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Clubhouse Versus IPS Outcomes in Terms of Hours Worked and Pay Earned

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Walden University

College of Psychology and Community Services

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Daniel Scott Reynolds

has been found to be complete and satisfactory in all respects,
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Walden University

2025

Abstract

Clubhouse Versus IPS Outcomes in Terms of Hours Worked and Pay Earned

by

Daniel Scott Reynolds

MS, Walden University, 2017

BS, Florida Atlantic University, 1999

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Psychology

Walden University

August 2025

Abstract

Individuals balance personal needs and societal norms as they attempt to achieve self-fulfillment. However, those who have mental illness face marginalization from the workforce and diminished quality of life. Of the two prominent vocational programs – the Clubhouse and the Individualized Placement and Support (IPS) – that assist this population in integrating into the workforce, and therefore into society. It is unknown which program does better at helping the mental illness population meet their objectives of integration. Such a comparison is important because it will help these people to integrate into the workforce and into society, thereby increasing their quality of life. The purpose of this study was to examine the vocational outcomes for those who participate in either of these two programs. As both programs seek to empower those who have persistent mental illness to integrate into the workforce, empowerment theory was used to address ways that these people transcend barriers in their attempts to achieve self-fulfillment. For those who participate in either program, the research questions were focused on the workplace outcomes in terms of hours worked and pay earned. In this quantitative archival research, Clubhouse ($n = 12$) archival data with known published IPS data ($n = 58$) was analyzed. A t test analysis was used to determine which program yields optimal outcomes. The results of this research indicate that the Clubhouse provides a marginal improvement over IPS. The outcome of this study has the potential to initiate positive social change through aiding practitioners in assisting their clients. Further, based on the objectives of individuals within this population, insights from this study should aid their placement decisions for optimal mobility of this marginalized population.

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Dedication

This dissertation is dedicated to my mom (Ann) who, against all odds, empowered me to succeed during my formative years – even when professional advice indicated that I should be institutionalized for life. Indeed, appropriate empowerment allows a “lost cause” to succeed. Thanks, Mom.

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First and foremost, I want to acknowledge God, whose miracles kept me alive against all odds. I also recognize (and thank) Garri Decano – a Godsend – who has been providing unwavering support through a myriad of challenges over the past ten years.

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Finally, I want to express sincere appreciation to JMB, who stuck with me through my ups and downs as she helped me clarify and articulate my thoughts during my coursework and dissertation.

Table of Contents

List of Tables	iv
Chapter 1: Introduction to the Study.....	1
Background.....	2
Problem Statement.....	5
Purpose of the Study	6
Research Question(s) and Hypotheses.....	7
Theoretical Framework for the Study.....	8
Nature of the Study	9
Definitions.....	9
Assumptions.....	10
Scope and Delimitations	11
Limitations	12
Significance.....	13
Summary	14
Chapter 2: Literature Review.....	15
Literature Search Strategy.....	18
Theoretical Foundation	19
Literature Review Related to Key Variables and/or Concepts	21
Vocational Programs for Individuals Who Have Mental Illness	22
Impact of Vocational Programs on Workplace Outcomes for Individuals Who Have Mental Illness.....	24

IPS and Clubhouse Programs.....	30
Summary and Conclusions	31
Chapter 3: Research Method.....	33
Research Design and Rationale	33
Methodology.....	35
Population	35
Sampling and Sampling Procedures	36
Procedures For Recruitment, Participation, and Data Collection.....	39
Instrumentation and Operationalization of Constructs	41
Data Analysis Plan.....	47
Threats to Validity	49
External Validity.....	51
Construct or Statistical Conclusion Validity.....	52
Ethical Procedures	52
Summary	53
Chapter 4: Results.....	54
Data Collection	54
Results.....	61
Summary	64
Chapter 5: Discussion, Conclusions, and Recommendations.....	65
Interpretation of the Findings.....	65
Limitations of the Study.....	67

Recommendations.....	68
Implications.....	70
Conclusion	73
References.....	74
Appendix A: Research Participation Invitation	99
Appendix B: Surveys	100
Appendix E: SPSS Output.....	104

List of Tables

Table 1 <i>Power Analysis Estimated Parameters and Results for RQ 1 and 2</i>	38
Table 2 <i>Power Analysis Estimated Parameters and Results for All Eight Variables</i>	39
Table 3 <i>Breakdown of States by Region</i>	40
Table 4 <i>Descriptive Statistics for Three of the Four Scales</i>	43
Table 5 <i>Mean Correlations of the Four Scales with Dispositional Variables and Job Stressors</i>	43
Table 6 <i>Clubhouse Data</i>	59

Chapter 1: Introduction to the Study

An internal locus-of-control and a highly perceived self-efficacy seem significant in determining whether individuals achieve self-fulfillment (Hernandez et al., 2022; Paersch et al., 2022; Peltokorpi et al., 2021; Sheu et al., 2022). On the other hand, mentally ill individuals often have more externalized loci-of-control and diminished perceptions of self-efficacy (Aviad-Wilchek, 2019; Brenninkmeijer et al., 2018; Lee, 2019; Muralidharan et al., 2019). These people, therefore, tend to be marginalized from mainstream society. Further, repeated failures to secure and maintain employment often leads these people to feel that decision makers – for example, grocery store managers, landlords, and business owners – have excessive control over food, shelter, or employment.

In response to these perceptions, two programs – Clubhouse International (Clubhouse) and Individualized Placement and Support (IPS) – provide services that empower the mentally ill population by facilitating internalized loci-of-control and higher perceived self-efficacy (Corbière et al., 2014; Hultqvist et al., 2016; Pryce, 2013). It is unknown which of these two programs is more efficacious, and under what circumstances. Knowing the answer could potentially assist mental health practitioners in moving towards positive social change – by empowering those who have mental illness to reintegrate into mainstream society.

In addressing this situation, I first provides background on the factors – such as marginalization, segregation, discrimination, stigma, and employment – that affect individuals who have mental illness. Then the research problem and questions are

discussed. Finally, I provides the theoretical framework for the study, the nature of the study, definitions of key terms and concepts, meaningful assumptions, scope, limitations, and the significance of the study.

Background

Those who have persistent mental illness (PMI) frequently struggle to meet their needs and to integrate into mainstream society: especially as, in their search for employment, they face marginalization, segregation, discrimination, and stigma (Hack et al., 2020; Johnson-Kwochka et al., 2020; Rikala, 2020). This failure to integrate into mainstream society by way of secure employment typically results in diminished quality of life for those who have PMI (de Lange et al., 2022).

In their study of 1,753,544 adult Sweden residents between 2005 and 2011, Helgesson et al. (2017) compared those who suffer physical disability to mentally ill individuals. The latter were seven times more likely to receive public benefits than to integrate into the workforce. Furthermore, those who have mental illness frequently contend with marginalization in respect to job security, on-the-job stress and strain, and lack of job choice (Saavedra et al., 2016). Rather than choosing vocations, these people get the jobs that no one else wants (Saavedra et al., 2016). They internalize high degrees of stigma, and feelings of marginalization from society (Boge et al., 2018).

Individuals who have PMI also face frequent barriers which segregate them from their mainstream peers in terms of educational and employment opportunities (Hitch et al., 2017). One study showed that up to half the adults who have mental illness were segregated from the workforce (Helgesson et al., 2018). Also, a systematic review found

that, when they do manage to secure work, these people experience segregation in terms of wage equality (Talbot et al., 2015).

In addition to employment issues, decision makers frequently discriminate against individuals who have mental illness in terms of housing and social setting, which leads to social stigma and diminished quality-of-life (Mejia-Lancheros et al., 2020). Such perceived discrimination, unequal or unjust treatment, and the resulting stigmata often lead those who have PMI to avoid disclosure of their condition: These people typically feel that disclosure would result in reduction of hours or compensation, loss of a job, or other derogatory judgment (Torres Stone et al., 2015). Another study has shown that societal norms regarding disclosure of PMI significantly impact the way this population experiences discrimination and stigmata (Boge et al., 2018). However, if those who have PMI act collectively in a support group, they can reduce the perceived, and actual, discrimination and stigmata while increasing quality-of-life (Pérez-Garín et al., 2017).

Because of this marginalization, segregation, and discrimination, those who have PMI frequently internalize the resulting disgrace or shame – stigma (Boge et al., 2018; Mejia-Lancheros et al., 2020). Some research downplays social stigma against these individuals as a minor topic that might need to be addressed (McKay et al., 2018). However, further research has shown that externally applied stigmata also include adverse attitudes – such as ableism and prejudice – towards this group of people (Young et al., 2019). Further, though, as Świtaj et al. (2017) previously showed, internalized stigmatism diminishes quality of life and self-esteem. In addition, O'Donnell et al. (2017)

also showed that workplace conflict, unemployment, and underemployment lead to inner stigmata – feelings of disgrace – for these people.

Even though such stigmata create adverse employment situations, other research has shown that when mentally ill individuals are empowered to gain and sustain meaningful employment, they can achieve a higher quality of life (Becker et al., 2011). According to Gold et al. (2016), people who maintain competitive employment for two years realize a greater quality of life: socially and financially. Further, other researchers indicate a moderate improvement to quality of life in some employment environments (Frederick & VanderWeele, 2019; Pinto et al., 2018); for example, environmental factors, such as on-the-job social support, can promote an increased quality of life for those who have a mental illness (Sánchez et al., 2019; Yella et al., 2019).

Two leading programs have been shown to address these concerns. First, as a life-long community-based membership program, the Clubhouse model provides various social, educational, wellness, and employment opportunities for those who have a mental illness (Clubhouse International, 2020). Systematic reviews of related research show that the Clubhouse model moderately improves employment prospects and quality of life (Battin et al., 2016; McKay et al., 2018). Furthermore, according to (Umucu et al. (2016), participants of eight Clubhouse programs who have severe mental illness have reported improved self-efficacy in job performance and job seeking.

While the Clubhouse model focuses on building a sense of community among those with mental illness, the IPS program emphasizes placement of these individuals into their choice of employment, after which it provides workplace support for them to

succeed at their jobs (IPS Employment Center [IPS], 2020). Some research shows that about a third of participants in traditional vocational programs find work; however, more than half of IPS participants, and almost two-thirds of Clubhouse participants, achieve employment (Torres Stone et al., 2015). Nevertheless, the standard IPS program remains the leading choice for those who have a mental illness and wish to achieve their vocational aspirations (Frederick & VanderWeele, 2019). Given the controversy over which program produces better vocational outcomes for this population, I addressed a gap in the literature regarding which program best empowers these people in terms of hours worked, pay earned, job tenure, reduced job transfers, and lower workplace stress and strain.

Problem Statement

According to Maslow (1943), individuals in mainstream society tend to prioritize their needs as follows: first physiological, then safety, and finally belonging; in doing so, they develop higher self-esteem. However – because of marginalization (Helgesson et al., 2017); segregation (Hitch et al., 2017); discrimination (Torres Stone et al., 2015); and self-stigma (McKay et al., 2018) – people who suffer from mental illness often face disruptions to satisfying their needs. Consequently, these people develop reduced quality of life and self-esteem (Frederick & VanderWeele, 2019; Pinto et al., 2018).

As quality of life affects motivation for living (Yella et al., 2019), various researchers have shown that the two programs – Clubhouse and IPS – have been developed to assist this population in improving their quality of life, especially regarding employment (see also Battin et al., 2016; Clubhouse International [Clubhouse], 2020;

IPS, 2020; McKay et al., 2018; Torres Stone et al., 2015; Vukadin et al., 2018). Overall, regarding the Clubhouse option, research shows that participants enjoy decreased rates of hospitalization, increased rates of social inclusion, and increased access to educational and employment support (Battin et al., 2016; McKay et al., 2018). On the other hand, IPS focuses on coaching participants in determining their vocational preferences, thus facilitating rapid placement into employment (Dewa et al., 2018; Frederick & VanderWeele, 2019; Lockett et al., 2016). However, the different approaches of these programs have led to debate as to which provides better vocational outcomes for participants in terms of job tenure, on-the-job conflict, and number of employment changes (Raeburn et al., 2013; Torres Stone et al., 2015). Furthermore, emerging research suggests that a theoretical model of IPS enhancements might benefit from integrating aspects of the Clubhouse model such as educational and social support (Cohen et al., 2020; Prior et al., 2020).

However, a comparison of the vocational outcomes of Clubhouse and the IPS has not yet been completed. Such a comparison would yield insight into which program best helps those who have mental illness in achieving their vocational aspirations, and it would yield further insight into the justification of IPS enhancements. I attempted to fill a gap in the research by comparing vocational outcomes for those who participate in either of the two programs: in terms of hours worked and pay earned.

Purpose of the Study

The purpose of this quantitative study was to examine the vocational outcomes for those who participated in either of the two programs – Clubhouse or IPS – in terms of

hours worked and pay earned. Existing research has examined job tenure for the IPS model (Frederick & VanderWeele, 2019) and for the Clubhouse model (McKay et al., 2018). However, this study was unique in comparing these models, across multiple aspects of employment, for individuals who have mental illness.

