



## A PHENOMENOLOGICAL STUDY ON PSYCHO-SOCIAL AND VOCATIONAL REHABILITATION OF EMPLOYED PERSONS WITH DISABILITIES (DIVYANGJAN) AT WORK PLACE

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### ABSTRACT

Disability is generally equated with incapacity. There is a wide spread underestimation of the abilities and potential of divyangjan due to general public perception and prejudices, thereby creating a vicious cycle of under achievement. Because of the impact of societal attitudes on life experiences, opportunities, and help-seeking behaviors of divyangjans, negative attitudes toward disability could be viewed as "invisible barriers" to successful rehabilitation. Divyangjan in India face many challenges when looking to develop employable skills and in gaining meaningful employment. Divyangjan also need the right tools, validated training and healthy work environment to effectively perform their jobs. The resolution of these problems is challenging and requires imaginative and multifaceted actions; both access and outcome is possible by an individualized approach to meet their vocational training needs. Improving psycho social and vocational rehabilitation opportunities for divyangjan is a critical element for enhancing the quality of life for individual with disability, their families; in addition it also implies substantial gains for the broader economy. Phenomenological and associated approaches has been be applied to single cases or to serendipitous or deliberately selected samples to discuss relevant issues and challenges related to psycho social and vocational rehabilitation of employed divyangjan at work place. This phenomenological study has focused on need of divyangjan and other relevant issues and challenges related to psycho social and vocational rehabilitation of employed divyangjan at work place.

**KEYWORDS** : Persons with Disability, Vocational Rehabilitation, Phenomenology

### INTRODUCTION

The phenomenological method under qualitative research is the only way to understand feeling, thinking, happiness, attitudes, emotions of divyangjan. It is important to study life experiences of divyangjan at work place. The phenomenological approach include day-to-day experiences, their success and struggle, their triumphs and pain etc in various domains namely their personal, professional and social life. It is fact that experiences of persons cannot be caged into water tight compartments alone. Divyangjan need to be understood, experienced and echoed in a human manner.

In recent years, a range of strategies have been introduced to empower divyangjan. The relevant legislation is the Right to Persons with Disabilities Act 2016, which is aimed at reducing discrimination experienced by the divyangjans. Disability is generally equated with incapacity. There is a wide spread underestimation of the abilities and potential of divyangjan due to general public perception and prejudices, thereby creating a vicious cycle of under achievement. Because of the impact of societal attitudes on life experiences, opportunities, and help-seeking behaviors of persons with disabilities, negative attitudes toward disability could be viewed as "invisible barriers" to successful rehabilitation. In addition to the attitudes of the general society, the attitudes of divyangjan and their families are important, in some ways even more important. Vocational rehabilitation may be understood as a process which enables persons with functional, psychological, developmental, cognitive and emotional impairments or health disabilities to overcome barriers to accessing, maintaining or returning to employment or other useful occupation. When we are talking about vocational rehabilitation for divyangjans, it totally depends on the psychosocial approach looks at individuals in the context of the combined influence that psychological factors and the surrounding social environment have on their physical and mental wellness and their ability to function. Sometimes, persons may not be fully aware of the relationship between their mental and emotional wellbeing and the environment.

Rights are interconnected and are interdependent. In the absence of one it becomes difficult to enjoy other rights. In spite of recognition by international community of the dignity of human life, divyangjan have remained marginalized and excluded from participating in different aspects of community life. They have always been

perceived as lacking abilities and potential to engage in any meaningful activity or work. In India, The Right to Persons with Disabilities Act, 2016 adopts a multi prone approach to the issue of employment of divyangjans. In order to promote employment of divyangjan in organized formal sector, it provides for a scheme of quota to the extent of 4% in all government departments (Central and State government), public sector undertakings and local authorities to be distributed equally to the extent of 1% each among persons suffering from blindness and low vision, persons suffering from hearing impairment and persons suffering from locomotor disability or cerebral palsy (Section 33).

