an account after receiving his first wage or travel. Everything agreed should be recorded on the client's *On and Off the Job Support Plan*.

1.8 Relevance of the Theories to the Study

Review of relevant literature has confirmed extensively the inadequate number of employed persons with schizophrenia in an organisation. Reviewed literature has as well indicated illness and stigma identities which are mostly used in tagging the schizophrenic within organisations and as well the relevance of supported employment to the employed persons with schizophrenia. Hence, the researcher employed the Communication Theory of Identity (CTI) and Identity Negotiation Theory (INT) in answering and analysing research questions one (RQ1) and two (RQ2). It must be indicated that both the CTI and INT aided the researcher to have a fair idea of the multifaceted identities that are constructed by individuals especially persons with schizophrenia in organisations. The theories aided the researcher to also look out for the motivations behind the identities constructed by persons with schizophrenia and how they are capable of negotiating the constructed identities to enable them to retain and maintain employment.

The adopted Supported Employment Model (SEM) was also relevant in answering and analysing research question three (RQ3). That is to find out how persons

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with schizophrenia who have thoroughly gone through the stages of SEM can cope within organisations.

1.9 Summary

The literature reviewed affirmed the fact that few persons with schizophrenia can gain the opportunity to enter into open employment. Notwithstanding, some basic barriers like stigmatisation and other name tags discourage them to maintain employment. It also came to light through the reviewing of literature that most of the persons with schizophrenia who got access to open employment conceal their illness in order not to be commiserated or be made o feel inferior. Inasmuch as the persons with schizophrenia negotiate their identity in order for them to be accepted, evidence through literature has argued that persons with schizophrenia who have undergone Supported Employment find it easy to cope and maintain employment than those who have not had the opportunity.

Two theoretical frameworks and a model underpin the study. It includes the communication theory of identity (CTI), identity negotiation theory (INT), and the supported employment model (SEM). CTI establishes that the internalization, externalization, and social enactment of identity are upheld through interaction. The INT also demonstrates that the acceptable way to show identity affirmation and considerations differs based on one's social setting and also per one working environment with the underlying rules and regulations that governs the work setting. More so, the SEM was as well based on the fact that it is a complex entity designed to restore the confidence of the less privileged (especially the persons with schizophrenia) reminding them of their ability to be employed and be given sufficient support essential

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to maintain employment. It must be stated categorically the theories immensely aided in explaining and analysing the gathered data that was deduced in responding to the research questions and accomplishing the submitted objectives. The next chapter discusses the data collection methodology and method of data analysis.

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CHAPTER THREE

METHODOLOGY

2.0 Introduction

This study seeks to examine how persons with schizophrenia construct their identities and the effect they impact on organisations through employment support needs. The chapter introduces the methodologies and strategies employed in data collection and analysis. The chapter also takes care of the procedure used in the collection of data on the research questions (RQ):

1. What kind(s) of identities do the persons with schizophrenia construct at the workplace?
2. What motivates the identities constructed by the persons with schizophrenia at the workplace?
3. How do persons with schizophrenia cope with employment support needs at the workplace?

2.1 Research Approach

Leavy (2017) posits that there are five primary structures of social research which include: quantitative, qualitative, mixed methods, arts-based, and community-based participatory. Notwithstanding, Creswell and Creswell (2018) talked about the research approaches – qualitative, quantitative, and mixed methods. According to Benbasat, Goldstein & Mead (1987), there is no exclusive research approach that stands better than the other.

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2.1.1 Qualitative Research

Creswell (2014) defined the qualitative approach as a premise that communicates the study of research problems addressing the meaning individuals or groups attribute to a social or human problem. In tandem with the above definition, it can be emphasised that qualitative researchers are interested in understanding how people construe their experiences, how they conceptualise their worlds, and what import they assign to their experiences (Merriam, 2009). Yin (2016) posits that qualitative research is a form of social science research that contributes insights from existing or new concepts which may assist to explain social behaviour or thinking and as well acknowledge the potential significance of diverse sources of evidence rather than a single source.

Qualitative researchers tend to gather data in the field and at the site where participants experience the problem under study (Creswell & Creswell, 2018). There is also a face-to-face interaction in the participant's natural setting. It should be noted that researchers who use the qualitative approach are key instruments in collecting data themselves through examining documents, observing behaviour, or interviewing participants. As stated in Creswell and Creswell (2018), qualitative researchers collect multiple data such as interviews, observations, documents, and audio-visual messages rather than depending on a single piece of data. Merriam (2009) avers that qualitative research is suitable when the research is based on humans especially because interviewing, observation, and analysing are mostly centred on them.

It must be emphasised that the explanations and definitions given above encouraged the researcher to view the qualitative study as a research approach to be considered for the study. The study was conducted within the participant's natural

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environment. It was focused on identifying the kinds of identities constructed by persons with schizophrenia in some selected organisations. The study was also centred on the motivations behind the constructed identities and how the schizophrenic cope with employment support needs in an organisation.

Lindlof and Taylor (2011) argue that qualitative research attempts to preserve and analyse the perceptual experiences, attitudes, and social actions of individuals within a given social setting rather than subjecting it to rigorous mathematical or formal transformations. In tandem with the above, it can be emphasised that qualitative data are analysed, and presented in verbal reports, case studies and in the form of words rather than numbers (Frey, Botan, and Friedman, 2012). Since the study is focused on the constructed identities and employment support needs of people with schizophrenia, the use of words is essential. Creswell and Creswell (2018) aver that researchers attempt to pay attention to participants and build comprehension mainly on what is heard.

In concurrence with the above features stated, this study was conducted through participant observations and in-depth interviews of the participants. The study also assisted in understanding some of the identities constructed by the participants in their various organisations. The qualitative approach was also adopted because, it aids the researcher to dig into the findings since the identified variables of the study cannot be quantified (Creswell, 2014).

2.2 Research Design

Research designs are types of inquiry within the research approaches that give specifications in the process of a research study (Creswell & Poth, 2018; Denzin & Lincoln, 2018). Some literature terms research design as strategies of inquiry (Denzin

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& Lincoln, 2018). Yin (2009) posits that research design is the brain that connects the gathered data and the conclusion to be drawn to the initial questions of the study. It is very significant to note that research designs are at least implicit done always been made explicit in qualitative research (Neuman, 2014). Decisions about research designs should be made to best serve your objectives for the study (Leavy, 2017). Hence, it will be very significant to espouse a case study as the research design for the study.

2.2.1 Case Study

It is relevant to note that the case study design was adopted for the study. A case study is one of the qualitative research designs which is largely focused on the interpretive or constructivist paradigms (Merriam & Tisdell, 2016). However, a case study is used diversely depending on the context of the researcher (Merriam, 2009) because it is commonly found in many social disciplines like psychology, sociology, political science, and anthropology as well as the practicing professions like nursing, community planning and education (Yin, 2018). Similar to Yin (2014), Creswell and Poth (2018) posit that case study research involves the "study of a case (or cases) within a real-life, contemporary context or setting" (p. 153).

According to Creswell and Poth (2018) "case study research is defined as a qualitative approach in which the investigator explores a real-life, contemporary bounded system (a case) or multiple bounded systems (cases) over time, through detailed, in-depth data collection involving multiple sources of information (e.g., observations, interviews, audiovisual material, and documents and reports), and reports a case description and case themes" (p. 153). Denzin and Lincoln (2018) aver that case study, for instance, depends on interviews, observations, and document analysis in collecting and analysing scientific materials. The present study focuses on kinds of

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identities constructed by schizophrenic in a work setting and it represents a case which needs to be studied extensively. This is because the study needs to examine what motivates the identities constructed so as to understand in detail how the schizophrenic cope with employment support needs in a given organisation. Since the study is focused on case study design, multiple data collection instruments and procedures such as in-depth interviews and observation of the participants were employed.

3.2.1.0 Multiple Case Study

A multiple case study reflects different design situations. It must be emphasised that a multiple case study does not capture the entire case as it may be done in a single case study (Yin, 2018). Paradoxically, it is very important to note that a multiple case study is probable to be stronger than a single case study. Creswell and Poth (2018) aver that multiple cases are necessary when the study involves an embedded unit of analysis. A multiple case study aids the researcher to reflect the study within each setting and across settings. The study examines how persons with schizophrenia construct their identity in their organisations and it also focuses on how they (persons with schizophrenia) cope with employment support needs. Yin (2018) elucidate that whether holistic or embedded, it is important to follow a replication rather than sampling logic when selecting cases in a multiple case study. This ascertained the rigorousness and reliableness of the gathered information since various sources complemented each other.

Yin (2018) defines multiple case study as examining cases across multiple sites. Hence, it is significant to concentrate on several cases or situations to make a conclusion based on different perspectives on the matter or issue. The current study focuses on how persons with schizophrenia construct their identities and also how they cope with

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employment support needs. This study, however, was conducted in the respective organisations of the eight selected participants which means multiple sites or cases were considered for the study. It also concentrated on the perspective of the schizophrenic, their psychotherapists, and their colleagues in the workplace. It is significant to note that the researcher also focused on the embedded unit of analysis which is very necessary in considering multiple case study as indicated in the scholarly works of Creswell and Poth (2018). This aided in bringing out the various features or characteristics in the data collected and also assisted in drawing similarities across the cases.

Scholarly works by Santuzzi and Waltz (2016); Darcy, Taylor, and Green (2016); Bouwmans, de Sonneville, Mulder, and Roijen (2015) considered the case study design for their works on constructed identities and support needs of PWDs. It is for this reason why the researcher considered the case study design, specifically multiple case study as a design for the research.

3.3 Sampling Technique

There are probability and non-probability as sampling types. However, probability sampling focuses on generalisation which is not qualitative, hence non-probability sampling is the choice of qualitative research (Merriam & Tisdell, 2016). The most common of non-probability sampling is a purposive sampling (Chein, 1981) or purposeful sampling (Patton, 2015). Leavy (2017) avers that purposeful sampling can also be termed judgement sampling. In tandem with the above, purposive sampling will deliberately seek to sample a group of participants that can best inform the researcher about the research problem under investigation (Creswell & Poth, 2018).

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Daniel (2012) asserts that "purposive sampling is a nonprobability sampling procedure in which elements are selected from the target population based on their fit with the purposes of the study and specific inclusion and exclusion criteria" (p 87). According to Merriam and Tisdell (2016), purposive sampling is based on the premise that the researcher wants to discover, understand, and gain insight and therefore must select a sample from which the most can be learned. Daniel (2012) is of the view that purposive sampling is the appropriate sampling procedure if the sampled population is enormously small, that is, not up to even 30.

Daymon and Holloway (2011) avow that the purpose of a research study is dependent on whom you select for the study and the judgements the researcher makes in guiding the where and when a research study took place. Creswell and Poth (2018) posit that in a case study, the researcher establishes a justification for the use of a purposive sampling strategy for selecting the case and as well for collecting data about the case. Daniel (2012) describes five major steps in selecting purposive sampling. These includes:

a. Define the target population.
b. Identify inclusion and exclusion criteria for the sample.
c. Create a plan to recruit and select population elements that satisfy the inclusion and exclusion criteria.
d. Define the sample size.
e. Select the targeted number of population elements

Creswell and Poth (2018) elucidate that in a case study, maximum variation is employed as a sampling technique or strategy in order to represent multiple cases and to fully interrogate diverse perspectives about the cases. It needs to be emphasised that

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seeking out the best cases for a study develops the best data, and research findings are a direct result of the sampled cases (Leavy, 2017).

Purposive sampling also focuses on selecting unique cases that are most informative (Neuman, 2014). In agreement with Merriam and Tisdell (2016); Patton (2015); Neuman (2014); Daniel (2012) purposive sampling was employed to assist the researcher in key out participants with in-depth knowledge on the central themes. Hence, for the purpose of this research, persons with schizophrenia in selected organisations were purposefully sampled for the study. It must be emphasised that purposive sampling was employed for the study because the research sought to outline what was relevant to the study and which participants were best suited and willing to participate in the study. Jack (2008) elucidates that the availability of participants who will provide data for the study is a significant and convenient consideration in purposive sampling.

3.4 Sample and Sample Size

Yin (2016) posits that there is no peculiar pattern for defining the desired number of sample sizes for each broader or narrower unit of data collection in a qualitative study. Patton (2015) emphasises a minimum sample size should be based on expected significant coverage of the phenomenon given the purpose of the study. According to Creswell and Creswell (2018), the sample size is dependent on the qualitative design in use; hence case studies include about four to five cases. It is very significant to note that a small sample size provides a reasonable means to complete in-depth research in a case study (Timmons & Cairns, 2010). In tandem with the above, it is significant to produce a rationale or justification for the sample size sufficient for the

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purpose of the study (Leavy, 2017; Roller & Lavrakas, 2015). Research questions and also accessible data influence decisions about sample size (Daymon & Holloway, 2011).

Roller and Lavrakas (2015) aver that, unlike quantitative researchers who rely on statistical formulae to determine sample sizes of their studies, past experiences and knowledge of the subject matter and ongoing monitoring are what qualitative researchers rely on to determine their sample sizes. It was therefore wise to employ a sample size by considering the number of participants that can ensure that data collected will be enough to make meaning to the complexity of identity construction of the schizophrenic in an organisation. The sample size of this research, therefore, considered eight (8) participants for the study. The participants included four schizophrenic persons who have gone through Supported Employment and four schizophrenics who have not been enrolled in supported employment or are not aware of any such programme. Although the Job Coach (Occupational Therapist or Social Worker) and the Mental Health Officer (MHO) were interviewed in one way or the other to seek some clarifications about the participants, they were not directly involved in the study and its objective. The sample size allowed the researcher to easily document participant's responses and interpretation of the phenomena. The sample size as well allowed the researcher to gain in-depth knowledge into the phenomena under study and not for the purpose of generalisation as evident with a quantitative study.

3.5 Data Collection Method

Data serves as the basis for a research study because is a set of values of qualitative or quantitative variables. Yin, (2016) avers that in a qualitative research study, the relevant data may come from four data collection methods: interviewing,

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observing, collecting and examining (materials), and feeling. It must be noted that qualitative researchers use several tools in collecting data (Leavy, 2014). The qualitative study depends on meaning in context and as such requires a data collection instrument that is sensitive to underlying meaning when data is gathered and interpreted (Merriam, 2009).

Humans are best suited for the data collection task, especially because a qualitative study is more focused on interviewing, observing, and analysing activities in a study. Denzin et al., (2018) also posit that case study depends on interviewing, observing, and document analysis. As such, in-depth interviews and participant observation were considered as a data collection method for this study. However, it must be admitted that the researcher is the primary instrument for data collection and analysis in any given qualitative research. This is because the researcher can dilate his understanding of a verbal and nonverbal text, process data quickly, clarify and summarise given materials, check with respondents for accuracy of interpretation, and explore unusual or unanticipated results (Merriam, 2009).

In sum, the current study employed observations and in-depth interviews as the data collection tools. This was based on the premise that studies earlier done employed interviews and observation as their data collection tool (Soeker, et al., 2018; van Niekerk, 2015).

3.5.1 Observation

Hancock and Algozzine (2006) aver that a frequent source of retrieving data in a case study is by observing the research setting by the researcher (observer). According to Merriam and Tisdell (2016), the best strategy to employ when an event, an activity,

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or a situation can be witnessed especially when a primary source of fresh perspective is desired or when the observed or participant deliberately feel reluctant to discuss the topic under study is by observation. More so, unlike an interview which can take place at any agreed setting by the interviewee and interviewer, observation takes place in the setting where the phenomenon of interest took place naturally. This does not mean that distance observation through online and various virtual technologies is impossible. It furthered stated that observation is a research tool when it is procedural, when it addresses a specific research question, and when it is subject to the checks and balances in producing trustworthy results.

The observation was a necessary data collection instrument for the studies because it allowed the researcher to get answers to some questions which were 'ensepulchred' by the participant (Reeves, Kuper, & Hodges, 2008). It is important that researchers "immerse" (Merriam & Tisdell, 2016; Reeves et al., 2008; Hancock & Algozzine, 2006) themselves in the study thereby bringing to bear a rich comprehension of the phenomenon under study. Since the environment can either affect one's identity positively or negatively, observation over time can aid in understanding a participant and as well help give meaning to the 'change in behaviour'. By so doing, a case study researcher must gain access to the setting where the study will take place (Hancock & Algozzine, 2006) hence permission was sought from the authorities in the organisations to be able to access their facility.

Conducting observations is a systematic procedure, hence skills built by the observer are through practice (Merriam & Tisdell, 2016). Hancock and Algozzine (2006) aver that similar to an interview guide, a case study researcher must make an observation guide that will aid the researcher not to deviate from the purpose of the observation. In tandem with Hancoock and Algozzine (2006), the researcher created a

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brief guide with some features; name/position of the observed in the organisation, time/date/ location of the observation, specific activities, and events concerning the research questions. According to Merriam and Tisdell (2016), it is very easier to record behaviour as it is happening with the observer guide as an aid. It must be emphasised that although the researcher was a participant-observer in most cases, he as was well observed as a nonparticipant which aided him to make adequate meaning to the behaviour of the observed.

In tandem with the above, some data were collected by observing participants in their natural setting. This however gave me the chance to unravel certain 'ensepulchred' behaviour of the observed. I first wrote to the Human Resource Manager of both organisations to seek permission to be part of their work setting for the three weeks when the observation will take place. I made the organisation aware of my intent whereas the researched participant was unaware of my intention to join their organisation and their department to be precise. This went on for a week and allowed me to understand why some identities were constructed by the members of the organisation about the schizophrenic. The regular visitation as a perceived worker gave me the opportunity to understand certain motivations of the constructed identities which under normal circumstances cannot be comprehended easily through other data collection instruments.

I later made my intent to the organisation known to the observed after I have created that rapport which gave the observed the trust to open up to me during the interview. Although I was a pseudo employer, I had to be involved in their daily rituals (morning devotions and work allocations) in order not to miss any event which may be of interest to my study. With the help of my observation guide, I recorded events as they happened and in detail. This allowed me to gain an understanding of the

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constructed identities of the schizophrenic in organisations and the motivations behind the constructed identities. Notwithstanding, it also allowed me to understand how the schizophrenic who have gone through employment support needs to cope in the work setting.

3.5.2 Interviews

Interviews in general use conversation as a learning tool (Leavy, 2017). Patton (2015) avers that the purpose of interviewing is to allow the researcher to enter the perspective of the respondent. Interviewing is needed when the behaviour, feeling, or interpretation of the world around the respondent cannot be observed (Leavy, 2017). According to Merriam and Tisdell (2016), interviewing is the best instrument when conducting rigorous qualitative case studies of a few selected individuals. The number of participants you need to interview in the study depends on the time available to collect data, transcribe and analyse (Travers, 2001). Thus, there are no hard and fast rules in the number of respondents in a given research interview. An interview is also very significant when it is about past events which are impossible to replicate (Merriam & Tisdell, 2016). The researcher employed interviews as a data collection instrument because it aided in gathering responses for the research questions. The research questions focused on identifying the constructed identities of the schizophrenic in an organisation, the motivations behind the constructed identities, and how they cope with employment support needs in a work setting. Notwithstanding, the interviews gave me the chance to establish the justification behind the constructed identities and their motivations.

