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Engagement in community-based day centres for people with psychiatric disabilities

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OCCUPATIONAL THERAPY AND OCCUPATIONAL SCIENCE | LUND UNIVERSITY



Engagement in community-based day centres for people with psychiatric disabilities

Carina Tjörnstrand

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“Our lives are defined by opportunities, even the ones we miss.”

– The Curious Case of Benjamin Button the movie.

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Abstract

This thesis provides knowledge of occupational engagement in day centres for people with psychiatric disabilities and contributes to measurement development in the area of occupational engagement. The first study focused on the characteristics of the occupations carried out at the day centre by exploring occupational engagement using time-use diaries with a person-environment-occupation perspective. The occupations performed were categorized as social occupations, maintenance occupations, creative occupations, manufacturing occupations, service occupations and information-focused occupations. The study also showed that being at the day centre meant participating in occupations with varying levels of demands on the individual. The second study highlighted that attendance in day centres brought a feeling of being socially included through participation in occupations. Attendance in day centres created structure and routines, and the perceptions of contributing and being entrusted with responsibilities were considered motivational. The attendees were challenged to learn new things, to be more active and to master new goals in their daily life, and were in a process of seizing control over their everyday lives. The third study was a psychometric study of the Profile of Occupational Engagement in people with Severe mental illness - Productive occupations (POES-P). The findings indicated good internal consistency, and a logical pattern of relationships between the POES-P and other instruments was found. POES-P was considered to be mainly a construct in its own right. The distribution of responses indicated a ceiling effect, which calls for further development of the instrument. Study IV revealed a stepwise indication of which factors are most likely to be important for occupational engagement. The participants' psychopathology, especially general symptoms, and time spent at the day centre were important factors for reaching occupational engagement above a medium level, and self-mastery was the only variable associated with belonging to the group with the highest level (> the 75th percentile) of occupational engagement.

List of Publications

- I. Tjörnstrand, C., Bejerholm, U., & Eklund, M. (2011). Participation in day centres for people with psychiatric disabilities – Characteristics of the occupations. *Scandinavian Journal of Occupational Therapy*, 18(4), 243-253.
- II. Tjörnstrand, C., Bejerholm, U., & Eklund, M. (in press). Participation in day centres for people with psychiatric disabilities – A focus on occupational engagement. *British Journal of Occupational Therapy*.
- III. Tjörnstrand, C., Bejerholm, U., & Eklund, M. Psychometric properties of the POES-P assessing self-reported engagement in productive occupations. Manuscript submitted for publication.
- IV. Tjörnstrand, C., Bejerholm, U., & Eklund, M. Factors influencing occupational engagement in day centres for people with psychiatric disabilities. Manuscript submitted for publication.

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Thesis at a glance

Engagement in community-based day centres for people with psychiatric disabilities	
Study I	Participation in day centres for people with psychiatric disabilities - Characteristics of the occupations.
Aim	Gaining knowledge regarding the occupations performed in day centres, in terms of the participants' descriptions of what they were doing.
Result	By qualitative content analysis of 88 time-use diaries, six categories were identified, representing the occupations performed. A main theme termed "being at the day centre means participating in occupations with different levels of demand" was also discerned. The day centres served as a social meeting point and an opportunity to be involved in occupations with different levels of demand.
Conclusion	This study highlights the role day centres could play in the rehabilitation of people with psychiatric disabilities, and the potential that lies in the knowledge of the levels of occupational demands when meeting individual occupational needs and when analysing and planning interventions.
Study II	Participation in day centres for people with psychiatric disabilities - A focus on occupational engagement.
Aim	To gain knowledge of day centre participant's engagement in day centre occupations.
Result	Qualitative data drawn from 88 time-use diaries identified a main theme, being part of the spirit of togetherness and getting empowered, from which the participants' reflections could be understood.
Conclusion	The day centres provided possibilities to be occupationally engaged and create routines and challenged the attendees to be more active in their daily life. Day centres have possibilities to stage empowering occupations and rehabilitation for people with psychiatric disabilities and help the participants towards a more participatory life.
Study III	Psychometric properties of the POES-P assessing self-reported engagement in productive occupations.
Aim	To investigate the psychometric properties of the Profiles of Occupational Engagement in Severe mental illness: Productive occupations, in terms of initial construct validation, floor and ceiling effects and internal consistency.
Result	A moderate relationship was found between POES-P and occupational satisfaction ($r_s=0.43$), a weaker one with psychosocial functioning ($r_s=0.22$), and the relationship with unmet needs was non-significant ($r_s=-0.15$). The association with researcher-assessed participant engagement was higher ($r_s=0.37$) than with that of the staff ($r_s=0.24$). Internal consistency of the POES-P ($\alpha=0.85$) was good, but the distribution of responses indicated a ceiling effect.
Conclusion	POES-P may be useful when assessing engagement in work-like occupations but would benefit from further development.
Study IV	Factors influencing occupational engagement in day centres for people with psychiatric disabilities.
Aims	To investigate how different factors were related to how day centre attendees rated their occupational engagement.
Results	Logistic regression models showed that i) less general psychopathology and more time spent on day centre occupations were indicators of belonging to the group with a high level of occupational engagement according to a median cut; ii) higher perceived self-mastery was the only important factor with respect to ratings of occupational engagement above the third quartile.
Conclusion	The models may be seen as creating a stepwise indication on which factors are important for reaching a medium and a high level (> 3rd quartile), respectively, of occupational engagement. The findings may also be discussed in relation to different levels of engagement in a recovery process.

Preface

A research journey can start in many different ways, and I do not think the ultimate path occurs by pure chance alone. Being part of a larger research project with the dynamics of many researchers working together, and the meetings with the day centre attendees and staff who shared their experience and time with us has been truly inspiring. I began my research journey initially searching for the best way a day centre could be organized and administrated. I imagined us finding the ingredients for creating the optimal conditions for individuals to personally develop in these types of services. The more I was looking for the perfect way, the more frustrated I felt.

One day I heard a speech by Malcolm Gladwell, about the perfect way to make tomato sauce. The speech Malcolm gave focused on Howard R. Moskowitz, an experimental psychologist in psychophysics, who developed the idea that there was no perfect tomato sauce, but that instead there were a number of perfect mixtures. What Moskowitz did was to create a mathematical model for developing sauces where tastes were maximized at a minimum cost. What you need is the original tomato sauce and then a systematic variation in the ingredients. The result was as I understood it, three different tomato sauces.

For me, the talk was about day centres. I realized that there may not be one perfect kind of day centre, we may need a variation. But in order to offer a variety of day centres, we need to find out the main ingredients and then be able to create variants that could better accommodate more people.

When I found the following quote from a person with vast knowledge of day centres, I was delighted. Three tomato sauces became apples, pears and bananas:

“Even if there had only been a few bananas and pears and almost all (of the municipality’s day centres) had consisted of apples, they would nevertheless have been approved. Then, I do think that there should be a few more fruits in order to get a greater breadth of services in the day centres” Jan-Olof Forsén, Chairman of the RSMH Association for Social and Mental Health (Socialstyrelsen, 2005b, p. 11)

We may need different day centres to suit different tastes, given that our tastes are changing. With age and experience, our tastes change and so could day centres, or as Malcolm put it: *“If we are to embrace the diversity of human beings we would reach happiness for a lot more people.”*

Introduction

Occupational engagement is central in people's lives, being as it is considered important for health and well-being (Wilcock, 1998a).

The Social Services Act in Sweden stipulates that social services should enable people with disabilities to live at home, to engage in meaningful daily occupation and to participate in the community as full citizens (SFS, 2001:453). Participation and engagement in meaningful occupations, with the ultimate goal to enhance health, is the focus for occupational therapy and is a strong core of occupational therapy philosophy (Baum & Law, 1997; Rebeiro & Cook, 1999). Engaging in meaningful occupation involves enabling individuals to do and to participate (Townsend & Polatajko, 2007) and the opportunity to participate in meaningful daily occupations has been maintained as being a basic human right (Hammell & Iwama, in press; Hasselkus, 2006).

Based on these philosophical tenets, as well as on existing legislation, there is a need to enhance our knowledge of how day centres can engage people with psychiatric disabilities and provide meaningful daily occupation.

The concepts of occupation and activity

Occupation and activity are two core concepts in occupational therapy. The word "occupation" has commonly been conceptualized as work (Townsend & Polatajko, 2007), however in occupational therapy the term occupation is used to denote more than just paid or unpaid work. It has come to signify all kinds of human doing, such as productivity, leisure and self-care, and is seen as the broadest perspective of doing that is given meaning and value by individuals and culture. (Townsend & Polatajko, 2007). In this thesis "occupation" applies to those activities that occupy one's time: leisure, recreational, social, and all kinds of everyday chores, and not paid work per se.

The essence of occupation is people's doing (Wilcock, 1998a) and the definition by Pierce (2001b) of occupation as a one-time experience, individually constructed and taking place within a unique context is used in this thesis. Occupations have a unique day, time, and duration that will not occur again in the flow of time. The context in which the occupation is performed is also unique (Pierce, 2001b). Further Pierce states that all definitions of occupation rest on the term "activity," defined as a de-contextualised and neutral term for what presumably can be done.

A balance among occupations such as work, leisure, rest and play has been argued as being an important factor for health, however, the conception of balance differs for each individual (Wilcock, 1998a, 1998b). Occupational balance has been described as the individual's perception of having the right amount of occupation and the right variation between occupations (Wagman, Håkansson, & Björklund, 2012). According to Matuska and Christiansen (2008), balance should be understood as how “*an individual's unique patterns of occupations (in context) enable needs essential to resilience, well-being and quality of life to be met*” (p. 11). This quote highlights the importance of the interplay between the individual, the occupations and the context.

Work, productivity and leisure occupations

Work is highly valued in Western society. Individuals with psychiatric disabilities are a heterogeneous group whose complexities in relation to the labour market often result in high levels of unemployment for this group. People with psychiatric disabilities are often in need of valued roles outside the regular employment cultures that have little understanding of mental illness relapses (Pinfold, 2000). Day centres mainly provide occupations within the areas of work and leisure and may offer a flexible, work-like and understanding environment. Lack of structure and routines has also been described as a central problem for people with psychiatric disabilities (Becker & Kilian, 2008; Daremo, Kjellberg, & Haglund, submitted; Haglund, Thorell, & Wälinder, 1998) and this group may depend on day centres for structure and routines in their daily lives, and for regaining balance.

Research has shown that people with psychiatric disabilities who are engaged in work tend to be more satisfied with their daily activities than those who are not (Eklund, Hansson, & Ahlqvist, 2004), and gainful employment has proven to reduce stigma (Perkins, Raines, Tschopp, & Warner, 2009). Furthermore, Eklund et al. (2004) recommended that competitive employment should be a possible end goal in the support given to people with psychiatric disabilities.

It has been important to find occupational options that provide as many as possible of the rewarding properties work may have being as only a few in the target group have been shown to be engaged in paid work (Socialstyrelsen, 2005a). Many of the day centres in Sweden today do not, however, offer payment and are not generally designed to help participants' transition into paid work (Socialstyrelsen, 2012). Although there are now more alternatives available, such as supported employment (Arbesman & Logsdon, 2011; Bejerholm, Larsson, & Hofgren, 2011), day centres have become a way to be involved in occupations substituting work, or what this thesis will define as occupations in work-like settings.

When studying people with psychiatric disabilities who are unemployed, Argentzell, Håkansson and Eklund (2012) found that other everyday occupations perceived as meaningful could partly substitute paid work. Related findings by Eklund (2009)

showed that subjective perceptions of meaningfulness and everyday activities had a stronger correlation to quality of life than work status and merely doing something.

The importance of leisure, however, is often overlooked and Davidson, et al. (2001) emphasised the process of transition to becoming a contributory member of the community. This might start with “in vivo” support on a very basic level such as having a coffee or going out for a walk on the beach. Accordingly, presenting the person in need with relevant choices and meaningful leisure occupations were deemed to be important for health and a feeling of inclusion.

A day centre can thus be seen as a productivity option available to persons diagnosed with severe mental illnesses (Krupa, McLean, Eastabrook, Bonham, & Baksh, 2003). Pierce (2001a) actually distinguishes between productivity and work occupations, arguing that productivity can be found in all sorts of occupations. Productive occupations bring personal satisfaction and include a goal focused dimension, which extends beyond the category of work (Pierce, 2001a). This thesis used a comprehensive definition of these two types of doing and framed them as productive occupations when evaluating occupational engagement in both leisure and work occupations in day centre settings.

Catty and Burns (2001) describe the personal satisfaction derived from productive occupations (both work and leisure) within day centres: *“Several called their day centre a “lifeline” or reported that it “makes (them) feel wanted”, and some viewed the day centre as a commitment “like work”* (p. 64).

The Person Environment Occupation model (PEO)

In occupational therapy different models have been developed to help guide practice and research. This thesis has been influenced by a model called the Person-Environment-Occupational (PEO) Model (Law et al., 1996) which defines occupational performance. This theoretical model illustrates a complex relationship between a person, his/her environment and his/her occupation in a simplified manner in order to enhance the understanding of the transactional relationship between these factors. The factors, being transactional, thus have a dynamic relationship and are inseparable.

Occupational performance, another term of importance in this thesis, has been defined as the dynamic experience of a person engaged in purposeful activities within the environment (Law, et al., 1996). Moreover, occupational performance has also been argued to be the observable outcome of the transactions of the person, environment and occupation (Law, et al., 1996; Pierce, 2001b). Pierce (2001b) states that the term is not to be confused with the popular notion of performance, which stands for doing something for the sake of an audience or measuring it to the standard of others. However, focusing on occupational performance has helped occupational therapy practitioners to assist their clients to be actively engaged in their natural environment, and to obtain skills and remove barriers (Baum & Law, 1997).

Exploring the context of day centres for people with psychiatric disabilities with a person-environment-occupation focus can generate further knowledge that will benefit future day centres.

Meaningful daily occupations

The Social Services Act (SFS, 2001:453) emphasizes the importance of meaningful daily occupation, and thus there has been an incentive for day centres to provide this type of service for people with disabilities. However, according to the final report on a national investigation, the objective of enabling meaningful daily occupations for people with psychiatric disabilities in the Swedish context had not been achieved in a satisfactory manner (Socialstyrelsen, 2005a). When asking people with psychiatric disabilities if they achieved meaningful daily occupations, 50% of the individuals lacked interventions that supported meaningful daily occupations (Socialstyrelsen, 2005b). The National Board of Health and Welfare has emphasized the importance to offer meaningful occupational alternatives to regular employment for those people with psychiatric disabilities who lack the motivation or ability to work (Socialstyrelsen, 2011). The Board has also stated that such efforts need to be strengthened at the community level (Socialstyrelsen, 2012).

Exploring what constitutes meaningful daily occupations has been the subject of many studies and is a strong focus in the occupational therapy literature. Wilcock (1998c) outlined three concepts in order to illustrate what makes occupations meaningful: *doing* - the purposeful, goal-oriented activities for the individual, *being* - taking time to reflect, having a sense of identity, and enjoying being with others, and *becoming* - which includes a possible future identity and skills development, including what one likes to do and wishes to become. Rebeiro, Day, Semeniuk, O'Brien, and Wilson (2001) focused on the latter two (being and becoming) to characterize participation in a day centre programme, but also added the concept of *belonging* - being part of a social context. Hammel (2004) later acknowledged all four of these concepts as dimensions of meaning in occupations.

The perception of meaning and engagement in occupations are key aspects for day centres according to a number of empirical studies. Goldberg, Brintnell and Goldberg (2002) found that participants in a community mental health agency programme, who were involved in something individually meaningful, were also more satisfied with life as a whole. Furthermore, research on day centres and meaningful occupations conducted by Kilian, Lindenbach, Löbig, Uhle, and Angermeyer (2001), found that self-perceived social interaction influenced both the use of and the experienced meaningfulness of day centres. These studies correlate to a recent Swedish review on day centre attendance, concluding that the attendees primarily seek engagement in meaningful daily occupations and to belong to a social context (Socialstyrelsen, 2012).

Occupational engagement and participation

The Social Services Act (SFS, 2001:453) states that the social welfare committee shall work towards enabling people, who for physical, mental or other reasons face considerable difficulties in their daily lives, to have the opportunity to participate in their communities and to live like others. Understanding the concepts of participation and engagement, and the relationship between the two, has therefore been important for this thesis and a short presentation is provided here.

Participation and engagement are two concepts that are often intertwined. Participation is defined in the International Classification of Functioning (ICF) document (WHO, 2001) as a person's engagement in a life situation. In this thesis, the concept of participation in day centres has been part of both describing occupational participation in day centres and the opportunities people with psychiatric disabilities have to participate in society in large.

Engagement often includes participation, entering into or being involved in one sphere of life, and being accepted or having access to necessary resources (WHO, 2001). In relation to occupational therapy, the Canadian Model of Occupational Performance and Engagement (CMOP-E) (Townsend & Polatajko, 2007) particularly acknowledges the importance of engagement. It is also emphasized that the concepts of participation and occupational performance are related, "*participation may be an outcome of occupational performance or a context for occupational performance*" (Townsend & Polatajko, 2007, p. 36). Highlighting engagement in the model has been reasoned to be a valuable contribution as it may be the missing link that might explain how occupational performance can generate experiences of meaning (Krupa, 2010). Researchers have thus also concluded that there is a strong link between occupational engagement and meaning (Bejerholm & Eklund, 2006b; Krupa, 2010; Wilcock, 1998c).

Engagement in occupations has been defined from an occupational performance perspective as an outcome of the transaction between time, social interaction and where you are (environment), the tasks performed (occupation) and how these are perceived (person) (Bejerholm & Eklund, 2004). The concept of occupational engagement that guided this thesis is the one derived from qualitative time-use studies performed by Bejerholm and Eklund (2004, 2006b). In their studies, occupational engagement is viewed as a commitment in a broader social context and concerns the extent to which a person experiences a sense of meaning in occupations. According to that view, occupational engagement also concerns the extent of time spent in various social and geographical environmental settings in the community and whether a person interacts with others, acts independently and initiates occupations. A person can be involved in a variety of occupations that create a daily rhythm, in turn reflecting different levels of occupational engagement.

