Sheltered housing – life satisfaction of people with mental disabilities vs. stress of workers

(scientific paper)

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Abstract: *The paper deals with the presentation of partial results of the research which was conducted in order to evaluate the life satisfaction of people with mental disabilities who live in selected sheltered houses in Olomouc and Zlín regions. Further, the research is concerned with different strategies leading to stress management among workers in this platform. Quality of life is a multidimensional concept that has gained considerable attention in recent years. It is used primarily to evaluate personal satisfaction, as a quality indicator of service and success. It has a major impact on the mental development of the individual and his mental well-being. Variable aspects are not only time but also the experience that an individual acquires throughout life. In this process, the staff accompanying them to the path of independence plays indispensable part. The higher demands are placed on the staff that are therefore more vulnerable to stress and situations that produce this defensive reaction of the organism. Partial results of the research were obtained with the support of the student grant IGA_PdF_2015_003 Perception of the subjective impact of disability / presence of chronic illness and the concept of health awareness and literacy at Palacky University in Olomouc.The questionnaire of life satisfaction in the Czech translation by Rodný, Rodná (2011) was administered to 50 subjects in order to establish the life satisfaction in various areas: health, labor and employment, financial situation, leisure, person itself, social relationships, and housing. The results were compared with 50 subjects from Zlin and Moravian--Silesian region, where the Quality of Life Questionnaire by Shalock, Keith (1993), the Czech version mediated by Quip, was administered. This issue is closely connected with partial results of multidimensional self-observational inventory that captures individual tendency to use different ways of responding to stress in stressful situations. Construct applied in 32 subjects from Olomouc and Zlin region was a standardized questionnaire Stress Management Strategies SVF 78 by Janke, Erdmann in Czech translation by* Švancara *(2003). Partial results of the research were presented at the international*

(Slovak Republic) and domestic conferences (Olomouc, Hradec Králové) and complete results will be presented in an upcoming publication.

Keywords: *social services, sheltered housing, social worker, stress, life satisfaction, adults with mental disabilities*

1 Introduction

Life satisfaction is currently a hot topic addressed by many researchers. Much of the research is trying to explain a construct of life quality. It is a multidimensional concept that must be applied especially in the social area, education and health care, as authors Gomez, Arias, Verdugo and Navas (2012) mention. The current trend of deinstitutionalization of large residential facilities and the transformation process show us a new dimension of life quality. This paper focuses on the life satisfaction of people with mental disabilities living in sheltered housing. The second part of the research focuses on the workers employed in this kind of social platform. Occupational load on social service workers may cause immune reactions, including stress. In today's world, stress belongs to everyday life. Stressful events are a part of every human life. It can be e.g. a death in the family, divorce, problems at work, school, etc. (Aldwin, 2007) In the first part, the information on social services, platforms of sheltered housing, social services workers, stress, quality of life and specifics of people with mental disabilities will be defined. In the second part, goals, methods, the specifics of the target group and partial interpretation of research results will be dealt.

2 Social Services

The great twists after the year 1989 came in the area of social services, when the conditions of political and economic life have changed fundamentally. The Czech Republic's accession to the European Union, whose strategy is based on creating new opportunities in the community and support the vulnerable population groups in order to prevent social exclusion, brought further changes. (Bartoňová, Bazalová, Pipeková, 2007) According to Novosad (2000), social services are a concrete outcome of social policy, which represents a relatively wide range of support measures and assistance that comes from the necessity to deal with adverse life situation of people with disabilities. As reported in Máhrová, Venglářová (2008), this system should include the greatest variety of services with the aim of preventive action in all spheres, leading to improvement of life quality.

The area of social services belongs to the Ministry of Labour and Social Affairs of the Czech Republic (MLSA CR), and help people to live a normal life, enable them to work etc. Social service represents activities that are provided under Act No. 108/2006 Sb. Social Services, as amended. This law clearly defines the types of social services, provides various forms of care from personal assistance through counselling to residential services and identifies devices that can provide them. It further regulates the conditions of providing assistance and support of individuals in an adverse social situation through social services and care allowance, the conditions for authorizing the provision of social services, and others.

At present, the sheltered housing is among ones of the rapidly expanding social services, which is provided to individuals with reduced self-sufficiency due to disability or chronic illness, including mental illness who need assistance of another person. (Act No. 108/2006 Sb.)

2.1 Sheltered housing

Sheltered housing for people with disabilities is governed according to law no. 108/2006 Coll. About social services, as amended, pursuant to § 51, where terms to help individuals who find themselves in a difficult life situation and its consequences require the assistance of another person are adjusted. This is a relatively new concept, falling within the competence of the Ministry of Labour and Social Affairs, section of Social Welfare. The concept is currently associated with the transformation process. The first projects have already emerged in the 90s, where the growing concern about the quality of care for people with disabilities and emphasis were placed on social care. This trend is related to the expansion of other social services by non-profit organizations.