According to Brinkmann and Kvale (2015), as cited in Creswell and Poth (2018), an interview is where “knowledge is constructed in the interaction between the

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interviewer (researcher) and the interviewee (participant or respondent)" (p. 230). O'Leary (2017, p. 440) defines an interview as a "method of data collection that involves researchers seeking open-ended answers related to several questions, topic areas or themes". According to Yin (2016), interviews can take many forms, however, two types may be considered; structured interviews and qualitative interviews (unstructured interviewing, intensive interviewing, and in-depth interviewing). As the name suggests, qualitative researchers mostly employ qualitative interviews since it does not confine them to strictly adhere to a way in conducting the interview. By so doing an aspect of a qualitative interview (semi-structured) with some interview guides will help to provide general lines of interrogation in case the interviewer gets stuck (Leavy, 2017; Yin, 2016)

The 'art of asking' and 'art of listening' (O'Leary, 2017) are very necessary when conducting an interview, however, less attention is given to listening. Hence in conducting an interview it is very prudent to pay apt attention to the interviewee whose voice is very necessary to the study. A face-to-face interview was therefore employed to build confidence on behalf of the interviewee during dialogue. This form of face-to-face interview assisted the interviewee to seek comprehension of the questions when necessary. Other nonverbal cues were adopted in order to persuade the interviewee to fully participate in the study. It is significant to note that qualitative interviews allowed the researcher or interviewer to conduct a flexible and exhaustive interviews without stress. The interviewee, however, was as well relaxed to communicate in the language they can freely articulate.

Interviewees are considered to participate in the research provided their experiences are relevant to the research problem, or if they hold a wealth of knowledge or skill relevant to answer research questions and achieve study objectives (Lindlof &

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Taylor, 2011). This means participants are placed at the heart of the research when they are engulfed with authentic and rich knowledge of the information needed to answer the research questions and to achieve the research objectives of the study. Interviews with the participants assisted to verify, validate, clarify, and explain text development from the case studies conducted out of the employment support needs and constructed identities of the schizophrenic in a given organisation.

3.6 Data Collection Procedure

Creswell and Creswell (2018) posit that in a case study, cases are bounded by time and events, therefore researchers employ various data collection procedures to gather information over a period. Hence the data collection procedure involves the step-by-step processes through which information was gathered by the researcher for the study using the diverse data collection instrument. It must be noted that in case studies, the data collection procedure is not routinised (Yin, 2018).

The process of gathering data is not as smooth as it looks. In collecting data from any organisation, it is always advisable to seek permission from "gatekeepers" within the organisation. This type of permission should mostly be a written and signed document. This written document authenticates your credibility and as well gives a brief intent of your mission to the organisation. According to Merriam and Tisdell (2016), there should be a mutual contact through a recommendation to the "gatekeepers" in the organisation or institution where the study is going to take place. The researcher obtained an introductory letter from the Department of Communication and Media Studies where he is a student and the Ghana Psychological Council (GPC) where he is a registered member. The gatekeepers in this situation are the Psychotherapist in charge of the health of the persons with schizophrenia and the Human Resource Managers in

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their respective organisations. This, when done, will help gain the confidence and permission of those who can approve the activity. The researcher employed two main instruments in gathering data from participants; observation and in-depth interviews.

3.6.1 Observation

Observation was a very necessary instrument for this study because it aided me to gain a piece of first-hand information about the persons with schizophrenia and the phenomena involved. The observations were done usually when the observed is on duty at their respective workplace. I usually go there earlier before they commence work. This, however, assisted me to know their demeanour when reporting to work. It also gave me an opportunity to understand how the work environment or the atmosphere of the work feels like before daily work begins. It also served as an advantage to situate me at a place that is suitable to witness with keen-sightedness whatever goes on in and out of the work especially concerning the observed when I report earlier in the day before workers arrive. I usually stay on till 10:00 am and then leave to concentrate on other parts of the study. I make sure to get back there at approximately 3:30 pm mostly to as well observe their conduct and attitudes until they close and live to their various homes. Notwithstanding, I mostly spend the whole day with them when they report for weekend duties especially on Saturdays.

During the observation, every interaction was recorded. There were mostly audio recordings when face-to-face interaction came to play. Audiovisual recordings were also done when significant observation needs to be captured. Photographs were as well taken during the observation. This was done with my android phone, Infinix Hot 7. I as well went with my writing pad to take notes when and where necessary. It must be noted that the writing pad and the phone were used simultaneously to achieve

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the study objectives. However, the phone was mostly used to reduce their suspicion to freely come out with their real self. This is because, with the phone, audio recordings could be done without necessarily alerting the social actors or the observed of any intent for them not to fidget and act unnaturally. It was also to reduce or discard the impression that their every move was being watched or monitored. The use of the phone did not have any effect on the use of the notepad since they were used intermittently and spasmodically depending on the situation or the given environment. It must be admitted that the recordings were done with the consent of the Psychotherapists of the persons with schizophrenia and the Human Resource Managers of the respective organisations of the observed participants for the study.

Since persons with schizophrenia do not have symptoms evident to the layman, the best step was to consult a psychotherapist who was taking care of such patients. The St. Gregory Catholic Hospital was the first point of call since it was closer to me as a researcher. Seeking assistance from the gatekeepers was cordial since they knew me as a Psychology Assistant and a School Health Programme (SHEP) representative for the institution where I work. However, interaction with the in-charge of the psychiatric department indicated that most of their client's cases were epilepsy and other psychiatric disorders. Few cases were on schizophrenia, however, diagnosed persons with schizophrenia in their health facility were not employed in a recognised open organisation. I was therefore referred to the Psychiatric Department of the Kasoa Polyclinic. Introductory letters were sent to the administration where I was invited on a later date to meet with the in-charge of the psychiatric department. It must be noted that similar introductory letters were sent to the various organisations where I visited as well as the Accra Rehabilitation Centre where the focus of the investigation was on Supported Employment. I was ushered in by the in-charge of the psychiatric department

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who gave me the needed assistance. She assisted me to make calls to the persons with schizophrenia that I was supposed to work with. She as well made them aware that I am an Assistant Psychologist who will visit at their workplace and where we will determine and for that matter, they should give me all the needed assistance so that I can as well help them when and where necessary.

Appropriate attention was given to events as they unfolded during the observational process. I paid detailed attention to demographical information like sex, age, education, profession, and some others that were given to me by the observed. Their conduct and attitudes were strictly given a keen concentration. Attention was also given to what colleagues at the workplace of the observed say knowingly and unknowingly about the observed in the organisation. I also paid attention to the personal and social meanings they accredit to the observed through their interactions. During the interviews, the actions and inactions of the observed were given a focus by me.

3.6.2 Interviews

The study seeks to focus on examining the identities constructed by the schizophrenic at the workplace. It also focused on the motivations for such constructed identities and how they cope with supported employment. This allowed me to employ interviews as one of the data collection instruments in gathering information. The interviews were not structured. The interaction did not also follow a particular procedure. Although some interview guides were written to assist me in the course of the interview so that I may not divert or deviate from the objective of the study, follow-up questions were also employed to achieve the best outcome of the interview. All the interviews lasted for five (5) to ten (10) minutes at most. Equivocal messages were

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discarded to ensure the clarity of information shared. This assisted interviewees to understand the questions asked to give their views to support the investigation at hand. The Akan language, English language, and the Ga language were employed as a channel of communication to assist in making the interviewees fully participate. The selected languages were necessary because it was understood by participants and myself. It enhanced the interviewees to relax since they had the opportunity to communicate in the language they can best articulate.

As emphasised by O'Leary (2017), the 'art of asking' and the 'art of listening' are very significant during interviews. This however prompted me to adopt the skill of asking and listening to be able to 'penetrate the mindset' of the interviewee. This makes the interviewee feel relaxed such that they interact with ease with no duress intent. Most of the interviews were conducted in a quiet environment either at the workplace or outside the workplace. Such an environment promoted smooth interaction or communication without or with fewer barriers or interruptions. The face-to-face interview was mostly used because I frequently had contact with the interviewees at their various workplaces. Nevertheless, a cyber interview was an option when both interviewer and interviewee are tightly held with daily routines. A cyber interview is an interview held through the internet or with technological gadgets. It is sometimes referred to us online or digital interview. I rely on phone recording in collecting information during interviews. This allows me to focus my attention on the interviewee and the message he or she wants to relay. I usually use non-verbal cues to draw the attention of the interviewee that I am listening attentively. This encourages the interviewee to fully participate in the study.

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3.7 Method of Data Analysis

According to Bogdan & Biklen (2007), the process of consistently probing and arranging fieldnotes, interview transcripts, and other materials that you gather to develop a finding is termed data analysis. Creswell and Poth (2018) aver that analysing data is comprehensive and challenging since it involves organising information, conducting a preliminary read-through of the database, coding and arranging themes, representing the information gathered, and forming an interpretation of them.

Data analysis necessitates the ability to think logically and inductively, thus moving from the specific crude information to abstract categories and concepts (Merriam & Tisdell, 2016). It must be noted that the concern of qualitative data analysis is to find keywords, themes, issues, and patterns in the data-texts (Daymon & Holloway, 2011).

The data analysis commenced with observation and later interviews. The data analysis was reviewed repeatedly and re-interpreted to be sure either there are emerging themes and patterns or not. The gathered information was examined punctiliously to identify how persons with schizophrenia construct their identities in a giving organisation and also examine how they cope when they are employed through support needs into organisations.

3.7.1 Thematic Analysis

Braun, Clarke, Hayfield, and Terry (2019) avow that thematic analysis is “a method of capturing patterns (“themes”) across qualitative database” (p.843). O'Leary (2017, p. 712) postulates that thematic analysis “involves searching through data to inductively identify interconnections and patterns”. According to (Braun & Clarke,

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2006), thematic analysis can be essentialist or realist method, which studies experiences, meanings, and the realness of respondents, or it can be a constructionist method, which probes how events, realities, meanings, experiences, ideas affect communal discourse.

To be precise with information gathered from both observations and interviews, data collected were immediately coded during the study. Interviews were transcribed shortly after each fieldwork. This was done after the researcher has gone over the recorded audio to identify descriptive issues. Similarly, the data collected through observations were as well coded. This was reviewed repeatedly and as well re-examined for new and emerging evidence related to the research questions. The researcher ensures that in-depth and direct quotations were used to affirm identified issues. Some interviewees were contacted to verify some transcriptions that have been directly quoted for accuracy.

3.8 Ethical Issues

According to Yin (2018, p.125), "A good case study researcher, like any other social scientist, will strive for the highest ethical standards while doing research. These include having a responsibility to scholarship, such as neither plagiarizing nor falsifying information, as well as being honest, avoiding deception, and accepting responsibility for your work". This however means that sound research is a moral and ethical necessity and it must therefore acknowledge the interest of the participants or respondents of the research such that they do not come to harm for the sake of the research (Halai, 2006). In tandem with the above, the researcher employed five main ethical principles propounded by the American Psychological Association (APA, 2017):

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Beneficence and Nonmaleficence

Fidelity and Responsibility

Integrity

Justice

Respect for People's Rights and Dignity.

Beneficence and Nonmaleficence: the researcher ensured that participants in the study benefited from the study and also made sure they were not harmed in any way. The researcher as well ensured that any sign of misunderstandings was resolved amicably such that no one will come to harm.

Fidelity and Responsibility: Being trustworthy was an essential ingredient in the data collection process. The researcher, therefore, built trust in the participant such that the respondent willingly and confidently gave information without duress. The researcher as well made sure that he is always available when needed by the participants, especially during the studies.

Integrity: The researcher also sought to promote accuracy, honesty, and truthfulness in the course of the study. This was done by the researcher ensuring that he kept his promises to the participants and avoided unwise commitment during the study.

Justice: The researcher ensured that his biases and the limitations of his expertise did not lead to or condone unjust information from the participants

Respect for People's Right and Dignity: The researcher made sure he respected the views of the participants by putting aside all ethnocentric beliefs and practices. He also ensured the confidentiality of information gathered from the participants. The

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researcher ensured that the names of participants were anonymous thereby representing names with alphanumeric codes.

3.9 Summary

This chapter examined the various processes and procedures for data collection and analysis. The qualitative study focused on a multiple case study of two organisations in Ghana and how employees with schizophrenia in the organisation construct their identities and also cope with an an employment support nneeds. Multiple data gathering instruments including observation and interviews were employed to collect information from the field. The chapter saw the justification of each of the instruments used. The data collected was analysed using a thematic method of analysis. The American Psychological Association (APA) ethical principles were adopted to protect participants during data collection. The next chapter focuses on an analysis of the data gathered and discusses the findings.

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CHAPTER FOUR

FINDINGS AND DISCUSSIONS

4.0 Introduction

This chapter focuses on the analysis of the detailed data gathered through the observations and interviews and discusses the findings on the constructed identities and employment support needs of persons with schizophrenia in some selected organisations in Ghana. The data collected were also themed into simplified units of analysis for decipherable interpretation. The communication theory of identity (CTI), the identity negotiation theory (INT), and the supported employment model (SEM) were used to critically analyse each theme exhaustively with the aid of the reviewed literature.

Alphanumeric codes such as ***Participant 1 (P1)***, ***Participant 2 (P2)***, ***Participant 3 (P3)***, ***Participant 4 (P4)***, ***Supported Employment Worker 1 (SEW1), Supported Employment Worker 2 (SEW2), Supported Employment Worker 3 (SEW3), Supported Employment Worker 4 (SEW4), Job Coach (JC) and Mental Health Officer (MHO)*** were used to keep anonymously and confidentially, the identity of the research participants. The following research questions guided the collection of the data and also aided in the study analysis:

RQ1. What kind of identities do persons with schizophrenia construct at the workplace?

RQ2. What motivates the identities constructed by persons with schizophrenia at the workplace?

RQ3. How do persons with schizophrenia who have undergone supported employment cope at the workplace?

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4.1 Demographics

In the bid to answer the research questions accurately, the demographics of the participant were given adequate importance to ascertain and validate the data collected in response to the research questions and to aid in achieving the research objectives. The fulcrum of the demographics brackets on sex, age, educational level, ethnicity, and employment status. Eight people were sampled for data collection. This included two females and six males.

Roller and Lavrakas (2015) aver that, unlike quantitative researchers who rely on statistical formulae to determine sample sizes of their studies, past experiences and knowledge of the subject matter and ongoing monitoring are what qualitative researchers rely on to determine their sample sizes. It was therefore prudent to employ a sample size by considering the number of participants that can ensure that data collected will be enough to make meaning to the complexity of identity construction of the schizophrenic in an organisation. The sample size of this research, therefore, considered eight (8) participants for the study. The participants included four schizophrenic persons who have gone through Supported Employment and four schizophrenics who have not been enrolled in supported employment or are not aware of any such programme. Although the Job Coach (Occupational Therapist or Social Worker) and the Mental Health Officer (MHO) were interviewed in one way or the other to seek some clarifications about the participants, they were not directly involved in the study and its objective. The sample size allowed the researcher to easily document participant's responses and interpretation of the phenomena. The sample size as well allowed the researcher to gain in-depth knowledge into the phenomena under study and not for the purpose of generalisation as evident with a quantitative study.

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4.1.1 Demographic Information of Research Participants

Demographics	Frequency	Percentage (%)
Gender		
Male	6	75
Female	2	25
Total	**8**	**100**
Age		
20-35	3	37.5
36-50	5	62.5
51 and above	0	0
Total	**8**	**100**
Educational Level		
Basic	3	37.5
Secondary	1	12.5
Tertiary	3	37.5
No Formal Education	1	12.5
Total	**8**	**100**
Ethnicity		
Akan	2	25
Guan	2	25
Ewe	4	50
Mole-Dagbani	0	0
Total	**8**	**100**
Employment Status		
Self – Employed	1	12.5
Employed	7	87.5
Unemployed	0	0
Total	**8**	**100**

Table 1 Demographic Information of Research Participants

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4.2 RQ1. What kinds of identities do persons with schizophrenia construct at the workplace?

A person's identity construction emerges out of varied subjective positions which act as a part of a totality of identity (Elraz, 2018). This results in Swann and Bosson's (2008) assertion that the survival of the identities of individuals are not dependent on an idiosyncratic perspective that one holds but on the view of other people in the organisation or a given society. Burke and Stets (2009) further clarify that many identities are taking on within a given situation, and at any point in time we activate and construct identities suitable for a given environment or event. It must be emphasised that roles assigned to individuals within an organisation or their immediate environment determines the identity they construct for them to fit in the social structure.

Given the above, the research question sought to identify the kinds of identities persons with schizophrenia construct in a work setting. Deaux (1992); Stets (1995) as cited in Stets and Serpe (2013) asserts that "research suggests that multiple identities are activated in situations when the identities share meanings" (p. 35). This affirms Stets and Serpe's (2013) assertion that individuals have multiple identities which are constructed in a given environment. In tandem with the above, the multiple personalities of a person correspond to different people who confront the individual in different situations or events. The data gathered, however, indicated that the schizophrenic constructed and presented themselves in multiple selves or multiple identities which include *individual, illness, concealable stigmatised, and professional identities.*

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4.2.1 Individual Identity

Vignoles, Schwartz, and Luyckx (2011) assert that *individual identity* refers to aspects of self-definition at the level of the person. The self-definition can also be termed the individual's self-concept or self-image as described by some recognised identity scholars (Hecht, 1993; Hecht, Warren, Jung & Krieger, 2005; Seroka, 2019; Shin & Hecht, 2017). Individual identity is mostly the ideal features or characteristics like interests, abilities, and preferences that differentiate a person from others (Littlejohn, Foss & Oetzel, 2017). It must be emphasised that these ideal characteristics are mostly learned through an individual's social environment, specifically from home interactions and later into the community at large. This was evident in the interaction of ***P4***;

> I have been working here for the past twelve years and still counting. I was the second employee of my brother-in-law and now I manage the stocks. You can call me manager if you prefer, that is how the boys here call me. You are welcome to our office boss.

According to Seroka (2019), "individual identity is dependent on external locations, interpretations, and social validations" (p 1). It is as well very essential that the identity of an individual is understood so that it can easily influence the interpretation of their worldview.

It must be emphasised that the research participants, that is, the observed and the interviewees mostly showcased their real sense of self. This was evident in the way the participants or the individuals interacted with the researcher. They mostly began the interaction especially the interviews by first introducing themselves through the mentioning of names, occupation, and other personal details. As evident in the works

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of Dovidio and Gaertner (2010), the prominence of individual identity in interaction is a person's needs, standards, beliefs, and motives which in the nutshell determines the basic behaviour of an individual. In tandem with the above, the participants also talked of some other relevant characteristics they possessed that make them very ideal from others. This was salient in their interaction even when they have not been asked.

P1 for instance exhibited an individual identity when he was just greeted by the researcher: *Good morning Sir, I have been directed by the Mental Health officer to have an interaction with you.* He said:

> Oh, good morning boss. I was expecting you. My boss told me my doctor said you will visit. Fine, fine, fine. I am ***P1*** and have been with this organisation for about nine years. It has not been easy here oo, but we have been managing small, small. I have even been promoted recently so don't worry. Ask me anything and I will give you all the necessary assistance.

