

**EXPLORING THE EXPERIENCES AND PERCEPTIONS OF INDIVIDUALS WITH SCHIZOPHRENIA
ABOUT THE USE OF THE MODEL OF OCCUPATIONAL SELF-EFFICACY IN ENHANCING WORK
SKILLS**

**A THESIS SUBMITTED IN FULFILMENT OF THE REQUIREMENT OF THE DEGREE MAGISTER
SCIENTIAE (OCCUPATIONAL THERAPY) IN THE FACULTY OF COMMUNITY AND HEALTH
SCIENCES**

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“To be an Occupational Therapist, you must be an activist” (Marlene le Roux, World Federation of Occupational Therapists Congress, Cape Town, 2018).




DECLARATION

I, IESRAFEEL ABBAS, hereby declare that this thesis: *Exploring the experiences and perceptions of individuals with schizophrenia about the use of the Model of Occupational Self-Efficacy in enhancing work skills*, is my own original work, and that neither the whole work nor any part of it has been, or will be submitted for another degree in this or any other university. All the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

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DATE: AUGUST 2018

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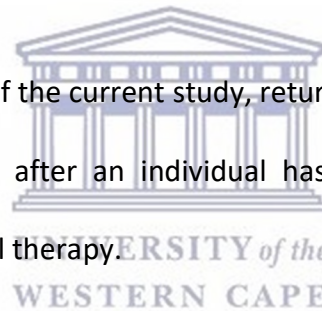


Definition of terms

Schizophrenia: is defined as a mental illness in which disturbing ‘voices’ (auditory hallucinations) torment an individual with abusive or insulting commentaries, and thoughts weave together to form false beliefs (delusions), which inhabit the mind (Morrison and Murray, 2012).

Individuals with disability: includes all those individuals who have long-term mental, physical, intellectual, or sensory difficulties that may impede their participation in society when interacting with a number of environmental barriers (United Nations Organisations, 2006).

Return to work: for the purpose of the current study, return to work relates to the period of engagement in job-related tasks after an individual has participated in or experienced interventions such as occupational therapy.



Supported employment: an approach which attempts to promote self-sufficiency, inclusion, and an improved quality of life by assisting individuals with disabilities to obtain and maintain employment in the open labour market (Nuechterlein et al., 2008; Jones, Perkins, & Born, 2001).

Self-efficacy: for the purpose of the current study, self-efficacy is the belief in one’s own ability to meet challenges and complete tasks successfully (Rhew et al., 2018).

Client-centered practice: is described as collaborative practice implemented by therapists who respect and actively listen to their clients, strive to reduce power inequalities experienced by their clients, create supportive therapeutic relationships with their clients,

and assist their clients in the process of achieving meaningful goals (McCormack & Collins, 2010).

Adaptation: for the purpose of this study, adaptation relates to the internal and external process that occurs during the engagement in the occupation of work, resulting in an increased participation in the role of a worker (Grajo, Boisselle & DaLomba, 2018).

Perception: is the process of becoming aware of and interpreting external stimuli (Oxford University Press, 2018). Furthermore, based on the sensory information received, perception influences the way in which one responds to and meaningfully interacts with ones' environment (Study.com, 2018).

Experience: is the knowledge gained through the direct participation in an event or a particular activity (Merriam-Webster, 2018), leaving an impression on an individual (Oxford University Press, 2018).



List of abbreviations

MOOSE: Model of Occupational Self-Efficacy

CAOT: Canadian Association of Occupational Therapists

CV: Curriculum Vitae

IPS: Individual Placement and Support

QOL: Quality of Life

RTW: Return to Work

UNCRPD: The United Nations Convention on the Rights of Persons with Disabilities

WHO: World Health Organisation



Abstract

Globally, high unemployment rates exist amongst individuals with schizophrenia. Evidence suggests that these individuals have a desire to return to work (RTW), however, they experience difficulty in finding as well as sustaining employment. Work plays a pivotal role in the functioning of individuals with schizophrenia and has a substantial positive influence on their quality of life (QOL). Several studies recommend supported employment as a practice aimed at improving rates of competitive employment for individuals with schizophrenia.

The current study aimed to explore the experiences and perceptions of individuals, with a primary diagnosis of schizophrenia, about the use of the Model of Occupational Self-Efficacy (MOOSE) as a supported employment strategy in enhancing the work skills and facilitating RTW in the open labour market. A qualitative research design was utilised to explore these experiences and perceptions from nine participants. Additionally, one occupational therapist and one occupational therapy technician were selected and participated as key informants of the study. Participants were selected through the use of purposive sampling. Written informed consent was received from the participants, and their confidentiality was upheld throughout the study. Semi-structured interviews were used to collect data, and were audiotaped and transcribed verbatim. Transcriptions were analysed by means of thematic analysis and were managed manually into codes, categories and themes. The findings of the study were revealed in four themes and discussed holistically. Theme one and two respectively described the barriers and facilitators affecting the subjective experiences of the participants in the use of the MOOSE in enhancing work skills and RTW. Theme three presented the experiences and perceptions of how the MOOSE facilitated an

enhanced self-efficacy and developed the participants' worker identities, while theme four discussed the participants' experiences and perceptions of being able to adapt to their worker roles as they RTW in the open labour market.

The findings of the current study were interpreted with the use of Bronfenbrenner's Ecological Systems Theory as a conceptual lens. This provided insight and revealed how the varying levels of environmental or ecological systems influenced the participants' abilities to enhance their work skills and successfully RTW within the open labour market.

Recommendations to enhance supported employment and the RTW process of individuals diagnosed with schizophrenia using the MOOSE were then discussed. These recommendations were aimed at enhancing the practice and profession of occupational therapy. Furthermore, other recommendations included addressing workplace challenges with employers as well as policy issues impacting on the RTW process of individuals with mental illness, including those with schizophrenia.



Keywords:

Schizophrenia, supported employment, return to work, occupational therapy, Model of Occupational Self-Efficacy, client-centred approach, perception, experience and qualitative research.



Chapter One: Brief Overview of Study

1. Background

This study focused on exploring the experiences and perceptions of individuals diagnosed with schizophrenia about the use of the Model of Occupational Self-Efficacy (MOOSE) in enhancing work skills and facilitating return to work (RTW) within the open labour market. As an occupational therapist working within an acute setting at Lentegeur Hospital (Cape Town, South Africa), the high unemployment rate amongst mental health care users, specifically those with a diagnosis of schizophrenia, motivated the researcher to explore the reasons as to why this high unemployment rate exists, and to determine the need amongst mental health care users when returning to work. The MOOSE was developed by Soeker (2009) as a strategy to effectively return individuals with brain injuries to work, and therefore ultimately improve the employment rate and quality of life (QOL) for these individuals. Owing to the MOOSE being a newly developed model, there was a need to examine the experiences and perceptions of individuals with mental illness, particularly those diagnosed with schizophrenia, utilising this specific model as a RTW strategy of supported employment. Exploring the experiences and perceptions of individuals diagnosed with schizophrenia about the use of the MOOSE would assist in providing pivotal information regarding its use in the RTW process, as well as shed light into its ability to positively influence the adaptation of the worker role within their workplace. Similarly, the provision of this rich information would strive to encourage other therapists practicing within mental health and vocational rehabilitation to make use of the MOOSE as a supported employment strategy in enhancing work skills and facilitating the RTW process of individuals with schizophrenia, including other mental illnesses. With this, ways in which to

further develop and improve the model, specifically with regard to its use in vocational rehabilitation within the mental health context, would potentially be identified.

1.1 Introduction

In recent years, the occupational functioning of individuals with mental illness, particularly those diagnosed with schizophrenia, has become a noticeable target for intervention (Nuechterlein et al., 2008). Schizophrenia has significant consequences, and often results in an individual's social, economic and health status being affected (Phanthunane, Vos, Whiteford, Bertram, & Udomratn, 2010). In particular, these individuals experience major issues in social functioning, with work being one of the main areas of social stigmatisation (Marwaha & Johnson, 2004). In order to improve functioning and combat some of the consequences of schizophrenia as well as facilitate the process of individuals with schizophrenia returning to competitive employment, supported employment needs to be advocated for (Hajwani, 2008; Rosenheck et al., 2006). Supported employment has been recognised as a form of evidence-based practice (Van Niekerk et al., 2011; Rosenheck et al., 2006), and numerous previous studies have shown that supported employment has the potential to escalate the employment rate for individuals with mental illness (Nuechterlein, 2008). The current study explores the experiences and perceptions about the use of the MOOSE as a supported employment strategy in enhancing work skills and facilitating RTW within the open labour market for individuals diagnosed with schizophrenia.

1.2 Rationale

In a study conducted by Van Os and Kapur (2009), it is stated that even though individuals diagnosed with schizophrenia may have good control of their positive symptoms, their return of functioning and level of optimal occupational performance may however, still prove to be a challenge. Very few of these individuals return to competitive employment within the open labour market. Some of the challenges identified which contributed to these individuals not being able to successfully RTW included a lack of effective interventions such as supported employment, as well as having a poor motivational drive to resume work (Van Os & Kapur, 2009).

In an attempt to reduce negative symptoms and improve functioning, some pharmacological and prevocational skills training approaches have been trialed, however, these were deemed to be unsuccessful (Van Os & Kapur, 2009; Nuechterlein et al., 2008; Crowther et. al., 2001). The emphasis for intervention has thus been placed on vocational and occupational rehabilitation strategies to improve functioning and essentially enhance the well-being of individuals with schizophrenia (Van Os & Kapur, 2009). Experimental studies have proven that these rehabilitation strategies have shown good efficacy in increasing the functioning of individuals with schizophrenia (Van Os & Kapur, 2009) as well as increasing the probability of these individuals successfully returning to work within the open labour market (Nuechterlein et al., 2008).

The rationale for the study originates from the reported poor RTW rates being experienced by individuals with mental illness, specifically those with a diagnosis of schizophrenia. Owing to the lack of research based on individuals with schizophrenia returning to work in South

Africa, this study aimed to provide new insight and explore the experiences and perceptions of individuals with schizophrenia returning to work, after having participated in the MOOSE as a supported employment strategy. This research was the first of its kind within South Africa and provided pivotal information that can be utilised in the context of mental health.

1.3 Research design and method

The current study is positioned within the interpretivist paradigm. This paradigm focuses on understanding the subjective meanings and experiences of individuals about a specific phenomenon (Creswell, 2003). Qualitative research, which is associated with the interpretivist paradigm, focuses on individuals interacting within their own natural context and describing their own experiences of how the world operates around them (Cozby, 2005). In the current study, the researcher made use of an exploratory as well as a descriptive qualitative research approach.



Nine individuals diagnosed with schizophrenia and two key informants (who were rehabilitation specialists) were purposively selected for this study. In-depth interviews were conducted with all the participants in order to explore their experiences and perceptions of the phenomenon. The interviews were then audiotaped and transcribed verbatim. The data was analysed using thematic analysis, as described by Braun and Clarke (2006).

This study obeyed the ethical principles of conducting research with human subjects as described by the World Medical Association Helsinki Declaration (World Medical Association, 2013). Informed consents were obtained from the participants, and their confidentiality was respected at all times.

Trustworthiness, as proposed by Lincoln & Guba (1985), was achieved by means of the following strategies: credibility, dependability, confirmability and transferability.

1.4 Research context

The current study was based in the Metropole region of the Western Cape. The research participants comprised nine individuals who had a diagnosis of schizophrenia and had participated in a supported employment strategy, specifically the MOOSE, when returning to work. All the participants were in employment at the time of the interviews. The data were collected using semi-structured interviews with each of the participants. These interviews were conducted at the participants' homes and workplaces, and were used to explore the study phenomenon.



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1.5 Research question

What are the experiences and perceptions of individuals, with a primary diagnosis of schizophrenia, about the use of the Model of Occupational Self-Efficacy in assisting them in RTW in the open labour market?

1.6 Overview of subsequent chapters

1.6.1 Chapter Two: Literature review

In Chapter Two, the epidemiology of schizophrenia is described. The researcher examines the global trends of individuals with schizophrenia returning to work as well as discusses the occupational significance of employment for these individuals. Furthermore, the socio-political factors impacting on RTW in South Africa are identified, after which the researcher discusses current intervention strategies used in facilitating RTW as well as client-centred

practice respectively. Additionally, the MOOSE as a supported employment strategy is introduced and discussed. Finally, adaptation and work, occupational therapy, and Bronfenbrenner's Ecological Systems Theory as a theoretical framework are respectively discussed.

1.6.2 Chapter Three: Research methodology

In this chapter, the methodological aspects of the study are described. The researcher outlines the research design, study setting, sampling strategy used for selecting the participants, data collection methods and the data analysis process. Furthermore, strategies used to ensure trustworthiness and ethical considerations are discussed. Lastly, the limitations of the study are presented and discussed.

1.6.3 Chapter Four: Findings

In this chapter, the findings of the study are reported. The developing themes, centred on categories and codes from the analysed data, are provided and described by the researcher.

1.6.4 Chapter Five: Discussion

In this chapter, the findings of the study are interpreted and discussed relative to the MOOSE and relevant literature.

1.6.5 Chapter Six: Conclusion and recommendations

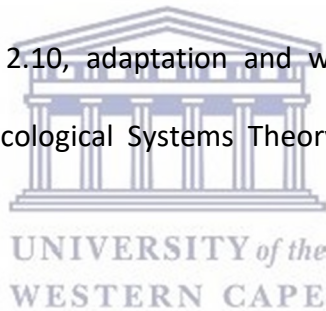
This chapter concludes the study with a specific emphasis on the use of the MOOSE as a supported employment strategy. Thereafter, recommendations based on the findings of this study are discussed.



Chapter Two: Literature Review

2. Introduction

In section 2.1, the epidemiology of schizophrenia is discussed. In section 2.2, the global trends of individuals with schizophrenia returning to work are examined. In section 2.3, the occupational significance of work for individuals with schizophrenia is discussed. In section 2.4, the socio-political factors impacting on RTW in South Africa are identified. In sections 2.5 and 2.6, the researcher discusses current intervention strategies used in facilitating the RTW process of individuals with disability as well as client-centred practice respectively. In section 2.7, the MOOSE as a supported employment strategy is introduced and discussed. Finally, in sections 2.8, 2.9 and 2.10, adaptation and work, occupational therapy as a concept, and Bronfenbrenner's Ecological Systems Theory as a theoretical framework is respectively discussed.



2.1 Epidemiology of schizophrenia

As stated by Kaplan and Sadock (2000), schizophrenia is one of the most deceptive, slowly progressive and disabling of the mental illnesses. The term *schizophrenia* was initially devised by Eugene Bleuler in 1911, and directly translates as *skhizein*: 'to split' and *phrên*: 'mind', originating from Greek origin (Sadock & Saddock, 2007). Schizophrenia is described by Morrison and Murray (2012, p. 980) as a "frightening illness in which intrusive 'voices' (auditory hallucinations) torment the sufferer with abusive or derogatory comments, and ideas weave together to form false beliefs (delusions), which colonise the mind". With this, the individual may believe that he/she is under investigation, or is involved in some sort of conspiracy usually associated with spiritual or political significance. The individual feels as

though they are not in control of their own thoughts and that their thoughts are no longer private (Morrison & Murray, 2012). Sahu (2015) further describes schizophrenia as a devastating, disabling brain disorder affecting the socio-occupational functioning competencies of individuals in their daily life activities, such as communication, self-care, work, and interpersonal relationships.

The US-based 5th Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (American Psychiatric Association, 2013) and the 10th International Classification of Diseases (ICD-10) (World Health Organisation, 2001) states that in order to diagnose schizophrenia, it requires the manifestation of a minimum of one month (or less if effectively treated) of two or more of the following distinctive symptoms (the disturbance should persist for a minimum period of six months, comprising one month of active symptoms): negative symptoms, delusions, hallucinations, disorganised speech, disorganised or catatonic behaviour, and should cause occupational and/or social dysfunction in one or more key areas of functioning, such as: self-care, interpersonal relationships, education, and work (Swingler, 2013). This dysfunction continues for a long duration of time during the course of the illness and is linked to the individual's reduced drive to pursue goal-directed behaviour (American Psychiatric Association, 2013).