Further, in order to promote employment in private sector the Act mandates the government to formulate and implement a scheme for providing incentives to such establishments whose work force is composed of 5% of divyangjan (Section 39). To promote self-employment among persons with disabilities, the Act further calls upon the government to formulate and implement scheme for preferential allotment of land at concessional rates for industrial and business purposes to divyangjan (Section 43). Besides these provisions, the Act also prohibits denial of promotion on the ground of disability by any establishment of the government and/or prohibits dispensation of service or reduction in rank of any employee who acquires disability (Section 47). To bolster employment of divyangjan in rural area the Act mandates that 3% budget in the poverty reduction schemes be earmarked (Section 40). Marginal benefit has reached the rural disabled.

However, the overall failure of the scheme can be attributed to lack of knowledge about disability among the field functionaries and the cumbersome procedures. There are a number of other schemes such as Handicap Finance Development Corporation which promote self employment amongst the disabled. The states who have established reliable channelizing agencies are able to benefit many persons with disability. No doubt, the aforesaid provisions of the Act have changed the employment situation to some extent but the attitudinal and physical barriers are yet to be demolished to enable divyangjan to access the job market on equal basis. Lack of training programmes compatible with emerging trends in the job market is an important area of concern where policy and legislation has yet to make any dent.

## PSYCHOLOGICAL AND SOCIAL ASPECTS OF DISABILITY

Employers need to be sensitive to the psychological and social consequences of injury and disability and the overall impact of work disruption on the worker's family. Psychosocial problems that are secondary to the initial physical injury typically emerge as lost work time increases. Relationships with family members often deteriorate rapidly, under the strain of excessive drinking and learned helplessness. Maladaptive behaviors resulting from work disruption are common. However, when other family members become adversely affected by the consequences of a worker's injuries, pathological relationships within the family emerge. The disabled worker undergoes role changes. Family members experience "role change reactions". The once independent, self-supporting worker now takes on a role of passive dependency. Resentment abounds when the family is disrupted by the presence of an ever-demanding, sometimes angry and often depressed individual. This is the typical outcome of unresolved labour relations problems, fuelled by stress and ignited by litigation activity and intense adversarial proceedings.

## RIGHTS AND DUTIES: DIVYANGJAN'S PERSPECTIVE

Historically, divyangjan have had tremendous barriers to entering the workforce, and those who became injured and disabled on the job have often faced job loss and its negative psychological, social and financial ramifications. Today, divyangjan are still underrepresented in the workforce, even in countries with the most progressive civil rights and employment promotion legislation, and in spite of international efforts to address their situation.

Awareness has increased of the rights and needs of workers with disabilities and the concept of managing disability in the workplace. Workers' compensation and social insurance programmes that protect income are common in industrialized countries. The increased costs related to operating such programmes have provided an economic basis for promoting the employment of divyangjan and the rehabilitation of injured workers. At the same time, divyangjan have become organized to demand their rights and integration into all aspects of community life, including the workforce.

## RIGHTS AND DUTIES: AN EMPLOYER'S PERSPECTIVE

The traditional approach to helping disabled persons into work has had little success, and it is evident that something fundamental needs to be changed. For example, the official unemployment rates for disabled persons are always at least twice that of their non-disabled peers—often higher. Disabled persons are more likely than their non-disabled peers to live in poverty. These problems are compounded by the fact that rehabilitation services are often unable to meet employer demand for qualified applicants.

Disability is not generally defined as equal opportunities or rights issue. It is thus difficult to encourage corporate best practice which positions disability firmly alongside race and gender as an equal opportunities or diversity priority. Evidence of the frustrations created by inadequacies inherent in the present system can be seen in growing pressure from disabled persons themselves for legislation based on civil rights and/or employment rights. Employers' attitudes unfortunately reflect those of the wider society—although this fact is often overlooked by rehabilitation practitioners.

