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# Reclaiming the worker role: Perceptions of people with mental illness participating in IPS

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**Abstract**

People with severe mental illness are often successful in gaining work when participating in the evidence-based Individual Placement and Support (IPS) approach. Little evidence exists of how starting work is perceived by IPS-participants. This qualitative study aimed to explore how the work environment was perceived to impact on IPS-participants' work performance. Nineteen participants starting work in mainstream work settings were interviewed. Questions from the Work Environment Impact Scale were used and data was analyzed by content analysis. The participants strived to fit in at work by coping with environmental demands and adapting to their worker role. Work was perceived as having a positive impact on their daily life, although starting work was perceived as a challenge and the mental illness affected work performance. Personal strategies were needed in order to cope. They perceived both supportive and demanding factors in their work environments, such as the employer's support and the social atmosphere among colleagues. The study showed that it is vital to focus on the individual's own strategies for adapting to the worker role when designing the support, as well as to develop collaborative relationships with employers and to optimize the match between the individual and the demands of the work environment.

**Key words:** *Psychiatric disability, vocational rehabilitation, supported employment, individual placement and support, occupational therapy*

## **Introduction**

Work is at the heart of recovery for people with Severe Mental Illness (SMI) since it promotes both social relationships and social integration (1, 2). The paradigm of recovery states that it is possible to recover in spite of a person having a SMI and that people with SMI can live independent and healthy lives, in contrast to the assumption of the condition being chronic (3). The process of being in recovery entails building a satisfying and meaningful life in spite of experiencing ongoing or recurring symptoms or problems affecting daily life (4). Work also promotes self-empowerment, self-actualization (5), and increases self-esteem, and has been shown to function as a way of distracting attention from and coping with symptoms, especially since work provides structure and daily routines (6). Furthermore, work generates financial benefits, and reduces feelings of boredom and isolation (7).

The majority of people with SMI unfortunately lack employment (8). Participating in the evidence-based Individual Placement and Support (IPS) approach leads to people with SMI gaining employment to a greater extent than in traditional vocational rehabilitation schemes (9), as well as becoming socially included and actively engaging in everyday life, in accordance with the construct of being in recovery (3). IPS is led by an Employment Specialist (ES) who is guided by the principles that include a rapid job search, an eligibility based on the client's willingness to work with zero exclusion, a focus on competitive employment, an ongoing follow-up with individually tailored support, an attention to the participants' preferences and interests, an integration with the clinical treatment, and benefit counselling (10). IPS is available for everyone whatever the severity of the mental illness. Diagnosis, symptoms, severity of impairment and social skills have not been shown to predict employment success (11, 12). However, although the effectiveness and positive effects of IPS has been well established (9, 13),

not all people with SMI benefit fully from the intervention. At least one third of the IPS-participants do not achieve employment success. Job terminations have been shown to be associated with dissatisfaction with the job because of a heavy work load and long working hours (14, 15), interpersonal problems, and symptoms (14).

Recent research has shown that qualitative studies may yield useful information on the IPS-approach. Clients' views on the helpful aspects of the IPS-approach and difficulties with obtaining and maintaining employment have been explored (7, 16, 17). According to this research the participants perceived the quality of the support provided to be essential for employment success. Furthermore, there is an emerging body of IPS-research that focuses on the actual work situation, and the experienced limitations and accommodations provided at work (18-22). Knowledge of what it is like to start working in a real-life work setting or environment among people with SMI participating in IPS is, however, still scarce. It has also been stated that knowledge is warranted concerning features in the work environment that supports the job tenure of people with SMI (23).

