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A case study of one individual's life in the context of their unemployment and their engagement in a 'work ready' occupational therapy programme.

Abstract

Ireland is in the midst of a recession, with the unemployment rate at 14.7% (CSO 2012). The negative health implications of unemployment are well documented and wide ranging such as high levels of chronic disease, impaired mental health and less purposeful use of time (Scanlan 2011; Waddell and Burton 2006; Broom *et al* 2006). Occupational therapy values participation in meaningful activities which can play a key role in alleviating these effects (Scanlan 2011; Douthwaite 1994). The occupational therapy department in the University of Limerick facilitated a 'work ready' group programme. The goal of the programme was to improve wellbeing and occupational functioning for those who were unemployed. This research presents a case study of one individual's life in the context of their unemployment and their engagement in the 'work ready' programme. Secondary analysis was conducted on the pre and post test data collected by the programme facilitators. The findings present how the programme facilitated a positive impact on health, increased satisfaction with occupational performance and a more positive approach towards unemployment for one participant. This research demonstrates the potential benefits that an occupational therapy focused unemployment intervention could provide to individuals who are unemployed. Further research is warranted to validate the benefits of occupational therapy interventions for the unemployed.

Introduction

Job loss is acknowledged as one of the most stressful of life events (Audhoe *et al* 2011). Ireland has the third highest unemployment rate in Europe (Eurostat 2012). There is substantial evidence that unemployment can have negative effects on health (WFOT 2011;

Stavrova and Schlosser 2011; Waddell and Burton 2006). Consequently, interventions aimed towards enhancing the wellbeing of this population are essential. Occupational therapy is based on the philosophy that engaging in meaningful occupations can have a positive effect on one's health and wellbeing (Townsend and Wilcock 2004). It is well documented that people who are unemployed have less structured and purposeful time use (Scanlan *et al* 2011; Wanberg *et al* 1997), lower levels of activity (Waters and Moore 2002) and are involved in fewer social activities (Cole *et al* 2009). Occupational therapy is thus well suited to assist people cope with the negative effects of unemployment (Scanlan *et al* 2011; Douthwaite 1994). This research is part of a larger study evaluating an eight week 'work ready' occupational therapy group programme for people who are unemployed. The aim of the programme is to facilitate living well with unemployment and draws on the understanding of the relationship between work, health and wellbeing-see appendix A for details. The programme included group sessions on an understanding the benefits of activity/occupation, establishing structure and routine, community exploration, stress management, physical activity, career exploration and job seeking/job skill development.

Literature review

In February 2012, the national unemployment rate was a high 14.7% (CSO 2012). Research has shown repeatedly that unemployment is linked to poor health (Preti 2003; Burgaed 2001, Creed and Reynolds 2001). It is essential to analyse the impact unemployment has on individuals, and to evaluate the interventions that are aimed at negating these harmful effects. In what is described as a robust and extensive systematic review (Hall 2011), it was found that work met crucial psychosocial needs, and was central to an individual's identity, social roles and social status in societies where employment was the social norm (Waddell and Burton 2006). Bambra and Eikemo (2009) reported that in 23 European countries, unemployed people had higher rates of poor physical and mental health compared to their employed counterparts. The unemployed are significantly more likely to suffer high levels of chronic disease, anxiety, depression, loss of confidence, reduction in self-esteem and loss of motivation (Waddell and Burton 2006; Burgard *et al* 2007; Montgomery *et al* 1999). According to Schutgens *et al*, this poorer health capacity reduces peoples' chances of re-employment (2009). In addition, unemployed people may face significant challenges in

establishing satisfying patterns of activities (Burda and Hamermesh 2009). This research is further mirrored by occupational therapy literature, which has demonstrated that work enables individuals to structure time and routines, make social connections and achieve both self efficacy and a sense of purpose (Lloyd and Waghorn 2007; Ross 2007; Kennedy-Jones *et al* 2005).

There have been numerous work participation and work skills interventions in many areas of clinical practice such as social work, vocational counselling, psychology and employment agencies (Brinia and Soundoulounakis 2011; Vinokur *et al* 2000; Creed 1998). However, there is a scarcity of research which focuses on the effectiveness of these interventions. Audhoe *et al* (2009) conducted the only systematic review focusing on the effectiveness of vocational interventions for the unemployed. It was found that there is weak evidence to support the use of vocational interventions to improve work participation and limited evidence that these interventions reduce mental distress for the unemployed (Audhoe *et al* 2009). The authors recommended research into the further development and evaluation of return to work interventions for unemployed individuals. This study contributes to this recommendation by presenting from the client's perspective their experience of an occupational therapy 'work ready' programme.