Research Question(s) and Hypotheses

RQ1: Are there differences between the two vocational programs for people who have mental illness – Clubhouse and IPS – in terms of hours worked and pay earned?

H₀1: There are no statistically significant differences between the two vocational programs for people who have mental illness – Clubhouse and IPS – in terms of hours worked and pay earned.

H_a1: There are statistically significant differences between the two vocational programs for people who have mental illness – Clubhouse and IPS – in terms of hours worked and pay earned.

RQ2: Are there differences between the two vocational programs for people who have mental illness – Clubhouse and IPS – in terms of perceived workplace stress and strain?

H₀2: There are no statistically significant differences between the two vocational programs for people who have mental illness – Clubhouse and IPS – in terms of perceived workplace stress and strain.

H_a2: There are statistically significant differences between the two vocational programs for people who have mental illness – Clubhouse and IPS – in terms of perceived workplace stress and strain.

Theoretical Framework for the Study

The theoretical base for this study was Rappaport's (1981) empowerment theory. This theory has been applied to both models – the Clubhouse and the IPS – as it addresses ways that marginalized individuals transcend barriers against achieving self-fulfillment. When such individuals have mental illness, they often face challenges on multiple levels (see Maslow's [1943] hierarchy of needs – physiological, safety, belonging, and esteem). These two programs have been developed to empower this population, especially regarding employment (Battin et al., 2016; Clubhouse, 2020; IPS, 2020; McKay et al., 2018, Torres Stone et al., 2015; Vukadin et al., 2018). Regarding the Clubhouse, participants receive increased access to support for education and employment (Battin et al., 2016; McKay et al., 2018). On the other hand, IPS coaches participants about determining their vocational preferences, thus facilitating rapid placement into employment (Dewa et al., 2018; Frederick & VanderWeele, 2019; Lockett et al., 2016). Both approaches, though, focus on empowerment through providing resources (either general or targeted on vocation) for this vulnerable population. As I sought to evaluate which program yields better vocational outcomes for individuals who have mental illness, a quantitative comparison of workplace outcomes was appropriate. Such comparison of the outcomes enables the consideration of the different foci and approaches to empowerment for this vulnerable population. This confirms that the empowerment theory serves best as the theoretical framework for this study.

Nature of the Study

The nature of this study was quasi-experimental quantitative research of self-report survey data. As random assignment of participants to a vocational program is not feasible, this study was quasi-experimental in using availability sampling selection of participants. In addition, quantitative analysis helped determine which group achieved better vocational outcomes as a result of participation in either of the two programs under consideration.

Efforts were made to recruit participants and have them report information regarding demographics, their work in terms of hours worked and pay earned in the previous week, the approximate date they began their current job, and how many jobs they have worked over the past year. Archival data was finally used from the Clubhouse Program and compared to published scholarly data from the IPS Program. With respect to the surveys involved, Spector and Jex (1998) created four Workplace Stress and Strain surveys which consist of the Interpersonal Conflict at Work Scale (ICAWS), the Organizational Constraints Scale (OCS), the Quantitative Workload Inventory (QWI), and the Physical Symptoms Inventory (PSI). For the present study, the plan was to administer the ICAWS, OCS, QWI, PSI surveys in an online format. Final analyses, however, included a comparison between the Clubhouse archival data and IPS published data in terms of hours worked and pay earned.

Definitions

Clubhouse: A life-long community-based membership program that provides various social, educational, wellness, and employment opportunities for those who have a

mental illness (Clubhouse International, 2020). Outcomes of this program lead to a moderate improvement of employment prospects and quality of life (Battin et al., 2016; McKay et al., 2018).

Individualized Placement and Support: This program emphasizes rapid placement of mentally ill individuals into their choice of employment, after which it provides workplace support for them to succeed at their jobs (IPS, 2020). As more than half of IPS participants find work, this program remains a leading choice for those who have a mental illness and wish to achieve their vocational aspirations (Frederick & VanderWeele, 2019; Torres Stone et al., 2015).

Vocational Program: Assists individuals in securing careers particularly suited to them (Frederick & VanderWeele, 2019).

Vocational Program for Those Who Have Mental Illness: A vocational program that provides additional services specifically tailored to this group (Frederick & VanderWeele, 2019).

Workplace Stress and Strain: A collection of four self-report measures as defined above: ICAWS, OCS, QWI, and PSI (Spector & Jex, 1998). Each of these four scales provide some understanding about the suitability of a job function. Therefore, knowing the results for *workplace stress and strain* measures could yield insight into whether an individual's work should be considered a vocation.

Assumptions

People suffering from mental illness usually have been unable to secure work and, therefore, need help in doing so (Frederick & VanderWeele, 2019; McKay et al., 2018).

The two programs I reviewed in my study assume that they can achieve their aim of empowering these individuals. Thus, I assumed that empowerment theory provides a meaningful framework.

The measures used in this study were assumed to be appropriate to quantify the variables of interest. I used the four valid and reliable measures of stress and strain, ICAWS, OCS, QWI, and PSI, in order to provide accurate and reliable information particularly regarding the programs and their outcomes. As the measures were administered using technology, it is possible that this population might have faced challenges, especially when responding to the online version of the survey (see Appendix B). However, both programs provide technology training so it is possible that this population can readily respond to the online surveys.

While a small number of people may be unable to provide honest feedback, I assumed that administering these surveys to a sufficiently large sample, about a topic important to reintegration into the community, would yield accurate and reliable information about the programs and their outcomes.

Scope and Delimitations

Internal validity for this study was the extent to which it could be trusted to show a relationship between participation in a vocational program and workplace outcomes. With respect to the history and maturation of participants, comparison of the two programs across the same timelines, and benchmarking the outcomes against the national average, reduces the threats to internal validity related to the evaluation of which program produces desirable outcomes.

In contrast, one threat to external validity was how well this study can be generalized to those in other settings. In this study, the types of available supporting evidence are limited by the two programs: Clubhouse focuses on educational and social support, and IPS concentrates on workplace support. I did not consider people who are not in either of the two programs; and thus, this study is bounded by setting and type of program. However, to increase generalizability, the descriptive characteristics of the participants clearly defined so that the supports offered can be applied to people outside the programs as well as to those within them.

Limitations

Several limitations, challenges, and/or barriers existed for my study. First, due to the nature of these two programs and the lack of random sampling, it is not possible to conduct a true experiment. Therefore, I used convenience sampling: wherein participants were among those who already attended one of the respective programs (Clubhouse or IPS). As a result, there may be some questions regarding generalizability of the results. Nevertheless, the results may generalize to the overall mentally ill population because the participants of this proposed study have mental illness and were involved in one of the two programs. The characteristics of the participants who were available were described. Therefore, this study's results should generalize to those all those with mental illness who, in the future, decide to participate in one of these two programs.

Another challenge may be confidentiality issues, as those with mental illness have often been stigmatized by marginalization because of their condition. To address this issue, participant information was anonymized by dispensing with the collection of

names on the informed consent form. Finally, challenges exist for self-report survey methods. Among these challenges is the fact that some self-reporting participants might not answer some of the questions – for any number of reasons, such as lack of understanding or fatigue. I anticipated this self-report challenge. However, this did not pose a challenge because, in the final study, archival data were used.

Significance

According to the National Institute of Mental Health (NIH, 2022), 53 million Americans have some form of mental illness. Based on the objectives and vocational goals of people within the above mentioned mentally ill population, the results of this research may inform those who seek to assist them in determining whether, and/or under what circumstances, Clubhouse or IPS is the more suitable alternative. Insights from this study could aid the decision-making process for individuals selecting vocation programs.

In terms of hours worked per week, the findings indicated no difference between the outcomes of the two programs. Therefore, one conclusion of the finalized results may be that both programs perform equally well at empowering those who have mental illness. However, in terms of pay earned, this completed study did show that the Clubhouse program yielded better outcomes than the IPS program.

The findings of this study reveal that Clubhouse participants earned significantly more than IPS participants which, although generalizable with caution, provide information for placement decisions. The outcome of this study has the potential to initiate positive social change through aiding practitioners in assisting their clients.

Overall, then, placement of these individuals into the most suitable program, or either program, may help them realize improved life trajectories.

Summary

In this chapter, I introduced the study, which compared the effectiveness of two programs – Clubhouse and IPS – for individuals who have PMI. In doing so, I noted the purpose of this study, which was to examine vocational outcomes of the two programs. By subsequently comparing vocational outcomes for those who participate in the two programs, I attempted to fill a gap in previous research on this topic. The process was facilitated by the theoretical framework – empowerment theory – which addresses ways individuals under consideration might transcend social and employment barriers. This introductory section, therefore, shows the study to be significant in that insights derived can facilitate placement of mentally ill individuals into improved life trajectories. In Chapter 2, includes a review of existing literature regarding work as a means of empowerment, and that about vocational programs for enabling those who have PMI to succeed at their chosen vocations.

Chapter 2: Literature Review

According to Maslow (1943), individuals in mainstream society tend to prioritize their needs as follows: first physiological, then safety, and finally belonging. In doing so, they develop higher self-esteem. However, people who suffer from mental illness often face disruptions in satisfying their needs. This problem results from marginalization (Helgesson et al., 2017); segregation (Hitch et al., 2017); discrimination (Torres Stone et al., 2015); and self-stigma (McKay et al., 2018). Consequently, these people develop reduced quality of life and self-esteem (Frederick & VanderWeele, 2019; Pinto et al., 2018).

As explained in Chapter 1, quality of life affects motivation for living (Yella et al., 2019), so two programs have been developed to assist this population in improving their quality of life, especially regarding employment: they are the Clubhouse model (Battin et al., 2016; Clubhouse, 2020; McKay et al., 2018) and the IPS model (IPS, 2020; Torres Stone et al., 2015; Vukadin et al., 2018). With regard to the Clubhouse option, research shows that participants enjoy a decreased rate of hospitalization, increased rates of social inclusion, and increased access to educational and employment support (Battin et al., 2016; McKay et al., 2018). On the other hand, IPS focuses on coaching participants in determining their vocational preferences, thus facilitating rapid placement into employment (Dewa et al., 2018; Frederick & VanderWeele, 2019; Lockett et al., 2016). However, the differing approaches of these programs have led to debate as to which program provides better vocational outcomes for participants in terms of job tenure, on-the-job conflict, and number of employment changes (Raeburn et al., 2013; Torres Stone

et al., 2015). Emerging research suggests, theoretically, that a new model of IPS enhancements might integrate aspects of the Clubhouse model such as educational and social support (Cohen et al., 2020; Prior et al., 2020).

However, a comparison of the vocational outcomes of Clubhouse and IPS has not yet been completed. Such a comparison would yield insight into which program best helps those who have mental illness to achieve their vocational aspirations, and it would yield further insight into the justification of IPS enhancements. Hence, I attempted to fill a gap in the research by comparing vocational outcomes for those who participate in either of the two programs: in terms of hours worked, pay earned, number of employment changes, length of job tenure, and perceived workplace stress and strain.

The purpose of this quantitative study is to examine the vocational outcomes for those who participate in either of the two programs – Clubhouse and IPS – in the terms expressed in the previous paragraph. Existing research has examined job tenure for the IPS model (Frederick & VanderWeele, 2019) and for the Clubhouse model (McKay et al., 2018). However, my study is unique in addressing a comparison of these models across multiple aspects of employment, specifically for individuals who have mental illness.

Due to challenges in securing and maintaining employment, people who have mental illness fail to integrate into mainstream society and, therefore, suffer from diminished quality of life (de Lange et al., 2022; Mejia-Lancheros et al., 2020). Societal accommodations – such as ramps, lifts, and grip bars – help those who have physical disabilities, thus empowering them to integrate into the workforce. However, according

to the Helgesson et al. (2017) study of 1,753,544 adult Sweden residents, lack of suitable accommodations for mentally ill individuals has resulted in marginalization from the workforce, and thus these people have a seven-times greater chance of requiring public benefits. Such marginalization seems to show that society has an *out-of-sight and out-of-mind* mentality towards those who have mental illness. Furthermore, when these people do manage to secure employment, they tend to get the left-over jobs that no one else wants (Saavedra et al., 2016). This ableism, that is, societal discrimination against groups of people based on perceived inability to perform, has led the mentally ill population to suffer from stigma. While some researchers, such as McKay et al. (2018), trivialize stigma, further research has shown that ableism and prejudice cause increased stigmatization, which yields diminished quality-of-life and self-esteem for this population (Świtaj et al., 2017; Young et al., 2019). On the other hand, mentally ill people who maintain meaningful employment for more than 2 years realize a higher quality-of-life (Gold et al., 2016).

The two programs, Clubhouse and IPS, have been created to address the obvious need of vocational accommodations for the mentally ill population (Battin et al., 2016; Frederick & VanderWeele, 2019; McKay et al., 2018; Torres Stone et al., 2015). I addressed a gap in the literature regarding which program best empowers these people in terms of hours worked, pay earned, job tenure, reduced job transfers, and lower workplace stress and strain.

In this chapter, I provide the literature search strategy; information on the theoretical foundation of the research (self-determination theory versus empowerment theory), and a literature review of key concepts involved in the study of this topic.