The psychotic symptoms of schizophrenia characteristically develop in the early- to mid-20s for males and in the late-20s for females. Individuals experiencing the onset of schizophrenia characteristically display a slow and gradual development of substantial clinical signs and symptoms. Earlier age at onset of schizophrenia is generally considered a predictor of poor prognosis. Males tend to have a poor premorbid adjustment, inferior

educational success, further prominent cognitive impairment and negative symptoms when compared to females (American Psychiatric Association, 2013).

Schizophrenia therefore ultimately has a substantial consequence on an individual's social, occupational, and health circumstance (Phanthunane et al., 2010). Essentially, cognitive deficits and negative symptoms are strongly associated with vocational and functional impairment (American Psychiatric Association, 2013), thus contributing to these individuals losing contact with their family and friends, becoming withdrawn and isolated, and thus experiencing difficulty in returning to work and being able to maintain employment (Foruzandeh & Parvin, 2013). Some cognitive deficits may include, amongst others, the impairment of working memory, language function, executive function, slow process speed, reduced attention span, as well as reduced volition and motivation. Furthermore, some individuals may lack insight and judgement, often resulting in a lack of awareness about their diagnosis and therefore poor decision-making abilities (Martini et al., 2018; Reddy et al., 2016; American Psychiatric Association, 2013).

A systematic review of epidemiological data conducted by McGrath et al. (2008) showed that the lifetime prevalence of schizophrenia varied between 330 to 720 per 100 000 persons, while the incidence of schizophrenia was 15.2 per 100 000 persons. Studies have indicated that some aspects in fetal life (including maternal anxiety, maternal infection, maternal malnutrition, and hypoxia) may be accountable for a minute percentage of incidences of schizophrenia (Van Os & Kapur, 2009). Similarly, birth cohort and high-risk studies have produced reliable evidence suggesting that children, who as adults will be diagnosed with schizophrenia, have a high occurrence of non-specific behavioural and emotional disturbances, intellectual and language alterations, as well as minor motor delays

(Van Os & Kapur, 2009). Additionally, systematic reviews have shown that the rate of schizophrenia is influenced by some environmental influences. The chronic experience of social disadvantage and injustice, economically poor circumstances (Morgan et al., 2008), and exposure to abuse and trauma (Morrison, Frame, & Larkin, 2003), amongst other factors, are influential to the incidence of schizophrenia in a population (Van Os & Kapur, 2009).

Some immigrant ethnic groups, predominantly those who reside in a low ethnic density area, where there are less individuals of the same migrant group, have a greater chance of being diagnosed with a mental illness than native-born individuals. Moreover, exposure to substances, such as cannabis, causes and predisposes individuals to psychotic episodes and disorders (Van Os & Kapur, 2009). Similarly, gene and environment interplay also contributes to the vulnerability of schizophrenia. It is suggested by twin studies that schizophrenia has heritability rates of approximately 80%. This high percentage of heritability is not solely due to genetic impacts, and is similarly due to environmental impacts that are moderated by genes (gene-environment interaction, for example: neurocognitive function and stress sensitivity, amongst others) (Van Os & Kapur, 2009).

According to the World Health Organisation (WHO) (as cited in Zaprutko et al., 2015), schizophrenia affects approximately 24 million people worldwide. Owing to this, schizophrenia has a substantial influence on the costs of health care. Some of the direct costs primarily include expenses for hospitalisations as well as medications. However, the indirect costs could be related to low productivity (work) as a result of morbidity and stigma of individuals diagnosed with schizophrenia. It is estimated by the National Institute of Mental Health in the United States that this indirect cost equates to approximately 70% of

the total annual expenditure on schizophrenia (Zaprutko et al., 2015). However, as suggested by Zygmunt et al. (2002), usage of medication in isolation is not the solution for the treatment and management of schizophrenia. Antipsychotic medication is administered best in the context of social and psychological support (Zygmunt et al., 2002). It is for this reason that the “emphasis has been on vocational and occupational rehabilitation techniques (such as supported employment) to restore function” (Van Os & Kapur, 2009, p. 640) in individuals with schizophrenia returning to work. These interventions have shown good efficacy in the improvement of functioning, and has the potential to contribute to the achievement of the remission of approximately 80% of patients- particularly if the treatment is introduced during the first episode of the illness (Van Os & Kapur, 2009).

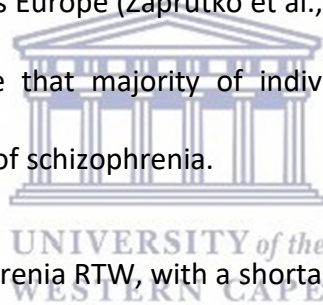
2.2 Examining the global trends of individuals with schizophrenia returning to work



According to the national mid-year population estimates of 2017, South Africa has a population of 56.52 million (Statistics South Africa, 2017). Currently, the statistics on the quantity of people with disability in South Africa are non-existent. However, based on the 2011 census, about 7.5% of the population had disabilities (Statistics South Africa, 2014). Should this statistical measure have remained constant, then South Africa’s current estimate of people with disabilities is 4 239 000. According to the 17th Commission for Employment Equity Annual Report of 2016 to 2017 (Department of Labour, 2017), the number of persons with disabilities employed has decreased since 2014. Currently, only 0.7% (49 500) of the country’s economically active people (7 071 449) are those with disabilities (Department of Labour, 2017), compared to the reported 0.9% (50 867 out of a total 5 593 326) as stated in the 14th Commission for Employment Equity Annual Report of

2013 to 2014 (Department of Labour, 2014). This decrease in number is partly due to some individuals with disabilities moving into entrepreneurial opportunities. Additionally, however, uncondusive working environments have contributed to the reduced number of people with disabilities being employed in the open labour market (The National Council for Persons with Physical Disabilities in South Africa, 2016).

The employment rate amongst individuals with schizophrenia is substantially low, despite their willingness to work (Eklund, 2009; Mueser, Salyers, & Mueser, 2001). According to a global study piloted by Zaprutko et al. (2015), only about 2% of individuals with schizophrenia in Poland are employed on a full-time basis, with approximately 20% in the United States of America as well as Europe (Zaprutko et al., 2015). Furthermore, the findings of the latter study also propose that majority of individuals with schizophrenia could potentially RTW during remission of schizophrenia.



Very few individuals with schizophrenia RTW, with a shortage of effective interventions such as supported employment (Martini et al., 2018), as well as impaired motivational drive and neurocognitive alterations being the major challenges experienced (Nuechterlein et al., 2011; Van Os & Kapur, 2009). Similarly, social stigma, a lack of awareness regarding schizophrenia, and illness-related aspects contributes to the low rate of employment amongst individuals with schizophrenia (Zaprutko et al., 2015). Regardless of this low rate of employment, about 55% to 70% of individuals with schizophrenia indicate an interest to RTW in order to achieve happiness and ultimately to enhance their health and well-being (McGurk et al., 2009).

Productivity lost as a result of morbidity and the experience of stigma of individuals with schizophrenia contributes significantly to the indirect cost of health care for schizophrenia (Knapp, Mangalore & Simon, 2004). A substantial portion of the global financial influence of mental disorders is focussed on the provision and attainment of employment for individuals with schizophrenia (Knapp, Mangalore & Simon, 2004). However, even though the abovementioned is accounted for, barriers to finding and maintaining employment are associated with the experience of stigma, prejudice, discrimination, and lack of support within the workplace (Martini et al., 2018; Boardman et al., 2003). As found in a descriptive qualitative study conducted in South Africa by Maja et al. (2011), the lack of awareness, insufficient knowledge, and a poor understanding of disability by employers contributes towards the unsuccessful integration of people with disabilities within the workforce. In order to combat this, Hajwani (2008) confirms that supported employment has the ability to neutralise stereotyping and encourage the integration of individuals with disability into the open labour market.



Even though several stereotypes exist within South Africa with regard to individuals with mental illness not being able to RTW (Van Niekerk, 2009), a study conducted by Van Niekerk (2009) demonstrates how the ability to RTW contributes to the participants' self-worth and is essentially used as a measure to confirm their ability and competence to society in being able to successfully RTW in the open labour market.

2.3 The occupational significance of work for individuals with schizophrenia

Individuals with schizophrenia who struggle to RTW or are unemployed “crave for occupational activity which improves their quality of life and can lead to reduced costs of schizophrenia treatment in the long term” (Zaprutko et al., 2015, p. 577). Additionally, work contributes towards these individuals to conform to the societal norm, and allows them to gain a sense of companionship, activity, and routine to their usual day (Martini et al., 2018; Sahu, 2015; Blank et al., 2013). According to Reddy et al. (2016), individuals with schizophrenia are brought closer to reality as they engage in the occupation of work, as this provides for routine and structure to occur within their daily lives. Similarly, being employed contributes to these individuals achieving happiness and economic purpose within their lives (Lexén et al., 2016; Sumiyoshi et al., 2015), since acquiring and fulfilling their role as a worker in adulthood is considered a significant milestone (Soeker, 2014). Moreover, engaging in the occupation of work essentially enhances the QOL of individuals with schizophrenia, and ultimately leads to a reduced cost of schizophrenia treatment (Zaprutko et al., 2015).

Individuals with schizophrenia who are employed require the use of fewer health services when compared to those who are unemployed (Bush et al., 2009). A study conducted by Foruzandeh & Parvin (2013), indicated that for individuals with schizophrenia, work and occupational therapy was the primary influential factor distinguishing between who did and did not improve clinically as well as functionally. The engagement in work has noticeable influences for the social status, individual well-being, and civil rights of those with mental illness. Some of these influential benefits include: an improvement in one’s social identity

and support, a means of organising and occupying time, the engagement in activity, and a sense of accomplishment as well as the experience of inclusion (Boardman et al., 2003).

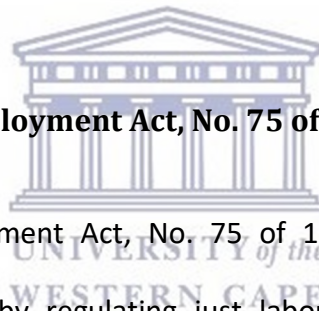
Being employed therefore has therapeutic effects (Sumiyoshi et al., 2015), and thus has the potential to cease or reverse the disabling process experienced by individuals with mental illness; “work is important both in maintaining mental health and in promoting the recovery of those who have experienced mental health problems” (Boardman et al., 2003, p. 467). A South African study conducted by Van Niekerk (2009) found that through the engagement of work, participants were able to improve their confidence and sense of self-worth. Furthermore, participants in the abovementioned study developed a worker identity as being an integrated part of their daily routine and occupational being, and suggested that they could not imagine life without work (Van Niekerk, 2009). In a similar study conducted by Sahu (2015), it was noted that being employed facilitates the reintegration of individuals into their community, provides them with a sense of identity and independence, and allows them to experience meaning and purpose in their daily lives.

2.4 Socio-political factors impacting on RTW of individuals with schizophrenia in South Africa

The following policies are discussed in an attempt to provide a clear understanding of the socio-political factors impacting on RTW of individuals with schizophrenia. The policies discussed below include: The Employment Equity Act, No. 55 of 1998, Basic Conditions of Employment Act, No. 75 of 1997, Skills Development Act, No. 97 of 1998, Disability Rights Charter of South Africa, United Nations Convention on the Rights of Persons with Disabilities, and the White Paper on an Integrated Disability Strategy.

2.4.1 Employment Equity Act, No. 55 of 1998

The Employment Equity Act, No. 55 of 1998 aims to accomplish equity within the workplace by promoting equal opportunity as well as fair treatment by eliminating unfair discrimination towards employees, including those with disabilities (Department of Labour, 1998). Equity is therefore achieved through the application of affirmative action measures in order to amend the disadvantages experienced by previously marginalised groups, including people with disabilities, with regard to employment (Department of Labour, 1998). Therefore, the act encourages equal employment opportunities, fair treatment, and essentially aims to eliminate stigma and unfair discrimination experienced by people with disabilities in the workplace.



2.4.2 Basic Conditions of Employment Act, No. 75 of 1997

The Basic Conditions of Employment Act, No. 75 of 1997 aims to improve economic development and social justice by regulating just labour practices within the working environment (Department of Labour, 1997). This act therefore seeks to improve working conditions and reduce the risk of exploitation being experienced by employees, including those with disabilities. Furthermore, it ensures that employees with disabilities are protected against unfair discrimination, specifically with regard to unjust hiring and dismissal as a result of their disability (Department of Labour, 1997).

2.4.3 Skills Development Act, No. 97 of 1998

The Skills Development Act, No. 97 of 1998 aims to develop the skills of the South African workforce in such a way that the QOL as well as the competitiveness of employers is improved. Furthermore, this act aims to inspire employers to make use of the working

environment as an active learning environment in which employees are able to obtain new skills and employ individuals who experience difficulty in finding employment (Department of Labour, 1998). Moreover, the act aims to bring about the improvement of employment prospects for persons previously deprived by unfair discrimination and to amend those disadvantages with training and education by the establishment of the Sector Education and Training Authorities and thus encouraging the participation in learnerships. With these learnerships, individuals with disabilities are provided with unique opportunities to acquire and practice skills to be used within the open labour market after the completion of their training (Department of Labour, 1998). With this, the Skills Development Act is designed to provide opportunities for all individuals, including those with disabilities, to acquire new skills and obtain employment within the open labour market, thus essentially contributing towards their independence.



2.4.4 Disability Rights Charter of South Africa

The Disability Rights Charter of South Africa declares that all persons with disabilities living within South Africa have the right to live independently, in a harmless environment, and in a society that is free from exploitation, discrimination, and mistreatment (Disability Rights Unit of Lawyers for Human Rights, 1992). The Charter was drafted by people with disabilities in South Africa for people with disabilities. Some of the demands of the charter include, amongst others: the absence of discrimination against people with disabilities, as well as the experience of equal opportunities and protection from exploitation. Furthermore, it indicates that the provision of services such as health and rehabilitation are to be effective, easily accessible and inexpensive to all people with disabilities; all people with disabilities will be ensured the right to employment in the open labour market and that the state will

offer incentives to employers as an encouragement to employ people with disability. Finally, the act indicates that suitable and effective policies, legislation and services be developed as well as enforced so that people with disabilities are able to experience the abovementioned rights (Disability Rights Unit of Lawyers for Human Rights, 1992). The current implementation of these policies is not as evident in South Africa since the development of the Disability Rights Charter in 1992. However, this charter does advocate for occupational justice to occur for all individuals with disabilities, and promotes the engagement in meaningful occupations which are safe and free from discrimination, exploitation, and abuse.

2.4.5 United Nations Convention on the Rights of Persons with Disabilities

Signed and approved by South Africa, the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) (United Nations Organisations, 2006) aims to encourage, protect, and ensure the equivalent enjoyment of all human rights and essential freedoms by all people with disabilities. Similarly, it aims to promote respect for the dignity of people with disabilities (including those diagnosed with schizophrenia) and emphasises their participation and social inclusion, as well as the freedom to make their own choices (United Nations Organisations, 2006). The UNCRPD, specifically Article 27, identifies many significant rights of people with disabilities with regard to work and employment. Some of these rights include, amongst others: the exclusion of discrimination on the basis of disability with regard to any matter relating to employment; the protection of the rights of people with disabilities to fair and favourable conditions of work; to employ people with disabilities in the public sector and promote employment opportunities in the private sector. It further ensures the reasonable accommodation of people with disabilities in the workplace; and to

promote vocational rehabilitation and RTW programmes for people with disabilities (United Nations Organisations, 2006). With this, the social inclusion and promotion of fair employment opportunities ensures that the rights of individuals with disabilities are respected and valued.

2.4.6 White Paper on an Integrated Disability Strategy

The Integrated National Disability Strategy proposed by the White Paper envisions a society for all (Integrated National Disability Strategy White Paper, 1997). With this, it is required that an incorporation of disability concerns exists in all government development planning, strategies, and programmes so that full engagement of people with disabilities is achieved in society (Integrated National Disability Strategy White Paper, 1997), including full participation within the open labour market.

Based on the discussion above, it is apparent that South Africa has developed policy and legislation to conquer barriers experienced by people with disabilities and to ensure that their rights within the workplace are not violated. However, the practical implementation thereof remains a challenge.

2.5 Intervention strategies that facilitate RTW: supported employment approach

Supported employment aims to facilitate the process of RTW for individuals with schizophrenia (including other mental illnesses) (Nuechterlein et al., 2008). Supported employment focuses on the inclusion and enhancing the likelihood of individuals with mental illness finding and maintaining employment in the open labour market. With this,

supported employment attempts to promote self-sufficiency as well as an improved QOL by assisting individuals with mental illness to pursue job opportunities in competitive employment (Jones, Perkins, & Born, 2001). Furthermore, it involves job matching and placement, attention to the needs and preferences of the participants, and provides ongoing employment support (Nuechterlein et al., 2008).

