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MUTUAL INTERACTION IN THE AREAS OF WORK AND DISABILITY

Abstract

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

WZAJEMNE ODDZIAŁYWANIE W OBSZARACH PRACY I NIEPEŁNOSPRAWNOŚCI

Streszczenie

Praca (lub brak pracy) wpływa na efektywność i zdrowie ludzi, jak również na funkcjonowanie człowieka w sytuacji zatrudnienia. Praca jest źródłem pieniędzy i satysfakcji, jak również podstawą egzystencji ekonomicznej gospodarstwa domowego. Pozwala na zaspokojenie potrzeb własnych. Praca daje poczucie wolności, niezależności, samodzielności, kreatywności, asertywności, dobrobytu, ale także poczucie przywiązania, przymusu i konieczności. Dla osób niepełnosprawnych praca oznacza jeszcze więcej – zachęca do rehabilitacji i często jest credo życia społecznego, kwantyfikatorem i czynnikiem determinującym jego znaczenie i wartość. Jednak praca zawodowa prowadzi do wyczerpania, „wykorzystania" ciała i wielu urazów. Źle lub niewłaściwie wykonywana może nawet spowodować utratę zdrowia, a następnie prowadzić do niepełnosprawności.

INTRODUCTION

In the case of people with disabilities it is pointed out that nature of work is not only instrumental (constitutes source of income), but also therapeutic and social. Professor Dega – pioneer of rehabilitation of the disabled in Poland – stated that „man should not be deprived of the blessing of work due to an accident or disease. People with disabilities do not wish to be societies' burden, do not want to be outsiders neither in the socio-political nor economic

sphere. This is because none, not even highest damages may compensate man's work uselessness"[1].

Work and health are among the most important social and individual values that play a key part in people's lives. They condition their living and development to a large extent – both directly and indirectly. Between work, lack of work and health, disease and incomplete efficiency occur numerous mutual interactions. They are presented schematically in fig. 1.

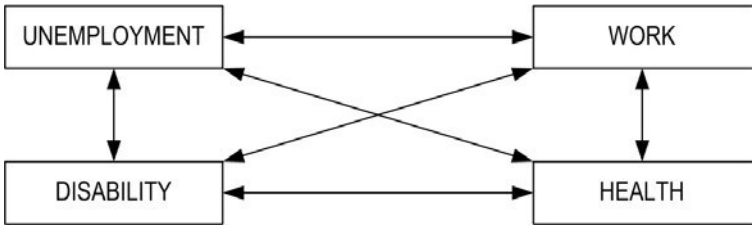

Fig. 1. Mutual interactions between unemployment, work and health and disability.
Source: own work.

HEALTH, DISEASE AND DISABILITY

While speaking of disability it is impossible to pass over people's health. The notion of health is understood and defined in many ways. The most famous definition of health is that of the World Health Organization (WHO). The organization defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. It assumes a positive understanding of health, making health condition independent from the notion of disease. According to the organisation, subjective sense of health condition is as important as its objective, professional affirmation. The definition regards health as social value[2].

Apart from this definition, there are numerous cultural interpretations of the notion of health. Many nations of the Pacific region are convinced that spiritual well-being is the foundation of health. For instance, the Maorian equivalent to health „*hauora*" has a broader meaning than physical well-being and covers spiritual, family and mental aspects as well as important cultural elements such as: earth, environment, language and extended family.[3].

However, according to the „Encyclopaedic Dictionary of Rehabilitation", health is „a state of an organism characterised by full physical, mental and social efficiency, lack of morphologi-

[1] *Rozmowa „Weterana" z profesorem dr med. W. Degą*, „Weteran Walki i Pracy", 1964, no 14, p. 4-5.
[2] M.A. Paszkowicz, *Wybrane aspekty funkcjonowania osób z niepełnosprawnościami*, Fundacja Wydawnicza JM, Uniwersytet Zielonogórski, Zielona Góra 2009, p. 27.
[3] *The Social, Cultural and Economic Determinants of Heath In New Zealand: Action to Improve Health*, The National Advisory Committee on Health and Disability, Wellington, New Zealand 1998, p. 20.

cal changes and/or kinaesthetic conditions that allows man to react and adjust properly to one's own social environment[4]„.