None of the work participation interventions included in the Audhoe *et al* (2009) systematic review were conducted by occupational therapists or with the philosophies inherent in the profession. The interventions included in the review focused mainly on the skills required for re-employment, with less of a focus on wellbeing. It could be suggested that the 'work ready' programme provides a new way of approaching this topic, with a focus on the value of meaningful occupations. There is evidence to suggest that the more meaning people attach to non-employment occupations, the higher the chance of re-employment and of better mental health (Waters and Moore 2002; Schaufeli and Vanyperen 1993). These studies contend that involvement in unpaid work activities and meaningful leisure pursuits contributes to re-employment. In addition, research has shown that structured and purposeful use of time and involvement in activities results in higher self-esteem (Warnberg and Griffins 1997) and maintains subjective wellbeing and mental health (Scanaln *et al* 2011; Brenner and Bartell 1983) among the unemployed. Although the occupational therapy intervention does focus on

the crucial need for re-employment, conversely, the overall aim is on the ability to live well with unemployment.

Research objectives

This case study has two specific research objectives:

- 1) To present an individual's experience of being unemployed in addition to the experience of being involved in a living well with unemployment occupational therapy programme.
- 2) To determine if the quantitative measures employed link with the themes in the qualitative interviews.

Methodologies

Participant

An individual was chosen as they attended the majority of the sessions and engaged in the process of the programme. The person was not informed that they had been selected for case study analysis. However, the individual consented to all of their data being used for research purposes and in publications arising from the research, including a case study report.

Ethical Issues

Ethical approval was granted by the University of Limerick Research Ethics Committee. By its nature, case study research has an intense interest in personal views and circumstances, which poses potential risks. Risks include exposure and embarrassment if too much personal detail is disclosed (Stake 2000). Hence the main ethical issue involved in this project is protecting the participant's anonymity. As with all group interventions, full anonymity is not possible to guarantee, however rigorous measures were utilised to protect the participant's anonymity. A pseudonym was used and any identifiable information was altered. This was achieved through changing and omitting details such as family structure, age and work type. The author's supervisor reviewed the findings to ensure a high level of anonymity was achieved.

Data analysis

Access to the data collected by other students involved in the evaluation of the programme was granted by the Project Manager. Data included a pre-programme interview, post-programme interview and pre and post programme quantitative data. Secondary analysis was conducted on the available data. Secondary analysis involves the use of existing data, collected for the purposes of a former study, in order to pursue a research interest which is distinct from that of the original work (Hinds *et al* 1997).

The interviews were one-on-one semi-structured interviews lasting no more than 60 minutes-see appendix B for more details. As data familiarisation is a key to qualitative analysis (Yin 2009), to become immersed in the information provided, the author transcribed both interviews for the chosen case. From transcribing the interviews it is clear that both interviews had a particular focus and significance for the participant, whose pseudonym name is Ann. Thematic analysis was chosen which involves identifying themes in the data through a rigorous analytical process. Different elements in the data are formed into categories leading to themes which contribute to the conceptual analysis of the data (Coffey and Atkinson 1996). An essentialist method of thematic analysis was chosen (Braun and Clark 2006), as it focuses on reporting the experiences, meanings and the realities of the participant which links directly with the research objectives. The analysis focused on the individual's experience of unemployment, and the description and perception of the occupational therapy programme.

There were four quantitative measures administered to the participants before and after the programme. These include: The Rosenberg Self Esteem scale, The Beck Anxiety Inventory (BAI), The Beck Depression Inventory II (BDI-II) and The Meaningful Activity and Participation Assessment (MAPA). The Rosenberg Self Esteem scale measures respondents' thoughts and feelings about themselves and their self- value (Rosenberg 1965). The BAI measures common symptoms of anxiety (Beck and Steer 1993). The BDI-II measures common symptoms of depression (Beck *et al* 1996). The MAPA captures information on the meaningfulness of a wide range of activities (Eakman 2007). These measures were self administered by the participant in the form of questionnaires-see appendix C for details. The pre programme results were compared with the post programme results to ascertain if any

changes occurred. The data from pre and post programme measures were then compared with what was reported in the qualitative interviews to identify any linkage in themes and results.

This case study connects other students' qualitative and quantitative data to create a detailed view of the participant's experience. It has been identified that combining both methods increases the researcher's ability to rule out rival explanation for phenomena (Hinds *et al* 1997). The credibility of this case study is further affirmed as the quantitative measures have been used in other research and clinical practice and have been proven as valid and reliable outcome measures (see Osman *et al* 2006; Leyfer *et al* 2006; Robins *et al* 2001; Eakman 2010). In addition, an e-mail summarising the content of both interviews was sent to the participant for member checking which can increase external validity as it allows the participant to measure the accuracy of the descriptions (Goldblatt *et al* 2011). Reflection was regularly employed by the author during supervision to ensure that both the research process and the participant's voice were honoured throughout the analysis. A reflexive approach is now widely accepted in qualitative research to increase the methodological rigor and lessen the chance of bias in the research process (Etherington 2004; Harrison *et al* 2001).