Literature Search Strategy

For my search strategy, I conducted multiple searches in Walden University Library while using the following databases: Academic Search Complete, PsycArticles, PsycExtra, and PsycInfo. Having begun my dissertation research topic in 2018, I limited my search to full text and peer reviewed scholarly articles from 5 years prior to my start date. Therefore, the total literature considered extends from 2013 to 2025. To focus the information so garnered, I selected the search options “apply related words” and “apply equivalent subjects.” I then used the following keyword searches to conduct my research: *mental illness AND marginalization* (209 results), *mental illness AND segregation* (122 results), *mental illness AND discrimination in the workplace* (47 results), *mental illness AND stigma and discrimination AND prejudice AND stereotypes* (64 results), *mental illness AND quality of life AND employment* (265 results), *mental illness AND employment opportunities* (99 results), *mental illness AND Clubhouse* (83 results), *clubhouse model* (50 results), *mental illness AND individual placement and support* (303 results), *mental illness AND IPS model* (114 results).

Given the paucity of research on theoretical perspectives already listed, I applied the options to “search within the full text of the articles” and conducted more searches for *mental illness or mental disorder AND empowerment theory* (178 results), *clubhouse and empowerment theory* (7 results), *individual placement and support or IPS AND*

empowerment theory (7 results), *clubhouse AND self determination theory* (12 results), *individual placement and support or IPS AND self determination theory* (53 results).

However, the search of *mental illness or mental disorder AND self determination theory* (1,012 results) yielded too many results, so I removed “search within the full text of the articles” and reran the search as: *mental illness or mental disorder AND self determination theory* (83 results).

To find information on my theoretical foundation, I conducted multiple searches in Walden University Library using the following databases: Academic Search Complete, PsycArticles, PsycExtra, and PsycInfo databases. *Empowerment theory* yielded 1,129 results from 1984 to 2022; *self-determination theory* yielded 9,788 results from 1888 to 2022; and *Maslow’s hierarchy of needs* yielded 998 results from 1958 to 2021. For the purpose of this study, it is valuable to know that all three of these theories have seminal works as well as recent usage.

Theoretical Foundation

In this section, I explore literature about empowerment theory which explains individuals’ desire to succeed. As shown below, previous researchers have applied this theory to both models: the Clubhouse and the IPS.

Rappaport’s (1981) thesis on empowerment theory contrasts preventive paternalism with empowerment and autonomy. In doing so, he shows that, for example, very young children might not know about household dangers such as the shock hazard of electrical outlets, the poison hazard of household chemicals, the choke hazard of small items such as handkerchiefs, and the burn hazard of a hot stovetop. Therefore, parents

have authority over their young children to protect and prevent them from such dangers. Rappaport consequently contended that some societal institutions assert similar paternalistic attitudes towards marginalized adults – such as those who have mental illness. For example, as a means of protecting the mentally ill from stigmatization, some employers might seek to exclude them from various careers – such as those involving customer interactions (Boge et al., 2018; Helgesson et al., 2018; Hitch et al., 2017; Talbot et al., 2015). Thus, such employers' emphasis on maintaining the out-of-sight and out-of-mind mentality tends to force mentally ill people into positions that no one else wants (e.g. night-time or janitorial positions). However, Perkins and Zimmerman (1995) stated that empowerment should be used to emphasize the ability of mentally ill people to exercise autonomous decision-making regarding their vocational aspirations.

Therefore, some vocational rehabilitation programs have been using Rappaport's empowerment theory to allow participants to guide the recovery process by autonomous decision-making (Kosciulek, 2005). Consequently, these individuals achieve their chosen vocational preferences and – as a result – attain higher personal satisfaction, well-being, and quality of life. Hillborg et al. (2010) interviewed eight unemployed mentally ill individuals regarding their involvement in the vocational rehabilitation process and found three different views: pessimistic outlook, neutral outlook, and optimistic outlook. The study showed that these attitudes coincided with the level of empowerment and autonomy in their respective vocational rehabilitation programs. Finally, Yarberry and Sims (2021) found that empowerment was an important factor in determining whether individuals in the overall post-COVID-19 workforce achieved well-being as the nature of work

continues to evolve: from teamwork into remote/computerized work where individuals are isolated from one another.

Regardless of disability, individuals in general value autonomy in making decisions, and they seek the power to act on those decisions (Drake & Wallach, 2020; Hillborg et al. (2010), Kosciulek, 2005; Russinova et al., 2018). However, because of marginalization, segregation, discrimination, and stigmata, those who have mental illness face challenges to their autonomy and empowerment. Paternalistic attitudes towards the mentally ill further exacerbate these challenges. Therefore, empowerment theory provides an appropriate foundation to empower these individuals to transcend their obstacles. In this light, answers to the research questions in this dissertation may yield insight into which groups of individuals achieve a greater degree of empowerment in terms of increased hours worked, increased pay earned, increased job stability by means of decreased job transfers, and reduced workplace stress and strain.

Literature Review Related to Key Variables and/or Concepts

In the sections that follow, I define vocational programs for individuals who have mental illness. I also present the impact of vocational programs on workplace outcomes such as: employment retention, wages, job characteristics, workplace stress, and demographic characteristics for individuals who have mental illness. The relevant components of the IPS and Clubhouse programs are reviewed. The knowledge gap from previous research is presented.

Vocational Programs for Individuals Who Have Mental Illness

Research has shown that, because of stigma, diminished self-efficacy, and externalized loci of control, mentally ill people develop hopelessness regarding their vocational aspirations (Ruscinova et al., 2018). For example, one such pathway emerges when individuals repeatedly fail to secure and maintain employment, and the repeated failures make them feel unworthy. They begin to lose hope of succeeding. However, Ruscinova et al. (2018) showed that vocational programs for individuals who have mental illness empower them to achieve their goals. For example, as IPS requires participants entering the program to prespecify potential vocational interests, this model typically benefits those who already have vocational preferences (Ruscinova et al., 2018). On the other hand, because Clubhouse operates from a community-based structure, its participants report greater social satisfaction, and this may better prepare them to make vocational decisions (Gold et al., 2016). Thus, the literature shows evidence that some vocational programs do help the mentally ill to secure and maintain desired employment in keeping with their vocational preferences and individual needs (Drake & Wallach, 2020).

In their assessment of the Ontario Disability Support Program for those who have mental illness, Gewurtz et al. (2015) found two main issues which adversely affect this segment of the population: (a) social factors such as discrimination and stigma, and (b) systemic failings such as loss of essential public services upon finding work. In the United States, before reducing its services, Social Security system allows mentally ill people a trial work period (Social Security, 2025). The prospect of losing essential

services, such as health care, acts as a barrier to work since they need the health services which they will lose by maintaining employment (MacDonald-Wilson et al., 2003). Thus, it seems that government-based vocational programs for individuals who have mental illness can increase dependency on the government and further segregate this population from the society of working people in general.

Crowther et al. (2001) compared government-based vocational rehabilitation programs to the Clubhouse and IPS models. This research suggested that those who received supported employment – from a Clubhouse or IPS program – seemed to perform better at obtaining and maintaining competitive employment than those who received pre-vocational training from government-based vocational rehabilitation programs. However, Crowther et al. (2001) did not consider the dynamics and effects of work, such as hours worked, pay earned, job tenure, and workplace stress and strain. Furthermore, as Crowther et al. did not produce conclusive results about their comparison, these researchers could not state any differences between the achievements of the various programs.

In relation to the efficacy of government programs, the German Federal Employment Agency provides multiple vocational programs for mentally ill people, such as a school-to-work transition program and a specialized vocational rehabilitation program (Tophoven et al., 2018). Yet, following their participation in these programs, the unemployment rate remains high for this population. Tophoven et al. (2018) concluded that the program should be improved and suggest that the mentally ill population should initially be introduced to the structure of a workday, so that they have a chance to

practice working, and then transitioned into the workplace. Additionally, they should be provided with specific workplace support that is tailored to each person's needs.

Tophoven et al.'s recommendations are similar to that of the Clubhouse and IPS programs.

Impact of Vocational Programs on Workplace Outcomes for Individuals Who Have Mental Illness

According to Drake & Wallach (2020), unemployment makes people feel isolated and segregated from society, and this is especially true for those who are mentally ill because it exacerbates the negative effects of their condition. However, Drake & Wallach also suggest that the prevalence of mental illness has generally diminished because evidence-based vocational programs assist the mentally ill in securing employment based on their vocational preferences. This process leads them to increased empowerment, autonomy, and self-efficacy (Drake & Wallach, 2020; Russinova et al., 2018).

Vocational programs take different approaches to helping those who have mental illness in achieving their desired vocational outcomes. The IPS model focuses on participants' rapid placement into a pre-chosen vocations and, therefore, it may be more suited to those who already know what they want to do (Luciano et al., 2014; Russinova et al., 2018). On the other hand, the Clubhouse model assists participants' decision-making process by introducing them to a variety of possible occupations from which they might choose (Gold et al., 2016).

Leinonen et al.'s (2019) conducted a study of 6398 Finnish adults ages 30-55, so as to determine the differences in vocational outcomes. These researchers compared two

equal groups of mentally ill individuals; those who received vocational rehabilitation and those who did not. Over a 3-year period from 2008-2010, those who participated in vocational rehabilitation ultimately achieved 11.8% more time at employment. In another case, Vukadin et al. (2019) studied individuals in the Netherlands who had severe mental illness and already attended vocational rehabilitation; in that situation, work motivation had no effect on employment outcomes.

At the Southern Ontario New Day vocational program in Canada, Perski et al. (2020) studied 68 individuals who have serious mental illness. These researchers found an ambivalent component in vocational programs for mentally ill individuals with the findings showing that the therapeutic nature of rehabilitation contradicts the harsh reality of life. For example, this study showed that working individuals among this community have a higher self-esteem than those who do not work; yet these individuals also seem to avoid peer communication. However, practitioners who assist mentally ill individuals in their vocational endeavors can often affect the balance between work and peer communication, and mental health practitioners who have positive expectations typically find ways of improving such assistance to their clients (Fleming et al., 2019).

Retention

According to McDowell & Fossey (2014), over the past 30 years, those who have mental illness have usually realized substantially shorter job retention rates than individuals in mainstream society. However, more recent research of government archives in Finland has shown that vocational rehabilitation programs for these people has helped them retain their employment (Leinonen et al., 2019). Leinonen et al. (2019)

further indicate that subjects' longer periods of participation in these programs yielded up to an 11.8% increase in job retention. In another recent study, only one-third of mentally ill individuals who participated in an IPS program in the Netherlands obtained employment: half of these people took at least 198 days to find work and then maintained their employment for less than 138 days (Vukadin et al., 2019). It is therefore clear that, even with vocational rehabilitation, work retention can remain short for some of these individuals.

Wages

Looking even further afield, Morgan (2013) indicates that, as compared to the 28% who constitute the unemployed individuals in the general Australian population, nearly 80% of those who have severe mental illness do not have work. Also, when these mentally ill individuals do find work, their wages typically remain lower than those of their mainstream peers (McDowell & Fossey, 2014). More recently, and back in Europe, Brantschen et al.'s (2017) study separated mentally ill Swiss adults into two groups: action-oriented and situation-oriented. The situation-oriented group, who passively accepted their situation, had a lower self-efficacy and lower income, whereas the action-oriented group, who actively sought to improve their situation, more easily achieved vocational aspirations (Brantschen et al., 2017). Therefore, mentally ill people who actively seek to improve their situation, for example, from vocational programs, tend to receive higher wages.

Job Characteristics

In their introduction to concepts about employment quality, Eisenberg-Guyot et al. mention “precarious-employment” (2020, p. 2) as possibly stemming from poor relationships at the workplace, placement into a demeaning role, or belonging to a disadvantaged social class. Ideally, high quality employment should entail both respectful relationships, and job functions consistent with the individual’s skill set, and it should provide employment support for those who need it. In one qualitative study of the vocational preferences of mentally ill Western Australian adults, participants identified self-sufficiency and belongingness as the most important job characteristics (Netto et al., 2016). More recent analysis of job characteristics in the United States for those who have serious mental illness has shown that their job types have shifted away from manual and cognitive work, and towards those roles requiring interpersonal skills (Frank et al., 2021). Given the prevalence of belongingness and interpersonal skills in recent job characteristics then, the Clubhouse might presently seem preferable to IPS.

Workplace Stress

Among adults in the United States, workplace constraints, unreasonable workload, and poor interactions at work tend to yield diminished employment quality (Eisenberg-Guyot et al., 2020). According to Spector and Jex (1998), these same constructs described above, together with the Physical Symptoms Inventory already described, make up the four measurements of the workplace stress and strain scale (see pages 9-10 and Appendix B). Clearly then, to increase employment quality, the goal should be a reduction in workplace stress and strain. Indeed, in interviews and focus

groups of mentally ill Western Australian adults, Netto et al. (2016) identified these same factors, workplace constraints and poor interactions, as the principal barriers this population faces when attempting to achieve vocational aspirations. More recent research indicates that reduced workplace stress, in terms of organizational constraints and perceived workload, played a critical role in whether German working-age adults who have mental illness adjusted to work and had the capacity to perform their job functions (Muschalla, 2018). Further, Nigatu et al. (2017) conducted a meta-analysis which also shows that perception of a high workload contributes to workplace stress.