In an interaction with the Job Coach (***JC***) to have some information about the research participants who had undergone supported employment, we were interrupted by ***SEW3.*** The responses from ***SEW3*** at the beginning of our interaction also confirmed an individual identity by persons with schizophrenia at the workplace. He said;

> … I am ***SEW3*** and I am the President and founder of this Organisation. It has been in existence for some years now. Because of our location, most people don't know us and our small office. My dream is to get disabled persons off the streets by providing them with employable skills after which I assist them to get a job. That is my passion. I am happily doing this and will continue to do this until society gets to buy into my vision and that of other Social Workers who also operate in similar dimensions.

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P3 also exhibited a similar individual identity when she was approached to tell us about her relationship with colleagues and how she copes in the open employment. Her responds as well portrayed an individual identity which was evident in the scholarly works of Dovidio and Gaertner (2010).

She said:

> Atsoo mi Asheley Mami. Bie ne n)) ni etsuo ni ye. In fact, wo le how to deal with wo customers. I think mi nke ame etsu ni for not less than afi ekpawo and it is nice ake I will work here.

This translates:

> I am called Asheley's mother. This is where I work. We know how to deal with our clients. I think I have work with them for not less than seven years and it is always nice to be a worker here.

From the above excerpts, it is apparent that the participants were trying to portray their individual identity by sharing their needs, standards, beliefs, and motives which defines their self-concept and self-esteem which were given much emphasis in the works of some identity scholars (Dovidio & Gaertner, 2010; Hecht, 1993; Hecht, Warren, Jung, & Krieger, 2005; Seroka, 2019; Shin & Hecht, 2017; Vignoles, Schwartz & Luyckx, 2011). In tandem with the above the personal frame of identity where the individual identity is the fulcrum was absolute in the interaction of the participants.

4.2.2 Illness Identity

According to Hecht and Lu (2014), the Communication Theory of Identity (CTI) allows for an "integrative framework for understanding the individual, social,

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and collective aspects of self and has numerous implications for health" (p. 225). They further maintained that personal identity which is a layer of the CTI is similar to the traditional conceptualisation of self and it has been examined in many distinct aspects in health such as gender and illness identity. Yanos, Roe, and Lysaker (2010) assert that illness identity can be described as a set of roles and attitudes that people (persons with schizophrenia) have formulated about themselves with their understanding of their disorder. Illness identity is also seen as the degree to which chronic illness like schizophrenia becomes integrated into one's sense of self (Bulck, Luyckx, Goossens, Oris, & Moons, 2018; Oris, et al., 2018; Oris, et al., 2016). Hence, an illness identity acts as both a tool for self-description and a collective experience of illness, revealing how these are situated in social interaction and relationships in organisational, cultural, and social contexts (Blinne & Bartesaghi, 2014). The excerpts below confirm the scholarly work of Oris and his colleagues.

> My sickness started when I was about seven years. But I started having a high fever in Form two. At the beginning of my sickness, my parents thought I was just disobedient and troublesome. So they will always send me to church for prayers. Because of my sickness, I am even having insomnia which makes me week in the day ***(P1)***.

Ottewell (2018) asserts that illness can negatively affect persons with schizophrenia and other psychotic disorders. However, one important fact is that the interpretation of having schizophrenia in persons who accepts they are schizophrenic defines an illness identity in an individual. Hence, it is essential to note that illness identity motivates the basis for which an illness becomes the reason for a constructed identity. This is evident by relating to how social members define what it means to be "ill," "healthy," "unwell," or "well" (Blinne & Bartesaghi, 2014). As cited by Yanos

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et. Al., (2010), “our conception of illness identity is primarily influenced by the sociological concept of identity, which typically refers to the social categories that a person uses to describe himself or herself (e.g., ‘‘patient,’’ ‘‘father,’’ ‘‘survivor’’) as well as the social categories others use to describe that person (Thoits, 1999)” (p. 75). It is thus an aspect of what goes through oneself that is affected by both the experience of objective aspects of illness and by how each individual makes meaning of the ‘‘illness.’’ It must be emphasised that the social accounts of illness identities are evident through daily exchanges within a given social environment.

In tandem with the above discussions, the research participants, particularly, the persons with schizophrenia interacted in such a way that seems they are ill. In the course of an interview, they talked about their illness in a way that seems they need sympathy. They always identify themselves with words that are associated with illness. The excerpts below details the illness identity they constructed in their interaction:

> Menua, enti wohwɛ a ɛyɛ sɛ wɔbɛtan m'ani saa? Wohwɛ me a mesɛ obi a wabɔ dam anaa n'adwen nnyɛ? 'Aane', megye tom sɛ mennte apɔ papa, nanso ɛfata sɛ daa wɔde bɔ me tiri so saa? Biribiara a mɛyɛ wɔ adwumam ha biara kɔwie me atɛnnie. Ama anigyeɛ a na mewɔ wɔ adwumam ha no mpo reyera. Sɛ ɛnnyɛ Mr. Kodua a anka magyae adwuma yi dadaada, Adɛn! ***(P2)***

This translates:

> My brother, so do you think it is right for them to begrudge me always? Do I look like an insane person or someone who has lost his mind? Yes, I admit I am ill, but should I be reminded about it always? Whatever I do in this workplace ends me an insult. I am even losing interest in working here. Had it not been Mr. Kodua, I would have exited this job a long time ago. Why? ***(P2)***

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Another research participant ***(SEW1)*** informed the researcher:

> I may be very ill and sometimes act in abnormal ways at a certain point in time. I appreciate the fact that I have a good Job Coach who keeps me in check. I am also grateful that anytime there are symptoms of my illness, I get assistance from my supervisor. Getting to know I had schizophrenia and not madness and as such being placed on therapy was a relief.

The above extract corresponds with Blinne and Bartesaghi (2014) assertion that an illness identity acts as both a tool for self-description and a collective experience of illness within one's social environment. It is evident from the quotes above that the research participants placed some importance on their illness. They also responded from the interaction to make it seem they possess the illness.

4.2.3 Stigmatised Identity

It is apparent that every single individual has a lot of diverse identities which manifest within a given social setting as discussed earlier. Although some of these identities are visible, such as gender and race, others are hidden or veiled. Stigmatised identity is one of such veiled identities. Major, Dovidio, Link, and Calabrese (2018) assert that stigma requires naming a socially possessed mark that differentiates persons within a social setting who bears the mark from others. In tandem with the above individuals who bear characteristics defined as a socially conferred or possessed mark are relegated and portrayed as abnormal and as such ascribed with devaluating merits. This was evident in the remarks made by ***SEW1*** in the excerpts below:

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> I may be very ill and sometimes act in abnormal ways at a certain point in time. I appreciate the fact that I have a good Job Coach who keeps me in check.
>
> …after all the support given to me by my Job Coach and my supervisor, some of my colleagues still look down upon me. Anytime I suggest something when we are having a meeting, it is not given any nod especially from some colleagues. I presume their idea that I have been at the Mental hospital before makes them think I am a mad person and I have nothing in my head to offer. I have been trained to tolerate them and that is what I always do but it hurts, my brother. I am almost always the last to 'hear' any information" at this workplace especially when it is yet to be made official.

Quinn and Earnshaw (2013) further confirmed from their studies that "an identity that is stigmatised is socially devalued with negative stereotypes and beliefs attached to the identity" (p. 40). It must be emphasised that a defined stigmatised identity is dependent on the situation, cultural setting, or the social environment in question (Quinn & Earnshaw, 2013).

Drake (2017) asserts that employing persons with schizophrenia symbolises a normal life and provides functional recovery as well as discarding stigmatised identity. ***P1*** affirmed the above when he said:

> … hmmm, you know my family did not want me to work because I was seen as someone who is 'sick' and "good for nothing" I think. I decided to follow a friend to his work one day and fortunately, I was employed since they needed more hands. The truth is when I had my first salary and bought some foodstuff to support him, it was a piece of news to them. Thankfully it has become a normal routine now and I am not seen as a burden".

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It is a fact that stigmatised identity can easily be identified with certain illnesses like HIV/AIDS and mental illness. It is obvious that persons with schizophrenia which is a psychotic disorder also manifest some mental disorders like hallucinations, delusions, and distortions. However, from the discussions above, it is evident that the stigma attached to persons with schizophrenia in employment, and the preconception of their colleague employees, act as a barricade for most to enter open employment. Inasmuch as some employees' attitudes to persons with schizophrenia at the workplace connote stigmatised identity, employers' failure to provide reinforcement in the employment setting or provide strategies for dealing with stress also endangers flourishing employment (Weston, 2002). This encourages most schizophrenic in organisation to conceal their illness in order not to be stigmatised.

4.2.3.1 Concealable Stigmatised Identity

Inasmuch as some persons with schizophrenia who have undergone Employment Support Needs think unveiling their stigma identity will encourage support from colleagues and the society at large, a concealed stigmatised identity is relatively an option for other schizophrenics at the workplace since they assume denigrated if the identity becomes exposed to the society. Stigmatised individuals are mostly faced with some sort of disarray which causes them to behave in a manner as ascertained by Goffman (1963) "to display or not to display; to tell or not to tell; to let on or not to let on; to lie or not to lie; and in each case, to whom, how, when, and where" (p. 37). Notwithstanding, Santuzzi (2019) elucidates that exposing one's disorder at the workplace, risks negative treatment from colleagues and also affects job duties and performance. This assertion was evident in the excerpts below:

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> massa, I sometimes wish lunch will never be over. Whenever I take my drug for the afternoon, I become dizzy, and work becomes a daydream. I desire food intermittently. My brother, I know I like food, but should I be tagged 'bootawa' as if none of them enjoys eating? I have a name yet they refuse to call me with it than call me 'Obologashi' because I am fat and love eating gari with shito. I always keep my cool because if I react, they will all do it more. But the truth is whenever they do that I become disorganised (***P1***).

It needs to be noted that persons with schizophrenia sometimes experience discrimination when colleagues assume they have stigmatised identity, even if it has not been disclosed directly. However, it is essential to mention that concealing a potential stigmatising identity involves some exhausting management process that can absorb cognitive resources and energy even if it is just limited to the workplace (Smart & Wegner, 1999; 2000 as cited in Santuzzi, Waltz, Finkelstein & Rupp, 2014). It is very apparent that stigmatised identity is related to an inferiority complex which in turn yields self-guilt and shame. It was obvious to note that some persons with schizophrenia who participated in the study admitted to some concealed stigmatised identities because of their experiences in the past most especially in their former workplaces or departments.

> …you see, one funny thing is that I became very slim when my illness started some time ago because of the way I use to behave. I could walk miles as if I am mad on an empty stomach and could not explain why. My family thought I was possessed or I am being haunted by spirits (laughs). During that time, because I had lost weight massively, I would put on loads of cardigans and sweaters and a very large shirt so that it makes me look fat before I will come out or go to work. I did this because my friends always tease me that I have signs of

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> HIV/AIDS. Massa, I use to think of murdering someone or being swallowed by the sea. It was not easy for me at all until I was diagnosed with my illness and join the NGOs who trained us. (***P3***).

Persons with schizophrenia with stigmatised identity turn to confront more challenges, securing social connections or relationships (Santuzzi, 2019) especially at their workplace hence, works towards a concealed stigmatised identity. ***P2*** exhibited a concealed stigmatised identity during an interview. He said:

> ...abusua, sɛ mekɔpɛ me ho asɛm ne wɔn kɔtena pono ho sɛ yɛrebɛdidi abom a, ɛnneɛ na asɛm aba. Oyi refrɛ me odidifoɔ no, na obi nso reto mane me ha: 'yei, ɔrewie akɔda'. Dabiarada ehuro nko ara na wɔde huru me. Sɛ ɛnnyɛ sɛ meyare a mefa nnuro a anka wei nyinaa ɛmma no saa. Aane, megye tom sɛ medidi dodo na meda nso pii, nanso ɛyɛ aduro no nti… (***P2***).

This translates:

> …my brother, if I join them at the table then there will be a trouble indeed. Whereas I am called a glut by some, others say it is obvious I will be seen dozing after here. I am always stigmatised by them on daily basis. If I was not ill and taking drugs I will not suffer stigmatisation. I agree I am a glut and I sleep a lot, but it is the cause of the drug… (***P2***).

The above excerpts confirm the scholarly works of Santuzzi (2019) and Quinn and Earnshaw (2013) which concludes that an identity that is stigmatised turns to be devalued and that persons with schizophrenia find it difficult to build a social relationship at the workplace when they are marked with stigma identity. Hence, they find it prudent to conceal their identity to gain social recognition and acceptance from colleagues at the workplace.

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One important thing that was apparent during the interviews and observations was that persons with schizophrenia who have undergone Employment Support Needs did not exhibit signs of concealed stigmatised identity at the workplace. This was because they were aware of their situation. They were also employed in their recent job through the recommendation of their Job Coaches. The Job Coaches also made sure their Managers and Supervisors know their situation and for that matter gave them the needful assistance when necessary. The Managers as well make sure they are introduced to employees as persons enrolled on Employment Support Needs and for that matter be given all the necessary assistance and support.

4.2.4 Professional Identity

Professional identity is the ownership of a core set of values, beliefs, and assumptions about the distinctive features of one's selected occupation that secernate it from other occupations (Abu-Alruz & Khasawneh, 2013; Weinrach, Thomas, & Chan, 2001). It needs to be maintained from the above that the interpretation of individual perceptions determines one's professional identity. Tao and Gao (2018) are of the view that professional identity is "an ongoing process" of translating experiences that links "person and context," consists of "sub-identities" and needs the exercise of "agency". Inasmuch as professional identities are an ongoing process as extrapolated from the works of Tao and Gao (2018), it also deals with one's professional self-concept and thus has some correlation with one's employment or occupation. Neary (2014) attests to the fact that professional identity as a concept describes how we comprehend ourselves within our career circumstances and how we communicate this to the social

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environment. It needs to be emphasised that professionals, by distinction, are often identified by what they do (Smith & Hatmaker, 2014) in a given social environment.

It was evident that some individuals who participated in the research presented themselves in a manner that represented or portrayed the attachment to their career. Their demeanour during the interviews manifested their bond to their respective career and how they cherish their identity with their profession. This affirms that an individual's professional identity indicates to others that they own distinctive, skilled, or scarce abilities (Smith & Hatmaker, 2014). In an observation made, ***P1*** was talking to a driver who has entered the yard and had parked wrongly. The excerpt below confirms the professional identity exhibited by ***P1*** in his interaction from the data collected through observations:

> …massa, I told you to park on the other side and you seem to ignore me. I am a construction engineer here and our tipper trucks will come and offload some gravels. I trust if your car gets spoilt you will not report back and ask me 'who am I' as you just did."

In the bid to ascertain certain facts from a Job Coach of one of the participants of the study who was a schizophrenic and had undergone supported employment needs, the Job Coach did not hesitate to bring the researcher to speed with the information. However, the participants who were present interrupted the interaction by exhibiting their professional identity. The excerpts below affirm the response of ***SEW1*** portraying his professional identity;

> Sometimes there is some sort of difficulties because as an entrepreneur, yes, you can also call me a manager in this instant (laughs), it is obvious that because I am sick, my clients find it difficult in the first instance to interact well with me.

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> But since I have been trained by an Occupational Therapist and with some counselling background, I can pave my way in winning their trust with time.

In another instant, the ***SEW2*** did not hesitate to chip in a text during an interview to confirm his professional identity. The interview was aimed to find out how he copes in open employment after he has undergone supported employment. Below is an excerpt:

> … it has not been easy. Even as a Professional Accountant who has read voraciously, I never knew of this sickness. It was uneasy for my physician to persuade me to accept that my issue is not spiritual. I am now an ambassador who advocates against sending the psychotic disordered person to the spiritual churches and the shrines. But boss they don't adhere to anything we say even when we have given them adequate counsel to persuade them to change their mindset. They prefer going to the 'mallams' and churches than sending the disordered persons to the hospital ***(SEW2).***

Inasmuch as some participants exhibited some salient professional identity, further interactions indicated that other professional identities only manifested when the environment dictates. Nevertheless, it can be deduced from the various excerpts above that the interaction indicates a professional identity by the various interviewees as confirmed in the works of Abu-Alruz and Khasawneh (2013); Neary (2014); Smith and Hatmaker (2014), and Weinrach, Thomas and Chan (2001).

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4.3 RQ2. What motivates the identities constructed by persons with schizophrenia at the workplace?

The description an individual gives to himself or herself and how we represent ourselves to others or the mindset others hold about us defines a person's identity as maintained in the works of Li and Deng (2018). Littlejohn et al., (2017) assert that constructed identity is neither an individual nor a discreet process but is always performed in relation to the social setting of others who share similar cultures. Hence, one's identity is performed through the available motivations that render him or her capable to construct a self suitable for the given environment. Chatman, Eccles, and Malanchuk (2006) however, contends that individuals (being it either persons with schizophrenia or not) always encounter new event and experiences which are most necessary for it to be incorporated with available traces of oneself. It is therefore important to note that the self-reflection of persons with schizophrenia is managed or negotiated for them to adapt to an available social situation or environment. It must be emphasised that in the cause of negotiating or constructing one's identity due to the available motivations, there is the tendency of encountering inter-conflicts at the workplace of the persons with schizophrenia or intra-conflicts of the self. Inasmuch as the individual needs to construct an identity that will aid him or her to be acceptable in a given social setting, there is also the need to reevaluate the consciousness of one's identity and subsequently employ varied negotiation techniques to adapt to current experiences and events (Chatman, Eccles & Malanchuk, 2006).

It is against this background that the research questions tried to identify the motivations behind the constructed identities of persons with schizophrenia within a given organisation. The identity negotiation theory (INT) was very essential in answering most of the themes that came out from the data gathered. The research data

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gathered identified the following as the central motivations for the constructed identities of persons with schizophrenia in a given organisation; *enrichment, engulfment, rejection, and personal convictions.*

4.3.1 Enrichment

Several scholarly works have posited that the degree to which chronic illness like schizophrenia enriches one's sense of self, and enables one to grow as a person is termed enrichment. Enrichment promotes changes to one's identity such that the persons with schizophrenia at the workplace can interpret the behaviour of colleagues positively in order to withstand what may negatively impact their emotions. Hence, enrichment is dependent on the individual since is psychological and not physical.

> …it is not easy as you see it, but if I say I won't mind you, nothing you will do will bother me. As I told you earlier, so far as I am a human being, I get hurt but I will never allow them to defeat my emotions. At first, I was a young man who will react to certain things on impulse but not again. The truth is not again, my brother.
>
> Life has taught me a lot. It has built me. We are going through a lot but if you don't get a mature person who understands you or somebody who knows our sickness like the nurses and doctors it becomes uneasy to share our pain. I have chosen to live the past behind and forged ahead if not I may always have enemies. I choose to laugh even when I am in pain. At least as I said it doesn't allow them to continue with some of the teasing and insinuations which they are fond of. I can say I am emotionally matured now; don't you think? That

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makes me ignore some of their behaviours and keep on moving with them as friends at the same place of work.