Characteristics of engaging occupations

Researchers have taken different stands when defining the characteristics of occupational engagement, and two main views were found. Firstly, occupational engagement may be seen from an occupational performance and time-use perspective (Bejerholm & Eklund, 2004) as defined above. Secondly, the psychological and narrative aspects of engaging in occupations may be emphasized, as highlighted by Jonsson, Josephsson and Kielhofner (2001). They discussed that engagement in occupations plays an important role in the composition of a person's narrative, life story and meaning. It was further argued that engaging occupations are special types of occupations and that being engaged goes beyond an ordinary daily occupation. When studying individuals in a transition towards retirement, they found six constituents common to engaging occupations. These occupations were infused with positive meaning (enjoyable, interesting and challenging), intensity (involvement and regularity), a coherent set of activities (start with a single occupation and evolving to interrelated activities). The ensuing effect goes beyond personal pleasure (commitment and responsibility that become a duty), occupational community (connection to a person or a community that share the same interest), and the analogy of this type of experience to work (talked about as work and the same seriousness as work). For individuals that no longer had a paid job to go to every day, engaging occupations were an important determinant for their satisfaction with their new pattern of occupations.

Many parallels can be drawn with the characteristics of engaging occupations among people with psychiatric disabilities visiting day centres as they do not have paid work, are in a transition between sickness and health, have lost occupations and are probably searching for new ones.

Levels or modes in occupational engagement

Bejerholm and Eklund (2006b) identified different levels of engagement in daily life, when evaluating occupational engagement among people with schizophrenia from a time-use and occupational performance perspective. These levels were useful when helping the target group to expand their repertoire of occupations. According to that study, the geographical and social environments were often restricted for people with schizophrenia, or not sufficiently demanding to promote occupational engagement. Three levels of engagement were found and could range from mainly disengaged during the day, disengaged during parts of the day and largely engaged in meaningful occupations during the day (Bejerholm & Eklund, 2006b).

Sutton, Hocking and Smythe (2012) explored the process of recovery (which will be further explained below) from mental health issues as an occupational engagement process, and highlighted the importance of an occupational perspective when supporting recovery. In this process, four different modes were described ranging from disengaged to full engagement. *Disengaged* is having a lack of agency and a sense of discon-

nection from daily life. *Partial engagement* is being able to experience a reconnection to the world around that emerges through simple occupation. *Everyday engagement* is seen as being “normally” engaged, having direction, increased commitment, meeting expectations, and being able to synchronise with others’ time and space. *Full engagement* means being able to meet the demands of activities with relative ease, and the ability to experience an absorbed mode of doing and the flow of action and time. These different modes or levels of engagement are important when considering day centre attendance and recovery.

The concept of recovery has found its natural place in this thesis due to the close connection between the different modes in occupational engagement processes and recovery and their meaningfulness in a recovery process (Sutton, et al., 2012). Recovery does not mean to be free of symptoms or cured (Davidson, et al., 2001), as commonly understood, but rather refers to the process of accepting and adapting and developing a new life, where the illness is not the main focus. Recovery is seen as a process an individual goes through to lead a more satisfying life, while changing one’s attitudes, feelings, values, goals, skills and roles (Anthony, 1993). People move on from focusing on their illness to developing new meaning and purpose despite disability.

Recovery has become an emerging priority within mental health services internationally (Week, Slade, & Hayward, 2011). Moreover, recovery from mental illness has become a rationale to lean on and a way to organize mental health services, including day centres, in many countries (Ássmundsdóttir, 2009; Kirsh & Cockburn, 2009; Lal, 2010) and new centres called recovery centres are starting to evolve internationally (Whitley, Strickler, & Drake, 2012). Furthermore, the recovery perspective is gaining ground in Sweden and has been highlighted in the Swedish national guidelines to support people with psychiatric disabilities (Socialstyrelsen, 2011).

Since the introduction of the recovery paradigm in the 1990s it has been embraced by occupational therapists, because of its close connection to occupational therapy theory and guidelines for occupational therapy practice. Rebeiro (2005) thus demonstrated how aspects that fostered recovery were strikingly similar to the core beliefs in occupational therapy. Moreover, occupations have been argued to give meaning in and hold therapeutic power for recovery (Pierce, 2001b).

Empowerment has been reasoned to be one of the fundamental components and a clinical outcome of the recovery approach (Chen, Krupa, Lysaght, McCay, & Piat, 2012), and has also been viewed as a subjective measure of recovery (Lloyd, King, & Moore, 2010). Empowerment can also be described as a process and Tengland (2007, 2008) proposes two likely complementary uses of the concept of empowerment; as a goal and as a means. He reasons:

”Empowerment as a goal is to have control over the determinants of one’s quality of life, and empowerment as a process is to create a professional relation where the client or community takes control over the change process, determining both the goals of this process and the means to use” (Tengland, 2008, p. 77).

Both recovery and empowerment are thus important concepts in relation to levels and modes in occupational engagement.

Psychiatric disability

Psychiatric disability is a concept that encompasses both limitations in activity and participation in everyday life (WHO, 2001). Moreover, in the International Classification of Functioning, ICF (WHO, 2001), both social and individual elements are integral in the term disability. The ICF views a person's functioning and disability as the dynamic interaction between health conditions and contextual factors. However, in occupational therapy theory it is emphasized that abilities and disabilities fluctuate due to the transactional relationship between the person, the environment and the occupation. Concepts such as disability and abilities and their connection to health are worthy of a brief description, when viewing occupational engagement in day centres from a person-environment-occupation perspective.

The theory of health as described by Nordenfelt (2000) emphasizes having a general ability and reaching vital goals as important for health. Abilities can be lost with mental illness, disabilities may emerge, and the individual perceptions of abilities and how to accomplish vital goals are important to take into consideration. Nordenfelt proposed that a person who has a disease can be perfectly healthy and a person who is medically healthy can still be ill because of an existential problem.

Symptoms can vary and in the acute phase of a mental illness it is difficult to determine the degree of lasting disability (Lundin & Ohlsson, 2002) and with proper interventions, people can have a compensated disability (SOU, 2006:5). These views concur with those of Nordenfelt (2000) and it can be concluded that the degree to which people fulfil personal goals and the way they experience their disabilities determines their ability to act, and ultimately also their well-being and health.

Living with psychiatric disabilities in the community

People with psychiatric disabilities, as a group, have been shown to be at risk of spending much of their time home alone engaged in passive leisure activities such as watching television, reading and thinking. This creates a risk of becoming socially excluded and having few opportunities to participate and do meaningful daily occupations (Bejerholm & Eklund, 2004; Shimitras, Fossey, & Harvey, 2003). Furthermore unemployed individuals have been found to spend a large amount of time engaged in non-directed use of time (doing nothing or watching television), and such patterns of time use have been associated with poor health (Scanlan, Bundy, & Matthews, 2011). Consequently, having a psychiatric disability and being unemployed means a double risk of an unhealthy time use.

Losses that affect many areas in everyday life may be the effect of a disease, disability or as a natural part of life. Baker, Procter and Gibbons (2009) described within four key areas the losses people with psychiatric disability experienced: self and identity, work and employment opportunities, relationships, and hopes and plans for the future. These losses concern people's everyday lives and are often greater for people with mental illness, compared to any other illness or disease, due to the addition of stigma and social exclusion that follow (Baker, et al., 2009). Gains by participating in day centres or other mental health services may help to compensate for some of the loss and disability experienced by people with psychiatric disabilities.

Day centres for people with psychiatric disabilities

People with psychiatric disabilities mainly rely on community mental health services such as day centres for their daily occupations (Bejerholm & Eklund, 2004; Catty & Burns, 2001; Catty, Goddard, & Burns, 2005a). Community-based day centres have been shown to be the most common reason for people with psychiatric disabilities to break passivity and isolation (Eklund, 2004), and they appear to play an important role in becoming active, involved and experiencing meaningfulness (Bejerholm & Eklund, 2006b). The goals of day centres are to provide daily occupational opportunities to people with psychiatric disabilities, to satisfy social and occupational needs and to offer daily structure (Bryant, 2009; Gahnström-Strandqvist, Liukko, & Tham, 2003; Rebeiro, et al., 2001).

In the 1995 mental health care reform Swedish municipalities and the local social services were given the responsibility to plan for community-based services that substituted some of the former hospital-based services for people with psychiatric disabilities. Day centres were created to ensure that people with psychiatric disabilities have opportunities to engage in meaningful daily occupations (Socialstyrelsen, 1999). Patients that no longer needed medical care were transferred to the community-based mental health care, now run by the local social services. Those services also took over some rehabilitation programmes, but new ones were also developed (Rosenberg, 2009). The incitement for this shift in responsibilities was the ambition to provide occupational opportunities and the necessary conditions for a better quality of life for people with psychiatric disabilities (Markström, 2003).

In Sweden, access to participation in day centre services is recommended in legislation (due to its aim of supporting meaningful daily occupations). However, gaining access to day centres has not been a right by law for all people with psychiatric disabilities. Due to a narrow definition of who can be included in the specific act (SFS, 1993:387), accessibility may depend on how the individuals' psychiatric disabilities and needs are assessed, by different health professions, and how the law is interpreted. The legislation entitles people with developmental disabilities or autism the legal rights to be able to acquire daily occupation in day centres. This has shown to leave a large group of people

with psychiatric disabilities lacking meaningful daily occupation and changes to the legislation have been proposed (SOU, 2008:77).

Day centre programmes

Studies of day centres are not common, and the day centre programmes described within studies differ in composition and conditions. Moreover the terminology of these types of services varies, which makes comparisons between studies difficult. For this thesis, the term day centre, as used by Catty, Bunstead, Burns and Comas (2007) to denote similar services, was applied.

In Sweden work-oriented day centres and meeting place-oriented day centres have grown to be the two main day centre alternatives that are run by the municipalities (Socialstyrelsen, 2003). In general, meeting place-oriented day centres could be reasoned to be less demanding and to have a more drop-in character, while work-oriented day centres tend to focus on productive occupations and scheduled participation. Studies comparing the two day centre orientations have so far not been found.

No recommendations exist for how these services should be organized and the design of day centres is determined by each municipality. In more recent guidelines (Socialstyrelsen, 2011), the occupations and content in day centre services in Sweden have been seen to vary, but often contain the same basic work-oriented occupations such as maintenance of the day centre, working in a second-hand shop, mechanical engineering services in the form of assembly work, manufacturing, packing or dismantling. Day centres may also perform catering services, printing works and some transport services. Day centres were also described as combining these occupations with the availability of study groups or recreational activities (Socialstyrelsen, 2011).

International research has begun to describe what is done, experienced and gained by people with psychiatric disabilities who attend day centres. The occupations performed, however, are rarely described in research literature, although a few examples were found. Four main foci of day centres studied in Germany by Kilian et al. (2001) were described as *leisure*, e.g. making pottery or playing chess, *drinking coffee*, *having lunch* and *getting advice from staff* (mainly social workers) about e.g. legal or practical issues. The day centre also offered several therapeutic options, such as occupational therapy. Day centres in England studied by Catty, Goddard, & Burns (2005b), were described as having more of a drop-in character where one could purchase a cheap meal and/or participate in activity or therapy groups. The critique of the day centres with a focus on groups was that the groups lacked structure and excluded some of the more ill clients, although they were appreciated by better functioning individuals (Catty & Burns, 2001).

In Sweden, day centre attendees were shown to have more valued occupations and a higher activity level than non-attendees (Argentzell, Leufstadius, & Eklund, 2012). There is thus more to learn about the characteristics of occupations within day centre services and how the occupations are perceived in a Swedish context. Exploring this

may help to gain greater knowledge on what makes day centre occupations valued and individually meaningful.

Engagement processes in day centres versus community participation

There has been a discussion in literature as to whether, as a side effect of enabling occupational engagement in the sheltered day centre environment, that day centres alienate participants from society (Bryant, Craik, & McKay, 2004). Moreover, the service users have been said to have an ambivalent attitude towards the service (Mannerfelt, 2000) as a symptom of their social disintegration (Kilian, et al., 2001).

In the preparatory documents of the Act on support and services for functionally disabled (SFS, 1993:387) in Sweden, it was made clear that day centres should help the individual in his or her quest to join the labour market and thus have greater opportunity for participation in society. The need for motivating and supporting interventions to enable continuation towards future employment for people with psychiatric disabilities has also been emphasized (Socialstyrelsen, 2005a). However, a review (Socialstyrelsen, 2008) showed that the transitions from day centres run by the municipalities into paid work, subsidized or not, was still unusual if not rare. Consequently it has sparked a discussion among researchers whether there are hindrances for a rehabilitation pathway that stretches beyond the day centres, and whether or not attending day centres constitutes community participation.

Even though there are indications that a rehabilitation pathway beyond day centres are limited, a few descriptions of rehabilitation and engagement processes proceeding from day centres can be found. Gahnström-Strandqvist et al. (2003) identified a normalization process with three phases. In phase one, participants went from experiencing an inactive occupational context to engaging in more satisfying occupations in daily life. As a result of their engagement, participants reached phase two, in which some of their occupational and social needs were met. In phase three, when participants' engagement appeared to have helped to form a more positive perception of the self and possibilities for further progress were noticed, the question was whether the participants should stay or leave the cooperative day centre in order to develop. Another study (Rebeiro, et al., 2001), emphasized that the terms *being*, *belonging* and *becoming* could characterize different levels of needs or aspects of participation in a day centre programme. In addition, the day centres were found to provide valued and meaningful occupations and to offer these different levels of engagement, from which participants could benefit in their rehabilitation towards a more participatory life. The studies above have begun to describe the processes of engaging in day centres. There is, however, still little knowledge about the occupational engagement processes within and beyond community day centres in Sweden.

Assessing occupational engagement in work-like settings

Time-use diaries

Time-use diaries have been employed in occupational therapy and have constituted a way of assessing and evaluating routines, structures and balance in daily life (Kielhofner, 2008). Different time use methods have also been found useful in research investigating daily occupations among people with psychiatric disabilities (Bejerholm & Eklund, 2006b; Leufstadius, Erlandsson, & Eklund, 2006). The instrument Profiles of Occupational Engagement in People with Severe mental illness (POES) (Bejerholm, Hansson, & Eklund, 2006) is one such a time-use method, developed from an occupational therapy perspective. Time-use diaries with a person-environment-occupation perspective can reflect structure and balance in occupations for people with psychiatric disabilities and may be useful when studying day centre attendance.

Measuring occupational engagement

To gain knowledge of individuals' occupational engagement at day centres, for this thesis, the use of instruments was considered to be the correct choice. Moreover, therapeutic services that focus on quality of life, such as occupational therapy, need to base their services on a sound scientific foundation. In order to make correct predictions, instrument validity (if the instrument measures what it is supposed to measure) and reliability (if the measuring process is done in a trustworthy and repeatable manner) in both treatment and in research are needed (Streiner & Norman, 2008). Valid and reliable instruments measuring occupational engagement appear to be rare, however and the only instrument found was POES (Bejerholm, et al., 2006), which consists of two parts. *Part one* is diary sheet, used to gather information about the occupational, environmental and personal aspect of what people do, which together shape an individual's occupational performance as maintained by Law et al. (1996). In *part two* of POES an occupational therapist rates a person's occupational engagement based on the occupational performance illustrated in *part one*. Fuller (2011) identified in her review that there were a limited number of clinically-based studies evidencing the validity and reliability of occupational performance outcome measures that occupational therapists use within mental health practice. The author also questioned the dearth of studies on instruments used in mental health, as well as the degree to which existing instruments were client-centred. Self-reports are the most common form of instruments for recording a person's subjective experience (Grady, 1988; Streiner & Norman, 2008), and can provide an individualized approach, which is fundamental when aiming at recovery (Merryman & Riegel, 2007). Development of a client-centred, self-report instrument that assesses occupational engagement among people with psychiatric disabilities thus appeared to be warranted.

Factors related to occupational engagement in day centres

A lack of occupational engagement causes a breakdown in habits and roles and lessens the ability to perform competently in daily life (Kielhofner, 2008). Disengagement in occupations can in turn be caused by a lack of occupational opportunities for people with psychiatric disabilities (Bejerholm & Eklund, 2006b) and may be caused by multiple factors. Occupational engagement in people with schizophrenia was studied by Chugg and Craik (2002), and the factors found to influence occupational engagement were health (both mental and physical health), routine, internal factors (perceived self-efficacy) and external factors (others' support and confidence). More specific factors such as medication, daily schedules, family, staff, work, self-concepts and challenges were also of importance. Thus, in order to gain knowledge of possible factors that may influence occupational engagement in day centres, both external and internal factors should be considered being as they may provide valuable knowledge about day centre attendance. Based on existing research, the following factors were considered for this thesis:

Socio-demographic factors

Socio-demographic factors such as age, gender, educational level, and having friends are factors that do not seem to have been studied in relation to occupational engagement in day centres. Age might be an interesting factor to explore as Argentzell, Leufstadius, and Eklund (2012) found older age to be related to better satisfaction with daily occupations for both day centre attendees and non-attendees. Moreover, another study showed that people attending day centres were older in comparison to people attending day hospitals (Catty, et al., 2005b). Men have been shown to visit day centres more often than women (Catty & Burns, 2001) and people attending day centres were shown more often to have a friend and to have a lower educational level than non-attendees (Eklund & Sandlund, 2012). The studies above thus demonstrate that socio-demographic factors in relation to occupational engagement in day centres would be interesting to explore.

Motivation and attendance factors

In theories regarding human motivation, being autonomously motivated to engage and having the volition to change behaviour are important factors to consider in the pursuit of health and well-being (Csikszentmihalyi, 1997; Deci & Ryan, 2008; Kielhofner, 2008). The Self-determination theory (Deci & Ryan, 2008) and the Model of Human Occupation (Kielhofner, 2008) both acknowledge the importance of intrinsic motivation, and volition. In the Model of Human Occupation (Kielhofner, 2008) the choices for action are explained by the concept of volition, which includes three traits: personal

causation, interests and values. These inner traits are argued to be determinants of our behaviour. According to Deci and Ryan (2008), when someone is autonomously motivated, they are more wholeheartedly engaged.