Evidence for the use of supported employment as an ideal method of promoting the inclusion of individuals with disability in work is increasingly found in international literature (Van Niekerk et al., 2011). A systematic review conducted in the United States of America, comprised eleven randomised control trials, and highlighted the success and positive outcomes achieved by supported employment in enabling individuals with disability to participate in competitive employment (Crowther et al., 2001). Based on this review, individuals who participated in supported employment were more likely to be included in competitive employment when compared to those who participated in and received prevocational training (Crowther et al., 2001).

Furthermore, numerous controlled studies support the notion and similarly indicate that supported employment (in comparison to other traditional vocational rehabilitation strategies) has the potential to increase the proportion of competitive employment for individuals with mental illness (Bond, 2004; Drake et al., 1999; Drake, McHugo, Becker, Anthony, & Clark, 1996; Lehman et al., 2002; Mueser et al., 2004; Twamley, Jeste, & Lehman, 2003) (as cited in Nuechterlein et al., 2008). Similarly, Twamley et al. (2012) states that people who are included in supported employment will achieve an improved result in finding and sustaining competitive employment. "Supported employment services increase the likelihood that persons with disabilities will obtain competitive employment, the length

of time they are employed, and their employment earnings” (Jones et al., 2001, p. 53) when compared to other vocational services (Nuechterlein et al., 2008).

A study conducted by Van Niekerk et al. (2011), the first of its kind within a South African context, explored the suitability of supported employment as a new strategy for promoting the inclusion of individuals with disability into competitive employment. As part of its findings, participants suggested that supported employment services are to be client-centred and that on-going support is to be provided so as to ensure long-term sustainable employment.

The concept of supported employment is relatively new within South Africa, and currently there are very few programmes available in facilitating the RTW and sustainable employment for individuals with disability (Van Niekerk et al., 2011). Evidence-based practice as well as practice experience confirms supported employment as being more successful in facilitating the RTW as well as the maintenance of employment than vocational rehabilitation focussing on improving work skills within simulated environments not situated within competitive employment contexts (Van Niekerk et al., 2011). It is for this reason that the researcher advocated for the MOOSE as a supported employment strategy in enhancing work skills and facilitating the RTW for individuals with schizophrenia (and other disabilities). The MOOSE as a strategy for supported employment is further discussed below.

As suggested by Zaprutko et al. (2015), in order to encourage the engagement of individuals with schizophrenia within their occupational role of work, numerous centres based on supported employment should be established as a significant aim for healthcare decision-makers. Supported employment will have a “positive effect on the efficacy of schizophrenia

treatment and allow the patients to work during schizophrenia remission” (Zaprutko et al., 2015, p. 578).

2.5.1 Individual Placement and Support strategy

The Individual Placement and Support strategy (IPS) advocates for the reintegration of unemployed individuals with mental illness into the open labour market (Becker & Drake, 2003). IPS is a supported employment strategy that incorporates eight principles, namely: incorporation of mental health and employment services, suitability based on consumer choice, work incentives planning, consideration to client preferences, attention to competitive employment, individualised job supports, swift job exploration, and systematic job development. With this, IPS enhances vocational outcomes and essentially promotes the clients’ self-esteem, QOL and overall well-being (Bond & Drake, 2012).

Minimal evidence exists with regard to IPS effectively addressing job maintenance within the open labour market, instead of reintegration (Kawohl et al., 2015). Similarly, although IPS has clear vocational benefits for individuals with mental illness, its access is limited. According to a study conducted by Brown et al. (2012), only 2.1% of clients with mental illness in the United States received IPS as a supported employment strategy in 2009, with less than 1% of those clients being individuals diagnosed with schizophrenia. Furthermore, as a result of IPS being an expensive strategy and experiencing financial insecurity, many users make use of alternative supported employment strategies when returning to work (Bond & Drake, 2012).

2.5.2 Clubhouse Model

The Clubhouse Model is a supported employment strategy that has been in existence for more than 65 years and has positively influenced numerous individuals diagnosed with

mental illness globally. Clubhouses are strengths-based, emphasize collaboration, strive to assist clients to participate in competitive employment and health and well-being activities, reduce admission to hospital, and improve overall QOL (McKay et al., 2018). Furthermore, basic values of the Clubhouse Model include the assurance that every individual has the ability and strength to recuperate from the impact of mental illness and to live a sufficient life; as well as a certainty that the participation in work is restorative to ones functioning and capabilities (McKay et al., 2018).

Similarly to IPS, the Clubhouse Model is criticized for its deficit to provide reliable access for clients requiring supported employment. Additionally, the Clubhouse Model is not well-known for its ability to provide ongoing support after a client has been successfully reintegrated into the open labour market. Literature emphasizes how the Clubhouse Model is well-known for its quick job placement of clients, with the purpose of obtaining any employment, and not specific employment opportunities which are of meaning and interest to the clients (Raeburn et al., 2013).

In addition to the abovementioned supported employment strategies being expensive and providing limited access and ongoing support, they are also time-consuming, thus often causing a delay in the RTW process.

2.6 Client-centered practice

According to the American Occupational Therapy Association, the Canadian Association of Occupational Therapists (CAOT), and the College of Occupational Therapists, the profession of occupational therapy has committed itself to the adherence of client-centered practice (Hammel, 2013). Client-centered practice is described by Rebeiro (2000) as being

collaborative practice exercised by therapists who respect their clients; create supportive and appropriate therapeutic relationships with their clients, and who are sympathetic to the clients' experiences and knowledge. Similarly, McCormack & Collins (2010) characterizes client-centered practice as being undertaken by therapists who actively listen to their clients, endeavour to reduce power inequalities experienced by their clients, assist clients in making informed choices about their lives, are neither demanding nor judgemental towards their clients, and assist clients in the process of achieving goals which are of importance to them- such as returning to work and obtaining employment within the open labour market.

The use of a client-centered approach within occupational therapy encourages the recognition of autonomy of clients, enables clients to make decisions about their occupational needs, promotes a sense of agency that clients bring to therapeutic encounters, and essentially ensures that services are accessible to clients and suitable for their context (Sumsion & Law, 2006). Furthermore, Hammel (2013) suggests that client-centered practice be a procedure in which the client is the hub around which occupational therapy intervention occurs. Owing to the abovementioned, a client-centered approach should be utilized in the process of enhancing work skills and facilitating RTW in the open labour market with individuals diagnosed with schizophrenia.

2.7 The Model of Occupational Self-Efficacy (MOOSE) as a strategy for returning individuals with schizophrenia to work

For the purpose of the current study, participating individuals had undergone a supported employment strategy, namely the MOOSE. As developed by Soeker (2009), the MOOSE is a client-centered occupational therapy practice model used to facilitate the process of RTW

for individuals who view themselves as requiring ongoing support so that they are able to ultimately return to their occupational roles independently, including that of a worker. The aim of this model is to develop an individual who is more self-motivated, competent, goal-orientated, and is essentially able to RTW independently. In order to enhance occupational self-efficacy, the model uses the individual's belief in their functional ability, their use of self, their realisation of competency through occupational engagement, and their ability to become a capable individual (Soeker, 2009).

An occupational therapist facilitates the development of occupational self-efficacy through the encouragement of introspection and the enhancement of inner strength in individuals participating in the MOOSE. Fundamentally, this process empowers individuals to develop a strong personal belief that they are able to manage various challenges that may be experienced within their lives. Through the mindful use of themselves, these individuals begin to comprehend and appreciate their autonomy, and as a result experience an improved self-esteem and self-confidence (Soeker, 2009). The individual's competency in his/her functional skills is heightened by his/her ability to independently make use of available resources for the purpose of occupational engagement as well as to improve their general knowledge. Ultimately, this process enables individuals to become capable in their ability to actively participate in tasks which enriches their sense of achievement and competency in their occupational roles (Soeker, 2009).

The MOOSE has a dynamic approach to the client and is aimed at four specific Stages. The model is spiral in structure (Figure 2.1), thus indicating that the models' Stages are not linear and that individuals can fluctuate between the different Stages- this is dependent on his/her level of occupational self-efficacy. Similarly, amongst each of the Stages of the model exists

another spiral which represents the impact of the environment on the individual's occupational performance. This spiral representation indicates how the environment has the ability to influence the individual's performance throughout the four Stages of the model (Soeker, 2009). Within the context of the current study, a participant's environment may include, amongst others, his/her family members, work colleagues, workplace, employers, health professionals and external organisations.

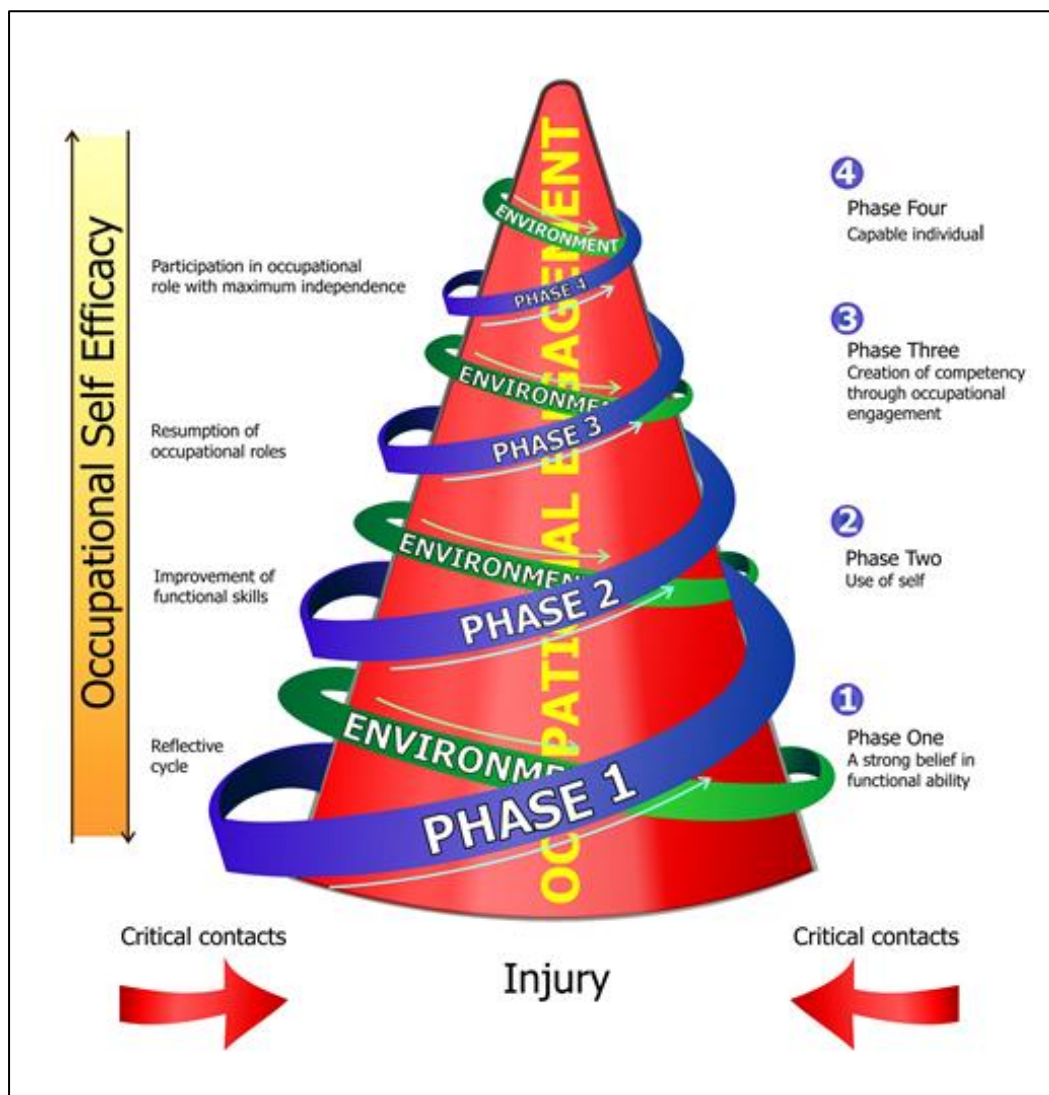
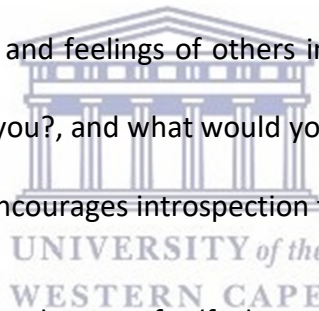


Figure 2.1: The Model of Occupational Self-Efficacy (Soeker, 2009).

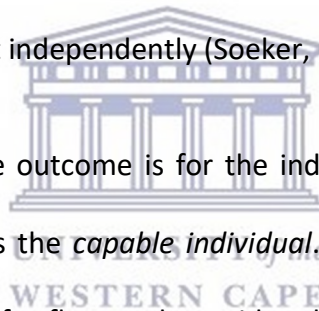
The model has four Stages which is necessary for the individual to undergo. Stage one of the model is known as *a strong belief in functional ability*. Within this Stage, an occupational therapist facilitates the process of introspection and encourages the individual to become reflective. Through this process, the individual experiences an improved insight and begins to accept his/her condition and circumstance in which he/she is in. With this, efficacy beliefs essentially emerges as the individuals' confidence improves and he/she is able to recognise that he/she has the ability to overcome challenges currently being experienced whilst participating in a supported employment programme and successfully engaging in their occupational roles (Soeker, 2009). Self-reflection is encouraged by using the following steps of reflection as advocated by Gibbs (1998): what happened?, what were you thinking and feeling?, what were the thoughts and feelings of others involved, and how do you know?, what other options were open to you?, and what would you do if the situation arose again?. The use of these reflective steps encourages introspection to occur.



Stage two of the model is known as the *use of self*. Throughout this Stage of the model, the individual regains control of their life situation and realises their self-sufficiency. Stage two is also the Stage where the occupational therapist has an opportunity to establish autonomy within the individual. The individual's use of self becomes enhanced when he/she comprehends his/her ability to begin tasks independently, thus contributing to an enhanced autonomy. The aim of therapy in this Stage is to improve functional components such as cognition and endurance that need intervention which are client-centered, goal-orientated.

Stage three of the model is known as the *creation of competency through occupational engagement*. Throughout this Stage the individual focusses on the specific occupational performance area of work. The individual's motivation and ability to be independent is

continuously enhanced and improved, resulting in the individual developing a more positive perspective with regard to their occupational being. The individual believes that he/she has the capacity and is able to engage in occupations successfully as well as independently (Soeker, 2009). Within this Stage, the occupational therapist actively participates in the rehabilitation process by motivating the individual and providing affirmative support so as to ensure that the individual strives to and achieves higher levels of occupational engagement- therefore ultimately improving work performance. Similarly, self-efficacy is enhanced in this Stage by means of independent functioning within the work environment to the extent that the individual experiences, through continuous successful engagement in his/her occupational role, an improved ability and competency to be able to RTW and successfully maintain employment independently (Soeker, 2009).



As the programme continues, the outcome is for the individual to ultimately reach Stage four of the model- also known as the *capable individual*. During this Stage of the model, individuals are encouraged to self-reflect and consider their involvement in the previous Stages of the model as well as to realise their success in the engagement and participation of their occupational role as a worker. Furthermore, he/she is capable of conceptualising his/her ability to overcome barriers experienced throughout the rehabilitation process with regard to their worker role. The individual's perspective about themselves is improved as they succeed in the engagement of work, resulting in the individual experiencing an enhanced self-efficacy and an improved volition to participate in their worker role- thus indicating that the ultimate goal of the model is successfully achieved (Soeker, 2009).

The aim of the model is to produce a more goal-orientated and motivated individual who is capable of maintaining their worker role successfully as well as independently (Soeker,

2012). Therefore, Stage four of the model is furthermore described by having a prolonged, independent, meaningful participation by the individual within their worker role. The role of the occupational therapist as a facilitator is progressively withdrawn in this Stage to the point where the support is no longer required and the individual is able to adapt and engage in his/her occupational role as a worker independently (Soeker, 2009).

