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Creative ability and activity participation as indicators of successful self-employment in South African informal microenterprises

Abstract

Introduction: Persons with disabilities experience difficulties entering the formal South African labour market despite progressive legislation to enhance their economic participation. Consequently, self-employment becomes a work placement consideration for occupational therapy clients. However, self-employment requires certain volitional attributes and identification of such attributes would greatly enhance the outcome of vocational rehabilitation efforts. The aim of the study to describe the level of creative ability and the activity participation of business owners self-employed in informal microenterprises.

Method: A descriptive quantitative non-experimental research design was used. Sixteen self-employed business owners of informal microenterprises were interviewed and observed completing work tasks using the eight domains of the Activity Participation Outcome Measure (APOM) based on the Vona du Toit Model of Creative Ability (VdTMoCA).

Results: Participants were between 27 and 50 years of age. Their education levels ranged from no-education (6%) to tertiary education (19%) with the majority (38%) having a high school education. Based on the APOM scores participants functioned on three levels of creative ability: passive participation, imitative participation and active participation. Most participants functioned at the imitative patient directed level with the highest APOM domain scores for all participants being communication skills, affect and role performance.

Conclusion: The level of activity participation based on the VdTMoCA and APOM required to be successfully self-employed in an informal microenterprise was identified. This provides occupational therapists with an understanding of these requirements when considering self-employment as work placement option.

Key words: self-employment, informal, microenterprise, Vona du Toit's Model of Creative Ability (VdTMoCA), Activity Participation Outcome Measure (APOM), Work, Vocational Rehabilitation, placement.

1. Introduction

South Africa has progressive legislation that protects and promotes the right of persons with disability (PWDs) to enter, return and/or remain employed in the formal open labour market. However 25 years after the promulgation of these laws PWDs are still underrepresented in the work force [1] for a variety of reasons [2]. The high unemployment rate of 27.3% in the country in 2019 made it difficult for PWDs to find or return to work in the open labour market since they are competing with high numbers of unemployed able-bodied persons [3, 4]. The Commission of Employment Equity (CEE) [1] reports that PWDs make up 1% of the workforce in the open labour market. Other than the personal and socio-economic implications this holds for PWDs, it also reflects poorly on the country's compliance with the United Nations Sustainable Development Goals (SDGs) to which South Africa is a signatory [5]. This has a particular reference to Goal 8 which aims to promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all, including for PWDs.

Occupational therapists have a well-defined role in facilitating their clients' engagement in the occupation of work [6]. This role takes into account both the assessment of work ability and the work place when providing vocational rehabilitation; including preparing a client for seeking, procuring or keeping employment [7]. Literature shows that the vocational rehabilitation services currently offered by occupational therapists focus mainly on paid employment, with little research and focus on facilitating self-employment or entrepreneurship as a work placement opportunity for their clients [8, 9]. Occupational therapists' vocational rehabilitation services are currently not in line with the South African government's call that urges its citizens to explore self-employment as an alternative in the face of the high level of unemployment and its effects [10]. Although South African

occupational therapists perceive themselves as having a role to play in facilitating self-employment for PWDs they report little experience in executing this role [11].

Although there is no consensus on the definition of self-employment [12] in this paper self-employment is defined as *an individual who is working for themselves, being directly or indirectly involved in running a successful and profitable, informal small business or microenterprise in order to earn an income or generate a salary instead of being employed by another person or an employer*. A microenterprise may include but not be limited to buying and selling, offering services and manufacturing products on a micro scale [12-16]. An International Labour Organisation (ILO) report shows that small businesses and self-employment provide the most jobs worldwide [17]. The informal sector has been prioritised in this study as 61% of the self-employed work force in the world is in this sector [5]. To assist PWDs in exploring self-employment as a possible work opportunity or placement, in setting up and successfully running a business, occupational therapists need to understand the factors associated with self-employment in order to best guide their clients. Therapists need to be aware of the amount of the knowledge and training the client has to provide the support and guidance they need in order for them to be successful in self-employment. Furthermore, when considering this form of employment in this sector as an option, a clients' ability, level of activity participation, level of education and vocational skills need to be considered [18, 19]. It has been proven that motivation governs action, which is a foundation of the Vona du Toit Model of Creative Ability (VdTMoCA) in determining participation in entrepreneurship [20, 21].

