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Labour Market Integration of people with Chronic Disease/Non-Communicable Diseases in selected countries of the European Union (Kaori Yamashita)

Review

Presentation of the formal structure of the work

The table of contents shows the conceptual idea of the work.

The dissertation asks how the integration is possible under the given circumstances and conditions and why it is necessary. By using methods, theories and questions, that broadens and deepens the sight.

As the problem is shown, now the formal structure of the work.

The dissertation is arranged by classic standards. The proportions are built according to the importance and necessities of the contents. The background and the problems are worked out.

The first chapter deals with the assumptions of the EU Social Model with particular attention to the labour market policy. This chapter shows the economic and political conditions in selected countries.

The second chapter deals with the conceptual and institutional aspects related to CD/NCD. The circumstances and the environment of these patients as well as the economic and political conditions in selected countries are investigated. There are 5 social models in the certain countries that are shown, explained and compared.

The third chapter presents the assumptions of the labour market integration of CD/NCD patients in selected countries of the EU. These countries have different models. Therefore the actual situation, integration and future possibilities will be different as they depend on the certain model, its conditions and the conditions in the country itself.

The fourth chapter shows the public sector capacity in the context of CD/NCD of selected countries of EU according to international standards. There is an analysis of the elemental modification among the social welfare systems in Europe and the needs of patients with CD/NCD are analysed. An own survey is included to show the opinions of persons with CD/NCD and those without the disease.

In the end there are presented innovations and modifications beside the obstacles and difficulties which these interventions will bring.

Discussion and evaluation of research issues

It was found out that there is a relationship between poverty and disease.

About 80 million people in the EU are at risk of poverty and social exclusion with increasing tendency.

There are some socially unfamiliar groups which are facing these problems. One of them is the CD/NCD group (Chronic Diseases or Non-Communicable Diseases). A great amount of this population is marginalized and separated from social integration, especially the labour market.

The background is, they are hardly employable. Their disease is invisible and unpredictable of their onset and progression. Therefore productiveness and human relationships at the workplaces are difficult. These reasons keep the patients away from the possibility to join the labour market.

Low income and therapy lead to a poverty circle and affect the whole family of the patient with CD/NCD.

The integration into the labour market should be done because of the following reasons:

Cost-effectiveness

Diseases possibilities for everyone

Meaningful human life

Another limitation of the unemployment for this group was or is the age and a decreasing workforce.

In some countries it was possible to integrate them; other countries still try to do it. Efforts to integrate them will be increased as the Europe strategy 2020 for smart, sustainable and inclusive growth is launched. The strategy focuses on economic resilience through promoting employment.

The first chapter starts with an explanation of the EU, the aims and the basics on which it is established. The reasons for the implementation of the European social model and its principal concepts are shown.

The rules and the possibilities for open coordination are explained. The perspective for further future is described. It is shown that there is a wish of development for the EU and its aims. This work focuses the labour market.

The social models that exist in Europe are described in details and the diversity of the models is shown according to the country it concerns.

It exists a reference to the CD/NCD patients which is shown. As every country has its own model, the aim is to integrate the patients in the country according to the certain model and the European conditions.

There is the challenge to achieve the common goals and to refer to the diversity and characteristics of the certain nation. In the end the human rights have been mentioned as they are in the life of the nation and the human being itself.

The second chapter explains the DC/NCD as well the conceptual and institutional aspects of the diseases.

The speciality of these diseases is that they are long lasting and slowly progressive. Acute phases are not predictable, but can be triggered. A combination of some diseases is possible.

Another aspect is the social problems. The morbidity of men and women is shown, it is different. The symptoms of the diseases and the severity are different too.

As they are often related with death these diseases are a challenge not only for the labour market.

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Because of the social and economic aspects, it leads to an inequality of income, occupation, education, housing and life-style. The occupation turns a person wealthier or poorer but at the same time it influences the health and the social standard.

Depending on the social system its dynamic and flexibility causes if patients with CD/NCD are integrated in the labour market or not.

Changing conditions at the labour market leads to more integration of the CD/NCD. Their integration with all the social, economic and other side-effects is different in the certain countries and social models. The quotas are shown in the concerning countries.

The importance and the meaning of the integration of this population are emphasised. The ideas how to get them in work as well as the economic and financial aspects are discussed, also the cost-effectiveness aspects. Another reason is the possibility that a certain disease can touch everyone and the importance of the aspect of meaningful lives

The third part emphasises the assumption that it is necessary to integrate the population which suffers from CD/NCD. These possibilities of integration into the labour market are shown.

To get this managed it is important to present in details the social model in the certain countries.