Social factors in a micro scale affect health: working and living conditions, and broadly understood macro scale factors: socio-economic, cultural and environmental. This category includes, among others, health and safe environment, proper income, playing significant roles in one's society, good accommodation conditions, existence of proper communal services, proper food, educational and social support in local communities[5].

The opposite of health is disease – often defined as a dynamic state of an organism in which there occur improper organ or system reactions to external and/or internal stimuli. It is such a state of an organism when a person feels bad, and this bad mood may not be linked to a short term, temporary psychological or existential causation, but to ailments caused by structural changes or altered organism activity. Here, ailments mean experiences that are a sign of wrong structural changes of an organism or organ function regulation. Specifying precisely the state of disease is as difficult as specifying the state of full health, for it falls within subjective evaluation.

By contrast, efficiency is an attribute of an action that characterises its course. It is a continuum (fig. 2) between two poles – from full efficiency (full ability) to efficiency within norms, to low efficiency, and finally, to lack of it. If efficiency is below a norm, then it is described as incomplete efficiency (disability); complete lack of efficiency is described as unability[6]. According to S. Kowalik[7], full efficiency „may designate two states: full human efficiency considered on three levels of its functioning – biological, psychological and social; fulfilment of all the functions, tasks and objectives in particular stages of human existence". The author defines disability as the opposite notion to „full efficiency". Thus, disability may be seen as „breach of efficiency on one of the levels, or as partial loss of the ability to function within one of the levels". Therefore, the notion of disability covers „a primal biological defect of an organism (dysfunctionality) and its psychological and social consequences", and „dysfunctionality" is understood as lost efficiency of an organism, its organs or systems.

Fig. 2. Efficiency-disability continuum
Source: M.A. Paszkowicz, *Wybrane aspekty funkcjonowania osób z niepełnosprawnościami,* Fundacja Wydawnicza JM, Uniwersytet Zielonogórski, Zielona Góra 2009, p. 29.

[4] *Encyklopedyczny słownik rehabilitacji*, red. T. Gałkowski, J, Kiwerski, PZWL, Warszawa 1986, p. 410.
[5] *The Social, Cultural and Economic…,* dz. cyt., p. 21-22.
[6] J. Sowa, *Pedagogika specjalna w zarysie*, Wyd. Oświatowe FOSZE, Rzeszów 1997, p. 135.
[7] S. Kowalik, *Psychospołeczne podstawy rehabilitacji osób niepełnosprawnych*, Wyd. Śląsk, Katowice 1999, p. 25.

The approach to disability is based on the presumption that humans function on three levels: biological, individual and social:

– a human is a biological being – it comprises of a human organism with a particular structure and performs particular functions,

– a human being is a particular person, an individual operating performing particular actions and tasks in life,

– a human being is a member of a particular social group which he or she belongs to, and takes part in its life[8].

The average, able-bodied human being functions on a level which is determined by health and behavioural standards. However, the level of people's functioning may be lowered in relation to these standards due to a congenital defect, disease, injury or ageing. Thus, the foundation of disability is a deviation from the norm on three levels: biological, individual, and social. The deviations may take the form:

– on the biological level: extinction, limitation or disorder of the functions of an organism, depending on the degree and range of insult to its organs or systems,

– on the individual level (personal): limitations of activity and action,

– on the social level: limitations to taking part in social life (social functioning).

This approach includes different aspects of man's functioning in appropriate proportion, highlighting both the significance of insult to an organism and environmental factors and individual characteristics in the process of the emergence of problems of the disabled. The nature of disability is the limitation of individual and social functioning. Reduction of these limitations may occur[9]:

– on the level of insult to the body – through therapeutic treatments and surgeries, and prophylactic treatments that prevent deepening of disability,

– on the level of limiting activity and individual action – through comprehensive rehabilitation,

– on the level of limiting partaking – through actions in the direction of changing social and physical environment.