Casteleijn and de Vos [8] and Casteleijn [22] report that the VdTMoCA is widely used in vocational rehabilitation by South African occupational therapists. This model helps establish an individual's or a group's level of function or activity participation, which guides the occupational therapist in their expectations of performance in the work place [23, 24].

This paper explored self-employment of able-bodied individuals in informal microenterprises in a low resourced urban setting, to provide occupational therapists with a benchmark of the level of activity participation required before exploring self-employment as a work option with their clients. The Activity Participation Outcome Measure (APOM) based on the VdTMoCA was used to establish the ability to function in meeting the demands self-employment places on an individual, in microenterprises in the informal sector, which was the focus of this study. The Activity Participation Outcome Measure provided a description of the self-employed individual's activity participation profile which forms the basis for deciding whether an individual have a skill at a level that would allow them to run a particular type of business. This provides occupational therapists with information of the level of motivation and activity participation required to successfully engage in self-employment in a microenterprise in the informal sector.

2. Literature review

Many factors have contributed to the current high unemployment rate in South Africa[25, 26]. Apartheid, denied non-white South Africans equal access even to date to education, playing an active role in building the economy, receiving education and training thus even to date many citizens are unemployed and have limited access to the formal labour market [26]. Valodia et al. [27] suggests that many of individuals have created survivalist self-employment opportunities in the informal sector, and that they are pushed into self-employment as the only option open to them [28]. Thus the motivation to be self-employed could be related to the outcomes of business and not merely the desire for entrepreneurship[29]. This has resulted in situations where individuals are likely to become involved in or pushed into microenterprises out of necessity [28, 30].

At the end of 2017 the Small Business Development Agency (SBDA) reported that there were 1.55 million small businesses in the informal sector [31] substantiating the positive contribution of these businesses to the economy of the country [32]. Apart from providing a source of income [33], these small businesses employ other people and bring convenience to the communities they serve [34]. Moreover, the self-employed individuals have a sense of freedom, believed to contribute positively to their wellbeing[18, 35, 36].

Although there are no fixed characteristics to profile individuals in self-employment, literature indicates that those with the following attributes are more likely to succeed: the need to achieve[12, 18, 37], a strong internal locus of control[12, 35, 38, 39], creativity and pro-activism[40, 41], social skills[42], sense of independence[18], previous training in related fields of business[18, 42], a high degree of endurance [37], and self-efficacy[43]. Despite the limited information on PWDs in the field of self-employment, according to participants with disabilities in a study in South Africa by Marsay (2014), success in self-employment is also dependent on self-determination, which includes the ability to act autonomously, in a self-regulated and a psychologically empowered manner[44]. This is confirmed

by Hikkerova et al.[21] who when studying volition in entrepreneurs found they scored better in terms of self-determination and action orientation with the skill to identify their goals and the ability to implement these goals successfully. They are also proactive and demonstrate resistance to uncertainty. However, literature suggests that any person who works hard is likely to succeed[35] while Alharthi in 2013 felt that entrepreneurial skills required for self-employment can be enhanced by undergoing necessary training[19]. Luthans et al. however confirmed that the individual's judgment of their capabilities to achieve goals as well as the necessary cognitive, memory and behavioural abilities to master their environment are required[43]. For those involved in microenterprises, Chatterjee and Das report that leadership skills, communication skills and human relation skills, are essential to run these enterprises efficiently and successfully[45].

Many of the client factors and performance skills listed above can be determined using the APOM developed by Casteleijn in 2010[46]. This outcome measure allows occupational therapists to assess an individual's level of activity participation according to eight domains which relate to their ability to work autonomously. These include process skills, communication/interactive skills, life skills including instrument activities of daily living and management of stress and conflict, role performance, balanced lifestyle including habits and time use, motivation, self-esteem and affect [46].