2.8 Adaptation and work

According to Grajo, Boisselle & DaLomba (2018), adaptation is an imperative construct in occupational therapy and occupational science. Occupational adaptation is described as a process of interaction between an individual and his/her occupational environment to create a response that will allow him/her to experience a sense of accomplishment over an occupational challenge (Schkade & Schultz, 1992). Furthermore, occupational adaptation is described by Kielhofner (2002) as a dynamic practice involving occupational identity and occupational competence. Occupational identity is referred to as one's perspective of one's current and future self in relation to one's past as an occupational being; whilst occupational competence is referred to as the manner in which an individual achieves his/her expectations, upholds roles and responsibilities, and perseveres towards life goals (Kielhofner, 2002). The occupational adaptation process includes the generation, evaluation and integration of the occupational response (Schkade & Schultz, 1992).

A qualitative study conducted in South Africa by Soeker (2011) emphasised the significance of engagement in occupation in the process of adapting to an occupational role such as that of a worker. Through the engagement in occupations, the participants in Soeker's (2011) study developed an understanding and awareness into their functional limitations and were

thus able to adapt to various tasks within their worker roles. Soeker (2011) further claimed that the participants in his study developed a sense of self-efficacy and experienced an improved occupational identity and occupational competence through the successful engagement in occupation. In contrast however, those participants who experienced challenges in adapting to their various occupational roles developed a low sense of self-efficacy.

A void in literature exists with regards to an individual with schizophrenia's adaptation to their worker roles after returning to work in the open labour market, particularly subsequent to their participation in a supported employment programme- thus suggesting a need for further exploration in this regard.

2.9 Occupational therapy



Occupational therapy is a client-centred health profession which intends to promote the health and well-being of individuals through the means of occupation. The main goal of occupational therapy is to facilitate individuals to engage and participate in activities of daily living, including that of work (World Federation of Occupational Therapists, 2012). In order for this to occur, occupational therapists “work with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement” (World Federation of Occupational Therapists, 2012, p. 1). According to the CAOT (2015), occupational therapists have the skills, knowledge and expertise to support workplaces to enhance the health and well-being of workers and enable working

environments to support productivity and facilitate the RTW of individuals with disability, including those diagnosed with schizophrenia.

2.10 Bronfenbrenner's Ecological Systems Theory

This study made use of Bronfenbrenner's Ecological Systems Theory as a theoretical framework and a conceptual lens through which it described the interactions of various factors influencing the RTW of individuals with schizophrenia after participating in the MOOSE as a supported employment strategy. Bronfenbrenner's Ecological Systems Theory argues that one needs to take into consideration the entire bioecological system in which growth occurs in order to fully understand human development (Cala & Soriano, 2014; Bronfenbrenner, 1995). According to Bronfenbrenner (1994) the Ecological Systems Theory consists of several systems that influence one another in a dynamic manner. The *microsystem* is the most immediate environment of the developing individual. This environment includes activities, interpersonal relations, and social roles that the individual experiences, interacts with, and is engaged in. Examples of this may be family, peer group, therapists and the workplace (Paquette & Ryan, 2001).

The *mesosystem* comprises of the relationships and processes occurring amongst the microsystems of the individual. For example, the relations and interactions between home and the workplace (that is: the interrelations between microsystems). The quality of the mesosystem is determined by the amount and value of the interrelated relationships (Bronfenbrenner, 1994).

The *exosystem* involves the relationships between two or more settings, one of which the individual is not physically present, however in which events occur that indirectly impacts

the processes within the environment in which the individual lives (Bronfenbrenner, 1994). An example of this may be the association between home and work, whereby the individual may feel demotivated to work due to a lack of social support from his/her home environment.

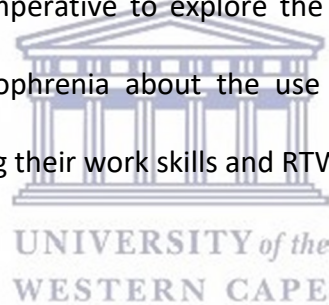
The *macrosystem* encapsulates the characteristics of all the other systems (micro-, meso-, exo-) and represents the cultural beliefs, societal values, political trends, and norms of that given culture or community in which the individual is surrounded by (Bronfenbrenner, 1994).

Lastly, the *chronosystem* incorporates the change that occurs over time- not only transformation of the individual him/herself, however including also that of the environment in which he/she lives (Bronfenbrenner, 1994). For example, change that occurs over the life course of a family structure, employment status, socio-economic status, and functioning in everyday life, amongst others.

Bronfenbrenner's bioecological model was a suitable framework and lens for this study since it considers the overall socio-political as well as contextual environment of the individual that influences their growth and development, as opposed to the sole individual primarily (Christensen, 2010). Furthermore, this model is beneficial as it permits scientific insight and reveals information that often remains untapped by conventional modes of conceptualisation (Bronfenbrenner, 1995). Thus, this framework offered a clear and meaningful understanding of the experiences and perceptions of the use of the MOOSE in facilitating RTW for individuals with schizophrenia in the open labour market.

2.11 Summary

According to the literature, schizophrenia has the potential to cause significant occupational dysfunction in one or more key areas of functioning, including that of work. A void in the literature was identified with regards to the subjective experiences of individuals with schizophrenia returning to work after participating in a supported employment strategy. Even though the literature identified various legislation, models, and social policies currently in use with the RTW process for individuals with disabilities, there is limited literature identifying the successful placement and maintenance of work within the open labour market for individuals with disability, specifically those diagnosed with schizophrenia. It is for this reason that it became imperative to explore the experiences and perceptions of individuals diagnosed with schizophrenia about the use of the MOOSE as a supported employment strategy in enhancing their work skills and RTW within the open labour market.




Chapter Three: Research Methodology

3. Introduction

In sections 3.1 and 3.2, the problem statement and aim of the study are discussed. In section 3.3, the objectives of the study are identified. In section 3.4 and 3.5, the research paradigm in which the study was positioned and the description of the study setting is respectively discussed. In section 3.6, the sampling strategy used within this study is described. In sections 3.7 and 3.8, the data collection method as well as the data analysis process is discussed. Finally, in sections 3.9, 3.10, 3.11 and 3.12, bracketing, trustworthiness, ethical considerations and limitations of the study are respectively discussed.

3.1 Problem statement



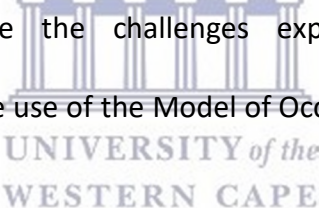
Globally, a high unemployment rate exists amongst individuals with schizophrenia. Evidence suggests that these individuals have a desire to RTW, however they experience difficulty in finding as well as sustaining employment (Zaprutko et al., 2015). Work has a substantial influence on the functioning of individuals with schizophrenia; as it provides structure to their daily lives and allows them to experience a sense of conforming to societal norms. Similarly, work has a significant positive impact on the QOL for these individuals (Boardman et al., 2003). In order to conquer the global occurrence of high unemployment rates amongst individuals with schizophrenia, many studies recommend supported employment as a practice aimed at improving rates of competitive employment for these individuals (Nuechterlein, 2008; Hajwani, 2008). Supported employment, within the context of the current study, is not a primary focus of rehabilitation. Similarly, a void in the literature exists that focuses on the experiences of individuals diagnosed with schizophrenia about returning

to work and adapting to their worker roles, particularly after participating in a supported employment programme. As such, the current study explored the experiences and perceptions of individuals diagnosed with schizophrenia about the use of the MOOSE in assisting them to adapt to their worker roles and RTW in the open labour market.

3.2 Aim of the study

The study aimed to explore the experiences and perceptions of individuals, with a primary diagnosis of schizophrenia, about the use of the Model of Occupational Self-Efficacy in enhancing work skills and facilitating RTW in the open labour market.

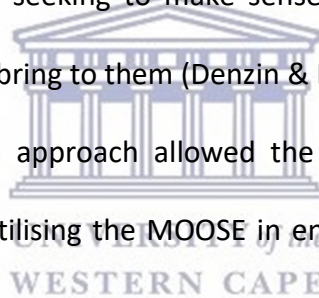
3.3 Objectives of the study

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- To explore and describe the challenges experienced by individuals with schizophrenia regarding the use of the Model of Occupational Self-Efficacy in RTW in the open labour market.
 - To explore and describe the facilitatory factors experienced by individuals with schizophrenia regarding the use of the Model of Occupational Self-Efficacy in RTW in the open labour market.
 - To describe the perceptions and experiences of individuals with schizophrenia with regard to how the Model of Occupational Self-Efficacy helps them develop their identity as a worker.
 - To describe the perceptions and experiences of individuals with schizophrenia with regard to how the Model of Occupational Self-Efficacy helps them adapt to their worker role.

3.4 Research paradigm

3.4.1 Qualitative research

The current study was positioned within the interpretivist paradigm. This paradigm focuses on understanding the subjective meanings and experiences of individuals about a specific phenomenon (Creswell, 2003). Qualitative research, which is associated with the interpretivist paradigm, focuses on individuals behaving within their own natural context and describing their own experiences of how the world operates around them (Brink et al., 2006; Cozby, 2005). Denzin and Lincoln (2005) state that qualitative research comprises of interpretive practices that makes the world visible. This allows the researcher to study aspects in their natural contexts, seeking to make sense of and understand phenomena based on the meaning individuals bring to them (Denzin & Lincoln, 2005). For the purpose of this study, a qualitative research approach allowed the researcher to explore the lived experiences and perceptions of utilising the MOOSE in enhancing work skills and RTW for individuals with schizophrenia.



3.4.2 Exploratory research

Exploratory research is used to clarify a phenomenon through the use of exploration of an experience, using the perspectives or insights as the units of analysis (Andersen et al., 2012). Furthermore, the purpose of exploratory research is to explore and provide insight into relatively unknown research areas (Brink et al., 2006; Mouton and Marais, 1996). “...exploratory studies usually lead to insight and comprehension...” (Mouton and Marais, 1996, p. 43) and aims to clarify central concepts and constructs under investigation (Mouton and Marais, 1996). For the purpose of the current study, the researcher utilised an

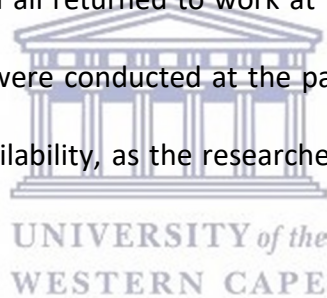
exploratory perspective so that novel, rich and meaningful insights into the participant's experiences of utilising the MOOSE in enhancing work skills and RTW in the open labour market could be gained. These experiences were explored in-depth. Moreover, the researcher made use of open-ended questions during the interview process, thus encouraging the participants to share and clarify a vast amount of rich information. This information aided the researcher in understanding the experiences and perceptions of utilising the MOOSE in enhancing work skills and RTW for individuals with schizophrenia.

3.4.3 Descriptive research

Descriptive research allows for the emphasis of in-depth description of the phenomenon under investigation (Durheim, 2002; Burns & Grove, 2007). Furthermore, descriptive research permits the collection of accurate data, as a narrative of the phenomenon is provided by participants of the study (Holloway & Wheeler, 2010; Durheim, 2002; Mouton and Marais, 1996). For the purpose of the current study, the use of descriptive research permitted the researcher to collect accurate, rich and meaningful data from the participants, asking them to describe their experiences and perceptions about the use of the MOOSE in enhancing work skills and facilitating RTW in the open labour market. With this, the researcher's aim of exploring the experiences and perceptions of individuals, with a primary diagnosis of schizophrenia, about the use of the MOOSE in enhancing work skills and facilitating RTW in the open labour market was being accounted for and described in-depth by the participants of the study.

3.5 Description of study setting

The participants of this study lived and worked in various suburbs within the Metropole of the Western Cape Province of South Africa. Participants were recruited from Lentegeur Hospital, situated in Mitchell's Plain, Cape Town. Lentegeur Hospital is one of four psychiatric hospitals in the Western Cape, and is one of the largest hospitals that operate in the Mitchell's Plain Health District of the Metro Region. It houses 722 beds for patients admitted to the hospital and offers comprehensive clinical services such as Child and Adolescent Psychiatry, Forensic Psychiatry, Intellectual Disability Services and General Adult Psychiatry. At the time of the study, all the participants were discharged from the hospital. Furthermore, the participants had all returned to work at the time at which the interviews were conducted. The interviews were conducted at the participants' homes or workplaces and were dependent on their availability, as the researcher did not want to inconvenience the participants.



3.6 Sampling strategy

The selection criteria for the participants of the current study informed the sampling strategy used. The researcher initially discusses the participant selection, followed by the inclusion and exclusion criteria, after which a description of the study participants is provided.

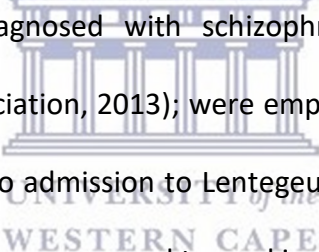
3.6.1 Participant selection

In this study, participants with a diagnosis of schizophrenia were selected by means of purposive sampling. Purposive sampling allows the researcher to select a sample of

individuals who meet a predetermined criterion (Cozby, 2005), thus making them the ideal individuals to explore concepts related to the phenomenon under investigation (Denzin & Lincoln, 1994).

A purposive sample of 16 individuals from Lentegeur Hospital was identified based on the inclusion criteria described below. However, only 11 individuals volunteered to participate in the study. Of these 11 individuals, one individual dropped out of the programme, and another individual passed away during the programme. Therefore, only nine participants were included in the study.

3.6.1.1 Inclusion criteria

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- The participants were diagnosed with schizophrenia according to the DSM-5 (American Psychiatric Association, 2013); were employed or returned to work in the open labour market prior to admission to Lentegeur Hospital; were in Stage four of the MOOSE and have thus been exposed to working in the open labour market; lived in the Metropole of the Western Cape; were over the age of 18 years old; and were able to comprehend verbal questions and converse effectively in English and/or Afrikaans.

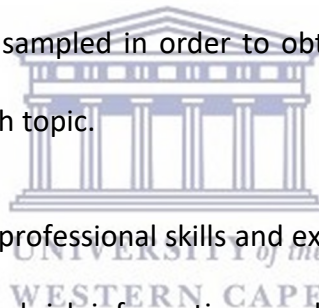
3.6.1.2 Exclusion criteria

- Individuals who showed evidence of significant and habitual substance (including drugs and/or alcohol) abuse were excluded from the study, as this may potentially influence the performance of their worker roles; and individuals with active symptoms related to a psychiatric condition.

The participants in this study were interviewed to the point where saturation of the data became evident. According to Bowen (2008), data saturation entails the inclusion of new participants into the study to the point where the researcher collects data that is replicated, therefore providing no new information to the collected data. In the current study, the saturation point became apparent after interviewing nine participants.

3.6.2 Key informant technique

A key informant is considered an expert source of information. Owing to their personal skills and formal roles within a specific context, they are able to offer meaningful information and provide profound insight into information being sought (Marshall, 1996). In this study, two key informants were purposively sampled in order to obtain further rich information and gain dense insight into the research topic.



The key informants' personal and professional skills and experiences related to the research of this study. They held valuable and rich information sought after by the researcher. As part of the inclusion criteria, one occupational therapist and one occupational therapy technician were sampled as key informants for the study. The key informants had to have experience in the context of mental health and vocational rehabilitation, particularly facilitating the RTW of individuals diagnosed with schizophrenia.

3.6.3 Description of study participants

Nine participants were sampled between the ages of 22 to 43 years old. For the purpose of this study, the racial classification of White, Black and Coloured was used according to the classification of the South African Population and Registration Act of 1950 (South African

Population and Registration Act of 1950)¹. In terms of the demographic information of the participants, one participant was classified as White, four were Coloured, and four were Black. Eight participants were males and one participant was female. Two key informants were sampled, one key informant being a 26 year old Indian female, and the other a 46 year old Coloured female.

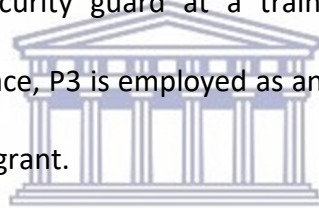
Participant one (P1): P1 is a 31 year old Coloured male, who has a grade 12 level of education. He attended a tertiary institution for one year, after which he then discontinued his studies as a result of personal reasons. He is single, has no children and currently resides with his mother. He was admitted to Lentegeur Hospital in March 2016 and subsequently discharged in May 2016. P1 was previously employed as a merchandiser at Shoprite supermarket. At the time of his admission, P1 was unemployed as his contract had ended, and he experienced severe difficulty in finding employment. P1 mentioned that this was due to his confidence and self-esteem being poor, as he felt as though looking for a job would be an aimless activity- even though he had good motivation to RTW. Currently, P1 is employed at a hospital and works as a general assistant within the linen bank. He also receives a state disability grant.