In a Norwegian study by Granerud and Severinsson (2006) most participants in day centres were confident that the motivation and support gained in day centres would assist them in becoming more active. However, in the day centres studied by Granerud and Severinsson, participants were expected to be more passive and the participants wished for more influence over their daily occupations, and support and motivation to become more active. Initial motivation has been maintained as being needed for participants to become engaged in services, but the act of engaging in occupation could also generate motivation (Mee & Sumsion, 2001). These findings may indicate that attendance factors such as how much time is spent engaged in occupations at the day centre could influence motivation, and ultimately influence more occupational engagement, and thus warrant further exploration.

Clinical characteristics

High levels of occupational engagement have been correlated with factors such as fewer psychiatric symptoms and lower levels of depressive symptoms (Bejerholm & Eklund, 2007). Moreover, low levels of psychiatric symptoms were also shown to be important for social interaction (Argentzell, Leufstadius, & Eklund, submitted) and a more positive worker role (Argentzell & Eklund, in press) among day centre attendees.

Inadomi et al. (2005) found in a three-year follow up of day centre attendance that participants were likely to improve their work ability and social and daily living skills and managed to avoid relapses in mental illness. However, when a disability is compensated, there can still be a need for services to sustain abilities to function in the community, and a rehabilitation process goes on for a long time (Gahnström-Strandqvist, et al., 2003; Inadomi, et al., 2005). These studies suggest that day centre attendance may have an impact on psychiatric symptoms and the individual's ability to be occupationally engaged. The relationship between psychiatric symptoms and occupational engagement has, however, not yet been specifically studied among people visiting day centres.

Self-factors

Self-mastery, a commonly used self-factor in research on people with mental illness (Eklund, 2007; Leufstadius, et al., 2006), has been described as a belief in oneself, a feeling of control over life circumstances and having the ability to influence important events in one's life. Moreover, self-mastery includes having personal resources to solve problems and to make one's own decisions (Pearlin, Menaghan, Lieberman, & Mullan, 1981). Several studies have found a relationship between self-mastery and occupational factors in everyday life (Bejerholm & Eklund, 2007; Eklund, 2007; Eklund & Leufstadius, 2007). In a study by Goldberg et al. (2002) the participants in a com-

munity mental health agency programme were found to be involved in occupations that did not give the appropriate level of challenge, which then did not result in a sense of control.

Self-esteem, on the other hand, has been defined as a trust in one's capacity and value in combination with feelings of self-worth (Karpowicz, Skärsäter, & Nevonen, 2009). An increase in self-esteem is reasoned to be strongly correlated to satisfaction with one's life situation, daily occupations and affective symptoms (Eklund & Leufstadius, 2007; Torrey, Mueser, McHugo, & Drake, 2000). Furthermore, increased self-esteem was shown to be an outcome of therapies for stress-related disorders (Eklund & Erlandsson, 2011; Karpowicz, et al., 2009) and an important experience when engaging in occupations in mental health programmes (Rebeiro, et al., 2001). As illustrated by the studies above, the importance of factors such as self-esteem and self-mastery has been argued as functioning both as a predictor and an outcome of therapy and rehabilitation.

Rationale of this thesis

Day centres have become a part of the services to support a participatory life in the community for people with psychiatric disabilities, but up until now they have been scarcely researched. When Catty et al. (2007) reviewed the field of day centres internationally, they concluded that only a few descriptive studies existed, and no randomised trials had been performed. Vast resources are spent on day centre services, and because of the lack of evidence regarding their usefulness they may constantly stand a risk of service reduction or downsizing. This is a critical situation because of the large group of individuals in need of the service. There is thus much that remains to be done in order to realize the intentions and goals of the 1995 psychiatric reform in Sweden and to meet the needs of people with psychiatric disabilities. Gaining knowledge about day centre services is important in order to improve and develop better services for clients in the future.

How people with psychiatric disabilities use their time in day centres is largely unknown, and it is vital to explore their occupational engagement when being in the day centre and their perceptions of engaging in the day centre occupations. Understanding how people with psychiatric disabilities evaluate their own occupational engagement is important to enhance our understanding of their subjective experience. No self-report instrument focusing on occupational engagement was found to exist, which is probably due to the lack of research in the field of day centres. This identified knowledge gap thus warrants the development and validation of such an instrument. A tool for evaluating occupational engagement with a self-report instrument would then make it possible to explore and describe self-perceived occupational engagement in relation to other factors that are important when engaging in meaningful everyday occupations at day centres.

Aim of thesis

The general aim of this thesis was to explore occupational engagement, including the occupations performed, in people with psychiatric disabilities attending day centres, and contribute to measurement development in the area of occupational engagement.

The specific aims were:

Study I

The aim of Study I was to gain knowledge about the occupations performed in day centres, in terms of the participants' descriptions of what they were doing.

Study II

The aim of Study II was to gain knowledge about day centre participant's perceived engagement in day centre occupations.

Study III

The aim of Study III was to investigate some psychometric properties of the Profiles of Occupational Engagement in Severe mental illness: Productive occupations (POES-P), in terms of internal consistency, initial construct validation, and investigation of floor and ceiling effects.

Study IV

The aim of Study IV was to investigate how different factors, such as clinical, socio-demographic and self-related variables, were related to how day centre attendees rated their occupational engagement.

Materials and methods

Overview of the four studies

This thesis is composed of four studies, the designs and methodologies of which are described in Table 1.

Table 1. Overview of study designs and methodologies used in the four studies.

Studies	Study design	Participants and settings	Method of data collection	Method of data analysis
Study I	Qualitative study	Participants in day centres N = 88	Time use diary; First part of Profile of Occupational Engagement in people with Severe mental illness – Productive occupations (POES-P)	Content analysis in accordance with Graneheim and Lundman (2004)
Study II	Qualitative study	Participants in day centres N = 88	Time use diary; First part of POES-P	Content analysis in accordance with Burnard, Gill, Stewart, Treasure, and Chadwick (2008)
Study III	Psychometric testing of the POES-P	Participants in day centres N = 90	Second part of POES-P – Satisfaction with Daily Occupations (SDO) – Global Assessment of Functioning (GAF) – Staff perceived engagement – The researcher's rating of occupational engagement – Camberwell Assessment of Need (CAN)	Statistical analyses with SPSS software, version 18: – The Spearman correlation test – Cronbach's alpha – Corrected item-total correlations – Frequency distribution at the item level
Study IV	Cross-sectional quantitative study	Participants in day centres N = 90	Second part of POES-P; – Background questionnaire – Motivation questionnaire – Brief Psychiatric Rating Scale (BPRS) – The Pearlin Mastery Scale – The Rosenberg Self-Esteem Scale (RSES)	Statistical analyses with SPSS software, version 18: – Mann-Whitney U-test – Kruskal-Wallis test – Spearman's rank correlation test – Logistic regression analysis

Study context

The studies within this thesis were performed in community-based day centre settings located in four municipalities. Three of the six day centre sites studied were based in urban areas and three were based in rural areas. The name and the organizations of the day centres were different, but two main types could be discerned, meeting place-oriented or work-oriented centres. Two day centres were clearly work-oriented, with a focus on scheduled participation in occupations with a productive aim, e.g. doing crafts to sell in the day centre shop, repairing bicycles and catering. Another two were mainly meeting place-oriented, having more of a drop-in character with a main focus on leisure. Finally, two day centres more or less combined both orientations, and one of these had a sub-unit that provided opportunities for training in work settings outside the day centres or for attending an adult education college.

The day centre orientations were organized, for the statistical calculations, in accordance with the way they had been in the sampling procedure. Two of the day centres were thus work-oriented and three were meeting place-oriented. One unit, which had two sub-units, was consequently divided into two sections and each represented one of the orientations. Thus the final statistical material included four meeting place-oriented and three work-oriented day centre units.

Participants and inclusion criteria

The inclusion criteria were: having a psychiatric disability and having attended a day centre for more than one month, for at least four hours per week, age between 18 and 65 years, and being able to understand spoken and written Swedish.

Ninety three of the 196 persons who were asked to participate in the project, agreed to take part. Socio-demographic and clinical factors for the 93 participants are described in Table 2. In Studies I and II, 88 participants were able to complete the data collection sufficiently for it to be used in the qualitative processing of the material. In Studies III and IV 90 participants completed the data collection.

Table 2. Socio-demographic characteristics of the participants (n=93)

<i>Characteristics</i>	<i>Number or % of subjects</i>
Age (SD) (min- max)	46 (10) (22-63)
Attendance hours/week, mean (SD)	13 (8)
Day centre orientation	
Meeting place-oriented; number of participants	39
Work-oriented; number of participants	54
Gender; male/female; %	59/41
Civil status; married/single; %	19/81
Having children living at home; yes/no; %	12/88
Have a friend; yes/no;%	88/12
Type of housing; %	
Supported housing	7
Own apartment/house	93
Own apartment/house with housing support; yes/no;%	39/61
Self-reported diagnosis; %	
Schizophrenia and other psychosis	44
Mood disorders	22
Anxiety, phobia and stress disorders	19
Other disorders	15
Educational level; %	
Not completed nine-year school	6
Completed nine-year school	40
Completed 6th form college school	47
University or college degree	7

Note. Due to missing data the total number of participants varies between the variables

Procedure

The data for all the studies were gathered using self-administered and interviewer-administered instruments. The term keyworker will be used in this thesis for the participants' primary contact persons at the day centre. The key workers at the day centre were in contact with the research team and each key worker made the initial contact with each individual. The key worker informed participants about the studies and provided both written and oral information, and asked for their written consent. Those who were interested were contacted by one of three interviewers to make appointments. All interviewers were occupational therapists; one of whom was the author of the present thesis. The questionnaire sessions were conducted in a private room and took about 1 ½ hours to complete, and breaks for tea and coffee were offered.

Data collection

The search for suitable instruments for measuring self-reported occupational engagement in day centres, with a focus on productive occupations in work-like settings, revealed that none existed.

Therefore, on the basis of the existing instrument Profiles of Occupational Engagement in Severe mental illness (POES) (Bejerholm, et al., 2006), a self-report instrument was developed to gain insight into an individual's subjective experience of engagement in productive occupations. This self-report instrument was called the Profiles of Occupational Engagement in Severe mental illness: Productive occupation (POES-P). The POES-P was developed from the instrument POES by the first author of the original POES studies (Bejerholm & Eklund, 2006a; Bejerholm, et al., 2006). Whereas the POES time-use diary covers 24 hours, the POES-P covers 8 productive hours during the day. The POES-P instrument includes generally the same item topics as the POES, but the occupational engagement is rated by the occupational therapist in the POES, while the same item in the POES-P is based on the participant's self-assessment. The methods for data collection noted below were used.

Background questionnaire



A background questionnaire, specifically designed for the project, was the first in the battery of instruments and included questions concerning socio-demographic data such as gender, age, educational level, civil status, availability of friends, time spent in day centres, housing situation etc.

The Profile of Occupational Engagement in people with Severe mental illness –Productive occupations (POES-P).

POES-P generates self-reported information about an individuals' productive engagement and is structured in two parts.

Part one is a time-use diary based on information from the most previous experience of being engaged in productivity, in this thesis a visit to the day centre (Table 3). The theoretical construct behind the POES-P time-use diary originates from the Person-Environment-Occupation (PEO) model, launched by Law et al. (1996). The content gives a report on the doing (occupation), with whom and where the activity was done (environment) and how it was perceived (person), which together create an understanding of an individuals' occupational performance. The relevant productive hours of the day are printed in the far left column. The client is asked to independently complete the remaining columns. The interviewer is instructed to assist if needed to fill in the time-use diaries, e.g., as a cognitive aid for the participant or to recall the chronological order of events. To clarify that the data reported is correctly understood by the interviewer, the participant and the researcher conduct a joint review after the completion of the time-use diary. *Part one* was used in Studies I and II.

Table 3. The POES-P, *part one*.

The client is asked to fill in the diary and provide an account of the use of time around the productive hours at the day centre.				
The questions in the POES-P:				
One-hour intervals 	What did you do? All the activities carried out within the time frame should be registered	Who did you do the activities together with? Briefly describe the social situation / environment	Where did you do the activities? Name the place and location	How did you experience the activities? Record your personal reflections and comments
				

Part two is a questionnaire with eight items (Table 4). The participant is asked to rate the eight items based on the information completed in the time-use diary. The response scale ranges from 1 (not at all) to 5 (always) and the highest rating indicates the highest level of occupational engagement. *Part two* was used in Studies III and IV.

The POES-P was subjected to psychometric testing in the present thesis and the outcomes are presented in the results section and in Study III.

Table 4. The questionnaire themes in POES-P, *part two*.

POES-P <i>part two</i>
I think I am able to manage the tasks I perform.
I think there is a good balance between activity and breaks.
I think I am independent.
I think I get the support I need from others.
I think I am able to be with others.
I think I take the initiative to what I do.
I think I have good routines.
I think what I do is meaningful to me.

The researcher rating of occupational engagement

In order to validate the measuring process in POES-P (Study III) a rating of the participants’ occupational engagement was carried out by the author (the researcher) of this thesis, using the items and response options from the POES-P *part two*. The researcher’s rating was based on the participant’s POES-P time-use diary (*part one*), which was accessible to her. The Cronbach’s alpha value calculated for the researcher perspective was 0.91.

The staff perceived engagement

The staff rating of occupational engagement (Study III) constituted an instrument in itself and was not based on the participant's time-use diary. However, the same items and response options as in the POES-P, part two, were used. The assessor was the participants' key worker, who was considered the participant's primary contact person at the day centre. The key worker had good knowledge of the individuals' situation at the day centre during the past month but had no access to the content of the participants' time-use diary. This instrument will in future studies be called General Occupational Engagement Scale (GOES) to emphasize its role as a separate instrument from the POES-P. The Cronbach's alpha value obtained for the staff perceived engagement in the present sample was 0.82.

Satisfaction with Daily Occupations (SDO)

The Swedish version of the SDO assessment (Eklund, 2004) was used in Study III. The SDO is especially developed for people with psychiatric disabilities and measures both their activity level and how satisfied they are with their occupations. In Study III only the part measuring satisfaction with daily occupations was used. The instrument is a structured interview-based assessment that first asks the participants to rate whether or not they presently perform certain occupations (within the areas of work, leisure, domestic tasks and self-care), and then rate their level of satisfaction. The SDO includes nine items that are rated on a seven-point Likert scale, ranging from 1 (lowest possible satisfaction) to 7 (highest possible satisfaction). The instrument generates a satisfaction score with a minimum of 9 points and a maximum of 63. The instrument has been shown to have good test-retest reliability (Eklund & Gunnarsson, 2007) and satisfactory content validity (Eklund & Gunnarsson, 2008).

Global Assessment of Functioning (GAF)

In Study III, the GAF scale (APA, 1994) was used to assess the overall level of the individual's psychosocial functioning. A staff member or a researcher, in this case one of the three interviewers, rates psychosocial functioning on a scale from 0-100. GAF gives a measure of the severity in social, psychological and occupational functioning (Tungström, Söderberg, & Armelius, 2005). GAF has in psychometric testing repeatedly demonstrated good inter-rater reliability after very little rater training, and it has shown to be a valid assessment (Startup, Jackson, & Bendix, 2002).

The Camberwell Assessment of Need (CAN)

In Study III four items (food, looking after the home, hygiene and regular daily activities) of the original twenty-two items in CAN (Phelan et al., 1993; Phelan et al., 1995) were selected. The person's problem level during the past month was in focus and each need was rated according to three alternatives; 0 (no problems), 1 (no problem because of on-going treatment or moderate problem) and 2 (severe problems). Based

on all four activity needs, a sum score was calculated. The present version of CAN is a Swedish translation that has been shown to have good inter-rater agreement (Hansson, Björkman, & Svensson, 1995) and to be generally reliable over time (Arvidsson, 2003)

Motivation

To assess motivation to attend the day centres (Study IV), a questionnaire with four items was created and the face validity was shown to be satisfactory by a panel of potential or current users of day centres. The items were not considered a scale but were seen as different facets of the participants' motivation and were answered according to a visual analogue scale (VAS) ranging from 0-100. The first two items "How motivated are you to attend this day centre?" and "How much do you agree with this statement: 'I set clear goals for what to do in this day centre?'" have, with a slightly different phrasing, been used to reflect client motivation in a previous study (Eklund & Hansson, 2001). As day centres have been shown to serve as a substitute for paid work and to break social exclusion (Argentzell, Håkansson, et al., 2012) two additional items were deemed to be logical to ask: "How much would you prefer to spend your time on your own?" and "How much would you prefer to have paid employment to go to?".

Diagnosis

A question in the background questionnaire addressed self-reported diagnosis, being as the day centres did not keep a register of the attendees' psychiatric diagnoses. The ICD-10 diagnoses were coded by a trained psychiatrist according to the ICD-10 classification (WHO, 1993) and grouped into four categories for further analyses; Schizophrenia and other psychoses, Mood disorders, Anxiety, Phobia and stress disorders and Other disorders. The self-reported diagnoses were used in Study IV.

The Brief Psychiatric Rating Scale (BPRS)

To access the participants' psychiatric symptoms, as categorised in Study IV, the 18-item version of BPRS (Overall & Gorham, 1962) was used. Additionally, for this part of the research, a structured interview was performed, which has been found to reduce variability in the ratings and enhance the reliability of the BPRS assessment (Crippa, Sanches, Hallak, Loureiro, & Zuardi, 2001). Based on the interview and observations during the data collection, the researcher's rating was made directly after the questionnaire session. Each item was rated on a scale from 1 (less severe symptoms) to 7 (severe symptoms). For the analysis, the items were grouped into sub-scales of positive, negative and depressive symptoms and general psychopathology. The interviewers for this project were trained to use BPRS, and a test of inter-rater reliability resulted in alpha coefficients of 0.80 or above.