Demographic Characteristics and Workplace Outcomes

Several researchers have identified a relationship between demographic characteristics of the mentally ill population and workplace outcomes. In terms of vocational rehabilitation outcomes for the mentally ill, Nybergh et al. (2021) found that both genders sought reintegration into the Swedish workforce. However, men and women had different preferences regarding vocational interventions; women wanted home-based adjustments whereas men wanted work-place support. While the participants in the Nybergh et al. (2021) study expressed interest in interventions that comply with conventional gender roles in Swedish society, these perceptions may be different in other parts of the world. In India, for example, gender roles differ in urban and rural regions (Khare et al., 2020). Further, Engels et al. (2019) found that, as compared to their male counterparts, middle-aged German women who had stopped working and later returned to work full time had a greater prevalence of depression because they would have preferred to spend more time at home tending to their families.

With respect to the demographics of age, a meta-analysis of studies has shown that unemployed older individuals in the general population are less likely to return to work (Nigatu et al., 2017). However, older mentally ill adults in the United States realized better outcomes when vocational rehabilitation programs helped them return to work (Ogden, 2018).

Geographical area also determines the likelihood of available services for mentally ill individuals. For example, in the United States, the percentage of mentally ill people who have access to vocational rehabilitation services ranged from 40% in Missouri to 85% in Arkansas (Honeycutt et al., 2017).

The literature shows that ethnicity also affects whether an individual obtains and maintains work. For example, ethnic minority adults in London had more difficulty finding work unless they were willing to compete for jobs (Hanisch et al., 2017). On the other hand, Hanisch et al. (2017) found that once these same ethnic minorities had sufficient training, they had an equal chance at successfully competing for work. Similarly, more recent research suggests that appropriate training in work skills can eliminate problems that might arise from ethnic differences among mentally ill American adults seeking work (DeTore et al., 2021).

In addition to gender, age, geographic area, and ethnicity, research indicates that Socio-Economic Status (SES) contributes to the degree of success that London adults who participate in vocational rehabilitation have in their endeavors to return to work (Hanisch et al., 2017). Those of lower SES typically manifest lack of skills, lower self-esteem, less social support, and a lack of resources such as clothing, housing, and

transportation. Such factors typically hinder the ability of people to obtain and maintain work. Research also indicates that lower SES individuals in Taiwan exhibit a greater degree of mental illness and, in turn, need a greater degree of support in order achieve their vocational aspirations (Chen et al., 2018).

IPS and Clubhouse Programs

A meta-analysis of academic literature has shown that IPS program administration plays a key role in the degree to which participants attain their goals (Lockett et al., 2016). The IPS model focuses on identifying participants' vocational goals, on rapid job placement, and on providing post-placement support. Therefore, an implementation that is true to the IPS model yields a high degree of success at helping mentally ill people achieve their desired integration into the workforce. Prior to the existence of IPS, psychiatrists would treat mentally ill people before they would be allowed to pursue their vocational goals. However, those participating in IPS quickly attain their preferred career and receive on-the-job support to help them maintain their work. In a meta-analysis, Frederick and VanderWeele (2019) have shown that the IPS program yields higher quality of life for these people. Nevertheless, further research indicates that such implementations ought to include some traditional behavioral intervention as well as social skills, such as those found in, and developed through, the Clubhouse model (Dewa et al., 2018).

Over the past seven decades, the Clubhouse model has been helping mentally ill people achieve their vocational endeavors by building a community of like-minded mentally ill individuals. Extensive research by McKay et al. (2018) has shown that, in

addition to their career goals, Clubhouse participants gain a higher quality of life, spend less time being institutionalized, and meaningfully integrate into society. Further, statistics indicate that those who increased participation in a Clubhouse program had fewer physical health problems and, therefore, lower health care costs (Hwang et al., 2017). This is because Clubhouse attendees identify vocational preparation, and social issues such as relationship building, as their preferred take-aways (Torres Stone et al., 2015).

Overall, then, the literature confirms that both programs, IPS and Clubhouse, provide vocational placement services tailored specifically for mentally ill individuals. However, the different approaches of these programs have resulted in some unanswered questions regarding preferable workplace outcomes. As the workplace outcomes of these two programs have not yet been compared, my proposed dissertation will address this gap in the literature.

Summary and Conclusions

Throughout the above literature, salient themes emerge which reflect the efforts of mentally ill individuals to integrate into mainstream society, as well as various programs tailored towards helping these people. Of these programs, two leading ones, the IPS and the Clubhouse, help the mentally ill population achieve vocational goals. This proposed dissertation addresses a gap in the literature regarding which of these two programs is most effective at helping mentally ill people to achieve their preferred employment outcomes – in terms of hours worked, pay earned, number of employment changes, length of job tenure, reduced workplace stress and strain – and thus to integrate into

mainstream society. In Chapter 3, I review the procedures I intend to use for this proposed study. These included research design and methodology.

Chapter 3: Research Method

The purpose of this quantitative study was to examine the vocational outcomes for those who participate in either of the two programs, Clubhouse or IPS, in terms of hours worked and pay earned, number of employment changes, and length of job tenure. I made efforts to collect self-report measures of perceived workplace stress and strain as measured by four scales: ICAWS, OCS, QWI, and PSI. However, I eventually had to rely on archival data. Existing research has already examined job tenure for the IPS model (Frederick & VanderWeele, 2019) and for the Clubhouse model (McKay et al., 2018). However, this study is unique in addressing a comparison of both models – across multiple aspects of employment – for their efficacy in assisting individuals who have mental illness. In this Chapter, I explain the research design and rationale, the methodology I use to conduct this study, and I also identify threats to validity.

Research Design and Rationale

Of the three principal research designs, qualitative, quantitative, and mixed methods, the quantitative research design best fit my study. The qualitative research design was inappropriate because qualitative studies typically explore and describe phenomena by way of interviews, focus groups, case studies, and so on (see Hitch et al., 2017 and Ørjasæter et al., 2018), and my research questions intend to evaluate the outcomes of two programs. Next, a mixed methods research design combines quantitative and qualitative data. For example, in an exploratory sequential mixed methods design, researchers first conduct a qualitative study and then use the thematic results of that study to generate a subsequent follow-up quantitative study (Enehaug et al., 2016). In another

example, the convergent parallel mixed methods design collects both quantitative data and qualitative data at the same time (Sikora et al., 2019). My research questions did not include an exploration or description of the lived experiences of mentally ill participants in the workplace, thus mixed methods research would not be appropriate. The design of quantitative research includes a mathematical analysis to analyze numerical survey results or archival data (Gorman et al., 2016; Sánchez et al., 2018). Therefore, as my research questions ask for a mathematical analysis of hours worked and pay earned, quantitative research design will best answer my research questions.

Quantitative research design can be experimental, which requires the researcher to randomly assign participants into groups, or nonexperimental. In the case of a comparison between IPS and Clubhouse programs, existing research has employed quasi-experimental design because it would be unethical to force mentally ill participants into a particular vocational program such as the Clubhouse's lifelong membership (Battin et al., 2016; Ferguson, 2017; McKay et al., 2016). Therefore, I did not force participants to use either program but instead use convenience sampling of mentally ill adults currently working in the United States who have already attended either an IPS or Clubhouse program.

In this study, I intended to use a Multivariate Analysis of Variance (MANOVA) to compare the differences in outcomes for those who participate in either the Clubhouse or IPS program (independent variable). The dependent variables were intended to stem from my quantitative quasi-experimental survey research design, in which research participants were supposed to self-report demographic information, together with the

number of hours worked last week, pay earned last week, date started current job, and number of employment changes over the past 12 months (dependent variables, RQ1). Further, I intended to offer online surveys to participants, asking them to answer questions about their workplace stress and strain – ICAWS, OCS, QWI, and PSI (dependent variables, RQ2). Please see Appendix B for further details about the relevant self-report measures and the four surveys.

There were several time and resource constraints consistent with my design choices. One constraint was the extent to which directors of each program, Clubhouse and IPS, were willing to post my recruitment flyers in a timely manner. Other constraints included a lack of survey participants (resource constraint) and procrastination of participation (time constraint). Eventually, I had to use archival data for the Clubhouse program and published scholarly data for the IPS program for a *t*-test comparison.

Methodology

Population

The target population met the following four criteria: (a) they are adult individuals ages 18 and above, (b) they currently work in the United States, (c) they have PMI or severe persistent mental illness (SPMI), and (d) they have previously attended, or presently attend, either program – Clubhouse or IPS.

According to NIH (2022), 53 million Americans have some form of mental illness. Almost twice as many women as men suffer from mental illness. Further, the young adult population between the ages of 18 and 25 years have a higher prevalence of mental illness than older adults. However, “only 1.7 percent of people served in state

mental health systems received supported employment services in 2012” (National Alliance on Mental Illness [NAMI], 2012, p. 4). As Clubhouse and IPS programs do not publish their information regarding their members, the exact number of participants is unknown. However, I estimated that my population size is a small percentage of the mentally ill population who receive supported employment services from these two programs.

Sampling and Sampling Procedures

For my dissertation, I attempted to use a convenience sampling strategy. Intended participants should have already participated in either a Clubhouse or IPS program and should subsequently have begun working in the United States. Other sampling strategies would not be feasible in this case. For example, random assignment of participants into either program would be unethical as this would force disabled adults to participate in a particular vocational program. Therefore, convenience sampling was the best choice for my study.

As explained above, the sample was drawn from the population of mentally disabled adults who have participated in either program, Clubhouse or IPS, and who have decided to participate in the survey so as to document their work experiences. Inclusion criteria were whether the people involved participated in either of the two programs, Clubhouse or IPS, within the United States, have a PMI, are currently working, and are adults aged 18 or older. Exclusion criteria would be those who have not participated in one of the two programs, those who do not have a PMI, those who are not currently working, and those who are under the age of 18 years.

With respect to a comparison between the two groups, I had intended to conduct a MANOVA which compares two or more treatment groups on multiple dependent variables. For example, O'Shea and Salzer (2019) used various levels of educational attainment as the independent variable (treatment groups) and quality of life as the dependent variable. In another study, Sanders et al. (2015) used MANOVA to compare groups based on age, gender, and ethnicity to determine whether these factors had any effect on the dependent variables. Therefore, MANOVA may be used to determine differences in outcomes of two or more groups.

For this reason, A MANOVA analysis was intended to be employed to assess the unique impact of each program – Clubhouse and IPS – on hours worked, pay earned, job transfers, job tenure, and workplace stress and strain (ICAWS, OCS, QWI, PSI). To estimate the statistically appropriate sample size, a power analysis was conducted to determine the required sample size employing G*Power 3.1 (2020) statistical software. Given the paucity of studies comparing the two programs of under consideration, the current analysis will assume a moderate effect size. G*Power 3.1 uses Cohen's f^2 as an effect size to measure for a MANOVA analysis. Cohen's f^2 values are 0.02, 0.15, and 0.35 for small, medium, and large effect sizes, respectively. Therefore, within G*Power, Cohen's f^2 was set to its medium effect size value of 0.15. The desired power for the analysis was set to the conventional level of 0.80, and the significance (alpha) level was set to the conventional 0.05 level. I specified two groups in G*Power to represent the Clubhouse and IPS programs. While there were eight variables, the two research

questions each addressed four of the variables. Therefore, the number of variables in G*Power was set to 4.

The overall significance of the model was to be tested with an F-Ratio for R^2 ; therefore, the test family setting in G*Power was F-tests. Also, because this power analysis is being conducted in advance of the actual study, the type of analysis was set to a priori. Using the parameter and analysis settings, the estimated minimum sample size for the study is 86 participants for four variables (see RQ1 and RQ2), and 110 for all eight variables. Please see Tables 1 and 2 for parameter settings and the results for the power analysis.

Table 1

Power Analysis Estimated Parameters and Results for RQ 1 and 2

Analysis input		Statistic
Test family	F-tests	-
Statistical test	MANOVA: Global effects	-
Type of power analysis	A priori	-
Effect size f^2		0.15
(significance level) α err probability		0.05
Power (1- β err probability)		0.80
Number of groups		2
Number of variables		4
Analysis output		
Noncentrality parameter λ		12.90
Critical F		2.48
Numerator df		4.00
Denominator df		81.00
Total sample size		86
Actual power		0.81
Pillai V		0.13

Note. Power analysis using G*Power 3.1.9.7 (2020).

Table 2*Power Analysis Estimated Parameters and Results for All Eight Variables*

Analysis input		Statistic
Test family	F-tests	-
Statistical test	MANOVA: Global effects	-
Type of power analysis	A priori	-
Effect size f^2		0.15
(significance level) α err probability		0.05
Power (1- β err probability)		0.80
Number of groups		2
Number of variables		8
Analysis output		
Non-centrality parameter λ		16.50
Critical F		2.03
Numerator df		8.00
Denominator df		101
Total sample size		110
Actual power		0.81
Pillai V		0.13

Note. Power analysis using G*Power 3.1.9.7 (2020).