Results/Findings

Case background

Ann is a lady in her forties who worked full time in a managerial position in a small company for many years before being made redundant due to the company closing. From analysing the pre-programme interview key recurring themes were present in Ann's narrative. The findings below are arranged in three sections: the first section focuses on the pre-programme interview, the second section focuses on the post-programme interview and the third section focuses on the quantitative data.

Section 1

Ann's strong identity as a worker

Ann spoke a great deal of her experience in her past job, and how much of a positive element it was in her life. Ann states "there was not a part of the job that I didn't like". Ann's

descriptions of her role in the company, of her colleagues and work associates, of the intricate components that made up a typical day, how other parts of her life fitted around her work builds a detailed picture for the interviewer of her employed life. Ann spoke about her strong work values and how being reliable and efficient in her work gave her a great sense of pride; “people were my strong point, and that was the most important thing for me every day”. This strong work ethic facilitated Ann’s expansion of her career as she developed much responsibly in this small company in just a few years. Ann spoke of how her work gave her something to do and somewhere to go every day as well as something to talk about with friends. Ann made many references throughout the interview as to how work gave her a sense of purpose and identity in her life: “it gave me a sense of purpose, and an identity, to be honest that’s exactly what it did”.

A change in life situation: the impact of unemployment

Ann’s strong association with the worker role was disrupted when she lost her job. Ann describes a great deal of change since becoming unemployed; often in a negative context. Ann identified changes to her identity, to her routine, to her motivation, to her mental health and changes to how she approaches valued occupations. Ann started seeking emotional help almost immediately after she finished work as she did not know what to do next; “mentally, I can go down very quickly [since becoming unemployed]”. Ann suggested that being unemployed changed how she felt others viewed her; “nobody wants me to do anything now... I felt like someone has painted me invisible”. Ann reflected that exercise is a major part of her identity and health yet the amount of time spent doing this had decreased significantly since becoming unemployed. Ann describes how she was also lacking in motivation “it’s just not there anymore [motivation]”, and how this disrupted her going to social events and completing an online course she enrolled for. She reports how she feels that she is “wasting time” watching television during the day and busying herself with “mindless tasks” which never would have happened when she was employed. Ann reported that when she was working she had a goal to be achieved each day which kept her focused; “every day had a goal... everyday had a list to be followed”. Ann links unemployment with a feeling of frustration in much of the interview, explaining that she feels frustrated that she is in debt and that she has to rely on social welfare which she feels as an organisation are inefficient. Ann also reveals she felt worried and fretful that she is not contributing to the household finances.

Section 2

Ann was involved in an eight week occupational therapy ‘work ready’ programme aimed at living well with unemployment. The programme has had a distinct effect on Ann’s attitude to her experience of unemployment. Once again, strong themes emerged in the narrative which were at variance with the pre intervention interview themes.

Towards acceptance and realisation: what the programme has taught me

Ann is unmistakably more positive in this interview. Ann reflects on how being unemployed made her “anxious embarrassed and cross” but how now she has accepted her situation and is more optimistic about her future. Ann’s experience and story of unemployment has altered, as Ann states “I’m not ashamed anymore”. A key term Ann learned from the programme is ‘transferable skills’. She now realises that skills she has acquired from her past employment can be utilised in future posts. Ann relays that now she is applying for jobs which she never would have thought of applying for in the past due to her ‘transferable skills’. Ann spoke of how the facilitators aided her career exploration, developed her curriculum vitae skills and helped identify her strengths.

The importance of the group: a shared bond

Ann reflected that the acceptance of her situation was wholly influenced by being in a group of people in similar situations. She reported that she enjoyed meeting people, that it focused her and improved her day; “and I suppose that makes you feel a little better in yourself as well, meeting people on a morning”. Being in a group facilitated Ann’s realisation that she is not alone in being unemployed, in the frustration and worry she feels. She felt that the group provided her with an opportunity to share her stories of unemployment in a supportive environment as she states “you know the back-up is there”. Ann revealed that herself and some of the participants became friends from going through the process of the programme together and supported each other throughout. Ann identified that this support has improved her confidence significantly; “being in a group was a huge confidence boost”.

