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Client Perceptions of a Work Rehabilitation Programme for Women.

The Redesigning Daily Occupations (ReDO) project

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Abstract

The Redesigning Daily Occupations programme (ReDO) is a Swedish work rehabilitation programme for women on sick leave due to stress-related disorders. Objectives of study: The aim of the study was to investigate the participants' perceptions of taking part in the work rehabilitation programme. Methods: Seven of the 38 women who completed ReDO were interviewed during and after the programme. The interviews were analysed by manifest and latent content analysis. Results: The informants were satisfied with the content of the programme and the support they received in the programme and when returning to work. The women thought they had become more aware of what they did during a day and how they performed their daily activities, which helped them to change their ways of performing them. The result highlighted different parts of their rehabilitation process which constituted four sub-themes: "Perceptions of the ReDO", "The intrinsic process", "Person-related changes", and "Perceptions of returning to work", and formed the core theme "Critical parts of the rehabilitation process". Limitations of the study and recommendations for further research: The findings may not be generalized to other settings and future research should further investigate work rehabilitation for the target group.

Keywords

Return to work, rehabilitation process, intrinsic process, person-related changes, interviews, content analysis

Introduction

Women with stress-related disorders constitute a considerable part of those with long-term illnesses in Sweden (1). In Sweden and other western countries, women have a special situation due to the fact that they are often both gainfully employed and have the main responsibility for domestic work and child care (2–4). This might lead to severe conflicts between work and family, in turn shown to be associated with absence from work (3). Another study showed that long-term sick leave was associated with having the main responsibility for care of one's own children (5). When taking care of children at home, the risk of being interrupted when performing domestic duties might increase, which together with interruptions at work has shown to be related to worse self-rated health among women (6–8).

It is not only the double exposure in itself that puts demands on women. In Sweden, the demands at work have increased in the last decades, especially among those employed in the county council health authorities, many of which are women (9). Perceiving both strain at work and a high level of domestic responsibility may shape a synergy effect that increases the risk for sickness symptoms (10). Indeed, women on sick leave have described a complex situation where personal and work related factors influence each other (11).

Furthermore women's commitments and demands on themselves might lead to high levels of perceived stress (12), as might difficulties in setting limits and saying no (13). Håkansson and co-workers also described how women on sick leave developed strategies to manage and control everyday life, in terms of setting limits and changing their levels of ambition, and thereby recovered from sick leave (13). Another study found that being able to manage the daily activities and perceiving a balance between the activities were positively related with

absence of stress among women (14). Holmgren and Dahlin Ivanoff's (11) study showed that mastering life as a whole, not only work, was important for returning to work.

To meet the needs of women suffering from stress-related disorders, a work rehabilitation programme, "Redesigning Daily Occupations" (ReDO), was developed. The ReDO programme was based on Erlandsson and Eklund's research (6,7,15,16) and aspects of the Life-style Redesign concept (17). The aim of the ReDO programme was to raise the participants' awareness of their daily occupations in terms of what they do, how they do it and how they perceive it (18). While in the programme, the participants received support in identifying and becoming aware of hassles and interruptions in their daily occupations, as well as of their demands on themselves and demands from others. They also received support in finding strategies for changing and coping with their daily occupations, at work as well as at home, and to shape a balance between engagement in occupations and rest. The programme, which was group-based with individual support, started with a ten-week theoretical part. The group sessions, held twice a week, consisted of information, goal-formulation, practical exercises and discussions, where the participants shared their problems and experiences as well as practical solutions. In between the meetings the participants received assignments, such as identifying a hassle at home and trying to remove or reduce their negative perceptions of it. An evening seminar with information for family members, friends and managers was included. After the theoretical part, a six-week period of work training followed, generally at the participants' ordinary work places, during which the working hours and other demands were individually adjusted. The ReDO programme was implemented in the primary health care in two districts in the south of Sweden during 2007 – 2009. Ten groups, each composed by two to six participants and led by two occupational therapists, were completed. In all 38 women aged 24-62 years (median 45) took part in the

intervention. An evaluation of the outcomes showed that, compared to women receiving care as usual, the ReDO group returned to work more often, decreased their sick leave rate more and improved their self-esteem more in a 12-month follow-up perspective (19).