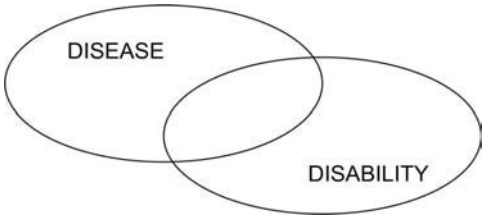

Fig. 3. Interaction between disease and disability
Source: own work.

[8] T. Majewski, *Rehabilitacja zawodowa i zatrudnienie osób niepełnosprawnych dla pracowników terenowych*, KIG-R, Warszawa 1999, p. 10-12.

[9] Ibid., p. 12-13.

There are mutual interactions between disease and disability. However, it is important to emphasise the fact that the notions are not the same (fig. 3). One may be healthy and disabled at the same time. There are people at full health who were born blind or deaf, or as a result of an accident they lost their arm or leg (e.g. Jasiek Mela, who lost his left shank and right forearm after electric shock[10]). There are also people suffering from different diseases who are no disabled (e.g. flu, light allergy). Finally, there are people whose disease became the cause of their disability (e.g. Bürger's disease – there is a recurrent acute and chronic inflammation and thrombosis of arteries and veins mainly of the feet; in extreme cases it leads to tissue necrosis and the need to amputation of limbs[11]).

WORK, UNEMPLOYMENT AND ECONOMIC INACTIVITY

Work (especially professional) is intentional and organised activity. In the process of work occurs transformation of reality, and material and non-material goods are created. Work includes physical and mental actions[12] in different proportion: in the case of basic work, physical activity is dominant, and in the case of complex one – mental activity. Having a job includes many positive aspects, in contrast to the situation when there is no work – unemployment – which is a negative phenomenon.

Working is an important factor that conditions achieving a certain level of development and self-realisation. In a society based on a market economy, work gives clear material effects that are used to meet the needs. It is also a determinant of social standing and a source of many contacts[13]. However, in the case of the disabled, apart from all the functions of professional work there are additional, specific functions that stem from the fact of being disabled. Active work is conducive to rehabilitation and is often the credo of social life, the quantifier and the determinant of their importance and value[14].

In opposition to professional work, there is the state of inactivity which is characterised by restraining from employment (even when there are numerous job offers).

Between these states there is the unemployment sphere. Unemployment consists in the fact that a group of people eager to work and capable of working cannot find employment

[10] *Jasiek sam o sobie*…, http://pozahoryzonty.org/jasiek/historia/ (as of: 2014-02-20).

[11] *Choroba Buergera – objawy i leczenie*, http://www.doz.pl/zdrowie/h1555-Choroba_Buergera (as of: 2014-02-20).

[12] M. Król, A. Przybyłka, *Rynek pracy osób niepełnosprawnych*, [w:] *Niepełnosprawni w środowisku społecznym*, red. L. Frąckiewicz, Akademia Ekonomiczna, Katowice 1999, p. 144.

[13] S. Golinowska, *Praca i polityka społeczna. Wzajemne wzmacnianie się i konflikt*, [w:] *Człowiek w pracy i polityce społecznej*, red. J. Szambelańczyk, M. Żukowski, Wydawnictwo Uniwersytetu Ekonomicznego w Poznaniu, Poznań 2010, p. 25.

[14] M. Garbat, *Aktywizacja zawodowa osób z niepełnosprawnością – bariery i koszty*, Uniwersytet Zielonogórski, Zielona Góra 2013, p. 67.

(fig. 4). Unemployment – with regard to the results it evokes – poses one of the most difficult socio-economic problems.

Fig. 4. Professional work, unemployment and economic inactivity
Source: own work.