Changes in routine for the better

Ann mentions positive changes in her routine that had occurred since the programme. Ann reflected that the programme gave her a routine; “I know it might sound like a small thing, but it’s huge for someone who is unemployed to have that focus and that routine”. Ann’s routine has improved since starting the programme, not just in the hours of the programme, but also in other areas. Ann has increased her time exercising; she is back to exercising at the same frequency as when she was when she was employed. In addition, Ann feels that her days are more structured and that she is spending her time in a more purposeful way; “I suppose I’m doing something [purposeful] every day of the week now”. Instead of avoiding the computer, Ann spends more time searching and applying for jobs and courses online. In addition, she has learned to plan her day to try and achieve what needs to be done. Ann reveals that there has been a change in motivation as well as emotional health since joining the programme; “I just feel more relaxed now”. Ann reflects on how she feels now that she has something to offer to future employers and is more motivated to be active in her search for job opportunities.

Section 3

Quantitative Data Comparison

There were significant changes in the quantitative tools after the ‘work ready’ programme. There was a reduction in depressive and anxiety symptoms, an increase in self esteem, an increase in the engagement of meaningful activities. Tables 1a and 1b outline the changes identified in depression, anxiety, self esteem and meaningful activity participation post programme.

Table 1a: Scales measuring depression, anxiety and self esteem-before and after the ‘work ready’ programme

Scale	Score	Indication
<i>Beck Depression Inventory II</i>	Pre-programme: 15	Mild depression
	Post programme: 12	Minimal depression
<i>Beck Anxiety Inventory</i>	Pre-programme: 12	Mild anxiety
	Post programme: 10	Mild anxiety
<i>Rosenberg Self Esteem scale</i>	Pre-programme: 14	Low self esteem
	Post programme: 20	Within normal limits

Table 1b: Scale identifying change in meaningful activity participation after ‘work ready’ programme

Scale	Activities that have increased in meaning and frequency after ‘work ready’ programme
<i>Meaningful Activity and Participation Assessment</i>	Physical exercise
	Creative activities and crafts
	Socialising
	Taking courses
	Talking on the telephone
	Other Computer Use

Discussion

Previous literature has identified that people who are unemployed report poorer emotional health than their employed counterparts (Stavora *et al* 2011; Waters and Moore 2002). Ann’s experience of unemployment connects with this evidence. Ann spoke of how she felt a reduction in motivation, felt her mental health was ‘low’, and felt she was frustrated with many aspects of her life since becoming unemployed. Prior to starting the programme, the quantitative scales indicated Ann had symptoms of mild depression and low self-esteem.

Depression and low self-esteem are reported to be by-products of unemployment (Butterworth *et al* 2006; Preti 2002; Waters and Moore 2003). Ann spoke about how she felt that even though she had more 'free time'; she could not find the time or the incentive to do her personally meaningful occupations of exercising and socialising. Research has shown that the inability to keep busy and to structure one's day during unemployment is associated with poor mental health, increased physical symptoms, and grief about being unemployed (Burda and Hamermesh 2009; Wanberg *et al* 1997). Ann reflects on why this is the case, and deciphers that it is because she does not have a goal to be achieved each day or a structured routine. Wanberg *et al* (1997, p.75) state that "job loss dramatically disrupts the temporal pattern of the routine of work". Ann, for many years had a daily routine of work, tasks that needed to get done, and meaningful occupations including that had to be planned and coordinated around this. However, becoming unemployed disrupted this routine. Ann reflects that she had begun busying herself with "mindless tasks" such as watching television during the day, which she did not do prior to becoming unemployed. Ann's narrative is echoed in the occupational therapy literature which reports that individuals who are unemployed spend large amounts of time engaged in potentially 'non-directed' use of time such as watching television (Scanlan *et al* 2011, p.112). The experience of unemployment altered her attitude and motivation towards things that were once important to her and disrupted her once highly-structured routine.

Barnes and Holmes (2007, p. 2) state that "to work in paid employment is to become part of our society: to be included rather than excluded". Ann spoke of how becoming unemployed made her feel 'invisible' and 'frustrated'. It could be suggested that Ann's description of unemployment relates to Erikson's stages of psycho-social development (1966). Ann is at the life stage of middle adulthood in which adults tend to be occupied with meaningful work-based activities and strive to establish a stable environment (Erikson 1966). Ann identified with the worker role and the benefits this role has brought to her life which Erikson coins 'generativity.' Generativity occurs when adults successfully make their mark on the world and contribute to something that they hold in value (Erikson 1968). Ann spoke at length of her strong work ethic, her busy day and the development of her career, explaining to the interviewer her connection to her role. However the consequences of Ann's unemployment had altered this sense of purpose and left her to adopt the negative experience of this stage 'stagnation'. Stagnation refers to the failure to find a way to contribute (Erikson 1968). Ann

felt disconnected with society and felt a deep sense of meaninglessness. Ann spoke of how she felt a sense of not being able to provide financially and even intellectually. She also contended that she felt frustrated and fretful of being at home with no-one to talk to and nothing to do. This feeling of fret and worry is echoed on an extensive literature review compiled by Scanlan and Beltran (2007) on how unemployed people spend their time. The authors found that unemployment is seen as an individual failure and unemployed people have their identity and status taken away (Ball and Ordford 2002; Feather and Bond 1994). It is clear from Ann's narrative that her experience of unemployment is reverberated in this literature. Ann feels like she has been stripped of part of her identity and purpose.