Thus, the ReDO programme has been shown to be effective on the group level, but it is not known how the participants perceived the intervention. Therefore, the aim of this study was to investigate some of the participants' perceptions and experiences of taking part in the ReDO programme.

Materials and methods

Procedure

Seven participants were interviewed twice: in between the theoretical part and the work practice and after completion of the whole programme, including the work training part, in order to gain knowledge of the informants' experiences and perceptions at different stages in the programme. An interview guide with semi-structured questions was used (20). The interviews regarded the informants' perceptions and experiences of the programme and current reflections. The question domains are presented in Table 1.

Table 1 in here

The interviews, conducted between May 2008 and March 2009, lasted between 10 and 56 minutes (mean 28 minutes). They were all audio-recorded and then transcribed verbatim. The first author, who conducted all interviews, had good knowledge about but was not involved in the implementation of the ReDO programme.

The study complied with stipulations in the Swedish act designating the Ethical Review of Research Involving Humans (21), and the principle of informed consent was applied. The informants were informed about the nature of the study, that they could refuse further participation at any time and that their answers would be handled with confidentiality.

Approval was given by the Regional Ethical Review Board in Lund (cases no 922/2004 and 594/2007).

Sample

The sample was collected from four ReDO groups, the two last in each of the two districts. The first two women entering the groups were asked by the group leaders if they agreed to participate in the interview study. If they declined, the next woman was asked, until two women from the group had agreed to participate. One woman who agreed to participate withdrew her consent later on, and the final sample thus consisted of seven women. The informants' median age was 40 years (35-57). Six women had Sweden as their native country and one was born in another European country. All women suffered from stress-related disorders, most often diagnosed as depression or adjustment disorder. Five of the informants were married or co-habiting and two were living without a partner. All women except one had children, in median two (min-max 1-4). Four had a university education and white-collar jobs, while the other had blue-collar jobs and no university education. The length of sick leave differed between the participants (1.5, 4, 5, 6, 6, 8.5, and 18 months, respectively). One woman was on part-time (50%) and the other six on full-time sick leave when entering the ReDO. During the ReDO programme, two women decided to enter re-education and not return to their former work.

Analysis

The interviews were analysed by combining manifest and latent content analysis, according to procedures suggested by Graneheim and Lundman (22). Such an analysis grasps the surface structure as well as the meaning of the content (23).

The first author listened to the interviews and read all transcripts several times in order to gain a sense of the whole. Meaning units were then identified, condensed and labelled with codes, while remaining close to the text, as exemplified in Table 2.

Table 2 in here

The next step was to compare the codes and condensed meaning units across the interviews regarding similarities and differences. Preliminary codes with similar content were pooled together to form codes. These were thereafter grouped together as categories. A scheme describing the categories and codes, and how they were derived from the text, was created. During the whole process, the analysis moved back and forth between the categories and the text to ensure that the categories were close to the text and its context (24,25).

In a next step, the third author, who had not been involved in the ReDO implementation or in the interviewing, read the interviews and compared their content with the scheme created by the first author. In an iterative process between these authors the categories and codes were further condensed and abstracted. The second author was subsequently involved, and all three authors further discussed the analysis. At this stage, interpretation of underlying meanings, formulated as subthemes, emerged from the categories and their content, as well as from the

whole interview text. These sub-themes were then seen as forming a core theme, constituting the gist of the informants' experiences.

The analysis was discussed among the authors until consensus was reached. In order to enhance trustworthiness of the findings, statements from the original text were included in the presentation. Each informant was given a code "A", "B", and so on, in order to show the distribution of statements among the informants.

Result

The analysis process identified four sub-themes: "Perceptions of the ReDO programme", "The intrinsic process", "Person-related changes", and "Perceptions of returning to work". These were interpreted as important and necessary constituents of the participants' rehabilitation process and as forming the core theme "Critical parts of the rehabilitation process". Figure 1 illustrates how the sub-themes may be seen as linked together and as influencing each other.