The individual's domains on the APOM allows for scores according to the VdTMoCA levels to be determined giving an indication of their ability to achieve in the work category of occupation. The levels of creative ability are described on a continuum of action from unconstructive to norm transcendence and eventually contribution to society[20, 24]. The levels of creative ability achieved in adulthood may differ depending on the individual's exertion of mental and physical effort. This effort is observed in an individual's activity participation and requires competency in various skills, initiative, ability to handle tools and relate to people, task concept and managing different situations. The individual level of creative ability is related to creative potential which is also

influenced by factors such as genetics, intellectual functioning, presence of disability or illness, resilience, as well as their environment[8, 20, 22, 47]. The lower levels of creative ability in the VdTMoCA usually observed in adults with severe loss of activity participation due to disability and illness, include preparation for constructive action with people and brief periods of doing. The levels above this include behaviour and skill development for norm-compliance and include the motivation levels of Passive participation (where behaviours and skills for independent living and doing and being with others are learnt) and Imitative participation (where behaviour and performance of tasks is to standard expectations)[48]. The higher levels of creative ability in the VdTMoCA address behaviour and skill development for self-actualisation and include Active participation (where standards are met including having ideas and doing things in a new way)[48].

An individual's level of creative ability can be established using observation, interviews, activity-based assessments and a social evaluative group to establish both their level of action and the matching level of motivation. Within each level of motivation and action, various skills and behaviours are expected. Three phases: therapist directed (where the individual requires assistance to achieve activity participation typical of that level), patient directed (where the individual acts independently to achieve activity participation typical of that level) and transitional (the individual shows motivation and action representative of the next level intermittently)[24, 46]. are defined within each creative ability level. These phases differentiate the individual's functioning, depending on the input they need to complete the activity [49]. The domains in the APOM allow for the evaluation of specific outcomes that are crucial for activity participation based on the levels and phases of creative ability described in the VdTMoCA.

3. Methodology

This study used a quantitative, non-experimental, cross sectional design, where convenience and snow ball sampling was used to locate the business owners [50]. This study was conducted in the

low resourced community of Alexandra Township in Johannesburg. A sample size of 16 self-employed individuals from the service and skill, retail and manufacturing/production businesses [11] from 46 businesses identified as operating in one street, was determined as the required sample according to Cochran's sample size formula with a 5% margin of error [51]. Microenterprise owners met the following inclusion criteria: residents or/and their business was located in Alexandra Township; between the working ages of 18 and 65 years; and operating the business for ≥ three years, as businesses are only considered successful if they have been running for three or more years [52]. Their monthly income was greater than the amount of the monthly South African disability grant amount of R 1,780 in 2020 [53].

The research instrument used for this study was a questionnaire which consisted of demographics questions (15 questions) and the (APOM). The APOM has eight domains which give specific descriptors on activity participation in each domain, has been validated using Rasch analysis and for a number of mental health and neurological conditions [22].. It should be noted that the APOM only focuses on the first six levels of creative ability as described by Vona du Toit, as these are individuals that are likely to be seen by occupational therapists in practice The researcher completed the training which is mandatory prior to using the APOM tool [46].

Ethical clearance (M170820) was obtained for this study from the University of the Witwatersrand Health Science Research Committee. Individuals who met the inclusion criteria were invited to participate. The purpose of the study, and their role therein was explained using the approved information sheet. Those who agreed to participate signed an informed consent form prior to the data collection. It was explained to participants that their participation in the study was voluntary and they could withdraw without consequence at any time and that the data collected was confidential.

Appointments were made with each participant to collect the data at a time that was convenient for them. Data for this study was collected by two researchers. Each researcher interviewed each participant completing the questionnaire specifically designed for this study. Each researcher then observed each participant working in their business and completed the APOM tool based on their observations. The researchers only concurred for purposes of interrater reliability of their findings and scores following the data collection.