Individual authors in this field correspond in many respects. Rada (2006) notes that in the modern and developed world there is an extended social service that allows independent living for individuals, who due to medical or social situation normally cannot live independently. Pipeková (2006) adds that the service allows users to live a relatively independent life in the common environment of own household. This is confirmed by Sobek (2009), who considers sheltered housing as an alternative to traditional institutional care. Users can live in a normal environment in the apartment or house and according to their abilities, they can take care of their home and live as independently as possible. The benefit is seen in social inclusion with the possibility of involvement to normal life.

Sheltered housing is a long-term service and its planning must be based on this fact. Accepting of new users is a specific process with certain rules. (Pipeková, 2006) Sheltered housing provides the full range of personality development for people

with disabilities. In connection with our applied researches we speak about activities that are associated with social skills (learning and activation) – working inclusion and productivity, independence, rights assertion – personal matters, the application of interest, breadth of social networks – mediating of the contact with society, community engagement etc. The importance of this form of housing is confirmed by domestic studies carried out in 2008–2011, which were attended by 95 people who wanted to leave the institution. The results showed that the place where these people want to live "*are determined mainly by offer of residential social services such as home for people with disabilities, sheltered housing*." (Johnová, Strnad, 2012, p. 33)

Pipeková (2006) lists the various divisions of sheltered housing:

- The first of this form is usually built on the premises of the institution – home for people with disabilities. Users have a structured daily routine, contents of activities and their life is closely linked to the institutional environment. This is a way of humanization of the environment.
- Another type is the home of family type – these are few independent apartments. The total number of users should not exceed twenty.
- Sheltered flats are full form of user's integration. Users use the standard flats. The number of users ranges from 1–5, where everyone has their own room and the assistant who helps them in running a household. (Pipeková 2006)

The above mentioned is also confirmed by Švarcová (2011), who considers sheltered housing as one of the most advanced forms of perennial care. Sheltered housing has the nature of common household and assistants help adult users with everything they cannot cope themselves (e.g. cleaning, cooking, self-care, etc.). Assistant here is a consultant and helper. According to the author, a sheltered housing makes difference if users work, visit various centres and institutions for employment and leisure time. However, if the user spends most of his time in sheltered housing, he or she does not get in touch with the surrounding environment, then this service will not function properly and the integration of the individual into society fails. Contact with family and friends should be realized through mutual visits.

2.1.2 Worker in social services

Worker in sheltered housing i.e. social worker, but also other employees are always obliged to respect the privacy of users. This occupation belongs to the so-called helping professions. Hartl, Hartlová (2000, p. 185) define an umbrella term for a number of professions, whose job is to "help people" as *"collective name for all professions whose theory, research and practice focus on helping others, identifying and*

solving their problems and acquiring new knowledge about man and his conditions of life, so that assistance could be more effective; including doctors, esp., psychiatrists, psychologists, social workers, special education teachers etc."

Michalík et al. (2011, p. 14) states: "*We can say that in general we are talking about professions, which are oriented to the needs of man and its essential feature is such behavior towards another person, which is focused on solving the needs and providing support and assistance. An essential feature is also a focus on the individual needs. The main goal is to help and support and they are also the reasons for their existence.*"

Providing support and assistance for given individual is very demanding work that requires certain worker's skills. As Hawkins, Shohet (2004) point out, it is very important that "helper" reacts in time to the first signs of overloading and make sure of support which will be provided if needed. The sooner we start working with threatening factors, the sooner we react to the stress caused by them.

3 Stress

In a broader context, this term reflects psychological burden. The American physiologist WB Cannon was the first one who began to deal with problems of stress. In 1915 he described the response to the threat, which he referred to as FF "fight or flight".

The term "stress" was used by H. Saly in 1956. His concept is now referred to as the "general adaptation syndrome" – General Adaptation Syndrom (abbr. GAS). (Křivohlavý, 1994 in Stackeová, 2011) The author also established the basic structure of stress:

- Eustress – positive stress, certain amount of stress is important for our lives and helps us grow, it is motivating and its result is better performance etc,
- Distress – a negative stress, excessive physical or mental stress, which is negatively perceived, it is a constant tension, can lead to burnout. (Kraska-Lüdecke, 2005)

According to Nakonečný (2004, p. 256), burden is "*psycho-physiological changes caused by situations which we cannot adapt to, respectively, situations that require excessive psychological or psycho-physical strain.*" Vágnerová (2000) understands the stress likewise – she designates it as an excessive burden or a threat. She also highlights a broader approach to the concept from the perspective of biomedical and psychological.

Conversely, according to Melgosa (1999), stress is not the anxiety, the fear, the direct cause of the disease (although it often contributes to its development).

Each defensive reaction of the organism has its cause. The stress is caused by a stressor that Atkinson (1995, in Urbanovská, 2010, p. 9) understands as *"any*

circumstances, conditions or stimuli inducing stress in humans, oppressive feeling of tension, uncertainty or risk". Stock (2010) divides these stressors on physical (noise, hunger …), psychological (time constraints, excessive workload …), social (conflicts with colleagues at work, bereavement …).