Participant two (P2): P2 is a 43 year old White female, who has a grade 12 level of education. She completed a short course and received a certificate in graphic designing. P2 is divorced, has three children, and resides on her own. She was admitted to Lentegeur Hospital in August 2016 and subsequently discharged in November 2016. P2 was previously

¹ The classification system used to classify the research participants in this study was only used for the demographic purpose of the study. As described by the South African Population and Registration Act of 1950, a White person was identified as an individual whose parents were both White, a Black person was identified as an individual who belonged to an African race or tribe, and a Coloured person was identified as having mixed ancestry, with Indian people being classified as Coloured as well.

employed as a graphic designer for an automobile magazine. Currently, P2 is employed as an online graphic designer, and works for an international company. She does not receive a state disability grant.

Participant three (P3): P3 is a 34 year old Black male, who has a certificate in electrical engineering which he obtained from the Western Province Technical College, and has a Grade C qualification as a security guard. P3 is currently in a relationship, has one child, and resides with his father. He was admitted to Lentegeur Hospital in May 2017 and subsequently discharged later in the same month (May 2017). At the time of his admission, P3 expressed concerns of returning to work as he was unsure of his ability to cope within his former worker role, being a security guard at a train station. Currently, after being accommodated within his workplace, P3 is employed as an announcer at a train station and does not receive a state disability grant.



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Participant four (P4): P4 is a 37 year old Coloured male, who has a grade 10 level of education. P4 is divorced, has one child, and is currently residing with his parents. He attends the outpatient department at Lentegeur Hospital on a monthly basis, which is where he receives his medication. P4 expressed concerns of returning to work as he experienced a sense of low self-efficacy, low self-esteem, lack of assertiveness, and poor motivation and volition to engage in his worker role, amongst others. Currently, P4 is employed as an administrator at a primary school within the Cape Metropole region.

Participant five (P5): P5 is a 36 year old Coloured male, who has a grade 11 level of education. P5 is married, has three children and resides with his family. He was admitted to Lentegeur Hospital in April 2017 and subsequently discharged in July 2017. P5 expressed

concerns of returning to work as a result of him not being able to cope in his worker role within his working environment- he particularly mentioned how he experienced difficulty in working alongside colleagues, as a result of experiencing stigma and ultimately having a low self-esteem and self-efficacy. This resulted in him being absent from work for long periods of time, and he often voluntarily admitted himself to hospital as a coping mechanism. He is currently employed as a chef for the Western Cape Department of Health and does not receive a state disability grant.

Participant six (P6): P6 is a 22 year old Coloured male, who has a grade 8 level of education. He is single, has no children and currently resides with his sister. He was admitted to Lentegeur Hospital in February 2017 and subsequently discharged in April 2017. P6 was brought to hospital by his supervisor, as he was psychomotor slow, restless, thought-ordered, and grandiose at work. His mother had passed away and he experienced immense difficulty in dealing with his illness, after which he defaulted the use of his medication. Moreover, he stated that he was afraid of travelling to work independently. He is currently employed at a hospital as a general assistant and receives a state disability grant.

Participant seven (P7): P7 is a 29 year old Black male, who has a diploma in analytical chemistry which he obtained from Nelson Mandela Metropolitan University in 2012. P7 is currently in a relationship, has one child, and resides with his parents. He was admitted to Lentegeur Hospital in July 2017 and subsequently discharged in August 2017. P7 initially presented with poor insight into the importance of medication use, resulting in him displaying odd behaviour within his working environment. Furthermore, he was disorganised, withdrawn, and had overvalued religious as well as bizarre delusions;

ultimately affecting his ability to engage in his worker role. Currently, P7 is employed as a lab technician at a paint and wall coatings company.

Participant eight (P8): P8 is a 36 year old Black male, who has a grade 11 level of education and is a qualified security guard. P8 is currently in a relationship, has one child, and resides on his own. He was admitted to Lentegeur Hospital in May 2017 and subsequently discharged in June 2017. P8 was admitted to hospital as a result of active psychosis due to him defaulting the use of his medication; he mentioned that the use of his medication contributed to him being lethargic whilst at work, causing difficulty to engage in work tasks. He presented with aggressive behaviour, was incoherent, and had persecutory delusions- he believed that he was being followed by armed robbers who wanted to murder him. Currently, P8 is employed as a security guard and receives a state disability grant.

Participant nine (P9): P9 is a 28 year old Black male, who has a diploma in marketing. P9 is single, has no children, and currently resides with his mother. He was admitted to Lentegeur Hospital in June 2017 and subsequently discharged in August 2017. P9 was admitted to hospital as he presented with aggressive behaviour, poor self-care, circumstantial thought process and paranoid delusions (he believed that his food was being poisoned and that witchcraft and God were attempting to murder him). He defaulted his medication and experienced difficulty in engaging in his worker role; he stated that he was unable to cope with his work demands. Currently, P9 is employed as a salesman within the retail industry.

Key Informant one (KI1): KI1 is a 26 year old Indian female, who holds a Bachelor of Science degree in Occupational Therapy from the University of the Western Cape. She has five years of work experience in the occupational therapy field, all of which is in mental health and

vocational rehabilitation. She is currently employed at a psychiatric hospital within the Cape Metropole, where she provides occupational therapy services to inpatients within the admissions unit.

Key Informant two (KI2): KI2 is a 46 year old Coloured female, who holds an Occupational Therapy Technician certificate from the Western Cape Department of Health. She has eighteen years of work experience in the occupational therapy field, ten of which is in mental health. She is currently employed at a psychiatric hospital within the Cape Metropole, where she provides occupational therapy services to inpatients within the admissions unit.

3.7 Data collection



For the purpose of the current study, data was collected using semi-structured interviews and was based on a series of points to ensure that all interviews cover similar content of questioning (Crowe et al., 2015). These semi-structured interviews required that the interviewer and interviewee meet face-to-face in order to conduct the interview (Cozby, 2005). Two semi-structured interviews were conducted with each of the nine participants. One interview was conducted during Stage four of the model and another interview at a period of one month after being employed in the open labour market. It was important that the participants experienced and completed all the stages of the model so that their opinions on how the model facilitated their entire RTW process could be obtained. One semi-structured interview was conducted with each of the two key informants of the study, who were considered as experts in the field of study; one being an occupational therapist and the other being an occupational therapy technician. The data gathered from the key

informants were used to strengthen the findings of the study. The interviews conducted were related to the application of the MOOSE in RTW and enhancing the work skills of individuals diagnosed with schizophrenia (see Appendix 2). These interviews continued until the saturation of data occurred, and took place either within the home or working environments of the participants. The duration of each of the interviews ranged between 40 to 60 minutes. An audiotape recording was used to record the data during the interview process.

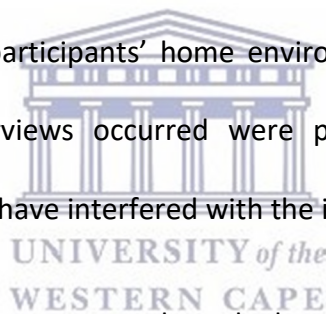
3.7.1 Preparation for the interviews

In preparation for interviews, the researcher immersed himself into the literature on the topic. Aspects concerning the topic were carefully studied, thus allowing the researcher to define concepts and be able to construct an interview guide. Additionally, mental as well as emotional preparation was required, as the researcher prepared to enter into the interviewees' environment and space of comfort. A semi-structured interview guide was used during the interviews, and logistical aspects with regard to time and location of the interviews were carefully considered prior to conducting the interviews.

3.7.2 Description of the interview process

Prior to commencing the interview process, it was required that the researcher obtain ethical approval from the University of the Western Cape Higher Degrees Committee (see Appendix 3). Similarly, the researcher required and obtained ethical approval from the Research Ethics Committee at Lentegeur Hospital (see Appendix 4). Potential participants were identified with the assistance of medical officers as well as occupational therapists at Lentegeur Hospital. These potential participants were then contacted telephonically in order


to determine whether or not they met the inclusion criteria of the study. The researcher then arranged appointments with appropriate participants so that possible participation in the study could be discussed. Upon meeting each of the participants, the aim and intentions of the study was explained verbally as well as in writing. Informed consent (see Appendix 5) from each of the participants was then obtained, after which dates for the interviews were arranged. An information sheet (see Appendix 6) describing the study, its objectives and the expectations of the participants was provided to them. The content of the information sheet was further clarified to the participants verbally, and any questions that the participants had were answered to the best of the researchers' ability. Majority of the interviews were conducted at the participants' place of employment at an agreed upon time, with at least six interviews occurring within the participants' home environment. The researcher ensured that the venues in which interviews occurred were private, and had least possible distractions that could potentially have interfered with the interview process.



A total of 20 face-to-face interviews were conducted. These included 18 interviews with the participants and two interviews with the key informants. The researcher conducted all the interviews with the use of an interview guide. The researcher asked a variety of questions as well as probes that related to the objectives of the study (see Appendix 1 and 2). Therefore, the same interview questions were asked to all the participants and key informants. An example of the questions asked to the participants encompassed: *"Please describe whether you have experienced any difficulty in participating in the work rehabilitation programme?"* or *"Now that you have completed the rehabilitation process and returned to work, can you describe how your identity as a worker has been affected?"* However, the participants were allowed to deviate from the guided questions asked, and were given the opportunity to

share other aspects relevant to the discussion. Furthermore, additional questions were added as determined during the interviews. Questions and prompts were open-ended (see Appendix 1 and 2), thus allowing the researcher to further probe in the instance of a question not being satisfactorily answered; for example: *“What were the barriers and challenges that you experienced while participating in this programme?”* or *“Do you feel more confident in your role as a worker within the workplace?”* During each of the interviews, should the participant have had any questions relating to the MOOSE, the researcher would clarify the guidelines and purpose of each of the four Stages of the MOOSE, and provide practical examples within each Stage. All the data obtained from the interviews were recorded using an audio recorder.

3.8 Data analysis



Data analysis is described by Crowe et al. (2015) as methods which aid the researcher to investigate and explore the meanings within the data collected. Furthermore, it offers a strategy for the organisation and interpretation of the data collected in order to construct a narrative understanding, bringing together commonalities as well as differences, of the participants' descriptions of their subjective experiences (Crowe et al., 2015). Each interview was individually analysed, after which the researcher then compared all the interviews as a collective. For the purpose of this study, the data analysis process included data management and thematic content analysis.

3.8.1 Data management

Data management is an administrative process that refers to the storage and retrieval of information relating to a research study being conducted. It follows a systematic process

from the raw data up until the development of the final research study report (Galletto, 2018; Miles & Huberman, 1994). In order to ensure sufficient data management within this study, the raw data of the study, that is the audiotape recordings from the interviews, were transcribed and translated verbatim by a transcriber. The researcher then reviewed these transcriptions for any errors or exclusions of data, before proceeding with the analysis process. The transcriptions were stored on a computer which was secured and protected with the use of a password. The active participation of the researcher with the data process allowed him to become immersed with the data throughout the research study.

3.8.2 Thematic analysis

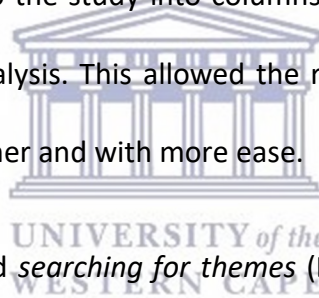
The data for this research was analysed by means of *thematic analysis*, specifically the steps described by Braun and Clarke (2006). Thematic analysis can be described as a process whereby qualitative data is interpreted so that trends of meaning across the entire data set are identified (Braun & Clarke, 2006).

For the purpose of the current study, a manual process of analysis was undertaken, utilising a combination of deductive and inductive approaches of analysis (Crowe et al., 2015; Elo & Kyngäs, 2008). With the application of the deductive approach, the researcher attempted to identify the apparent meanings of the participant's experiences and perceptions of the use of the MOOSE in enhancing work skills and returning to work. Similarly, with the application of the inductive approach, the researcher attempted to reveal hidden meanings and explore the possibility of new themes emerging from the collected data.

According to Braun and Clarke (2006), the first step in thematic analysis is the *familiarization of data*. With this, the researcher read through the transcripts on numerous occasions and

was therefore able to gain an overall idea and become thoroughly familiar with the experiences and perceptions as described by the participants.

The second step of analysis involved *generating initial codes* (Braun & Clarke, 2006), whereby the researcher focused on what the participant was saying relative to the research question. With this, the researcher individually analysed the transcripts through line-by-line coding and was then able to collect codes of interesting features across the entire data set. Essentially, this provided the researcher with a context to understanding the participants' experiences about the use of the MOOSE in enhancing work skills and RTW. Initially, coding was done manually for each transcript, after which the researcher then arranged codes that were considered as meaningful to the study into columns on the side of the transcripts in Microsoft Word for computer analysis. This allowed the researcher to compare the entire data set in a more timeously manner and with more ease.



The third step of analysis involved *searching for themes* (Braun & Clarke, 2006). With this, the researcher extracted relevant data, and grouped the codes into related categories and themes, after which the researcher then reviewed these themes. Similar descriptions of experiences as well as direct quotes that arose through line-by-line coding of the data were extracted and clustered together to form themes. This process was repeated for all 20 transcripts, after which a cross analysis of all transcripts were undertaken. Essentially, this process assisted the researcher to holistically identify the commonalities amongst the transcripts.

The next step of analysis involved *defining and naming themes* (Braun & Clarke, 2006). In this step, the researcher refined each theme in relation to the overall meaning of the

analysis, and generated a clear definition and name for each theme. The researcher then illustrated each theme with reference to the transcript- using direct quotations or extracts which captured the essence of each theme. Various themes were then compared with relevant literature, thereby enabling the establishment of links between theories.

The final step of thematic analysis consisted of *producing the report* (Braun & Clarke, 2006). This allowed the researcher to analyse and explore the relationship of the themes to each other, the research question and the literature. Moreover, this is where the underlying meanings of the data were used to produce results of the analysis as well as an argument relative to the research question. This result is discussed in the context of established theoretical knowledge in the subsequent chapters.

3.9 Bracketing



Fischer (2009) refers to bracketing as the researcher's identification and ability to set aside his/her personal experiences, interests, cultural factors and assumptions that can potentially influence how he/she views the data of the study. Furthermore, the intention of bracketing is to assist researchers in identifying their own perspectives and biases (Tufford & Newman, 2010) and to examine them (reflexivity), thus resulting in researchers occasionally shifting stance (Fischer, 2009). In this study, the researcher disregarded any preconceived ideas and thoughts with regard to supported employment, RTW, and schizophrenia, thus enhancing the rigour of the research study. Furthermore, the MOOSE as a strategy of supported employment was a novel concept for the researcher and he had minimal experience in the rehabilitation of schizophrenia and supported employment. Owing to the above mentioned, this particular study was viewed by the researcher as a

completely novel concept, with the concept of studying the experiences of individuals with schizophrenia being novel as well. The researcher reflected on the data throughout the research process and discussed the findings in consultations with his supervisor and colleagues. With this, the researcher was able to gather valuable criticism and set aside any preconceived ideas and thoughts from the information collected.

3.10 Trustworthiness

The concept of trustworthiness refers to the “extent to which the findings are an authentic reflection of the personal or lived experiences of the phenomenon under investigation” (Curtin & Fossey, 2007, p. 89). Establishing trustworthiness within a research study enhances the readers’ confidence that the findings of the research study is worthy of attention (Curtin & Fossey, 2007). The researcher made use of the following strategies in ensuring trustworthiness of the data within this study: credibility, dependability, confirmability, and transferability as proposed by Lincoln & Guba (1985).

