JobFit–Training for career–choice and employability of adolescents and young adults (16 – 26 years) with corrected congenital heart defects

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Index

1. Introduction
2. Objective
3. Method
4. Results
5. Conclusion
6. Discussion
Adolescent and young patients with corrected congenital heart diseases have some disadvantages – like most patients with chronic illnesses, and need special training for occupational choice, career insertion and employability.

This is especially the case for patients growing up in countries as Bolivia, where the chances for surviving major CHD have increased only recently.
Improve personal and employability skills to activate new social roles in patients.

Instead of being a load for their families, they can become active social members, who help and even may work and support financially their families.
Empirical, quasi experimental study

Methodology and Phases of research

Informed Consent & Pre-tests

Post-tests

1st. Intervention

2nd. Intervention

Follow-up Post-tests

Results & Discussion

Data Base Knowledge

Investigation

current state
Sampling is casuistic, intentional, nonrandomized, non-probabilistic.

The sample is extracted by sampling technique Knowledge Data Base.
## Inclusion

Patients whose congenital cardiac defects were been treated via percutaneous cardio-vascular catheterization or via surgery.

Willingness to sign the informed consent form.

Patients aged from \( \leq 16 \) until \( \geq 26 \) years.
Instruments

pre
- Categorization method of major and minor postoperative result (Schickendantz, 2007).

pre-post
Questionnaire: multi methodological diagnostics (Mühlich, Petermann, 2006).

pre
- Cardiac Quality of Live inventory (Marino, 2008).
  General Interest Structure Test / Environment Structure Test
Program / Workshop

**Self-knowledge and Life Skills**
- Self-efficacy and life planning
- Self-regulation
- Coping strategies
- Decision making

**Occupational selection and life Project**
- Job aspirations
- Personal characteristics, interests and values
- Concretize occupational choices

**Employability**
- Advantages and disadvantages of working
- Strategies of finding a job
- Preparation of curriculum vitae and cover letter
- Application for employment training
Alternative hypothesis (Ha). There is significant difference between the measurement variables of the E1, E3, E4, E5, E7, E9 before and after the intervention.

When the ranks are ≤ 0,05 we reject the Ho.

Null hypothesis (Ho). No significant difference between the measurements before and after intervention program, this is due to chance.
Results

1. Introduction
2. Objective
3. Method
4. Results
5. Conclusion
6. Discussion

- **Proactive coping**
  - Major: 15.7
  - Minor: 16.7

- **Proactive attitude**
  - Major: 22
  - Minor: 23.7

- **Self-regulation**
  - Major: 15.2
  - Minor: 15.7

- **Self-esteem**
  - Major: 16.3
  - Minor: 12.7

- **Attention in goal pursuit**
  - Major: 18.5
  - Minor: 20

- **General self-efficacy**
  - Major: 44.8
  - Minor: 53
The program works better with patients who:

(a) have higher IQ scores,  
(b) graduated from high school,  
(c) know themselves better and are more realistic,  
(d) have information & communication technology ICT competencies,  
(e) get support from their families  
(f) have someone who can pay their studies.

Mothers have more difficulties because of cultural traditions.
The interferences for their performance are:
(a) low reading comprehension niveau,
(b) psychic self limitations,
(c) cognitive and emotional blocks,
(d) financial limitations,
(e) absence of family or social networks,
(f) other congenital defects,
(g) other personality disorders.

Final question
• Wy is it that the scores of self-esteem were in severe CHD higher? May it be related to the over-protection?
Self-efficacy is the belief in one’s performance capabilities.

"Whether you think that you can or you can't, you're usually right."
Henry Ford

A JobFit-Training may be helpful for CHD-patients, especially for those with severe postoperative results.