It is necessary to distinguish "stressful situations" that Urbanovská (2010) sees as a stressful situation or imbalance between the demands of the situation and competencies (capabilities, skills) needed to manage them from stressors. Praško (2001, p. 14) defines this "stress response" of the body as an *"alarm reaction of the organism, which mobilize the energy needed for rapid concerted action".*

Response to the stressor may have a sequence, the so-called General adaptation syndrome (GAS) have three basic stages:

a) alarm response phase – the first immediate reaction of the organism to stressors, the body reacts with shock, with the chaotic external reactions and dampening of defense reactions
b) resistance (adaptation phase) – relative calming of the organism, the organism activates mechanisms for stress relief
c) the stage of exhaustion – if stressors affect the organism for too long and the organism has no longer necessary adjustment means, it has the negative consequences, exhaustion often passes in pathologies (hypertension, immune disorders …).

To be talking about the general adaptation syndrome (GAS) all three stages do not have to become evident. Only the serious state of stress lead to a total exhaustion.

Avoidance of these stressful situations can be called coping strategies, which are conscious mental and behavioral-specific stress responses, which in addition to biological and physiological adaptation or defensive mechanisms enable an individual to cope with over-limit mental stress. (Urbanovská, 2010).

Authors Janke, Ermannová (2003) divide coping strategies to:

a) Action Strategy – e.g. the attack, escape, inactivity, social withdrawal, another chain of negotiations leading to a change or elimination of the stress response or reaction to stress
b) intrapsychic strategies – include diversion, underestimation, denial, reassessment etc., summarizes cognitive processes such as perception, imagination, thinking, etc.

Based on the experience these authors have created the questionnaire SVF 78 (originally SVF 120), in which they distinguish 13 basic coping strategies: underestimation, rejection of guilt, diversion, substitutive satisfaction, controlling

of the situation and reactions, positive self-instruction, the need for social support, avoidance, reflection, resignation and self-blame. This questionnaire was applied in our research.

Nowadays we can find more than 40 different kinds of defensive mechanisms, as stated Křivohlavý (1994) so called System DMI (Defense Mechanism Inventory) whose authors are Ihileviche and Gleser and where 5 groups are distinguished: inadequate or overly aggressive and hostile reactions, self-incriminating reactions, projections, crowding and denial, intellectualization and rationalization. These defensive mechanisms are one of the possible ways to handle stressful situations. Kebza (2005) and Křivohlavý (1989) consider these defensive mechanisms as a substitutive, not fully-fledged way of coping with stress. While the strategies to cope with life crises are seen as those which take account of the reality. (Křivohlavý 1994)

4 Life satisfaction of people with mental disabilities

As already mentioned above, there is currently a growing interest of many authors on life satisfaction / life quality of people with disabilities. This increased interest is not confined to the field of physical and mental health, but especially, as in the case of our target group, to integration of people with mental disabilities in the intact society (support at work and social inclusion), quality of service etc. The quality of life can be viewed from different angles. Objective quality monitors material security, social conditions of life, social status and physical health. It can thus be defined as the sum of economic, social, health and environmental conditions that affect human life. Subjective quality refers to the actual perception of one's position in society, when the final satisfaction derives from personal goals, expectations and interests. (Mühlpachr, Vaďurová, 2006). Čadilová, Jůn, Thora et al. (2007) add that all people with disabilities have the same rights to meet their needs as other citizens of the Czech Republic, i.e. the needs of safety, security and privacy, needs of belonging, esteem and respect, the needs of others. Selikowitz adds (2005) that people e.g. who are not able to handle some of its own affairs, and they need to be provided of some form of protection, particularly in the important decisions, but only to the extent that is needed are the exception.

4.1 An adult with mental disabilities

Adulthood of people with mental disabilities is not fundamentally different from intact adult persons. Hartl, Hartlová (2000, p. 120) defines it as *"the peak of development of specific function or set of functions"*, dividing it into biological adulthood, emotional, social and cognitive. Vágnerová (2004, p. 119) says that it is a *"period of freedom of*

choice, connected with the responsibility for their decisions, and the ability to obtain and fulfil their relevant roles."

Specific that plays a role in this area is the mental disability. Vašek (1994) states that it is an umbrella term that refers to a person located in the zone of mental retardation (IQ below 85). Regarding to a mental retardation, we talk about lower intellectual abilities (especially in cognitive, language, physical and social areas). (Valenta, Müller, 2007) personality specifics of the target group, however, are the particularities which cause that the physical presence in mainstream society still does not contribute to achievement of integration, but on the contrary, these people often remain due to the following grounds on the edge. Research has shown that people with mental disabilities often make friends with people with the same type of disability. (Emmerson, McWilly, 2004) Other authors much earlier pointed to a real key factor of integration, which is to induce the friendship of people with mental disabilities and the intact people. (Kennedy, 2000) International researches are trying to direct attention to individual areas and their influence, which are reflected in the life quality of people with disabilities.

