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Running head: Work rehabilitation and occupational outcomes

Women's perceptions of everyday occupations: Outcomes of the Redesigning Daily Occupations (ReDO) programme

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Abstract

Aims: The aim was to 1) assess the outcomes of the 16-week Redesigning Daily Occupations (ReDO) program for women on sick leave due to stress-related disorders, in terms of occupational value, satisfaction with everyday occupations and participation level; 2) investigate the relationships between those outcomes and return-to-work rate.

Methods: 42 women receiving ReDO and 42 receiving care as usual (CAU) were included in a matched-control study with measurements before and after the rehabilitation. Seventy-eight participated on both occasions. They completed self-report questionnaires regarding the aforementioned outcomes. Return-to-work data were obtained from the registers of the Social Insurance Offices.

Results: Increases in concrete, symbolic and self-reward values were found in both groups, but no statistically significant difference between the groups was demonstrated. The ReDO group improved more than the CAU group, however, on satisfaction with everyday occupations and participation level. Occupational value, but not satisfaction with everyday occupations, was related with return to work.

Conclusion: Everyday occupations showed to be relevant outcomes after work rehabilitation. They could play an important role in future development of profession-specific evidence of occupational therapy. Further support was obtained for viewing occupational value and satisfaction with everyday occupations as theoretically distinct phenomena.

Keywords: Stress, work rehabilitation, primary health care, participation

Introduction

Stress-related disorders are among the most common diagnoses for sick leave in Sweden. Although there has been a reduction in the number of new cases during the past decades, recent statistics show that the rate of sick leave for women has again increased since 2010 (1). Women are thus a risk group in this respect and interventions that promote return to work need to be developed and evaluated. Research has shown that everyday life in general, not only work, plays a dominant role in causing stress among women (2). Therefore, a lifestyle intervention, based on analysing how people spend their time and optimizing their patterns of everyday occupations, seems suitable, and the Redesigning Daily Occupations (ReDO) intervention (3), was developed for that purpose. The ReDO programme is underpinned by theoretical principles stemming from occupational therapy and occupational science. One of those principles proposes that a satisfactory balance between restful and reviving occupations, including a desired palette of everyday chores, is important for people's well-being (4, 5). Research addressing the effectiveness of the ReDO programme with respect to return to work showed it was more successful than standard work rehabilitation (6).

This study also addresses outcomes of the ReDO programme project for women with stress-related disorders, that were previously found to be effective in terms of sustainable return to work and secondary outcomes such as quality of life, self-esteem and satisfaction with the rehabilitation received (6, 7). Research indicates that women's perceived stress can partly be related to the home situation (8), which may include care of children and home chores. The combination of gainful employment and responsibilities for this home situation may be more stressful for women than for men (9). Moreover, women's stress levels tend to remain high even after work when back at home, which is not the case for men (10). Rehabilitation for women suffering from stress-related disorders should thus address their whole repertoire of everyday occupations, not just work. Fortunately, everyday occupations may include not only stressful events but also stimulating experiences (11), and monitoring the occupations in an optimal way can reduce burden and release energy and

activate will-power. Furthermore having a varied pattern of everyday occupations has been shown to be of importance for women's well-being (12). Based on these findings and research on the patterns of women's everyday occupations (11, 13, 14), the ReDO programme was developed to meet the needs of women with stress-related disorders (3). Lifestyle Redesign[®], devised to enhance a person's repertoire of daily occupations (15, 16), was another source of inspiration. The general outline of that intervention was adopted, such as weekly group meetings but retaining a focus on individual goals and individually performed occupations in between the group sessions. The 16-week ReDO programme includes the participant reflecting on occupational repertoire and previous history, mapping stressors and rewards, identifying interests, mapping time use, and gaining awareness of the value and meaning inherent in everyday occupations (3). Another important feature is to strengthen the women's own abilities to analyse and find a balance in their everyday occupations. Subjective perceptions of everyday life would thus be important additional outcomes for assessing the effectiveness of the ReDO programme together with, for example, return to work and self-mastery. The specific subjective perceptions further focused on in this study are occupational value and satisfaction with everyday occupations.