Following the observation of the participant engaging in their microenterprise each researcher recorded their findings on the APOM tool and convened to discuss and agree on the ratings. The APOM scores were then plotted using the Excel Microsoft programme. This step resulted in establishing the APOM spider graph for each participant [46]. To ensure anonymity and confidentiality, data collected was coded and all documents kept in secured storage.

Data were analysed descriptively using frequencies.

4. Results

Table I summarises the demographics of the 16 participants. Participants were mostly males, their ages ranged between 27 and 50 years and most (56%) of them were married or co-habituating.

The category and type of businesses varied according to the level of creativity ability of the participants and income ranged from R1 800 to R10 000 a month. Most businesses were in the retail and service and skills sector (Table II).

Activity Participation

The highest level of creative ability was active participation for two (12.5%) business owners with 12 (75%): at the imitative participation level and two (12.5%) at passive participation. The median of the APOM domain scores indicate that all participants scored at or above imitative level (patient

directed phase) for communication skills had a slightly higher median score i.e. 14.75 where the motivation domain was had the lowest median score of 13.10

Fig. 1 confirms that all participants had communication skills which scored above the median of the scores expected for their level of creative ability

Participants at the level of passive participation had lower scores (<11-12) for balanced lifestyle. A lower score for motivation (>13-15) was noted for participants at imitative participation with higher scores for balanced lifestyle. The participants at the active participant level also had a higher score for balanced lifestyle and affect and a lower score for process skills and motivation (>16-17).

The APOM median scores across business categories indicated that the scores for those in the manufacturing category were the highest followed by services and skills category. The lowest scores were found in the retail category across all domains except affect (Fig. 2).

5. Discussion

The demographics in this study is similar to that reported in the literature for self-employment in low resource community in South Africa. The majority of participants were males between 36 – 45 years with 12 years of formal education [31, 54] Depending of previous work experience and opportunities participants at all levels were involved in the retail business and service and skill businesses. Only participants at imitative and active participation levels were involved in manufacture as this requires the businessowner to be able to adequately evaluate the end product provided..

As seen in this study, two of sixteen participants were on the passive participation level of creative ability of VdTMoCA. According to de Witt [24] individuals functioning at this level have difficulty sustaining effort over time and they give up easily, especially when faced with challenges with little endurance [37]. Furthermore, although their task concept is developed and their pre-vocational skills

are still developing thus they may lack the ability to adequately evaluate a product (or service delivered) and may not be able to correct product errors or adjust service delivery where necessary [24]. Only two participants at this level of creative ability were observed in this study, both had years of experience in the service [18, 42], they offered and the tasks related to car maintenance were habituated and one dimensional or unskilled. However, their lack the skill to organise [46], manage time and the money or market their business (simply waiting on the side of the road for customers) affected their income. Thus, when considering self-employment, individuals functioning at this level of creative ability probably require guidance and supervision in order to provide an acceptable level of service and to succeed and those considering engagement in profitable self-employment need to function at least at this level.

Three quarters of the participants in this study functioned on the imitative participation level according to the VdTMoCA. According to de Witt [24] individuals functioning at this level need less external structure due to their ability to work independently as opposed to those on the passive participation level. These individuals have higher balanced lifestyle skills and are more organized [46], structured, follow socially appropriate norms, can evaluate their own performance, they can problem-solve, manage their stress and budget or manage their finances adequately [24]. These participants all seemed to have financial systems in place and budgeted for stock, income and rental money. They also had higher self-esteem which supported their self-efficacy need to succeed in self-employment at this level of creative ability [43]. Thus, when considering self-employment, individuals functioning at this level of creative ability are able to provide an acceptable level of service and to succeed if the business model or type of business is not complex. In this study, they could provide retail and services and skills based businesses most of which were in their own home or based on the pavements.