Figure 1 in here

The programme gave the informants the prerequisites in terms of information, tools, assignments and exercises, and possibilities to share experiences. When the informants engaged in the programme an intrinsic process started, in terms of analysing and becoming aware of one's individual situation and need for changes, as well as finding out how to change the ways of performing activities. The intrinsic process resulted in person-related changes, which in turn were parts of the prerequisites for returning to work. The programme

itself also directly influenced a return to work in terms of work practice and preparing the participants for returning to work.

The sub-themes comprised two to four categories, further described below.

Perceptions of the ReDO programme

Statements reflecting perceptions and experiences related to the different parts of the programme and its suitability to the informants' needs were mostly positive, but they also contained suggestions about things that could have been different.

Programme – participant match

All informants thought that the programme had been good and suitable for them and one of them stated:

“This was what I needed, I’m grateful that I could participate” (A)

The ReDO programme was seen as a step forward in the return to work course. The women spontaneously wanted to recommend the ReDO programme to other persons suffering from stress-related disorders, and to employers, work colleagues, and safety representatives for knowledge about daily activities, stress and how to give support. The informants also suggested the ReDO programme could be used for preventive purposes.

Content and structure

The content and structure were seen as good; the informants thought the topics touched upon in the programme were relevant and they could recognise themselves in the themes

discussed. They found it relevant to work with all activities in a 24 hour day, not only paid work. One woman expressed:

“This, that you see the whole person. Before, when I got help from XX (name of the occupational health service), it was mostly linked to the work situation. But here you finally got a chance to work with yourself as a whole. [...] And you got help to formulate goals in private life, as well as for working life. Because they are connected with each other. When I went to XX I felt it was strange just to talk about work. The rest of my life seemed not to exist. [...] You need get all pieces of the puzzle to fall into place. So, I’m very satisfied.” (B)

Some informants had expected the programme to contain more practical exercises, such as relaxation techniques, breathing exercises and meditation, and some wished extended time for the theoretical part of the programme. The evening seminar engaged family members, friends, and managers, who were invited and participated in the seminar. The informants thought the evening seminar had been good and meant that the relatives and friends who participated had gained a better understanding of stress-related disorders and the informants’ situation. Some of them, however, wished the family members and managerial staff from the workplace would have been even more involved. Suggestions included that the seminar should have taken place earlier in the programme, that there could have been two seminars and that they also could include discussions.

All informants thought it had been advantageous to take part in such small groups; it gave them plenty of time and space and made them feel safe. They also emphasised, however, that too few participants would reduce the exchange of views and be vulnerable to absenteeism.

The informants also highlighted the qualifications of the group leaders, who were seen as competent and experienced.

The intrinsic process

“The intrinsic process” contained the informants’ perceptions of how they worked with analysing and changing their own situation and the support received for this.

Self-analysis

The informants thought that the way the programme was devised contributed to their self-analysis and forced them to actively work with their own situation. They thought it was good not to get any fixed solutions, but instead having to think about what they wanted and needed:

“It hasn’t been ‘do like this or that’, but more of getting clues, to think for yourself: was this good for me? What makes me feel good? And what can I do to get what I want? What do I need to do? [...] As I feel it, I’ve got a lot of support by discussing this back and forth.” (D)

By the group meetings and the home assignments the informants had to reflect on their daily activities and how they performed them. Regarding the benefits of having assignments to do at home, one woman stated:

“You came into it more at home... and didn’t forget it when you came the next time.”

(E)

During the meetings the informants did practical tasks and exercises, discussed, and reflected about their daily activities. The informants specifically highlighted the activity circle, where they wrote down how much time they spent on their daily activities (work, taking care of oneself, domestic duties and taking care of other persons, recreation and rest, time for having fun, and sleep) during the 24 hours. The visual picture per se, as well as reflecting on their ideal activity circle, became an eye-opener:

“I think exactly this, about seeing on what you actually spend time. [...] you sort of see... how to organise the 24 hours and what you spend the time on, that has been great. [...] So I sketched that in circles, which also made it very easy to overview.” (F)

The time between the meetings was seen as necessary for reflections and for trying to perform the activities in alternative ways. Although the informants thought it had been beneficial and necessary to work with themselves, some also thought it had been difficult:

“At the same time I’ve learnt that it’s about me. That’s why I react in that way, because I think it’s so hard to talk about myself. Then I’ve kind of understood that you have to get to grips with this because it’s so incredibly difficult.” (D)

Support in the intrinsic process

The informants felt they got support from the group-leaders as well as from their fellow group members in the self-analysis and the process of change. Being part of a group was seen as beneficial; the informants received confirmation and felt they were not alone, and they could share experiences, such as:

“It feels like a place of refuge, coming here and talking, those two times a week. That there are some other people who understand what you talk about and how you feel. [...] you recognize yourself in the others’ narratives. And that has felt good.” (B)

Person-related changes

When the informants were asked about their perceptions of the ReDO programme, they also spoke of perceived changes in themselves as persons, such as better health, a new self-image and awareness of their own situation. They also struggled to perform their activities in alternative ways.

Perceived better health

Better health as a result of the ReDO programme was mentioned by most informants. They said they had learnt to manage their feelings of stress, had become calmer and happier, got more energy and felt physically better. Some informants also said they had finished other therapies because their problems had been solved by the ReDO programme.

New self-image

The women also described that their self-image had changed and become more positive. At the end of the ReDO programme they believed in their own capacity and could put themselves in focus, although it was not always easy:

“Now I begin to like myself more and put myself first. The others can wait. But it’s not always easy. Still, I work on with it, then let’s see if it might be better.” (E)

Awareness of own situation

The informants thought they had become aware of their own situation and had realised that they could not perform and control everything themselves. Being aware of what they spent

time on during the 24 hours and gaining insight about how they performed activities helped them know how they could change their situation. One informant said:

“I think women are good at not doing things in “straight lines”. We come to do something else and forget what we were doing, and then we begin a third thing. Then we remember what we did, and go and continue with that, and yes – that’s not effective.” (C)

Performing activities in new ways

All informants spoke of performing activities in alternative ways. They had learnt to accept having less control over things, and at the same time they had set limits for themselves and for others at home and at work. One woman stated:

“Then that she [her daughter] doesn’t iron..., not all corners were perfect but ... I could ignore that, which I hadn’t done six months ago. Then I had waited until she had fallen asleep and re-done it. But now I left it. [...] So, I have learnt to accept that not everyone does as I do.” (D)

The women also tried to take it easy, did one thing at a time, gave tasks to others and had by doing so gained a structure for the day. Some highlighted that it was an on-going process to change ways for how to accomplish their doings:

“I take it very easy and give myself time too. But I think it’s important that you emphasize that it’s not only like: ‘now this runs for ten weeks and then you’ll go out and work.’ No, it’s a process of change, actually going on afterwards too.” (C)

Perceptions of returning to work

Reflections and feelings regarding return to work were evoked by and intertwined with perceptions of the work practice. Some of the informants had not worked for a long time and expressed mixed feelings about returning to work. Having the work demands adjusted and getting support during the work practice and when returning to work were emphasized as important.

Demands – capacities match

Although the informants wanted to work, they expressed feelings of uncertainty regarding whether they would accomplish the work practice and returning to work again. They felt the former work demands were more than they could manage, but the work practice was seen as an opportunity for finding out if they could manage to perform their former work at all. In cooperation with their manager at work, the Social Insurance officer, and the group leader they planned for the work practice and took necessary measures, such as adjusting the working hours, work tasks and demands. Still, the informants were worried about the possibilities of adjusting the work conditions when returning to their ordinary work place, such as:

“It was about..., would they perhaps find an easier job. But it’s a small company; there is nothing easier for me.” (E)

Other worries were about the work environment. The informants became aware of the characteristics of their work environment when they returned there for work practice, which caused worries:

“[...] I felt that I’ve changed a lot. You’re not exactly the same person when you return. But you return to the same work environment. I’ve changed, but not them [colleagues

and superiors]. [...] Yes, and I thought it was difficult with all [their] negative thoughts. The work environment hasn't changed during a year, while you take several steps forward yourself. I don't know yet how to handle that." (B)

After having completed the work practice most of the informants expressed feelings of joy and satisfaction, such as:

"And I've come through the hardest part [...]. I made so many mistakes before I went on sick leave, I was so afraid of facing those tasks again. But now I've made it!" (D)

When having completed the ReDO programme most of the informants looked forward to work again:

"So that was positive – I look forward to it. Now actually." (G)

Support in returning to work

The importance of receiving support in returning to work was highlighted by the informants:

"I had a meeting with my manager, the physician, the Social Insurance officer and Z [the group leader]. It feels great and I think everything will be fine when I get started. I have a work place I like very much. No problems returning there, it's... There's colleagues who know about my problems and are understanding. So I have to say that's very positive." (C)

On the other hand, they also expressed dissatisfaction with lack of support:

"I wished there would have been more support. Because after all it's a great thing to return after this long period of time. I wished, maybe, more talk or someone asking how it's going." (B)

Some informants thought that the support they received had helped them decide about changing work place or beginning to study, with which they were satisfied.

Discussion

The four sub-themes (“Perceptions of the ReDO programme”, “The intrinsic process”, “Person-related changes”, and “Perceptions of returning to work”) were interpreted as critical parts of the rehabilitation process, because if one of them fails, the rehabilitation will probably not succeed. Viewing the sub-themes as critical parts of the rehabilitation process underscores the dynamic interplay between them and the complexity of the rehabilitation, involving processes of personal change, perceiving the rehabilitation as meaningful and the environment as supportive, which accords with previous research (e.g. 26, 27).

Generally, all the informants were very satisfied with the ReDO programme and thought the programme suited their needs, irrespective of their different length of sick leave (from 1.5 to 18 months). It was seen as an advantage to work with both work and private life, which is consistent with other research (28). High levels of strain and demands in both family life and at work have been found to increase the risk of absence from work (3,5), which strengthens the idea that both parts must be taken into consideration in rehabilitation. An important aspect of the ReDO programme was that the informants felt they were listened to and confirmed by the other group members and the group-leaders, which confirms the voices of clients in other studies (29–31). The informants were encouraged to be active in analysing and reflecting on their pattern of daily activities – how it was, how they wanted it to be, and how they would make changes possible. Being active in one’s rehabilitation process has been shown to increase people’s self-confidence (11,32) and enhance the rehabilitation process (33).

Rehabilitation involves processes of individual change and development, as emphasised by Åhrberg and co-workers (26). The informants found that analysing their own situation regarding what they did during the 24 hours and how they performed their daily activities was important. After those analyses they could reflect from their unique situation on what they needed and wanted to change, and in a next step try to carry out the changes. The process of change has been described as moving back and forth between contemplation of changes, commitment and preparation, acting for changes and maintaining them (34). Moreover, according to Dalton and Gottlieb (35), after realising what needs to be changed, the advantages and disadvantages with the change need to be considered, as well as whether one has the required skills and support. First thereafter one might be ready to carry out changes. A factor found to be important for the motivation for change is support; from professionals (35,36), family and the workplace (36). The present study indicated that the support the informants received from the group-leaders and the group members facilitated their change process.

The informants further highlighted their personal changes in terms of a more positive self-image, better health and awareness of their own situation. Better health and increased self-image might be results of the informants' enhanced ability to manage their daily activities, which is consistent with findings by Håkansson and co-workers (14). Self-awareness and believing in one's own capacity have been found to be positive factors for return to work (26,32), and efforts aiming at improved self-evaluation and self-esteem are important in rehabilitation (37). This is in line with the statements from our informants, who spoke of a more positive self-image as a result of the ReDO programme.

The work practice was seen as beneficial, because the informants were able to investigate and enhance their capacities. However, it also made the informants worry about how they would manage returning to work. They appreciated the support they received from the group leaders, the Social Insurance officer, and at work, but some of them also expressed dissatisfaction owing to lacking support from the workplace. Social support in rehabilitation after sick leave is well-known for its motivating power (32,36) and for successful return to work (11,31,38). The managers at work are responsible for adapting work tasks and the environment to the employees' capacity (38,39), while the work colleagues are those who might facilitate in the practical work (38). Moreover, Edlund (39) found that although most employers were aware of the importance of rehabilitation, they were not always taking the full employer responsibility. Best result in the rehabilitation was obtained when the employers were active and took their responsibility and the social environment at work was supportive (39). Another factor shown to be important for returning to work is the individual's own perception of the relevancy of doing this (40,41). In this study, the informants were happy and satisfied when they had managed the work practice and they looked forward to returning to "real" work again. They also thought they had become aware of their limitations and possibilities and learnt how to manage their daily activities during the programme.