The concept of *occupational value* was first presented by Persson and colleagues and contains three components; concrete, symbolic and self-reward value (17). *Concrete value* refers to the tangible outcome of carrying out an occupation. Concrete value can be commonly seen in routine or productive occupations such as household chores or paid work. Examples of concrete value in such occupations are a clean home, a completed assignment or receiving a salary. Occupations that generate perceptions of *symbolic value* have personal, cultural and universal significance and make people feel they belong in a context. *Self-reward value* concerns the instant reinforcement felt when performing a creative, recharging, stimulating, relaxing or cathartic occupation. Pleasure and enjoyment are the typical outcomes of such occupations. This theoretical reasoning about occupational value is included in the Value and Meaning in Occupations (ValMO) model (17) and has

been validated in empirical research (18, 19). Perceived occupational value has been found to be related to health and well-being in research focusing on well-being among females (20, 21) and is also specifically addressed in the ReDO programme (3). Valued and meaningful occupations, which were proposed in the ValMO model as being important constituents of health and well-being, were thus a targeted goal in the ReDO programme when analysing the present pattern of daily occupations, in exercises during the sessions and in the individualized goals.

The satisfaction generated by everyday occupations constitutes another facet of interest in relation to the ReDO project. Although occupational value and satisfaction with daily occupations are related phenomena, which have been shown in conceptual (22) and empirical research (18), they represent different constructs (18). Whereas occupational value is linked with the meaning people derive from occupations (17), occupational satisfaction is closely linked with having one's needs met and performing intrinsically motivated and satisfying occupations (23). Since the ReDO programme focuses on identifying needs, resources and strategies, successful outcomes should be reflected in improved satisfaction with everyday occupations as well. Moreover, assuming that the ReDO programme releases energy and activates the women's will-power, as concluded from previous research on women (11), it would be expected that the women taking part in the ReDO programme would also increase their level of participation in everyday occupations.

The overall aim of this study was thus to contribute to further knowledge about outcomes of the ReDO programme in terms of two facets of subjectively perceived occupations, namely occupational value and satisfaction with everyday occupations, and also level of participation in everyday occupation. Such knowledge would be valuable for further improving work rehabilitation for women with stress-related disorders. The focus on subjectively perceived occupations would also yield knowledge about the importance of such factors in relation to return to work. It was hypothesized that the ReDO women would increase a) their perceptions of having valued occupations and being satisfied with everyday occupations and b) their level of participation from

baseline to the end of the 16-week rehabilitation period more than a comparison group receiving care as usual (CAU). It was also hypothesized that both occupational value and satisfaction with everyday occupations would be positively related with return-to-work rate.

Methods

The ReDO project was a quasi-experimental naturalistic study performed within a primary health service context (6). The experimental intervention was provided at two primary health care centres in a Swedish county and the CAU was provided in a neighbouring county. The study was approved by the regional ethical review board and performed in agreement with the Helsinki declaration. The participants, who had been informed about the project and the fact that they could choose to withdraw from the project at any time, gave oral and written consent.

The interventions

The ReDO programme

The ReDO programme was group based and was administered in three phases that covered a total of 16 weeks. In the first two phases, comprising five weeks each, the group met for two 2½-hour sessions per week. During the first five weeks, Phase I, the focus was on self-analysis of the women's pattern of everyday activities. The following five weeks, Phase II, were concentrated around goal-setting and strategies for accomplishing desired changes in the participants' patterns of everyday occupations, including their work tasks. The ReDO strategies were to identify problems related to the women's everyday occupations, set goals, develop solutions for how to reach the goals, perform home tasks between the sessions and discuss the outcomes of the home tasks. The women gradually took control over their life situation with these strategies and learned a method for self-analysis and for coping with difficulties related to occupations in everyday life. The final six weeks, Phase III, consisted of work placement, mainly at the women's ordinary workplaces. This phase included three

group sessions to support the participants and monitor their work placement. Each ReDO group was led by two registered occupational therapists who had received specific training for giving the intervention.