The 'work ready' programme facilitated Ann to have more of a positive outlook on unemployment. Ann's emotional and physical health had improved considerably since being involved with the programme. Ann's depressive symptoms, anxiety symptoms and self esteem improved. Ann makes reference to why this is citing various components of the programme but focuses a great deal on being involved in the group. There is a wealth of evidence reporting the benefits of groups (Cole and Tufano 2008, Holmes 1999, Finlay 1993). It is documented that unemployed people feel alone and isolated (Waddell and Burton 2006; Montgomery *et al* 1999). Ann expresses and reflects that the group helped her to accept her unemployment status and aided her realisation that she is not alone in how she feels. It has been identified that group based interventions encourage an atmosphere of decreased isolation and are a medium to where clients can share each others' pains, insecurities and accomplishments (Finlay 1993). It is acknowledged that people can gain strengths from feeling connected to others and having others accept and understand their troubles (Cole and Tufano 2008). It is interesting that Ann's attitude has dramatically changed even though her situation has not; Ann is still unemployed. It is suggested that individuals who see unemployment as manageable see it as less stressful (Feldman *et al* 1998). It is further acknowledged that individuals with a more positive association with the meaning of unemployment are more capable of adapting to the change (Fetsch 2002). The 'work well' programme facilitated Ann's change in attitude. It aided her to process the situation she is in as not perpetual. Ann sees she has a future career ahead of her and learns that she is not the only person in this situation. Ann has more of a sense of pride in the post programme data, and a big component of this is through her own realisation of her individual skill-set and past experience.

Limitations

Several limitations should be taken into consideration when interpreting the results. The data was not retrieved by the author of the case study. This can have the potential for bias during prior data collection in which the author may not be aware of. Moreover, as it was not the author who completed the interviews or dealt with the quantitative tools; the author was not able to ask Ann to expand on potential obscurities or direct certain open ended questions to answer topics related to this specific research question which may have confined the results. An occupational therapist involved in the programme chose the case study participant. This may have bias implications as the occupational therapist may have chosen the participant who benefitted the most out of the programme. There is a need for further evaluation studies involving independent researchers who do not have loyalty to the department or the programme in order to minimise any affects of allegiance. As this is a case study based on one individual's experience of the programme, the results cannot be generalised to a population. Further case studies involving other participants to examine their experiences and other possible explanations for the outcomes of the programme would need to be conducted to further warrant the affects of the programme. In addition, a follow-up study on the long term benefits of the programme for Ann or to see if Ann's unemployment status has changed warrants further research.

Implications for practice

Despite these limitations, this study remains an important advancement of our understanding of a participant's experience of an occupational therapy focused unemployment intervention of which there is limited research at present. One of the key contributions occupational therapists can make towards promoting health is supporting individuals to establish meaningful and rewarding patterns of activity (Scanlan *et al* 2011). This case study identified how an occupational therapy focused unemployment intervention aided one individual to find a more purposeful routine which impacted on her motivation, meaningful activity participation and mental and physical health. This illustration of the potential benefits of being involved in an occupational therapy-focused unemployment intervention could extend

the demand of the profession's unique skills to this potential new client base. The implications of Ann's positive experience of the group could be a testimony to encourage other occupational therapy practitioners that group interventions may work well for people who are unemployed. This study gives a clear picture of how a group based intervention for unemployed people can have positive health-related benefits. This could encourage more of this nature of 'unemployment' intervention to be developed in diverse areas of occupational therapy practice. In addition, it contributes to the literature on the destructive consequences of unemployment on physical and mental health by presenting a person's in-depth account of these challenges. As many potential occupational therapy clients may be unemployed, this case study gives rise to the testament that to ignore the significant impact of unemployment on client's lives use may lead to sub-optimal therapy outcomes (Scanlan *et al* 2011). In addition, there was a strong link between what was reported in the interviews and the results of the quantitative measures. The positive changes identified in the post-programme interview were also identified in the quantitative measures. This study illustrates that using two methods of data (i.e. qualitative and quantitative) strengthens the value of the results.