In this study the environment is defined in accordance with the *Model of Human Occupation* (MOHO) where it is the: "Particular physical and social features of the specific context in which one does something that impacts upon what one does, and how it is done" (24, p. 98). The model describes social groups, physical spaces, objects and work tasks as intertwined parts of the work environment, strongly influencing our work performance. The environment provides opportunities and support, but also constraints and demands for certain behaviours. The way the environment impacts on an individual varies according to the person's interests, values, habits, roles and performance capacities. The environmental impact refers to "... the opportunity, support, demand, and constraint that the environment has on a particular individual. /.../ this

impact results from the interaction between features of the environment and characteristics of the person” (p. 88). It is stated that many people with disabilities are capable of reconfiguring their environments to accommodate their disabilities (24). However, several aspects of the environment in a work setting pose multiple problems for people with SMI, such as interacting with others, initiating work tasks or following and remembering instructions (18, 20). These problems are often caused by a person’s cognitive, emotional and social limitations, which are a consequence of the mental illness. Here, limitation is understood in relation to the interaction between the individual, the work activities, and the work environment (25). Nevertheless, several of these limitations can be compensated for through IPS (18, 22). One kind of IPS-support that would help the participants is to find work that in addition to their job preferences match to their cognitive, emotional and social abilities. Another kind of IPS-support would be to accommodate for the limitations by providing both on- and off-worksite support (18).

As emphasized earlier, little is known about the IPS-service users’ own perspectives of their work performance and work environment. Such information may add valuable knowledge related to the IPS-principle of ongoing support. The aim of the present study was thus to explore how IPS-participants working in a mainstream or real-world work setting perceive how their work environments impacted on their work performance.

## **Material and methods**

### *Eligibility*

The current study was conducted together with a Randomized Controlled Trial (RCT) of the IPS-approach in Sweden. The majority of the participants were diagnosed with schizophrenia and other psychosis, were aged 21 to 58 years and had not had a competitive employment the

preceding year (26). The participants were able to communicate in Swedish, expressed a desire to enter competitive employment, and participated in an IPS-introductory meeting. Participants with a physical disability were excluded. The case manager made contact and handed out leaflets about the IPS-trial and information about the introductory meeting, which focused on the research design, related studies, ethical issues, and the presumptive participants were able to debate their concerns. Informed consent was attained for participation in the RCT and related studies. The IPS-project was approved by the Regional Ethical Board, Lund University, Sweden (Dnr 202/2008). The RCT with vocational and non-vocational outcomes goals is registered with ClinicalTrials.gov (NCT00960024).

Twenty eight IPS-participants who entered a mainstream work setting during the first half of the 18-month long intervention were asked to participate. Nineteen of them agreed to participate and nine declined. One reason that was stated by several of these participants was that they did not want to be recorded, despite the ethical information provided to them about confidentiality. Work in mainstream setting is defined in the present study as working in a competitive employment or internship setting available to all Swedish citizens, and is in contrast to a sheltered setting. In Sweden the welfare and benefit system has shown to affect the IPS-delivery and the participants' individual vocational goals (27). The national Social Insurance Agency (SIA) and the Public Employment Service (PES) are government run welfare services. Swedish citizens who participate in these services have to follow regulations and pre-determined routes within the stepwise traditional vocational rehabilitation system (28). IPS-participants were often recommended to seek internship instead of competitive employment in this implementation context (27). Internship, sometimes called 'practice placement', is a labour market intervention and is generally recommended by the SIA and PES for citizens who have not been working for a

longer period of time (28). Wage subsidies can be provided in the internship model by the PES to employers who take on persons who are unemployed, are students, or are in vocational programs, and is most commonly provided in the initial stage of the working period (29). The types of work the participants gained varied from high-level jobs such as working as an engineer, to low-level jobs working as personnel in a department store. Participant characteristics are presented in Table I.

Table I

#### *Data collection*

Baseline socio-demographic information was collected by means of a questionnaire covering gender, age, country of origin, education, diagnosis, number of years since working, and type of work placement. The diagnosis was self-reported and validated against medical records on the basis of the ICD-10 diagnosis categorization system. A semi-structured interview was conducted when the participant had been working on average for 2 months (range: 2 weeks to 5 months). The data thus reflect the first half of the IPS and RCT trial that lasted for 18 months. The interviews were held either at the psychiatric out-patient unit or at the workplace. Each participant was interviewed once and the interviews lasted about 40 minutes and were recorded digitally with the consent of the participant.