## EMPLOYER RESPONSIBILITY, ACCOUNTABILITY AND EMPOWERMENT

Employer empowerment is a basic principle of disability management. Except for the worker with a disability, the employer is the central figure in the disability management process. It is the employer who takes the first step in initiating early intervention strategies subsequent to an industrial accident and injury. The employer, being intimately familiar with work processes, is in the best position to implement effective safety and injury prevention programmes. Likewise, the employer is best positioned to create

work return options for persons with lost-time injuries. Unfortunately, history has revealed that many employers have relinquished control and responsibility for disability management to parties external to the work environment. Decision making and problem solving, as relates to the resolution of work disability, have been assumed by insurance carriers, claims managers, workers' compensation boards, physicians, therapists, case managers, rehabilitation professionals and even attorneys. It is only when employers become empowered in disability management that the lost-time trends and associated costs of workplace injury are reversed. However, employer empowerment over disability costs does not occur by chance. Not unlike persons with disabilities, employers often become empowered upon recognition of their internal resources and potentials. It is only with a new awareness, confidence and guidance that many employers are able to escape the relentless forces and consequences of workplace disability.

## ACCESSIBILITY AT WORK PLACE FOR DIVYANGJAN

Given their history of segregation and isolation, the right to full participation in the community is one that divyangjan value very highly. However, in order to participate in the life of the community, a person needs to get around. Whether s/he is going to school, or to work, or to use recreational facilities, the ability of the person with disability to move around in the immediate vicinity of the living space or travel farther a field is critical to make him or her feel like a valued and effective member of the community. However, most community facilities in the world have been designed for and cater to able-bodied individuals.

According to the Right to persons with disabilities Act, 2016 many measures have been encouraged to improve accessibility for persons with disabilities.

- Establishments associated with providing transport have been encouraged to adapt buses, trains, boats and aircraft and waiting areas to allow for easy access to divyangjan and to adapt toilets to allow divyangjan to use them conveniently.
- Modify traffic signals so that they serve the needs of persons with visual impairments.
- Make slopes and curb-cuts in pavements at regular intervals so that wheelchair users can use them.
- Engraving surfaces of zebra crossings or platforms with a gradient difference to assist persons with low vision.
- Using appropriate signs to indicate disabled-friendly services and installing warning signals of various kinds where necessary.
- Build ramps in public buildings, hospitals, primary health centres, etc. and adapt toilets in these building to make them disabled-friendly.
- Have auditory signals and Braille symbols in elevators and lifts.

## DISABILITY MANAGEMENT AT THE WORKPLACE

Employers are faced with increasing societal and legislative pressure to integrate and accommodate persons with disabilities. Increasing workers' compensation and health care costs are threatening the survival of business and draining resources otherwise allocated to future economic development. Trends suggest that employers can be successful in the effective management of injury and disability problems. Impressive disability management programme models are prominent among employers that assume control and responsibility for injury prevention, early intervention, injured worker reintegration and worksite accommodation. Current disability management practice in industry reflects a paradigm shift from services provided in the community to interventions occurring at the worksite.

Disability management practices are based on a comprehensive, cohesive and progressive employer-based approach to managing the complex needs of divyangjan within a given work and socio-economic environment. Despite rapidly escalating costs of injury and disability, rehabilitation technologies and disability management resources are available to facilitate immediate and recurrent savings among business and industry. Disability management policies, procedures and strategies, when properly integrated within the employer's organization, provide the infrastructure which enables employers to effectively manage disability and continue to compete in a global environment.

Controlling the cost of disability in business and industry and its ultimate impact on employee productivity is not a simple task. Complex and conflicting relationships exist between employer goals, resources and expectations; the needs and self-interests of workers, health care providers, labour unions and attorneys; and the services available in the community. The ability of the employer to participate actively and effectively in this relationship will contribute to the control of costs, as well as to the protection of the worker's sustained and productive employment.

### DISABILITY AND ECOLOGICAL HAZARDS

As we live carelessly in the world and damage the environment and the quality of the air and water we use, the effects of this abuse reflects in many ways including in the form of disability caused by disease, pollution or genetic mutations. Hundreds, perhaps thousands of persons suffered disabilities as a consequence of the Bhopal Gas Tragedy. There is a continuing struggle in Kerala today between the Plantation Corporation which sprays the chemical pesticide, Endosulfan, in the cashew plantations, and local persons who are suffering as a result with loss of vision, mental retardation, and the Staghorn Syndrome – a condition in which the hands are deformed. Malathion and Endrin sprayed in the fields entered the bodies of fish and crabs in local water bodies. When persons ate these polluted foods, they began to suffer from a bone disease called the Handigodu Syndrome, after the place in Chikmagalur district in Karnataka where this was first noted. Persons living near nuclear plants have shown higher rates of birth defects and cognitive disabilities.