Conclusion

This recession places a substantial amount of people facing long-term unemployment. Being unemployed is often seen merely as an economic problem, yet the damages it causes goes far beyond this. Unemployment can negatively affect physical and mental health, as well as occupational functioning. As health professionals, we have a duty of care to attend to those in need. This case study presents the story of a lady who felt excluded from society due to her unemployment status. This lady utilised the interview as a medium to reflect on her connection with her worker role. This research demonstrates many of the benefits of being employed for one individual. Being employed provided Ann with a sense of purpose, an identity, a place to occupy her time, a place to develop and utilise status and responsibility, a place to contribute and to feel involved. Becoming unemployed made her feel alone, frustrated, worried and powerless. Unemployment corrupted her purposeful use of time, involvement in valued occupations, physical health, emotional health and motivation. Occupational therapy focuses on the person, in addition to the environment and the occupation. The 'work ready' programme focused on helping participants live well with

unemployment. This study illustrates how occupational therapy's unique skill-set and philosophies are in a suitable position to attend to the occupational needs and health requirements of unemployed people.

The ability to provide programmes that focus on individual wellbeing in addition to job skills is paramount. This requires an understanding of the impact of unemployment on the individual's health and ability to perform valued occupations. It is vital to appreciate the participant's experiences of occupational therapy programmes targeted at the unemployed to ensure that programmes meet their needs. This research gives a clear picture of one woman's journey from a negative outlook of her unemployment status through to a more positive outlook prior to occupational therapy intervention. For Ann, this programme proved to be most advantageous. The crucial thing to note is that Ann was still unemployed at the end of the programme. Her circumstances did not change. However, her physical health, psychological health, self esteem, use of time, motivation, sense of career orientated skills, engagement in valued activities all improved. The implications of Ann's positive experience could be a testimony to illustrate to other practitioners that group interventions may work well for people who are unemployed. It also illustrates the benefits' of linking quantitative data with qualitative data, and how in this case, each tool supported the narrative data. It demonstrates the benefit of secondary analysis which can generate new knowledge with new hypotheses without added involvement or effort from the participant. It gives a first-hand view of the benefits of being involved in a group programme-a process which is inherent in the values of the profession of occupational therapy. This study advocates for more of a focus on living well with unemployment occupational therapy programmes.

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Appendix A

GROUP PROTOCOL

Name/ Type of Group: Work Ready: Occupational Therapy programme

Rationale:

PRESENT STATE OF CLIENTS	Unemployment has negative consequences for physical health, mental health and disrupts daily life
EVIDENCE OF NEED	Current recession with 14.7% of Ireland's population unemployed (Eurostat 2012).
OCCUPATIONAL PERFORMANCE AREA	Primarily this group is aimed at interventions focusing on productivity and leisure occupations. There will also be discussion regarding self-care/ maintenance occupations.
FRAME OF REFERENCE	Humanistic Cognitive Behavioural Group work or Psychosocial A broad understanding of change theory.
ACTIVITIES TO BE USED	8 key sessions
EVALUATION/ OUTCOME MEASUREMENT	Meaningful Activity and Participation Assessment Beck depression Inventory Brief COPE Inventory Rosenberg Self Esteem Scale Time use diary

Group Goal:

For participants to achieve occupational balance and increased satisfaction with their occupational performance when unemployed.

Aims of group:

- To assist participants to make healthy changes in their lives or to re-establish healthy activities that may have altered as a result of unemployment
- To help participants re-establish occupational balance in their daily lives
- To educate group members on the consequences of unemployment on health in a supportive group environment
- To provide participants with the opportunity to share their stories of unemployment in a supportive environment

Group Structure:

10.00-13.00 on either a Tuesday or Wednesday morning.

These are closed groups and members remain in the same group each week sessions

10 places maximum available

Venue- Large teaching space in Health sciences building.

OT kitchen to be available for tea/ coffee each session

Week	Topic	Content	Who preparing
1	Welcome	<ul style="list-style-type: none">• Welcome• Introductions• Ice breaker• Group rules• Clarify expectations• Present draft plan for next 7 weeks, discuss participant session ideas• Measures at start and end of session.• Discussion/ lecture on relationship	MBG