Interview questions from the Swedish version, WEIS-S (30) of the *Work Environment Impact Scale* (31) were used. WEIS is based on the MOHO and thus the definition of the environment as previously presented in this paper (24). WEIS is designed to provide information about how the characteristics and qualities of the work environment impact a worker. WEIS is



organised around 17 environmental factors such as social contacts and supports, temporal demands, appeal of work tasks, and daily job functions. WEIS is based on the concept that workers are most satisfied and productive if there is a sufficient match between the needs and skills of the worker and his or her work environment. It consists of a semi-structured interview and a rating scale. In the present study the open-ended WEIS-interview questions were used as a starting point as well as a checklist to cover all parts of the work environment that may have impacted on the participants' work performance. Examples of these open-ended questions are: "How does the atmosphere at your workplace affect your work performance?", "What do you think works well and/or not well in your interaction with (for example, customers, clients, patients, students)?", and "What are you most and least proud of about your work?".

### *Data analysis*

The interviews were transcribed verbatim and analysed using qualitative content analysis (32). The transcripts were read repeatedly to get an impression of the whole. Initial thoughts and reflections were written down and discussed among the authors. The text that corresponded to how the participant perceived how their work environments impacted on their work performance was extracted from the transcripts and merged into one comprehensive text, which constituted the unit of analysis. Each meaning unit was condensed, and labelled with a code. The different codes were then compared based on similarities and differences and sorted into preliminary categories. This initial analysis resulted in a large number of categories that were further condensed and grouped in several steps into new categories and sub-categories. These were compared continuously with the original text to establish that they covered the meaning of the text. Finally, a theme was formulated and based on the underlying meaning of the text as a whole

that was not explicitly pronounced by the participants. The authors' moved back and forth between the different steps in the analysis to reduce the risk of losing the meaning of the text, and all parts of the analysis were discussed until agreement was reached. To further enhance the credibility of the study the content analysis was also critically reviewed in occupational therapy research seminar at the University and by an IPS-specialist.

## **Results**

Most participants had schizophrenia or other psychosis and had either not been working during the past five years or more, or had never had work at all. The theme: *Striving to fit in at work by attempting to cope with environmental demands and adapting to the worker role* covered the participants' views of their work environment. The participants perceived their work environment to be both supportive and demanding, and expressed that their mental illness affected their work performance. They needed their own strategies to cope with the work environment and working had a positive impact on their daily life. The theme and the categories are summarized in Table II.

Table II

### *Supportive and demanding factors in the work environment*

The employer's support as well as the atmosphere among colleagues and work requirements played an important part in both enabling and restricting the participants' work performance. The participants also perceived that the IPS-network provided support.

*Importance of employer's support.* The employers played an important part in the social environment at the workplace and were mostly perceived as being supportive, tolerant and friendly. For example, one participant said: "He supported me in everything I wanted. He gave me as much responsibility as he possibly could. He knows about my illness ". The employer could, however, also be perceived as being demanding or controlling, and thus affecting the participants' work performance negatively. One woman said the following about her employer: "You get irritated when someone is meddling with everything you do. When everything is wrong, I feel that I'm a failure!".

All the participants felt that it was important that the employer provided them with enough time when they started working but also throughout the period they worked. Providing a structure for the participants' work performance by giving step-by-step work instructions, and supervising and giving feedback about work performance were other important supportive actions by the employer. One woman emphasized the importance of employer feedback, especially being as she had not received such feedback and perceived misunderstandings and conflicts instead:

She could have told me earlier that, 'This is starting to be a problem' or, 'If this gets worse, we'll have to have a new meeting', something like that. But she hasn't said anything and that's why I haven't understood that there was such a major problem.

Many of the participants also felt that it was important that the employer's demands were related to their own needs of challenges at work. Some of the participants, however, did not perceive the tasks as being sufficiently challenging, which generated disappointment.

*Significant influence of the social atmosphere among colleagues.* Many participants perceived it as supportive if their colleagues were positive, open-minded, cheerful and friendly.