Indexes that characterize the labour market status are: professional activity rate (PAR), employment rate (ER) and unemployment rate (UR). The activity rate defines the number of people professionally active in total number of people aged 15 and over or given group[15]. The number of working people in total population aged 15 and over is defined by employment rate [16]. The number of the unemployed is illustrated by unemployment rate, i.e. percentage of the number of the unemployed in the number of people professionally active[17]. Furthermore, the amount of economic inactivity may be established by subtracting the number of professionally active people (employed and unemployed) from the total of people in working age[18].

PROFESSIONAL WORK AND ITS IMPACT ON HEALTH AND DISABILITY

Disability evokes some consequences in people's lives, including work. It manifests itself, above all, by limitations in the choice of job, difficulties finding a job and maintaining it. It is worth mentioning that professional work is not only the source of income, but also affirmation of one's worth and usefulness, which is necessary for everyone, especially for the disabled. If one cannot work because of health issues, it is called being unable to work. Inability to work means full or partial loss of the ability to work for financial reasons because of the breach of the body's efficiency – without the possibility to recover the ability to work after retraining.

A person who is completely unable to work is one who lost the ability to do any work whatsoever. A partially unable worker is one who lost the ability to work to a large extent,

[15] *Pojęcie stosowane w badaniach statystycznych statystyki publicznej: Współczynnik aktywności zawodowej ludności*, http://www.stat.gov.pl/gus/definicje_PLK_HTML.htm?id=POJ-1057.htm (as of: 2013-03-03).
[16] *Pojęcie stosowane w badaniach statystycznych statystyki publicznej: Wskaźnik zatrudnienia*, www.stat.gov.pl/gus/definicje_PLK_HTML.htm?id=POJ-3078.htm (as of: 2013-03-03).
[17] *Pojęcie stosowane w badaniach statystycznych statystyki publicznej: Stopa bezrobocia (wskaźnik bezrobocia)*, http://www.stat.gov.pl/gus/definicje_PLK_HTML.htm?id=POJ-866.htm (as of: 2013-03-03).
[18] J. Unolt, *Ekonomiczne problemy rynku pracy*, Interart, Warszawa 1996, p. 61.

according to the level of the person's qualifications. When determining whether a person is unable to work, a possibility to do any kind of work is taken into account. In the case of partial inability to work, the ability to do the same work is examined in the first place. Next, if it turns out that the person is unable to do the same work, it is examined whether it is possible for the person to do another work, according to the persons qualifications (education, work experience, predispositions)[19].

Having a job, above all, secures worker's upkeep and is the foundation of economic existence of a household. Thanks to the earned money, a worker may satisfy the needs of the family members; depending on the height of income and range of needs, they are basic or sophisticated needs.

Having a source of income gives wider educational opportunities. Treatment and rehabilitation options are also expanded by being able to afford private services, which would be out of reach for particular individuals. Moreover, it enables realisation of pastime activities, giving joy and happiness.

Work gives high self-esteem and social usefulness. Work causes mobilisation of the body to do chores and, generally, orders one's daily routines, both daily and yearly.

Satisfaction from work increases the feeling of one's standard of living. Higher income allows people to maintain the balance between work and leisure, which in turn boosts health due to omission of unwanted exhaustion, not abusing the efficiency of the body, which may worsen the actual health condition or generate different illness/disability.

However, the better health and higher psychophysical efficiency of the body, the wider the opportunities of choosing one's career, workplace, gaining higher income. Good health helps manage professional tasks and it is easier to accomplish professional challenges.

Better health makes it easier to acquire better education and work experience, and thus – a better job. Having good health it is easier to maintain one's work and get promoted.

Doing professional work leads to exhaustion, „wearing out" of the body, injuries, in extreme cases – to worker's death. Chronic stress leads to lowering psychophysical efficiency, may be the basis of mental disorders and being prone to various illnesses.