4.1.1 Influence of various determinants on life satisfaction

The individual components of our lives have influence on overall life satisfaction. One of them is employment. In the case of people with intellectual disabilities we talk about the possibility that defines Employment Act no. 435 / 2004Sb., § 69 as vocational rehabilitation, *"continuous activity aimed at obtaining and maintaining suitable employment of people with disabilities"*. This is an activity that involves theoretical and practical training for future occupation under special legislation (Education Act 561/2004 Sb.). Currently, there are several options that differ in levels of potential success on the job market – the free work market (transit program, supported employment, sheltered work place, social entrepreneurship), day care centres, clinics and socio-therapeutic workshops. The individual needs of individual motivation, experience with job training etc. are always taken into account.

The possibility of employment does not symbolize just a great economic independence for people with mental disabilities but it is also closely linked to lifelong learning and has fundamental influence on the development of individual competencies. That is a preventive factor in the fight against socio-pathological phenomena. (Černá, 2008) a constituent of their own self-realization should not to be overlooked. (Pipeková, 2006) From the results of research the positive relationship to work was found with people with mental disabilities. The importance of forms of housing was reflected in better money management and the ability to independently find work for people from sheltered housing. Dependence on care and support

services is reduced through the work. (Kasáčková, Kozáková, 2014) People with mental disabilities note the importance and indispensability of work in their lives and freedom of choice in its selection. In connection with this fact, the extension of social contacts with intact individuals with regard to the stay in a natural environment was positively assessed. (Kasáčková, 2014)

Following opportunity for social interaction e.g. a form of socio – therapeutic workshops aimed at training people with mental disabilities in social skills. Here the emphasis is on the development of theoretical and practical skills that these people once acquired during compulsory schooling. People with intellectual disabilities educated through this form perceive opportunity for education as an essential part of preparing for future jobs. In the long term, preparation for the work process and subsequent employment have beneficial effect, which has been confirmed by intact society. (Kasáčková, Kozáková, 2014)

Acquiring the necessary skills and competencies needed for life allows a person with mental retardation smooth transition. Leisure activities have a major impact on shaping the personality of the individual. It is important to know how to use them effectively. At this time, we should pursue activities that we love and which bring us joy and relaxation. This is not an obligation. It is a time when you must, on the contrary, get rid of work and responsibilities. (Pávková, 2002). To imagine how they can spend time can be very difficult for people with mental disabilities. Especially for people who move from homes for people with disabilities, where the leisure activities are organized, into sheltered housing, where they have personal choice. In this case, they can take advice of assistant, who may offer the user some options. (Matoušek, 2005) *"One of leisure opportunities for people with mental disabilities are programs in day care centers, where clients can come in the morning or in the afternoon after work. Activities may take the form of various interest groups, artistic or occupational therapy. Some clinics operate according to individual plans, thus trying to support users in the development of various skills"* (Matoušek, 2005, p. 125), motivation and spontaneous interest of the person play an important role.

All of the above mentioned determinants play an important role in the socialization process, i.e. the level of integration of the individual into society. It is a never ending process, which has an impact on the personality of the man and his individual requirements (standards, values, etc.). It is the interaction between the individual and society. (Vágnerová, 2004)

5 Methodology and research goals

The main objective of the first part was to analyse the life satisfaction of users with mental disabilities in sheltered housing in Olomouc and Zlín and subsequently compare with the life quality of people with mental disabilities from sheltered housing in the Moravian-Silesian, South Moravian and Zlin Region.

The main objective of the second part of the research was stress management using certain strategies for workers in sheltered housing in Olomouc and Zlín regions.

Methods

The main method for data collection was a questionnaire of life satisfaction from Rodného, Rodné (2001). The questionnaire includes 10 areas for which the subjects answer on a 7-point scale (from very dissatisfied – 1, to very satisfied – 7). Total score of each field is converted by age of subject to a standard score called Staninov standard. Due to the specifics of the target group, we could not evaluate overall life satisfaction, because our subjects did not always meet conditions for completing the required fields – the absence of an intimate partner, marital or absence of their children. Applied method was complemented by socio-demographic data. Data were evaluated quantitatively. The second tool was a life quality questionnaire by Shalock and Keith (1993), based on the completed pilot study to validate a research tool in 15 respondents with mental disabilities. This questionnaire was administered in a form of structured interview (questionnaire conditions allow it), thanks to which errors will be minimized. The questionnaire contains closed (selective) questions. It is made up of four psychometric scales, each of which is composed of 10 questions and the overall score is calculated out of them. We are talking about the area of satisfaction; ability / productivity; the possibility of decisions / independence; sense of belonging / community involvement. The result in each scale may be in the range from 10 to 30 points, while the higher the result the greater satisfaction etc. The total score is the sum of the results of these various domains and it moves in the range from 40 to 120 points.