		<p>between work and health.</p> <ul style="list-style-type: none"> • Use ESRI time use diary to discuss what people are currently doing, 	
2	Structure & Routine	<ul style="list-style-type: none"> • Structure and routine • Role of leisure and self care in enacting structure Exploration of interests and values • Reflection on previously enjoyed activities/abandoned activities • Sleep hygiene • Experiential component, • * ask all group members to email their c.v to Katie.robinson@ul.ie before Friday and to bring a printed copy with them next week. 	MB
3	Career Exploration & CV prep	<ul style="list-style-type: none"> • Career exploration activities • Connecting careers with values and interests. • Identifying transferrable skills. • C.V review activity • Pointers on c.v. preparation. • Creative activity. 	KR
4	Stress Mngt	<ul style="list-style-type: none"> • Stress management, • Understanding stress – cognitive behavioural approach, • Relaxation/ calm breathing activities • Activity based stress management techniques • Restorative occupations • Physical activity 	JP
5	Volunteering & Community exploration	<ul style="list-style-type: none"> • Benefits of volunteering • Identifying informal/formal social connections • Creating social networks habits/routine 	MC/ AW
6	Interview Skills	<ul style="list-style-type: none"> • Interview skills • ? video record • Give feedback • Creative activity/ physical activity 	SB
7		This session will be planned at a later date in response to group needs and if topics need	

		revisiting Preparation for group closing, discussion re: ongoing peer support.	
8	Meal Closing session	<ul style="list-style-type: none"> • Meal • Closing activity • Reflective activity • Goal setting for the future • Problem solving: Identifying barriers to change and enablers of change • Repeat of assessments, 	MBG

Resources/ Materials/ Equipment:

Resources- 2 staff per session

Venue- UL, some sessions may be off site

Cost- some funds available for refreshments and activities

Environment- do not disturb sign, temperature changes

Materials and Equipment –to be listed per session

Leader/ Co-Leader Style/ Role:

The session leaders will take a facilitative approach. This may become more directive for specific sessions which will be outlined in each session plan.

Resources for Ideas:

Books

Wellbeing in Group work- MC

Group Dynamics- M. Cole

Lifestyle Management (MBG)

Lifestyle Matters- G. Mountain

Mental Health handbook

Websites

Icebreaker

Appendix B

Both interviews adapted from; Kielhofner, G., Mallinson, T., Crawford, C., Nowak, M., Rigby, M., & Henry, A. (1998). *A user's manual for the occupational performance history interview (version 2.0)*. Chicago: Model of Human Occupation Clearinghouse

The Pre Intervention Interviews

The pre intervention interviews took place 1-2 weeks prior to the programme. The interviews were a one-to-one interview and will last 45-60 minutes. The interview were recorded and qualitatively analysed by fellow occupational therapy student Derval Glancy. The aim of the interview evaluation is to better understand the unemployment experience which includes the occupational impact on unemployment to the participant. Questions will be centred around the person's subjective perception of unemployment in terms of its effect on health and well-being, daily routine, support systems, occupational disruption and possible effects on family members. The content of the interviews were analysed qualitatively using NVivo software. This research strand will be conducted by under the supervision of Dr. Judi Pettigrew. Consent forms were sent prior to the interviews. Member checking (a 300 word summary of the content of the interview) were sent out via e-mail to make sure the participant is satisfied with the summary of the interview. Member checking was completed within 7-10 days after interview.

Pre Intervention Interview Sample Questions

Adapted from the Occupational Performance History Interview Version 2.0 (OPHI-11)

Occupational Roles

- 1) Can you tell me a little bit about your work in Dell?
- 2) How long did you work there?
- 3) What was your role?
- 4) Did you enjoy working there?
- 5) Do you keep in contact with your former work colleagues?

Daily Routine

- 1) Can you tell me a little bit about what a typical day during the week is like now?

- 2) And are the weekends any different?
- 3) How is your routine different to when you were employed?
- 4) Do you have any leisure activities/ things that you enjoy doing in your current routine?
- 5) What would you say is the most difficult aspect about becoming unemployed in your experience?
- 6) Has family life been affected? How?

Occupational Behaviour Settings

- 1) What are the main things you do to relax?
- 2) What people do you like to relax with?

Occupational Choices

- 1) Are you currently able to do the things that you want to do?

Critical Life Events

- 1) What do you see yourself doing in the future?

Appendix B Continued

The Post-intervention Interviews

Fellow occupational therapy students Susan O'Mahony and Claire Farrell qualitatively analysed the post intervention interviews. The interviews took place in July 2011 following completion of the programme and lasted no more than an hour. The post programme interview analysis evaluated the participant's experience of the programme and also investigated any changes in the occupational performance of the participant's following the programme. The quantitative analysis and the process of consent forms and member checking will occur in the same way as for the pre intervention interviews.