CAU

The CAU group consisted of women who were regularly followed up by an officer at the Social Insurance Office (SIO) and sometimes meetings with the employers were included. Most of the women in this comparison group had also some kind of additional active rehabilitation, such as mindfulness training, physiotherapy or counselling from a psychologist or social worker. A few took part in more comprehensive rehabilitation, including work rehabilitation programmes and stress management. Many of the CAU rehabilitation alternatives were shorter than 16 weeks, which meant that some of them had returned to work prior to the 16-week measurement.

Selection of participants

The criteria for including participants in the study were female gender, being employed, having a stress-related disorder – F32 or F43 according to ICD-10 (24) – and having been on sick leave for the past two months or more. Participants eligible for the ReDO programme were selected through SIO officers, as they made routine follow-ups with women on sick leave. Women who had been assessed by the SIO officer as being in need of further rehabilitation were offered the ReDO or one of the alternatives mentioned as CAU above. The officer based the offer on his or her knowledge of the woman's current needs. The project period lasted from September 2007 to March 2009, and 42 women were invited to the ReDO programme during that time. All the invited women accepted to enter the programme and agreed to be included in the research project.

A power calculation was seen as desirable, but since no previous study had used the same instruments there was no relevant basis for such a calculation. We assumed, however, that a standardized effect size of 0.6, a moderately strong effect, between the groups would be a clinically

significant difference, in line with Cohen (25). A power calculation based on that assumption showed that an effect size of about 0.6 would be detected with 80% power at $p < .05$ (two-sided) (26) with 40 participants in each group.

When all ReDO participants had been recruited, the CAU group was chosen from the SIO register in the selected adjacent county. Those who received CAU in the intervention county were too few to form a basis for selection of matched controls. For each ReDO participant, a woman from the SIO register in the adjacent district was thus matched on selected variables, namely age (+/- five years), diagnosis, length of sick leave, type of work, civil status and number of children, to form the CAU group.

Data collection in the project as a whole was made on four occasions; at baseline, after 16 weeks (which was at completion of the rehabilitation in the ReDO group), and at follow-ups after 6 and 12 months. However, data regarding satisfaction with daily occupations were only collected on the first two occasions, which means that the present study was based on baseline and data collected after 16 weeks.

There was a minor dropout during the study period, and 38 women from the ReDO group and 40 from the CAU group participated in the data collection after 16-weeks. Baseline characteristics for these are shown in Table I. The six women who dropped out did not differ from the others regarding any of the variables shown in Table I or on the variables targeted in this study, i.e. occupational value, satisfaction with daily occupations and participation level (p-values ranging between 0.262 and 0.916).

Table I in here

Data collection

A questionnaire, developed specifically for the project, was used to collect socio-demographic data and for descriptive purposes in the present study (cf. Table I). Information about return to work was

obtained from the register held by the Social Insurance Office. Return-to-work rate was calculated as the percentage of previous working hours. This meant, for example, that a woman who worked for 30 hours per week before sick-leave and worked 15 hours per week 16 weeks after inclusion in the ReDO project had a return-to-work rate of 50%. The instruments assessing occupational value, satisfaction with everyday activities and participation level are described below.

Occupational value was estimated with the Occupational Value assessment with predefined items, OVal-pd, developed by Eklund and colleagues (18, 27). The 26 items consist of statements starting with "During the past month I have been doing things ..." and ending with a specification of an occupational value situation. Examples of such situations are "... in order to complete something" (concrete value); "...that made me feel very close to others" (symbolic value) and "...that were fun or playful" (self-reward value). The respondent indicates how often he or she has perceived the exemplified occupational value during the past month on a four-point response scale. A higher value denotes more frequent experiences of occupational value. The OVal-pd has shown good construct validity according to the Rasch measurement model when used with a mixed sample of people with mental disorders and people with no known history of the illness (27).