The second research survey used a standardized questionnaire Stress Management Strategies SVF 78 by Janke, Erdmann (translated and edited by Josef Švancara). It is a multidimensional introspective inventory showing the individual tendency to use different ways of responding to stress in stressful situations. He proved himself in comparing groups exposed to various forms of stress (in all difficult situations, in the field of health psychology, psychology of illness, occupational psychology, etc.) (Janke, Erdmann, 2003).

Both questionnaires were evaluated by a competent person so designated, i.e. psychologist.

The sample

Subjects consisted of 50 users with mental disabilities in sheltered housing, who were selected by simple intentional (purposeful) selection, which according to Miovský (2009), we select potential research participants who meet certain criteria, therefore they are suitable subjects in research, but with the condition of consent in case of their inclusion. Due to the specifics of this group of people questionnaires were filled out in 15–20 minutes, compared with an average reported length of 5–10 minutes.

The data were collected in the period of 02 / 2015–04 / 2015. Addressing users knew the environment well and had confidence in researchers after learning the details of this research.

The results were compared with 50 subjects from Zlin and Moravian-Silesian region, where the Quality of Life Questionnaire by Shalock, Keith (1993), the Czech version mediated by Quip, was administered. Condition set by researcher wasthe stay of users in sheltered housing for 1–5 years (dated to the day of the start of survey) from the year 2011. Sheltered housing was included into random selection, whose creation was supported by the project 1st call for Intervention area 3.1, regarding the process of transformation of residential social services in a different type of social services.

Due to the specifics of this group was to fill out questionnaires time allocated 15–20 minutes. The data were collected in the period of 05 / 2015–07 / 2015.

The results of the second part of the research were the questionnaire of SVF 78. The questionnaire is intended only for adults aged 20 to 64 years, deliberately it does not use the word "stress". It is assumed that a subject works separately. Our group consisted of 32 respondents-workers from sheltered housing in age from 20 to 64 (respondents were divided according to the age by the SVF 78 questionnaire into three grades: 20–34 years, 35–49 years and 50–64 years). Total time to complete the questionnaire is usually 10–15 minutes. Filling in the questionnaire should not be interrupted, otherwise it is impossible to interpret part of the questionnaire. (Janke, Erdmann, 2003) There are a total of 13 subtests (coping strategies). Each subtest consists of six items. In total, the questionnaire contains 78 questions (items). Individual subtests are further divided into positive and negative strategies. Positive strategy is divided into POZ1, POZ2 and POZ3:

POZ 1 – reassessment and devaluation strategy – for these strategies there is an effort to rethink (especially reduce) the severity of the stressor, stress response.

POZ 2 – diversion strategy – subtest includes the tendency to move away from stressful situations / events and / or inclination to substitutive (alternate) situations / states / activities. With men, we see a slightly higher tendency of this kind.

POZ 3 – Control Strategy – subtest consists of a circuit which includes the constructive efforts of managing / controlling and responsibility.

POZ – positive strategy – POZ1, POZ2 and POZ3 together.

NEG – negative strategy – There is a tendency to use negative, stress, boosting methods of processing stressful situations.

Compared to the previous version of the questionnaire – a questionnaire SVF 120, education is not seen as a screening factor in SVF 78.

Interpretation of results

A standardized questionnaire of Life satisfaction in Czech translation by authors Rodný, Rodná (2001) was completed by the respondents with mental disabilities from sheltered housing in the Zlin and Olomouc regions. The total number of respondents is 50. Distribution of respondents into age groups 14–25 years, 26–35 years, 36–45 years, 46–55 years, 56–65 years, was important to properly evaluate the different areas of a standardized questionnaire. The suitability of this instrument was verified by comparisons with the life quality questionnaire by Shalock, Keith (1993), which is intended for a target group of people with mental disabilities. Partial results of this research were obtained from other respondents of sheltered housing in the Zlín and Moravian-Silesian region. For greater clarity, the respondents were age-divided according to the same criteria as the previous tool.

Table 1. Distribution of respondents by age QoLS

age	women		men		total	
	Absolute frequency	Relative frequency	Absolute frequency	Relative frequency	Absolute frequency	Relative frequency
14–25	1	2%	0	0%	0	0%
26–35	13	26%	14	28%	27	54%
36–45	9	18%	7	14%	16	32%
46–55	1	2%	3	6%	4	8%
56–65	2	4%	0	0%	2	4%
total	26	52%	24	48%	50	100%

Table 2. Distribution of respondents by age QQoL

age	women		men		total	
	Absolute frequency	Relative frequency	Absolute frequency	Relative frequency	Absolute frequency	Relative frequency
14–25	1	2%	0	0%	1	2%
26–35	11	22%	8	16%	19	38%
36–45	6	12%	10	20%	16	32%
46–55	8	16%	3	6%	11	22%
56–65	3	6%	0	0%	3	6%
total	29	58%	21	42%	50	100%

We used questionnaires to more subtle differentiation of acquired data. Subsequent partial results deal with different areas of life of people with mental disabilities in comparison with the standard (ie. people intact). The second questionnaire (QQoL) is compared with the norm of persons with mental disabilities.