The Swedish version of the Pearlin Mastery Scale (Mastery-S)

In order to measure self-mastery, Mastery-S (Eklund, Erlandsson, & Hagell, 2012) was used in Study IV. It is a translation of the original Pearlin Mastery Scale (Pearlin, et al., 1981), and as is the case for the original instrument, the Mastery-S is a self-report assessment measuring a person's control over his or her life. Seven statements are rated from 1 (strongly agree) to 4 (strongly disagree). This produces a total score ranging from 7 to 28, where a higher number indicates a higher level of self-mastery. The original instrument has shown satisfactory psychometric proprieties (Pearlin, et al., 1981) and good internal consistency in several studies (Majer, Jason, & Olson, 2004; Marshall & Lang, 1990). The Mastery-S has been tested for psychometric proprieties and was found to provide valid and reliable data (Eklund, et al., 2012).

The Rosenberg Self-Esteem Scale (RSES)

The self-report instrument RSES, which contains a scale of ten items (Rosenberg, 1965), was used to measure self-esteem. In Study IV, the response alternatives were yes and no as recommended by Oliver, Huxley, Priebe and Kaiser (1997). The final score ranges from the negative end score of -1 to the positive end score of 1, which indicates the balance between positive and negative self-esteem. The scale has demonstrated good properties in terms of internal consistency, test-retest reliability (Torrey, et al., 2000) and predictive validity and has been found structurally valid across many cultures and languages (Schmitt & Allik, 2005).

Methods for analyzing the data

Studies I and II

Qualitative analysis


In this thesis both studies I and II had a qualitative design, with similar but slightly different methodological approaches. Although content analysis was applied for both studies, the data analysis was approached from two perspectives that inspired the process. Content analysis can be manifest or latent in nature, or a combination of both (Berg, 2009). The use of a manifest approach enables a focus on the surface structure, the actual words and sentences that are present. The more latent approach looks for underlying themes and offers a more interpretive reading of the data (Graneheim & Lundman, 2004).

Using a qualitative method is valuable to understand and enhance the knowledgebase in a new area, and Study I explored the characteristics of occupations within day centres for individuals with psychiatric disabilities. In order to fully grasp the data, both manifest and latent approaches were used. Regarding the short statements in the time-use diaries, the qualitative content analysis described by Graneheim and Lundman (2004),

with the deriving of meaning units, was considered suitable for a manifest analysis of the reported productive occupations. By this approach it was possible to identify the occupational categories from the data. Further inspired by Graneheim and Lundman (2004), a more latent analysis was made. With the identified categories in mind, and by going back to the time-use diaries in their entirety, a main theme was uncovered.

Qualitative methods are also well suited for the exploration and presentation of subjective perceptions (Berg, 2009). Subjective perceptions were explored in Study II where another approach for qualitative analysis was used as described by Burnard, Gill, Stewart, Treasure and Chadwick (2008). In Study II comprehensive texts were created from the time-use diaries. An example of the comprehensive texts is presented in Table 5. The thematic content analysis that Burnard et al. (2008) describe, such as coding and searching for themes in the text was regarded as being well suited for the analysis of the comprehensive texts as it summarises with a statement or a word, what is being said in the text. After the coding, the comprehensive texts were repeatedly gone through to ensure that the whole data material had been considered. This process, in line with Burnard et al. (2008), involved a search for understanding the meaning of the data and resulted in a main theme.

Table 5. An example of a comprehensive text

An illustration of the process of describing the time at the day centre in a more comprehensive text.				
Two selected rows from the diary:				
12.00 – 13.00	Lunch, sitting in the garden	Together	At the meeting - oriented day centre (a combined)	It was good, nice and wonderful socially and you do not have to sit at home alone
13.00 - 14.00	Started working	Alone, Wandered through and said hello, then not so lonely	At the meeting - oriented day centre (a combined)	Ok
				
Converted to the comprehensive text: At twelve o'clock it was time for lunch and we sat in the garden together at the day centre. It was good, nice and wonderful socially and you do not have to sit at home alone. At one o'clock I started working at the day centre, and it was okay but I felt alone. I wandered through the day centre to say hello and then I felt less lonely.				

Study III

Psychometrics

Different methodologies were used to psychometrically test POES-P in Study III. An issue that needs to be resolved before the items within an instrument are decided upon is the face validity. This is achieved by obtaining expert opinions on whether the items of the scale appears appropriate for its purpose (Streiner & Norman, 2008) and adequately measure the conceptual variable (Sullivan, 2009), which in our case was occupational engagement. Face validity is also necessary in attempting to avoid bias in the responses (Streiner & Norman, 2008) and can serve as a preliminary indication of the construct validity of the measure (Sullivan, 2009). This type of validity is based on a subjective opinion by people who are familiar with the problem. For this project, a panel of researchers and another with users of psychiatric services, some of whom attended day centres, served as experts and evaluated if the instrument appeared to measure the variables of interest.

Streiner and Norman (2008) argue that construct validation is essential in order to further establish an instrument's validity. Constructs can be seen as mini theories that explain various attitudes and behaviours, e.g. a mini theory of what occupational engagement is. Furthermore, Streiner and Norman conclude that construct validity encompasses all types of validity testing and considers all types of validation as a process of hypothesis testing. By stating hypotheses about the size of correlations, the validation process can be supported. In Study III convergent and discriminant validation were two methods used in the validation process of the instrument POES-P.

Convergent validation investigates how closely a new scale correlates with a measure of the same or similar trait, indicating if the correlation is determined by the attribute of the construct, and/or if it is determined by the measuring process (Foster & Cone, 1995; Streiner & Norman, 2008). Study III focused both on the attribute and on the measuring process. For addressing the attribute, the scale can be compared to other self-report instruments. However, a way to focus on the measuring process could be to correlate the self-reported instrument against a rating completed by an interviewer or an observer of the phenomenon. In Study III the keyworkers' ratings of the attendees' occupational engagement were used for this purpose.

Discriminant validation, on the other hand, is the extent to which a construct differs from an unrelated construct (Grady, 1988; Streiner & Norman, 2008). It is important to show dissimilarities with other variables to identify the uniqueness of the instrument, and to make more accurate predictions about a persons' behaviour. For both convergent and discriminant validity in Study III, the relationships between the POES-P and variables hypothesized to reflect other constructs, such as unmet needs, occupational satisfaction and psychosocial functioning, were calculated.

Reliability testing, on the other hand, places an upper limit on validity; the maximum possible validity cannot exceed the reliability of the new scale (Streiner & Norman, 2008). With respect to reliability testing, measuring internal consistency is the most widely used test and can provide a first indication concerning the homogene-

ity of the scale. This will indicate the consistency among the items within the instrument (Sullivan, 2009).

To find out more about the constraints and utility of an instrument, ceiling and floor effects can be investigated. These are terms used to describe if subjects in a study score on the upper or lower ends of a scale (Duncan & Howitt, 2004). If the responses are positively skewed, the response alternatives are directed towards the favourable end and not evenly distributed (Streiner & Norman, 2008). The opposite of the ceiling effect is referred to as the floor effect according to Duncan and Howitt (2004). A problem with both ceiling and floor effects is the limited variation in the data (Duncan & Howitt, 2004; Streiner & Norman, 2008). Ceiling effect gives little opportunity to detect any type of improvement or various scores of excellence, and floor effects make it difficult to discern decline or poor estimates of the behaviour. In order to investigate these circumstances regarding the POES-P, the frequency distribution was explored at the item level and descriptive statistics were used.

Statistics in Studies III and IV

Non-parametric statistics were used in both Study III and Study IV as the data were on ordinal scales and not normally distributed.

The *Spearman's rank correlation test* was used to investigate different variables' relationship with POES-P (Studies III-IV).

Cronbach's alpha was used to calculate internal consistency of the POES-P (Study III).

Corrected item-total correlations (CITC) were calculated in Study III, and a lower limit of > 0.20 was set as a satisfactory association between an item and the total scale, in line with Streiner and Norman (2008).

The *Kruskal-Wallis test* was used to test for differences between more than two groups (Study IV).

The *Mann-Whitney U-test* was employed when comparing only two groups (Study IV).

Ethical considerations

The studies within this thesis were approved by the Regional Ethical Review Board, Lund University, Sweden (Dnr 303/2006). The ethical considerations mainly concerned the principles of informed consent, the voluntary nature of participation, and ensuring the participants' confidentiality. The participants were carefully informed about their rights before they agreed to participate. Their anonymity was preserved by using codes and they were assured that their participation would not influence their rehabilitation in any way. The participants were also insured that the information would be kept in a safe locker and no one outside the research group would have access to their data. In

order to ensure the voluntary nature of the participation, the initial contact with each presumptive participant was taken by his or her key worker.

The interviewers that subsequently contacted the participants were all occupational therapists and none of the interviewers had any previous connection to the day centres. All interviews were conducted at the day centres in order to ensure a familiar environment. The data collection was conducted in a private room, in an effort to minimize the risk that participants would hesitate to express their honest opinions. There is always a risk that data collection may touch on sensitive issues, when asking about areas such as the participant's disability and psychosocial well-being. The participants were informed of the possibility to consult with the key worker during or after the interview, or if needed, contact could be made with any preferred health professional.

Results

Occupational engagement at the day centre

The characteristics of the occupations performed in day centres were described in Study I and how these occupations were perceived was explored in Study II. The findings showed that the day centres offered social interaction and provided occupations within and beyond the physical premises and that social interaction and occupations formed the two foundations of the day centres.

Characteristics of the occupations

According to the findings, six categories characterised the occupations that emerged from the time-use diaries (Study I). The categories were; *social occupations, maintenance occupations, creative occupations, manufacturing occupations, service occupations and information-focused occupations*. Table 6 shows an overview of the main theme, categories and sub-categories.

In Study I the main theme highlighted that *being at the day centre means participating in occupations with different levels of demand*. The arrows in Table 6 indicate an increase in levels of occupational demand. Increasing demands can be found both across the row of categories (especially in the first row from top) and down the sub-categories under each category (the columns). Focusing on the rows, the table content ranges from low levels of occupational demand (social occupations) on the left side, to increased levels of demand on the right (information-focused occupations). The occupations performed in the two day centre orientations partly overlapped, but a general tendency could be seen along this continuum with meeting place-oriented day centres mostly represented on the left hand side and the work-oriented mostly on the right hand side.

Table 6. Main theme, categories and sub-categories

Being at the day centre means participating in occupations with different levels of demand						
Categories	Social occupations	Maintenance occupations	Creative occupations	Manufacturing occupations	Service occupations	Information-focused occupations
Sub-categories	Being around and having breaks	Doing single maintenance tasks for the day centre.	Doing craftwork	Assembly work	Selling things in the day centre shop	Attending meetings and receiving information
	Consuming mass media and using technical devices for communication	Doing multiple maintenance occupations for the day centre.	Doing computer graphics	Mass-production	Assisting others with office materials	Receiving supervision
	Playing games	Doing commissioned maintenance occupations.	Doing carpentry, painting	Producing specific objects in accordance with customers' orders	Serving customers	Attending an adult education college
	Occasional socialization		Renovating furniture			Teaching others

From lower to higher levels of demand

From lower to higher levels of demand

The perceptions of occupational engagement

To meet, work, interact and carry out occupations together with others and the staff, or just sit with each other, resulted in perceptions of being together and feeling included as indicated by the main theme in Study II, *being part of the spirit of togetherness and getting empowered*. The diaries showed that being together with others and being involved in occupations provided the participants with feelings of well-being and competence. For example, when the attendees independently initiated small tasks and subsequently reached their desired goals they became further engaged in occupations and acknowledged their own power in deciding over the actions they took. The informants clearly indicated that they were in a process of seizing control over their everyday lives. Five sub-themes emerged from the data (Study II), and Figure 1 shows an overview of the sub-themes and the main theme.

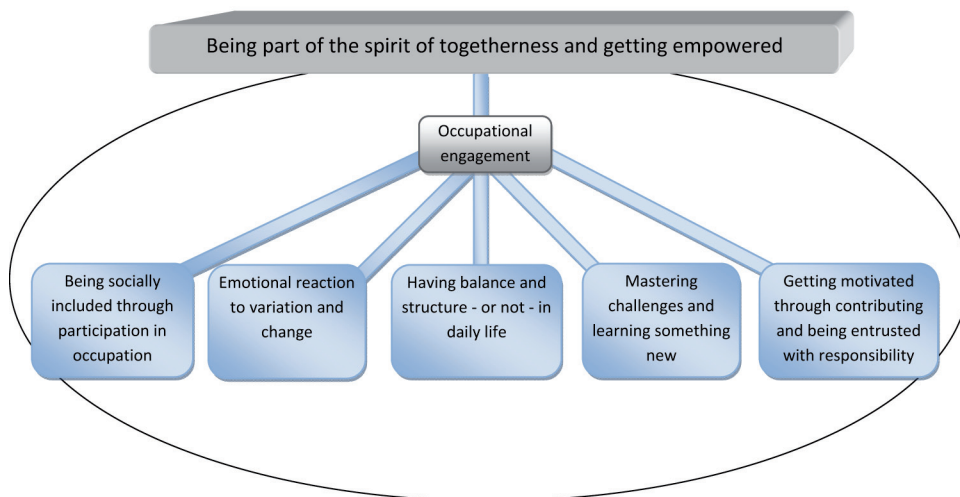


Figure 1 The main theme and the five sub-themes, which summarise the participants' occupational engagement

The sub-themes in Study II

The participants, the majority of whom lived alone, came to the day centre where they could meet other people and *be socially included through participation in occupations*. The transitions between occupations (e.g. when finishing work and starting doing something else) and contexts (e.g. getting from home to the day centre) were associated with *emotional reactions to variation and change*. A variety of emotions were included, that spanned from negative reactions such as stress reactions to positive ones such as a nice feeling of having a place to go to. The perception of *having a balance or structure - or not - in daily life*, was another identified sub-theme. Other perceptions reported by participants were *mastering challenges and learning something new* and *getting motivated through contributing and being entrusted with responsibility* when participating in the day centre's occupations.

An integrated perspective of what was done and how it was perceived

The category *social occupations* (Study I) implied different ways of interacting and communicating with other people, e.g. having breaks for lunch or coffee and being around, together with, or just close to others (mostly the day centre canteen). These were the most-reported occupations for all attendees regardless of day centre orientation. This echoes the first sub-theme in Study II that concerned *being socially included through participation in occupations*, characterizing the value of social inclusion and of doing things together, being amongst others and feeling needed.

Most examples of social occupations (described in Table 6) could serve as breaks from other, more work-like, occupations and were then characterized as being restful and recreational (Study I). However, a perception of stress was described as occurring in the social occupations when having a lot of people around, or when the need for working undisturbed or for being alone was described (Study II). These perceptions have a link to breaks and social occupations and correspond to the sub-theme *emotional reactions to variation and change* (Study II). The perceptions illustrated both well-being, when there was perceived variation in occupations (e.g. from work to break), and anxiety when changing the context (e.g. moving from ones' home to the day centre or vice versa, and the fear of missing the bus and being exposed to a crowd of people).

Maintenance occupations (Study I) were characterized by mainly being performed in order to maintain or look after the day centre or other premises. The maintenance occupations could range from doing single tasks to doing multiple maintenance tasks within the day centre premises that also demanded independence. For example, working in the café included multiple maintenance tasks such as self-initiating to wipe down the kitchen doors when waiting for customers. Occupations that appeared to be self-initiated were often reported as "working", and in the more independent tasks, they were perceived as encompassing responsibility, e.g. taking money to the bank. The sub-theme *getting motivated through contributing and being entrusted with responsibility* (Study II) reflects the attendees' perception of having responsibility and contributing to others, as being motivational. Commissioned maintenance was performed outside the day centre, and these occupations resulted in many work hours per day in productive occupations. As was described in the latter sub-theme (Study II), after having completed the assigned task/work, some informants reported satisfaction, expressed as a nice feeling of having done your bit for the day.

Creative occupations (Study I) were characterized by using one's creativity in making something, and it involved creating an aesthetically attractive product. Doing handicrafts, such as weaving, often allowed for simultaneous communication and made the visitors reflect on their interest in the products created as well as their own abilities to create. Even in the meeting oriented day centres creative occupations could be perceived as work, (if the product was to be sold in the day centre shop) and could encompass both high and low levels of demand on the visitors. This category (creative occupations) is reflected in many of the aforementioned sub-themes from Study II, as being perceived as social, many of the tasks represented new challenges, and could incorporate both responsibilities and a contribution to others.

Manufacturing occupations (Study I) included mass production or assembly work, as in making many products (e.g. creative products) of the same kind. Mass production of the same product was seen as "monotonous" or "easy", whereas the production of one single product could be perceived as "creative". Producing specific objects according to customers' orders (e.g. framing pictures and doing carpentry work) often demanded abilities such as remaining in an occupation and taking on responsibilities. It was considered stimulating if the objects that were manufactured were to be used. Study II showed that a characteristic of occupations that entailed *contributing to others and hav-*

ing responsibilities were often perceived as work, regardless of the amount of work to be done.

Service occupations could be done within as well as outside the day centre and demanded the ability to serve others and to meet someone else's (the customer's) needs. These occupations were often reported as demanding independent working. Serving customers, for example in the café, could include a combination of occupations. For example working at the café cash register could also include making the sandwiches or doing the dishes. Especially handling the café cash register was reported as being challenging and demanded a variety of different abilities, such as meeting the customer and handling money. This is reflected in the fourth sub-theme in Study II, *Mastering challenges and learning something new*, and concerned the perception of being challenged when wanting to reach a goal and trying to learn new things. This sub-theme was seen as connected to all the other categories in Study I due the fact that many new occupations are learned, and challenges are encountered through the different day centre occupations.