Only 12,5% participants in this study functioned on the Active participation level of VdTMoCA. According to de Witt [24] these individual are transcending the self, they are less egocentric, their

focus is on other peoples' needs, they are independent and original in their actions with innovative, problem-solving skills and have a wide repertoire of work skills for which they have received specialized training [18, 42]. Due to their self-determination and action orientation with the skill to identify their goals [21] they have developed and marketed their microenterprises. They also had high scores for balanced lifestyle indicating they were able to manage their time well [46], but their lower motivation and process skills in terms of other organisation, knowledge and adaptation may prevent them from moving to the formal small business sector [43]. These participants indicated originality in the business practice as they had raised funds for buying instead of renting premises in order to reduce long term costs, had regular special offers for clients, offered backup services and gave discounts to customers in order to increase sales in their business. It can be concluded that individuals functioning at this level may be competent to offer in-service training to others interested in starting their small business.

When the domains of the APOM were considered the high scores for communication skills followed by the affect score of 14.33 suggesting that participants in this study had good interaction skills and a stable mood with appropriate affect which supported the success of their businesses. A good relationship with customers and the community as well as *being a people's person* was reported to be instrumental self-employment[44, 45] for customers to come back and continue to support a business. Customer relations include treating customers well and controlling emotions when dealing with their concerns.

The median score of the motivation domain was lowest which seems contrary to that suggested by literature[29], but still within the imitative participation level indicating the participants may not have a strong internal locus of control [38, 39]. The lack of desire and motivation to expand their businesses, to branch out or operate outside the low-resourced community of Alexandra Township could also be linked to the capabilities of the participants to achieve goals in terms of the process skills which were also at an imitative participation level[43]. This may be affected by the

circumstances under which they set up their businesses, due more to necessity as a result of not being able to find other formal employment [28] and being *pushed* into self-employment (i.e. running their own business) not by choice but survivalist and situation based [30]. To achieve a goal of expanding their businesses, one may conclude that these participants may need external support and guidance.

It was clear that the participants with lower levels of creative ability were involved in retail businesses. These businesses require less specific vocational skills and retail businesses in this sector are not complex. This applies to the management and management challenges which are lower in the smaller retail enterprises which require less organisation and completion of fewer tasks and responsibilities to sustain the business. Both manufacturing and service businesses are more likely to succeed when product requires innovation which participants with a higher level of creative ability are able to introduce[55].

6. Recommendations

This research identified several knowledge gaps that need to be addressed to broaden contextually relevant South African evidence of self-employment for PWD in occupational therapy. Similar research needs to be conducted in different settings such as a rural area and larger population groups need to be incorporated. A scoping review needs to be undertaken on self-employment for PWDs in the occupational therapy profession. The perceptions of PWD on self-employment need to be explored as this could also affect the outcome of occupational therapist's interventions. Guidelines or a conceptual framework to enable occupational therapists to identify, encourage and support self-employment for PWDs should be developed.

7. Limitations of this study

The sample of microenterprise owners participating in this study was small which limits generalisation of the findings. As the data were collected at a single moment in time due to the cross-sectional nature of the observations, which included habituated tasks may not be consistent with each business owner's general performance. A second visit for observational purposes could have been considered.

8. Conclusion

By knowing the abilities required by able-bodied individuals to be successfully self-employed occupational therapists should select clients with appropriate skills and abilities when suggesting they engage in self-employment. The use of the APOM based on the VdTMoCA proved useful in identifying individual business owners' skills on eight domains which supported their ability to run a microenterprise. Although individuals at the passive participation level according to the VdTMoCA may be involved in self-employment they will probably need to be supervised or mentored. Those functioning at the higher level of creative ability, imitative and active participation are able to independently run successful microenterprises. The study provides information on the amount of support and supervision (from the occupational therapist, family member/s or other stakeholders) a client may need in order to successfully engage in self-employment. As well as the necessary support to facilitate sustainability.