Procedures For Recruitment, Participation, and Data Collection

Survey Data

An invitation letter, as shown in Appendix A, was expected to be displayed in various Clubhouse and IPS program locations around the United States, and in respective newsletters of those programs. Those who followed the link on the recruitment flyer would acknowledge the informed consent form, answer demographic information, self-report information about their work – pay earned, hours worked, date started current job, how many jobs worked in the past 12 months – and then completed the four surveys shown in Appendix B. The survey owner had granted me permission to use these surveys.

As described in the Chapter 2, prior research on demographic characteristics and workplace outcomes has included gender (Nybergh et al., 2021), age (Nigatu et al., 2017; Ogden, 2018), geographical location (Honeycutt et al., 2017), ethnicity (DeTore et al., 2021; Hanisch et al., 2017), and SES (Chen et al., 2018; Hanisch et al., 2017). Therefore, I intended to collect demographic information regarding gender, age, geographical location, ethnicity, and SES. However, age was limited to adults aged 18 and above, geographic location was limited to regions within the United States, and SES correlated with one of my variables (pay earned). Further, due to possible ethical considerations, I was going to divide geographical location into one of four regions as identified by the United States Census Bureau (Census, n.d.) – Northeast, South, Midwest, and West – to minimize the chance that anyone can identify participants. Please see Table 3 for a breakdown of states by region. Finally, I intended to use ethnic categories based on the U.S. Census diversity categories (U.S. Census Bureau, n.d.), and SE) based on IRS income tax brackets (see monthly income tax multiplied by 12; Internal Revenue Service [IRS], 2021, p. 59).

Table 3

Breakdown of States by Region

Region	States
Northeast (11 states)	Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont
South (14 states)	Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia
Midwest (12 states)	Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin

West (13 states)	Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming
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Note. Region divisions retrieved from Census (n.d.).

Those participants who followed the link to the survey (see Appendix A) were expected to accept an anonymous survey informed consent prior to beginning the survey. To protect the identity of participants, I was not going to collect names. Data was to be collected in a secure online survey tool.

After completing the demographic information, self-report information about their employment, and also four surveys, participants saw a thank-you notice for their participation and directions to stay in touch with their local IPS or Clubhouse for dissemination of the study's results.

Instrumentation and Operationalization of Constructs

Spector Jex (1998) developed four self-report measures of job stressors and strain: ICAWS, OCS, QWI, and PSI. Each of these four surveys measures a different aspect of work. The first scale – ICAWS – measures how well an individual fits into a team. On the ICAWS English Version (see ICAWS item 1), Spector (n.d.) asked four questions including “How often do you get into arguments with others at work?” There are five possible answers for each of the questions: 1 - not at all, 2 - once or twice per month, 3 - once or twice per week, 4 - most days, 5 - every day. Therefore, by providing the total sum of numbers for survey answers, the possible scores range from 4 to 20.

Secondly, the OCS measures whether an individual feels constrained with respect to work duties. Spector (n.d.) included 11 questions such as “How often do you find it difficult or impossible to do your job because of organizational rules and procedures”

(ICAWS English version, OCS item 2), “other employees” (Item 3) and “your supervisor” (Item 4). There are five options for response to each question: 1 – less than once per month or never, 2 – once or twice per month, 3 – once or twice per week, 4 – once or twice per day, and 5 – several times per day. Therefore, by providing the total sum of numbers for survey answers, the possible scores range from 11 to 55.

The third survey, QWI, measures the degree to which participants perceive their job as strenuous. Spector (n.d.) included five questions such as “how often do you have to do more work than you can do well” (ICAWS English version, QWI Item 5). There are five options for response to each question: 1 – less than once per month or never, 2 – once or twice per month, 3 – once or twice per week, 4 – once or twice per day, and 5 – several times per day. Therefore, by providing the total sum of numbers for survey answers, the possible scores range from 5 to 25.

Finally, the PSI-13 measures somatic symptoms resulting from stress and strain at work. Spector (n.d.) included 13 questions such as “over the past month, how often have you experienced eye strain” (see PSI-13 item 6) and “trouble sleeping” (see PSI-13 item 3). There are five options for response to each question: 1 – not at all, 2 – once or twice, 3 – once or twice per week, 4 – most days, and 5 – every day. Therefore, by providing the total sum of numbers for survey answers, the possible scores range from 13 to 65.

With respect to reliability and validity, Spector and Jex (1998) conducted 18 studies using the four measures (for reliability, see Table 4 for descriptive statistics for three of the four scales; for validity, see Table 5 for mean correlations of the four scales with dispositional variables and job stressors). PSI contains questions that casually relate

to each other. Therefore, according to Spector and Jex, “internal consistency reliability is not relevant” (1998, p. 357). The remaining three scales have high reliability scores ($\alpha > .60$): ICAWS ($\alpha = .74$), OCS ($\alpha = .85$), and QWI ($\alpha = .82$). Further, with respect to validity, Spector and Jex found that high scores on each of the surveys had positive correlations with role ambiguity, role conflict, and negative affectivity, and an inverse correlation with autonomy. In other words, higher scores on each survey indicated an externalized locus of control and diminished self-efficacy. Thus, individuals who report high scores on these four surveys may feel marginalized, segregated, or stigmatized at work. On the other hand, those who have lower scores on the four surveys may feel a higher sense of integration in their vocation.

Table 4

Descriptive Statistics for Three of the Four Scales

Scale	<i>M</i>	<i>SD</i>	<i>n</i>	Number of samples	Coefficient α	Possible range
OCS	21.3	7.4	1,746	8	.85	11-55
ICAWS	7.1	2.4	3,363	13	.74	4-20
QWI	16.5	3.4	3,728	15	.82	5-25

Note. From “Development of four self-report measures of job stressors and strain:

Interpersonal conflict at work scale, organizational constraints scale, quantitative

workload inventory, and physical symptoms inventory” by P. Spector & S. Jex, 1998.

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Table 5

Mean Correlations of the Four Scales with Dispositional Variables and Job Stressors

	OCS	ICAWS	QWI	PSI
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	<i>r</i>	<i>n</i>	<i>r</i>	<i>n</i>	<i>r</i>	<i>n</i>	<i>r</i>	<i>n</i>
Autonomy	-.21	5	-.20	7	-.04	9	-.09	5
Role ambiguity	.44	6	.29	12	.13	14	.16	7
Role conflict	.61	4	.40	8	.38	9	.18	4
Negative affectivity	.30	3	.33	6	.13	5	.40	4

Note. From “Development of four self-report measures of job stressors and strain:

Interpersonal conflict at work scale, organizational constraints scale, quantitative

workload inventory, and physical symptoms inventory” by P. Spector & S. Jex, 1998.

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Regarding studies which have used the four instruments, the ICAWS, QWI, OCS, and PSI, a library search revealed thousands of peer-reviewed scholarly articles over the past two decades. In one recent example, Gillet et al. (2020) used the QWI to measure workload perceptions and work motivation of French adults. Four groups of people participated in the Gillet et al. study: 291 managers (50 men, 241 women, aged 23-62), 249 hospital employees (86 men, 163 women, aged 24-62), 237 nurses (11 men, 226 women, aged 21 – 64), and 373 physiotherapists (94 men, 279 women, aged 22-63).

O'Brien et al. (2021) used the OCS and the ICAWS to study counterproductive work behavior by those who worked at least 20 hours per week. Although these researchers did not specify the precise location of the participants, the notes in this study specify that the researchers were based in the United States. However, the researchers did specify other demographics of participants: the average age was 39.17 ($SD = 9.95$), gender: 51.2% were male, and ethnicity: 77.5% were Caucasian. The positions of participants were: 63 managers, 23 administrative/office assistants, nine directors, seven

cashiers, seven engineers, seven IT/computer programmers, seven educators, and 19 among other unlisted categories. Finally, the industries of participants were 42 in manufacturing, 19 in healthcare, 17 in retail/wholesale, 12 in finance/banking, 10 in education, 10 in information technology, eight in consulting, seven in construction, seven in government, six in transportation, and 19 among other industries

Baka and Bazińska (2016) used three of the scales, ICAWS, QWI, OCS, in a two-part study of Polish workers. The first part, in 2011, consisted of 382 participants (66% female, aged 20-60 [$M = 35.38$, $SD = 8.46$]): 85 nurses, 136 teachers, and 161 police officers. The other part of the study, conducted from 2012 to 2014, consisted of 3368 participants (59% female, 41% male, aged 19-70 [$M = 38.93$, $SD = 9.09$]): 477 medical staff, 545 teachers, 542 police officers, 475 clerical staff, 602 sales staff, and 727 distributed among other occupations.

Other studies include that of Hilger et al. (2021) who used ICAWS and QWI to study the work characteristics and well-being of 207 German teachers (85% female, ages 24-66) during COVID-19 lockdown. Also, Lu et al. (2020) used the QWI to study work-life conflict of 317 Taiwan employees (53.3% male, average age 35.24 [$SD = 11.91$]) who worked in various industries. In another project, Sandrin et al. (2019) used the QWI to study stress and performance of 654 French firefighters (average age was 41 [$SD = 8.42$], 598 men, 56 women). Finally, Siu et al. (2020) used QWI, OCS, and ICAWS to study the economic cost of occupational stress among 2032 Hong Kong adults (aged 18-70 [$M = 37.73$, $SD = 11.13$], 54.3% female).

With respect to the PSI, Che et al. (2017) studied stress, employee burnout, and physical symptoms of 274 full-time Chinese nurses (average age 25.82 [$SD = 2.65$], 97% female). Galbraith et al. (2020) studied occupational stress among 720 UK police officers and civilian staff (average age of 43 [$SD = 8.9$]; 43% female, 29% male, 27% unspecified). Gazica & Spector (2015) studied life satisfaction in terms of physiological health among 378 faculty members (aged 27-82 [$M = 51$, $SD = 11.76$]; 178 female, 163 male, 37 unknown) who worked at 36 United States based public universities. Prior to these, Yang et al. (2014) studied the social burden and well-being of 813 nurses (average age 43.9, $SD = 10.6$) in the Southeastern United States.

These four scales had been used in several studies prior to the Spector and Jex (1998) publication. Therefore, Spector and Jex (1998) published norms for these four scales (see Table 4 for descriptive statistics). However, as Spector and Jex more recently published the PSI-13 as a more concise version of the original PSI scale, they did not include this information in their original publication. Since then, several studies have used the PSI-13. Therefore, the above review of scholarly literature includes all four scales: ICAWS, OCS, QWI, and PSI-13.

Each of the surveys measures distinct aspects of workplace stress and strain. ICAWS measures an individual's perception of adverse confrontation among coworkers in the workplace environment. For example, someone might do well at their job (see OCS and QWI) yet must do so while dealing with a hostile work environment. This might indicate that the individual should switch to another environment that offers a similar position. With respect to OCS and QWI, one measures factors that affect job

performance, and the other measures an individual's perception of the demand level and/or the job workload, respectively. For example, when job suitability matches an individual's abilities, someone who performs well at a job would not report it as constraining, nor would they report having to work too hard or too fast. Finally, as a measurement of physical symptoms, PSI yields insight into the level of adjustment. For example, an individual who enjoys a vocation, and a workplace to which he or she is well-suited, realizes inclusion into society. Therefore, these four surveys are appropriate to the current study.

Data Analysis Plan

For my data analysis, I intended to use SPSS version 28.0.1.0 (142). The MANOVA assumed random independent sampling of participants using equal groups (independent variable), homogeneity of variances, and normally distributed dependent variables. See Berchiatti et al. (2021) for their use of Chi-squared tests, independent sample *t* tests, and bivariate correlations to prescreen data prior to using the MANOVA. However, other researchers have overcome some screening violations (see O'Shea & Salzer, 2019 for an example of violation of homogeneity).

I expected to conduct an exploratory data analysis to determine whether data for participants within of each respective program, Clubhouse and IPS, for the eight dependent variables met the assumption of univariate normality based on the results of the Shapiro-Wilks test for normality with alpha set at the 5% level. I was also going to conduct a Levene's test for homogeneity of variance and a Box's M test for no significance so as to determine the equality of variances-covariances among the eight

dependent variables across the two groups: Clubhouse and IPS. In the event of outliers, I intend to run the analysis twice: once with all the data, and once with outliers removed. With respect to missing data, I intended to follow a standard of filling in missing data points with the mean (see Söderström et al., 2012). Finally, in order to achieve equal groups of participants for each program, Clubhouse and IPS, I had planned to use random selection of participants.

RQ₁ – Quantitative: Are there differences between the two vocational programs for people who have mental illness – Clubhouse and IPS – in terms of hours worked, pay earned, number of employment changes, and length of job tenure?

H₀₁ – There are no statistically significant differences between the two vocational programs for people who have mental illness – Clubhouse and IPS – in terms of hours worked, pay earned, number of employment changes, and length of job tenure.

H₁ – There are statistically significant differences between the two vocational programs for people who have mental illness – Clubhouse and IPS – in terms of hours worked, pay earned, number of employment changes, and length of job tenure.

RQ₂ – Quantitative: Are there differences between the two vocational programs for people who have mental illness – Clubhouse and IPS – in terms of perceived workplace stress and strain?