The participants' satisfaction with everyday activities in general was assessed by the Satisfaction with Daily Occupations, SDO instrument (28). It consists of nine items asking for current participation in activities (= a *participation scale*) and satisfaction with activities (= *satisfaction scale*) within four areas – work, leisure, domestic tasks and self-care. For the participation scale, the scoring is 1 (currently performing the occupation) or 0 (not performing the occupation), and the nine items then generate a score ranging from 0 to 9. A response scale ranging from 1 (worst possible satisfaction) to 7 (best possible satisfaction) is used for the satisfaction scale, the total score of which can thus vary between 9 and 63. The SDO has shown satisfactory psychometric properties in terms of content and construct validity, internal consistency, test-retest reliability and discriminating ability (29, 30).

Procedure for data collection

Four project assistants with experience from working in research projects performed the data collection and met individually with each participant. Data collection with the ReDO women was performed in a secluded room in the primary health care centre, and the women in the CAU group selected a location at their own convenience. Each session of data collection took approximately one hour.

Data analyses

Differences between the groups regarding socio-demographic characteristics were analysed by the independent samples *t*-test. MANCOVA (polynomial contrast) was used to test if the groups developed differently over time regarding occupational value, satisfaction with everyday occupations and participation level. Pearson correlations were used to calculate associations between return-to-work rate and the occupational factors. The p-value was set at $p < 0.05$ and the software used was SPSS 20.

Results

There were statistically significant baseline differences between the two groups on perceived concrete value ($p=0.028$), symbolic value ($p=0.043$) and satisfaction with everyday occupations ($p=0.001$). The women's perceptions regarding their everyday occupations at baseline and after 16 weeks are shown in Table II.

Table II in here

MANCOVA analyses regarding changes over time showed that concrete value ($F=24.69$; $p < 0.001$), symbolic value ($F=5.76$; $p=0.019$) and self-reward value ($F=16.35$; $p < 0.001$) increased in both groups from baseline to the 16-week measurement, but there was no group difference on any of these

factors. Satisfaction with everyday occupations also increased in both groups over time ($F=16.03$; $p<0.001$). In this case the gain was greater in the ReDO group compared to the CAU group ($F=6.44$; $p=0.013$), as shown in Figure 1. The participation level similarly increased in both groups ($F=13.57$; $p<0.001$), but the ReDO women had increased their level of participation more ($F=5.87$; $p=0.18$). This is illustrated in Figure 2.

Figure 1 in here

Figure 2 in here

Relationships between return-to-work rate and occupational value, satisfaction with daily occupations and participation level

The return-to-work rate after 16 weeks was greater in the CAU group ($p<0.001$), where many women had a shorter period of rehabilitation and returned to work earlier than those in the ReDO group. Based on calculations on the sample as a whole, there were statistically significant relationships between return to work on the one hand and concrete value ($p<0.001$) and symbolic value ($p=0.003$) on the other. There were no associations between return-to-work rate and satisfaction with everyday occupations, activity level or self-reward value.

Discussion

Occupational outcomes of the ReDO programme

The hypotheses were partially confirmed. The ReDO group improved more than the CAU group on both satisfaction with daily occupations and participation level. This indicates that the intervention was effective for enhancing the women's situation with respect to everyday occupations. The ReDO may have worked as anticipated, by releasing energy, activating will-power and meeting the

women's needs for restructuring their patterns of everyday occupations (3). Although the present study did not address the mechanisms by which the ReDO programme functioned, a related qualitative study identified such processes as facilitating new, adaptive coping strategies (31).