As a Christian, the bible tells me I should not allow the sun to set on my anger. Likewise, I should learn to forgive severally. It is not easy but it is helping. As you can see now, I am driving as well. People who board our cars are sometimes annoying, but why should I mind them when they will rather affect me emotionally. I will let them go without a word. Sometimes they think I am a fool but no, I know what I am doing. …I can tell you with emphasis that as for now nothing worries me anymore. I have gone through a lot to allow certain things to border me. My mind is close to so many things just to focus on life. Back at my workplace before the COVID-19, I do experience some harsh attitudes from colleagues too as I told you some time ago. But even with that I hardly react. My mind is close and nothing borders me ***(P1)***.

4.3.2 Engulfment

Luyckx et al., (2018); Oris et al., (2016) assert that engulfment captures the magnitude to which a chronic condition takes control of a person's identity. This means that the situation or condition predominates or swallows up the personal identity of the person with schizophrenia at the workplace such that his way of life is defined by his condition. Oris et al., (2016) further maintain that individuals (being it persons with schizophrenia or any other) entirely define themselves in terms of their illness, which obtrudes upon all spheres of their life. Whilst 'engulfment' refers to a person's self-concept and behaviour becoming increasingly organised around the psychiatric patient role, 'illness identity' allows for the multiple ways in which persons might make sense

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of having a mental illness (Ottewell, 2018). It is sometimes unfortunate that some individuals assume that an illness defines the completeness of their existence which in turn restricts all aspects of their lives. This was evident in the interaction that went on between the researcher and ***P4*** with some excerpts below:

> It has not been easy, my brother. Ever since I was diagnosed with my illness I have not been able to do most of the things I use to do. Just look at this, anytime I had an examination the illness triggers. I could not complete my undergraduate programme at the University of Ghana. I had to stop at Level 300 (Second Semester). The truth is, I sometimes think this illness is planned to destroy my life. Although I am sometimes quiet about not having a university certificate, I always try to speak good English and express myself well so that colleagues would not recognise my weakness (laughs) that I did not complete school.

Similarly, ***P2*** also showcased an engulfment as the motivation behind the identities he constructs during an interview. Below are excerpts from the recorded interaction:

> Mekae sɛ nɛɛseni a ɔhwɛ wɔn a wanya adwenemhaw no ne m'adwumam panin bɛkasae. Saa mmere no na ɔbɔɔ adwumam panin no amaneɛ sɛ mewɔ adwene mu yareɛ a wɔfrɛ no 'Schizophrenia' no. Mehunu sɛ ɛfiri bere a saa nkɔmmɔ no kɔɔ so wɔ Nɛɛseni no ne m'adwumam panin no ntam no ayɛ sɛ manya ahobammɔ soronko bi wɔ adwumam hɔ. Dabiara a m'adwumam panin no bɛba adwuma no, ɔbɔ mmɔden biara sɛ ɔbɛhwehwɛ me na wakyia me anaa ne titire no wabisa me sɛdeɛ m'apom teɛ. Bere biara a ɔbɛhunu sɛ mereda nneyɛe bi a 'ɛnkɔ yie' adi no, ɔma me kwan ma mekɔ fie na wasan afrɛ me Nɛɛseni no. Mani

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> gye wɔ m'adwumam hɔ yi esiane sɛ me mfɛfoɔ adwumayɛfoɔ no nyinaa ani wɔ meho na ɛboa me yie ***(P2)***.

This translates:

> I remember the Mental Health Nurse had an interaction with my boss. It was at that period that my boss got to know I had some psychotic disorder called schizophrenia. I think ever since that interaction went on between my boss and my Mental Health Nurse, I have gained some special protection at my workplace. Anytime my boss comes to work, he tries as much as he can to look for me to great me or most importantly inquire of my wellbeing. Anytime he realises that I am putting up an awkward behaviour, he allows me to go home and proceed to call my Mental Health Nurse. I am very excited at my workplace because all my colleagues have their eyes on me because of my sickness ***(P2)***

Notwithstanding, it has been established through the works of McCay et al., (2007) that most people especially the youth who encounter schizophrenia for the first time had to stand firm against the impingement of an extremely-stigmatising illness on their overall sense of self and well-being. This goes to the extent of restricting them from most aspects of their lives since they turn to isolate themselves from daily routine. This is because there is the tendency of a perceived loss of selfhood which had been established because of the phobia of close interpersonal ties. This remarkable development is said to be engulfment. Estroff, (1989); McCay & Ryan (2002) as cited in McCay et al., (2007) maintains that "individuals who are engulfed by their illness readily apply the associated negative labels and stereotypes to themselves, subsequently feeling that they are 'just schizophrenic" (p. 212). Vining and Robinson (2016) contend that engulfment can also be seen as a destructive or overwhelming routine that is

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occasionally protective and advantageous. These feelings are mostly personal insecurity and as such overwhelming threats to personal identity. Below is an excerpt of interaction that went on between me and ***P4***:

> "Papa Doctor, I know nothing can be done about my sickness except the regular intake of my drug. But I am always grateful to my brother-in-law. He has always shielded me against most of the workers who may have tried to stigmatise me. Do you know something? He knows I am having this mental problem what you call schizophrenia and because of that anytime he realises that my behaviour is getting wayward, he allows me to go home from work and later calls my Doctor (Psychotherapist) to visit me immediately. I know he does this just to protect me from been called names. All the same, it also makes me cautious about my behaviour when I am with my friends. I always try to be calm even though that is not rightly my nature".

Considering the above excerpts, it can be deduced that people engulfed by schizophrenia must cope with issues of self-stigmatisation, low self-esteem, hopelessness, depression, lack of self-efficacy, and decreased social adjustment over time (McCay & Seeman, 1998). It was also evident that the bases of their constructed identities were because of some engulfment which was consciously or unconsciously motivated as emphasised in the scholarly works of Luyckx et al., (2018); Oris et al., (2016); and Ottewell (2018).

4.3.3 Rejection

Oris et al., (2016) assert that rejection is said to be the degree by which an illness is declined as part of one's identity. This is because it acts as a threat or as unacceptable

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to the self. This however interprets that the persons with schizophrenia do not integrate the illness into the sense of self. Denial as a defense mechanism influences the thought of the persons with schizophrenia thereby unconsciously or consciously discarding the illness identity. This sometimes leads to the individual or persons with schizophrenia neglecting the self-management behaviours which are essential to their illness, and consequently leading to suboptimal treatment compliance (Oris et al., 2016).

> I don't believe I am sick. I should be well by now after taking this olanzapine drug for over two decades. I have realised that it is rather making me sterile because I have not been able to give birth and it even led to my divorce some years back. I am even growing fat because medicine will make you eat. I feel dizzy and sleepy always after taking it. Is that not a sickness in itself? That is why I don't always take drugs. I am sure there should be a way out of this sickness without drugs and I am researching about it ***(SEW2)***.

Some participants agreed to the fact that rejection is behaviour is because they are mostly disregarded when it comes to them partaking in some jobs within the job setting. Hence, it was preferred to some extent to act and behave as though they are well. Thereby rejecting their medicines and other essential activities that protect them from the illness trigger. ***P1*** alluded to the above assertion when he said:

> I know am very ill. I don't need to be told after all these years… Because I have gone through a lot about this sickness. At first, my family thought I was getting mad or even mad. Always, I am being reminded to take my medicine every morning. At work, I am being denied certain offices because I am sure to think they always see me incapable of some of the jobs. But my brother, I know what I am supposed to do and would have done it better than most. Indeed, I may be

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> sick in the head but that does not make me blind too. So, I hope you can understand why I sometimes feel reluctant not to observe some rules and also deny myself the intake of my drugs so that I can prove to them that I can do better than them without the drugs. After all, I am not a construction engineer because of my drugs.

In another instance, ***P4*** drew the researcher's attention to the fact that rejection is one of the motivations behind his constructed identities. The excerpt below confirms ***P4***'s assertion:

> I am a taxi driver now because of CoVID-19. I tried getting a Sprinter Bus to drive because we were told to hold on with our work. But it was unfortunate that the person I knew who has the car knows of my condition and because of that he denied me. We became friends when we met at the hospital. One of his daughters has some of my condition and because of her behaviour he thinks I may not be able to drive that big car. The world is unfair to some of us. I have been a professional driver for the past twenty-two years. Even this taxi is mine. Just that I rarely drive because of work. CoVID-19 is why I am driving. You see that's just the same problem I face at work. I am a driver and I can drive the bulldozer yet I am always denied. These are some of the reasons why I want to leave the work as I mentioned earlier.

It was evident from the interaction with the research participants that rejection was a motivation behind some of the constructed identities of persons with schizophrenia at the workplace as maintained by Oris et al., (2016). The excerpts above indicated denial as a form of defense mechanism adopted by the research participants to define rejection as a form of motivations for their constructed identity.

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4.3.4 Personal Convictions

As emphasised by Hecht and Choi (2001) in their identity theories, personal identity is in correspondence to one's self-concept, self-image, self-cognition, and feeling about a person's sense of being or self-esteem. It is essential to note that identity is something you give yourself however personality is the way you exhibit your identity. Hence, one's motivation to construct an identity is also dependent on self-motivation or the internal desire of the person. Inasmuch as persons with schizophrenia at workplaces encounter some emotional work hazards, their ability to overcome are mostly dependent on their innate being. This was evident in interaction with ***SEW3*** through a conducted interview for the research.

> I have gone through a lot in life. I am not sure that the behaviour of my friends will make me stop this work or put me down completely. Never! My brother, I have been ridiculed in school severally. I have attempted suicide. Yes, severally I have had this suicidal thought. It was one of such occasions that I was recommended to see one Counselling Psychologist at Legon. I have gone through all this and it was because of some pain I went through in the past. If I am still alive today, then I can assure you that their teases and insults do not belittle me a bit. My past has made me strong.

In other excerpts to examine the motivations behind the identities constructed by the persons with schizophrenia at the workplace, ***P2*** said:

> Ɔpanin, wonim sɛ bere a yareɛ yi hyɛɛ aseɛ no, na mennim deɛ ɛrekɔso. Me maame de me kyinii pa ara ansa na ɔde me rekɔ ayaresabea (hospital). Saa mmere no na me papa de me akɔma me maame wɔ Frao Mantam no mu. (Volta Region) Medaa ayaresabea hɔ kyɛe a na mennim baabi a meda mpo. Me maame

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> bɛsraa me wɔ ayaresabea hɔ mpɛn pii nanso mahunu emu biara kɔpem sɛ meho tɔɔ me. Dakoro bi, me papa kaa me mpire basabasa bi paa esiane sɛ na osusu sɛ dabiara ɔhaw nko ara na mekɔtwetwe brɛ no, ɛtɔ da mpo na sɛ wɔsoma me sɛ menkɔto biribi mmra a, mɛba no na menkura adekodeɛ no efiri sɛ makɔyera sika a wɔde asoma me no. Me deɛ, mesusu sɛ mafa ateetee pii a anka ɛnsɛ sɛ ɛba no saa; wɔne me anni no yie, esiane sɛ na meyɛ ɔyarefoɔ. Nokware ne sɛ nea mafam no wiase yi mu mma mabamu mmu wɔha ***(P2)***.

This translates:

> Boss, you know when this sickness started, I did not know what was happening. My mother sent me to a lot of places and later to the hospital. My father had sent me to her in the Volta Region by then. I was at the hospital for a long time but never recognised that I was there. My mother visited me severally at the hospital but I could not identify my mum's presence until I recovered. My father once caned me mercilessly because he always sees me causing problems, and at times I would be sent to buy something and return home with nothing because the money I was having had gotten missing. I went through a lot and I always think it wasn't fair for me to suffer because I am sick. The truth is my experiences in life make me strong to bear with whatever goes on here" ***(P2)***.

It was evident from the data gathered that persons with schizophrenia are motivated to construct some identities in the workplace due to their personal convictions. These convictions are mostly internalised due to their experiences in life and their personality. Hence, there is evidence of both genetic and environmental effects on the personality of the persons with schizophrenia which motivates them to construct some identified identities at the workplace.

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4.4 RQ3. How do persons with schizophrenia who have undergone supported employment cope at the workplace?

McCay et al., (2007) elucidate that schizophrenia may be made susceptible to illness engulfment whereby the illness is seen as the definition of one's self-concept. Studies have proven that psychosocial interventions like counselling, behaviour management, employment, and caretaking promote hopefulness, and minimise the impact of stigma on persons with schizophrenia (Hasenbring 2001, McCay et. al., 2007). The effectiveness of the psychosocial intervention enables the schizophrenic to embrace a healthy sense of self and also become optimistic about an expectant future (McCay et. al., 2007). In promoting and ensuring the stability of the schizophrenic to have issues with their well-being in check, employment is very essential (CSIP, 2006). Some scholars have as well maintained that the work or employment of persons with schizophrenia is correlated to positive outcomes in social functioning (Bouwmans et. al., 2015; Evensen et al., 2016; Marwaha & Johnson, 2004). It is therefore very necessary that decision-makers and service providers are encouraged to develop interventions that will assist persons with schizophrenia to gain employment and in effect identify the factors that affect the probability of successful employment (Evensen et al., 2016).

It is with this background that in the scholarly works of Taskila and his colleagues they maintained that supported employment is one of the effective methods by which persons with schizophrenia who want to work are assisted to achieve sustainable competitive employment (2004). This is when experts (Job Coaches or Supported Employment Workers) try to determine a role based on an individuals existing skill or expertise and then find a suitable organisation or an employer who is willing to work with them. ***SEW4***

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> The truth is, I lost the desire to work because I felt that going back to my previous work will be disastrous to my personality. They will call me names that will make me feel bad. But after I was recommended to see my Director, he gave me a job. I was already a construction engineer so they counselled me on how to behave and also how to tolerate my colleagues and officers here. I was sent to work on one or two buildings and when they realise I can still work with no problems, they then brought me to this place to work with Mr. Oppong.

As maintained in the scholarly works of Öz, Barlas and Yildiz, (2019), the compliance of an employer to employ persons with schizophrenia into organisation is dependent on the willingness of health professionals to at least visit them once a week to assess them. This means that if health professionals who have duly ascertained that the person with schizophrenia can work and are willing to monitor them strictly, then it is possible for them to gain employment easily. ***SEW2***

> Oh, ever since I started this work my nurse visits me almost every week. What I have realised is that most of us who have gone through the workshops (supported employment) and several programmes have our supervisor (Job Coach) always pressuring the nurses to come and visit us. However, it is not as frequent as it used to be. This is because I am very responsible in the intake of my medications, especially now. But anytime I have complications as I said earlier, I am made to go home and then my colleagues or my boss calls in the nurse to visit me at home. So, we are always in touch even though I am working now.

Inasmuch as some persons with schizophrenia have undergone training by an Employment Support Worker or a Job Coach and have had the opportunity of getting

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access into open employment, they are still faced with some difficulty in the organisation they find themselves. Scholarly work conducted by Soeker and his colleagues in 2018 maintained that a conducive working environment motivates the employee (persons with schizophrenia) to stay in work because they may feel accepted and needed, nevertheless, some are faced with some sort of labelling or stigmatisation which undermine their desire to remain in open employment (Marwaha & Johnson, 2004; Rosenheck et al., 2006). This, however, makes it essential for Supported Employment Models to consider some coping strategies or skills that a person with schizophrenia undergoing support needs are educated on to be able to withstand some of these demotivating attitudes of some colleagues when it avails themselves (Soeker et al., 2018). It is against this backdrop that the study conducted also aimed at finding out how persons with schizophrenia cope with employment support needs at the workplace. The data collected, however, identified the following revealing coping strategies that are adopted by persons with schizophrenia in organisations. These are outlined in three themes to include; *distraction, self-controlling and defensiveness.*

4.4.1 Distraction

It is evident that persons with schizophrenia often suffer symptoms like delusions, hallucinations and catatonia (Zaprutko et al., 2015; Zhai, Guo, Zhao & Su, 2013). The symptoms that come along with the schizophrenia illness deters the person with schizophrenia in supported employment to mostly focus on the job. This is because they are mostly faced with some sort of cognitive distraction which comes in the form of hallucinations.

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Crawford-Walker, King and Chan (2005) elucidate that distraction techniques are a form of coping strategies which are used in cognitive behavioural therapy. Crawford-Walker and his colleagues further maintained that cognitive behavioural therapy value as a connective treatment for people with schizophrenia or schizophrenia-like illnesses. It must be emphasised that inasmuch as distraction is a coping strategy that is used to defer the cognitive inappropriateness like hallucinations in the mindset of the person with schizophrenia, it is also used as a means to cope in open employment. This is done by misdirecting the attention of the persons with schizophrenia at the workplace from what seems provocative by their colleagues within the workplace.

The extracts below allude to the above assertion:

> I would be telling you a lie if I should say I am always happy with some of the behaivours they put up. But the truth is I faked laughter to make it seem it is ok. You see if I stop this work, how will I survive with my family? Because of that I mostly try to act in a way that will not make them see my weakness so that they wouldn't have a course to continue to harm me emotionally. That place you see there is the corner I hide myself to weep sometimes. My Doctor (Job Coach) has been good and he always encourages me to be able to withstand their behaviour. He has a way of bringing all of us together (employees with schizophrenia) and then take us through some counsel which is aimed at equipping us to enable us to withstand some of the problems we face in our various workplaces ***(SEW2).***

Distraction is therefore seen as a coping strategy for the persons with schizophrenia to concentrate on other things which is aimed at taking their mind-off when there are provocative innuendos from colleagues which may be aimed to

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demoralise them to do the unpardonable at the workplace. They are therefore cousnselled to stay away from when colleagues begin to tease each other or begin an unneeded argument which may lead to misunderstanding.

The extract below confirmed the above when ***SEW4*** was asked about *"how do you manage to deal with your colleagues who try to make fun of you as you mentioned earlier?"*:

> I have made my mind not to focus on them because the more I pay attention to them the more they cause me pain. One thing I have not forgotten and will never forget was when a new colleague who did not know about my illness embarrassed me during lunch on his second day at work. I knew him at home and we have our problems before he came to join us. We had had some misunderstandings in the past which did not end well. Although I had forgotten about what happened, he insulted me with some insinuations that I will never forget. Hmm, what I mostly do when I go through that pain is to isolate myself for some time to recuperate. The truth is, that is exactly what I have been advised to do by my therapist. It is sometimes very hurting because it feels you are defeated but I believe that is the best way to ignore people who desire in causing you pain ***(SEW4).***

In another extract, ***P4*** attested to the above through an interview:

> You see, my brother, I mostly don't want to mingle myself with many people especially when there is an argument. You know with us as men our argument is mostly based on football. But sometimes it gets fearsome especially when it is about Chelsea and Manchester United. I use that period to work or rest when there is no work for me to do. That is when you will mostly see me in the truck

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there. Over there, there is peace and a serene atmosphere where I can think and plan my life ***(P4)***.

It is obvious that the data gathered sought to answer the research question three (3) which was aimed at finding out how persons with schizophrenia cope with Supported Employment Needs at the workplace. It was realised from participant's responses through interviews and their actions during observations that they adopt the distraction coping technique as a tool to guide them to be able to withstand some inappropriateness that comes about through Employment Support Needs. Hence, distraction as a coping skill or strategy adopted through Employment Support Needs at the workplace confirms Crawford-Walker, King, and Chan (2005) assertion that the use of distraction as a coping skill act as a connective treatment for people with schizophrenia or schizophrenia-like illnesses.