Information-focused occupations were also linked to all the other categories in Study I and were typically about receiving and giving information (in both informal and formal ways) and some were more or less educational (see examples in Table 5). Attending an adult education college meant having the same structure as when involved in the day centre occupations, such as having breaks for lunch or coffee, before or after class. Teaching others (Study I) was possible when the attendee was so skilled in an occupation that he or she was able to teach someone else to do it. The result of Study IV showed that a high level of occupational engagement was related to high levels of self-mastery, including a sense of control and belief in oneself.

The sub-theme *having balance and structure – or not – in daily life* (Study II) reflected the importance of occupations developing into routines in order to make structure and balance prevail over time. The opportunity to individually choose day centre occupations provided not only activity, but also rest and recreation, and this variation helped the informants to gain a sense of balance in the day and to feel satisfied. As illustrated in both Study I and II, the occupations at the day centres, regardless of orientation, brought a clear structure to the day in terms of fixed breaks for coffee and lunch. Even the day centres that were mainly meeting place-oriented were perceived as organising one's time, although they had less scheduled participation. Accordingly, Studies I and II illuminated that day centres could provide elements from both orientations and the attendees' also used the two orientations intertwiningly (e.g. having a meeting place-oriented day centre to go to after having been at a work-oriented one added to both structure and balance). Furthermore the result from Study IV indicated that the level of occupational engagement among the attendees was the same for both orientations ($p = .357$).



Figure 2. The main theme, the seven levels of demand and the six demand-related components.

Levels of occupational demand in day centre occupations

A second, latent analysis in Study I identified a continuum with seven levels of occupational demand. This is illustrated in Figure 2.

The lowest level of occupational demands entailed overcoming the initial barrier when *coming to and being at the day centre* and/or participating in purely social occupations. The next level involved the ability to perform an *internally or externally initiated simple occupation*, which when made into a routine, the task seemed to be the starting point for further occupational engagement. The third level concerned *performing supervised occupations and/or learning new occupations*. Performing *self-initiated complex and/or combined occupations* was associated with more independent occupations, performed without guidance from staff. The next level concerned the capacity for *remaining in occupations requiring responsibility*. The second highest level of demands consisted of *performing service occupations and occupations to help others* and the highest level of demands concerned performing occupations that involved *teaching occupational skills to others*. Attendees could enter at any level and the increase in these levels of demand was not necessarily step-wise. The continuum rather indicated a general tendency of increase in levels of occupational demand.

Demand-related components

Six demand-related components (illustrated in the arrows below the level of demands in Figure 2) were characteristics of the occupations, and variations in these components together built up the different levels of occupational demands.

The category of manufacturing occupations (Study I) may be used to illustrate the interplay of these demand-related components. Manufacturing occupations were occupations that were primarily reported in the work-oriented day centres; however, manufacturing occupations also existed in the meeting place-oriented day centres. Single products and single tasks from maintenance occupations (e.g. making coffee) and creative occupations (e.g. making one beautiful product to be sold in the shop) could transition to a manufacturing process of doing much of the same. Manufacturing occupations could present both high and low levels of demand depending on the attendees' abilities. When attendees reported only a few hours of work per week (*amount of time*), mass-production and assembly work were occupations that could demand supervision, help and staff influence (*degree of independence*). The level of demand in manufacturing occupations could also vary from doing one single task, via larger workloads with multiple tasks, to combinations of a number of demanding occupations, and the level of occupational demands increased especially with *the number of occupations* combined. The occupations could also have a varying degree of structure and routine, and with more of that, the occupations demanded less thought and concentration. When the occupation meant delivering a finished product, *the degree of responsibilities* was high. When the occupation was part of a manufacturing process, this often included being able to be part of a work group and thus also concerned *the amount of social involvement*.

By increased *amount of time* at the day centre (the time-use diaries covered from two hours up to an eight-hour day), the *number of occupations*, *degree of structure*, *independence in occupations*, *social involvement* and *responsibilities* were seen to increase (Study I). Study IV corroborated those findings by demonstrating a statistically significant correlation between the time the participants spent at the day centre and their level of occupational engagement.

Psychometric properties of POES-P

In Study III an initial process of construct validation of POES-P was performed.

Construct validation

Convergent validity: focus on the attribute

A moderate correlation ($r_s=0.43$) was found in the convergent validation based on association with the Satisfaction with Daily Occupations scale (SDO), indicating that the two constructs partly overlapped. The relationship to psychosocial functioning (GAF) had a weaker correlation ($r_s=0.22$).

Convergent validity: focus on the measurement process

When assessing convergent validity based on differences in the measurement process, a moderate correlation was found between POES-P and the researcher's rating of occupational engagement ($r_s=0.37$), whereas the staff perceived engagement displayed lower levels of associations with the POES-P ($r_s=0.24$). Both ways of addressing convergent validity were in line with hypotheses of moderate and weak relationships.

Discriminant validity

The association between the POES-P and CAN, indicating discriminant validity, was non-significant ($r_s = -0.15$), which was in line with the hypothesis.

Internal consistency

The CITC values varied between 0.55 and 0.65, thus well above the lower limit of 0.20 set as acceptable. Deletion of single items did not in any case result in a better alpha value. The Cronbach's alpha value for the POES-P was 0.85, which indicates good internal consistency and reliability.

Floor and ceiling effects

The frequency distribution showed a clear ceiling effect on all items (Table 6), with a majority of the responses allocated to the alternatives "Always" or "Usually". These

response categories represented together 62-81% of the answers. The percentages of respondents using the lowest rating were 1-5 %.

Factors associated with occupational engagement at day centres

Factors associated with occupational engagement were investigated (Study IV) and are shown in Table 7. The participants' mean score regarding occupational engagement was 32.5 (SD=5.49). There were no statistical significant associations between occupational engagement and any of the socio-demographic factors and no differences between the groups based on self-reported diagnosis. However, less depressive symptoms and less general psychopathology were associated with more occupational engagement. Self-esteem and self-mastery were both statistically significantly associated with occupational engagement. With regard to motivation, the ratings concerning motivation for going to the day centre and setting clear goals for what to do were both significantly correlated with occupational engagement at the day centre. The motivation for preferring to have a job to go to and preferring to spend time alone were, however, features not associated with occupational engagement at a day centre.

Table 7. Associations between occupational engagement and the other variables.

	<i>POES-P</i>	
	<i>Correlation coefficient</i>	<i>P-value</i>
Age	.081	.447
Gender (based on the Mann-Whitney test)	-	.758
Civil status (based on the Mann-Whitney test)	-	.293
The time spent at the day centre*	.413	<.001
Day centre orientation (based on the Mann-Whitney test)	-	.357
Educational level (based on a Kruskal-Wallis test)	-	.166
Having friends (based on the Mann-Whitney test)	-	.914
Self-reported diagnosis (based on the Kruskal-Wallis test)	-	.138
BPRS negative symptoms*	-.197	.063
BPRS positive symptoms	-.154	.147
BPRS depressive symptoms*	-.335	.001
BPRS general psychopathology*	-.404	<.001
Motivated to attend the day centre*	.371	<.001
Setting clear goals*	.310	.003
Preferring to spend time alone	-.075	.486
Preferring to have paid employment	.040	.717
Self-esteem*	.291	.005
Self-mastery*	.500	<.001

*Entered as independent variables in the logistic regression models.

Important factors for different levels of occupational engagement

The clinical factor *general psychopathology* and the attendance factor *time spent at the day centre* were, through a logistic regression model, shown to influence occupational engagement when this variable was dichotomized according to the median value. The strongest predictor variable, with an odds ratio of 0.26, was general psychopathology. This odds ratio indicated that increased psychopathology reduced the chance by 26% for every scale step of belonging to the group with a higher level of occupational engagement. The second predictor variable that remained in the equation was time spent at the day centre, and the odds ratio was 1.077. This indicates that those respondents who spent more hours at the day centre were 7.7 % more likely to report higher levels of occupational engagement, for each hour spent in productive occupations. However, a curve representing the relationship between occupational engagement and time spent was found to level out after approximately 10 hours of attendance (Study IV).

Important factors in relation to an even higher level of occupational engagement were also investigated. When occupational engagement was dichotomized at the 75th percentile, self-mastery was the only predictor with an odds ratio of 1.27. This indicated an increased probability of 27% for each scale step of self-mastery for being in the higher level of occupational engagement.

Discussion

This thesis has focused on occupational engagement, and a categorization of the occupations at the day centres has been made possible. These occupational categories constitute new knowledge, which may be used by the day centre units to analyze the occupations they provide. The different levels of occupational demand that existed in both orientations illustrate the ability day centres have for providing occupational opportunities. The perceptions of participants in day centre occupations provided knowledge that can help in the pursuit of designing the right support and opportunities for occupational engagement in day centres. The findings emphasize the need for the occupations to be perceived as individually chosen in order to attain occupational balance and empowerment, notwithstanding that being, doing, belonging and becoming may be equally important for engagement and meaning in occupations.

The participants' views of their occupational performance were focused on in the POES-P *part one* and their self-perceived occupational engagement was measured by POES-P *part two*. The use of POES-P can visualize both occupational performance and engagement at settings with a focus on productive activities, such as day centres. The instrument can also increase understanding of these aspects in research. Furthermore, the demonstrated significant factors for different levels of occupational engagement can provide a knowledge base for day centres in their work towards promoting health and recovery. In particular, factors such as time spent in the day centre occupations and symptoms, such as e.g. anxiety and difficulties in collaborating with others, stood out. These factors are important to consider in the design of occupations that can stimulate engagement and when developing the support and the rehabilitation. It is important that the individual's sense of self-mastery is acknowledged in services, due to its significance for perceptions of a higher level of occupational engagement. All of these main findings will be further discussed below.

Day centre orientations and their relevance

The time-use diaries provided a glimpse into work-like and meeting-place oriented day centres from a person-environment-occupational perspective. It was found that groups based on day centre orientation did not differ in terms of occupational engagement (Study IV), which corroborates the findings that both orientations could offer a

wide range of occupations with differing demand levels (Study I). Interestingly, it was found that there were meeting place-oriented centres that offered work-like tasks and gave opportunities for having high levels of engagement in productive occupations. It was also shown that some visitors in work-oriented units devoted most of their time to occupations with low levels of demand (Studies I and II). The result in Study IV may indicate that both orientations were equally good at offering engaging occupations. The results (Studies I, II and IV) could also indicate that both work-like and leisure/recreational occupations were important for occupational engagement and equally needed for people with psychiatric disabilities to balance their time in different stages of their recovery process.

In Studies I and II, participants who spent little time in occupation at the day centres were found to be occupationally engaged mainly in the social and creative occupations, and these two characteristics have been shown vital for meaning in everyday occupations (Argentzell, Håkansson, et al., 2012), and for bringing people together at a day centre (Bryant, et al., 2004). Furthermore, a sense of efficacy in performing occupations can have positive effects on social functioning and vice versa (Strauss, Hafez, Lieberman, & Harding, 1985). Study I revealed that regardless of orientation, the day centre environments were flexible when meeting attendees' needs. The day centres provided occupations with different levels of demand in order to encourage occupational engagement, which was especially noticeable in the maintenance occupations. Day centres that offered social, maintenance and creative occupations with a drop-in, meeting place-oriented focus could have been providing an initial step for attendees on the path towards more work-oriented tasks, in turn providing opportunities to be further socially and occupationally involved. Social functioning has been reasoned to enable supportive relationships that help the attendees to engage in occupations in the wider community, which in turn may counteract occupational alienation (Bryant, et al., 2004).

Day centres have been described as being a help to people to overcome experiences of occupational alienation and to foster feelings of being part of the community (Bryant, et al., 2004). Tucker (2010) emphasized similarly the need for a "safe place" for people with psychiatric disabilities to interact with their environment, though what is a safe and comfortable environment for one can be frustrating for another. In this spirit, individual differences were highlighted in Study II where some participants found it frustrating because the workload was too challenging and others found it too easy. This underlines the need for more individually chosen and matched occupations and tailored individualized support.

The findings in this thesis highlight a variety of occupational opportunities in both day centre orientations, and the importance of addressing both leisure and work-like occupations. This may create a flexible environment that feels safe enough for the attendees to rise to the challenge of engagement in occupations with increasing levels of demand. This thesis demonstrated examples of participants gaining access to opportunities outside of the day centre premises through education and work that was commissioned from other organizations (Studies I and II), which may have contributed to

counteracting occupational alienation. These individuals challenged themselves (Study II) to take on higher levels of demand (Study I), which may have been accomplished due to the fact that they were still connected to the “safe” day centre environment.

Engaging occupations

The importance of the simplest of occupations

The first two levels of demand, coming to and being at the day centre and performing an internally or externally initiated simple occupation (Study I), could be potential stepping stones for becoming engaged in occupations together with others. Tucker (2010) illustrated the importance of the day centre environment where people with psychiatric disabilities could enjoy taking part in ‘mainstream activities’ (e.g. having tea with friends, listening to music), and argued that day centres, as non-mainstream settings, provide a ‘stepping stone’ towards the mainstream.

In order to get started on a process towards higher occupational engagement, the open access and less demanding occupations that meeting place-oriented day centres offer have been shown in other studies to be appreciated and needed (Bryant, et al., 2004; Catty & Burns, 2001). This may be especially important in an initial phase of the rehabilitation process. In Study I the step from participating in social and restful occupations to being more active and contributory appeared to be mediated by single separate tasks (e.g. making coffee) that could be initiated and supervised by the staff. The simplest of tasks have been argued to enable people with psychiatric disabilities to rediscover that they could be active and gradually perform more complex tasks (Davidson & Strauss, 1992). A single occupation that evolves into a coherence of activities has been described as one characteristic of engaging occupation (Jonsson, et al., 2001). Furthermore, Sutton et al. (2012), when describing the experience of gaining control and reconnecting to the world around through the simplest of occupations, assumed that these occupations were an important aspect when moving from a disengaged mode to partial engagement in the recovery process. The importance of these simplest of occupations should not be underestimated in day centres. Day centres may also have further potential to support people to re-engage in everyday occupations, which can help in a recovery process, as are illustrated in this quote:

“...recovery in mental illness is made up of the same innumerable small acts of living we all enjoy, these strategies focus on activities like walking a dog, playing with a child, sharing a meal with a friend, listening to music, or washing dishes” (Davidson & Roe, 2007, p. 446).

Day centre and engaging occupations

The day centres provided occupations that were perceived as work and the characteristics for such occupations were that they fostered motivation through the feeling of contributing and being entrusted with responsibility (Study II). These were characteristics of the highest levels of demands (Study I) and may be reasoned to also have brought a sense of belonging. These findings correspond well to the characteristics of engaging occupations as described by Jonsson et al. (2001), that commitment and responsibility that go beyond personal pleasure and become a duty are often talked about as work with the same seriousness as paid work. Such engaging occupations are also connected to a person or a community that share the same interest (Jonsson, et al., 2001) and are often seen in services that focus on user involvement. Internationally, service user involvement within day services, working cooperatives and consumer-run organizations has been used to achieve empowering goals (Gahnström-Strandqvist, et al., 2003; Jacques, 2011; Rebeiro, et al., 2001). In the programme Northern Initiative for Social Action (NISA) in Canada (Rebeiro, et al., 2001) one of the cornerstones was user involvement as a means to empower and make the occupations personally meaningful and socially valued. Service user involvement was shown in another study to be based on partnership and active participation (Jacques, 2011). The author illustrated an approach of creating a collaborative strategy of service development, based on dialogue between providers and service users. However, none of the time-use diaries conveyed that user involvement was on the agenda and user involvement may thus be an under-used resource. In conclusion, day centres can offer occupations that contain engaging characteristics, such as feelings of contributing and being entrusted with responsibility (Studies I and II). Day centres that engage individuals by these means, both within and beyond the day centres, may emphasize more user involvement. That may enhance personal interest and further strengthen user involvement.

Levels of occupational engagement

A stepwise indication of factors that matter

The factors of importance to the level of occupational engagement were researched on the basis of two models (Study IV). In the first logistic regression, general psychopathology and time spent at the day centre (for rising above the medium level), and in the second self-mastery (for reaching a high level), were essential factors related to occupational engagement. This could be discussed in relation to the factors assumed to be important in a recovery process, as maintained by Davidson and Roe (2007) to be both recovering from mental illness, and being in recovery towards a meaningful life. These two models may be seen as creating two different levels, indicating which factors are important for having a medium and a high level of occupational engagement. These levels

of occupational engagement can be set in relation to the demand-related components, e.g. amount of time spent in occupations, independence and responsibility, which were seen to increase with the levels of demand (Study I).

Study IV showed that the levels of general psychopathology, with e.g. symptoms such as self-blame, anxiety, and difficulties in collaborating with others, were the prominent factors for distinguishing between the groups with high and low levels of occupational engagement when based upon dichotomisation at the median. A link between general psychopathology and occupational engagement has also been found in previous research (Bejerholm & Eklund, 2007). Transitional anxiety, nervousness and concern may be potential hindrances for participation and engagement; however, day centres challenged the attendees to master such feelings, interpreted as forming a potential empowerment process (Study II). Another study maintained that day centres were regarded as a “safe place” and provided a more protective environment than more mainstream spaces, which were said to be anxiety-provoking (Tucker, 2010). Bryant, Craik and McKay (2005) showed that day centre attendance and involvement in doing could prevent relapse and readmission, as also evidenced in the study by Inadomi et al. (2005). Drawing upon the results from the present thesis and previous research, if day centres become a “safe place” to participate in and if they offer engaging occupations, people with psychiatric disabilities may regain occupational engagement, which in turn may offer adequate challenge and help them control or reduce symptoms.

Studies I and II revealed that spending time in day centres offered routines and social interaction. People with severe psychiatric symptoms have been found to spend much of their time sleeping and to have an adverse daily rhythm (Leufstadius & Eklund, 2008), and favourable structure and routines have been shown to be linked with perceptions of wellbeing and strengthened identity (Leufstadius, Eklund, & Erlandsson, 2009). Day centres may thus play a central role for people with psychiatric disabilities in adding structure to their days.