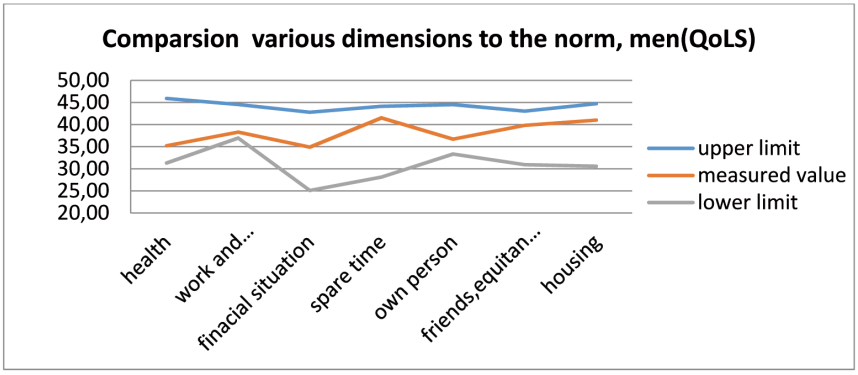

Chart 1. Comparison of different areas with the norm, men (QoLS)

Chart 1 gives us insight into different aspects of life and their relationship to a given standard. We concluded from these results that partial results for men with mental disabilities in the areas of health, work and employment, financial situation, leisure, person itself, friends, acquaintances and relatives, living are in comparison with intact populations completely normal and do not show significant deviations.

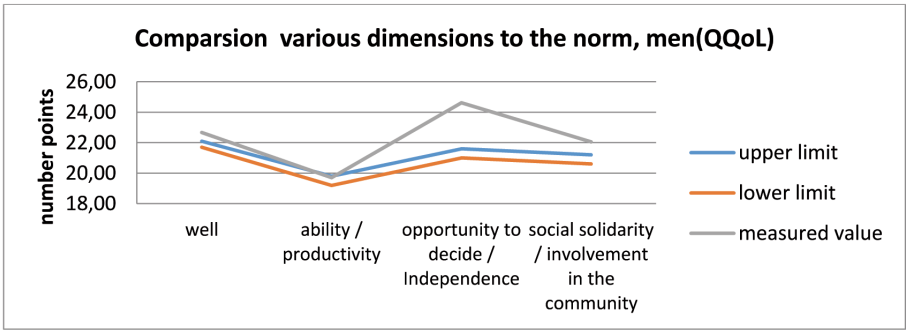

Chart 2. Comparison of different areas with the norm, men (QQoL)

Chart 2 shows the results which were compared with the norm of men with mental disabilities. The results show the following facts. Deviation of satisfaction is above the upper limit of norm.We monitor a slight deviation, which almost coincides with the upper limit of the ability / productivity. From this result we can say that men from the sheltered housing that are employed are mostly satisfied with this work, as well as with financial rewards, and also with the relationships in the workplace. A highly rated area above the upper limit of norm is considered as an extreme deviation. This is an area of the possibility of decision / independence. This means that the form of sheltered housing represents more freedom of choice, freedom of movement and independence to make decisions on matters of their life for men.

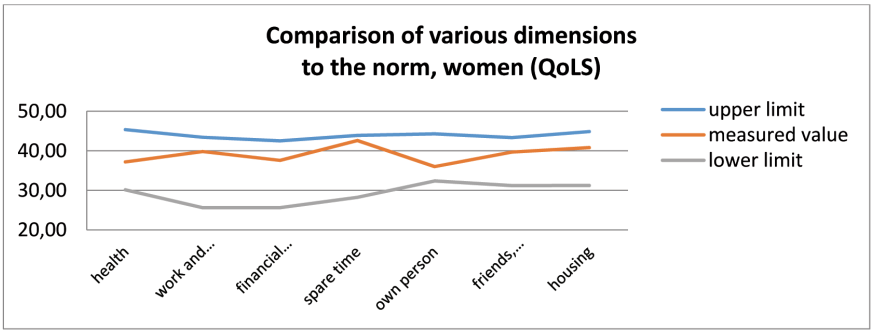

Chart 3. Comparison of individual areas compared to the norm, women (QoLS)

Chart 3 shows us the satisfaction of women with mental disabilities in various areas of life. On closer examination, we might say that the area of free time for women with mental disabilities is approaching the upper limit of the satisfaction of intact

females, which demonstrates that even people with disabilities spend their time as valuable as intact people.