4.4.2 Self-Controlling

Another important detail gathered as a result of the data collected through the several interviews conducted on participants of the study about how they cope with Employment Support Needs at the workplace was self-control. Gillebaart (2018) as cited in the works of Ainslie (1975); Kirby and Herrnstein (1995); Mischel et al., (1989) posit that "self-control has also been defined as the ability to delay immediate gratification of a smaller reward for a larger reward later in time" (p. 2). This is when the person with schizophrenia in employment denies themselves from an immediate reaction which may lead to conflict at the workplace and adapt a self-controlling coping strategy that will aid in calming issues in the bid of promoting a serene working environment. In tandem with the above data gathered for the study, some participants

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adapt the self-controlling coping strategy as motivation in Employment Support Needs to emotionally and cognitively avert stress.

In an interaction with ***SEW3,*** he made mention of a self-controlling coping strategy that he has adapted due to his experience from a former job which led to his dismissal. The excerpt below confirms the self-controlling strategy he adopts in other to stay at peace with colleagues at his workplace:

> Sometimes, you can vividly sense that some colleagues just want to be on your nerves for nothing. I went through a similar situation in my former workplace and I have promised myself to control myself even when it hurts. The truth is, it sometimes tears you apart, it spoils your day. You feel like killing somebody, but to what end. I, therefore, don't want to be where they have gathered. Although I mostly desire to mingle with them. I always tell myself, never to give up because peace is important ***(SEW3)***.

P1 also confirmed a self-controlling strategy in an interview which was aimed at ascertaining how he can tolerate colleagues at the workplace:

> I don't remember the last time I joined the bus for the past six months. Yes, our company bus. Mr. Karikari, our Welfare Chairman has been supportive and my inspiration. He understands me a lot and… He says his senior brother had this condition before he died. He always takes me to my junction when we close. You see, the behaviour of some of my colleagues is such that sometimes I need to coil myself in my small corner not because I cannot react but for the sake of brotherliness and for the fact that I do not want to cause harm or be terminated from this job. The name-calling and teasing are mostly irritating and they will

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not stop so I have learned to control myself and also stay away from them when I realise they are about to start their behaviours.

Self-control has been used similarly to conscientiousness which is a personality trait with responsibility, industriousness, and orderliness as some of its attributes (Duckworth, 2011). Duckworth (2011) further elucidates that the conceptualisation of self-control is dependent on the idea of effortful conditioning of the self by the self. In tandem with the above, it is very significant to note that individuals who have succeeded in championing the self-control coping strategy have done so because they have positively made their minds to achieve that. Data collected confirmed that most participants (persons with schizophrenia) who have been able to exercise self-control have achieved that through the counselling of their Job Coach and most especially their past experiences which ruined or nearly ruined their external relatationships.

In interaction with ***P2***, it was evident that he can control himself is dependent on his experience which has negatively and unconsciously affected his personality. The excerpt below alludes to the above:

> Sɛdeɛ madi kan aka no, meyɛ abɔfra no na me Papa twa me mmaa basabasa bi a. Mekɔyeraa ne sika bi a na ɔne ne nnamfo derekɔtɔ sigrɛt ne nsafufuo anom. Saa borɔ no ho kam da so ara wɔ me ho. Sɛɛ na ɛyɛ adwenemhaw na mewɔ nanso na yɛn mu biara adwene mmaa so. Me mpɔtamfoɔ ne m'atipɛnfoɔ nyinaa totoo me edin ahodoɔ a na ɛte akoma. Ɛwom sɛ na meyɛ abɔfra a madi mfeɛ bɛyɛ nkron ɛrekɔ ne dumienu so, nanso dakoro mede ɛho ahometeɛ pomaa ɛboɔ bi ma ɛkɔbɔɔ akwadaa bi a na ɔgyina ne baabi ani. Na ɔne ne nanabaa te wɔn baabi mpo a ɔno deɛ ɔnka nkurɔfoɔ a wɔretweetwee me no ho. Afei, mmogya na ɛreto seesee yi. Me Papa ne ne yere a na ɔware no saa berɛ no kaa me mpire

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> kaa sɛ meyɛ bayibonsam mpo guu so. Mewerɛ ntumi mfirii saa asɛm yi a esii bɛyɛ sɛ mfeɛ aduasa mmiɛnsa akyi nie no de bɛsi nnɛ. Ɛyɛ saa mmerɛ no na mesuaee sɛ obi yɛ me biribi a mempere me ho nni makoma akyi sɛ merekɔyɛ biribi atua oniikorɔ no ka, mmom mɛbɔ mmɔden ahyɛ me ho so tebea biara mu ***(P2)***.

This translates:

> As I mentioned earlier, my father caned me mercilessly as a kid. I lost money which was meant to buy cigaret and palm wine for him and his friends. I still have the mark. Not knowing I was having this mental problem that I did not know and they did not know too. My neighbours and peers use to call me names that irritate me a lot. Even as a kid of nine to twelve years. Out of anger, I threw a stone that hit the eye of an innocent boy. He was not laughing at me, but sitting with the grandma. Blood was oozing. I was whipped and called a wizard even my father and stepmother. I have never forgotten about this incident which occurred about thirty-three years ago. It was at that time I promised that I will not react immediately to my emotions but to control myself at any time ***(P2)***.

From the gathered data, it is obvious that interaction during interviews with the researcher is confirmed. Duckworth (2011) and Gillebaart (2018) assertions that self-controlling is a coping strategy that aids persons with schizophrenia to maintain employment without having personal grudges with colleagues. It further manifested that although some persons with schizophrenia through Employment Support Needs had been trained to exercise self-control, other persons with the condition exhibit self-controlling coping strategies due to their experiences from the past.

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4.4.3 Defensiveness

Persons with schizophrenia in Employment Support Needs mostly find themselves trying to protect their self-respect or their individual identity when it is under excessive criticism by their colleagues. This kind of protection is also visible when the schizophrenic feel their sense of identity or worth is threatened by their colleagues at the workplace. Inasmuch as they desire to always tolerate their colleagues when they are going beyond their boundary through some inappropriateness, they also sought some coping strategies to manage some of these unacceptable behaviours they face at their workplaces. One of such coping strategies they employ when they gain access to open employment through Employment Support Needs is defensiveness.

Defensiveness is said to be a coping strategy aimed at characterising a general orientation away from threatening self-relevant information and a reduction of negative effects such as distress, anxiety, or anger (Korbel & Matwin, 2013)**.** Defensiveness, therefore, comes to play when we (persons with schizophrenia) try to abnegate disapproval in areas in which we feel sensitive (Boada, 2020).

P5 provided evidence through the interviews to confirm the above assertion through the excerpts below:

> …I will never lie, boss. It hurts, but as said man mostly becomes especially when he knows your soft spot. It allows him to hit had. That's why you always see me laughing with them. I just fake it. If you have not asked me, I would not have cried because it has gone on severally and I have absorbed so much that I mostly try to forget that it hurts ***(P5)***.

Naturally, a person who is irritated through unwanted innuendoes and the likes will instinctively desire to react and if not controlled may lead to overwhelming

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emotions like anger and anxiety. Therefore, defensiveness as a coping strategy is adapted by the persons with schizophrenia in Employment Supported Needs to be able to withstand colleagues who choose to inappropriately threaten their self-respect through unwanted excessive criticisms. In employing defensiveness as a coping strategy, the persons with schizophrenia also exercise multiple defence mechanisms like denial, projection, rationalisation, and displacement consciously or unconsciously to avoid or minimise overwhelming emotions. ***P1*** further said,

> Even as a young boy, my mum taught me to extend my anger to things, not human beings so that I don't regret it later. She was a help in my upbringing. I wonder if she knew about my sickness which I doubt but she was indeed helpful and understanding. I remember something awkward happened some time ago in my formal workplace and I was accused of perpetuating that incident. I tried to explain myself but nobody will listen to me, even those I called my friends. On my way home, I began exerting my anger on the bushes wept and as usual, I became okay. I was later exonerated after years of leaving that establishment ***(P1)***.

P4 also confirmed defensiveness as a coping strategy during the interview:

> The truth is, everybody on planet earth gets angry in one way or the other. But I hardly allow my anger to take over my happiness. What I mostly do is that when I mistakenly find myself at an unwanted place as you know (where colleagues are gathered) and they begin to say things to make me angry, I make sure I create laughter out of it so that they will not have the opportunity to hurt me. I will rather accept defeat being alone than being with my colleagues. Remember that some of has gone through some sort of rehabilitation (supported

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employment) to help us cope with the sickness. More so, we have our supervisor (Job Coach) always checking on us and also gathering information about us from our manager ***(P4)***.

Just as Korbel and Matwin (2013) emphasised, defensiveness as a coping strategy is aimed at characterising a general orientation away from threatening self-relevant information and a reduction of negative effects such as distress, anxiety, or anger. It is evident the assertion by Korbel and Matwin concludes the fact that defensiveness as a coping strategy was evident through the interviews between the participants of the study.

4.5 Summary

This chapter discusses the findings and analysis of constructed identity and employment support needs of the persons with schizophrenia in some selected organisations in Ghana. The study sought to identify the kind of identities persons with schizophrenia construct at the workplace and as well examine the motivations behind such constructed identities. More so it focused on examining how the schizophrenic cope with employment support needs at the workplace. The communication theory of identity (CTI), identity negotiation theory (INT) and the supported employment model (SEM) were used in analysing and answering the research questions. The first research question which sought to identify the kind of identities persons with schizophrenia in organisation construct at the workplace came out with four themes which were evident through the analysis and theories used. The data gathered, however, indicated that the schizophrenic constructed and presented themselves in multiple selves or multiple identities which as well were the themes of identities constructed. These include

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individual, illness, concealable stigmatised, and professional identities. The analysed findings were supported by Swann and Bosson's assertion that the survival of the identities of individuals are not dependent on an idiosyncratic perspective that one holds but on the view of other people at the workplace or a given society. It also affirmed Burke and Stets point of view that many identities are taking on within a given situation, and at at any point in time we activate and construct identities suitable for a given environment or event

The second question of the study was focused on revealing the motivations behind the constructed identities of the persons with schizophrenia at the workplace. Four themes were deduced from the findings in answering the question. These were *ignorance, engulfment, rejection, and personal convictions.* It came to light from the findings and analysis made that persons with schizophrenia at the workplace are motivated to construct some identities when they are swallowed up with situations around them or when they turn to ignore or reject consciously or unconsciously some inappropriate innuendos that come from colleagues at the workplace. Inasmuch as the kind of identities and motivations behind such identities were analysed from the collected data, strategies or skills adopted by the person with schizophrenia who has to undergo supported employment to cope at the workplace were also examined to answer research question three (3). Three themes were revealed in the study. These were *distraction, self-controlling and defensiveness.* It came to light from the analysis made from the third question that participants consciously or unconsciously adopt certain defence mechanisms like denial, projection, and sublimation to enable them to cope with supported employment at the workplace. It also revealed that past experiences of participants also have a factor in their coping skills or strategies at the workplace. This was in confirmation of Hasenbring (2001) and McCay, et. al., (2007) studies which

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assert that psychosocial interventions like counselling, behaviour management, employment and caretaking promote hopefulness, and minimise the impact of stigma on persons with schizophrenia.

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CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter summarises the prominent matters arising out of the study, draws the appropriate conclusions and makes recommendations on the effects of the constructed identities of persons with schizophrenia in open employment. The chapter further recommends how persons with schizophrenia in organisations who have to undergo Employment Support Needs adapt certain basic strategies or skills to cope in open employment. This chapter also highlights the study's limitations and outline suggested areas for further research.

5.1 Summary

The study sought to identify the kind of identities persons with schizophrenia in employment construct at the workplace and the motivations behind the constructed identities. It further looked at the skills or strategies the persons with schizophrenia who have to undergo Employment Support Needs adapt to cope with some inappropriateness at the workplace. The significance of the study and delimitation were as well outlined in the study.

The study also reviewed extensive literature which aided as the basis upon which the findings of this study were laid and critically analysed. The literature broadly reviewed some concepts like Schizophrenia and other Psychotic Disorders, Schizophrenia: the Ghanaian Perspective, Schizophrenia and Employment, Schizophrenia and Employment Support Needs, Schizophrenia and Employment

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Barriers and Identities at Work. The study employed and reviewed two theories and a model in assessing the research questions. The theories that were used were the Communication Theory of Identity (CTI) (Hecht, 1993; Hecht, Warren, Jung & Krieger, 2005; Seroka, 2019; Shin & Hecht, 2017) and Identity Negotiation Theory (INT) Chatman, Eccles and Malanchuk, 2006; Sawnn and Bosson, 2010; Swan and Bosson 2008; Ting Toomey, 2015) were reviewed in context with the study. The Supported Employment Model (EUSE, 2010; Rusch and Hughes, 1989) was also employed to aid in making sense of the study and in analysing research question 3.

Qualitative research approach (Creswell and Creswell, 2018; Yin, 2016) and the Case Study design (Creswell and Poth, 2018; Yin, 2018) were employed as part of the Methodology for the study. The purposive sampling technique (Merriam and Tisdell, 2016; Patton, 2015) was used since it is suitable when the researcher wants to discover, understand, and gain insight of the phenomena understudy. The research was focused in making meaning in context, hence observations and Interviews (Leavy, 2014; Merriam, 2009) were the methods use in gathering data. Gathered Data were thematically analysed (Braun, Clarke, Hayfield and Terry, 2019) to probe how events, realities, meanings, experiences, ideas affect the phenomena under study.

It must be emphasised that because this study is focused on persons with schizophrenia, high ethical standards (APA, 2017; Yin, 2018) were considered and permission was sought from appropriate gatekeepers.

5.2 Main Findings

The study was centred on three objectives. The first objective sought to identify the kind of identities persons with schizophrenia construct at the workplace. Collected data for research question one (RQ1) was themed into five identities. These were

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individual, illness, stigmatised, and professional identities. The findings ultimately affirmed the scholarly works of Elraz (2018) which maintained that a person's identity construction emerges out of varied subjective positions which act as a part of a totality of identity. This however justified Burke and Stets (2009) assertion that identities are taking on within a given situation, and at any point in time we activate and construct identities suitable for a given environment or event. Hence, the data collected aided in discovering that the multifaceted identities of the persons with schizophrenia at a workplace are evident through their social interactions. It was also revealed that participants enact at least one of the identities, however, most of them enact multiple identities.

Research question two (RQ2) also attempted to examine the motivations of the identity constructed by the persons with schizophrenia at the workplace. . The research data gathered identified the following as the central motivations for the constructed identities of persons with schizophrenia in a given organisation; *ignorance, engulfment, rejection and personal.* The study revealed that one's identity is performed through the available motivations that render him or her capable to construct a self suitable for the given environment. This was evident in the scholarly work of Littlejohn et. al., (2017) which posited that constructed identity is neither an individual nor discreet process but is always performed in relation to the social setting of others who share a similar culture.

Research question three (RQ3) examined how persons with schizophrenia support employment cope at the workplace. The data collected, however, identified the following revealing coping strategies that are adopted by persons with schizophrenia at the workplace. These are outlined in three themes to include; *distraction, self-controlling and defensiveness.* The findings finally confirmed the scholarly work conducted by Soeker and his colleagues in 2018 which maintained that a conducive

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working environment motivates the employee (persons with schizophrenia) to stay in work because they may feel accepted and needed, nevertheless, some are faced with some sort of labelling or stigmatisation which undermine their desire to remain in open employment (Marwaha & Johnson, 2004; Rosenheck, et al., 2006). From the findings, it was essential for Supported Employment Models to consider some coping strategies or skills that a person with schizophrenia undergoing support needs are educated on to be able to withstand some of these demotivating attitudes of some colleagues when it avails themselves (Soeker, et al., 2018).

5.3 Conclusions

After the thorough analysis made through the data collected in answering the research questions, the study concluded that it is very essential to employ the person with schizophrenia since it also aids in their recovery process. It was also evident that some of the identities constructed by the schizophrenic give them some social recognition which improves their superiority complex. Inasmuch as some identities constructed improves their superiority complex and social acceptance, others demoralise them and for that matter discourages them from staying in open employment.

Significantly, the study also concluded on the relevance of coping strategies or skills which when adopted, helps the persons with schizophrenia who have undergone Employment Support Needs to stay in open employment. The study as well ascertained that the regular interaction between the Job Coach (Employment Support Worker), the Mental Health Officer and employers of the persons with schizophrenia goes a long way in making the schizophrenia comfortable at the workplace. In the nutshell, the

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study deduced that persons with schizophrenia who have undergone supported employment are more inclined at the workplace (since they have been given some sort of training) than those who have not gone through supported employment.

5.4 Limitations of the Study

In pursuance to complete the study within its projected timelines, some limitations were met by the researcher. The study investigated the constructed identities and employment support needs of persons with schizophrenia in some selected organisations in Ghana. Regarding the phenomena, it was essential to ethically seek permission from caregivers of the participants. This is particularly needful, given that persons with schizophrenia are not easily seen in the environment but must be diagnosed medically by a health professional. However, getting permission from the Hospital Administrators was very difficult. Even though an introductory letter was sent from my Head of Department, they wanted to be sure of my professionalism as to how I will handle the participants and their medical history. I had to go there severally and to support my student identity with my professional identity as a Certificated Counsellor before I was given any relevant information to aid in my study.

The study needed to be done with some observations alongside interviews, however, the untimely emergence of the global Novel Corona Virus Disease (COVID-19) became a barricade in the data collection process especially from March in the year 2020. My data collection was done in the Greater Accra Region and the Awutu Senya East Municipality. Per the government directives, both the region and municipality were lockdown to prevent the spread of the virus. Hence, observations of the

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participants came to an end and interviews were done through the mobile phone and not face-to-face interaction as purposed.

It was also difficult getting literature on employment support needs in the Ghanaian context and even within the African context although enough laws and bills have been passed concerning persons with disability (PWDs) of which the schizophrenic is part. Most literature reviewed on employment support needs was situated within the Western context. This was because minimal studies have been done on employment support needs of the schizophrenic in Ghana and Africa as a whole.

Inasmuch as the researcher faced some limitations in the data gathering process and minimal literature with employment support within the Ghanaian context, the study was successful. This was because enough data were gathered through the recorded mobile phone interactions which aided in the vivid analysis of the study.

5.5 Suggestions for Further Research

This study opens numerous opportunities for future or further research. Future studies should consider using phenomenology as a research design to find out about the lived experiences of persons with schizophrenia in organisation. Similar work can also be done considering other psychotic disorders. Identity construction of persons with schizophrenia and their immediate family can also be considered.

Future researchers can also look at employment barriers of persons with schizophrenia within a Ghanaian context. Employment support needs and their relevance to the person with schizophrenia in trade is also an essential research study that can be considered in further research.