Although the informants were mainly positive to the programme, some amendments were suggested, such as placing the evening seminar earlier in the programme and adding one more occasion. These ideas should be taken into consideration, as could the proposal to extend the time for the theoretical part if resources allow.

Methodological considerations

Semi-structured interviews gave the information aimed for. The interviews were rather short, but still gave rich information. Kvale (20) means that the length of the interviews is not crucial; the importance is to get rich information on the topic of interest. The fact that the informants were interviewed on two occasions most likely contributed positively to the quality of the data.

Although “Perceptions of the ReDO programme” and “Perceptions of returning to work” were fairly logical and straightforward sub-themes, “The intrinsic process” and “Person-related changes” were entirely a result of the latent content analysis. Thus, although latent content analysis was the preferred analytical approach, we found a mix of more manifest and latent sub-themes to best reflect the content of the transcripts.

The informants were sampled from those who entered the ReDO during the second half of its existence, in order to let the programme settle before the interviews were done. Purposeful sampling, and striving for maximum variation, would have been desirable, but was not possible since we wanted to engage the informants at the start of the programme, before all personal characteristics were known. The principle of selecting the first two participants from half of the groups seems, however, to have generated satisfactory variation.

The researchers’ preconceptions influence the result when making qualitative analyses (22, 25). The trustworthiness was strengthened (22) and the effects of the preconceptions were monitored (24) by engaging three researchers at different stages in the analysis. All researchers had knowledge about the programme, which was a prerequisite for assessing the answers in the light of their context (22), without being involved in the implementation of it.

The analysis process was described carefully in this study in order to strengthen the trustworthiness (22) and the validity (25). A method for further increasing the validity would have been using member check (25,42) or peer-review (42). For practical reasons, however, none of these procedures were feasible.

The result of our study is not transferable to other rehabilitation programmes. The result, however, fulfilled the aim of our study, i.e. has given us an understanding of how some of the participants perceived and experienced the ReDO programme. Since the ReDO is a manualised intervention, the findings might to some extent be transferable to future ReDO groups; however, the outcome also depends on the unique group-leaders' ability to establish a therapeutic and helping alliance with the participants (43,44), as well as cohesion within the group (45).

Conclusion

The informants were satisfied with the ReDO programme and what they saw as a result; that they had become aware of their daily activities and had changed ways of performing them.

The result highlighted "Critical parts of the rehabilitation process", which concerned the importance of the programme itself, the intrinsic process and the informants' changes, as well as their perceptions of returning to work. These different parts of the rehabilitation process might be of importance also for programmes other than the ReDO and could be considered in general when planning and evaluating work rehabilitation programmes.

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Legends of tables and figure

Figure 1 **Critical parts of the rehabilitation process**

Table 1 The interview guide

Focus for the interview questions	Interview occasion	
	In between the theory- and work practice parts	After completing the ReDO
About perceptions and experiences of the ReDO: content and structure, the group, the evening seminar, support, something positive, something negative	X	X (the evening seminar excluded)
About the work practice starting next week	X	
About family members' reactions to the ReDO programme	X	X
About your future after completing the ReDO programme	X	X
About the work practice: support, the employer, the social insurance agency, another rehabilitation actor		X

Table 2 Examples of how the meaning units were condensed and coded

Meaning unit	Condensed meaning unit	Code
The topics felt relevant. Some things you hadn't thought about before, but now you became aware of in another way. It's just that, about patterns and that you shall find a balance – rewards in life and....	Relevant topics and things you became aware of, such as activity pattern and activity balance, and to reward yourself.	Aware of what I do
Yes I think it has been good because it has been a lot of own work – that is, that I myself was assumed to participate a lot. I think it has been very useful and really provided food for thought.	Good that there has been a lot of own work and participation.	Good to work with yourself