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A narrative review of the literature, from occupational therapy journals, regarding restorative occupational choices of individuals who live with schizophrenia.

Abstract

Introduction: Occupational therapy is based on the premise that engagement in meaningful occupation is imperative to a person’s wellbeing, and in order for an occupation to be meaningful it must be chosen autonomously. This research explores how restorative occupational choice is represented in the literature in relation to individuals who live with schizophrenia. Living with schizophrenia may contribute to both internal and external factors which have an impact on an individual’s ability to participate in occupations of their choice and it is important to understand factors which may hinder or support chosen occupations by understanding how individuals spent their time.

Method: Twenty-three databases were searched and 1610 studies were then screened. Data from seven studies which met the inclusion criteria were examined and synthesised using thematic analysis. The quality of evidence was assessed across all studies and found to be generally of good quality.

Findings: The types of restorative occupational choices engaged in by individuals who live with schizophrenia vary, but the common theme which emerged included the importance of engagement in productive activities. The importance of routine in order to achieve a sense of satisfaction, and the influence of environment, was also emphasised as being significant in relation to opportunities for restorative occupational choice. The demands of the illness were identified as a possible barrier to restorative occupational choice.

Conclusion: The more occupationally engaged the individual is, the better the quality of life for the individual, however, this can be determined by the ability to make the right choices, bearing in mind both external and internal factors.
**Introduction:** Occupational science provides the theoretical foundations on which occupational therapy is based, yet its principle ideas are often overlooked in daily practice. This research will examine the concept of restorative occupational choice, situated within occupational science, and how it relates to individuals who live with schizophrenia, a mental health condition effecting approximately 3,900 (Shine 2016) people in Ireland. Concerns which are dominant for people who live with schizophrenia include difficulties in social function, social relationships (Oliveira et al 2015) and self-care (Wykes et al 2007), with evidence also showing that living with schizophrenia can hinder overall functional performance (Scanlan 2015).

The word ‘restorative’ has been used in this review as the term ‘occupational choice’ is often understood as being related to employment (Ginzberg 1951) and this research is concerned with everyday activities which an individual might want to involve themselves with. The importance of occupational choice, leading to meaningful engagement, is well documented and therefore it is useful to understand how individuals who live with schizophrenia spend their time and what, if anything, can be identified as either supporting or hindering them from engaging in their chosen restorative occupations.

**Literature review:**

While Yerxa (1966) understood the importance of the therapist role in offering choice in selection of therapeutic activities, making choices in therapy is only the beginning of the choices people should be offered concerning their life (Grady 1995). Within occupational therapy, which was founded on values of choice and active participation in meaningful occupations (Grady 1995), a review of the literature indicates a dearth of information on how occupational therapists understand the concept of ‘occupational choice’ and how they might utilise this understanding to inform their practice.

A ‘political practice of occupational therapy’, has introduced the idea that occupational choice is a politiciced idea (Pollard et al 2009), it describes the requirement of the occupational therapist to view supporting access to meaningful occupation as a right and not just as a form of therapy. Examination of the literature suggests that critical attributes in preventing equal access to resources and occupational choices include unemployment, living with a disability and being of ethnic minority (Braveman and Suarez-Balcazar 2009). Class, gender, race and economics (Hammell and Iwama 2012) must be considered when looking at opportunities for a person to achieve well-being. The implication here is that change must be
facilitated both at individual and environmental level and Hammell and Iwama (2012) talk about ‘critical’ occupational therapy practices which emphasizes the gap between privileged and marginalized people. The economic, cultural, historical and political elements of the environment must be reflected upon, as exploration of this subject suggests that the individual is not necessarily the singular architect of their circumstance (Galvaan 2014).

**Potential contribution of this study**

In ‘A Vision for Change’ (2006), the most recent strategy document which sets out the direction for Mental Health Services in Ireland, it was put forward that ‘The principle of normalisation was operationalised using a number of valued life experiences (dignity, choice, relationships, independence, contribution and participation) which are valued by all individuals and by society’ (HSE p.233 2006). This research paper examined restorative occupational choices of individuals who live with schizophrenia and identified the importance of supporting individuals with restorative occupational choices so as to allow the notion of ‘normalisation’ become a reality for them.