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10. Tables

Table I: Demographics of sample (n=16)

		n	%
Gender	Male	13	81%
	Female	3	19%
Age	25 – 35 years	5	31%
	36 – 45 years	8	50%
	46 – 50 years	3	19%
Marital status	Married	7	44%
	Single	7	44%
	Cohabitating	2	13%
Level of education	No education	1	6%
	Primary School	3	19%
	High School (less than Grade 12)	6	36%
	Grade 12	3	19%
	Tertiary	3	19%
Category of business	Retail	5	31%
	Skills & services	8	50%
	Manufacturing	3	19%

Table II: Type and category of business according to the participant's level of creative ability

Level of Creative ability	Type of businesses	Category of business
Active participation individual (Patient) directed	Printing shop and computer training	service and skill
Active participation Therapist directed	Carpentry: Manufacture, maintenance, repairs.	manufacturing/production
Imitative participation Transitional	Spaza shop Sewing/Tailor Restaurant and part time catering to events	service and skill, retail
Imitative participation individual (Patient) directed	Shoes: Manufacture and repairs Creche Second-hand tyres (sell & fit) Hair salons Taxi service	manufacturing/production, service and skill, retail
Imitative participation Therapist directed	Fruits and Veg; Spaza (Snacks, cooking) Vendor (Snacks, sweets, cigarettes and fruits) Carpentry: Manufacture, installs kitchens units and wardrobes	manufacturing/production, service and skill, retail
Passive participation Transitional	Car wash	service and skill

Passive participation individual (Patient) directed	Exhaust welding	service and skill