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5.6 Recommendations

After in-depth findings and analysis of the study based on the questions and objective of the research, the following recommendations are made:

1. The government should invest in Employment Support Needs in the country. From the data gathering process, it came to light that because of the financial burden attached to training and placing persons with disabilities (PWDs) into open employment the government Social Welfare Department engages in minimal support needs recruitment as compared to the number of PWDs in the country. Most of the work done in supported employment was played by Non-Profit Organisations.
2. Although the Livelihood Empowerment Against Poverty (LEAP) is designed to support the less privileged in the Ghanaian society by the Ministry of Gender, Children and Social Protection, its concentration on PWDs are almost limited to the physically challenged (blind, lame, and cripple). However, from the data gathered persons with schizophrenia who are classified under the PWDs Act (2006), do not benefit from the LEAP as done by their colleagues, the physically challenged. From subsequent interaction, it was noted that because schizophrenia is a psychotic disorder that is not visible as the physically challenged, it is most difficult for them to be appreciated under the LEAP. I, therefore, recommend that persons with schizophrenia would be considered under the LEAP so that it can aid in supporting them to start some small enterprise so that they will not become a burden on their caregivers.
3. Finally, it will be very prudent that government collaborates with Mental Health Practitioners and Non- Profit Organisations to ensure that all diagnosed persons with schizophrenia who have undergone medical treatment would be

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encouraged to join supported employment before they join or return to open employment. This will enable them to learn certain strategies or skills which will equip them to tolerate their colleagues at their workplace and promote work sustainability. This will in the long run promote recovery and social acceptance of persons with schizophrenia.

University of Education, Winneba http://ir.uew.edu.gh

REFERENCES

Abu-Alruz, J., & Khasawneh, S. (2013). Professional Identity of Faculty Members at Higher Education. *Research in Post-Compulsory Education Institutions: A Criterion for Workplace Success, 18*(4), 432-442. doi:10.1080/13596748.2013.847235

Ainsworth, S., & Hardy, C. (2009). Mind Over Body: Physical and Psychotherapeutic Discourses and the Regulation of the Older Worker. *Human Relations, 62*(8), 1199-1229. doi:10.1177/0018726709334490

Akotia, C. S., Knizek, B. L., Hjelmeland, H., Kinyanda, E., & Osafo, J. (2019). Reasons for Attempting Suicide: An Exploratory Study in Ghana. *Transcultural Psychiatry, 56*(1), 233-249. doi:10.1177/1363461518802966

Almalki, S. (2019). A Qualitative Study of Supported Employment Practices in Project SEARCH. *International Journal of Developmental Disabilities*, 1-12.

Aloneftis, R., & Challenor, J. (2019). 'We're not all Dangerous and Crazy'. Negotiating the Voice Hearing Identity: A Critical Discursive Approach. *Journal of Health psychology*, 1-13.

Anazodo, K. S., Ricciardelli, R., & Chan, C. (2019). Employment after Incarceration: Managing a Socially Stigmatized Identity. *Equality, Diversity and Inclusion: An International Journal, 6*, 1-19. doi:10.1108/EDI-09-2018-0175

Aoun, S. M., Deas, K., Kristjanson, L. J., & Kissane, D. W. (2016). Identifying and Addressing the Support Needs of Family Caregivers of People with Motor Neurone Disease using the Carer Support Needs Assessment Tool. *Palliative and Supportive Care, 15*(1), 32-43. doi:10.1017/S1478951516000341

APA. (2013). *Schizophrenia*. Retrieved from American Psychiatric Association: https://www.psychiatry.org/patients-families/schizophrenia/what-is-schizophrenia

Asante, L. A., & Sasu, A. (2015). The Persons with Disability Act, 2006 (Act 715) of the Republic of Ghana: The Law, Omission and Recommendation. *Journal of Law, Policy and Globalization*, 61-69.

Asare, J. B. (2012). Comment: A Historical Survey of Psychiatric Practice in Ghana (1962). *Ghana Medical Journal, 46*(3), 114-115.

Association, A. P. (2017, January 1). *Ethical Principles of Psychologists and Code of Conduct*. Retrieved from American Psychological Association: https://www.apa.org/ethics/code/ethics-code-2017.pdf

Aziz, K. A., Elamin, M. H., El-Saadouni, N. M., El-Gabry, D. A., Barakat, M., Alhayyas, F., & Moselhy, H. F. (2016). Schizophrenia: Impact of Psychopathology, Faith Healers and Psycho-Education on Adherence to Medications. *International Journalof SocialPsychiatry*, 1-7. doi:10.1177/0020764016676215

University of Education, Winneba http://ir.uew.edu.gh

Barke, A., Nyarko, S., & Klecha, D. (2011). The Stigma of Mental Illness in Southern Ghana: Attitudes of the Urban Population and Patients' Views. *Social psychiatry and Psychiatry Epidemiology, 46*(11), 1191-1202. doi:10.1007/s00127-010-0290-3

Barnes, C., & Sheldon, A. (2010). Disability, Politics and Poverty in a Majority World Context. *Disability & Society, 25*(7), 771-782. doi:10.1080/09687599.2010.520889

Bartley, M. (1994). Unemployment and Ill Health: Understanding the Relationship. *journal of Epidemiology & Community Healty*, 333-337.

Becker, D. R., Drake, R. E., Bond, G. R., Xie, H., Dain, B. J., & Harrison, K. (1998). Job Terminations Among Persons with Several Mental Illness Participating in Supported Employment. *Community Metal Health Journal, 34*(1), 71-82. doi:10.1023/A:1018716313218

Benbasat, I., Goldstein, D. K., & Mead, M. (1987, September). The Case Research Strategy in Studies of Information Systems. *MIS Quarterly*, pp. 369-386.

Bevan, S., Gulliford, J., Steadman, K., Taskila, T., & Thomas, R. (2013). *Working with Schizophrenia: Pathways to Employment, Recovery & Inclusion.* nnmnm: uwywhdnn.

Blinne, K. C., & Bartesaghi, M. (2014). Illness Identity. In T. L. Thompson (Ed.), *Encyclopedia of Health Communication* (Vol. I, pp. 689-690). Los Angeles: Sage Reference.

Boada, A. (2020, June 5). *betterhelp*. Retrieved June 6, 2020, from Understanding Defensiveness as a Coping Skill: https://www.betterhelp.com/advice/behavior/understanding-defensiveness-as-a-coping-skill/

Boardman, J., Grove, B., Perkins , R., & Shepherd, G. (2003). Work and Employment for People with Psychiatric Disabilities. *British Journal of Psychiatry*, 467-468.

Bogdan, R. C., & Biklen, K. S. (2007). *Qualitative Research for Education: An Introduction to Theories and Methods.* Boston: Pearson.

Bouwmans, C., de Sonneville, C., Mulder, C. L., & Roijen, L. H.-v. (2015). Employment and the Associated Impact on Quality of Life in People Diagnosed of Schizophrenia. *Neuropsychiatric Disease and Treatment*, 2125-2142. doi:10.2147/NDT.S83546

Braun , V., & Clarke, V. (2006). Using Thematic Analysis in Psychology. *Qualitative Research in Psychology*, 1-43.

Braun , V., Clarke, V., Hayfield, N., & Terry, G. (2019). *Handbook of Research Methods in Health Sciences.* (P. Liamputtong, Ed.)

Breen, L. J., O'Connor, M., Calder, S., Tai, V., Cartwright, J. C., & Beilby, J. M. (2017). The Health Professionals Perspective of Support Needs of Adult Head and Neck Cancer Survivors and their Families: A Delphi Study. *Support Care Cancer*, 1-8. doi: 10.1007/s00520-017-3647-2

University of Education, Winneba http://ir.uew.edu.gh

Bulck, L. V., Goossens, E., Luyckx, K., Oris, L., Apers, S., & Moons, P. (2018). Illness Identity: A Novel Predictor for Healthcare Use in Adults with Congenital Heart Disease. *Journal of the American Heart Association*, 1-12. doi:10.1161/JAHA.118.008723

Bulck, L. V., Luyckx, K., Goossens, E., Oris, L., & Moons, P. (2018). Illness identity: Capturing the Influence of Illness on the Person's Sense of Self. *European Journal of Cardiovascular Nursing*, 1-3. doi:10.1177/1474515118811960

Burns, Tom; Catty, Jocelyn; White, Sarah; Becker, Thomas; Koletsi, Marsha; Fioritti, Angelo; Rossler, Wulf; Tomov, Toma; van Busschbach, Jooske; Wiersma, Durk; Lauber, Christoph;. (2009). The Impact of Supported Employment and Working on Clinical and Social Functioning: Results of an International Study of Individual Placement and Support. *Schizophrenia Bulletin, 35*(5), 949-958. doi:10.1093/schbul/sbn024

Campbell, K., Bond, G. R., & Drake, R. E. (2011). Who Benefits From Supported Employment: A Meta-analytic Study. *Schizophrenia Bulletin, 37*(2), 370-380. doi:10.1093/schbul/sbp066

Carmona, V. R., Gomez-Benito, J., & Rojo-Rodes, J. E. (2018). Employment Support Needs of People with Schizophrenia: A scoping Study. *Journal of Occupational Rehabilitation*, 1-10.

Chan, S. K., Pang, H. H., Yan , P. K., Hui, C. L., Suen, Y. N., Chang, W. C., . . . Chen, E. Y. (2019). Ten-Year Employment Patterns of Patients with First-Episode Schizophrenia- Spectrum Disorders: Comparison of Early Intervention and Standard Care Services. *The British Journal of Psychiatry*, 1-7. doi:doi: 10.1192/bjp.2019.161

Chan, S., & Yu, I. W. (2004). Quality of Life of Clients with Schizophrenia. *Journal of Advanced Nursing, 45*(1). doi:10.1046/j.1365-2648.2003.02863.x

Chatman, C. M., Eccles, J. S., & Malanchuk, O. (2006). Identity Negotiation in Everyday Settings. In G. Downey, J. S. Eccles, & C. M. Chatman (Eds.), *Navigating the Future: Social Identity, Coping and Life Tasks* (pp. 116-140). New York: Russell Sage Foundation.

Collie, P., Kindon, S., Liu, J., & Podsiadlowski, A. (2010). Mindful Identity Negotiation: The Acculturation of Young Assyrian Women in New Zealand. *International Journal of Intercultural Relations, 34*(3), 208-2020. doi:10.1016/j.ijintrel.2009.08.002

Cooke, A. (2017). *Understanding Psychosis and Schizophrenia*. Canterbury: British Psychological Society.

Corrigan, P. W. (2006). Recovery from Schizophrenia and the Role of Evidence-Based Psychosocial Interventions. *Expert Review of Neurotherapeutics*, 993-1004.

Crawford-Walker, C. J., King, A., & Chan, S. (2005). Distraction Techniques for Schizophrenia. *Cochrane Database of Systematic Reviews*(1), 1-13. doi: 10.1002/14651858.CD004717.pub2.

Creswell, J. W. (2014). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches* (4th ed.). Los Angeles: Sage Publications, Inc.

University of Education, Winneba http://ir.uew.edu.gh

Creswell, J. W., & Creswell, J. D. (2018). *Research Design: Qualitative, Quantitative and Mixed Methods Approaches* (5th ed.). Los Angeles: Sage Publications.

Creswell, J. W., & Poth, C. N. (2018). *Qualitative Inquiry & Research Design: Choosing among Five Appraocahes* (4th ed.). Los Angeles: Sage Publications, Inc.

CSIP. (2006). *Vocational Services for People with Severe Health Problems: Commissioning Guidance.* Department of Work and Pensions; Department of Health. London: COI for the Department of Health. Retrieved 01 04, 2020, from https://www.centreformentalhealth.org.uk/sites/default/files/dh_vocational_web.pdf

Daniel, J. (2012). *Sampling Essentials: Practical Guidelines for Making Choices.* Los Angeles: Sage Publications, Inc.

Darcy, S., Taylor, T., & Green, J. (2016). 'But I can do the Job': Examining Disability Employment Practice through Human Rights complaint cases. *Disability & Society*, 1242-1274.

Daymon, C., & Holloway, I. (2011). *Qualitative Research Methods in Public Relations and Marketing Communications* (2nd ed.). London: Routledge Taylor & Francis Group.

Denzin, N. K., & Lincoln, Y. S. (2018). *The Sage Handbook of Qualitative Research* (5th ed.). (N. K. Denzin, & Y. S. Lincoln, Eds.) Los Angeles: Sage Publications, Inc.

Dovidio, J. F., & Gaertner, S. L. (2010). Intergroup Bias. In S. T. Fiske, D. T. Gilbert, & G. Lindzey, *Handbook of Social Psychology* (5th ed., Vol. I, pp. 1084-1121). New York: John Wiley & Sons, Inc.

Drake, R. E. (2018). Employment and Schizophrenia: Three Innovative Research Approach. *Schzophrenia Bulletin*, 20-21.

Drake, R. E., Becker, D. R., Clark, R. E., & Mueser, K. T. (1999). Research on the individual Placement and Support Model of Supported Employment. *Psychiatric Quarterly*, 289-301.

Dryden-Edwards, R. (2018, 5 21). *Psychotic Disorders*. Retrieved from MedicineNet: https://www.medicinenet.com/psychotic_disorders/article.htm

Duckworth, A. L. (2011). The Significance of Self-Control. *Proceedings of the National Academy of Sciences, 108*(7), 2639-2640. doi:10.1073/pnas.1019725108

Egdell, V., Cook, M., Stavert, J., Ritchie, L., Tolson, D., & Danson, M. (2019). Dementia in the Workplace: Are Employers Supporting Employees with Dementia? *Aging & Mental Health*, 1-8. doi:10.1080/13607863.2019.1667299

Eleweke, C. J. (2013, April). A Review of the Challenges of Achieving the Goals in the African Plan of Action for People with Disabilities in Nigeria. *Disability and Society, 28*(3). doi:10.1080/09687599.2012.710009

University of Education, Winneba http://ir.uew.edu.gh

Ellenkamp, J. J., Brouwers, E. P., Embregts, P. J., Joosen, M. C., & van Weeghel, J. (2016, March). Work Environment-Related Factors in Obtaining and Maintaining Work in a Competitive Employment Setting for Employees with intellectual Disabilities. *Journal of Occupational Rehabilitation, 26*(1), 1-14. doi:10.1007/s10926-015-9586-1

Elraz, H. (2018). Identity, Mental Health and Work: How Employess with Mental Health Conditios recount Stigma and the Pejorative discourse of Mental Illness. *Human Relations*, 722-741.

EUSE. (2005). *European Union of Supported Employment: Information Booklet and Quality Standards.* Retrieved November 18, 2019, from European Union of Supported Employment: http://www.bag-ub.de/dl/ub/qualitaet/Quality_Standards_EUSE_en.pdf

EUSE. (2010). *European Union of Supported Employment Toolkit.* Retrieved January 2, 2020, from European Union of Supported Employment: www.euse.org/content/supported-employment-toolkit/EUSE-Toolkit-2010.pdf

Evensen, S., Ueland, T., Lystad, J. U., Bull, H., Klungsoyr, O., Martinsen, E. W., & Falkum, E. (2016). Employment Outcome and Predictors of Competitive Employment at 2-year Follow-up of a Voational Rehabilitation Progrmmme for Individuals with Schizophrenia in a High-income Society. *Nordic Journal of Psychiatry*, 1-8.

Fiasorgbor, D. A., & Aniah, S. A. (2015). Perceptions and Beliefs about Mental Illness (Schizophrenia) among Adults in Zaare Community. *Developing Country Studies, 5*(9), 150-158.

Fogg, N. P., Harrington, P. E., & Brian, M. T. (2010). The Impact of the Geat Reccession upon the Unemployment of Americans with Disabilities. *Journal of Vocational Rehabilitation, 33*, 193-202. doi:10.3233/JVR-2010-0527

Fogg, N. P., Harrington, P. E., & McMahon, B. T. (2010). The Impact of the Great Recession upon the Unemployment of Americans with Disabilities. *Journal of Vocational Rehabilitation*, 193-202.

Foster, D., & Wass, V. (2012). Disability in the Labour Market: An Exploration of Concepts of the Ideal Worker and Organisational Fit that Disadvantage Employees with Impairments. *Sociology, 47*(4), 705-721. doi:10.1177/0038038512454245

Franke, M. L., von Lersner, U., Essel, O. Q., Adorjan, K., Schomerus, G., Gómez-Carrillo, A., . . . Hahn, E. (2019). The Relationship between Casual Beliefs and Desire for Social Distance towards People with Schizophrenia and Depression: Results from a Survey of Young Ghanaian Adults. *Psychiatry Research*, 220-225. doi:10.1016/j.psychres.2018.11.030

Frenk, J. V. (2011, November 25). Negotiating Identities: Developing Adaptive Strategies in an Ever Changing Social Reality. pp. 1-69.

Frost, B., Carr, V., & Halpin, S. (2002). *Employment and Psychosis: A Bulletin of the Low Prevalence Disorders Study III.* Newcastle: Commonwealth Department of Health and Ageing.

University of Education, Winneba http://ir.uew.edu.gh

Galderisi, S., Giodano, G. M., & DeLisi, L. E. (2019). *Neuroimaging: Diagnostic Boundaries and Biomakers.* (S. Galderisi, L. E. DeLisi, & S. Borgwardt, Eds.) Cham: Springer Nature Switzerland AG.

GBD 2016 Disease and Injury Incidence and Prevalence Collaborators. (2016). Global, Regional, and National Incidence, Prevalence, and Years Lived with Disability for 328 Diseases and Injuries for 195 Countries, 1990-2016: A Systematic Analysis for the Global Burden of Disease Study 2016. *Global Health Metrics*, 1211-1259.

Ghana Statistical Service. (2014). *2010 Population & Housing Census Report: Disability in Ghana.* Accra: Ghana Statistical Service. Retrieved January 02, 2020, from http://www2.statsghana.gov.gh/docfiles/2010phc/Mono/Disability%20in%20Ghana.pdf

Gillebaart, M. (2018, July 18). The 'Operational' Definition of Self-Control. (J. F. Rauthmann, Ed.) *Frontiers in Psychology, 9*, 1-5. doi:10.3389/fpsyg.2018.01231

Gilson, C. B., Carter, E. W., Bumble, J. L., & McMillan, E. D. (2018). Family Perspectives on Integrated Employment for Adults with Intellectual and Developmental Disabilities. *Research and Practice of Persons with Severe Disabilities, 43*(1), 1-18. doi:10.1177/1540796917751134

Goffman, E. (1963). *Stigma: Notes on the Management of Spoiled Identity*. Englewood Cliffs, New Jersey, USA: Prentice-Hall Inc.,.

Gormley, M. E. (2015). Workplace Stigma toward Employees with Intellectual Disability: A Descriptive Study1. *Journal of Vocational Rehabilitation, 43*, 249-258. doi:10.3233/JVR-150773

Green, T. D. (2013). *Project SEARCH: Work-Based Transition Program for Young Adults with Disabilities.* Retrieved from ProQuest: https://search.proquest.com/openview/c8eed357208a4b85d4bfa950edffaf44/1?pq-origsite=gscholar&cbl=18750&diss=y

Halai, A. (2006). Ethics in Qualitative Research: Issues and Challenges. *EdQual RPC*, 1-13.

Hamelink, C. J. (2013). *Handbooks of Communication Science* (Vol. I). (P. J. Schulz, & P. Cobley, Eds.) Berlin, Germany: Walter de Gruyter GmBH.