**Refined research questions**

Following the literature review, the questions that have arisen from the background information presented are;

- To what extent is occupational choice represented in research involving people living with schizophrenia?
- What are the restorative occupational choices of individuals who live with schizophrenia?
- Are persons living with schizophrenia free to make occupational choices?
- Are there obvious supports or barriers which may hinder or support these occupational choices?
**Methodology**

A narrative review based on a systematic search of the literature concerned with restorative occupational choice, as it relates to persons living with schizophrenia, was conducted. The approach was appropriate to the study aim and facilitated an understanding of how individuals spent their time, and how much of it was spent in meaningful occupations of their choice. Nineteen databases were searched and were then screened. Seven articles which met the inclusion criteria were extracted and synthesised using thematic analysis (Braun & Clarke 2006). Data was extracted from occupational therapy journals only, as the researcher was interested in how the subject is viewed by the profession.

**Search and selection process**

Nineteen databases (Table 1) were searched from 2000 to 2015. Grey literature (unpublished literature from Google Scholar) was also searched until saturation point was reached and to ensure search was exhausted (Tulder et al. 2003). Researchers conducting systematic retrieval strategies are advised to seek assistance from those with expert skills in information retrieval strategies (CRD 2009) so an expert librarian was consulted regarding appropriate databases to search (Table 1), and the development and combination of keywords to use (Table 2). Figure 1 outlines the search results.

**Table 1.** Databases searched.

<table>
<thead>
<tr>
<th>Database</th>
<th>Database</th>
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<tbody>
<tr>
<td>Academic Search Complete</td>
<td>Omnifile Full Text Mega</td>
</tr>
<tr>
<td>General Science full text</td>
<td>PsycARTICLES</td>
</tr>
<tr>
<td>Education Full Text</td>
<td>PsycINFO</td>
</tr>
<tr>
<td>Humanities Full Text</td>
<td>Social Sciences full text</td>
</tr>
<tr>
<td>CINAHL plus with full text</td>
<td>MEDLINE</td>
</tr>
<tr>
<td>UK and Ireland reference Centre</td>
<td>Web of Science</td>
</tr>
<tr>
<td>Cochrane</td>
<td>Science Direct</td>
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</tbody>
</table>
Search terms were decided based on those which capture all of the different keywords when exploded. Initially articles were screened based on the title, then after exclusions were made, articles were screened using abstracts. Duplications were removed.

**Table 2.** Words used in search strategy.

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**Number 1:** schizophrenia (used Mesh)

**Number 2:**
- time use AND/OR occupation* choice AND/OR interest AND/OR pastime
- AND/OR day to day life AND/OR daily living AND/OR occupation*

**Number 1 and 2 combined**

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The following inclusion criteria were used.

- Studies which focused on schizophrenia specific to those diagnosed
- Studies which articulated there was ethical approval granted
- Studies published in English
- Studies published in Occupational Therapy peer reviewed journals
- Studies which examined time use of individuals living with schizophrenia
- Studies which discussed ‘restorative’ occupations (eating, time spent with friends, cooking, sleeping and so on.)

The following exclusion criteria were used.

- Studies which focused on ‘physical activity’ as activity
- Studies which focused on employment as a key factor
Quality assessment

Following exclusion of studies beyond the scope of this review, seven studies were reviewed utilising ‘The Standards for Reporting Qualitative Research: A Synthesis of Recommendations’ (O’ Brien 2014) to determine the quality of these articles. This tool consists of 21 items, with an explanation of key elements of each item. Each item was given a score of 1 if it met criteria, thus providing some guidance as to which study carried more weight (Paterson et al. 2015).

Figure 1. Flow chart depicting search results.
Data extraction

A review was undertaken on seven studies (encompassing 517 participants, out of this it seems that 89 of the same participants were used in two different studies) published in occupational therapy journals. The researcher systematically documented all relevant data presented in studies, including the study context, and articles which met the inclusion were reviewed using thematic analysis, following the steps as outlined by Braun & Clarke (2006). These steps include; becoming familiar with data, generating initial codes, searching for themes, reviewing themes, defining and naming themes and finally, producing the report (ibid). The use of thematic analysis allowed for the inclusion of both qualitative and quantitative data to be reviewed in this research study (Dixon-Woods et al. 2008).