Worse work, less attractive, less prestigious, means lower income, lower satisfaction of life, and thus, lower standard of life. Lower income causes the necessity to limit the needs of a household – often to the most basic ones. Too little income often force people to search for

[19] The abovementioned is in compliance with the judgement made by the Supreme Court on June 10 1999 (II UKN 675/98, OSNAP 2000/16/624) in which the Supreme Court stated that the opinion whether the insured is unable to work should - apart from the biological (medical) aspect – also take into account an objective possibility to take up previous or another job, in accordance with his qualifications, education, age and predispositions. The same is stated in art. 13 in the Act on FUS (Health Insurance Fund), which says that by evaluating the degree and lasting of inability to work as well as prognosis as to regaining the ability to work, it is included: 1) degree of the breach of efficiency of the body and probability to restore necessary efficiency by treatment and rehabilitation, and 2) ability to do previous work or to take up a different one as well as purposefulness for professional retraining, taking into account the kind of previous work, education, age and psychophysical predispositions.

additional work that causes additional tiredness, limiting time for relaxation, and thus, in the long run it may lead to worsening of health condition and loss of efficiency of the body.

Bad material working conditions cause an increase in occupational hazard, which may cause instant or gradual acquisition of occupational diseases and/or disability. Bad social working conditions, like lobbing, discrimination, pestering, cause reluctance to work, induce people to change it (if possible), in extreme situations to suicide attempts.

However, the worse health, the more serious dysfunctions of an individual, the lesser the possibilities to find any job, building up one's career, promotions, maintaining employment. The worse job with lower salary, the fewer possibilities to meet the needs of a household and pastime activities. Worse health causes a decrease in psychophysical efficiency and quality of work. Illnesses cause absence at work; after a longer absence for treatment, an individual must undergo a process of readapting. Chronic indispositions may not be tolerated by employers, for they cause a rise in costs connected with, e.g. the need for worker's substitution.

Lack of work also has disadvantageous influence on health and disability. The influence may be presented as a spiral (fig. 5). Loss of work, above all, is connected with loss of regular income. Subsequently, the standard of living becomes worse, problems with allocation of free time, social isolation, limitation or exclusion from political and cultural life. It is accompanied by mental discomfort and feeling helplessness. As a result of financial difficulties, there is not only a decrease in the standard of living, but also deprivation of the unemployed of buying goods that are symbols of status, which leads to lower self-esteem. It is widely known that people who remain unemployed for a long time are vulnerable to harmful stress that has a negative impact on their mentality. They have fear for the present and for the near and far future, and even fall into deep depression. However, few realise that unemployment affects health negatively. Recent research proves that in unemployed people there occurs higher risk for a heart attack, especially in the first year of employment and being unable to find a new one [20].

„Psychological aspect is loss of income, loss of health, decrease in intellectual functioning, loss of free swap of privileges and obligations, loss of institutional dependency. They lower their activities in all spheres of their lives, limit social meetings even with the unemployed, for such meeting do not cheer them up but deepen frustration and bring no mental support. The unemployed are characterised by fatalism, apathy, and their psychophysical efficiency is lower"[21]. In psychology, unemployment is treated as a highly stressful experience that causes changes in their behavioural patterns. It is a depressing situation, for the given person has no influence on it. Psychologists claim that the unique kind of stress that appears

[20] *Unemployed at Higher Risk for Heart Attack?*, http://news.health.com/2012/11/20/unemployed-at-higher-risk-for-heart-attack/ (as of: 2014-02-14).

[21] T. Borkowski, A. Marcinkowski, *Socjologia bezrobocia*, BPS, Warszawa 1996, p. 45.

after loss of job, influences the fact that the unemployed feel alienated, isolated, do not feel control over their lives, which in turn leads to a higher risk for a heart attack[22].