H₀₂ – There are no statistically significant differences between the two vocational programs for people who have mental illness – Clubhouse and IPS – in terms of perceived workplace stress and strain.

H₂ – There are statistically significant differences between the two vocational programs for people who have mental illness – Clubhouse and IPS – in terms of perceived workplace stress and strain.

To test the hypotheses, I planned to conduct two one-way between-subject's multivariate analyses of variance (MANOVAs) to assess the effects of the two programs, Clubhouse and IPS, on workplace outcomes. The dependent variables were hours worked, pay earned, number of employment changes, and length of job tenure (first MANOVA, RQ1), and perceived workplace stress and strain (ICAWS, QWI, OCS, PSI-13; second MANOVA, RQ2). I was to present the overall means, standard deviations, and inter-correlation for the dependent variables. Further, I intended to present the means, standard deviations, and range for each dependent variable by treatment program, Clubhouse or IPS. Then, I was going to conduct the Univariate ANCOVA for the dependent variables and a *Roy-Bargmann Stepdown Analysis*. Finally, I had planned to conduct a post hoc mean comparison test (Bonferroni's procedure).

Threats to Validity

Validity refers to the accuracy and effectiveness of an intended measurement in relation to its intended purpose. For example, a thermometer would not be valid for measuring the distance between two places; yet it is valid for measuring temperature. In the case of an academic study, researchers need to consider three types of validity: internal, external, and construct (Crano, 2019; Kenny, 2019). Firstly, internal validity refers to the structure of the study and whether it produces accurate results. Next, external validity refers to the generalizability of the study's findings: that is, how well the results

apply to the real world. Finally, construct validity refers to how well the study's methods and measurements yield correct results.

According to Kenny (2019), higher internal validity provides a researcher with the ability to establish causality. For this study, I am surveying mentally ill people who participated in either of two programs. By addressing threats to internal validity, I am better equipped to show a causal relationship between program participation and success at vocational aspirations.

In order to identify and address threats to internal validity, researchers need to reduce bias and error (Kenny, 2019). To reduce error, I use authenticated instruments: the four surveys – ICAWS, QWI, OCS, and PSI – which have been shown to be valid and reliable. On the topic of bias, I have minimized coercion and selection bias: those who participate in the study volunteer to do so and will have accepted the informed consent form. Therefore, by reducing bias and error, I have addressed potential threats to internal validity.

Due to the nature of these two programs and the lack of random sampling, it is not possible to conduct a true experiment. Therefore, this proposed study will use convenience sampling, wherein participants will be among those who already attend one of the respective programs (Clubhouse or IPS). As a result, there may be some question regarding generalizability of the results. Nevertheless, I anticipate that the results will generalize to the overall mentally ill population because the participants of this proposed study will have mental illness and will be involved in one of the two programs. Further, I will collect demographic information consistent with previous research. Therefore, this

study's results should generalize to those all those with mental illness who, in the future, decide to participate in one of these two programs.

Another challenge may be confidentiality issues, as those with mental illness have often been stigmatized by marginalization because of their condition. To address this issue, I planned to anonymize participants by dispensing with the collection of names on the informed consent form. Finally, challenges exist for self-report survey methods. Among these challenges is the fact that some self-reporting participants might not answer some of the questions – for any number of reasons, such as lack of understanding or fatigue. To compensate for non-responses, I intended to increase the sample size by 20%.

External Validity

External validity refers to how well the results of a study apply to people in other settings (Kenny, 2019). As stated in Chapter 1, individuals have a desire to fulfil personal needs – such as physiological, safety, and belonging – and, in so doing, integrate into society: individuals who have mental illness have additional challenges in fulfilling those needs. Therefore, by showing how such marginalized individuals overcome such challenges, the results of this study should generalize to people in other settings.

In this proposed study, the types of available supporting evidence are limited by the two programs: Clubhouse focuses on educational and social support, and IPS concentrates on workplace support. This study does not consider people who are not in either of the two programs; and thus, this study is bounded by setting and type of program. However, to increase generalizability, the results will be benchmarked against the national workplace outcomes and the descriptive characteristics of the participants

clearly defined so that the supports offered can be applied to people outside the programs as well as to those within them.

Construct or Statistical Conclusion Validity

As stated above, construct validity refers to whether the instruments and measurements produce the correct results. The four surveys – ICAWS, QWI, OCS, and PSI – have been shown to be valid and reliable. Further, these surveys have been used in a sufficiently broad sampling of populations to satisfy statistical conclusion validity (see pages 44-46 for studies which have used the four instruments; see also Table 4 for descriptive statistics).

Ethical Procedures

Before I began data collection, I obtained institutional review board (IRB) approval from the university to ensure that all ethical standards are met. In accord with these standards, the projected research is not expected to pose any harm to participants: for several reasons. First, the nature of anonymous quantitative data collection ensures that no identifying information will be collected that could be linked back to participants. In line with this, the researcher will not have any direct contact with, or personal knowledge of, participants – throughout the process. For example, please see Appendix A for the survey participation flyer which contains an invitation link to avoid any direct communication with and knowledge of who decides to participate. Further, I used an anonymous informed consent form which states the voluntary nature of participation and indicates that participants may exit the survey at any time. I also dispensed with collecting names on the informed consent form, as that information would connect

participants to the study. In Appendix B, the surveys collect relevant demographic information such as gender, age, and SES. However, while the survey demographics also asked for geographic location, the options only specified large/generalized geographic areas – South, Northeast, Midwest, and West – so as to maintain anonymity.

The population in this study – those who have mental illness, have attended (or currently attend) a Clubhouse or IPS program, are aged 18 or above, and who are currently working in the United States – is considered a vulnerable population. However, in this study, the data was to be collected in a way that maintained anonymity of participants. So, no additional special handling of data is required to safeguard participants.

Regarding access to participants, while respecting their anonymity, I sent agreements to post recruitment flyers at IPS and Clubhouse locations.

Summary

In this chapter, I have indicated my planned research design and rationale, methodology, instrumentation and operationalization of constructs, data analysis plan, threats to validity, and ethical procedures. In the next chapter, I will present my findings and the changes in the methodology, data collection and analyses.

Chapter 4: Results

The purpose of this quantitative study was to examine the vocational outcomes for those who participated in either of two programs: Clubhouse or IPS in terms of hours worked, pay earned, number of employment changes, length of job tenure, and perceived workplace stress and strain. However, due to challenges faced during data collection, the only information available for both programs are the number of hours worked and the amount of pay earned hourly. Therefore, I have amended the research questions and hypotheses accordingly. In this chapter, I present the challenges faced during the data collection process, a revised research question and hypothesis, and the results of data collection.

Data Collection

For this study, I first posted the intended survey (see Appendix B) on Survey Monkey. Data collection started after IRB approval November 28, 2022. I advertised the survey by contacting stakeholders – directors of Clubhouse and IPS locations. Only one of the directors agreed to post the flyer (see Appendix A). After 1 year of contacting directors, two Clubhouse members and no IPS members had responded to the survey. Therefore, there was insufficient data to make a comparison between the two programs.

Second, given the scarce responses despite email reminders sent to all the IPS and clubhouse locations in the United States and inability to pay a recruitment service, I began to search for data that would enable a metanalyses was pursued (May 11, 2023). For my search strategy, I conducted multiple searches in Walden University Library using the following databases: APA PsycArticles, APA PsycExtra, and APA PsycInfo.

To broaden my search as widely as possible, I did not specify any date constraints. Further, I expanded my search to also search within the full text of articles and apply equivalent subjects. However, I did limit my search to full text peer reviewed articles. I then used the following keyword searches to conduct my research: *clubhouse or "clubhouse model" or "clubhouse international" AND "hours worked" or "working hours" AND salary or income or wages* (32 results), *ips or "individual placement and support" AND "hours worked" or "working hours" AND salary or income or wages* (60 results).

Regarding the Clubhouse literature search, Cronise et al. (2016) studied the diversity of case workers and their work dynamic within various programs – including Clubhouse, IPS, and others – that cater to mentally ill individuals. Yates (2023) studied the cost of running various interventions not specific to the Clubhouse program. Meyer et al. (2023) conducted an analysis of the role of support groups – including friendships and Clubhouse programs – in helping individuals increase well-being. Prince et al. (2021) studied potential inappropriate ethical challenges of running a Clubhouse, especially if a clinical psychologist gets involved in the social aspect of the program (e.g. multiple roles). Wang et al. (1999) conducted an analysis of how well each implementation of the program adhered to the original Clubhouse model.

Furthermore, Priebe et al. (1998) conducted extensive information on employment for individuals who have mental illness, yet their results combine the results of multiple different interventions into one set of tables. Torres Stone et al. (2018) combined data from multiple types of interventions – Clubhouse, IPS, and others – to

present a broad perspective of mentally ill individuals' feelings about work. Propst (1992) explained the structure and design of the Clubhouse model yet did not conduct any experiment. While Henry et al. (2001) did compare the length of Clubhouse membership to some of the desired variables, these researchers did not have a necessary nontreatment comparison for experimental design. Finally, Pirttimaa and Saloviita (2009) studied some activities before and after commencement of Clubhouse participation yet did not include any data on any of the variables of interest.

Regarding the IPS literature search, Bond et al. (2024) mentioned collecting participant data before and after their participation in IPS. Yet, Bond et al. did not provide before and after data for independent analysis. Cronise et al. (2016) studied the characteristics of IPS staff members who support special needs populations. Rather than studying outcomes of an existing IPS program, Del Piccolo et al. (2024) evaluated whether adding an educational component would benefit 25 young adults. While Igarashi et al. (2023) did study income and hours worked for 206 mentally ill individuals enrolled in an IPS, the researchers did not include the necessary before and after data. Rizza and Fioritti (2020) wrote a review of the Italian labor market (p. 60) including their interpretations of the success of the IPS program in Italy.

Corbière et al. (2024) had cited studies about IPS yet made no mention of the IPS program. Khare et al. (2022) studied public employment services for mentally ill individuals and recommended IPS as a possible way to improve outcomes. Bailey et al. (1998) researched a pretreatment program which assists individuals in their preparation to enter the IPS program. Rather than study IPS, Kukla et al. (2019) examined whether

adding “work-focused cognitive behavioral therapy” (p. 366) would benefit those who already participated in an IPS program. Finally, while Davis et al. (2018) did study IPS, their target population was veterans. As shown in the above literature review, there were no true experiments to compare the Clubhouse and IPS programs for those who have mental illness. Thus, the meta-analysis option also had to be abandoned.

On June 20, 2023, I considered soliciting input from those who provide service to mentally ill adults. In recent scholarly literature, Stokes et al. (2024) pointed out that service providers often have a unique perspective on their clients. For example, a psychological report may identify an individual who has a psychotic disorder; however, the service provider can provide context beyond a diagnosis (Stokes et al., 2024). In addition, Rajaram et al. (2024) indicated that service providers perspectives also benefit other categories of people such as those who suffered from domestic abuse or brain injury. Further, service providers provide crucial contextual feedback for those who have autism (Feather et al., 2024) as well as those who have dementia (Zhang et al., 2024). Finally, Henry (2019) presented the importance of service providers perspectives of coping strategies for youth transitioning from long term psychiatric treatment into the community. Thus, given the utility of the perceptions of service providers, I sought to survey service provider perceptions on the variables of interest. Two locations indicated interest but there were no survey responses. Therefore, I had to abandon this option as well.

Finally, I sought archival data on both programs. One of the Clubhouses in the South-Eastern United States provided me archival data from members ($N = 14$) who

found jobs between July 2023 and December 2023 (see Table 6). However, I had to omit data on two members who reported a variable number of hours worked (adjusted $N = 12$). Of the remaining 12 participants, the average pay was \$13.46 ($M = 13.46$, $SD = 3.04$) and the average hours per week were 22.25 ($M = 22.25$, $SD = 10.11$).

With respect to IPS, none of the directors furnished archival data. Therefore, I sought data from peer-reviewed scholarly journals. I conducted a search in the Walden University Library using the following databases: APA PsycArticles, APA PsycExtra, and APA PsycInfo. To broaden my search as widely as possible, I did not specify any date constraints. Further, I expanded my search to also search within the full text of articles and apply equivalent subjects. However, I did limit my search to full text peer reviewed articles. I then used the following keyword searches to conduct my research: *IPS or "individual placement and support" AND "hours worked" or "working hours" AND salary or income or wages* (60 results).

Larson (2007) studied an IPS program and found that after six months of IPS intervention, participants ($N = 58$) worked an average of 21.49 hours per week ($M = 21.49$, $SD = 14.98$) and earned an average of \$5.91 per hour ($M = 5.91$, $SD = 3.85$). However, there was a substantial difference in wages between 2007 and 2023. According to Social Security (n.d.), the average wage in 2007 was \$40,405.48 and the most recently reported average wage in 2022 was \$63,795.13. Based on these numbers, the general population earned 1.58 times more in 2022 than they did in 2007. By multiplying the IPS 2007 data by 1.58, the adjusted average wages were \$9.34/hour for IPS ($M = 9.34$, $SD = 6.08$).