### DISABILITY AND OCCUPATIONAL HAZARDS

Around 90% of the workforce in India is in the unorganised sector, which is characterised by low levels of technology, low standards of safety and hazardous working conditions. In order to maximise profits, production is often located wherever costs are lowest, regulations loose and workers least likely to organize for better working conditions and fair wages. This often results in high rates of accidents, poisoning from toxins, loss of hearing and vision, and health deterioration, all of which contribute to short term and long term disability. Occupation-related health problems of workers employed in stone quarrying, leather industry, glasswork, weaving, diamond cutting, hand embroidery, and children employed in carpet, cracker and match industry have been recognised but have not received appropriate and sustained attention by those responsible for regulating work standards. Even in developed countries, permanent disablements as a result of industrial and highway accidents outnumber war casualties.

Usually, legal actions related to disability rights violations around the world have tended to be directed at workplace and employers that violate the rights of divyangjans to receive an appropriate employment; against employers who deny persons with disability fair treatment at the workplace. In India, many of the cases have been directed at the Central and State governments. A few important cases, dealing with welfare schemes (housing), education, employment and access, which pushed the boundaries of the rights of divyangjan in India are described below:

### KUNAL SINGH VS. GOVERNMENT OF INDIA

Kunal Singh had been a constable with the Special Services Bureau. While on duty, he suffered an injury to the leg. Gangrene set in and

the leg had to be amputated. Singh was 'invalidated from service'. Ruling in his favour, the court drew attention to the clear provisions of the RPD Act, according to which "the employer shall not dispense with or reduce in rank an employee who acquires a disability during the service".

### PUSHKAR SINGH & ORS. VS. UNIVERSITY OF DELHI & ORS

In this case the petition was filed in the High Court of Delhi by Pushkar Singh and four others against University of Delhi & Ors alleging that reservation on the teaching post have not been provided by Delhi University according to circular dated 25th October, 1994 regarding 3% reservation as recommended by the committee for blind and orthopaedically handicapped categories be made known in every advertisement of the university/college and at least one disabled person must be appointed in each college during the Academic Year 1994-95. The court allowed the writ petition and directed the respondents to comply with Resolution No.193/3 dated 16th July, 1994 of the Executive Council of Delhi University w.e.f. date of this Resolution. This exercise should be done to calculate the number of posts which will have to be reserved for visually and orthopaedically handicapped persons in terms of the aforesaid Resolution and the Provisions of Disabilities Act and the number of posts which are to be reserved in the aforesaid manner should be earmarked subject wise keeping in view the criteria laid down in office memorandum dated 25th November, 1986. This exercise be done within a period of two months from the date of this judgment. Further, while implementing the decision aforesaid, if number of posts are not available, the respondents should have options either to create supernumerary post or terminate the services of those whose appointments were made subject to the decision of this writ petition as per order dated 14th July, 1995 in CM.4271 of 1995. It is simply because the posts which would now be earmarked for handicapped persons were meant for them, are occupied by others and thus recruitment not validly made.

### SHRI SUHAS VASANT KARNIK VS. UNION OF INDIA AND ORS

In this case, the Bombay High Court had the occasion to examine whether a blind person could be declared ineligible for seeking promotion. The High Court held that the respondent is not entitled to discriminate amongst the members of staff merely because some of its members are physically handicapped. It further held that the respondent is under constitutional obligation to encourage participation of visually handicapped persons in activities of the Bank on par with other members of the staff, and to consider cases of visually handicapped staff for promotion fairly and equitably.

### CONCLUSION

The treatment of divyangjan has varied through the centuries, and it has more commonly been oppressive than otherwise. A sustained campaign for rights by persons with disabilities, their family members and well wishers has given birth to new thinking about disability. This has a clear bearing on the legal and policy frameworks and the mechanisms for their implementation.