Ethical Considerations

The question of ethics in narrative or systematic reviews is rarely examined (Vergnes 2010), though a worthwhile review relies upon studies which have guaranteed ethical approval, which this research is in accordance with.
Findings

Of the 1610 published research articles identified during the electronic literature search as being potentially relevant, the author found seven studies (Table 3) which met all criteria. Many of the 1610 citations were excluded from the systematic review strategy at the beginning because they focused exclusively on paid occupations or mental health in general. At the beginning of the review process all studies were screened to ensure that they had been approved by appropriate ethical review boards and all discuss confidentiality where appropriate. Characteristics of the chosen studies can be seen in Table 3.
<table>
<thead>
<tr>
<th>Study</th>
<th>Location of Study</th>
<th>Aims</th>
<th>Methodology</th>
<th>Sample</th>
<th>Main Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bejerholm and Eklund (2006)</td>
<td>Sweden</td>
<td>To describe the engagements in daily occupations of people who live with schizophrenia.</td>
<td>Qualitative- time use diary and interview.</td>
<td>n = 20 participants with schizophrenia. 10 men and 10 women. Age: 20-55 years.</td>
<td>Being diagnosed with schizophrenia does not necessarily lead to an impoverished lifestyle.</td>
</tr>
<tr>
<td>Bejerholm and Eklund (2007)</td>
<td>Sweden</td>
<td>Relationship between occupational engagement and issues of self-related variables.</td>
<td>Quantitative- rating scales</td>
<td>n = 74 participants Mean age = 42. Age: 22-55 years. All diagnosed with schizophrenia.</td>
<td>High level of occupational engagement was related to higher ratings of self-related variables and better quality of life.</td>
</tr>
<tr>
<td>Eklund et al. (2012)</td>
<td>Sweden</td>
<td>To describe what people with schizophrenia may discern as bringing meaning to their lives.</td>
<td>Qualitative- content analysis.</td>
<td>n = 10 participants with a diagnosis of schizophrenia Age: 36-60</td>
<td>Certain factors influence how participants experience meaning in their lives, including engagement in occupations.</td>
</tr>
<tr>
<td>Minato and Zemke (2004)</td>
<td>Japan</td>
<td>To explore the relationship between occupational choice and health.</td>
<td>Mixed methods- qualitative interview methods with rating scale.</td>
<td>n = 89 participants diagnosed with schizophrenia. 54= men; 35= women</td>
<td>Individuals in this study demonstrated that occupational choice is utilised as a means of dealing with stress.</td>
</tr>
<tr>
<td>Minato and Zemke (2004)</td>
<td>Japan</td>
<td>A study describing time use of people, with schizophrenia, living in the community.</td>
<td>Quantitative- Time use diary was analysed statistically.</td>
<td>n = 89 participants diagnosed with schizophrenia. 54= men; 35= women</td>
<td>People with schizophrenia spend a greater amount of time sleeping than people without schizophrenia.</td>
</tr>
<tr>
<td>Uriic and Lentin (2010)</td>
<td>Australia</td>
<td>Factors which may support or hinder occupational experiences of persons living with schizophrenia.</td>
<td>Qualitative- Naturalistic inquiry</td>
<td>n = 6 adults with a diagnosis of schizophrenia.</td>
<td>Participants found living with schizophrenia to be difficult.</td>
</tr>
<tr>
<td>Shimitras et al. (2003)</td>
<td>England</td>
<td>To examine time use of adults diagnosed with schizophrenia.</td>
<td>Quantitative- time use budgets</td>
<td>n = 229 participants all with a diagnosis of schizophrenia</td>
<td>Few of the participants were engaged in work, active leisure, education or volunteer occupations, their predominant occupations being sleeping, personal care and passive leisure.</td>
</tr>
</tbody>
</table>

**Table 3.** Characteristics of included studies.
Findings from within the studies reviewed;

This research explored restorative occupational choices made every day by people who live with schizophrenia. The findings summarise participants experience of engaging in various occupations by exploring preference for certain types of occupations chosen by individuals. Findings indicate how these chosen occupations impact their day to day lives, and identifies what factors may, or may not, hinder or facilitate restorative occupational choice. Unfortunately, findings did not illustrate the socioeconomic status of participants which might have added to an understanding of restorative occupational choices.