Sample Interview Questions Post-intervention Interviews

Adapted from the Occupational Performance History Interview Version 2.0 (OPHI-11)

Introduction

I understand that you have participated in the recent unemployment group with the occupational therapists at the University of Limerick. The purpose of this interview is to explore your experiences of the group. Just to mention some ground rules for the interview:

- Please turn off your mobile phone. We should not be disturbed during the interview but if we are I will turn off the tape recorder to deal with the interruption.
- Feel free to interrupt or ask for clarification and let me know if you require a break during the interview.
- If I take notes during the interview it is for me to use as a prompt as part of a question- to assist my memory
- I am interested in your opinions and personal experiences. There are no right or wrong answers to the questions.

Again, please can I have your permission to record this interview?

First of all please can you confirm?

Your previous work experience before starting the group?

How long you have been unemployed?

Your age?

What attracted you to this unemployment group?

Can you tell me about your experience of the group?

(Group format, activities, sessions)

What did you find most/least valuable about the programme?

What was your most positive/negative experience of the intervention?

Can you describe your daily routine?

(changes since unemployed, commencing group)

Tell me about activities that you are currently doing?

(Stopped when you became unemployed, taken up again since the programme, new activities)

Tell me about your current health and wellbeing?

(Changed since partaking in the programme? positively or negatively),

Has the programme changed the way you feel about being unemployed?

(in what way)

Has the programme influenced any areas of your life?

(Family and social relationships, leisure, work?)

What is your overall evaluation of the programme?

(Any changes, met your needs)

Any last comments you would like to make regarding the group?

Thank you for participating in this interview. The typed summary of your interview will be sent to you within the next 7-10 days so that you can review this document.

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Appendix C

Quantitative Measures

Fellow occupational therapy students Maria Quirke and Ann Dunne quantitatively analysed the tools that measure the relationship between the participants' meaningful activities and changes in mood, quality of life, coping skills, anxiety and self esteem before and after the 8 week programme. These measures were administered by the therapists during the first and last sessions of the programme and took approximately 45 minutes to complete both pre and post intervention. This research strand was conducted under the supervision of Marybeth Gallagher.

Brief Description of Quantitative Measures

These measures were in form of questionnaires which were self-administered by the participants. The questions will cover areas of mental health, self-esteem, physical health and well-being and coping abilities and will take 45 minutes to complete.

Rosenberg Self Esteem scale: To measure self esteem

Beck Anxiety Inventory: To measure anxiety

Beck Depression Inventory II: To measure Depression

Meaningful Activity and Participation Assessment: To measure meaningfulness of activities

Extended Description of Quantitative Measures

Rosenberg Self-Esteem Scale

The Rosenberg Self-Esteem scale is a self administered ten-item scale examining respondents' thoughts and feelings about themselves and their self- value or worth. The respondent rates each of the ten statements using a four point likert scale — from strongly agree to strongly disagree. Each response is assigned a score from 0-3. The maximum score

possible is 30. It is widely used in the social sciences and has proven reliability and validity. It takes approximately 5 minutes to complete.

Beck Anxiety Inventory (BAI)

The Beck Anxiety Inventory is a commonly used self administered questionnaire consisting of 21 questions about how the person has been feeling in the past week. Questions address common symptoms of anxiety, for example, numbness, feelings of dread, hot and cold sweats. For each question, the respondent has four answers choices from which to choose and answers by making the appropriate choice with a cross. The four answer choices for each question are as follows: not at all, mildly, moderately or severely. A total score is calculated with the maximum possible score being 63 and minimum score being 0. Overall scores of between 0-7 indicate minimal level of anxiety, scores of 8-15 indicate mild anxiety; scores of 16-25 indicate moderate anxiety and scores of 26-63 indicate severe anxiety. It takes 5-10 minutes to complete.

Beck Depression Inventory-II (BDI-II)

Beck Depression Inventory-II is a multiple choice self-report inventory of 21 questions relating to the symptoms of Depression, for example, covering questions on irritability, fatigue weight loss and feelings of guilt. Respondents are asked to rate how they have been feeling over the past two weeks. Each question has a score value of 0-3. A total score in the range of 0–13 indicates minimal depression; scores of 14–19 indicate mild depression; scores of 20–28 indicate moderate depression; and scores of 29–63 indicate severe depression. The BDI-II takes 10 minutes to complete.

The Meaningful Activity and Participation Assessment (MAPA)

The MAPA is a 28 item tool developed by Eakman (2007). It is designed to capture objective and subjective information on the meaningfulness of a wide range of activities (28) that individuals commonly engage in. It examines the frequency of activity and meaning individuals ascribe to meaningful participation. It also examines how healthy the person perceives the activity to be and their reasons for participation in the activity. Each item is

rated using a likert scale. Frequency items are rated on a scale of 1-7 while the meaningfulness and health scale items are rated on a scale of 1-5. Time to complete: 15-20 minutes.