The hypothesis was not verified with respect to occupational value, however, where both groups improved over time but no group effect was found. This latter finding is somewhat surprising, bearing in mind that the major focus of the ReDO program is on finding valued and meaningful everyday occupations. More women in the CAU group than in the ReDO group had returned to work at the 16-week measurement, however, and having work and getting a salary are among the ingredients that compose concrete value (17). It can thus be assumed that resuming one's previous employment had a similar effect as the ReDO programme had in terms of concrete value. This assumption was further strengthened by the finding that concrete value was related to return-to-work rate. Symbolic value was actually also associated with return to work, suggesting that values such as having one's identity strengthened and belonging in a group (17) were emphasised by returning to work. Self-reward value, however, was not related to return to work and was also not related to type of intervention. As found in a study of people with severe mental illness (18) this value dimension might be related to self-factors, but that remains to be investigated.

Satisfaction with everyday occupations and participation level were not associated with return-to-work rate, which is contrary to the findings concerning occupational value. Return to work would thus not be the agent in generating increased satisfaction with everyday occupations and increased participation level. It is more likely that the greater improvement established in the ReDO group was due to the ReDO programme.

This study provides further important information to the research on work rehabilitation programs for people with stress-related disorders. It focused primarily on everyday occupations and we consider both return to work, reported in a previous study (6), and everyday

occupations as important outcomes. Although the CAU women had returned to work to a greater extent after 16 weeks, sustainable return to work at a 12-month follow-up was greater among the ReDO women (6). Very few previous studies have shown to be effective in terms of return to work, and those that have been effective in that respect tend to include a focus on addressing aspects of everyday occupations, just as the ReDO programme. For example, when studying people with work-related depression, Schene and colleagues (32) found that those who received occupational therapy as adjuvant treatment to CAU returned to work earlier than the group receiving only CAU. Similarly, an activating intervention where the participants received support in developing problem-solving strategies and performing increasingly challenging everyday occupations was more effective than CAU in reducing sick leave duration (33). Another example of a successful occupation-based intervention to reduce sick leave duration was tested on mainly male self-employed people. A combination of stress management based on cognitive-behavioural therapy and homework assignments (theoretical and practical) was more effective than each of these treatments alone (34). It is among these successful interventions that the ReDO programme is to be placed in terms of return to work, and the present study has added subjective perceptions of everyday occupations as another outcome area in which the programme showed to be effective. Outcomes pertaining to everyday occupations have not been used since most other work rehabilitation programmes for people with stress-related disorders have not been based on occupational therapy or occupational science. The present study indicates that such outcomes are possible to detect and being as they are closely related with people's quality of life and well-being (19, 35, 36) they should indeed be incorporated into future work rehabilitation outcomes research.

The constructs of satisfaction with daily occupations and occupational value illuminated by the ReDO project

The findings from this study may be used to further position the constructs of occupational value and satisfaction with everyday occupations in theoretical terms. The findings of significant relationships between concrete value and symbolic value on the one hand and return-to-work rate on the other confirms the ValMO assumption that paid work is an obvious ingredient in these facets of occupational value. Self-reward value was unrelated to return to work, and our hypothesis for future studies is that this value dimension is more likely to be related to a self-factor. Furthermore, although satisfaction with everyday occupations and participation level increased during rehabilitation, and more so in the ReDO group, they were not related with return to work. It seems logical that when the women found ways to address their occupational needs, they subsequently increased their satisfaction with daily occupations. This would then support the idea that satisfaction with everyday occupations concerns having one's needs met and performing intrinsically motivated occupations (23).

Methodological considerations

According to the power calculation, this study was close to being under-powered. Eighty-four participants were included, but six were lost at the second measurement. This means that the findings can be marred with type-II errors, which can limit internal validity and the generalizability of the study. There were no indications of differences between the six participants who were lost at the 16-week measurement and those who completed, however, which strengthens the internal validity.

