The perception of self-efficacy in a collective culture: Bolivian adolescents and young adults with corrected congenital heart defects and their career choice

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What’s known on this subject: Career insertion and the attainment of control over work processes are essential for achieving a social position of individuals in society. Social identity is highly contingent on labour. Chronically ill patients have more difficulties in this process than their healthy peers do.

What this study adds: “Managing my future” is a career development training program for chronically ill patients, which facilitates future planning and occupational choices. The novelty is the inclusion of health factors into the career development-training.

Aim: To measure the impact of the program on self-efficacy perception: analysis involving cultural factors.


Sample: Case study on request and on demand. Data Base Research Technique for patients whose congenital heart defects (CHD) had been treated: 21 patients: 62% ♂; 38% ♀; 16-28 years old.

Instruments:
(1) General Interest & Environment Structure Test (Bergmann, 2002)
(2) Paediatric Cardiac Quality of Life Inventory (PCQLI) (Marino, 2010)
(3) General Self-efficacy (GSE) (Schwarzer, 1998) (GSE-6 Romppel, 2013)
(4) Occupational Self-efficacy interview (Ratschinski, 2014)
(5) Experts questionnaire

Results: The scores of most categories tend to increase from pre to 2.posttest. Proactive attitude and goal-orientation balance the sense of inadequacy. Bolivian CHD patients experience 10% less self-efficacy & satisfaction than their German peers. Bolivians express 17% less knowledge about their heart failures.

In Bolivia, more ♂ than ♀ count with higher education. The study sample shows a different pattern, as: more male patients are studying for an University degree (66% ♂ vs 54% ♀). More ♂ are working in a paid position (44% ♂ vs 30% ♀), whereas more ♀ pursue unpaid activities (38% ♀ vs 22% ♂).

Conclusions: The intervention outcomes show moderate enhancement (9.6%) in overall subjective wellbeing. The cultural and socioeconomic context of Bolivia poses important challenges, because work processes are contributing to immortalize poverty. While 13% of young adults, 32% of CHD patients are unemployed. Patients have more difficulties in achieving a recognized and prestigious social position. They accept low income jobs without making career choice and without employability training so that exploitation, poverty, hardship and frustration is maintained. The monthly salary is approximately 140 for ♂ and 100 € for ♀. The conjunction of being poor, being a married woman and suffering from a severe residual chronical heart failure are factors that interfere with their career development.

Strengths of the study: The novelty of this program. Weakness of the study: Non-randomized sample. Self reported indicators.