One of the most significant advancement of policy and practice in the latter half of the twentieth century has related to the right of divyangjan to live and participate in their communities, and to secure the maximum possible support so that services related to employment is provided through systems that comply with minimum standards of quality. In this context, it is also important to realize that disability rights cannot be fought for and secured in a vacuum. Inevitably, the issue of disability is related to many other social, economic and political issues, including those of chronic poverty, gender equity and environmental damage. As human beings, in addition to employment, all divyangjan need a safe, secure and accessible environment which is respectful of their dignity. We need to learn to care for all human beings as human beings, with due respect for all their differences.

### REFERENCES

1. Advisory Council for Disabled Persons. 1990. Fulfilling the Potential of People with Disabilities. Toronto, Ontario.

2. AFL-CIO Department of Civil Rights. 1994. Unions and the Americans with Disabilities Act. Washington, DC: AFL-CIO.
3. AFL-CIO Workplace Health Fund. 1992. Ergonomic Training Program. Washington, DC: AFL-CIO.
4. Bing, J and M Levy. 1978. Harmonisation et unification des législation de réparation du handicap. *Droit Soc* 64.
5. Bruyere, S and D Shrey. 1991. Disability management in industry: A joint labour-management process. *Rehab Counsel Bull* 34(3):227-242.
6. Canada Royal Commission on Equality in Employment and RS Abella. 1984. Report of the Commission on Equality in Employment/Rosalie Silberman Abella, Commissioner. Ottawa, Canada: Minister of Supply and Services.
7. Degener, T and Y Koster-Dreese. 1995. Human Rights and Disabled Persons. Dordrecht: Martinus Nijhoff.
8. Despouy, L. 1991. Human Rights and Disability. Geneva: UNESCO.
9. Fletcher, GF, JD Banja, BB Jann, and SL Wolf. 1992. Rehabilitation Medicine: Contemporary Clinical Perspectives. Philadelphia: Lea & Febiger.
10. Getty, L and R Héту. 1991. The development of a rehabilitation program for people affected by occupational hearing loss. II: Results from group intervention with 48 workers and their spouses. *Audiology* 30:317-329.
11. Gross, C. 1988. Ergonomic workplace assessments are the first step in injury treatment. *Occ Saf Health Rep* (16-19 May):84.
12. Habeck, R, M Leahy, H Hunt, F Chan, and E Welch. 1991. Employer factors related to workers' compensation claims and disability management. *Rehab Counsel Bull* 34(3):210-226.
13. Hahn, H. 1984. The issue of equality: European perceptions of employment for disabled persons. In *International Exchange of Experts and Information in Rehabilitation*. New York: World Rehabilitation Fund.
14. Helios, II. 1994. Economic integration of disabled people, exchange and information activities. In *The Vocational Counsellor*.
15. Mondal, A. (2011). *Education of Children with Disabilities in India: Concern and Policy Perspective*. New Delhi; Vikas Publications
16. National programme on orientation of medical officers working in primary health centres to disability management. New Delhi, Rehabilitation Council of India, 2009 retrieved from (<http://www.rehabcouncil.nic.in/projects/phc.htm>, on 8th February 2014).
17. National Trust for the Welfare of persons with Autism, cerebral Palsy, mental Retardation and Multiple Disabilities Act 1999, Government of India, New Delhi.
18. National University of Educational Planning & Administration (2014), Report on Education for All-Towards Quality & Equity in India.
19. NSSO report no. 485 (2002). 58th round: survey on disabled persons in India, New Delhi.
20. Panda, K.C. (2003). *Mental retardation- disability status in India*, New Delhi, RCI, Pp 307-408
21. Pandey, R.S., & Advani, L. (1995). *Perspectives in disability and rehabilitation*. New Delhi: Vikas Publishing House Pvt. Ltd., p.226
22. Peshawaria, R., Menon, D.K., & Venkatasana, S. (2003). *Status of Rehabilitation Services for persons with Mental Retardation in India*. Secunderabad: NIMH.
23. Punani, B. and Rawal, N.S. (1997). *Manual: Community Based Rehabilitation (Visually Impaired)*. Mumbai; National Association for the Blind.