SIO officers decided which women were eligible for the ReDO programme. The decisions were based on the stipulated criteria, but the officers may also have considered other implicit principles. The fact that the ReDO group scored lower than the CAU group at baseline on the

selected outcomes indicates that this may have been the case and that the ReDO women were more vulnerable. This limits the internal validity of the findings.

Moreover, the women in the CAU group had had shorter periods of rehabilitation at 16 weeks when the follow-up measurement was made. This meant that some of them had already returned to work at that time, whereas all women in the ReDO group were in the transition phase of returning to work at that time. The 16-week period was thus not a suitable time frame for estimating return to work, and a previous study of the effectiveness of the ReDO with respect to return to work includes two follow-ups, at 6 and 12 months after completed rehabilitation. That study indicated sustainable return to work in both groups, but more so in the ReDO group (6). It would have been desirable with follow-ups regarding occupational value and satisfaction with everyday occupations as well in order to address sustainable changes. The data collection was time-consuming for the participants, however, and since their main condition was a stress-related disorder they were reluctant to participate in the follow-ups. We thus limited those data collections and prioritised the work-related outcomes.

The OVal-pd instrument used in this study addresses occupational value in terms of the number of experiences related to the three value dimensions. It has been psychometrically evaluated and has proven to be a reliable instrument for assessing occupational value (18, 27). There may, however, be other aspects of occupational value that are not explored by the OVal-pd instrument, such as intensity in experience or variation in experiences. Furthermore, a change in occupational value could be related to either doing more/less of the targeted occupation or to re-evaluating it, or both. The OVal-pd may thus have been too blunt an instrument to detect all important aspects of occupational value.

Conclusion

These findings add to the evaluation of the ReDO programme and showed that the participants receiving ReDO improved both their satisfaction with everyday occupations and their participation level more than the group receiving CAU. The study could not identify greater improvement in the intervention group regarding occupational value, however, despite the specific focus on occupational value in the ReDO programme. This was a surprising result, but an explanation might be that the ReDO programme and returning to work included similar underlying mechanisms, and returning to work overshadowed the benefits of the ReDO programme in terms of occupational value. The study design also implied a shorter follow-up than might be optimal.

Additionally, the results from this study contribute to the theoretical reasoning regarding two constructs that are increasingly in focus in occupational therapy and occupational science research, i.e. occupational value and satisfaction with everyday occupations. They should be further addressed in future research, using them as outcomes and studying their relationship to work ability and other outcome variables, as well as to health and well-being. Both occupational value and satisfaction with everyday occupations may play an important role in future development of profession-specific evidence of occupational therapy.

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Table 1. Description of the participants (N=78).

<i>Characteristic at baseline</i>	<i>The ReDO group</i> (N=38)	<i>The CAU group</i> (N=40)
Age; mean (SD)	44 (10) ¹⁾	46 (9)
Living with a partner; n (%)	27 (71%)	25 (63%)
Number of children; mean (SD)	2.5 (1.3)	2 (1)
Type of work		
Managers and professionals	13 (34%)	21 (53%)
Technicians and associate professionals	13 (34%)	5 (13%)
Clerical support, service and sales workers	11 (29%)	14 (35%)
Plant and machine operators	1 (3%)	-
Having a university degree; n (%)	14 (38%)	19 (49%)
Living situation – owning a house/flat/farm; n (%)	32 (84%)	30 (77%) ¹⁾
First diagnosis		
Depression; F32	21 (55%)	18 (45%)
Stress/Exhaustion; F43	15 (40%)	19 (48%)
Physical diagnosis; M54	2 (5%)	3 (8%)
Percentage of current sick-leave; mean (SD)	88 (22)	78 (28)
Sick-leave (months) before baseline; mean (SD)	11 (21)	10 (10)
Having had previous work rehabilitation n (%)	5 (13%)	14 (35%)

¹⁾Data missing for one woman.