One participant said:

I could even talk aloud to myself when I worked ... no one thought it was weird, like in other workplaces where people immediately think, 'He's really strange!'... At my workplace nobody thought that about me, so it was alright. They are very open-minded and generous.

However, a negative and tense social atmosphere, caused by staff shortages, was perceived as demanding. The larger work load increased the perception of being stressed and conflicts among colleagues resulted in the participants not daring to ask for support.

*Demanding work requirements.* Many participants perceived that their work included certain implicit requirements such as being well, taking responsibility, working independently, performing required work activities, and being able to commute. Furthermore, many participants also perceived having social skills as an implicit requirement. The social skills that were required were being able to co-operate, making small talk with colleagues, being flexible and quickly adapting to social demands. This is illustrated in the following quote from a man working in a department store, who had difficulties dealing with customers:

They [employer and colleagues] expected me to be more social. They wanted me to talk and smile more - be more social. (What do you think?) Maybe I'm not suited for working in a store, where caring for customers is very important. They even had competitions in customer service.

*Support from IPS-network.* Many of the IPS-participants perceived the IPS-network as a supportive factor in work performance. They described that they turned to their ES or other persons in the IPS-network to get support, i.e. friends, family members, staff in the community

mental health team, the welfare service, employers and co-workers. Over and above the support in work performance provided by the employer and co-workers as previously described, they received support for conflict management in the form of advice and discussing strategies to maintain work stamina. The family members' opinions about participants' choice of work were considered to be important, and had an impact on the participants' perception of working.

### *Impact of mental illness on work performance*

All the participants perceived that their mental illness generated limitations in work performance. Some of these limitations were gradually reduced, while others endured or even gradually increased over time.

*Gradual reduction of limitations.* Some of the participants perceived limitations in managing the social interplay or reciprocity at work such as working together, coping with conflicts, and making small talk with colleagues. These limitations were mostly reduced as they developed their social skills. Moreover, limitations in managing the flexible social interplay at work towards others than colleagues, such as helping customers, was also reduced over time for most of the participants. Some, however, perceived that their limitation in coping with the flexible social interplay endured. One man who made home-visits to customers as part of his work said:

For me it was stressful to meet new people every day... not to do the work as such ... We met new clients every day, and I have a hard time when meeting new people ... In the beginning you just struggle and struggle.

*Limitations that endure.* Some participants were constantly afraid not to be on time for work because of difficulties getting started in the morning, and some felt limited as a result of their sensitivity to audio and visual stimuli and smells. One man said: "I'm a little bit more sensitive

than others. It occurs from time to time in interactions with others. Then I get bad-tempered ...”

For some participants, the feelings of anxiety when they commuted to and from work were also perceived as an enduring problem. It was perceived as crucial that the IPS-network accommodated for these limitations. Furthermore, some felt limited as a result of being afraid of being stigmatized and were constantly on guard and in fear of having to explain themselves and their illness to the employer and colleagues. One man, with previous experience of being stigmatized at work, said: “I need to be on the look-out all the time, always 'on guard'. There’s always a risk of being talked about”.

*Limitations that endure or gradually increase.* Some participants perceived enduring and gradually increasing limitations as sensitivity to stress and difficulties in maintaining work stamina over time due to increased fatigue and symptoms. One man, who terminated his work after a few weeks explained:

I couldn’t cope with it ... I became more and more exhausted, and the symptoms came back ... I felt that it was better to quit because at the end I was so confused... because of the voices in my head that kept going round all the time.

Limitations in concentrating, remembering and learning work tasks were also perceived by some of the participants as enduring or gradually increasing over time. One woman said:

I could hear voices, like a discussion in my head ... and at the same time customers came up to me and asked me questions, and then it felt like the customers interrupted the conversation in my head. I was totally surprised! I had difficulties concentrating on what the customer said.

*Personal strategies to cope with the work environment*

All participants had their own strategies to cope with their work environments. They considered it necessary to use strategies to deal with their mental illness, to have the right attitude to work, to balance social strategies, and to plan work activities or organize their daily activities.