11. Figures

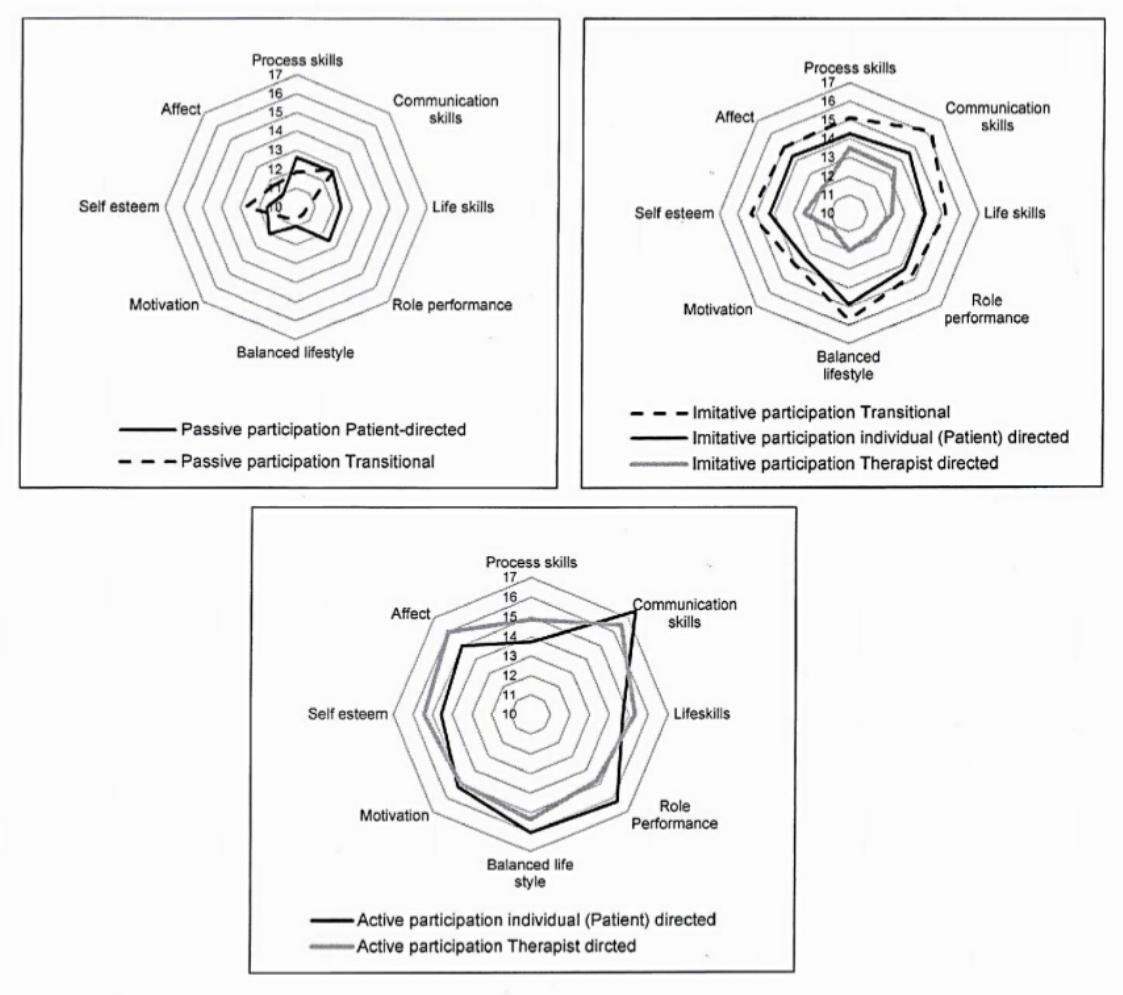
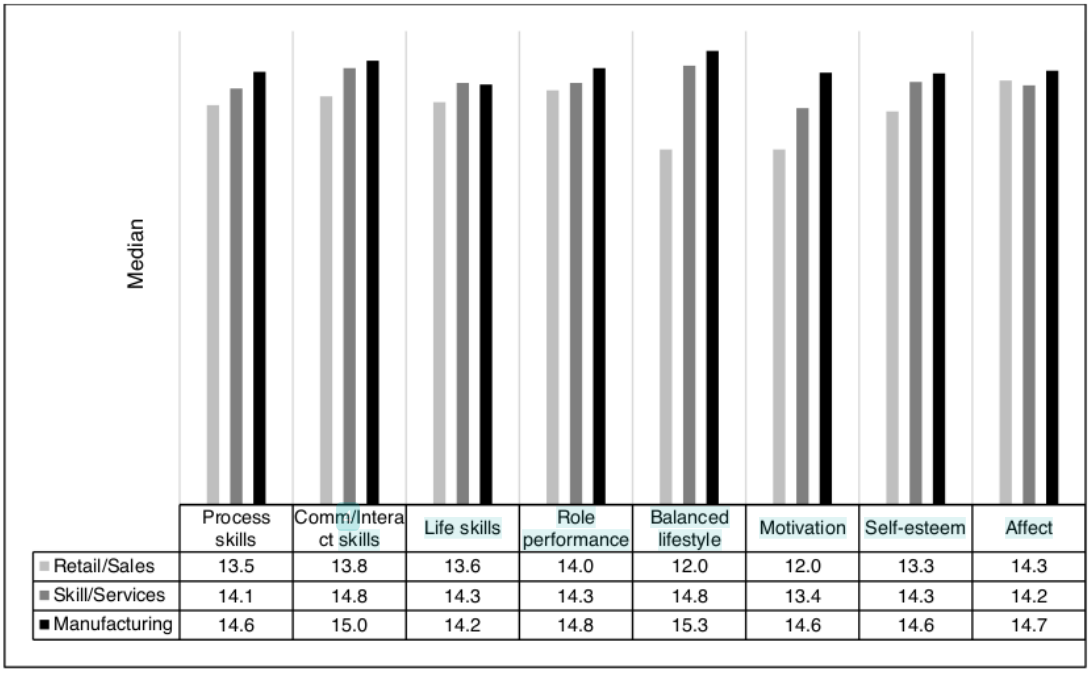


Fig. 1: Level of Participants scores on the domains of the Activity Participation Outcome Measure according to their levels of Creative Ability



	Process skills	Comm/Interact skills	Life skills	Role performance	Balanced lifestyle	Motivation	Self-esteem	Affect
Retail/Sales	13.5	13.8	13.6	14.0	12.0	12.0	13.3	14.3
Skill/Services	14.1	14.8	14.3	14.3	14.8	13.4	14.3	14.2
Manufacturing	14.6	15.0	14.2	14.8	15.3	14.6	14.6	14.7

Fig. 2: Differences in the APOM domains (median scores) across business categories of micro enterprise

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