Five themes emerged as core findings across the studies. Firstly, the types of restorative occupational choices engaged in by individuals who live with schizophrenia, this theme integrates both positive and negative aspects of certain occupations chosen. Secondary, the influence of environment on occupational choice was emphasised across the studies. Thirdly, the importance of routine demonstrated how participants viewed routine as having a positive effect, even if, in some cases, it was the cause of stress. The levels of engagement and how this differs across participants and across occupations was evident and finally, the demands of living with schizophrenia was highlighted as a barrier to restorative occupational choice.

Types of restorative occupational choices engaged in by individuals who live with schizophrenia

This first theme broadly captures the types of restorative occupational choices engaged in by individuals. These varied greatly both across the studies and within the studies. Some studies referred to the difficulty of everyday life, and how even basic self-care tasks could become very difficult (Urlic and Lentin 2009). One participant from this study reported that because of his ‘clouded mind’ he might wash his work clothes in the morning instead of wearing them (Urlic and Lentin 2009, p. 313). Another participant explained that he eats simply because of his hunger and he always eats out, has a smoke at the restaurant and returns home again and lies down as he is ‘completely blank’ (Bejerholm and Eklund 2006, p. 106). Sleeping, eating and personal care were identified as the main restorative occupations of some participants (Shimittras et al. 2003; Bejerholm and Eklund 2006), as well as other passive occupations such as watching TV and listening to music (Minato and Zemke 2004).

Contrary to these findings, some participants reported engaging in active restorative occupational choices such as tidying up, washing up and cooking (Eklund et al. 2012). Walking and home making were reported as being purposeful occupations (Minato and
Zembe 2004) while engagement in active restorative occupations were described as allowing the participant feel good. ‘I usually lay the table… I want to be of some help, you see, that feels good’ (Eklund et al. 2012, p. 98). In addition to active restorative occupations, participants reported continuity in their engagements of their chosen restorative occupational choices. One participant explained how he gets dressed, has coffee, walks the dog, shares another coffee with his common wife-in-law, makes a phone call about a loan, goes to the bank (Bejerholm and Eklund 2006, p. 108) and continues with other similar activities throughout the day.

Social contact was a restorative occupational choice engaged in by participants which was highly valued (Eklund et al 2012) and this varied from face to face contact, to telephone and internet contact. One participant explained how she enjoys work as she likes ‘to be around people’ (Urlic and Lentin 2010). Social interaction, such as talking or helping another person, was also identified as a restorative occupation which provided participants with positive feedback (Bejerholm and Eklund 2006) with another participant suggesting that ‘you cannot be alone in this world, you need this company to survive’ (Eklund et al 2012 p. 97).

**Influence of environment on restorative occupational choice**

The influence of the environment on restorative occupational choice was a theme which emerged in the findings and it related to culture, social, geographic and home environment. This theme links directly with the participant’s ability to make autonomous choices in relation to restorative occupations.

The sick role, which is culturally acceptable in Japan (where two of these studies have taken place) was the basis for some individuals not expected by their families to involve themselves in any occupation, restorative or otherwise (Minato and Zemke 2004). However, participants recognised that not involving themselves in occupations did lead to more difficulties (such as feeling of hopelessness, boredom) and so would sleep or listen to music in an attempt to occupy themselves. ‘Nothing was solved, even if I kept thinking. So, I slept, listened to music to make me calm’ (Minato and Zemke 2004, p. 35). Sleep itself was also identified as a restorative occupational choice (Shimitras et al. 2003; Minato and Zemke 2004; Bejerholm and Eklund 2006), however, it was associated with low level of engagement and therefore not attributed to having much meaning.