3.10.1 Credibility

Credibility refers to the value and believability of the findings (Macnee & McCabe, 2008; Lincoln & Guba, 1985) as well as the way in which they were interpreted (Crowe et al., 2015). To ensure truthfulness and believability of the data, the researcher made use of audiotape recordings of the semi-structured interviews conducted with the participants and transcribed these recordings verbatim, thus ensuring truthful narration and representation of the opinions of each of the participants. This strategy allowed for the exact representation of the opinions of the participants and ensured that the data was truthful. In order to further enhance credibility, the followed strategies were used:

3.10.1.1 Member checking

Member checking refers to the involvement of participants in the data analysis process (Curtin & Fossey, 2007), providing participants with the opportunity to read, comment on and contribute to the results and discussion of the study. All the participants were allowed to read the transcriptions of their interviews before the analysis process, thus ensuring that transcriptions were accurately recorded. The participants were then contacted after the analysis process in order to describe the names of the themes and categories and to obtain their opinions on it. Furthermore, the findings of the study were presented to the participants, who were then able to assess and validate whether the study reflected their views accurately.



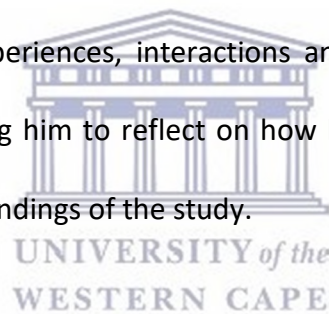
3.10.1.2 Triangulation

According to Curtin & Fossey (2007) the two main intentions of triangulation are to confirm and ensure completeness of data. Confirmation refers to the process of comparing data that is collected from various sources (completeness) in order to determine the extent to which the results can be substantiated (Houghton et al., 2013). In the current study, the researcher made use of in-depth interviews from multiple data sources (that is: participant triangulation, including participants of the study [individuals diagnosed with schizophrenia] and knowledge of experts in the field of study [key informants] to verify and confirm results, thus enhancing triangulation of the data.

3.10.1.3 Reflexivity

According to Finlay (1998), reflexivity refers to the awareness of a researcher that he/she is an active participant during the research process, and that the researcher

essentially has a substantial impact on the development of the research as well as the engagement of the participants throughout the research process. Furthermore, it is suggested that the researcher be clear about values, personal biases and assumptions held, as this may affect the research process (Malterud, 2001; Finlay, 1998). In this study, the researcher acknowledged that his cultural background and the fact that he is a young health professional (occupational therapist) could possibly have influenced the engagement between himself and the study participants, and therefore the findings of the study. For example, the researcher felt as though some of the participants were not easily willing to disclose all their experiences with him with regard to their RTW challenges, particularly their experiences involving potential personal circumstances. All the researcher's personal experiences, interactions and thoughts were captured in a reflexive journal, thus allowing him to reflect on how his preconceptions and personal biases may have swayed the findings of the study.



3.10.1.4 Peer examination

According to Krefting (1991), peer examination refers to the researcher conversing about the research process and findings with unbiased and unprejudiced colleagues who is familiar with qualitative research methods. During this time, thoughts are discussed and challenges are shared in the form of debriefing. The researcher discussed and presented the findings of the study to his supervisor and colleagues who were considered as experts in the field of qualitative research. These individuals analysed the findings of the study and equipped the researcher with insights into the research, thus allowing him to be analytical and critical of the findings as well as methodical and systematic in the presentation thereof.

3.10.2 Dependability

Dependability refers to the stability of the data over time (Bitsch, 2005; Lincoln & Guba, 1985) and whether the results of the study would be consistent should it be repeated with the same participants or within a similar context (Krefting, 1991). Dependability was ensured by an audit trail, which the researcher captured by providing sufficient information and rationale for all methodological decisions made within the study (Crowe et al., 2015). The researcher described the different approaches as well as designs used within this study, including exploratory and descriptive research. Dependability of the study was further enhanced by means of peer examination. The findings of the study were formally presented to the researcher's supervisor and colleagues who were regarded as specialists in the field of study.



3.10.3 Confirmability

Confirmability refers to the neutrality and accuracy of the data (Tobin & Begley, 2004) and the degree to which the results are that of the participants' and conditions of research, rather than other prejudices and perspectives (Krefting, 1991; Guba, 1981). Confirmability was ensured through the process of reflexivity, where the researcher made use of a journal and was explicit about personal biases and assumptions (Curtin & Fossey, 2007). Moreover, member checking, peer examination, and the use of an audit trail was used to further enhance confirmability.

3.10.4 Transferability

Transferability refers to whether or not the findings of a study can be applied to other similar situations or contexts (Curtin & Fossey, 2007), whilst conserving the meanings and

interpretations of the completed study (Leininger, 1994). In this study, the researcher ensured transferability by providing thick descriptions (Curtin & Fossey, 2007) of the study population, research method, context, and a detailed description of the participants as well as their lived experience (Curtin & Fossey, 2007). Similarly, a rich presentation of the findings, including appropriate direct quotations, was used to further enhance the transferability of the study. The provision of these thick descriptions allows the reader to be able to make an informed decision (Lincoln & Guba, 1985) about whether or not the findings of this study can be transferred to their specific context or situation (Graneheim & Lundman, 2004).

3.11 Ethical consideration

The World Medical Association Helsinki Declaration (World Medical Association, 2013) which guides the process of medical research comprising human subjects and safeguards the health, well-being, and rights of participants during the research process was adhered to while conducting this study. Ethics can be defined as a set of moral principles, standards, and rules that ensure that the welfares of the participants are not affected as a result of the research being conducted (Halai, 2006). Neale & Hanna (2012) suggests that much of the discussion of ethics should be concerned about the protection of the research participants. Ethical approval for the current study was obtained from the University of the Western Cape's Senate Research Committee before commencing with the data collection phase of the research study. Permission to conduct this study with patients from Lentegeur Hospital was obtained from the relevant authorities at Lentegeur Hospital. The study was conducted scientifically, in the best interest of the participants. The participants of this study were not

harmful as the study did not include any invasive procedures that could potentially have caused physical or psychological harm.

For the purpose of this research, all participants were requested to provide verbal and written informed consent to participate in the study as well as to agree to have the findings of the study published. With this, the researcher ensured that the participants had a comprehensive understanding of what the aim, objectives, and process of the study was; and that they understood that it was within their right to retire from the study at any stage without having to experience any consequences. Moreover, the researcher assured participants about their confidentiality as well as their right to remain anonymous- the participant's names and surnames were not used in the final research report. The participants were informed that their private information will be stored in a secure location, and that their transcribed data as well as audio-recordings will be stored and secured on a password-protected computer. The researcher had a referral source (i.e. a psychiatrist and a psychologist) available; although none of the participants required this support during the study.

3.12 Limitations of the study

The current study had several limitations. Firstly, only one female participant participated in the study, compared to eight male participants. The researcher experienced immense difficulty in attempting to identify and recruit an equal number of male and female participants who satisfied the inclusion criteria of the study. Secondly, due to agenda clashes and time limitations, some of the interviews were conducted by the researcher during the participants' lunch break within their working environments. This may have

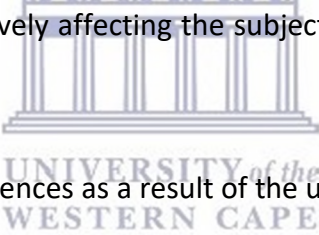
influenced the quality of the data collected during the interviews, as the participants could have provided superficial and less meaningful descriptions of their perceptions and experiences. Lastly, all of the participants came from one hospital, thus reducing the ability of the findings of the study to be generalised.



Chapter Four: Findings

4. Presentation of findings

The findings of the current study are discussed below in terms of themes, categories and sub-categories relating to the experiences and perceptions of individuals with schizophrenia about the use of the MOOSE in enhancing work skills and RTW. Four main themes emerged from the data analysis. Theme one and two relate to the negative as well as positive factors, respectively, affecting the experience of the use of the MOOSE in enhancing work skills and RTW. Theme three relates to an enhanced self-efficacy and worker identity, while the fourth theme is related to the adjustment to work. The themes discussed were named as follows:

- 
- Theme One: Factors negatively affecting the subjective experience of the use of the MOOSE in RTW
 - Theme Two: Positive experiences as a result of the use of the MOOSE in RTW
 - Theme Three: An enhanced self-efficacy facilitated the development of a better Me
 - Theme Four: Adjusting to work, it is possible

The themes and related categories are presented in subsequent Tables 4.1, 4.2, 4.3 and 4.4.

Theme one

Table 4.1: Theme one and related categories

Theme one	Categories
Factors negatively affecting the subjective experience of the use of the MOOSE in RTW	<p>Category one: External challenges impacting on the process of the MOOSE</p> <p>Category two: Stage-specific challenges experienced within the MOOSE</p>



4.1 Theme one: Factors negatively affecting the subjective experience of the use of the MOOSE in RTW

Theme one aims to describe how factors negatively affect the participants' experiences and perceptions of the use of the MOOSE in enhancing work skills and RTW.

"...because if your supervisor doesn't buy in or isn't on par with you and with your OT for an example, then it will be very difficult for you to return to work successfully, to experience a smooth reintegration." (K11: key informant).

The above quote described a key informants' perception and experiences with regard to the application of the MOOSE in RTW with individuals diagnosed with schizophrenia. This quote revealed how the lack of interest of an employer as well as the lack of understanding that may exist between the employer, employee and therapist may negatively contribute towards a challenging experience of RTW and thus may essentially result in an unsuccessful

RTW experience. In the following categories, the negative factors affecting participants' subjective experiences of the use of the MOOSE in enhancing work skills and RTW are discussed. This includes external challenges that impact on the process of the MOOSE and Stage-specific challenges experienced by the participants within the MOOSE.

4.1.1 External challenges impacting on the process of the MOOSE

In this category the researcher conveys the participants' descriptions of their perceptions of the external challenges they experienced during the use of the MOOSE. These external challenges refer to those challenges caused as a result of the factors external to that of the model itself. These factors include the lack of therapist and family support, employers' and colleagues' lack of willingness to become involved, and traditional and cultural considerations influencing the use of the MOOSE in RTW.

"Yes because they first, the company didn't want to give me the job back again... It was difficult, coz I wasn't feeling good that time the company didn't want to take me." (P8)

The abovementioned quote describes a participants' challenge of RTW as he expressed his feelings of disappointment towards his previous employer, and mentioned how difficult and challenging it was for him when his previous employer did not want him to RTW.

4.1.1.1 Lack of therapist and family support

This sub-category expresses the participants' experiences of the impact of the lack of therapist and family support on the process of using the MOOSE in enhancing work skills and RTW. It was noted that the presence of therapist and family support throughout the process of RTW contributed notably to an easier reintegration to work. In contrast however, the lack of therapist and family support negatively affected the experience and process of

RTW and thus contributed to a more challenging RTW experience for the participants. As one key informant stated:

"...no-one really sees it [work] as a priority, so usually what happens is when patients come to a discharge ward or pre-discharge ward, then uhm you feel, or I feel rushed to make contact with the employer... but throughout the admission uhm employers aren't contacted, so by the time you need to make contact with them, then the employers already feel that uhm the patients have absconded and they not very uhm, enthusiastic to go into negotiation with regard to the patient returning to work." (KI1: key informant)

The above quote conveys a therapists' perception on how staff members did not perceive making contact with a clients' employer on admission a priority. This lack of support and initiative from other therapists essentially resulted in the participant experiencing pressure to make contact with a clients' employer so as to inform them of their employees' RTW status whilst they were admitted to hospital. However, owing to the lack of communication between the therapists and employers throughout the clients' admission stay, the employers were not enthusiastic and motivated to negotiate the RTW of their employees as they have already perceived their employees to have absconded by then.

Another participant indicated that when the MOOSE, and therefore the presence of therapists' support, was not available to him and his employer, his employer did not understand his illness and therefore experienced difficulty in managing him within his workplace, which negatively affected his worker role and working abilities. He stated:

"This programme [MOOSE] helped for them [employer], there, because at first, when this programme was not there, they didn't understand what was wrong with me... and then this programme was there, then you [OT], when you were in touch with them, they, it helped them to understand the illness better." (P7)

The inefficient support provided by therapists to employers essentially resulted in the employers not being knowledgeable and well-informed about how they could reasonably

accommodate their employees within their working environments, whilst being aware of their illness and how it may influence their working abilities. As one key informant stated:

"...that the management at the work place, they weren't well informed, they didn't always want to accommodate the client." (KI2: key informant)

The lack of family support in the RTW process proved to be a challenge, as one participant stated:

"...because I was sick, was to stay at Lentegeur Hospital, for 2 months... it wasn't, I wasn't feeling good, because I was struggling about food, clothes, everything." (P8)

The abovementioned quote demonstrates how the lack of family support contributed negatively to the overall health and well-being of some participants. Owing to this, the above participant often appeared to be pre-occupied as well as distressed and concerned about his current life circumstance, thus contributing to a challenging RTW process.

Moreover, a key informant shared her experience of some of her clients' family members who did not always want to support the client in their entire RTW process, therefore contributing to the clients' challenging RTW experiences. She stated:

"Family members weren't always keen to support the whole programme." (KI2: key informant)

4.1.1.2 Employers' and colleagues' lack of willingness to become involved

This sub-category aims to describe how the lack of involvement of employers and colleagues negatively impacted on the process of RTW. It was found that the insufficient support and involvement received from the participants' employers and colleagues contributed to a challenging experience upon returning to work and negatively influenced the participants' ability to adapt to their worker roles. As one participant stated:

“Yes I was calling my doctor [OT], the company don’t want to give me the job back... so the doctor try to help me but the company didn’t want to take me to get to start work because of I was sick, I was admitted to Lentegeur Hospital.”
(P8)

In the above quote a participant describes how his previous employer did not want him to RTW when he arrived for duty at his workplace- this was due to him having a mental illness and being admitted to a psychiatric hospital. The therapist had informed the participants’ employer of his admission to hospital whilst he was admitted, and attempted to negotiate the RTW with his employer. However, the employer showed no interest in his RTW, thereby resulting in the participant needing to seek employment elsewhere.

Another participant shared his experience of the lack of willingness and support he received from his employer and colleagues to become involved in his worker role and RTW process. The participant mentioned how he often felt as though he was not physically present in his working environment, as his colleagues scarcely made use of him in terms of his worker role and purpose within the workplace. Owing to this, he perceived himself as being overlooked by others and meaningless within the working environment, which essentially contributed to a challenging RTW experience. He stated:

“Honestly it’s like I’m not there, if K [a colleague] is there and then he say, ‘kom help vir my, kom help vir my’ (come help me, come help me)... but I maybe will take it uhm, the others just wanna, err say they don’t have work or some teachers say they have work but then they let me wait long.” (P4)

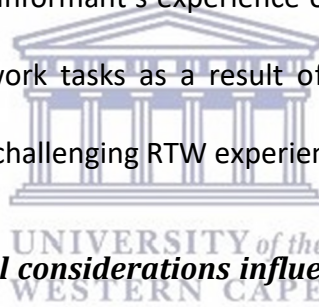
One participant was of the opinion that the insufficient support received from colleagues and the fear of being stigmatized against resulted in him experiencing difficulty in being able to openly use his medication whilst at work, thus essentially affected his working abilities. He stated:

"...no one know, no one knew, that is very difficult for me, no one knew that I was on medication... I had to hide it, my medication, I had to drink it skelmpies (discreetly) so that no one sees, that was very difficult for me..." (P5)

Experiencing stigma within the workplace may prove to be a tremendous challenge that participants would have to undergo, and could potentially result in an unsuccessful RTW. Similarly, this experience may negatively impact on the individuals' overall health and well-being, and may potentially cause relapse and readmission to hospital. As a key informant stated:

"...he had poor concentration and/or attention, uhm, he had a low self-esteem... he was stigmatized like the work people who said that, who called him different names and stuff like that." (K12: key informant)

The above quote describes a key informant's experience of a client having low self-esteem and difficulty concentrating on work tasks as a result of experiencing stigma within the workplace; thus contributing to a challenging RTW experience.



4.1.1.3 Traditional and cultural considerations influencing the use of the MOOSE in RTW

This sub-category communicates how traditional and cultural considerations affected the participants' ability to enhance their work skills and successfully RTW and engage in their worker roles. It was found that traditional and cultural beliefs had the potential to influence the participants' perceptions of their illnesses (including the symptoms they experienced as a result of the illness), which often led to some of the participants misunderstanding their diagnosis of schizophrenia and its symptoms- essentially resulting in a relapse and therefore readmission to hospital. As one participant explained:

"At Stage three, I wasn't taking my medication, I came to work... so at that time I couldn't [work], I was at the denial stage at that moment, I'll say." (P7)

The above quote describes how the participant could not cope in his worker role as a result of the positive symptoms of schizophrenia reemerging, after having stopped the use of his prescribed medication. After being discharged from hospital, the participant, who is of the isiXhosa culture, attended the clinic of a traditional doctor. The participant initially did not believe that he had a diagnosis of schizophrenia, and stated that the auditory and visual hallucinations he was experiencing was as a result of his ancestors communicating with him. The traditional doctor confirmed his beliefs, and requested that he immediately stop the use of his prescribed medication.