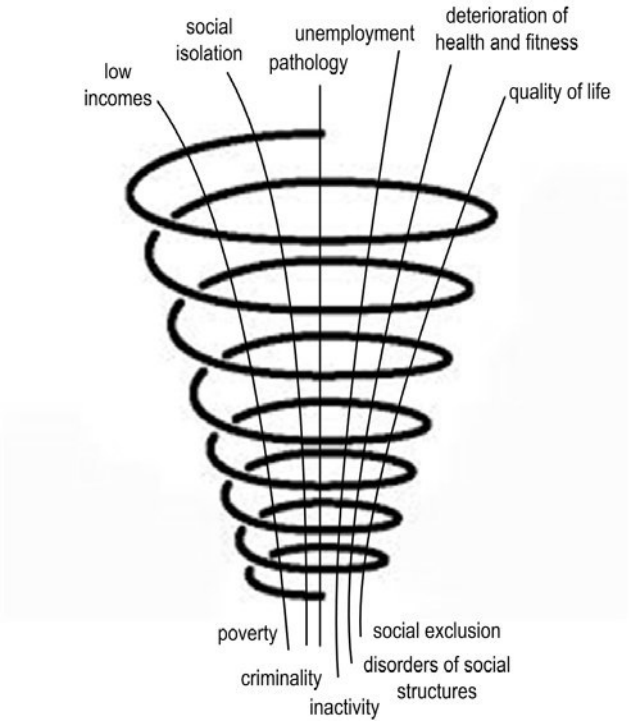

Fig. 5. Spiral of unemployment and its selected results
Source: own work.

A result of unemployment may also be an increase in crime rate. For some, poverty creates temptation to commit various felonies. Deepening poverty, social isolation, difficulties finding a new job, being dependant on others, worsen mental frame of mind. An unemployed person's imagination of how he or she is perceived by others also has an influence on this. The unemployed sometimes face suspicions of conning unemployment benefits, or being reluctant to take a job. They have such convictions thanks to, among others, the media. They present the unemployed either as someone conning benefits, or someone who has to be forced to go to work, or as a victim who needs to be helped in any possible way.

Unemployment is often a multigenerational phenomenon. A decrease in the unemployed parents' standard of life is a cause of decrease in their children's level of education, which in the future may be the cause of unemployment of the young. Unemployment has negative results for a society. They are: significant welfare costs, untapped ability to work of the unemployed, feeling endangered of losing a job among the employed and danger of escalation of

[22] Ibid.

the unwanted phenomena (e.g. alcoholism, divorces, drug addiction, crime, suicides). People who are educated in a trade that has no demand often do different work that does not match their qualifications or have no work at all, which in turn leads to frustration[23].

Those who have been without work for a long time usually failed many times while searching for a job. The experience of failure weakens their feeling of perpetration, which may sometimes lead to creation of developed helplessness. In long-lasting unemployment, individuals often stop trying to search for work. The unemployed stop believing in effectiveness of their current actions and do not initiate new ones.

Relatively little research has been done to measure the relationship between professional inactivity as well as health, and/or incomplete efficiency. In the sphere of professional inactivity there are mostly people who are permanently unable to work (professionally). They are people with deep mental illnesses, deep multi-organ palsy, dependent people that require all day care, and often people who need equipment (e.g. respirators) in order to survive.

There are also people (not necessarily disabled) discouraged by long-lasting search for job who withdrew from the labour market. Due to loss of income, their families face poverty and inheritance of unemployment or professional inactivity; they become dependent on social welfare and charity benefits.

Professional inactivity may be a result of professional work, especially of dangerous accidents at work that result in major dysfunctions. In some cases, a progressive dysfunction may lead to a gradual (continuous or periodical) decline in employability, leading to „pushing out" these people from the labour market. An example of such dysfunctions is multiple sclerosis.

Ageing may also lead to professional inactivity. Natural processes of ageing of the human body causes a decline in psychophysical efficiency: strength becomes weaker, reaction time is slower, memory is worse. They overlap with disability, intensifying the effect of efficiency loss.

Professional inactivity may also have its sources in a bad, insufficient state of public infrastructure, among others, public transport which to a large extent conditions the ability to take up a job (lack of communication or railways available for people with different dysfunctions).

As studies show, movement of people from professional inactivity to activity is very difficult – especially when it comes to the elderly.