What might be considered (by the carer) as a supportive environment often hindered wellness. For instance, having meals prepared by others (Bejerholm and Eklund 2006), such
as by mothers or by home services, was identified as leading to disengagement. Whereas the environment which supported participants to choose engagement in occupations such as washing-up, laundry washing and cooking made participants feel that their day was meaningful and contributed to feelings of participation and responsibility (Eklund et al. 2012, p. 98).

The physical environment also impacted on restorative occupational choice (Urlic and Lentin 2010) as reported by a young participant living in supported accommodation for elderly people. Samantha describes how living in this environment impacted on her sense of self and on her abilities; ‘I thought a little bit like I was a disabled sort of person, people not knowing about being able to do it for yourself was a bit stupid for someone’ (Urlick and Lentin 2010, p. 314). Participants who lived in community settings did not necessarily demonstrate any positive difference in relation to restorative occupational engagements to participants living in hospital settings (Shimitras et al. 2003) with both settings contributing to diminished availability of meaningful occupational choices.

**Importance of routine in order to achieve a sense of satisfaction**

All of the qualitative studies selected for this research made reference to the importance of routine. A time use diary used over a 24-hour period established that participants with the highest level of functioning were those who involved themselves in a routine (Bejerholm and Eklund 2006). In one instance the participant spoke about the importance of his dog as ‘the dog also becomes my routine for the day’ (Bejerholm and Eklund 2006, p. 111). The importance of a morning routine only related to female participants where all female participants reported starting the day with some kind of routine-based household occupation, whereas the male participants did not report a typical start to their day.

Daily occupations which provided ‘structure and routine’ were also seen as an important aspect to providing meaning in life (Eklund et al 2012) and where stress was an issue, participants would try to generate a routine in daily living (Minato and Zemke 2011). Routines created by participants included visiting a gym, working and going to school. The relationship between engagement in occupations and mental health status was associated with a ‘work-related routine’ (Minato and Zemke 2004), though this was also reported as a source of stress by the same study, demonstrating the complex nature of both schizophrenia and relationships with meaningful occupations.
**Levels of engagement connected to quality of life**

The studies present clear indications that levels of engagement are associated with a sense of meaning. For example, participants who engaged in passive occupations were less likely to develop a sense of wellbeing than participants who chose to engage actively in restorative occupations (Shimitras et al. 2003). The crucial feature here is that the higher the level of engagement the more likely it was that the chosen occupations were attached to a sense of meaning (Bejerholm and Eklund 2006; Urlic and Lentin 2010; Eklund et al. 2012). Following on from that, findings indicate a circular relationship between occupational choice, level of engagement and sense of meaning.

**Factors identified as facilitating and/or hindering restorative occupational choice**

The studies present certain factors identified as facilitating restorative occupational choice; supportive environments which allowed for restorative occupational choice, ability to engage in occupations (either due to external or internal factors) and the experience of internal Locus of Control.

Factors identified as hindering restorative occupational choice include; difficulty living with diagnosis, over supportive/ non supportive environment resulting in lack of opportunities, level of engagement. Participants who understood reality to be ‘empty’ often remained disengaged in occupations (Bejerholm and Eklund 2006; Eklund et al. 2012; Minato and Zemke 2004), and the demands of the illness were highlighted throughout (Shimitras et al. 2003; Bejerholm and Eklund 2006; Urlic and Lentin 2010; Minato and Zemke 2011).
Discussion

This study sought to understand the restorative occupational choices of individuals who live with schizophrenia. The studies within this review suggested that there are no characteristic ways of engaging in occupational choices following diagnosis, however, there are commonalities which impact on levels of occupational choice leading to meaningful restorative occupation and also commonalities between supports and barriers associated with restorative occupational choice. Townsend (2012) described the four occupational rights, responsibilities and freedoms as; to experience meaning, participation, balance and choice in necessary or desired occupations. The findings of this review indicate that these four areas are very much connected with the person’s ability to freely choose an occupation leading to a greater level of participation, thus leading to a meaningful experience.