4.1.2 Stage-specific challenges experienced within the MOOSE

In this category the researcher aims to describe the challenges experienced by the participants within the specific Stages of the MOOSE in the use of it in enhancing work skills and RTW. It was noted that all the participants did not experience any specific challenges in Stage two and Stage four of the model. However, challenges were experienced in Stage one and Stage three of the model, as conveyed by most of the participants.

A key informant was of the opinion that, due to the MOOSE being a relatively new model, the initial use thereof may be challenging for therapists who are applying it in practice, as well as clients utilising it for the enhancement of their work skills and RTW. This is as a result of therapists and clients initially needing to adapt to the use of the model, and become accustomed to it. She stated:

“I think it will be challenging initially if you carrying out because you don’t know it and it’s new to you and it’s new to the patient so uhm, confusion” (KI1: key informant)

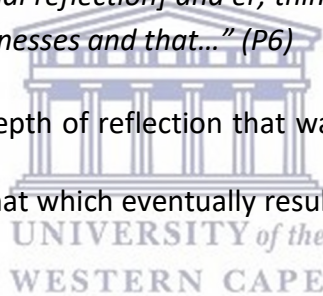
4.1.2.1 Stage one: Reflecting is a difficult process

This sub-category aims to express the participants' descriptions of their challenging experiences during the process of introspection and self-reflection in enhancing work skills and RTW. Participants were of the opinion that introspection and self-reflection is a difficult process, and that engaging in these types of discussions often triggered ones' emotions as one thought about life and where one was at that specific point in time. As two participants stated:

"...the part where I had to like say where, how, when I started drugs... and everything and when it went wrong and like... and like how I landed in hospital... like reflecting..." (P1)

"Er Stage one is your [personal reflection] and er, thinking back uhm what, what I uhm, use to talk about my illnesses and that..." (P6)

The above quotes allude to the depth of reflection that was reached by the participants as they reflected on their lives and that which eventually resulted in them receiving a diagnosis of schizophrenia.



Another participant suggested that it was necessary, at some point in the reflection process, to think about and understand the spiritual meaning of certain aspects, as described:

"...me see, certain things that spiritually means that you need to go deep down, to think before giving an answer, so you mustn't just answer it without giving a proper understanding." (P3)

Due to the characteristic nature of the model, the truthful engagement in introspection and self-reflection is encouraged. One participant stated:

"...it was difficult in such a manner, I was alone, so I have to open up... so you must be truthful..." (P3)

The above quote describes a participants' experience and realisation of him being 'alone' and how it brought about and encouraged him to 'open up' and be 'truthful' whilst introspecting, which proved to be a challenging process for him.

Another participant stated that he experienced feelings of sadness and anger to some extent, as it reminded him of the negative experiences he suffered in his life:

"Made me sad... made me depressed... some questions even made me angry... cause it takes you back to what things happened in your life..." (P4)

Some of the participants were newly diagnosed with schizophrenia and therefore had minimal knowledge about the illness itself. Owing to the fact that Stage one of the model required one to engage in the process of introspection and self-reflection, this Stage was often considered as a challenging experience as participants sought to determine and reflect upon their reason for admission as well as the contributing factors towards their diagnosis and illness. As some participants reflected, they became overwhelmed and initially experienced difficulty in accepting their diagnosis as they better understood and became knowledgeable and aware of their illness and its potential impacts it may have on their daily lives. As one participant stated:

"I think Stage one, the reflection Stage was challenging... because I was still at an early stage where I didn't understand what was err, wrong with me. I didn't understand the diagnosis better and I still needed to know more..." (P7)

4.1.2.2 Stage three: Engaging in the occupational process of RTW may be challenging

This sub-category describes the challenges experienced by the participants when going through the process of seeking employment as well as RTW in the open labour market. It was noted that within Stage three of the model, some participants who were returning to

work initially experienced difficulty in their role of a worker. Other participants who were in the process of seeking employment experienced immense difficulty in doing so, which resulted in them experiencing frustration. As one participant stated:

“Stage three... that was a bit tricky for me, because like waiting for work and [the] frustration waiting for work” (P1)

Some participants who RTW in Stage three of the MOOSE experienced challenges as they returned to their worker roles. As one participant stated:

“At, at Stage three, I wasn’t taking my medication, I came to work... so at that time I couldn’t [work], I was at the denial stage at that moment I’ll say... at first it was difficult, so I had to return back to the hospital and then I gained more life skills and then when I came back again [to work] I was fine...” (P7)

The above quote describes a participants’ experience of how he was initially unable to fulfil his worker role as he had stopped the use of his medication upon returning to work. This essentially resulted in him being unable to cope in his working environment as he was distracted by the positive symptoms (hallucinations) of his illness. He eventually was readmitted to hospital, after which the therapist had focused on the importance of the use of medication for this participant and continued to facilitate his RTW.

Another participant portrayed how she initially experienced difficulty with concentrating on work tasks and adhering to work routines. She explained how she needed to set up a daily plan in order to assist her in being able to fulfill and adapt to her worker role successfully. She stated:

“Trying to, to set the plan and to stick to the plan, to the goal...trying to stick to routine and to concentrate.” (P2)

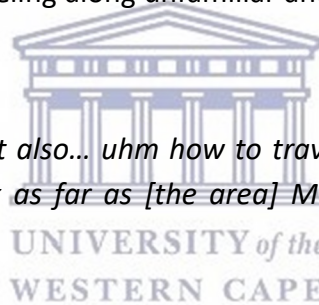
Upon returning to work, individuals may experience challenging circumstances within the work environment itself, including that of being stigmatized against due to him having a

mental illness. These experiences may negatively influence the individuals' ability to engage in work tasks, resulting in a low self-efficacy, and ultimately the potential loss of employment. As stated by a key informant:

"...he was stigmatized like the work people who said that, who called him different names and stuff like that... you need to work but now you can't 'cause coming from a psychiatric hospital, people tend to label you as you are mad and stuff like that...being stigmatized really uhm, affects the patient...." (K12: key informant)

A participant who did not experience any difficulty in his working environment specifically, experienced difficulty in being able to travel to work independently, as required in Stage three of the MOOSE when returning to work and engaging in work tasks. This participant felt anxious about potentially traveling along unfamiliar and incorrect travelling routes as he made his way to work. He said:

"Uhm like the travelling part also... uhm how to travel to the place, especially if they put you in er... a work as far as [the area] Maitland maybe; and how to travel there..." (P6)



In summary, this theme revealed how the external as well as Stage-specific challenges negatively affected the participants' experiences of the use of the MOOSE in RTW. An insufficient therapist and family support, lack of interest and willingness from employers' and colleagues', traditional and cultural influences, introspection and self-reflection as well as the initial engagement in the process of RTW were identified as the external challenges being experienced by the participants of the study.

Theme two

Table 4.2: Theme two and related categories

Theme two	Categories
Positive experiences as a result of the use of the MOOSE in RTW	<p>Category one: Gainful and meaningful experiences: meeting basic needs</p> <p>Category two: Stage-specific beneficial experiences within the MOOSE</p>

4.2 Theme two: Positive experiences as a result of the use of the MOOSE in RTW



Theme two aims to describe the perceptions and positive experiences that the participants had encountered during the use of the MOOSE in enhancing work skills and RTW.

“...so now I make a CV [curriculum vitae], I go to the other companies, so I get a job, the company calling me...the bosses calling me, so now I’m working.” (P8)

The above quote alludes to a participant gaining employment after creating a CV and seeking for jobs that were relevant to his profession. This was successfully achieved as a result of the use of the MOOSE in enhancing the participants’ work skills and facilitating his RTW process. The following categories will discuss the participants’ perceptions of their positive experiences gained whilst making use of the MOOSE in enhancing work skills and RTW; gainful and meaningful experiences: meeting basic needs, and Stage-specific beneficial experiences within the use of the MOOSE.

4.2.1 Gainful and meaningful experiences: meeting basic needs

Within this category the researcher describes the experiences that were perceived as gainful and meaningful to the participants whilst making use of the MOOSE in enhancing work skills and RTW. Participants were of the opinion that participating in the MOOSE essentially resulted in beneficial gains such as employment, an improved self-esteem and an enhanced willingness to engage in various occupational roles, amongst others. As a result of the aforementioned, it was noted that the participants' basic needs were being met as an individual. As one participant stated:

"...yes I experienced something beneficial, I obtained a job, I got self-respect, confidence." (P1)

In the above quote a participant illustrates his beneficial experiences as he mentioned how he obtained a job, and ultimately gained self-respect and confidence, particularly in his ability to perform work tasks.



4.2.1.1 A client-centred focus to rehabilitation

This sub-category discusses how the participants experienced the MOOSE to be client-centred and tailor-made to their specific individual requirements for the process of RTW and enhancing work skills. Participants were of the opinion that the MOOSE had the ability to be flexible in such a manner that it provided support in more than one way and was able to meet the needs of each participant respectively, as they required it. It was noted that this client-centeredness' allowed the participants to experience the RTW process as being meaningful and essentially contributed towards and facilitated their successful RTW in the open labour market. As two participants stated:

“Like the support outside of the hospital... that it’s still there... cause this is the support that I need from them [therapists]... ongoing support, that’s like always there for me, what I, other people don’t get.” (P1)

“The ongoing support that the programme give me, so that support did help, it does boost my ability on my work duties you see.” (P3)

The above quotes demonstrate the client-centeredness of the MOOSE as the participants explained how they received the necessary ongoing support they required from the model which facilitated their successful RTW. The participants were of the opinion that receiving ongoing tailor-made support that was specific to their required needs enhanced and improved their working abilities, hence their role as a worker in the working environment.

A key informant was of the opinion that the specific individual, client-centered support that the MOOSE characteristically has in its individual Stages contributed positively to the enhancement of the clients’ work skills and essentially their successful RTW. Furthermore, she suggested how the MOOSE contributed to a sense of achievement and accomplishment, as well as instilled hope and motivation in the participants’ ability to successfully reintegrate into their worker roles and achieve lifelong goals. She stated:

..the consistency of support throughout the process... or they feel supported alone [specific to each individual; client-centered], it’s a very good uhm, thing about the model because usually some people start something and then it falls flat and then they also lose hope and they don’t have motivation or they don’t have anyone you know, saying ‘we moving now, you need to return to work, how are things going’... there’s no pushing, that ongoing supervision, there isn’t that.” (K11: key informant)

Another participant shared her experience of the MOOSE being client-centered as she was able to converse with the therapist about her challenging RTW experiences and mentioned how this assisted her in being able to better cope in her role as a worker. She stated:

“...being able to talk through the different problems with you... ‘cause I feel more able to cope with doing the work.” (P2)

Another participant shared his experience of the MOOSE being entirely supportive of him and his disability. He stated:

“It was fully supportive of me and my disability, everything that I did.” (P1)

The above quote contributes to the findings of the MOOSE being a client-centered strategy of supported employment, as it does not discriminate against those individuals with disability and considers their specific individual needs.

The involvement of the therapist with the participants’ employers was dependent on the need that arose with each participant as they RTW, thus ensuring client-centeredness. As one participant stated:

“I would say my occupational therapist, with him being in touch with my err, employer, it also helped them to understand my illness better... because I wouldn’t say I was gonna be able to, to let them understand, if this programme was not there.” (P7)

4.2.1.2 Earning an income facilitates independence

This sub-category explores and describes the perceptions of the participants’ experiences of earning an income and becoming financially independent as a result of the use of the MOOSE in RTW. Participants were of the opinion that obtaining employment and earning an income contributed to them experiencing a sense of achievement and self-worth, and essentially independence. As one participant stated:

“...that I have money of my own that I don’t need to steal for money...or borrow from people, that I’m actually working and that people are proud of me also.” (P1)

In the above quote a participant described his experience of being financially independent and mentioned that he no longer had to commit crime as a source of income.

Another participant indicated how being employed and earning an income allowed him to be able to purchase himself clothing and food items, of which he previously had limited access to. He stated:

"My boss [employment] support me a lot... my salary, get clothes, can get food."
(P8)

A key informant shared her experience of how being employed not only had financial gains but also contributed to the overall health and well-being of clients. She stated:

"I always tell employees, work has more than just financial gains." (KI1: key informant)

4.2.2 Stage-specific beneficial experiences within the MOOSE

In this category the researcher will intend to describe the beneficial experiences that the participants had experienced within the specific Stages of the MOOSE in the use of it in enhancing work skills and RTW. It was noted that the participants specifically experienced Stage one, two, and three to be beneficial in their RTW process. However, none of the participants specifically mentioned Stage four as a beneficial stage in their RTW process. This may be due to the participants' achieving complete independence and have successfully returned to work, therefore not realising the benefits of the fourth Stage of the MOOSE.

Participants were of the opinion that the various Stages and processes of the MOOSE facilitated them in enhancing their work skills and improving their working abilities. Similarly, the participants perceived the MOOSE as an opportunity in which to fulfil and achieve their desired goals, such as RTW. As one participant stated:

"I'm a better worker... uhm, like this Stages did help me, by going through the Stages and learning... it's a great opportunity to fulfill my uhm, my goals..." (P6)

A key informant was of a similar opinion and stated:

"I think the MOOSE is very structured, and if you an occupational therapist that needs structure and that... for me, I didn't know where to start and what to do, I just based on what undergrad knowledge I know about, what to do when patients, when you need to have them return to work, but this model is very, it's concrete and it's structured because it tells you the first model [Stage] 'reflection'... so, what is going on, knowing and then finding out what is the problem, doing your intervention, life skills, all of those type of things and then finally, returning to work and then the follow up is very important also, to make sure how the patient is doing, return to work and then work on things they are struggling... and they also feel supported throughout the process, so they know that they have someone supporting them to return to work, specific to their needs, so its tailor-made to what you need... it's specific to a patient." (KI1: key informant)

The above quote describes a key informants' experience and perceptions of the MOOSE being user friendly in such a manner that it provided structure and guidance as a result of its' four Stages. Furthermore, the key informant explained how the model facilitated the RTW process, and allowed her to follow the four Stages with ease when applying it with her clients. Lastly, she mentioned how she was able to work through the various challenges being experienced by the clients and how the model facilitated and contributed to the clients' feeling supported whilst returning to work as a result of the four Stages of the model.

4.2.2.1 Stage one of the model allowed individuals to realise their potential and become goal-directed

This sub-category discusses how Stage one of the MOOSE allows participants to realise their potential and essentially aim to achieve their desired goals. Some participants were of the opinion that in Stage one of the MOOSE, upon introspecting and self-reflecting, one realised what could have been done differently should one have been in a similar situation that was

previously experienced. As a result of this, the participants realised their true potential and recreated a scenario to the point where they incorporated how they would have behaved differently, should they be in a similar situation again. As one participant stated:

“Stage one, yes I learned a lot, I opened up, I feel yay, I learned something today... the first thing I learned was that is when you told me I had to go in and stand up for myself, tell them how you feel and I did.” (P4)

Stage one of the MOOSE contributed to the enhancement of the participants’ confidence and self-esteem and facilitated their ability to become goal-directed and ultimately achieve their desired goals. As one key informant stated:

“I think Stage one was very helpful, as the patient was given an opportunity to share about what the reasons were [for their admission to hospital]. The MOOSE was very helpful in allowing them, to build his confidence and enhance their self-esteem, and thus giving them the ability to want to face things.” (KI2: key informant)

In the above quote a key informant shares her opinion and describes how Stage one of the MOOSE facilitated the process of the participants’ experiencing an enhanced self-confidence and self-esteem, thus essentially inspiring them to become goal-directed and desired to RTW.