*Coping with mental illness.* Some of the participants tried to cope with their mental illness by acting as if they did not have any mental health problems. One man stated for example: “No one should be able to see how bad you feel. The customers expect a job well done, that’s why I pretended as much as I could.” Many participants found other strategies to cope with symptoms. Some distracted themselves from auditory hallucinations by, for example, listening to music and keeping busy performing work tasks. Moreover, some adjusted their medication, used the IPS-network to cope with work, and tried to accept their illness and perceived limitations. While some participants coped with stress by planning work activities or organizing their daily activities, eating regularly, attending to early signs of relapse in the mental illness, and taking care of themselves in general. Furthermore, some coped with being afraid of work situations by accepting the emotion and exposing themselves to what was experienced as being uncomfortable.

*'The right' attitude.* The attitude to work was perceived by many of the participants as having a significant influence on how they succeeded at work. They found it important to have confidence in their own ability, to take responsibility for their own actions, and to make an effort. For example, one man stated: “Either I have to quit, or I need to make an effort! Last week I worked fifteen hours”.

*Balancing social strategies.* Balancing social strategies was also important among many participants. They tried to cope with the balance between disclosure, i.e. telling the employer

about the illness, or not. Several participants chose to disclose some aspect of their illness and how it affected work, while others chose not to, in fear of being stigmatized. A strategy used by the participants was also to cope with the balance between being more dependent and taking own work initiatives. Furthermore, they tried to handle the balance between speaking their minds and setting boundaries and not objecting. One man said the following: “I didn’t want to argue too much either, only if it was really important to me”.

*Planning and organizing activities.* Many of the participants spent time planning and organizing activities and managed to balance work and leisure time by accomplishing a comfortable level of requirements in work performance. One man said: “They have accepted my demands and have lowered their requirements ... I have put it on a completely different level and it feels quite good. That’s my starting point and then I’ll have to take it from there”. Furthermore, planning, preparing and putting together varying work tasks, such as switching between complex and simpler work tasks, and adapting the work pace were other ways of planning and organizing activities.

#### *Work and its positive impact on daily life*

All the participants perceived work as mostly having a positive impact on their daily life. One woman said: “For me it means a lot to work. I improve my skills and it is rewarding ... I really enjoy working!”. Some participants, however, perceived work as having both negative and positive elements at the same time.

*Positive impact of work.* Being occupied and getting started, being stimulated, breaking isolation and making social contacts, and getting a regular activity that provided structure to the day and distraction from psychiatric symptoms was perceived as being positive. They also found



that work gave experiences of joy and hope and contributed to learning over time. By working, the participants developed skills and got beneficial work experiences. Furthermore, some participants increased their physical activity and some became financially independent.

*Conflicting experiences.* According to some of the participants, working involved conflicting experiences. Work could be perceived as having both a positive and a negative effect on leisure time. To feel accepted and excluded by colleagues, and to feel success and failure at work were other examples of such conflicting experiences. On the one hand the participants perceived that they were accepted by their colleagues, but on the other hand they felt alienated and excluded because they had a mental illness. Moreover, they felt that they could contribute and help colleagues. They also perceived a failure when they were not able to help out or when they did things the wrong way.

## **Discussion**

The study showed that working in real work settings was perceived as striving to fit in, by attempting to cope with environmental demands and adapting to a worker role. All the participants perceived work as having a positive impact on their daily life, although they perceived starting working as a challenge and felt that the mental illness affected their work performance. The employers' role as well as the social atmosphere among colleagues and implicit work requirements could both facilitate and inhibit the participants' work performance. All the participants used personal strategies to cope with demands and constraints in the work environment.

Most of the participants had no prior worker role experience and had not had a job during the previous five years. Role reclamation and the creation of new social roles, such as developing

stability and success in the worker role, constitutes a transition that entails leaving the role of only being a patient and replacing it with a meaningful life (3, 33). To adapt to a worker role at the same time as having to cope with a mental illness, however, may pose a number of challenges for the individual. For example, challenges or problems can arise when a person has not internalized appropriate role scripts expected for people in the same age group, and may therefore not meet the expectations of the social group at work (24, 33). These findings may help to explain why the participants in the present study appreciated the social work environment and perceived it to have significant influence on their effort to adapt to the worker role. It can be assumed that IPS plays an important part in providing people with SMI with the opportunity and support to enter and cultivate a worker role not just for their first job, but when they try several jobs and develop careers and stable worker roles over time.