Hampson, M., Hicks, R., & Watt, B. (2016). Understanding the Employment Barriers and Support Needs of People Living with Psychosis. *The Qualitative Report, 21*(5), 870-876. Retrieved from http://nsuworks.nova.edu/tqr/vol21/iss5/5

Hancock, D. R., & Algozzine, B. (2006). *Doing Case Study Research.* New York: Teachers College Press.

Harnois, G., & Gabriel, P. (2000). *Mental health and work :Impact, Issues and Good Practices. Mental Health Policy and Service.* Geneva: World Health Organisation and International Labour Organisation. Retrieved October 21, 2019, from https://www.who.int/mental_health/media/en/712.pdf

University of Education, Winneba http://ir.uew.edu.gh

Hasenbring, M. I. (2001). Cancer: Psychosocial Aspects. *International Encyclopedia of the Social & Behavioral Sciences*, 1443-1449. doi:10.1016/B0-08-043076-7/03785-2

Haslett, W. R., McHugo, G. J., Bond , G. R., & Drake, R. E. (2014). Use of Software for Tablet Computers to Promote Engagement with Supported Employment: Results from an RCT. *Psychiatry Services*, 954-956.

Hatoss, A. (2012). Where are you from? Identtity Construction and Experiences of 'Othering' in the Narratives of Sudanese Refugee-background Australians. *Discourse & Society*, 47-68.

Hecht, L., & Choi, H. (2012). The Communication Theory of Identity as a Framework for Health Message Design. In H. Cho, *Health Communiction Message Design: Theory and Practice2* (pp. 137-152). Thousand Oak, California: Sage Publications Inc.

Hecht, M. L. (1993). A Research Odyssey: Toward the Development of a Communication Theory of Identity. *Communication Monographs, 60*(1), 76-82. doi:10.1080/03637759309376297

Hecht, M. L., & Lu, Y. (2014). Communication Theory of Identity. In T. L. Johnson (Ed.), *Ecyclopedia of Health Communication* (Vol. I, pp. 225-227). Thousands Oak, California: Sage. doi:10.4135/9781483346427.n85

Hooley, J. M. (2010). Social Factors in Schizophrenia. *Association for Psychological Science*, 238-242. doi:10.1177/0963721410377597

International Labour Office; World Association for Supported Employment. (2014). *Handbook Supported Employment.* Geneva: ILO. doi:https://www.ilo.org/public/libdoc/ilo/2014/486929.pdf

Jung, E., & Hecht, M. L. (2004). Elaborating the Communication Theory of Identity: Identity Gaps and Communication Outcomes. *Communication Quarterly, 52*(3), 265-283. doi:10.1080/01463370409370197

Kamens, S. (2019). De-Othering "Schizophrenia". *Theory & Psychology*, 200-218. doi:10.1177/0959354319828531

Karki, J. (2019). Professional Identity and Social Work. (S. A. Webb, Ed.) *European Journal of Social Work*, 1-2. doi:10.1080/13691457.2019.1576313

Kaye, H. S. (2010). *The Impact of the 2007-09 Recession on Workers with Disabilities.* California: Monthly Labour Review.

Korbel, C., & Matwin, S. (2013). Defensiveness. In M. D. Gellman, & J. R. Turner, *Encyclopedia of Behavioral Medicine* (pp. 544-547). New York: Springer Science+Business Media. doi:10.1007/978-1-4419-1005-9

Kpanake, L. (2018). Cultural Concepts of the Person and Mental Health in Africa. *Trascultural Psychiatry*, 1-21. doi:10.1177/1363461517749435

Kretchy, I. A., Osafo, J., Agyemang, S. A., Appiah, B., & Nonvignon, J. (2018). Psychological Burden and Caregiver-Reported Non-Adherence to Psychotropic Medications among Patients with Schizophrenia. *Psychiatry Research*, 289-294. doi:10.1016/j.psychres.2017.10.034

University of Education, Winneba http://ir.uew.edu.gh

Kroskrity, P. V. (2000). Identity. *Journal of Linguistic Anthropology*, 111-114.

Kurtz, M. M. (2015). *Schizophrenia and its Treatment: Where is the Progress?* Oxford University Press.

Lasalvia, A., & Ruggeri, M. (2018). Renaming Schizophrenia: Benefits, Challenges and Barriers. *Epidemiology and Psychiatric Sciences, 28*, 251-253. doi:10.1017/S2045796018000677

Leavy, P. (2014). *The Oxford Handbook of Qualitative Research.* (P. Leavy, Ed.) New York: Oxford University Press.

Leavy, P. (2017). *Research Design: Quantitative, Qualitative, Mixed Methods, Arts-Based, and Community Based Participatory Research Approaches.* New York: The Guilford Press.

Lexen, A., Hofgren, C., Stenmark, R., & Bejerholm, U. (2016). Cognitive Functioning and Employment among People with Schizophrenia in Vocational Rehabilitation. *Work, 54*(3), 735-744. doi:10.3233/WOR-162318

Li, Y., & Deng, L. (2018). I am what I have written: A Case Study of Identity Construction in and through Personal Statement Writing. *Journal of English for Academic Purposes*, 70-87. doi:10.1016/j.jeap.2018.11.005

Lieber, L. D. (2007). Gender Identity and Expression in the Workplace. *Employment Relations Today, 33*(4), 91-96. doi:10.1002/ert.20134

Lieberman, J. A., & First, M. B. (2018). Psychotic Disorders. *The New England Journal of Medicine*, 270-280.

Lindlof, T. R., & Taylor, B. C. (2011). *Qualitative Communication Research Methods* (3rd ed.). Los Angeles: Sage publications, Inc.

Littlejohn, S. W., & Foss, K. A. (Eds.). (2009). *Encyclopedia of Communication Theory.* California: Sage Publications, Inc.

Littlejohn, S. W., Foss, K. A., & Oetzel, J. G. (2017). *Theories of Human Communication* (11th ed.). Long Grove, Illinois: Waveland Press, Inc.

Løvvik, C., Shaw, W., Øverland, S., & Reme, S. E. (2014). Expectations and Illness Perceptions as Predictors of benefit Recipiency among Workers with Common Mental Disorders: Secondary Anlysis from a randomised Controlled Trial. *BMJ Open, 4*(3), 1-10. doi:10.1136/bmjopen-2013-004321

Luciano, A., Bond , G. E., & Drake , R. E. (2014). Does Employment Alter the Course and Outcome of Schizophrenia and other Severe Mental Illnesses? A Systematic Review of Longitudinal Research. *Schizophrenia Research, 159*(2-3), 312-321. doi:10.1016/j.schres.2014.09.010

Luyckx, K., Oris, L., Raymaekers, K., Rassart, J., Moons, P., Verdyck, L., . . . Mark, R. E. (2018). Illness Identity in Young Adults with Refractory Epilepsy. *Epilepsy and Behaviour, 80*, 48-55.

University of Education, Winneba http://ir.uew.edu.gh

Madans, J. H., Loeb, M. E., & Altman, B. M. (2011, December). Measuring Disability and Monitoring the UN Convention on the Rights of Persons with Disabilities: The Work of the Washington Group on Disabilities. *BMC Public Health, 11*(4). doi:10.1186/1471-2458-11-s4-s4

Major, B., Dovidio, J. F., Link, B. G., & Calabrese, S. K. (2018). Stigma and Its Implications for Health: Introduction and Overview. In B. Major, J. F. Dovidio, & B. G. Link (Eds.), *The Oxford Handbook of Stigma, Discrimination, and Health* (pp. 1-41). Madison Avenye, New York, USA: Oxford University Press.

Margolies, P. J., Humensky, J. L., Chiang, I.-C., Covell, N. H., Broadway-Wilson, K., Gregory, R., . . . Dixon, L. B. (2017). Is There a Role for Fidelity Self-Assessment in the Individual Placement and Support Model of Supported Employment. *Psychiatric Services in Advance*, 1-4. doi:10.1176/appi.ps.201600264

Maru, M., Rogers, E. S., Hutchinson, D., & Shappell, H. (2018). An Integrated Supported Employment and Education Model: Exploratory Study of an Innovative Approach Designed to Better Meet the Needs of Young Adults with Psychiatric Conditions. *Journal of Behavioural Health Services & Research*, 1-9. doi:10.1007/s11414-018-9595-x

Marwaha, S., & Johnson, S. (2004). Schizophrenia and Employment. *Soc Psychiatry Psychiatri Epidemiol*, 337-349.

Marwaha, S., Johnson, S., Bebbington, P., Stafford, M., Angermeyer, M. C., Brugha, T., . . . Toumi, M. (2007). Rates and Correlates of Employment in People with Schizophrenia in the UK, France and Germany. *The British Journal of Psychiatry, 191*(1), 30-37. doi:10.1192/bjp.bp.105.020982

Marwaha, S., Price, C. L., Scott, J., Weich, S., Cairns, A., Dale, J., . . . Broome, M. R. (2018). Affective Instability in those With and Without Mental Disorders: A Case Control Study. *Journal of Affective Disorders, 241*, 492-498. doi:10.1016/j.jad.2018.08.046

Mausner-Dorsch, H., & Eaton, W. W. (2000). Psychosocial Work Environment and Depression: Epidemiologic Assessment of the Demand-Control Model. *American Journal of Public Health, 90*(11), 1765-1170. doi:10.2105/ajph.90.11.1765

McCay, E., Beanlands, H., Zipursky, R., Roy, P., Leszcz, M., Landeen, J., . . . Chan, E. (2007). A Randomised Controlled Trial of a Group Intervention to Reduce Engulfment and Self-Stigmatisation in First Episode Schizophrenia. *Australian e-Journal for the Advancement of Mental Health, 6*(3), 212-220. doi:10.5172/jamh.6.3.212

McDonnel, J., Nops, D., Hardman, M., & Chambless, C. (1989). An Analysis of Procedural Components of Supported Employment Programs Associated with Employment Outcomes. *Journal of Applied Behaviour Analysis, 22*(4), 417-428. doi:10.1901/jaba.1989.22-417

McShane, S. L., & Von Glinow, M. A. (2018). *Organisational Behaviour: Emerging Knowledge. Global Reality.* new York: McGraw-Hill Education.

University of Education, Winneba http://ir.uew.edu.gh

Merriam, S. B. (2009). *Qualitative Research: A Guide to Design and Implementation.* San Francisco: Jossey-Bass.

Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative Research: A Guide to Design and Implementation* (4th ed.). San Francisco: Jossey-Bass.

Ministry of Employment and Labour Relations. (2014). *National Employment Policy.* Accra: Ministry of Employment and Labour Relations. Retrieved January 05, 2020, from http://www.melr.gov.gh/wp-content/uploads/2015/12/National-Employment-Policy-2015.pdf

Mitra, S., Posarac, A., & Vick, B. (2013). Disability and Poverty in Developing Countries: A Multidimensional Study. *World Development, 41*, 1-18. doi:10.1016/j.worlddev.2012.05.024

Moreno-Kustner, B., Martin, C., & Pastor, L. (2018). Prevalence of Psychotic Disorders and its Association with Methodological Issues. A Systematic Review and Meta-Analyses. *PLoS ONE*, 1-25. doi:10.1371/journal.pone.0195687

Mueser, K. T., Drake, R. E., & Bond , G. R. (1997). Recent Advances in Psychiatric Rehabilitation for Patients with Severe mental Illness. *Harvard Review of Psychiatry*, 123-137.

Mueser, K. T., Salyers, M. P., & Mueser, P. R. (2001). A Prospective Analysis of Work in Schizophrenia. *Schizophrenia Bulletin, 27*(2), 281-296. doi:10.1093/oxfordjournals.schbul.a006874

Neary, S. (2014). Professional Identity: What I call Myself Defines Who I am. *Career Matters, 2*(3), 14-15. Retrieved from http://hdl.handle.net/10545/324124

Neuman, W. L. (2014). *Social Research Methods: Qualitative and Qualitative Approaches* (7th ed.). Essex: Pearson Education Limited.

Newman, T. (2017, December 7). *Medical News Today.* Retrieved from MedicalNewsToday Web site: https://www.medicalnewstoday.com/articles/36942.php

Newman, T. (2020, April 23). *Understanding the Symptoms of Schizophrenia.* Retrieved April 27, 2020, from Medical News Today: https://www.medicalnewstoday.com/articles/36942.php

Odue, G., Osafo, J., Goldmann, E., Parikh, N. S., Nonvignon, J., & Kretchy, I. M. (2018). The Experiences of ProvidingCaregiving for Patients with Schizophrenia in the Ghanaian Context. *Archives of Psychiatry Nursing*, 1-8.

Ofir-Eyal, S., Hasson-Ohayon, I., Bar-Kalifa, E., Kravetz, S., & Lysaker, P. H. (2016). Agreement between clients with schizophrenia and mental health workers on clients' social quality of life: The role of social cognition and symptoms. *Psychology and Psychotherapy: Theory, Research and Practice*, 1-13. doi:10.1111/papt.12100

Ofori-Atta, A., Attafuah, J., Jack, H., Baning, F., Rosenheck, R., & Consortium, J. F. (2018). Joining Psychiatric Care and Faith Healing in a Prayer Camp in Ghana: Randomised Trial. *The British Journal of Psychiatry*, 34-41. doi:10.1192/bjp.2017.12

University of Education, Winneba http://ir.uew.edu.gh

O'Leary, Z. (2017). *The Essential Guide to doing your Research Project.* Los Angeles: Sage Publication,. Inc.

O'Malley, L., O'Dwyer, M., McNally, R. C., & Murphy, S. (2014). Identity, Collaboration and Radical Innovation: The Role of Dual Organisation Identification. *Industrial Marketing Management*, 1-8. doi:10.1016/j.indmarman.2014.08.007

Oppong, S., Kretchy, I. A., Imbeah, E. P., & Afrane, B. A. (2016). Managing Mental Illness in Ghana: The State of Commonly Prescribed Psychotropic Medicines. *International Journal of Mental Health Systems, 10*(28), 1-10. doi:10.1186/s13033-016-0061-y

Oris, L., Luyckx, K., Rassart, J., Goubert, L., Goossens, E., Apers, S., . . . Moons, P. (2018). Illness Identity in Adults with a Chronic Illness. *Journal of Clinical Psychology in Medical Settings*, 1-12. doi:10.1007/s10880-018-9552-0

Oris, L., Rassart, J., Prikken, S., Verschueren, M., Goubert, L., Moons, P., . . . Luyckx, K. (2016). Illness Identity in Adolescents and Emerging Adults with Type 1 Diabetes: Introducing the Illness Identity Questionnaire. *Diabetes Care*, 1-7. doi:10.2337/dc15-2559/-/DC1

Ottewell, N. (2018). A Qualitative Study of Illness Identity: Schizophrenia and Depression. *Qualitative Research in Medicine & Healthcare, 2*, 84-93. doi:10.4081/qrmh.2018.7420

Öz, Y. C., Barlas, G. Ü., & Yildiz, M. (2019). Opinions and Expectations Related to Job Placement of Individuals with Schizophrenia: A Qualitative Study Including Both Patients and Employers. *Community Mental Health Journal*, 1-8.

Pang, K., & Hutchinson, C. (2018). An Application of the Communication Theory of Identity: Third Culture Kids. *Pepperdine Journal of Communication Research, 6*(5), 20-27. Retrieved from https://digitalcommons.pepperdine.edu/pjcr/vol6/iss1/5

Patton, M. Q. (2015). *Qualitative Research & Evaluation Methods* (4th ed.). London: Sage Publications, Inc.

Pérez-Corrales, J., Pérez-de-Heredia-Torres, M., Martínez-Piedrola, R., Sánchez-Camarero, C., Parás-Bravo, P., & Palacios-Ceña, D. (2019). 'Being normal' and Self-identity: The Experience of Volunteering in Individuals with Severe Mental Disorders-A Qualitative Study. *BMJ Open*, 1-8.

Pinilla-Roncancio, M., & Alkire, S. (2017). How Poor are People with Disabilities around the Globe? A Multidimensional Perspective. *OPHI Research in Progress Series 48a*, 1-26.

Quinn, D. M., & Earnshaw, V. A. (2013). Concealable Stigmatised Identites and Psychological Well-Being. *Social and Personality Psychology*, 40-51. doi:10.1111/spc3.12005

Reddy, L. F., Llerena, K., & Kern, R. S. (2016). Predicators of Employment in Schizophrenia: The Importance of Intrinsic and Extrinsic Motivation. *Schizophrenia Research*, 1-5.

University of Education, Winneba http://ir.uew.edu.gh

Reeves, S., Kuper, A., & Hodges, B. D. (2008). Qualitative Research: Qualitative Research Methodolgy: Ethnography. *British Medical Journal*, 1-4.

Roberts, M., Asare, J. B., Mogan, c., Adjase, E. T., & Osei, A. (2013). *The Mental Health System in Ghana.* Accra: Ministry of Health, Ghana.

Roberts, M., Asare, J. B., Mogan, C., Adjase, E. T., & Osei, A. (2013). *The Mental Health System of Ghana.* Ministry of Health. Kintampo: The Kintampo Project. Retrieved 10 23, 2019, from https://www.mhinnovation.net/sites/default/files/downloads/innovation/research/The-Mental-Health-System-in-Ghana-Report.pdf

Roberts, M., Mogan, C., & Asare, J. B. (2014). An Overview of Ghana's Mental Health System: Results from an Assessment using the World Health Organization's Assessment Instrument for Mental Health Systems (WHO-AIMS). *International Journal of Mental Health Systems, 8*(1), 1-13. doi:10.1186/1752-4458-8-16

Rogers, E. S., Sciarappa, K., MacDonald-Wilson, K., & Danley, K. (1995). A Benefit-Cost Analysis of a Supported Employment Model for Persons with Psychiatric Disabilities. *Evaluation and Program Planning, 18*(2), 105-115.

Roller, M. R., & Lavrakas, P. J. (2015). *Applied Qualitative Research Design: A Total Quality Framework Approach.* New York: The Guilford Press.

Rosenheck, R., Leslie, D., Keefe, R., McEvoy, J., Swartz, M., Perkins, D., . . . Liberman, J. (2006). Barriers to Employment for People with Schizophrenia. *Am J Psychiatry*, 411-417.

Rowland, T. A., & Marwaha, S. (2018). Epidemiology and Risk Factors for Bipolar Disorder. *Therapeutic Advances in Psychopharmacology, 8*(9), 251-269. doi:10.1177/2045125318769235

Rusch, F. R., & Braddock, D. (2004). Adult Day Programs versus Supported Employment (1988–2002): Spending and Service Practices of Mental Retardation and Developmental Disabilities State Agencies. *Research & Practice for Persons with Severe Disabilities, 29*(4), 237-242. doi:10.2511%2Frpsd.29.4.237

Rusch, F. R., & Hughes, C. (1989). Introduction and Overview of Supported Employment. *Journal of Applied Behavior Analysis, 22*(4), 351-363.

Santuzzi, A. M., & Waltz, P. R. (2016). Disability in the Workplace: A Unique and Variable Identity. *Journal of Management*, 1-25.