Time spent in day centres and occupational engagement were shown to be related in the first logistic regression model in Study IV, and the time spent in the day centre was the second most important aspect to reach above a median level of occupational engagement. This may be seen as a further indication that actual doing triggers more engagement, which then leads to an upwards spiral effect in terms of further activity, as theorized in other studies as a “spin off” effect (Leufstadius, et al., 2009; Rebeiro & Cook, 1999). Study II showed that the act of going to and from the day centre could encourage the completion of other occupations and offered a perception of satisfaction when e.g. getting exercise and carrying out chores such as shopping as well. This reasoning is also in agreement with other qualitative studies, showing that the power of engaging in occupation can generate intrinsic motivation to engage further (Mee & Sumsion, 2001; Rebeiro & Cook, 1999).

Self-mastery was the only factor that was statistically significant in the second regression model (Study IV) when addressing the level of occupational engagement beyond the 75th percentile. Self-mastery has previously demonstrated a statistically significant relationship with occupational engagement (Bejerholm & Eklund, 2007). These find-

ings corroborate previous suggestions that regaining control over one's life is the most important in the recovery process (Topor, Borg, Girolamo, & Davidson, 2011). Services may help individuals regain control and were also found essential for empowerment. Two of their attributes have been particularly highlighted; consumers' involvement in and control over, decisions regarding their services (Crane-Ross, Lutz, & Roth, 2006).

The results indicate that individuals with the highest level of engagement felt they had control over their life situation (Study IV). However, a sense of control has been shown to be lacking in many day centres (Goldberg, et al., 2002), and in the qualitative studies (I and II) it is argued that more could be done to support further occupational engagement that may generate a greater sense of control. In such an empowerment process the experts (staff) need to hand over some of their power and control to the attendees as discussed by Tengland (2007).

Engagement processes in day centres

The factors of importance for occupational engagement according to Study IV can be seen as being related to the different levels of demands (Study I) and the occupational processes discussed in Studies I and II. For example the normalization process (Gahnström-Strandqvist, et al., 2003) and the process of *being*, *belonging* and *becoming* (Rebeiro, et al., 2001) are processes described in relation to day centre services. The findings may also be discussed in relation to different levels of engagement (Bejerholm & Eklund, 2006b), a potential empowerment process (Tengland, 2007), and modes in a recovery process (Sutton, et al., 2012).

Remaining in occupations with responsibility, teaching occupational skills, and doing occupations to help others, were characteristics of the highest levels of demand (Study I). Day centre staff may enable their attendees to help each other gain control and independence through initiating actions that encourage helping and teaching others. Both the helper and the helped may then achieve higher levels of occupational demand and possibly reach higher occupational engagement and well-being. Study II showed that the day centre attendees felt committed when seeing themselves as part of a work group. This is similar to the peer support that is the core element in the club house model, as described by Coniglio, Hancock and Ellis (2012), when attendees share achievements and tasks and work together. In order to attain a mode of complete engagement, Sutton et al. (2012) argued that occupations that reminded them of their particular strengths and talents were significant for the participants' recovery. Such occupations created a more profound connection to others and a sense of balance. The occupational opportunity of teaching others (Study I) could be one way of displaying one's special skills.

Spending time at day centres, performing a range of "normal" tasks, and being part of the spirit of togetherness in day centres, as described in the main theme in Study II, may initiate an empowerment process. In order to be able to perceive further empowerment, the sense of belonging at a day centre can stimulate motivation to take on

responsibilities within the day centre (Study II). This type of involvement in a day centre was, according to Rebeiro et al. (2001) what made that programme successful. The perception of belonging may induce what the same authors termed as the dimension of becoming through occupations, thus envisioning a future, both within the day centre, and, if encouraged, beyond that.

Goldberg et al (2002) concluded, in line with occupational therapy theory, that mastery was related to enhanced self-esteem, and that self-esteem is the prime factor involved in enhancing quality of life. Self-esteem was also significantly correlated (according to univariate analyses) with occupational engagement (Study IV). This echoes the last phase of the normalization process described by Gahnström-Strandqvist, et al. (2003), illustrating that the participants' engagement helped to form a more positive perception of self.

Independence and self-esteem are embedded in the empowerment concept (Dickerson, 1998) and this view concurs with the reasoning in Study II, that a sense of doing and belonging could enhance self-esteem and become empowering. Day centres have been said to offer an encouraging environment through the formation of predictable and comfortable occupations. Such occupations may support self-confidence, and are believed to bring more independence in everyday life (Tucker, 2010). However, as day centres have been argued to also foster dependence (Bryant, 2011; Bryant, et al., 2004), more should be done for those attendees who would like to gain more independence.

Occupational engagement and balance

Achieving balance and restoring energy through opportunities for both leisure and work-like occupations could bring a sense of balance between activity and rest (Study I). Being engaged in work has been argued as making leisure time more valued and promoting a sense of balance and enhanced well-being (Leufstadius, et al., 2009), and perceiving occupational balance has been shown to be related with a higher level of occupational engagement (Bejerholm, 2010b).

Gaining occupational balance was, according to the sub-theme *having balance and structure – or not – in daily life* (Study II), a constant struggle for the attendees. Occupational balance has been described as the individual's perception of having the right amount of occupations and variation between occupations (Wagman, et al., 2012). A major problem for people with psychiatric disabilities has been seen to be a lack of structure and routines (Becker & Kilian, 2008; Haglund, et al., 1998) and it could be helpful to achieve and maintain the right amount and variation of occupations in order to gain occupational balance. A perception of occupational balance has been reasoned to be highly individual (Wagman, et al., 2012), and some descriptions (Study II) of having too little to do or occupations that were perceived as pointless indicate a need for a more individualized approach. This is in line with arguments that an indi-

vidually adapted rhythm of occupations can promote a healthy balance, as proposed by Wilcock (1998a).

The results indicate that day centres offered a structure with fixed times for breaks and coffee that created routines for the attendees (Studies I and II). The day centres routine may contribute in the individuals' search for a healthy occupational balance. This is also indicated in research showing that services that present a favourable structure and routines help achieve balance (Ásmundsdóttir 2009), and that not only being productive but also having routines are important facets of meaning in everyday occupations (Argentzell, Håkansson, et al., 2012; Leufstadius, Erlandsson, Björkman, & Eklund, 2008).

It has been argued that services that structure one's day should empower people with psychiatric disabilities to make individual choices (Becker & Kilian, 2008), and that leisure occupations are important to break routine and stress associated with work (Craik & Pieris, 2006). Enabling movement between different occupational alternatives may therefore be of importance to achieve structure and balance; e.g. going to a meeting-place oriented daycentre after being at a work oriented was regarded as important (Study II). However, the emotional reactions to variation and change illustrated in Study II may be detrimental to pursuing a perception of balance, and need to be accounted for when enabling the transitions between e.g. leisure/recreation and work-like occupations.

Assessing occupational engagement

A sound instrument is necessary for the assessment of the need for, or potential progress towards, higher levels of occupational engagement and demand. Furthermore such an instrument could enhance both the individual attendee's and the occupational therapists'/staff's knowledge about the attendees' occupational engagement. POES-P *part one* may be useful when jointly analyzing a clients' occupational pattern and guiding clients to be occupationally engaged. When measuring outcome, other research has shown that consumer and provider perceptions about services differ considerably (Crane-Ross, et al., 2006). However, POES-P *part one* and the collaboration between the interviewer and the client that is included may help minimize the consumer-provider discrepancy.

Potentials of the POES-P from an occupational performance perspective

The estimation of the convergent validity of the POES-P suggested that self-assessed engagement in productive, work-like occupations was largely a construct in its own right, but overlapped as expected with satisfaction with daily occupations. Self-assessments as such provide insight into a phenomenon not observable by independent raters and reflect the unique experience of individuals (Crane-Ross, et al., 2006). The POES-P

part two is self-assessed and based on the time-use diary in *part one* and thus reflects the participant's unique perceptions.

It has been stated that self-assessment scales focus mainly on attributes and not behaviours (Dickerson, 1998), and the attribute "engagement" has been shown in other studies to largely overlap with the attribute "satisfaction" (Wefald & Downey, 2009). The POES-P *part one*, however, provides information about attendees from a person-environment-occupational perspective. The POES-P construct may thus also visualize some aspects of a persons' behaviour, whereas satisfaction with occupations more purely addresses a subjective perception. This may be why the relationship with the attribute satisfaction was not at a high level in Study III and one could argue for the uniqueness of POES-P. Moreover, as hypothesized in Study III, a low correlation (non-significant) was found between unmet needs and occupational engagement. The Cronbach's alpha analysis indicated that each POES-P item correlated well with the entire scale, and the value obtained for the POES-P must be seen as good. These aspects together indicate that POES-P is well on its way to be a valid and reliable instrument.

The measurement process

Study III showed convergent and divergent validity with regards to the attribute, but also in relation to the measurement process. Focusing on the participants' POES-P rating of occupational engagement, a moderate relationship with the researchers' rating was found, compared to a relatively low relationship with that of the staff (the staff had not seen the time-use diary when carrying out their assessment). It would be logical that staff members, with their general knowledge of their clients but without insight into the time-use diary, would have a different perspective on the rating of occupational engagement than the clients have. This could include a broader time perspective than that concerning the diary and the specific day reported there. This may further underline the importance of the shared view the time-use diary can provide when rating occupational engagement. A joint review of the time-use diary (POES-P, *part one*) may match the perceptions of the attendee and staff and can be used as a basis for discussion.

A ceiling effect was observed in the POES-P, *part two* ratings (Study III), leaving little room for improvements and reducing the utility. This suggests a need to look into the instrument's construct and design. The clients' high ratings of engagement in productive occupations may indicate that the items used were too easy to endorse, or it may reflect that the occupations in the day centres successfully brought the attendees a sense of high level of engagement. However, to make POES-P *part two* a useful assessment to monitor individual occupational engagement within a programme, adding items that are less likely to attract high ratings would reduce the ceiling effect and enhance its utility.

Enhancing occupational engagement

The motivating factor of setting individual goals

Combining the occupational characteristics, a particular environment, and the persons' goals has been said to be vital for an intervention's therapeutic power (Pierce, 2001a). This was confirmed in this thesis, which showed that the characteristics of the occupations were important for motivating occupational engagement in day centres (Studies I and II). Occupational engagement was also significantly correlated with motivation for going to the day centre (Study IV). This supports theoretical reasoning about extrinsic motivation becoming transformed into intrinsic motivation, and intrinsic motivation's importance for high occupational engagement (Deci & Ryan, 2008; Kielhofner, 2008).

According to occupational therapy theory (Kielhofner, 2008; Law, et al., 1996), interventions should be supportive and motivational, focusing on both enabling the occupation and paying attention to the meaning the tasks may hold for the individual. Leaving home and, for example, going to a work-like occupation was illustrated by Gahnström-Strandqvist et al. (2003) as being a motivating goal because it felt "normal". The motivating factor of setting one's own individual goals was highlighted as significantly related to occupational engagement in day centres in Study IV. Integrating one's personal goals with the goals of a programme has been shown to initiate a process of changed behaviour and enhanced motivation (Dawes & Larson, 2011), and such a way of integrating goals concurs with qualitative findings from consumer-run organizations in mental health services (Rebeiro, et al., 2001). Other studies on day centres have shown that attendees wanted more opportunities to have influence over their occupations (Granerud & Severinsson, 2006), or that the occupations were lacking in providing an appropriate challenge (Goldberg, et al., 2002). Most studies on day centres indicate that a heightened psychological engagement is achieved with a personal connection to the day centres (Gahnström-Strandqvist, et al., 2003; Mee & Sumsion, 2001; Rebeiro, et al., 2001). A literature review on recovery by Davidson and Roe (2007) concluded that both peer support and consumer run programmes are successful recovery approaches in mental health services. None of the day centres studied in this thesis explicitly had these approaches. However, the findings (Studies I and II) indicated that attendees supported each other (took responsibility, taught skills and helped others) and showed that some attendees were able to achieve high levels of demand. Promoting cooperative initiative and user involvement is also among the recommendations made by the National Board of Health and Welfare (Socialstyrelsen, 2011), which will – and probably has already – influenced many day centres within the municipalities. The ways in which other countries have changed their system towards the recovery paradigm may have an effect on the development of day centres in Sweden in the future.

Balanced engagement in productivity

In this thesis all the occupations performed at the day centres were considered to be productive, in the sense that they included a goal focused dimension and brought personal satisfaction, as maintained by Pierce (2001a). An aspect that can be discussed in relation to the findings is that the attendees may form different goals when engaging in productive occupations in day centres. This is illustrated in Figure 3. The figure shows how the person, the environment and the occupation may trigger different individualistic goals one may have when attending day centres. The aspects of doing, being, becoming and belonging are of great relevance to occupational engagement. These may promote different levels of occupational engagement. Offering a possibility of discussing and seeing these four aspects as equally important may help individuals to balance the variety and amount of occupations and to meet their goals and needs. The occupational goals should acknowledge the different factors seen as important within this thesis, such as the time spent in individually-chosen and meaningful occupations, symptom severity, motivation and a sense of control and self-esteem. The goals that are set must be seen in relation to the individual's level of engagement, and to the levels of demand possible for the individual to take on in productive occupations.

Person-environment-occupation

In terms of the three perspectives of person, environment and occupation, this thesis did not have a strong focus on the environment surrounding the day centres. The focus was on the social and occupational environment formed by the day centres. However, maintenance occupations, such as work in the garden, were performed both within the day centre premises and as commissioned work in community, which created different levels of demand (Study I). The opportunities that exist within the day centres' proximity, with potentials for fostering creativity and ability to maintain and care for the environment could be further explored. This would be in line with Rebeiro (1997), who put an emphasis on "just the right" environment (p. 8). Rebeiro and Cook (1999) later showed, in a study of women with psychiatric disabilities, that the provision of opportunities was important for occupational performance. The provision of single maintenance and creative occupations (Study I) could potentially be seen as stepping stones towards finding new motivational challenges and goals with higher levels of occupational demand.

Bearing in mind that a naturalistic setting is emphasized as powerful when designing therapeutically effective interventions (Pierce, 2001a), the environment, such as the physical location of a day centre, may have a positive impact on the rehabilitation. Community maintenance work (e.g. gardening) has been proposed to have positive effects on peoples' health as well as on the natural environments (Okvat & Zautra, 2011) and to be a way of enabling social inclusion (Diamant & Waterhouse, 2010). However, access to occupations within an active community and the mobility of the staff are as-

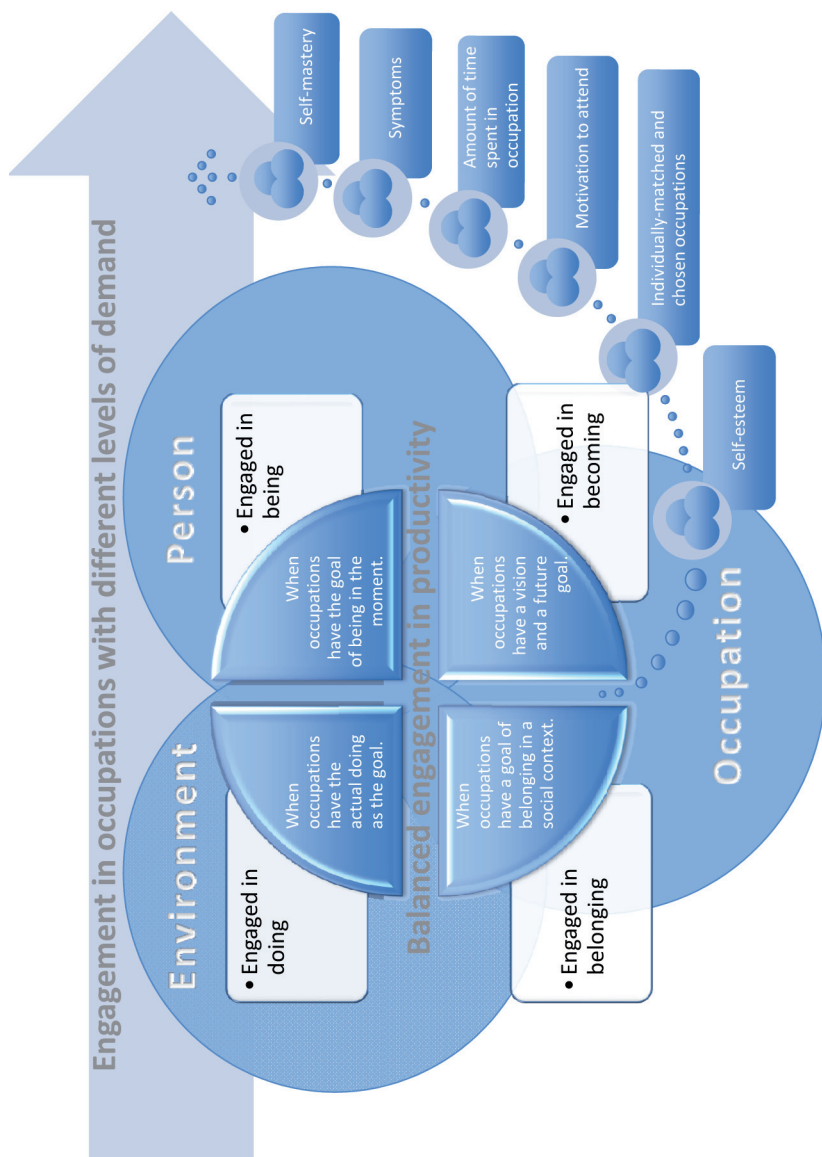


Figure 3. A tentative scheme of balanced engagement in productivity

pects that need to be considered in relation to enabling such occupational opportunities within the community.

In addition to prospects in the environment, the provision of occupational opportunities related to the small experiences in everyday life needs to be focused on. It has been argued that it is the many commonplace experiences of our daily occupational lives, our everyday occupations (that may be seen but are seldom noticed), that are meaningful to us and can help us gain balance (Hasselkus, 2006).