Table 2. The groups' ratings on occupational value, satisfaction with everyday occupations and participation level at baseline and after completed 16-week rehabilitation (ReDO group N=38, CAU group N=40).

	Baseline	Completed 16-week rehabilitation
Concrete value		
ReDO group; mean (SD)	63.4 (10.9)	70.1 (9.6)
CAU group; mean (SD)	68.9 (12.2)	75.1 (10.9)
Symbolic value		
ReDO group; mean (SD)	59.3 (9)	62.3 (9.7)
CAU group; mean (SD)	63.7 (12.7)	66.9 (11.3)
Self-reward value		
ReDO group; mean (SD)	59.3 (12.7)	64.3 (11)
CAU group; mean (SD)	63.1 (16.3)	68.5 (13.3)
Satisfaction with everyday occupations		
ReDO group; mean (SD)	41.3 (9.3)	47.2 (9.2)
CAU group; mean (SD)	48.3 (9.3)	50.3 (9.8)
Participation level		
ReDO group; mean (SD)	4.9 (1.2)	6 (1.3)
CAU group; mean (SD)	5.1 (1.3)	5.4 (1.2)

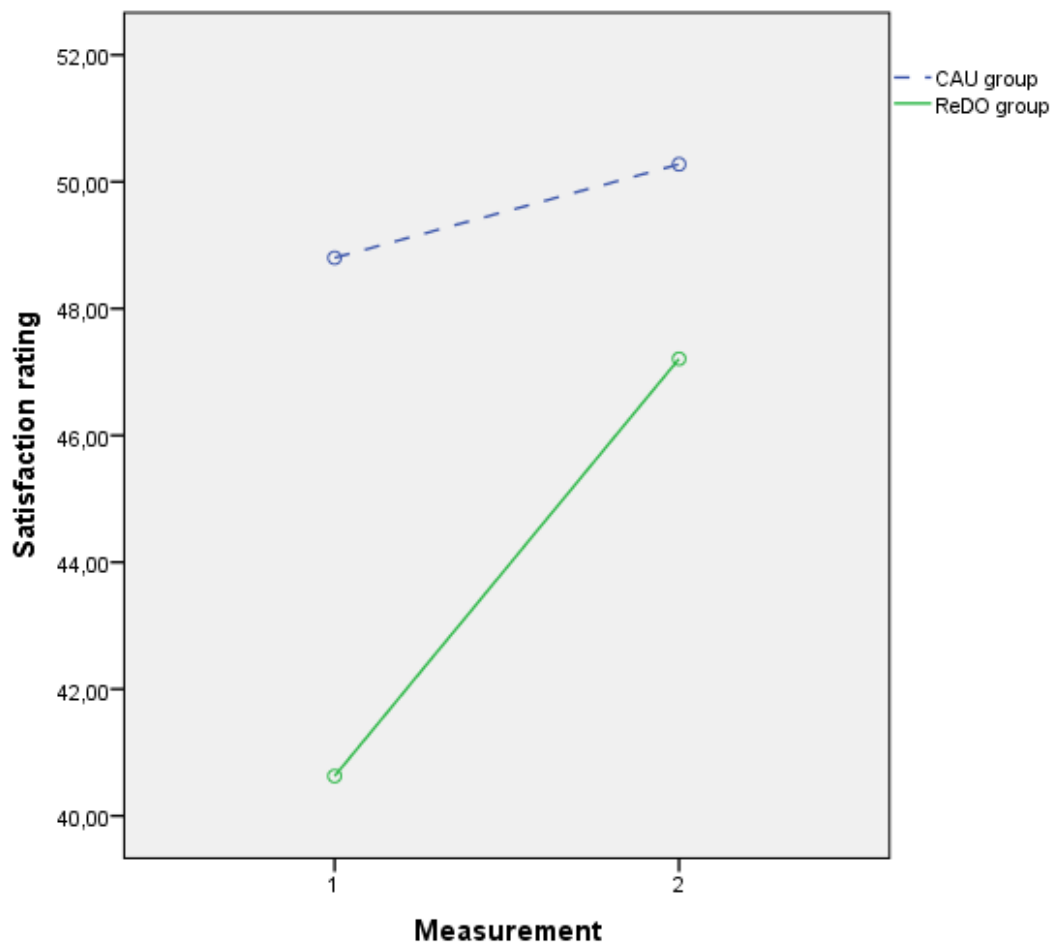


Figure 1. Difference between the groups regarding change in ratings of satisfaction with everyday occupations.