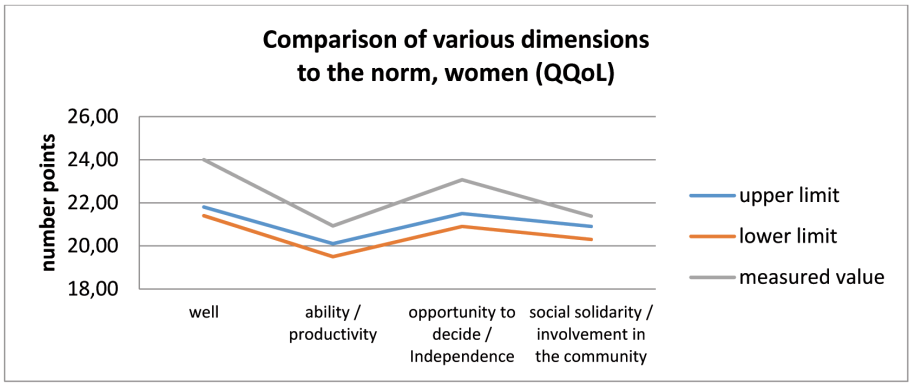

Chart 4. Comparison of individual areas compared to the norm, women (QQoL)

Chart 4 confirms that women with mental disabilities from sheltered housing are excessively satisfied in all areas of their lives, compared with the norm of women with the same type of disability.

Workers in sheltered housing were given a standardized questionnaire Stress Management Strategies SVF 78 (Streβverarbeitungsfragebogen) by authors Wilhelm Janke and Gisela Erdmann. Joseph Švancara translated that questionnaire Into the Czech language. The partial results of this research will present data from 32 respondents. The following table shows the age distribution of respondents.

Table 3. Distribution of respondents by age

	women		men		total	
age	Absolute frequency	Relative frequency	Absolute frequency	Relative frequency	Absolute frequency	Relative frequency
20–34 years	9	28,12%	4	12,50%	13	40,62%
35–49 years	10	31,25%	2	6,25%	12	37,50%
50–64 years	4	12,50%	3	9,38%	7	21,88%
total	23	71,87%	9	28,13%	32	100,00%

Distribution of respondents in age groups 20–34 years, 35–49 years, 50–64 years, is important for a proper evaluation of the individual subtests of a standardized questionnaire SVF78. The questionnaire is used to finer differentiation of the obtained values. The following charts will examine different strategies for women and men in comparison with the norm.

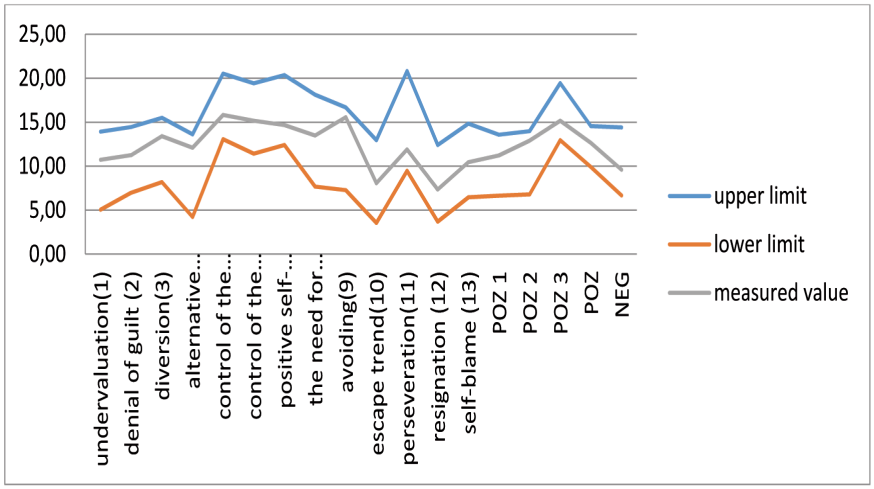

Chart 1. Comparison of different coping strategies with the norm, women

Chart 1 shows that all the strategies for coping with stress are among workers of sheltered housing in the standard. There is no subtest in which workers would be below / above the norm. Interview SVF78 distinguishes 3 categories of positive strategies and 1 category of negative strategies:
POS (positive strategies) – POZ1, POZ2 and POZ3 together.

- POZ1 – Strategy of rethinking and strategy of devaluation – this is an effort to reduce / re-evaluate the severity of the stressor, stress response.
- POZ2 – subtests include the tendency to move away from a stressful situation or a tendency to shift to substitute situations / states etc.
- POZ3 – these subtests deal with a constructive effort to managing / control and responsibility. NEG (negative strategy) – subtests in this category includes the tendency to deploy stress reinforcing ways to handle stressful situations.

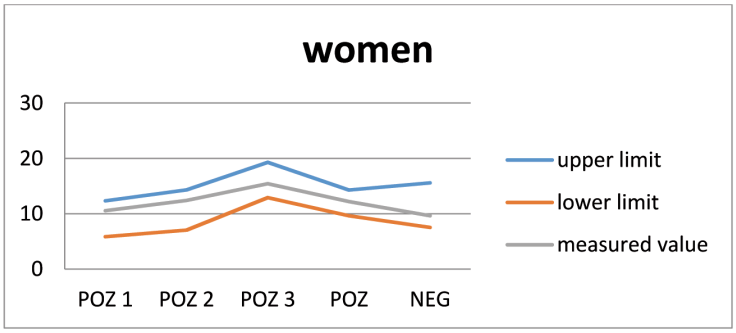

Chart 2. Comparison of the positive and negative coping strategies with the norm, women

It is again seen from the chart 2 that the individual positive and negative strategies are quite normal. A closer comparison of strategies for women in different age groups shows that:

- Women aged 20–34 are slightly below normal in the strategy NEG,
- Women aged 35–49 are slightly above the norm POZ2. This means that they have e.g. a greater tendency to substitute satisfaction (good food, buying clothes).