“I believe that the ordinary rhythm of daily living is the deep primordial nourishment of our existence. It is the ‘truth’ – the primary reality for each one of us. After all, everyday occupation is present in our lives at all times and in all places.”(Hasselkus, 2006, p. 638).

Day centres can play a vital part in helping individuals to gain both big and small occupational opportunities within the individuals’ natural environment, the day centre environment, and within the community.

Methodological considerations

Studies I and II

The day centres had slightly different orientations than what was first indicated in the selection procedure. When analyzing the time-use diaries it was concluded that there were no discernible dividing lines between meeting place-oriented and work-oriented day centres with respect to the occupations performed and how the occupations were perceived (Studies I and II). Consequently, the data were analysed as a unit and a comparisons between the two were not made.

In order to consider the trustworthiness of the study findings, Guba’s (1981) criteria of credibility, transferability, dependability and confirmability were applied in Studies I and II. The credibility, the truth value, was strengthened by the large sample size. On the other hand, it could be said that the size was at the expense of in-depth information, as the diaries contained fairly short descriptions of the participants’ involvement at the day centres. Gaining more information through interviews could have been another option; however the structure of the time-use diary may have enhanced the possibility to effectively gain a comprehensive picture of day centre attendance. Transferability of the findings, the applicability to other contexts, must be seen as limited to similar contexts and cultures.

Member checking and peer-review were employed in order to maximize the credibility and also the confirmability of the study findings. Both co-authors (Studies I and II) were involved in a process of peer review, and also took part in consensus coding and the research process as a whole, while other research groups reviewed the content in seminars and discussions. The correctness with which the time-use diary is completed is

another important aspect for assessing credibility (Eklund, Leufstadius, & Bejerholm, 2009) and may have been jeopardized due to the fact that many of the participants needed assistance when writing in the diaries. During the data collection a form of immediate member checking was carried out, however, in terms of the interviewer going verbally through the diary with the participant at the end of each interview. In order to validate the diary content, in this initial member check, the participant was offered an opportunity to review and edit the diary content. Representatives of the participants were also invited to a presentation of the studies, where the attendees discussed the results with the researchers. This should have strengthened the studies' confirmability, the purpose of which according to Guba (1981) is to derive feedback on the product of the studies.

The difficulties associated with maintaining a neutral approach as a researcher was counteracted by several measures; the immediate member check, the audit trail and feedback from other researchers. Through establishing and accounting for an audit trail by describing the method and the findings, as carried out in both studies (I and II), the procedure could potentially be repeated. In that, both dependability and credibility were enhanced.

Studies III and IV

Due to the fairly low participation rate, the sample may not represent people attending day centres in general, for example, attendees with more severe levels of psychopathology may not have participated. This was indicated by fairly low levels of psychopathology in the study group as shown in a related study (Argentzell, Leufstadius, et al., 2012).

Another point to consider is that the researchers' prior knowledge of engagement as a phenomenon may have influenced the ratings. Moreover, the researcher who rated the participants' occupational engagement on the basis of the diaries had carried out one third of the interviews. An analysis was therefore made to test if this inferred a bias in the ratings. Comparing the one third of the POES-P *part two* ratings with the ratings done on the data collected by the other researchers indicated that the POES-P ratings did not differ between the groups ($p=0.28$; Mann-Whitney U-test). Ocular inspection gave the same impression.

Another weakness of Studies III and IV may have been that the new tools, the researcher rating of occupational engagement (Study III), the staff rating of general engagement (Study III), and the instrument concerning motivation (Study IV) were non-standardized and had not been psychometrically tested. The panel discussions among users and researchers ensured face validity, however, which strengthened their relevance. Moreover, the correlations obtained in the analyses supported the hypotheses and an initial test of the tools' reliability in Study III showed that they possessed satisfactory internal consistency, which provides trustworthiness to the findings. Another consideration concerned the original POES instrument, which could have been included in the study design of Study III but was seen as too time-consuming for this study.

In Study III social desirability bias may have been a factor behind the ceiling effect, as it is a known problem with self-report instruments that participants answer in a manner that would be considered favourable by others. Measures were taken to counteract this when collecting the data, in terms of ensuring the participants' confidentiality and using interviewers who were unrelated to the day centre.

Logistic regression was considered the most suitable method for multivariate analysis in Study IV being as the variables were on ordinal scales and generally did not have a normal distribution. Logistic regression has a disadvantage when the dependent variable has to be dichotomized. This can be argued to cause a loss of variance; however, in order to retain as much as possible of the variance in the original data, the independent variables were kept as ordinal scales.

The results from this thesis should be interpreted as constituting a piece of the puzzle of knowledge regarding occupational engagement in day centres. They do not, however, explain any causal relationships or predict outcomes, and should be regarded as generating hypotheses worth investigating further.

Conclusion and clinical implications

In conclusion, the studies within this thesis have illustrated the importance of day centres in providing opportunities for people with psychiatric disabilities to be active and experience social interaction in occupations with different levels of occupational demands. Day centre attendance may be seen as a transition zone from being disengaged to becoming engaged in occupations. This thesis has shown the importance of specific factors for enhancing occupational engagement and improving the services and support. The following recommendations are worthy of consideration.

Individually matched and chosen occupations

In order to stimulate occupational engagement, the occupation needs to be experienced as being individually chosen and meaningful. Similar tasks were perceived differently by the attendees, and this underlines the importance of a client-centred approach and the interplay between the individual attendee, the context and the task performed. This interplay needs to be considered to promote health and rehabilitation and to enhance abilities. The findings are well in line with occupational therapy theory and day centres may benefit from closer adherence to an occupational therapy perspective and trans-disciplinary training about the person-environment-occupation fit.

The different categories of occupations can be used as a grid to analyze and highlight areas with a development potential. Day centres need to look forward and question whether the occupations they offer are evaluated against possible changes in the attendees' needs and preferences, and whether changes need to be made to include more innovative ideas inspired by the attendees or by societal trends.

Knowledge of the levels of demand

The levels of demand may guide the development of interventions within both work-like and meeting place-oriented day centres. Knowledge about the levels of demand occupations make on the attendees and occupations' potential therapeutic power can also help staff to enable provision of individually adapted and meaningful occupations in day centre services. The structure of levels of demand and demand-related components may be used as a screening tool for helping the attendee to find new possible individual challenges. Knowledge of the identified levels of demands could be utilised for accomplishing the "right challenge" for each individual attendee. The level of demands may need continuous adjustment as the capacity of the attendee may fluctuate over time.

Offering opportunities for a rehabilitating pathway

Both meeting place-oriented and work-oriented day centres were important for occupational engagement, indicating that leisure and work-like occupations are equally needed for people with psychiatric disabilities. Their needs may vary in different stages of the recovery process, though. To create natural connections between or within units, such that attendees get access to both less demanding occupations and work-like occupations depending on their current needs, may produce richer rehabilitative opportunities. The results indicate that the drop-in, less demanding character of meeting-place oriented day centres may be important to initiate occupational engagement. This first contact may help facilitate and encourage the accomplishment of higher levels of demand and initiate a rehabilitation pathway within, and if possible, beyond the day centre context.

Supportive transitions

The participants might need to be empowered to make changes to their routines and assistance in smoothing the transitions between occupations in order to reduce anxiety and to enhance their occupational engagement. Such transitions include moving from a break to an activity, going from being alone to socially engaged, or environment transitions such as travelling from home to the day centre. To overcome transitional anxiety, the goals and occupations gained by attending a day centre should be motivating enough for the anxiety to be challenged.

Creating opportunities to gain balance in life

In rehabilitation contexts, one way of offering better conditions to achieve balance in daily life is to present clients with a favourable structure, even if the perception of balance is highly individual. Providing engaging occupations with different levels of demands in day centres can be alternatives to regular employment and leisure/recreation and help the individuals gain structure and balance regarding the just right amount of and variation in everyday occupations. Developing the day centre into a base for a vari-

ety of interventions could provide a resource to accomplish a better balance for people with psychiatric disabilities.

Enhancing motivation to enabling contribution and responsibility

Occupational therapists and other staff members might work with motivational aspects to encourage day centre attendees to become further engaged. Such aspects include the feeling of contributing and being entrusted with responsibilities, and helping and teaching others may challenge the attendee towards higher levels of demand. This may facilitate user involvement, for example in terms of peer support, which in turn may be important for motivation and feelings of self-mastery in order to reach higher levels of occupational engagement.

Attendee empowerment

Enabling attendees to make their own choices and acknowledging their personal power and ability to make choices between different occupational alternatives might facilitate empowerment. A sense of accomplishment in both leisure and work-like occupations might stimulate a positive development towards higher self-esteem and thereby enable occupational engagement and recovery.

Encouraging personal goals and engagement in the community

Setting one's own goals and finding ways to integrate personal goals with those of the programme may enhance occupational engagement and facilitate a recovery process. When aiming to support people with psychiatric disabilities to achieve their individually-chosen goals, the day centres may initially need to serve as the "safe place". More resources and knowledge are needed to find ways to support those who wish for more demanding occupations. Day centres e.g. need to develop a close collaboration between local businesses and community organizations to enable a rehabilitation pathway beyond the day centre premises.

Assessments that enable a collaborative approach

Occupational therapists explicitly or implicitly assess a client's occupational engagement and POES-P parts one and two can be of value in day centres, work places and occupational therapy services with a focus on productive occupations. Data collected with the POES-P could be potentially useful for research in areas such as a day centres for people with psychiatric disabilities, or other programmes with a focus on productivity or occupations analogous to work.

For staff and attendees in day centres, POES-P can illustrate the clients' perspective and enhance outsider knowledge of the clients' perceived occupational performance. POES-P *part one's* collaborative approach enables joint decisions in the rehabilitation. Building on the individual's wishes is important for the users' sense of empowerment

in the recovery process. Furthermore, to use the POES-P *part one* to help structure an individual schedule for active occupations, social occupations and breaks could help acknowledge individual needs. This may assist the attendees in the search for greater balance and meaning in everyday life.

Implications for further research

This illustration of the characteristics of occupations used in day centres provides some thoughts of how the results could be used in clinical practice. However, further research describing the important factors of rehabilitation programmes, such as those in day centres, is needed and would enhance a sound evidence base for these programmes in the future.

Further investigation of how the identified levels of demand and demand-related components can be used in assessments and interventions may be a fruitful path of research. They may be developed into a screening tool for analyzing and grading occupations in research and in praxis.

Some questions remain regarding the ability of the day centre programmes and staff to meet the requirements of the heterogeneous target group. Additionally, longitudinal studies are needed to investigate causal relationships between occupational engagement and other factors, such as whether increased occupational engagement will lead to perceptions of recovery.

Indications from other research that day centres based on institutional agendas foster alienation (Pettican & Bryant, 2007) may be worthy of examining in Sweden too. Other factors of potential importance to counteract alienation in relation to the wider society, such as commissioned work within and outside the day centre premises, should also be investigated.

Further development of the POES-P instrument to capture perceived engagement in productive occupations is an important future task, in terms of it becoming an effective outcome measure for day centres. However, the POES-P needs to be tested also in other contexts and populations. When reviewing the literature, Crane-Ross et al. (2006) found that studies that include both consumer and provider perspectives are scarce. If the POES-P were to be developed into an assessment reflecting both the client and the staff perspectives of engagement, further consideration of the knowledge base needed for POES-P assessors is required. For example, the staff may need an introduction into theory on occupational engagement.

More research is needed on the day centres' milieu and the rehabilitation context they constitute, and how the urban or rural environment around could further inspire and motivate in terms of occupations, creativity and participation in community.

Swedish summary/Svensk sammanfattning

I vårt samhälle är personer med psykiska funktionsnedsättningar en utsatt grupp med behov av stöd och rehabilitering. Det är en heterogen grupp, som ofta står utanför arbetsmarknaden och kan vara i behov av social gemenskap och hjälp att finna meningsfull sysselsättning. Därför tillhandahålls daglig sysselsättning i kommunal regi för denna målgrupp. Det saknas dock systematisk kunskap om dessa verksamheters innehåll och om hur deltagarna upplever sitt aktivitetsengagemang i verksamheterna. När Catty et al. (2007) granskade vad som fanns skrivet om sysselsättningsverksamheter internationellt, konstaterade de att det fanns endast få beskrivande studier och inga randomiserade studier. I Sverige finns idag ett fåtal studier (Argentzell, Leufstadius, et al., 2012; Eklund & Sandlund, 2012; Gahnström-Strandqvist, et al., 2003), men sysselsättningsenheter har framförallt beskrivits i socialstyrelsens utredningar och nationella riktlinjer (Socialstyrelsen, 2011; SOU, 2008:77). Stora resurser läggs på sysselsättningsenheter, men på grund av den ringa tillgången på forskning som klargör deras användbarhet finns det ständigt ett hot om att verksamheterna skärs ner eller tas bort. Detta är ett tragiskt faktum för de individer som är beroende av verksamheterna och behöver få tillgång till rehabilitering. Förhoppningen är att denna avhandling skall bidra med ytterligare kunskap inom området daglig sysselsättning som i sin tur kan stödja det framtida utvecklingsarbetet i sysselsättningsverksamheterna.

Daglig sysselsättningsverksamhet för personer med psykiska funktionsnedsättningar

Funktionsnedsättning uppstår till följd av skador, tillstånd eller sjukdomar av bestående eller övergående natur och kan innebära ett funktionshinder i möte med miljön. Psykiskt funktionshinder innebär att personen har svårigheter att klara sina dagliga aktiviteter pga. en långvarig psykisk störning eller sjukdom och att dessa begränsningar antas komma att bestå under en längre tid (SOU, 2006:5).

I Sverige har träffpunkts- och arbetsinriktad daglig sysselsättning varit de två främsta alternativ som bedrivits av kommunerna för personer med psykiska funktionsnedsättningar (Socialstyrelsen, 2003). I träffpunktsinriktade sysselsättningsenheter erbjuds i allmänhet mer fritidsbetonade aktiviteter med ett kravlöst, öppet deltagande, i jämförelse med arbetsinriktade sysselsättningsenheter som fokuserar på ett mer schemalagt,

arbetslikt deltagande. Aktivitet, social gemenskap och delaktighet i samhället är däremot centrala mål för båda dessa verksamheter.

Aktivitetsengagemang

Att vara aktiv är centralt i människors liv, och engagemang i aktiviteter utifrån egna önskemål i livet anses viktigt för hälsa och välbefinnande (Wilcock, 1998b). Delaktighet i meningsfulla sysselsättningar, med slutmålet att förbättra hälsa och välbefinnande, har länge fokuserats inom ämnet arbetsterapi (Baum & Law, 1997; Rebeiro & Cook, 1999).

Engagemang i aktivitet har definierats som interaktionen mellan tid spenderad i aktivitet, fysisk och social miljö, aktiviteten man utför och hur man upplever den (Bejerholm & Eklund, 2004). Aktivitetsengagemang kan även betraktas som en egen-skap, t.ex. i vilken utsträckning en person har en fungerande daglig rytm, rutiner i aktivitet och har förmågan att vara delaktig i sociala sammanhang och i samhällslivet. Personen får genom ett sådant engagemang en bredd och variation av aktiviteter och upplever olika grader av mening i aktiviteter. Dessa faktorer kännetecknar sammantaget olika nivåer av engagemang (Bejerholm, 2010a; Bejerholm & Eklund, 2006b).

Det har framförts att sysselsättningsenheter erbjuder produktiva aktiviteter för målgruppen (Krupa, et al., 2003) och i denna avhandling har engagemang i både arbetslika och fritidsaktiviteter benämnts som produktiva aktiviteter. Sådana aktiviteter har ansetts ge en personlig tillfredsställelse och inkludera ett mål med aktiviteten, så som att se ett resultat, känna kompetens etc. Alla former av aktivitet kan därför vara produktiva om de har ett personligt viktigt mål (Pierce, 2001a) och även fritidsaktiviteter som är målfokuserade kan därigenom anses produktiva. Fritidsaktiviteter har också ansetts kunna upplevas som arbete om de är tillräckligt engagerande (Jonsson, et al., 2001) samt ger personen en lika stor utmaning som t.ex. ett arbete kan göra (Craik & Pieris, 2006). Men för att uppleva att man har en vilsam fritid behövs en arbetslik aktivitet att ha fritid från, och en upplevelse av balans mellan sysselsättningar såsom arbete, vila och fritid har ansetts vara viktiga faktorer för hälsa och välbefinnande (Wilcock, 1998b). Att ha aktivitetsbalans har i sin tur beskrivits som individens uppfattning av att ha rätt mängd aktiviteter och rätt variation mellan olika former av aktiviteter (Wagman, et al., 2012), och har ansetts nödvändigt för att uppleva harmoni i sitt dagliga liv (Matuska & Christiansen, 2008).

Att mäta aktivitetsengagemang

Forskningen kring personer med psykiska funktionsnedsättningar hade identifierat ett underskott på klientcentrerade instrument som är valida (mäter vad de ska mäta) och reliabla (mäter på ett tillförlitligt sätt) (Fuller, 2011). Att använda ett självskattningsinstrument kan vara ett sätt att nå klientens subjektiva upplevelse, vilket är viktigt för ett klientcentrerat arbetssätt. Något självskattningsinstrument som mätte aktivitetsengagemang kunde inte hittas, men ett instrument som bedömer aktivitetsengagemang hos personer med psykisk funktionsnedsättning är instrumentet *Profiles of Occupational*

Engagement in people with Schizophrenia (POES) (Bejerholm, et al., 2006). I POES bedöms aktivitetsengagemang av en arbetsterapeut på basis av informationen från en eller flera tidsdagböcker som täcker dygnets 24 timmar. POES består av två delar. Tidsdagboken (del 1) bygger på teori om personens aktivitetsutförande (Law, et al., 1996) samt fokuserar på personens upplevelse av aktiviteten. Utifrån det bedöms aktivitetsengagemang (del 2) av en arbetsterapeut. På grund av bristen på självskattningsinstrument är det dock angeläget att utveckla och utvärdera instrument som kan fånga en individs uppfattning om sitt aktivitetsengagemang.