Levels of engagement in occupations

A diagnosis of schizophrenia, does not necessarily lead to an impoverished lifestyle (Minato and Zemke 2004; Bejerholm and Eklund 2006; Eklund et al. 2012), however, the researchers went on to say that participants who were more engaged in occupations also went on to achieve a greater sense of meaning. Engagement in meaningful occupations is associated with having an influence on quality of life (Aubin 1999; Goldberg et al 2002; Eklund and Backstrom 2005) but this theory implies that it is not the diagnosis of schizophrenia per se which will necessarily impact on lifestyle, but how the diagnosis will impact on a person’s ability to engage in occupations. This finding is in accordance with a study where mental health clients confirmed the motivating power of occupation (Mee and Sumsion 2001) when certain factors were present to allow for the correct therapeutic environment. Lack of daily structure and lack of engagement in meaningful activities permitted a lifestyle considered, by participants, to be ‘impoverished’ (Shimitras et al. 2003; Jablensky et al. 2000), again reinforcing the importance of a therapeutic environment supporting the individual’s ability to choose restorative occupations which are meaningful to them (Yerxa 1988; Kielhofner 1992).

Personal responsibility enabling choice

Further to this, it is understood from occupational therapy literature, the importance of emphasizing personal responsibility and enabling choices in everyday tasks (Duncan-Myers & Huebner 2000) with evidence from this review also supporting this finding. Locus of control was deemed the self-regulated variable that best described occupational engagement (Bejerholm and Eklund 2007) and, as already established, occupational engagement is highly
connected to quality of life. These results support findings from previous studies that identify choice-making as one way to improve an internal locus of control and increase a sense of control (Lee and Carr 1993; Wells & Taylor 1991), and improve quality of life (Bowsher & Gerlach, 1990; Larson 1989). A 15-year longitudinal study (Harrow, 2009), focusing on persons with schizophrenia, also found a correlation between external locus of control and depression as well as internality being significantly associated with increased recovery in schizophrenia.

**Influence of the environment on restorative occupational choice**

The environments which remove the ability to ‘do’ from the participant (Minato and Zemke 2004) result in taking away personal responsible, were identified as hindering choice. This was furthermore established when the association between perceptions of personal control and quality of life among older persons was examined (Duncan-Myers & Huebner 2000) with findings proposing that enhancing personal control in everyday life, by providing occupational choice, may be associated with improved quality of life. In accordance with other studies (Bonder, 2001; Kielhofner, 2008; Nagle et al., 2002) external environment has been identified as factor which must be considered, and while no study in this research argued that a supportive external environment was not a positive feature in the lives of individuals within these studies, it was pointed out that sometimes, a supportive environment can lack sufficient challenge to stimulate the individual into a meaningful life (Bejerholm and Eklund 2006).

**Variance in restorative occupations chosen**

The variance in restorative occupations chosen by participants indicates that both structural and contextual factors are essential as fundamental elements when it comes to restorative occupational choice. For instance, a high level of engagement requires a supportive environment, capability of the individual as well as an involvement in meaningful occupation (Csikszentmihalyi 1997) which provides a positive experience for the person. And while it was revealed that participants with schizophrenia chose to participate in both passive and active occupations (Minato and Zemke 2004; Bejerholm and Eklund 2007; Eklund et al. 2012) it was deemed that little sense of meaning was anticipated from the more passive occupations such as eating and smoking (Bejerholm and Eklund 2006). Occupations were also chosen as a means of escaping, staying well (Nagle et al. 2002) or to be part of social environment (Bejerholm and Eklund 2006). This finding is in line with research (Falklof
2010) which identifies human interaction as essential for positive self-image but is also a typical requirement for the wellbeing of the majority of people (Ungdomsstyrelsen, 2007) with family and friends considered to be of utmost importance during a lifetime.