Table 6*Clubhouse Data*

Job title	Employer	Employment type	Hourly wages	Hours worked
Responder	Respondology	TE	\$10	Varies
IT	Goodwill	TE	\$15	40
Tax preparer	Self	IE	\$100	Varies
Construction	CIS	SE	\$20	40
	Construction			
Janitor	NAMI	SE	\$11	10
Facilitator	NAMI	IE	\$15	15
Bagger	Publix	SE	\$12.50	30
Security Guard	Best Co	SE	\$18	8
Rec. Hid	Lenox	IE	\$12	20
Stocker	Dollar Tree	SE	\$11	20
Stocker	Dollar Tree	SE	\$11	24
Associate	Host	IE	\$11	20
Associate	Alliance	SE	\$14	20
Stocker	Burlington	SE	\$11	20

Note. This archival data came from a Florida Clubhouse between July, 2023 and December, 2023. TE = Transitional Employment, IE = Independent Employment, and SE = Supported Employment.

Table 7*Descriptive Statistics: IPS and Clubhouse*

	IPS Adjusted wage	Clubhouse wages	IPS hours worked	Clubhouse hours worked
<i>M</i>	9.34	13.46	21.40	22.25
<i>SD</i>	6.08	3.04	14.98	10.11
<i>N</i>	58	12	58	12
<i>df</i>	57	11	57	11
<i>SS</i>	2146.17	110.98	13015.22	1226.45
<i>SE</i>	0.80	0.88	1.97	2.92

95%CI Lower				
Est.	7.74	11.53	17.46	15.83
95%CI Upper				
Est.	10.94	15.39	25.34	28.67
<i>df</i>	68		68	
<i>SEM</i>	1.83		4.59	
<i>t</i>	2.26		0.19	
<i>P</i>	0.0273		0.854	
Cohen's <i>d</i>	0.72		0.06	

As a result of the above data collection challenges, the amended research question and hypothesis follows.

RQ1: In terms of the mean number of hours worked per week, does the Clubhouse intervention produce a different outcome than the IPS intervention for adults who have mental illness?

*H*₀1: The mean number of hours worked per week for the Clubhouse intervention does not differ significantly from a known IPS intervention mean of 21.49 hours per week. Any difference between the Clubhouse intervention and the IPS intervention can be attributed to random sampling error. The Clubhouse archival data does not represent a different outcome than IPS for adults who have mental illness.

*H*_a1: The mean number of hours worked per week for the Clubhouse intervention does differ significantly from the known IPS intervention mean of 21.49 hours per week. The difference between the Clubhouse intervention and the IPS intervention cannot be attributed to random sampling error. The Clubhouse archival data does represent a different outcome than IPS for adults who have mental illness.

RQ2: In terms of the mean wages earned per hour, does the Clubhouse intervention produce a different outcome than the IPS intervention for adults who have mental illness?

H₀2: The mean wages earned per hour for the Clubhouse intervention does not differ significantly from a known IPS intervention mean of \$9.34 (adjusted) earned per hour. Any difference between the Clubhouse intervention and the IPS intervention can be attributed to random sampling error. The Clubhouse archival data does not represent a different outcome than IPS for adults who have mental illness.

H_a2: The mean wages earned per hour for the Clubhouse intervention does differ significantly from the known IPS intervention mean of \$9.34 (adjusted) earned per hour. The difference between the Clubhouse intervention and the IPS intervention cannot be attributed to random sampling error. The Clubhouse archival data does represent a different outcome than IPS for adults who have mental illness.

Results

An exploratory data analysis (EDA) was conducted to determine the distribution of hours worked per week for the Clubhouse intervention. Summary statistics for the results of this EDA are presented in Table 8. For the test of skewness and normality, I am using the 1% significance level. Preliminary EDAs employing tests for skewness ($S = 0.69$, $N = 12$, $Z = 1.08$, $p < 0.01$) and kurtosis ($S = 0.02$, $N = 12$, $Z = 0.02$, $p < 0.01$) failed to detect any significant departure from normality. Thus, the assumptions for conducting

the analysis – including the type of measurement scale and for the dependent variable, hours worked per week, which is on the interval / ratio scale, and the normality of the distribution – were met (Statistics Solutions, n.d.).

Results for the t-test indicated that the Clubhouse mean hours worked per week ($M = 22.25$, $SD = 10.11$, $CI_{95\%} = 15.83$ to 28.67) was not significantly different ($t(11) = 0.26$, $p = 0.40$) from the IPS mean hours worked per week. Therefore, the Clubhouse archival data does not represent a different outcome than IPS for adults who have mental illness in terms of the mean hours worked per week.

Table 8

Clubhouse Data, Hours Worked Per Week

μ	21.49
N	12
M	22.25
95% CI for M Lower Bound	15.83
95%CI for M Lower Bound	28.67
Mdn	20.00
SD	10.11
SE	2.92
Skewness	0.69
SE Skewness	0.64
Zsk	1.08
Kurtosis	0.02
SE Kurtosis	1.23
Zku	0.02
df	11
t	0.26
p	0.40
d	0.08

An exploratory data analysis (EDA) was conducted to determine the distribution of wages earned per hour for the Clubhouse intervention. Summary statistics for the

results of this EDA are presented in Table 9. For the test of skewness and normality, I am using the 1% significance level. Preliminary EDAs employing tests for skewness ($S = 1.33$, $N = 12$, $Z = 2.08$, $p > 0.01$) and kurtosis ($S = 0.69$, $N = 12$, $Z = 0.56$, $p < 0.05$) failed to detect any significant departure from normality. Thus, the assumptions for conducting the analysis – including the type of measurement scale and for the dependent variable, pay earned per hour, which is on the interval/ratio scale, and the normality of the distribution – were met.

Results for the t test indicated that the Clubhouse mean wages earned per hour ($M = 13.21$, $SD = 3.11$, $CI_{95\%} = 11.23$ to 15.19) was significantly above ($t(11) = 4.30$, $p < 0.001$) the IPS mean wages earned per hour. The effect size ($d = 1.24$) was large and suggests that the average wages earned per hour for the Clubhouse intervention was substantially larger than the average wages earned per hour for the IPS intervention.

In conclusion, it appears that the Clubhouse intervention has indeed helped individuals who have mental illness earn substantially higher income than the IPS intervention. However, further replication efforts need to be conducted – with current data from both interventions – to substantiate the reliability of this finding and conclusion.

Table 9

Clubhouse Data, Wages Earned Per Hour.

μ	\$9.34 (adjusted for wage increase)
N	12
M	13.21
95% CI for M Lower Bound	11.23
95%CI for M Lower Bound	15.19
Mdn	11.50

<i>SD</i>	3.11
<i>SE</i>	0.90
Skewness	1.33
<i>SE</i> Skewness	0.64
<i>Zsk</i>	2.08
Kurtosis	0.69
<i>SE</i> Kurtosis	1.23
<i>Zku</i>	0.56
<i>df</i>	11
<i>t</i>	4.30
<i>p</i>	<0.001
<i>d</i>	1.24

Summary

In this chapter, I presented my data collection challenges such as insufficient survey responses, cooperation from possible stakeholders, and articles for a meta-analysis. Finally, one of the Clubhouse locations provided recent archival data. Therefore, I decided to conduct a single sample *t* test to compare hours worked per week and wages earned per hour to a known IPS population sample in a published scholarly journal. In terms of hours worked per week, there was no significant difference between the Clubhouse archival data and the known published IPS sample. On the other hand, regarding the wages earned per hour, participants in the Clubhouse sample had significantly higher wages.

However, given the very small sample size, it is unlikely that I can draw conclusions or generalize this data to the larger mentally ill population. Therefore, in the next chapter, I interpret the findings within these constraints, discuss these limitations, describe recommendations, and consider pro-social change implications.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this study was to examine the vocational outcomes for those who participate in either of two programs – Clubhouse or IPS – in terms of hours worked, pay earned, number of employment changes, length of job tenure, and perceived workplace stress and strain. It is unknown which program does better at helping the mental illness population meet their objectives of integration. Such a comparison is important because it will help these people to integrate into the workforce and into society, thereby increasing their quality of life. Therefore, the purpose of this study was to examine the vocational outcomes for those who participate in either of these two programs. Due to the limitations discussed below, I compared archival Clubhouse data to known published IPS data in terms of hours worked and pay earned. Regarding the number of hours worked per week, there was no significant difference. However, the results indicated that Clubhouse participants earned significantly more than IPS participants.

Interpretation of the Findings

Typically-developing individuals tend to seek physiological and safety needs before they can feel they belong to a society or family – and eventually grow self-confidence and independence (Maslow, 1943). However, mentally ill individuals typically face disruptions to these basic needs – especially in terms of employment (Helgesson et al., 2017; Hitch et al., 2017; Torres Stone et al., 2015). Therefore, two programs – the Clubhouse and the IPS – use empowerment theory to assist these people in regaining autonomy and self-determination regarding their vocational aspirations (Battin et al., 2016; McKay et al., 2018; Perkins and Zimmerman (1995); Rappaport

(1981); Torres Stone et al., 2015; Vukadin et al., 2018). This study sought to fill a gap in the literature regarding which program best empowers these people in terms of hours worked per week and pay earned per hour (Battin et al., 2016; Frederick & VanderWeele, 2019; McKay et al., 2018; Torres Stone et al., 2015).

The findings of this study seem to confirm and extend knowledge in several ways. First, Brantschen et al.'s (2017) found that action-oriented individuals earned more than situation-oriented individuals. The Clubhouse model's mission of actively providing ongoing vocational training for the life of its participants matches Brantschen et al.'s (2017) action-oriented group. My study seems to confirm that the Clubhouse's lifelong commitment participant development leads to more wages earned per week than the IPS short-term rapid intervention.

On the other hand, this study showed no significant difference between the two programs in terms of hours worked. This finding seems to confirm and extend existing knowledge. The IPS model is more suitable for those who already know what they want to do (Luciano et al., 2014; Russinova et al., 2018). However, the Clubhouse model assists participants' decision-making process by introducing them to a variety of possible occupations from which they might choose (Gold et al., 2016). My study seems to confirm that both programs help mentally ill people achieve meaningful work.

The theoretical framework for this study was Rappaport's (1981) empowerment theory. This framework has already been applied to both programs: IPS and Clubhouse. Mentally ill individuals typically face employment discrimination (Mejia-Lancheros et al., 2020). As a result, these people have learned stigma, helplessness, and

disempowerment regarding disclosure of their condition (Boge et al., 2018; Pérez-Garín et al., 2017; Torres Stone et al., 2015). Therefore, the IPS program staff uses the empowerment model to help those who have mental illness decide whether to disclose their disability as part of their job search, as such disclosure could increase understanding as part of their workplace support (McAweeney et al., 2008). Further, Bejerholm and Björkman (2010) has shown that such empowerment results in increased communication and decreased stigma which, in turn, yields a higher quality of life.

On the other hand, the Clubhouse addresses a different aspect of empowerment for people who have mental illness: a “sense of community belonging” (Tanaka et al., 2018, p. 276) and “comprehensive community engagement” (Rice et al., 2022, p. 155). In terms of employment and feeling useful, these people struggle to integrate into mainstream society; and this often leads to feelings of marginalization and segregation (Hack et al., 2020; Johnson-Kwochka et al., 2020; Rikala, 2020). Therefore, to remove the feelings of being separated from society, the Clubhouse uses empowerment as a means of integrating these people into the community (Rice et al., 2022; Tanaka et al., 2018). With respect to this current study, both programs seemed to do equally well at empowering mentally ill individuals to work the same number of hours per week. However, with respect to pay earned per hour, the Clubhouse model seemed to do slightly better at empowering these people.

Limitations of the Study

There were several limitations of this study. First, due to lack of survey participation, I was unable to conduct the original study. Further, because there are no

true experiments in this study, I was not able to conduct a meta-analysis. Eventually, I had to conduct an archival study comparison of Clubhouse data to an existing published IPS dataset. However, the sample size ($n=12$) was too small to generalize these results to the overall population of mentally ill adults.

Several threats to validity pose additional limitations to my study. First, IPS population sample data was published almost 2 decades prior to the available Clubhouse archival data. History effects from COVID-19, changing workplace dynamics, amendments to employment laws, and adjustments to minimum wage pose threats to validity. Further, instrumentation error may happen when decades old data collection and analysis of the IPS data do not match current methods used in Clubhouse data collection. Finally, setting effects may pose a threat to validity due to the differences in nature between the IPS and Clubhouse, changes to the IPS program over the past two decades, and differences in geographical and cultural norms.

Yet, despite these limitations, my findings seem to indicate that both programs do equally well at empowering individuals to work. The higher pay obtained by Clubhouse participants may reveal some advantage to this program's lifelong membership and training programs. However, due to the small sample size, more research is needed to determine whether this result can generalize.

Recommendations

First, as the sample size ($n = 12$) was too small, I recommend additional research to determine whether these results generalize to the mentally ill adult population who participate in either program: Clubhouse or IPS. Additionally, I recommend that future

research address ways to find working mentally ill adults who participated in these programs to complete the original Workplace Stress and Strain Survey. As workplace constraints, unreasonable workload, and poor interactions at work tend to yield diminished employment quality (Eisenberg-Guyot et al., 2020), knowing these survey results would advance research by showing which program – Clubhouse or IPS – better helps mentally ill adults integrate into the workforce.