The present study showed that the employer's attitude and engagement was considered crucial as has been seen in previous qualitative IPS-research (16, 17) and in related research (23). It can be assumed that the participants' perception of employer support is similar to what people experience in general. It has been shown that important tasks for a leader are to provide his/her employees with clear instructions, work tasks that are motivating and empowering, and to create and sustain a supportive work context (34). Additionally, in prior related research that targeted the views of people with mental illness on their work environment, it was found that a supportive work environment was important for sustainable employment (23). This included, in line with the present study, supportive and cooperative teams, regular structure, achievable tasks, and flexibility in schedule. However, the employer's crucial and central role as part of the IPS-network has not been sufficiently emphasized enough and is a research area that needs further attention. Such information may add valuable knowledge in how collaborative relationships with

employers as part of the ongoing support provided in IPS can be built up. Building collaborative relationships with employers has shown to be an important part of the IPS-approach (35).

The participants in the present study used personal strategies in order to maintain their worker role, by coping with demands and constraints in the work environment, which is in line with previous research (36, 37). However, the IPS-participants' use of personal strategies needs to be further addressed in IPS-research. In terms of the job-control theories (38) it has been shown that strategies to gain control over the work situation are important for people in managing work related stress and in maintaining well-being. Self-management strategies have also shown to be an important part of being in recovery, in order to cope with symptoms and overcome stigmatization (33).

It is a known fact that mental illness affects work performance (18, 20, 21) and in addition, the present study showed that the participants perceived that their limitations varied in relation to time. For example, their limitations concerning social interaction gradually reduced over time. Interestingly, this finding is corroborated by previous quantitative research (13). These findings can perhaps be explained by the IPS-participants training and gradually developing their social skills at work, a so called place-then-train approach (10, 39), instead of participating in traditional prevocational rehabilitation in sheltered settings. However, limitations in work performance caused by cognitive limitations is assumed to remain stable over time (40), which may help to explain why cognitive limitations were perceived as enduring or gradually increasing among the study participants. The time perspective in the present study, however, reflected mainly the initial struggle the participants had at work and not the one they may face later on when participating in IPS and in work occupations.

Some limitations, according to the results, do not seem to have been accommodated for, such as perceived limitations in maintaining work stamina, or concentrating on and remembering work tasks. One explanation for this may be that not all the participants had disclosed their illness at work. This would thus entail that it was not possible for the ES to provide on-work support, but only off-work support instead, which would reduce the ES's insight into the support needed by the participant (18). Although some limitations related to mental illness and work may not be possible to accommodate for at all times, it is emphasized in occupational therapy theory that limitations or disabilities can be prevented or reduced if the environment is free of barriers and offers adequate support (24).

In line with previous research (1, 2, 6, 7, 23) all participants perceived work to have a positive impact on daily life. On the other hand some participants perceived work to include conflicting experiences, which are findings that have not been presented before. Accordingly, adapting to a worker role can be assumed to involve conflicting experiences. This can be due to that some of the participants had not internalized appropriate role scripts because of lack of work experience, as described earlier on in the discussion section that regarded MOHO (24). It may also, as described in MOHO, be an effect of perceived social barriers in the work environment which may contribute to difficulties in worker role performance and feelings of being excluded from the working group. It is reasonable, however, to conclude that people in general perceive conflicting experiences when working.

### *Methodological considerations*

This qualitative study was conducted together with a RCT of the IPS-approach in Sweden to give the participants an active voice of how it was like to reach a work environment. It has in fact

been emphasized that embedded qualitative studies in RCTs are valuable since they maximize the learning from such trials (41).