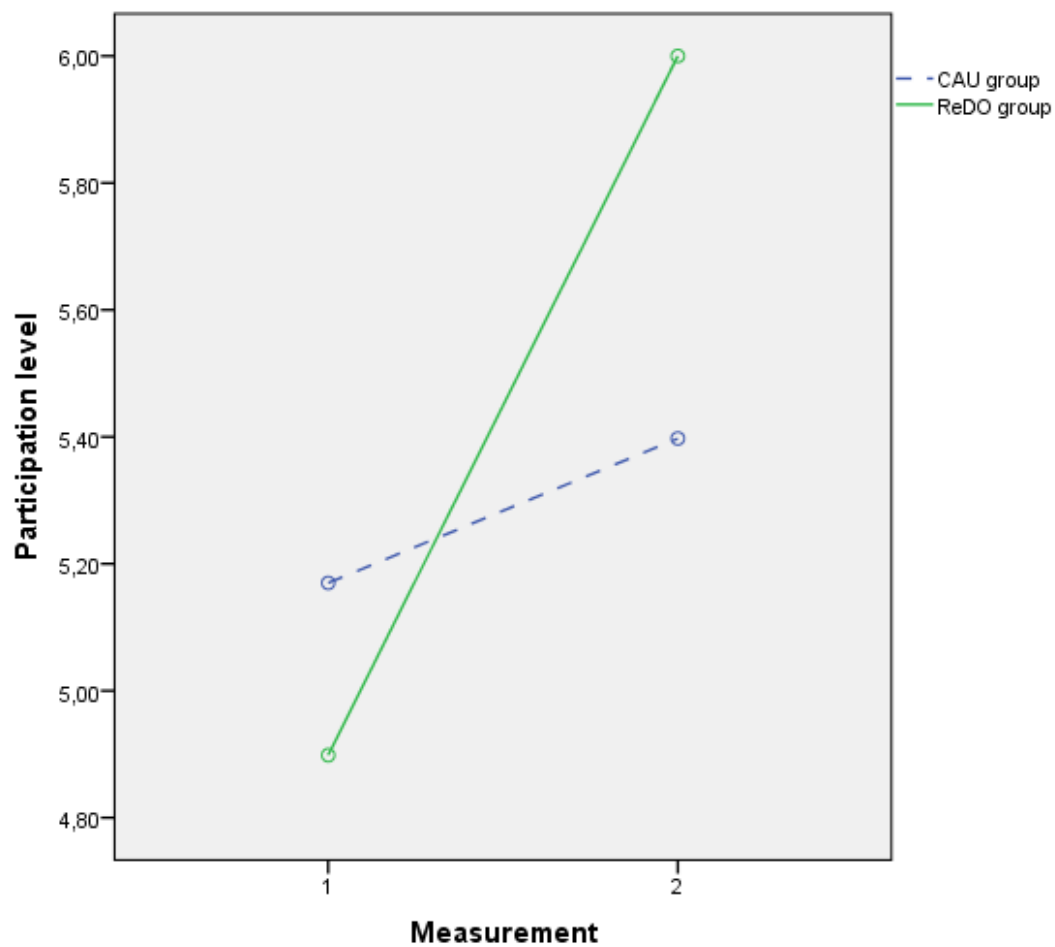


Figure 2. Difference between the groups regarding change in participation level.