The following charts will focus on men – workers in sheltered housing

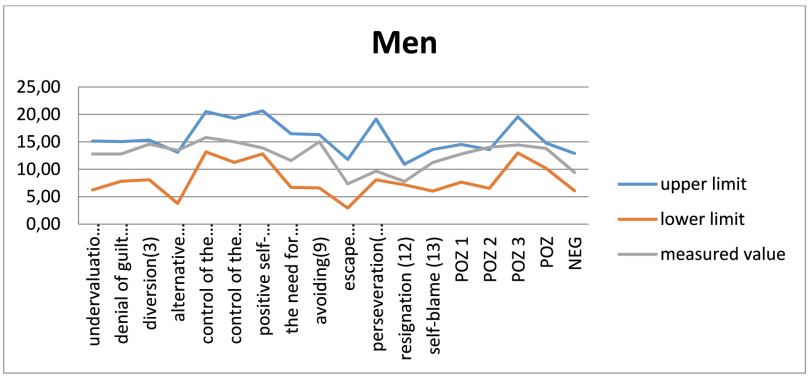

Chart 3. Comparison of different coping strategies with the norm, men

When looking at Chart 3, we see that the only deviation from the norm for men as a whole is in the subtest 4 – Substitutive satisfaction. Deviation from the norm is at least higher than the norm, and it is possible to say that men have a slightly higher tendency towards behavior that is focused on positive emotions, which are not compatible with stress (e.g. Good food).

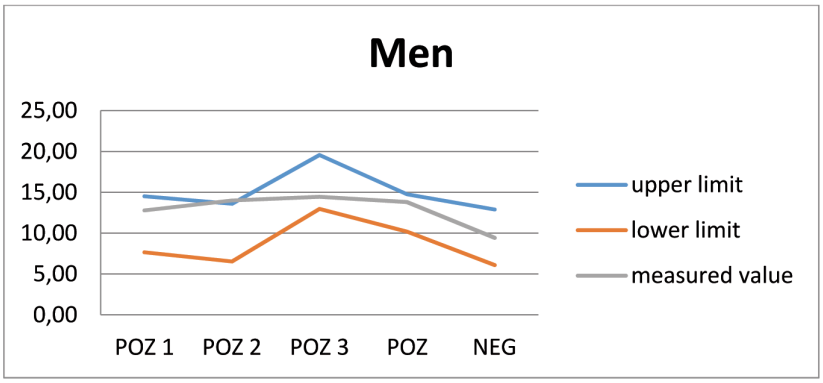

Chart 4. Comparison of the positive and negative coping strategies with norm, men

Chart 4 shows that men have a slightly larger deviation from the norm in POZ2 as well as women in the age group 35–49 years, they have a greater tendency to move away from a stressful situation or a greater tendency to shift towards substitutive satisfaction. If we look at the man in detail (by age categories), we find that:

- Men of all ages have slightly higher deviation from the norm in POZ2,
- Men aged 20–34 also have a slightly lower deviation from the norm in POZ3 – less constructive tendency to cope with the stressful situation.

Conclusion

Partial results of the research, whose detailed overview will be further dedicated inforth coming publication IGA_PdF_2015_003 Perception of the subjective impact of disability / presence of chronic illness and the concept of health awareness and literacy at Palacky University in Olomouc, brought interesting insights. People with mental disabilities living in sheltered housing show a high level of satisfaction in individual areas. Although, the first applied questionnaire (QoLS) is compared with intact population, even in this case, these people are satisfied in a given standard, which shows that they were easily included into our society. The results from the second survey (QQoL) confirm this fact, and furthermore it confirms that people with mental disabilities compared to their peers (norm of people with mental disabilities), by contrast exhibit excessive satisfaction in all areas that are above the upper limit of prescribed standards. The results for men and women are also very interesting because more extreme fluctuations appear with men than with women, when satisfaction is rather constant above its upper limit. It may mean that man are more enthusiastic, while women are more deliberative and rational. These results

confirm that the platform of sheltered housing plays a very important role in the lives of people with mental disabilities, and has a positive influence on them in the context of overall life satisfaction.

Despite the fact that the staff of sheltered housing belong to the so-called helping professions, where stress is on daily basis, the partial results of the research presented in this paper show that women handle stress very well. Men are sometimes out of the norm regarding the coping with stress, but there is not many large deviations. For men, the standard deviations are shown in infrequent strategies – subtest 8 and 9. Compared to women, men have a higher tendency to seek social support during stressful situations altogether with total avoidance of stressful situations and also a higher tendency to substitutive satisfaction, i.e. act which is focused on the positive feelings that are not associated with stressful events.

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