In order to enhance trustworthiness, aspects of credibility, transferability, and dependability (32, 42) were considered when designing the study and performing the analysis. The present study was also designed and written in accordance with the consolidated criteria for reporting qualitative research, COREQ (43). In order to enhance credibility, participants with various experiences were interviewed to describe the phenomenon from a variety of aspects, in line with Graneheim and Lundman (32). However, the exploratory nature of this study underlies the importance of replicating these findings in a larger sample and other contexts. Being as the Swedish welfare system is aligned with the traditional prevocational rehabilitation approach, as mentioned in the method section, only four participants had competitive jobs. It is possible that having an internship can have affected the level of work requirements and the support provided by the employer, and also the participants' perceptions of working. Furthermore, the range of data collection, from 2 weeks to 5 months from work-start to interview, may further have had impacted on the participants' perceptions, especially since some of the participants' limitations seemed to be gradually reduced over time. It is thus important to investigate how IPS-participants cope at work over a longer period of time.

Semi-structured interviews were considered to be an appropriate way of interviewing the participants, being as many of them had difficulties in remembering the interview questions during the interview. The semi-structured questions made it possible for them to stick to the topic. However, this interview form constrains the depth of the data being collected, whereas an open-ended interview method would have provided richer data in relation to fewer question domains. However, the strength of using the WEIS-questions was that they emanate from the

MOHO theoretical framework and definition of the work environment (24). In that sense, the questions that were asked were developed from familiar concepts of different aspects of the work environment and its impact on work performance. Furthermore, the WEIS-questions have in prior research (23) found to be an effective way of exploring people with mental illness views on their work environment.

The researchers' pre-understanding may have influenced the data interpretation and analysis, as Kvale and Brinkman (44) suggested. In order to increase the credibility of the study, all parts of the analysis were developed and refined by the authors, who have different roles in the IPS-intervention and have different professional backgrounds, occupational therapy and psychology. Another limitation can be seen in that the participants were not given the opportunity to provide feedback on the results of the study, although during the interview it was important that the participant confirmed the data collected.

### *Conclusions and clinical implications*

The views of people with SMI about their work environment and the ways in which it impacts on work performance illustrate the importance of the IPS principles of providing individually tailored unlimited and ongoing support in accordance with clients' preferences. In addition, the employer played an important role in the IPS-network. In order to be able to cultivate a worker role and to cope with demands in the work environment, in spite of social and cognitive limitations, it is crucial to provide for a sufficient match between the individual and his/her resources and the demands in the work environment in a job-seeking process. The implications for practice are that the participants' own resources have to be used as a starting point when implementing the IPS-approach. However, this match must not only include an initial and

ongoing assessment of the client's skills, interests and work experience, but also an analysis of the characteristics of the work environment that may exacerbate or mitigate the client's limitations.

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Table I. Participant characteristics (n=19)

<b>Gender</b>		<b>Diagnosis</b>	
Female	8	Schizophrenia and other psychosis	12
Male	11	Bipolar disorder	1
<b>Age range (average)</b>	31-56 (40)	Other	6
<b>Country of origin</b>		<b>Number of years since working</b>	
Croatia	1	> five years	9
Denmark	1	< five years	4
Pakistan	1	Had never worked	6
Serbia	1	<b>Type of work placement</b>	
Sweden	14	Internship	15
Thailand	1	Employed	4
<b>Education</b>			
Comprehensive school	1		
6th Form College	10		
College and University	8		

Table II. Summary of the main theme, categories, and sub-categories

Theme	Striving to fit in at work by attempting to cope with environmental demands and adapting to the worker role			
Categories	Supportive and demanding factors in the work environment	Impact of mental illness on work performance	Personal strategies to cope with the work environment	Work and its positive impact on daily life
Sub-categories	Importance of employer's support Significant influence of the social atmosphere among colleagues Demanding work requirements Support from IPS-network	Gradual reduction of limitations Limitations that endure Limitations that endure or gradually increase	Coping with mental illness 'The right' attitude Balancing social strategies Planning and organizing activities	Positive impact of work Conflicting experiences