[23] M. Garbat, *Zatrudnianie i rehabilitacja zawodowa osób z niepełnosprawnością w Europie*, Uniwersytet Zielonogórski, Zielona Góra 2012, p. 124.

SUMMARY

Between work and lack of work there are mutual, bilateral relations: feedback. Both work (and lack of work) affect health as well as health affects significantly people's work. Depending on the exerted results, two kinds of feedback may be distinguished: positive and negative (fig. 6).

Fig. 6. Positive and negative feedback between work and health
Source: own work.

The labour market is a kind of barometer of economy. Supply and demand on the labour market of a market economy are shaped by a number of variables, among which are: salary, efficiency of work and demand on products that are results of work, the number of people with certain qualifications, perks, off-work benefits from alternative activities, as well as socio-cultural causation of professional activity. In the case of the disabled, the list is much longer, for shaping of supply and demand on work is dependent on: mobility of work, social welfare and its relation to current minimum wage, the government's policy on the labour market, labour costs, and general economic situation. The situation on the labour market is a resultant of many interconnected factors[24].

Finding a job by the disabled is not an easy task. In 2011 majority of the group (nearly 50%) remained unemployed for more than 12 months, so they were chronically unemployed. However, against presumptions, the structure of the period of time recorded by the labour offices does not show that the situation of the unemployed in total is much worse than that of the able-bodied in total.

In every society for majority of people work is the only source of income. It is also the main condition for gaining the right to have social insurance. It is frequently forgotten that work is also a source of creating social relations and partaking in forming a society by creating goods and providing services. Moreover, work is a place of negotiations, conflicts, agreements. It is a part of democracy. The right to work is among other, economic and social, most important human rights.

[24] *Podstawy ekonomii*, red. R. Milewski, PWN, Warszawa 2000, p. 249; J. Sloman, *Economics*, Prentice Hall, Biboa, 2006, p. 576-578; O. Blanchard, *Macroeconimics*, Pearson Prentice Hall, New Jersey 2006, p. 126-128; D. Begg, S. Fischer, R. Dornbush, *Ekonomia,* tom 2, PWE, Warszawa 1993, p. 194-230.

Many of the unemployed experience undeserved discrimination and segregation, for they are disabled. Today's stage of development of capitalism multiplies restructuring, mergers, changes of locations. Globalism creates problems connected with the standards of competences. Superiority of profits leads to imposition of flexibility, causes anxiety and exclusion, and all of this creates mechanisms of discrimination and segregation that affect more and more workers. Knowing that everyone, especially the weakest, is exposed to these mechanisms, it is easy to imagine that the excluded will find themselves in another world. Exclusion will be a consequence not of the very phenomenon of globalisation, but of the attributes of the excluded.

People with disabilities face two main dilemmas: the first concerns finding a proper job in the existing unemployment rate and uncertainty on the labour market, the second – is connected with such negative factors as stereotypes and social attitudes. Imaginations that function among workers are the same as in the whole society. It is worth remembering that the disabled belong to a unique category of workforce, which is limited by health condition, handicap or dysfunctions. Evaluation of one's own health condition is crucial while choosing a profession and career path. Getting to know one's own health condition along with knowing contraindications to certain professions allows to avoid the wrong choices. Among the disabled with contraindications to the choice of a profession are people who have slight health deviations, and those who have significant disorders, and for whom few professions are available.

The defects of the body and its ability to work are very important factors, but in the case of majority of disabilities they do not determine work opportunities per se. This idea is based on two essential pieces of rationale of rehabilitation. The first says that every disabled person retains certain efficiency, physical and mental functions; the second says – no work requires full efficiency from the worker. Thus, employing the disabled, above all, depends on individual choices of particular professional tasks.

In order for rehabilitation to fulfill its role in preparation of the disabled to take up a job, it should have the widest range possible, include people with any kinds of illnesses and be independent of their place of living (city, country). Its range is crucial: thoroughness and flexibility are essential in applying various forms of rehabilitation, depending on individual needs of the disabled.

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