With respect to methodologies, future researchers may wish to consider naturalistic observation of how mentally ill workers participate in the workforce after receiving help from Clubhouse or IPS programs. Observing these people in their natural workplace setting might yield additional insight not considered by previous research. Such observation should be done in the least intrusive manner possible so as to avoid drawing attention to the individuals, as these people already suffer many stigmas relating to their diagnoses. However, researchers might consider action research, case studies, and focus groups if these can be conducted in a manner to protect the identity of participants from further stigmas. Additionally, in a mixed-methods study, qualitative interviews with such workers might yield previously unidentified concerns for a quantitative survey follow-up to a larger population.

Regarding theoretical frameworks, future research may wish to consider stigma theory which would yield insight into factors that limit this population's ability to integrate into the workforce. Also, social identity theory may help future researchers identify factors that impact self-esteem of these people. Finally, future research might

address social norms pertaining to the inequalities between those who have mental illness and their typical peers.

Finally, regarding the choice of variables, future research may consider the specific interventions in each of the programs – Clubhouse and IPS – as possible mediating variables. For example, researchers may wish to consider the length and type of participation in Clubhouse or IPS as a mediator to tenure, wages, or number of hours worked.

Implications

As a result of mentally ill adults' struggle to integrate into mainstream society in terms of their vocational needs, they face marginalization, segregation, discrimination, and stigma (Hack et al., 2020; Johnson-Kwochka et al., 2020; Rikala, 2020). Such challenges typically result in a diminished quality of life (de Lange et al., 2022). Both programs have been shown to improve employment prospects and quality of life (Battin et al., 2016; McKay et al., 2018; Frederick & VanderWeele, 2019). Therefore, at the individual level, addressing the vocational needs of these people should assist in their integration into society.

An individual whose has a mental illness typically becomes a drain on the resources of family and friends and, therefore, an outcast within the related social structures (Azman et al., 2019). The stigma of their diagnosis further exacerbates the strain on these relationships, as these people report instances of shame and separation anxiety (Maloušková & Fafejta, 2021). Therefore, integrating these individuals into the workforce – and society – would reduce the strain on these families.

In terms of organizational implications, Bronkhorst et al. (2015) found that an institution's inclusion policy affected health, safety, morale, and productivity of all employees. Additionally, Schneider et al. (2024) found some evidence that inclusive hiring practices resulted in decreased workplace stigma and increased teamwork to accomplish the organization's goals. Therefore, tooling mentally ill individuals to work in such environments could be beneficial to organizations that value the unique skillsets of their employees.

Finally, with respect to societal implications, many programs for mentally ill people consume public resources. For example, Social Security provides monthly cash assistance and Medicare provides health assistance. Individuals who act inappropriately in public settings frequently end up in the prison system, thus further draining public resources. On the other hand, those who participate in a Clubhouse or IPS program have a better chance of integrating into the workforce (Battin et al., 2016; McKay et al., 2018; Frederick & VanderWeele, 2019). Therefore, they can contribute to society rather than consuming societal resources.

The IPS program works well for mentally ill adults who already know career path they want, receive rapid vocational placement, and subsequent workplace supports (Luciano et al., 2014; Russinova et al., 2018). On the other hand, the Clubhouse offers a lifelong membership program and opportunities for training and experience in several types of work (Gold et al., 2016).

Regarding methodological implications, this present study seemed to indicate that both programs lead to approximately the same number of hours worked. Yet those who

participated in a Clubhouse received higher wages. One possible methodological implication might be to integrate the rapid vocational placement of IPS together with the training and membership opportunities of the Clubhouse. In fact, while I was writing this dissertation, other researchers thought that an IPS and Clubhouse hybrid model might have merit and, therefore, began studying such an experimental model (Cohen et al., 2020; Prior et al., 2020).

With respect to theoretical implications, the higher wages of those participating in a Clubhouse program might indicate that these people have been more empowered to succeed in their vocational pursuits. However, due to the lack of data in this present study, practitioners may wish to collect workplace stress and strain data to further study how well each respective program empowered its participants to integrate into the workforce.

As for empirical implications, more research is needed to determine the extent to which each program – IPS and Clubhouse – contributes to the success of participants. This current study does provide a small amount of empirical evidence that the inclusive life-long intervention of the Clubhouse may lead to higher wages, more empowerment, and better integration into the workforce. For example, if Clubhouse vocational training empowered participants to advance in their career, this may account for higher wages. Again, more research will determine the empirical implications.

Further, as this study showed no significant difference in hours worked, both programs seem to perform equally well at integrating these people into the workplace.

However, due to the limitations of this study, more research is necessary to determine the specifics of their integration.

Considering that both interventions resulted in approximately the same number of hours worked, practitioners may wish to inform mentally ill adults regarding these two interventions – IPS and Clubhouse. Such individuals who wish to get to work quickly may wish to participate in an IPS. However, those who wish to have access to lifelong training and support and higher wages may wish to choose the Clubhouse option. Thus, these results can be used by service providers / practitioners to guide the individuals based on their needs, which will perhaps lead to individual empowerment and optimal vocational outcomes.

Conclusion

Instead of excluding people from society and paying them not to work, more research on vocational interventions for mentally ill adults can help service practitioners determine how to integrate these individuals into the workforce, and therefore into society. This study has shown that participants of both programs gained some benefit from workforce inclusion.

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Appendix A: Research Participation Invitation

You are invited to participate in a research study of which program – Clubhouse or Individualized Placement and Support (IPS) – provides better employment outcomes for individuals who have persistent mental illness. This study is being conducted by Daniel Reynolds for his Walden University dissertation and is open to individuals who are age 18 or older, have a persistent mental illness, have the competency to live on their own without guardianship, and are working in the United States, have participated in either program. Following some questions about your demographic information, you will be asked to complete four brief surveys regarding your employment experiences. To participate in the research study, please start the survey by visiting <https://www.surveymonkey.com/r/B2CSPKN> or scanning this QR code:



Thank you and have a nice day.

Appendix B: Surveys

Demographic Information

Gender (sex at birth): Male, Female

Age: valid options are integer values 18-99

Geographic location within USA: Northeast, South, Midwest, West (see Table 3)

Ethnicity (based on U.S. Census Bureau, n.d.): Hispanic, White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or other Pacific Islander, Some other race, Multiracial

Socio-economic status (SES) in terms of annual income (based on IRS, 2021, page 59): \$0 - \$6,480; \$6,481 - \$11,616; \$11,617 - \$27,360; \$27,361 - \$51,012; \$51,013 - \$91,500; \$91,501 - \$114,456; \$114,457 and above.

In which program did you participate: Valid options are Clubhouse, Individualized Placement and Support (IPS)

Dates you participated in the program: inputs are start date and end date; the participant should use the present date if they still participate (e.g., for Clubhouse lifelong membership program)

Vocational Information

Hours worked last week: valid options are integer values between 1 and 80

Pay earned last week: valid options are real numbers in terms of dollars and cents (two digits after the decimal point)

How many different jobs have you worked over the past 12 months: valid options are integer values between 1 and 52

When did you start your current job: valid option is a date, the computer will calculate how many weeks since job start date

Four Surveys: ICAWS, OCS, QWI, PSI-13

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Interpersonal Conflict at Work Scale, ICAWS

1. How often do you get into arguments with others at work?
2. How often do other people yell at you at work?
3. How often are people rude to you at work?
4. How often do other people do nasty things to you at work?

Options: 1 - Not at all, 2 - Once or twice per month, 3 - Once or twice per week, 4 - Most days, 5 - Every day

Scoring directions: Each of the four items has five response choices, numbered from 1 (not at all) to 5 (every day). Sum the responses to each item, which will yield a total score from 4 to 20.

Organizational Constraints Scale, OCS

How often do you find it difficult or impossible to do your job because of ... ?

1. Poor equipment or supplies.
2. Organizational rules and procedures.
3. Other employees.
4. Your supervisor.
5. Lack of equipment or supplies.
6. Inadequate training.

7. Interruptions by other people.
8. Lack of necessary information about what to do or how to do it.
9. Conflicting job demands.
10. Inadequate help from others.
11. Incorrect instructions.

Options: 1 - Not at all, 2 - Once or twice per month, 3 - Once or twice per week, 4 - Most days, 5 - Every day

Scoring directions: Each of the 11 items has five response choices, numbered from 1 (not at all) to 5 (every day). Sum the responses to each item, which will yield a total score from 11 to 55.

Quantitative Workload Inventory, QWI

1. How often does your job require you to work very fast?
2. How often does your job require you to work very hard?
3. How often does your job leave you with little time to get things done?
4. How often is there a great deal to be done?
5. How often do you have to do more work than you can do well?

Options: 1 - Not at all, 2 - Once or twice per month, 3 - Once or twice per week, 4 - Most days, 5 - Every day

Scoring directions: Each of the five items has five response choices, numbered from 1 (not at all) to 5 (every day). Sum the responses to each item, which will yield a total score from 5 to 25.

Physical Symptoms Inventory – 13-item Version (PSI-13)

Over the past month, how often have you experienced each of the following symptoms?

1. An upset stomach or nausea
2. A backache
3. Trouble sleeping
4. Headache
5. Acid indigestion or heartburn
6. Eye strain
7. Diarrhea
8. Stomach cramps (Not menstrual)
9. Constipation
10. Ringing in the ears
11. Loss of appetite
12. Dizziness
13. Tiredness or fatigue

Options: 1 - Not at all, 2 - Once or twice per month, 3 - Once or twice per week, 4 - Most days, 5 - Every day

Scoring directions: For the 13-item version, there are five response choices, ranging from 1 (not at all) to 5 (every day). Sum the responses to all of the items into a total score, which can range from 13 to 65.

Appendix E: SPSS Output.

SPSS Syntax for Descriptive Statistics (Clubhouse hours worked per week)

EXAMINE VARIABLES=WeeklyHours

/PLOT BOXPLOT STEMLEAF

/COMPARE GROUPS

/STATISTICS DESCRIPTIVES

/CINTERVAL 95

/MISSING LISTWISE

/NOTOTAL.

Descriptives

			Statistic	Std. Error
WeeklyHours	Mean		22.2500	2.91840
	95% Confidence Interval for Mean	Lower Bound	15.8266	
		Upper Bound	28.6734	
	5% Trimmed Mean		22.0556	
	Median		20.0000	
	Variance		102.205	
	Std. Deviation		10.1096	
			3	
	Minimum		8.00	
	Maximum		40.00	
	Range		32.00	
	Interquartile Range		12.25	
	Skewness		.685	.637
	Kurtosis		.021	1.232

SPSS Syntax for Single Sample t-test (Clubhouse hours worked per week)

T-TEST

/TESTVAL=21.49

/MISSING=ANALYSIS

/VARIABLES=WeeklyHours

/CRITERIA=CI(.95).

One-Sample Statistics

	N	Mean	Std. Deviation	Std. Error Mean
WeeklyHours	12	22.2500	10.10963	2.91840

One-Sample Test

Test Value = 21.49

	t	df	Significance		Mean Difference	95% Confidence Interval of the Difference	
			One-Sided p	Two-Sided p		Lower	Upper
WeeklyHours	.260	11	.400	.799	.76000	-5.6634	7.1834

SPSS Syntax for Descriptive Statistics (Clubhouse wages earned per hour)

EXAMINE VARIABLES=HourlyPay

/PLOT BOXPLOT STEMLEAF

/COMPARE GROUPS

/STATISTICS DESCRIPTIVES

/CINTERVAL 95

/MISSING LISTWISE

/NOTOTAL.

Descriptives

			Statistic	Std. Error
HourlyPay	Mean		13.2083	.89920
	95% Confidence Interval for Mean	Lower Bound	11.2292	
		Upper Bound	15.1875	
	5% Trimmed Mean		12.9537	
	Median		11.5000	
	Variance		9.703	
	Std. Deviation		3.11491	
	Minimum		11.00	
	Maximum		20.00	
	Range		9.00	
	Interquartile Range		4.00	
	Skewness		1.329	.637
	Kurtosis		.688	1.232

SPSS Syntax for Single Sample t-test (Clubhouse wages earned per hour)

T-TEST

/TESTVAL=9.34

/MISSING=ANALYSIS

/VARIABLES=HourlyPay

/CRITERIA=CI(.95).

One-Sample Statistics

	N	Mean	Std. Deviation	Std. Error Mean
HourlyPay	12	13.2083	3.11491	.89920

One-Sample Test

Test Value = 9.34

	t	df	Significance		Mean Difference	95% Confidence Interval of the Difference	
			One-Sided p	Two-Sided p		Lower	Upper
HourlyPay	4.302	11	<.001	.001	3.86833	1.8892	5.8475

Data

Hours worked per week	Wages earned per hour
40.00	15.00
40.00	20.00
10.00	11.00
15.00	15.00
30.00	12.50
8.00	18.00
20.00	12.00
20.00	11.00
24.00	11.00
20.00	11.00
20.00	11.00
20.00	11.00