Syfte

Syftet med avhandlingen var att undersöka engagemang i aktiviteter för personer med psykiska funktionsnedsättningar som deltar i daglig sysselsättning. Vad personerna gör, vilka aktiviteter som erbjuds (delstudie I) och hur de upplevs (delstudie II).

Ett annat syfte var att bidra till utvecklingen av ett instrument för att kunna bedöma aktivitetsengagemang på ett tillfredställande och tillförlitligt sätt (delstudie III).

Det finns en vag kunskap och kännedom om faktorer som påverkar aktivitetsengagemang i kommunbaserade sysselsättningsenheter. Instrumentutvecklingen gjorde det möjligt att utforska och beskriva självupplevt aktivitetsengagemang i förhållande till andra faktorer såsom sociodemografiska faktorer, tid spenderad i aktivitet och upplevda symtom (delstudie IV).

Metod

Avhandlingen bygger på datainsamling som genomfördes vid sex enheter för daglig sysselsättning, fördelade på fyra kommuner i södra Sverige. Totalt deltog 93 personer (se sociodemografisk beskrivning i tabell 2). Verksamheterna hade inget register över deltagarnas diagnos, men alla som deltog i verksamheterna hade psykiska funktionsnedsättningar. Två enheter betecknade sig som arbetsinriktade och fyra var träffpunktsenheter. En av träffpunkterna fungerade som en mix av båda alternativen genom att tillhandahålla även arbete ute i kommunen eller stöd till studier för sina deltagare.

Från det befintliga instrumentet POES (Bejerholm, et al., 2006) utvecklades ett självskattningsinstrument som fick namnet *Profiles of Occupational Engagement in people with Severe mental illness – Productive occupations* (POES-P). POES-P har därigenom sin teoretiska grund i en modell presenterad av Law et al. (1996) där interaktionen mellan personen, miljön och aktiviteten är viktig för aktivitetsutförandet. POES-P består administrativt av två delar. Del ett i POES-P är en tidsdagbok där personen registrerar åtta produktiva timmar under en dag med fokus på aktivitet (vad de gjorde), geografisk och social miljö (var och med vem aktiviteten utfördes) och person (hur aktiviteten upplevdes). Del två är en självskattning av aktivitetsengagemang utifrån åtta frågor. Förutom att deltagarna fyllde i tidsdagboken (ibland med stöd från intervjuaren) så angav deltagarna således även en självskattning av sitt aktivitetsengagemang.

Ytterligare enkätformulär som användes efterfrågade sociodemografiska variabler såsom kön, ålder, diagnos etc. Övriga instrument berörde upplevda behov, tillfreds-

ställelse med aktivitet, självkänsla, egen kontroll mm. Intervjuaren bedömde även symptombelastning och psykosocial funktionsförmåga (Instrumenten finns beskrivna mer i detalj under metoddelen i avhandlingen).

För att även få kännedom om personalens uppfattning om deltagarnas aktivitetsengagemang skattade personalen den deltagare som de hade mest kännedom om från verksamheten. Detta skedde utifrån samma åtta frågor som återfinns i POES-P.

Avhandlingen är sammansatt av fyra delstudier. De två första delstudierna är kvalitativa studier, baserade på aktivitetsdagboken, POES-P del ett, som efterfrågade deltagarens senaste dag vid sysselsättningsverksamheten. Delstudierna I och II gav en bakgrund till vad enheterna innehåller och hur de upplevs genom beskrivningar i 88 tidsdagböcker.

Delstudie III och IV är kvantitativa studier baserade på 90 deltagares självskattade aktivitetsengagemang, POES-P del två. I delstudie III presenterades en första psykometrisk testning (som ger information om instrumentet mäter det som avses mätas på ett tillförlitligt sätt) av POES-P. De egenskaper som undersöktes var intern konsistens, begreppsvaliditet och eventuella golv- och takeffekter. I delstudie IV undersöktes vilka faktorer som kunde vara av möjlig betydelse för deltagarnas upplevelse av aktivitetsengagemang i de olika sysselsättningsenheterna. De faktorer som undersöktes var närvarofaktorer (enheternas inriktning och hur många timmar som tillbringades vid enheten), sociodemografiska faktorer, kliniska data/psykopatologi och faktorer såsom egenkontroll, självförtroende och motivation. Dessa faktorer relaterades i uni- och multivariata statistiska analyser till deltagarnas skattning av sitt aktivitetsengagemang.

Resultat

Den första delstudien syftade till att generera kunskap om de aktiviteter som utförs på sysselsättningsenheter, genom att belysa deltagarnas beskrivningar av vad de gjorde. Det visade sig att aktiviteterna inte skiljde sig nämnvärt mellan de arbetsinriktade och träffpunktsinriktade verksamheterna gällande vilka aktiviteter som utfördes. Därför analyserades enheterna tillsammans som en grupp. Sex kategorier identifierades som representerade de aktiviteter som utfördes i båda typerna av verksamhet; Sociala aktiviteter, Underhållsaktiviteter, Kreativa aktiviteter, Tillverkningsaktiviteter, Serviceaktiviteter och Informationsfokuserade aktiviteter. Huvudtemat som identifierades genom analysen var "att vara i daglig sysselsättning innebär att delta i aktiviteter med olika utmanings/kravnivåer". I studien beskrivs de olika utmanings/kravnivåerna tillsammans med de komponenter som bygger upp kravnivåerna (Figur 2). Sysselsättningsenheterna ansågs tjäna som sociala mötesplatser som ger möjlighet för deltagarna att delta i aktiviteter med olika utmanings/kravnivåer. Resultatet belyser den roll sysselsättningsenheter har i rehabilitering för personer med psykisk funktionsnedsättning. Resultatet visar också den potential som ligger i att ha kunskap om olika utmanings/kravnivåer för att möta individers olika behov av aktivitet. Studien diskuterar vikten av att erbjuda individuellt anpassade aktiviteter för att ge ökat engagemang och positiva upplevelser av meningsfullhet.

Delstudie II utgör en beskrivning av deltagarnas engagemang och delaktighet vid enheterna för daglig sysselsättning. De teman som framkom var: *Att inkluderas socialt genom att delta i aktiviteter, Känslomässiga reaktioner på variation och förändring, Att ha balans och struktur - eller inte - i det dagliga livet, Bemästra utmaningar och lära sig något nytt*, samt att *Bli motiverade genom att bidra och att anföras med ansvar*. Resultatet visade att sysselsättningsenheter kan ge möjligheter för personer med psykiska funktionsnedsättningar att vara engagerade i aktivitet, skapa rutiner och utmana deltagarna till att vara mer aktiva i sitt dagliga liv. Det framkom även att enheterna erbjöd aktiviteter och rehabilitering som bidrog till ökad empowerment (egenmakt), vilket syntes hjälpa deltagarna till ett mer aktivt och delaktigt liv i sin vardag. Studien diskuterar även betydelsen av att de aktiviteter som personerna ska syssla med är självvalda för att stimulera till en känsla av egenmakt och tillhörighet i verksamheten.

Delstudie III syftade till att undersöka de psykometriska egenskaperna hos det nya instrumentet, POES-P, för att bedöma engagemang i produktiva aktiviteter. Analyserna visade på god intern konsistens ($\alpha = 0,85$) dvs. att frågorna mäter en viss dimension och sammantaget fångar ett enhetligt begrepp. Resultatet gällande begreppsvaliditet bekräftade uppställda hypoteser och visade bland annat ett måttligt samband mellan POES-P och tillfredsställelse i aktivitet, ett svagare samband med psykosocial funktion och en nollrelation till otillfredsställda behov. Detta visade på att "aktivitetsengagemang" som POES-P mäter är ett fenomen som är relaterat till tillfredsställelse med aktivitet, men att det till stor del är ett eget fenomen. Instrumentet mäter således ett huvudsakligen unikt fenomen, som rimligen kan benämnas aktivitetsengagemang. Svartsfördelningen uppvisade dock en takeffekt, vilket innebär att de flesta individer skattade sitt aktivitetsengagemang i verksamheten som högt. Om ett instrument har en takeffekt kan det inte identifiera förändring över tid, vilket minskar dess användbarhet. Frågorna eller svartsalternativen, eller båda, bör därför revideras så att frågor läggs till som kan reflektera en högre grad av aktivitetsengagemang. Resultaten visade vidare i en validering av mätproceduren att när forskaren skattade deltagarnas aktivitetsengagemang utifrån tidsdagboken, påvisades ett starkare samband med deltagarens skattade aktivitetsengagemang än vid personalens skattning. Personalen skattade utan vetskap om innehållet i tidsdagboken och skattade därigenom en mer generell uppfattning av deltagarens aktivitetsengagemang, det vill säga såsom de sammantaget upplevde deltagaren i verksamheten. Sammantaget bedömdes POES-P ha god potential för bedömning av engagemang i produktiva sysselsättningar.

Delstudie IV syftade till att undersöka vilka olika faktorer som påverkade aktivitetsengagemanget hos deltagarna. De faktorer som i univariata analyser var statistiskt signifikant relaterade till aktivitetsengagemang var tid spenderad i verksamheten, vissa motivationsaspekter, självfaktorer och viss psykopatologi (se tabell 7). Således, de personer som skattade sitt aktivitetsengagemang högt tillbringade mycket tid i sin dagliga sysselsättningsenhet, var motiverade, upplevde högre självförtroende och hade lägre nivåer av symptom. Resultatet av de multivariata modellerna visade stegvis på vilka faktorer som var viktigast för olika nivåer av aktivitetsengagemang. Analyserna fokuserade dels på skillnaden mellan dem som rapporterat över och under en medelnivå, dels på dem

som nådde över respektive under den 3:e kvartilen av aktivitetsengagemang. För att nå över medelnivån av aktivitetsengagemang var generella symtom och mer tid spenderad på sysselsättningsenheterna betydelsefulla faktorer. För att nå över den 3:e kvartilen var upplevd kontroll den enda viktiga faktorn. Resultaten diskuteras i artikeln i förhållande till olika nivåer av engagemang i en återhämtningsprocess.

Diskussion

Sammanfattningsvis kan sägas att studierna i detta avhandlingsarbete har kategoriserat aktiviteterna vid sysselsättningsenheterna och visat att sysselsättningsenheter erbjuder aktivitet och social interaktion med olika nivåer av krav och utmaning. Aktivitetskategorierna och utmanings/kravnivåerna utgör ett kunskapsunderlag och kan användas som ett raster för att kunna analysera vad verksamheten erbjuder och för att matcha aktiviteter på sysselsättningsenheter till individen. Deltagarnas upplevelser av sina aktiviteter på verksamheterna ger kunskap om hur man ska kunna utforma bra stöd och förutsättningar för ett aktivt deltagande. Dessutom betonas behovet av att aktiviteterna upplevs som individuellt valda och matchade.

Deltagarens aktivitetsutförande och hur det upplevs blir synligt i POES-P del ett och självskattat aktivitetsengagemang kan mätas genom POES-P del två. Användandet av POES-P kan synliggöra aktivitetsutförandet och engagemanget för deltagaren och personalen på en verksamhet med fokus på produktiva aktiviteter, t.ex. en sysselsättningsenhet. De faktorer som visade sig viktiga för olika nivåer av aktivitetsengagemang ger ett kunskapsunderlag för sysselsättningsenheterna i sitt arbete gentemot hälsa och återhämtning för sina deltagare. Faktorer som mängd tid som spenderas i aktivitet och deltagares eventuella symtom, såsom ångest och svårigheter att samarbeta med andra, är viktiga att ta hänsyn till, och framförallt bör individernas känsla av egenkontroll beaktas för upplevelsen av högt aktivitetsengagemang. Dessa faktorer är betydelsefulla när det gäller utformningen av verksamheter som ska stimulera aktivitetsengagemang, och i utarbetande av stöd och rehabilitering generellt. Nedan presenteras kortfattat viktiga aspekter utifrån de fyra delstudierna:

- Individuellt matchade och valda aktiviteter

För att stimulera aktivitetsengagemang bör aktiviteterna i möjligaste mån vara och upplevas som individuellt valda och meningsfulla. Liknande uppgifter uppfattades olika av deltagarna, vilket understryker vikten av ett klientcentrerat förhållningssätt, där samspelet mellan den enskilde deltagaren, sammanhanget och aktiviteten är av betydelse. Detta samspel bör beaktas för att kunna öka individens förmågor i aktivitet och därmed främja hälsa och välbefinnande. Detta är i linje med arbetsterapeutisk teori. Sysselsättningsenheter kan dra nytta av att anamma ett arbetsterapeutiskt perspektiv som betonar vikten av interaktionen mellan personen, miljön och aktiviteten.

Kunskap om de olika aktivitetskategorierna (Tabell 6) kan användas för att analysera och belysa vilka aktivitetskategorier som har utvecklingspotential i verksamheten. Sysselsättningsenheter behöver ständigt se framåt och fråga sig om utbudet av aktivite-

ter kontinuerligt utvärderas. Är aktivitetsutbudet i samklang med eventuella pågående trender i samhället och med deltagarnas behov och önskemål? Eller finns det mer att göra för att öppna upp för innovativa idéer?

- Kunskap om utmanings/kravnivåerna

Kunskap om olika utmanings/kravnivåerna (se figur 2) kan användas både vid analys av befintlig verksamhet och vid planering av nya insatser och aktiviteter. Nivåerna kan även användas som ett diskussionsverktyg för att hjälpa personalen att tillhandahålla individuellt anpassade aktiviteter utifrån var individen önskar och klarar av. Nivån på utmaningen kan sedan behöva justeras kontinuerligt, eftersom deltagarens kapacitet kan variera över tid.

- Erbjuder rehabilitering som blickar framåt

Resultatet indikerar att träffpunktsinriktade sysselsättningsenheter med sin öppna, kravlösa karaktär kan vara viktiga för att initiera engagemang i aktiviteter utanför hemmet, samt för att inleda en rehabiliterande väg inom, och om möjligt bortom, daglig sysselsättning. Både träffpunktsinriktad och arbetsinriktad daglig sysselsättning visade sig vara betydelsefull för engagemang i dagliga aktiviteter. Eftersom behoven av aktivitet varierar i en återhämtningsprocess kan en naturlig koppling och/eller flexibilitet mellan de olika inriktningarna göra att deltagarna får tillgång till både kravlösa och arbetslika aktiviteter. Detta kan även inspirera och underlätta en utveckling mot att anta nya utmaningar som eventuellt ger större rehabiliteringsmöjligheter.

- Stöd i övergångar och förflyttningar

Deltagarna kan behöva ett individuellt stöd på ett stärkande sätt, med rutiner som behöver ändras och med övergångar mellan aktiviteter för att minska ångest och förbättra deras aktivitetsengagemang. Sådana övergångar inkluderar att övergå från paus till en aktivitet, från att vara ensam till socialt engagerad, eller förflyttningar mellan olika miljöer som från hemmet till daglig sysselsättning.

- Skapa möjligheter till balans och struktur på dagen

Även om en uppfattning om balans är högst individuell, kan erbjudandet av en gynnsam struktur på dagen ge bättre villkor i strävan mot att uppnå balans. Att erbjuda engagerande aktiviteter på enheterna kan vara alternativ till reguljär sysselsättning och fritid/rekreation och hjälpa individer återfinna struktur i det dagliga livet. Ett sätt kan också vara att utveckla sysselsättningsenheter till en bas för ett utbud av olika slags interventioner, för att kunna tillhandahålla rätt mängd och variation av aktiviteter för personer med psykiska funktionsnedsättningar.

- Öka aktivitetsengagemanget genom en känsla av att bidra och ta ansvar

Stöd till aktivitetsengagemang i form av kamratstöd, där deltagarna i daglig sysselsättning hjälper och lär av varandra, kan göra det möjligt för brukarna att ta ansvar i sysselsättningsverksamheten. Arbetsterapeuter och annan personal kan arbeta med motiverande aspekter, såsom känslan av att bidra till andra och känna sig anförtrödda med ansvar för att öka utmanings/kravnivån, och därigenom uppmuntra brukarna om de önskar bli mer engagerade.

- Stärka deltagarnas egenmakt

Att möjliggöra för deltagarna att göra sina egna val och bekräfta deras personliga kraft och förmåga att göra val mellan olika aktivitetsalternativ kan förstärka deras känsla av egenmakt. En känsla av prestation i både fritids- och arbetsliknande aktiviteter kan stimulera en positiv utveckling mot högre självkänsla och därigenom möjliggöra aktivitetsengagemang och återhämtning.

- Uppmuntra personliga mål och engagemang i samhället

Att få sätta egna individuella mål lyftes fram som viktiga för aktivitetsengagemang i daglig sysselsättning, och hitta sätt att integrera de personliga målen med programmens mål har ansetts öka aktivitetsengagemanget hos individen. När syftet är att stödja människor med psykiska funktionsnedsättningar att nå sina individuellt utvalda mål kan sysselsättningsenheten initialt behöva fungera som en "trygg plats" att utgå ifrån. Kunskap och resurser kan behövas för att hitta sätt att stödja dem som önskar en rehabiliteringsväg som sträcker sig utanför den dagliga sysselsättningsenheten, t.ex. genom att utveckla ett nära samarbete mellan företag och organisationer i samhället.

- Bedömningar som en strategi i klientcentrerat arbete

Personal och deltagare i t.ex. sysselsättningsverksamheter kan vara betjänta av ett instrument som POES-P för att få kunskap om hur en typisk dag kan se ut (del 1), och om det självskattade aktivitetsengagemanget (del 2). Tidsdagboken i POES-P del 1 kan föra fram individens perspektiv och förstärka utomstående kunskap om hur individerna faktiskt upplever sitt aktivitetsutförande. Ett samverkande tillvägagångssätt kring tidsdagboken mellan t.ex. personal/arbetsterapeuten och deltagare i verksamheten kan möjliggöra gemensamma beslut i rehabiliteringen. Detta kan vara ett sätt att utgå från individens egna önskningar, och för att öka deltagarens känsla av egenmakt i återhämtningsprocessen.

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