**Factors which hinder or support individuals in their experience of restorative occupational choices**

In relation to factors which hinder or support individuals in their experience of restorative occupational choices, there are the understandable factors involved such as supportive/over supportive environments, internal/external locus of control and ability to cope with diagnosis. However, these features are very broad and it is difficult to determine from the findings how they manifest on a daily basis. There is also the difficulty of what comes first in relation to an individual and their chosen restorative occupation - is it the high level of engagement, the supportive environment, the capability of the individual or the involvement in meaningful occupation? The notion of stigma or stereotypes did not arise from the findings but have been identified elsewhere (Cottrell 2007) as possible barriers to participation in occupation for individual with mental health issues. However, the demanding nature of the illness was highlighted with restorative occupations sometimes chosen as a way to stay well, this is in keeping with research by Nagle et al.’ (2002) who established the choices were also often constrained by fear of relapse.

**Limitations**

Unpublished research and foreign research articles without English translations were not included in this systematic type review due to time constraints, limited financial resources and the difficulty associated in acquiring this type of literature. This review was conducted using the interpretation of one researcher who carried out the database searches and while there were criteria in place, it is recommended that at least two reviewers are involved at all stages of research (CRD 2009). To counterbalance these limitations, searchers were conducted systematically and reflexively. Of the studies thought to be relevant to this research, the same authors were sometimes involved in conducting (different) studies. This allowed for a limited number of researchers to obtain data from, also two studies seemed to use the same participants. The term ‘psychosis’ is also closely linked with schizophrenia, however, this term was not included in the search strategy due to time constraints.
Implications of study for occupational therapy

Information gathered by this study provides an understanding of this populations restorative occupational choices and consequently can better guide occupational therapists in planning their interventions with these clients to enable them to reengage in meaningful life habit. Lifestyle design through occupation studies have focused on older people (Clark et al., 1997; Jackson et al. 1998) but similar programmes would be useful for populations included in this study, particularly as the central findings of this study concern the importance of meaning and self-efficacy permitted by restorative occupational choice.

In order to address the injustice of occupational alienation, occupational deprivation and occupational imbalance (Townsend 2010) occupational therapists are well placed to advocate for marginalised clients and must use this as a way to support their client’s participation in controlling their immediate, as well as their global, environment. Understanding the demanding nature of schizophrenia will inform strategies and support individuals achieve a sense of ‘normalisation’ as outlined by A Vision for Change (2006).

Further areas of work

It is difficult to determine, post research, how much influence the actual diagnosis has on person’s ability to choose restorative occupations which provide meaning and further research should consider what aspect of a diagnosis of schizophrenia inhibits some individuals from engaging in meaningful occupations; is it lack of opportunity due to environmental factors or is it due to the actual diagnosis and internal difficulty that some persons live with? Also, findings did not illustrate the socioeconomic status of participants which might have added to an understanding of restorative occupational choices.

Conclusion

This project explored the day to day restorative occupational choices of persons who live with schizophrenia, and considered if the diagnosis influences occupational choices. Findings demonstrate that a diagnosis of schizophrenia does not inevitably lead to a particular way of engaging in restorative occupational choice, but the common theme which emerged included the importance of engagement in productive and meaningful activities. The importance of routine in order to achieve a sense of satisfaction and the influence of environment was also emphasised as being significant in relation to opportunities for restorative occupational
choice. There was also a correlation between levels of engagement in restorative occupations and quality of life identified.

Supports and barriers which permitted restorative occupational choice were identified in this research, and while broad, they gave an indication of how occupational therapy can address social inclusion and ‘normalisation’.

**Summary of findings**

- The types of restorative occupational choices engaged in by individuals who live with schizophrenia differ, but the common theme which emerged included the importance of engagement in productive activities.
- The importance of routine in order to achieve a sense of satisfaction.
- The influence of environment as being significant in relation to opportunities for restorative occupational choice.
- There was also a correlation between levels of engagement in occupations and quality of life.
- The demands of living with schizophrenia was identified as a significant barrier to restorative occupational choice.

**What the study has added**

- Highlighted the importance of understanding the demands of living with schizophrenia.
- Validation of the need for occupational therapy to address the broader contexts in addressing choice and a sense of meaning in this particular population.
- Confirmation that while there are some common traits associated with individuals who live with schizophrenia, the diagnosis presents differently with everybody, leading to a variety of issues surrounding restorative occupational choice.

**Research ethics**

No ethical approval was required as the review is a narrative review, based on a systematic search of research.
References