Santuzzi, A. M., Keating, R. T., Martinez, J. J., Finkelsten, L. M., Rupp, D. E., & Strah, N. (2019). Identity Management Strategies for Workers with Concealable Disabilities: Antecedents and Consequences. *Joutnal of Social Issues*, 1-34.

Santuzzi, A. M., Waltz, P. R., Finkelstein, L. M., & Rupp, D. E. (2014). Invisible Disabilities: Unique Challenges for Employees and Organizations. *Industrial and Organizational Psychology*, 204-219.

Sarah, K. (2018). De-othering "Schizophrenia". *Theory & Psychology*, 200-218.

University of Education, Winneba http://ir.uew.edu.gh

Schaetti, B. F. (2015). *The SAGE Encyclopedia of Intercultural Competence* (Vol. I and II). (J. M. Bennett, Ed.) Los Angeles: SAGE Publications, Inc.

Schall, C. M., Wehman, P., Brooke, V., Graham, C., McDonough, J., Brooke, A., . . . Allen, J. (2015). Employment Interventions for Individuals with ASD: The Relative Efficacy of Supported Employment with or without Prior Project SEARCH Training. pp. 1-12. doi:10.1007/s10803-015-2426-5

(n.d.). *Schizophrenia and Employment.*

Schneider, J., Boyce, M., Johnson, R., Secker, J., Slade, J., Grove, B., & Floyd, M. (2009). Impact of Supported Employment on Service Costs and Income of People with Mental Health Needs. *Journal of Mental Health, 18*(6), 533-542. doi:10.3109/09638230903111098

Seroka, L. (2019). Strange "Shamy": Analysing Communication Theory and Identity Gaps using The Big Bang Theory. *Communication Teacher*, 1-7. doi:doi.org/10.1080/17404622.2019.1593474

Shamsaei, F., Cheraghi, F., & Bashirian, S. (2015). Burden on Family Caregivers Caring for Patients withSchizophrenia. *Iranian Journal of Psychiatry*, 239-245.

Shin, Y., & Hecht, M. L. (2017). Communication Theory of Identity. In Y. Y. Kim, & Y. Y. Kim (Ed.), *The International Encyclopedia of Intercultural Communication* (3rd ed., pp. 1-9). John Wiley & Sons, Inc. doi:10.1002/9781118783665.ieicc0008

Smith, A. E., & Hatmaker, D. M. (2014). Knowing, Doing, and Becoming: Professional Identity Construction among Public Affairs Doctoral Students. *Journal of Public Affairs Education, 20*(4), 545-564. Retrieved from https://www.jstor.org/stable/24369837

Soeker, M. S., Truter, T., Van Wilgen, N., Khumalo, P., Smith, H., & Bezuidenhout, S. (2018). The Experiences and Perceptions of Individuals Diagnosed with Schizophrenia regarding the Challenges they Experience to Employment and Coping Strategies used in the Open Labour Market in Cape Town, South Africa. 221-231.

Stets, J. E., & Burke, P. J. (2000). Identity Theory and Social Identity Theory. *Social Psychological Quarterly, 63*(3), 224-237.

SUSE. (n.d.). *Scottish Union of Supported Employment.* Retrieved January 28, 2020, from SUSe: https://www.suse.org.uk/what-is-supported-employment/five-stage-supported-employment-model/

Sutton, J., Family, H. E., Scott, J. A., Gage, H., & Taylor, D. A. (2016). The Influence of Organisational Climate on Care of Patients with Schizophrenia: A Qualiutative Analysis of Health Care Professionals' Views. *International Journal of Clinical Pharmacy, 38*(2), 344-352. doi:10.1007/s11096-016-0247-z

Swann, W. B., & Bosson, J. (2010). Self and Identity. In S. T. Fiske, D. T. Gilbert, & G. Lindzey, *Handbook of Social Psychology* (5th ed., Vol. I and II, pp. 589-628). New Jersey: John Wiley & Sons, Inc. doi:DOI: 10.1002/9780470561119.socpsy001016

University of Education, Winneba http://ir.uew.edu.gh

Swann, W. B., & Bosson, J. K. (2008). Identity Negotiation: A Theory of Self and Social Interaction. In O. P. John, R. W. Robins, & L. A. Pervin (Eds.), *Handbook of Personality: Theory and Research* (pp. 448-471). New York: The Guilford Press.

Swann, W. B., Johnson, R. E., & Bosson, J. K. (2009). Identity Negotiation at Work. *Research in Organisational Behaviour, 29*, 81-109. doi:10.1016/j.riob.2009.06.005

Swann, W. B., Kwan, V. S., Polzer, J. T., & Milton, L. P. (2001, August). Capturing the Elusive "Value in Diversity" Effect: Individuation, Self-Verification and Performance in Small Group. *Harvard Business SchoolWorking Paper*, pp. 1-35. Retrieved January 16, 2020, from https://www.hbs.edu/faculty/Pages/item.aspx?num=12503

Tao, J. (., & Gao, X. (. (2018). Identity Constructions of ESP Teachers in a Chinese University. *English for Specific Purposes, 49*, 1-13. doi:10.1016/j.esp.2017.09.003

Taskila, T., Steadman, K., Gulliford, J., Thomas, R., Elston, R., & Bevan, S. (2014). Working with Schizophrenia: Expert's views on Barriers and Pathways to Employment and Job Retention. *Journal of Vocational Rehabilitation, 41*(1), 29-44. doi:10.3233/JVR-140696

Thoits, P. A. (2013). Self, Identity, Stress, and Mental Health. In C. S. Aneshensel, J. C. Phelan, & A. Bierman (Eds.), *Handbook of the Sociology of Mental Health* (2nd ed., pp. 357-377). doi:10.1007/978-94-007-4276-5_18

Thompson, T. L. (Ed.). (2014). *Encyclopedia of Health Communication* (Vol. I). Los Angeles: Sage Publications, Inc.

Timmons, V., & Cairns, E. (2010). *Encyclopedia of Case Study Research* (1st ed., Vol. 1 & 2). (A. J. Mills, G. Eurepos, & E. Wiebe, Eds.) California: Sage Publications. Inc.

Ting-Toomey, S. (2015). *The SAGE Encyclopedia of Intercultural Competence* (Vol. I). (J. M. Bennett, Ed.) Los Angeles: SAGE Publications, Inc.

Traver, M. T., Fernández, M. M., & Fustes, M. L. (2012). Programas de Orientacion y Empleo con Apoyo de Personas con Discapacidad Intelectual. Modelos y Etsrategias de Intervencion; Orientation and Employment Support Programmes for People with Intellectual Disability: Models and Strategies of intervention. *REOP, 23*(3), 9-27.

Travers, M. (2001). *Qualitative Research through Case Studies.* London: Sage Publications, Inc.

Tsang, H. W., Angell, B., Corrigan, P. W., Lee, Y.-T., Shi, K., Lam, C. S., . . . Fung, K. M. (2007). A Cross-Cultural Study of Employers' Concerns about Hiring People with Psychotic Disorder: Implications for Recovery. *Social Psychiatry and Psychiatric Epidemiology, 42*(9), 723-733. doi:10.1007/s00127-007-0208-x

University of Education, Winneba http://ir.uew.edu.gh

Tudzi, E. P., Bugri, J. T., & Danso, A. K. (2017). Human Rights of Students with Disabilities in Ghana: Accessibility of the University Built Environment. *Nordic Journal of Human Rights, 35*(3), 275-294. doi:10.1080/18918131.2017.1348678

Turkson, S. (2000). Schizophrenia - The Spirit Possessed 23 Year Old Male from Rural Kpando Dzoanti, Volta Region in Ghana: Case Report. *East African Medical Journal, 77*(1), 629-630.

United Nations. (2006, December 6). *United Nations General Assembly*. Retrieved from United Nations General Assembly Web site: https://www.un.org/esa/socdev/enable/rights/convtexte.htm

United Nations. (2008). *Convention on the Rights of Persons with Disabilities and Optional Protocol.* Retrieved from https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf

Valenta, M. (2009). Immigrants' Identity Negotiations and Coping with Stigma in Different Relational Frames. *Society for the Study of Symbolic Interactionism, 32*(4), 351-371. doi:10.1525/si.2009.32.4.351.

Van Laer, K., & Janssens, M. (2011). Ethnic Minority Professionals' Experiences with SubtleDiscrimination in the Workplace. *Human Relations, 64*(9), 1203-1227. doi:10.1177/0018726711409263

van Niekerk, L. (2015). Identity Construction and Participation in Work: Learning from the Experiences of Persons wh Psychiatic Disability. *Scandinavian Journal of Occupational Therapy, 23*(2), 1-8. doi:10.3109/11038128.2015.1091895

Vignoles, V. L., Schwartz, S. J., & Luyckx, K. (2011). *Handbook of Identity Theory and Research* (Vol. I). (S. J. Schwartz, K. Luyckx, & V. L. Vignoles, Eds.) New York: Springer. doi:10.1007/978-1-4419-7988-9

Vining, D., & Robinson, J. C. (2016). Concept Analysis of Illness Engulfment in Schizophrenia. *Archives of Psychiatric Nursing, 30*, 370-374. doi:10.1016/j.apnu.2016.01.001

Vlachou, A., Roka, O., & Starvroussi, P. (2019). Experiences of Workers with Disabilities receiving Supported Employment in Greece. *Journal of Intellectual Disabilities*, 1-17.

Wehman, P., Taylor, J., Brooke , V., Avellone, L., Whittenburg, H., Ham, W., . . . Carr, S. (2018, May). Toward Competitive Employment for Persons with Intellectual Disabilities: What Progress Have We Made and Where Do We Need to Go. *Research and Practice for Persons with Severe Disabilities*, 1-14. doi:10.1177/1540796918777730

Weinrach, S. G., Thomas, K. R., & Chan, F. (2001). The Professional Identity of Contributors to the Journal of Counseling and Development: Does it matter? Journal of Counseling and Development. *Journal of Counselling & Development, 79*(2), 166-170. doi: 10.1002/j.1556-6676.2001.tb01956.x

Weston, J. (2002). Supported Employment and People with Complex Needs. *Journal of Social Work, 2*(1), 83-104.

University of Education, Winneba http://ir.uew.edu.gh

WHO. (2007, October). *Ghana: A Very Progressive Mental Health Law*. Retrieved January 02, 2020, from World Health Organisation: https://www.who.int/mental_health/policy/country/GhanaCoutrySummary_Oct2007.pdf

World Health Organisation; The World Bank. (2011). *World Report on Disability*. Geneva: WHO Press. Retrieved January 18, 2020, from www.who.int

Yanos, P. T., Roe, D., & Lysaker, P. H. (2010). The Impact of Illness Identity on Recovery from Severe Mental Illness. *American Journal of Psychiatric Rehabilitation, 13*(2), 73-93. doi:10.1080/15487761003756860

Yin, R. K. (2016). *Qualitative Research from Start to Finish*. New York & London: The Guilford Press.

Yin, R. K. (2018). *Case Study Research and Applications: Design and Methods* (6th ed.). Los Angeles: Sage Publications, Inc.

Yoshii, H., Mitsunaga, N., & Saito, H. (2018). Knowledge and Attitudes about Schizophrenia among Employers in Japan. *Global Journal of Health Science, 10*(2), 1-10. doi:10.5539/gjhs.v10n2p60

Zaprutko, T., Kus, K., Bilobryvka, R., Rakhman, L., Goder, R., Michalak, M., . . . Pogłodzin´ski, A. (2015). Schizophrenia and Employment: Evaluation from Professionals Point of View. *Psychiatr Q*, 1-11.

Zhai, J., Guo, X., Zhao, J., & Su, Z. (2013). An Investigation of Economic Costs of Schizophrenia in Two areas of China. *International Journal of Mental Health Systems*, 1-8.

University of Education, Winneba http://ir.uew.edu.gh

APPENDICES

APPENDIX A

QUESTION GUIDE FOR ONE-ON-ONE INTERVIEWS FOR RESEARCH PARTICIPANTS

The researcher is a graduate student of the Department of Communication and Media Studies, University of Education, Winneba, pursuing a Master of Philosophy (MPhil) degree in Business Communication. In fulfilment of the requirements of the course, the researcher is undertaking a research study on the topic: *Constructed Identity and Employment Support Needs of Persons with Schizophrenia: A Case of Two Selected Organisations in Ghana.* Kindly assist by answering the following questions as candidly as possible. Confidentiality of your response is assured and would be respected as the study is strictly for academic purposes.

SITE

NAME……

DATE OF INTERVIEW

(dd/mm/yyyy)……...

QUESTIONAIRE ID:

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DEMOGRAPHIC DATA

GENDER:

Male [ ] Female [ ]

AGE:

20-35 [ ] 36-50 [ ] 51 and above [ ]

EDUCATIONAL LEVEL:

Basic [ ] Secondary [ ] Tertiary [ ]

No Formal Education [ ]

ETHNICITY:

Akan [ ] Guan [ ] Ewe [ ] Mole-Dagbani [ ]

EMPLOYMENT STATUS:

Self-Employed [ ] Employed [ ] Unemployed [ ]

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APPENDIX B

RESEARCH QUESTION GUIDE

ITEM	DESCRIPTION	RESPONSE	REMARKS
RQ1	**What kinds of identities do persons with schizophrenia construct at the workplace?**		
A	Please, can you introduce yourself to me?		
B	Do you know anything about schizophrenia?	[ ] Y [ ] N	
C	If YES, have you been diagnosed to be Schizophrenic?		
D	Do you undergo any psycho-pharmaco therapy?		
E	Who introduced you to this job?		
F	Is this your first job?	[ ] Y [ ] N	
G	If NO, tell me why you left your former job for this job?		
H	What influenced your interest to be employed in your current workplace?		
I	Have you undergone any Employment Support?	[ ] Y [ ] N	
J	If YES, what is the relationship between you and your Job Coach or Employment Support Worker		
RQ2	**What kinds of identities do persons with schizophrenia construct at the workplace?**		
A	How long have you been suffering from schizophrenia?		
B	Are you on any medication aside psychotherapy?	[ ] Y [ ] N	
C	If YES, what medicine do you take?		
D	Can you share the effect on you when you take the medicine?		
E	How did you come to accept the illness?		
F	How do you relate to your colleagues at the workplace?		
G	Are your colleagues aware of your illness?	[ ] Y [ ] N	
H	If YES, how do they relate with you?		
I	Do you have any intention of quitting the job?	[ ] Y [ ] N	

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J	Tell us the motivation for your desire to either stay or quit the job?

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APPENDIX C

RESEARCH QUESTION GUIDE

ITEM	DESCRIPTION	RESPONSE	REMARKS
RQ3	**What motivates the identities constructed by the persons with schizophrenia at the workplace?**		
A	Do you face any problems at your workplace?	[ ] Y [ ] N	
B	If YES, tell us some of the problems you face?		
C	How do you cope with the problems you face at your workplace?		
D	Is your management or department head aware of your illness?	[ ] Y [ ] N	
E	If YES, what is their reactions when you have crisis?		
F	How often does your Job Coach or Employment Support Worker visits?		
G	How has the visit of the Job Coach been beneficial to your working relationships?		
	OTHER GENERAL ISSUES		
A	Who is an Occupational Therapist and what are your duties?		
B	What is the difference between an Occupational Therapist and a Job Coach?		
C	How is Supported Employment important to the person with schizophrenia?		
D	To what extent have Supported Employment contributed to the general wellbeing of the persons with schizophrenia?		
E	Per your assessment as a Mental Health Officer (MHO), is schizophrenia curable?		
F	What causes schizophrenia? Is it a transmittable disease?		
H	Do you follow-up on the schizophrenics as a Mental Health Officer?	[ ] Y [ ] N	

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I	If YES, how often do you visits your clients (the schizophrenic)?		
J	As an MHO what is your opinion on the schizophrenic and how have they been cooperative?		
K	How long have you trade with this organisation as a customer?		
L	How long have you known Mr X?		
M	What is the relationship between you and Mr. X?		
N	Will you desire to have a continuous working relationship with Mr. X?	[ ] Y [ ] N	
O	If YES, what are your motivations?		

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APPENDIX D

INTRODUCTORY LETTER

FACULTY OF ...
DEPARTMENT OF CO...

[illegible]

The Administrator
Kasoa Polyclinic
Kasoa

Dear Sir Madam,

LETTER OF INTRODUCTION

We respectfully write to introduce to you **Mr. Jonathan Tabiri Essel** [illegible] Department of Communication and Media Studies, University of [illegible]

Mr. Tabiri Essel is an M.Phil Student with registration number [illegible]181810002 [illegible] undertaking his research work on *"[illegible] with Schizophrenia in Two Selected Organizations* [illegible] your institution.

We shall be grateful if you could give him the necessary assistance.

Thank you

Yours faithfully,

Mr. Kwesi Aggrey
Ag. Head of Department

KASOA POLYCLINIC
RECEIVED
DATE 5/05/2020
CENTER

18th May, 2020

cc: Admin

www.uew.edu.gh

University of Education, Winneba http://ir.uew.edu.gh

APPENDIX E

LETTER OF ACCEPTANCE

KASOA POLYCLINIC

In case of reply, the number and date
On this letter should be quoted
TEL: 0546477450

Our Ref No.: KPC/ADMN/18
Your Ref. No.:.....

GHANA HEALTH SERVICE
KASOA POLYCLINIC
P. O. BOX KS 100
KASOA-CENTRAL REGION

3RD JUNE,2020.

UNIVERISTY OF EDUCATION, WINNEBA
HEAD OF DEPARTMENT
FACULTY OF FOREIGN LANGUAGES EDUCATION AND COMMUNICATION

Dear Sir/Madam,

RE: LETTER OF ACCEPTANCE.

Permission was granted to Mr. Jonathan Tabiri Essel, an MPhil student of your department with Registration Number 7181810002 to undertake his research on Identity Construction and Employment Support Needs of Persons with Schizoprenia in Two selected organizations in Ghana using data from Kasoa Polyclinic, Psychiatry Unit.

The necessary cooperation was accorded him.

Thank you.

Dr. David Mekano
Ag. Medical Superintendent

University of Education, Winneba http://ir.uew.edu.gh

APPENDIX F

INTRODUCTORY LETTER

UNIVERSITY OF EDUCATION, WINNEBA
FACULTY OF FOREIGN LANGUAGES EDUCATION AND COMMUNICATION
DEPARTMENT OF COMMUNICATION AND MEDIA STUDIES
P. O. Box 25, Winneba, Ghana
+233 (020) 2041094

DCMS/L.2/VOL.1/198

27th March, 2020

The Coordinator
Centre for Employment of Persons with Disability
Barnes Road
Adabraka, Accra

Dear Sir/Madam,

LETTER OF INTRODUCTION

We respectfully write to introduce to you **Mr. Jonathan Tabiri Essel** a graduate student of the Department of Communication and Media Studies, University of Education, Winneba.

Mr. Tabiri Essel is an M.Phil Student with registration number **7181810002** in the Department and is undertaking his research work on "*Identity Construction and Employment Support Needs of Persons with Schizophrenia in Two Selected Organizations in Ghana*" and will need to collect data from your institution.

We shall be grateful if you could give him the necessary assistance.

Thank you.

Yours faithfully,

Cecilia Agyapong
for: Ag. Head of Department

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