The reference to a certain disease, to the country and the main problems are shown. For example, it is important to know the gender aspect: especially women supply the ill person. These persons who suffer from a disease are supplied in the family. It means that somebody without a family or partnership has a disadvantage.

The health care system and what a certain person has to pay out of its own pocket or how long he/she has to wait until he/she can contact a nurse or a specialist depends on the system. All this is influenced by the health order that exists in the examined country. Stigmatisation and discrimination are different aspects.

It depends on certain conceptions if it is possible to integrate the patient into the labour market or to give him benefits to keep him in his profession.

There are disadvantages shown, the possibility of self-employment for the patients and possibilities to get them integrated into the labour market.

Though there is a high occupation-rate it is not sure that the CD/NCD patients are integrated into the labour market. This is shown in the German model.

The models in other countries are compared with advantages, disadvantages and the special necessities of the state and the population, the regional differences and the resultant needs.

In the end the importance of flexibility of the labour market and individuality is described, taking care of cost-effectiveness.

Important are medication, therapy, the job and education of a person, also human relations at the work-place.

The last chapter deals with the public sector capacity in the context with CD/NCD in selected countries of the EU according to the international standards. The models of the states are presented. It was found out: simple solutions do not exist. Necessary are individual solutions for CD/NCD patients. Prevention and management, institutional and systematic approach is also necessary. At

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this part it is important that the government comes into action and realizes the suggestions of EU, for example, prevention.

Recommended are survey monitoring, research and feedback to find out if there is a success when conditions are changed.

Again it is emphasized that 80 million people in the EU are at the risk of poverty. Until 2020 there is a change to be done and the goal is to reduce the number below 20 million.

European strategy is modernisation and flexibility. Regarding to the CD/NCD this means training in various aspects, special support for apprenticeship.

Possibilities to work are employment at civil society organizations or social welfare corporations, as well as job creation and self-employment that includes the necessities of the CD/NCD patients. Complementary the disability of them is described.

Of high interest is the reformation of the conditions of the labour market.

It is shown that the integration of the CD/NCD needs a changed system and different conditions to include them.

The EU strategy 2020 for smart, sustainable and inclusive growth wants this, especially for the CD/NCD population and its support.

This strategy makes a difference between region, country, the needs of the CD/NCD and their restrictions.

Last but not least it is important to emphasize that a survey by the author was done to find out which opinions exist, comparing those with and without CD/NCD.

By this it is possible to mention the main problem of integration: unproductiveness and human relations at the workplace as shown formerly. Resulting for solution: individualized preparation and flexible regulation.

Critical discussion of system and content of the work

The subject and the questions are of great interest for Europe and its population.

Regarding to the theoretical, methodological and the own survey it is pointed out that flexibility and individuality are the main subjects to get an integration of marginalized parts of the population.

It is emphasized showing the different social models, their advantages and disadvantages according to the country: there is not only one solution possible. It needs dynamic, the population, the age of the population the diseases, the needs of them must be regarded as well as the individuality.

Following these points the future should be successful in the future.

The great importance of this work is in the sight of the questions and in the survey over several countries. Important was to show the different social systems with their possibilities, advantages, disadvantages according to history, needs of the country, its population and to compare them. The possibilities are worked out what could be done to achieve a successful future, not only for a single country but for the whole EU.

The actual literature is in discussion, the background is presented as well as future options. Important is the view that all the aspects are not seen only as a part of the problem. Referring to the human rights it is important to see that the EU, the chosen country, the certain person and the social

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circumstances are touched and the balance of the system is changed when an intervention in the system is done. All this is described and an important aspect of the work.

Formal performance characteristics

The dissertation gives an answer to the question how it is possible to integrate CD/NCD.

Therefore a broad research of literature was done and persons who suffer from CD/NCD were asked for their opinions and persons without these problems were interviewed, too. This is to emphasize the importance of the subject and at the same time to reflect the solutions that are found in the international literature. Important is to compare the different countries in the EU with its different social system, needs, economy and aims. In the end the importance of an EU market was shown under the aspect of flexibility and individuality for the country and the person who suffers from CD/NCD.

Side aspect: there would have been the possibility to show the results in a graphic or table. The advantage would be to see things at first sight.

Possible would have been an abridgement table.

Result of the review

Assessment of the dissertation: this is an original solution to the scientific problem which indicates the general theoretical knowledge of Ms. Kaori Yamashita in this particular scientific discipline, the social sciences and shows her ability to independently scientific work

I positively assess the thesis and concludes with the release to Ms. Kaori Yamashita to the subsequent stages of the procedure for awarding the degree of PhD in political sciences.

Hojach 2.9.16