4.2.2.2 Stage two of the model equipped individuals with the ability to face workplace challenges

This sub-category describes how Stage two of the MOOSE equipped participants to the extent that they were able to confidently face workplace challenges and essentially RTW successfully. Participants were of the opinion that Stage two of the model assisted them in regaining autonomy and equipped them with the ability to be self-sufficient and therefore ultimately able to successfully return to their worker roles. As one participant stated:

"...think Stage two helped me to, to return to work... we learn about life skills, where we learned about err, lot of life skills and the things that you going to face when you are out there in the work environment... I think the life skills... stage two helped me to become better [worker]." (P7)

In the above quote a participant described how Stage two of the model equipped him with the necessary skills and prepared him in being able to realise his autonomy and conquer potential challenges that may arise within the working environment.

Another participant stated:

"...Stage two, the skills ya that I learned, like self-respect and self-esteem, and like how to prepare a CV." (P1; P6)

In the above quote a participant describes how, in Stage two of the model, he regained control of his life situation through the process of facilitation with the therapist, as he was encouraged to prepare a CV for potential employment in the open labour market. Similarly, he described how his self-respect and self-esteem was enhanced. This essentially contributed to his enhanced confidence and motivation after seeking employment and ultimately engaging in his worker role when returning to work.

Another participant was of the opinion that Stage two of the model assisted him in gaining the required knowledge with regard to his illness and skills on how he could be self-sufficient in managing his illness and RTW successfully. He said:

"Uhm I learnt a lot, cause when I was here for, for my sickness which is schizophrenia, we were taught about uhm life skills...so I think, with that it really helped me." (P9)

4.2.2.3 Stage three of the model facilitated a positive transition into the workplace

This sub-category describes how Stage three of the MOOSE facilitated a positive transition into the workplace for the participants through occupational engagement. It was noted that

the participants' motivation, self-confidence, and perspective of their ability to return to their worker role and perform work tasks independently was enhanced as they participated in this Stage of the model.

Some participants were of the opinion that Stage three of the model assisted them in the process of seeking employment and provided the necessary support when needed in the RTW process. As one participant stated:

"...yes Stage three helped me, because I was making a CV to go to the other companies to get a job." (P8)

The above quote indicates how Stage three of the MOOSE assisted a participant in the drafting up of a CV so that he was able to apply for jobs which were relevant to his interest and qualifications.

Some participants who RTW in Stage three of the model stated that they were initially able to assess their ability to perform work tasks upon returning to work, and had the opportunity to improve and enhance their work skills, which was required to ensure successful RTW and to maintain employment in the open labour market. As one participant stated:

"At first it was difficult [being at work], so I had to return back to the hospital and then I gained more life skills and then when I came back again [to work] I was fine..." (P7)

In summary, this theme revealed the participants' positive experiences as a result of the use of the MOOSE in enhancing work skills and RTW. A client-centered focus to rehabilitation, earning an income, realising one's true potential, becoming goal-directed and equipped to withstand workplace challenges as well as experiencing a positive transition into the workplace were identified as positive experiences by the participants of the study.

Theme three

Table 4.3: Theme three and related categories

Theme three	Categories
An enhanced self-efficacy facilitated the development of a better Me	<p>Category one: An enhanced self-concept facilitated a positive identity</p> <p>Category two: Being able to live a meaningful, independent life</p>

4.3 Theme three: An enhanced self-efficacy facilitated the development of a better Me



Theme three aims to describe how the use of the MOOSE in enhancing work skills and RTW has contributed towards the participants’ experiencing an enhanced self-efficacy and essentially facilitated the development of an improved and empowered individual.

“Yes [feel confident in his role as a worker], my work counts... I think I can stand up for myself all the time.” (P4)

The above quote describes a participants’ experience and perceptions of being confident in his role as a worker as a result of him participating in the use of MOOSE in enhancing his work skills and RTW. Furthermore, he explained how his work was valued by others, and that he was able to assert himself should the need have arisen. The following categories will discuss the participants’ experiences and perceptions of how an enhanced self-efficacy facilitated the development of a positive perspective of the participants’ self, and

essentially, an improved individual and occupational being: an enhanced self-concept facilitated a positive identity, and being able to live a meaningful, independent life.

4.3.1 An enhanced self-concept facilitated a positive identity

In this category the researcher discusses the participants' perceptions and experiences of how the development of an enhanced self-concept, through the use of the MOOSE in RTW, facilitated a positive identity and perspective of themselves and their ability to reach their potential and successfully achieve their desired goals. As one participant said:

“Working independently... yeah coming back to work, being your own self... it almost felt like I’m going back to being my old self again.” (P7)

In the above quote a participant describes how returning to work and essentially being able to work independently enhanced his self-concept and facilitated a positive self-identity and perspective of himself, as he felt as though he was his 'old self' again. With this, he felt as though he was able to manage his illness and RTW successfully in such a manner that he was able to engage in his worker role with ease.

4.3.1.1 Having a positive outlook on life

This sub-category discusses the participants' perceptions of how the use of the MOOSE facilitated and encouraged them to have a positive outlook on life and to engage in occupations with a positive perspective. It was noted that as participants made use of the MOOSE in RTW and enhancing work skills, their perspective of themselves had continuously improved over time, thus essentially resulted in them having a more positive attitude and approach towards their lives. As one participant stated:

“Yeah, so I mean you become positive because you, what you being told [encouragement], you get used to it... so when you get used to it, it gets to your

mind, and you know it, and then you able to do it in any way you are able to.”
(P9)

Another participant said:

“...cause I’m feeling very positive about myself and positive about the future also... just to wake up every morning.” (P1)

The above quote illustrates a participants’ experience of having a positive perspective about himself as well as that of which the future holds for him and his life.

Another participant added:

“...that programme helped me about my life because now I’m thinking about my future... I want to learn a lot of the things... to do for myself, to work at my company.” (P8)

The above quote describes a participants’ perception and experiences of how the MOOSE assisted him in his life and facilitated a positive outlook for his future. The participant conveyed how he was willing to take on and learn new concepts in his life, as well as to successfully engage in his worker role independently at his place of employment.

4.3.1.2 Being able to tap into ones’ potential and realise ones’ own capabilities

This sub-category describes the participants’ experiences and perceptions of how the use of the MOOSE enabled them to tap into their potential and realise what their true capabilities were. It was noted that as participants made use of the MOOSE in RTW and enhancing work skills, they increasingly realised their true potential and what they were capable of achieving. As one participant stated:

“It helped me cause uhm, it gave me time to think, time to consider everything, time to, gave me time uhm, to see things clearly, to see things that, to see that everything is on my own and to do things differently... see, I didn’t have the time, see, have time, spare time, things that I was doing during spare time, I didn’t focus on myself.” (P3)

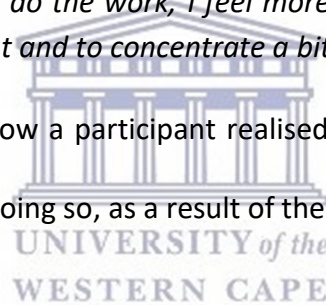
The above quote describes a participants' experience of the use of the MOOSE in assisting him in being able to reflect and consider where he was in his life, as well as to view his life from a different perspective. With this, he explained how he was able to strategise and adapt to doing things differently in his various occupational roles, as he began to realise his capabilities. Furthermore, he stated how it allowed him to actively set aside time in order to be able to focus on himself and his well-being.

Participants' potential to successfully adapt and engage in work tasks were realised as they participated in the process of RTW and enhancing work skills through the use of the MOOSE.

As some participants stated:

"I wasn't as confident to, to do the work, I feel more positive about it [now]... it help me to be more confident and to concentrate a bit longer." (P2)

The above quote demonstrates how a participant realised her ability to perform her work tasks, and felt more confident in doing so, as a result of the use of the MOOSE.



Another participant added:

"...that I'm actually working and that people are proud of me also." (P1)

In the above quote a participant describes how he felt good about himself, and that people within his environment were proud of him and of what he achieved after obtaining employment and successfully RTW.

A key informant described her experience of how the use of the MOOSE enabled a client to grow and achieve an improved self-esteem, how it assisted him in being able to assert and make decisions for himself, and improved his confidence in his ability to approach others in order to express his concerns. As a result, the client experienced an enhanced self-concept and ultimately was able to successfully RTW. She said:

“The patient grew, uhm, from a low self-esteem, speaks up for himself, making certain decisions for himself... uhm, the confidence to go to [approach] other people...” (K12: key informant)

4.3.2 Being able to live a meaningful, independent life

In this category the researcher discusses the participants’ experiences and perceptions of being able to live an independent, meaningful life through the use of the MOOSE in RTW. It was noted that as the participants’ independence improved within their worker roles as they RTW, so did their development and perspective of themselves being a capable individual. As a result of this, the participants experienced an enhanced self-efficacy and gained confidence in their role as workers, essentially resulting in a successful RTW. As one participant stated:

“Yes I’m happy to wake up in the mornings and to travel to work, to my work place.” (P6)

In the above quote a participant described how satisfied he was in returning to work and engaging in his worker role, as he found meaning in doing so.

He also stated:

“It improve me to build up myself and to live a better life and in the outside world [outside of work].” (P6)

In the above quote the participant describes how the MOOSE assisted him in becoming enabled and improved his ability to live an independent, meaningful life within his various roles and environments.

Another participant was of the opinion that, as a result of the use of the MOOSE, he experienced an enhanced, meaningful life as his self-esteem, self-respect, and confidence had improved. Furthermore, he explains how he essentially became independent as a result

of the aforementioned, and was able to find employment in the open labour market. He said:

“The programme helped a lot, before I had no self-esteem I was depressed, thought I wasn’t gonna get a job but the programme helped me a lot through obtaining employment and gaining my confidence and self-respect.” (P1)

4.3.2.1 Becoming independent: standing up for oneself

This sub-category discusses the participants’ experiences and perceptions of becoming independent in their occupational roles, including that of a worker. It was noted that as the participants’ level of independence had improved, so did they begin to find meaning within their lives and essentially experienced an enhanced self-efficacy and positive perspective of their abilities and future life. As one participant stated:

“...that I’m able to stand on my own two feet now that I have self-esteem... and motivated, that I’m self-respected... I get a lot of respect from people.” (P1)

Another participant illustrated how being independent contributed to his awareness of his ability to be independent, resulting in him experiencing an increased confidence and positive perspective of himself and his future. He said:

“...it feels good to be independent, knowing that you can do things on your own... But not depending on someone else to guide you [for a long period of time, without ultimately becoming independent].” (P7)

A key informant was of the opinion that as the participants’ level of independence increased and they required less support from the therapist in their RTW process, so did they experience an enhanced self-esteem, concentration and attention, and working ability within their worker roles. Furthermore, she described how participants had an improved ability to assert and stand up for themselves, thus being able to express their feelings with ease. As a result of the aforementioned and the participants’ working ability being

improved, they were able to produce more work and work longer hours with ease. She stated:

“It increase his self-esteem... uhm, and it also enhances his ability, his concentration and attention and is more, yah he could stand up for himself... he could stand up for himself and could say uhm, how he felt and how the stigmatization affected him, uhm, he could give more production, work longer hours.” (KI2: key informant)

Another participant was of the opinion that the MOOSE assisted him in his maturity, thus allowed him to become more responsible and conscious of his health, well-being and overall life. He stated:

“To tell you the truth uhm, er, it helped me as a person to uhm, be more matured.” (P6)

Being employed and engaging in the occupation of work had many benefits for these participants, beside financial gains. Essentially, the participants became empowered and independent in their occupational roles, thus resulting in them experiencing an improved meaningful life and an enhanced self-efficacy. Similarly, being independent and having the ability to stand up for oneself' contributed to the participants' successful RTW experience and facilitated their adaptation to the workplace. As one key informant stated:

“I always tell employees, work has more than just financial gains. Patients are able to also establish a sense of belonging at work, they are able to uhm, they are able to relate to other people without mental illnesses also... they can uhm, integrate into society... because of the worker role, it gives you a sense of purpose, you have a sense of agency, you're able to stick to a routine, which is all of the things that are needed to stay healthy for longer. Those are the things that work on its' own offers the patients.” (KI1: key informant)

4.3.2.2 Having insight into one's illness contributed to an improved meaningful life

This sub-category illustrates how having insight into ones' own illness contributed to the participants' experiencing a life filled with meaning and independence. It was noted that

participants who had significant and relevant insight and knowledge into their illness and its potential effects were better able to make informed decisions about their choices whilst considering their health and well-being. Owing to this, they were able to successfully RTW and live an independent life, contributing to society in a manner that allowed them to experience meaning within their lives. As one participant stated:

"I've benefitted that err, that I came to understand that I'm a person who's got a mental illness and it will stay with me for the rest of my life, it can be treated as any chronic disease, if I take my medication I would always, I'd go back to be that normal person again, who I was, I would go back to be that person who I was, before I got sick." (P7)

In the above quote, a participant demonstrated his understanding of his illness being of a chronic nature, and indicated that the use of his medication contributed to an enhanced and improved functioning. This improved functioning allowed the participant to live independently, with minimal or no support required, thus essentially contributed to an enhanced self-concept.



The lack of insight and knowledge into ones' illness may cause them to struggle with their compliance of medication, essentially impacting on their ability to perform work tasks, thus contributing to a challenging RTW process. As one key informant stated:

"...they struggle a lot with uhm, compliance with medication... which impacts on their work and because they also lack insight in terms of their own illness..." (KI1: key informant)

With an improved insight into their illness, participants were able to understand and foresee what the consequences and effects would be in terms of their functioning should they not manage their illness successfully. As one participant stated:

"So I must strive to prevent myself from getting ill..." (P3)

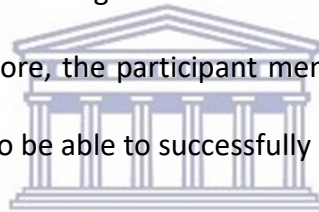
Another participant demonstrated an enhanced understanding of his illness and shared his experience of requiring ongoing support from a therapist in order to assist him with improving his motivation and self-esteem so that he would essentially perceive himself in a positive perspective and willingly engage in meaningful occupations within his life. He said:

"...that [ongoing support] helped a lot for my motivation and my self-esteem, that I needed a role model also." (P1)

Another participant added:

"Being able to talk through the different problems with you... I have to encourage myself to, to do the work." (P2)

The above quote demonstrates another participants' understanding of her illness, as she explained how she benefited from being able to converse with the therapist about her challenges experienced. Furthermore, the participant mentioned that she understood that she needed to encourage herself to be able to successfully engage in work tasks.



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Another participant explained how he initially experienced difficulty in accepting his new diagnosis, and how his insight had improved to the extent that he understood what his illness was about and how it may have affected him. Furthermore, the participant shared how he was more aware of how he should manage himself in relation to his illness so that he was able to experience minimal challenges and live independently. He stated:

"Yes I did uhm, first when I go to the uhm, when I got here in the hospital I, I kind of find it difficult to adapt to the fact that I'm mentally ill... so I think being alerted that, you are this person and this is what this is... and this is how it affects you, then you more, you are more aware of how you should treat yourself..." (P9)


One participant was of the opinion that the MOOSE assisted him in his functioning as it facilitated his learning with regard to his medication use and management of his illness, amongst others. He stated:

“Yes this programme is helping me because I’m learning more... so I must collect the tablets, I must get medication at hospital, I mustn’t forget the rules of the doctor... so now I feel good, I’m getting the treatment, the medication, I mustn’t do the drugs because I got schizophrenia, I mustn’t do drugs, alcohol, drugs everything... I mustn’t do that.” (P8)

In summary, this theme revealed how the enhancement of the participants’ self-efficacy facilitated the development of a positive identity and contributed to them being able to live an independent meaningful life.

Theme four

Table 4.4: Theme four and related categories

Theme four	Categories
Adjusting to work, it is possible!	 <p>Category one: The enhancement of an individual’s intrinsic abilities in order to facilitate workplace adaptation</p> <p>Category two: Environmental factors requiring adaptation in order to facilitate workplace adaption</p>

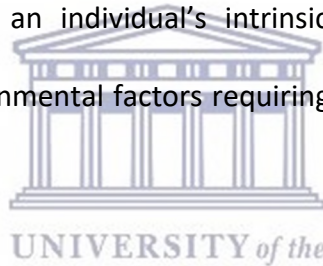
4.4 Theme four: Adjusting to work, it is possible!

Theme four aims to describe the participants’ perceptions and experiences of how they were able to successfully adjust and adapt to their worker roles within their working environments, ultimately facilitating their successful RTW. Participants were of the opinion

that with the enhancement of their intrinsic abilities and consideration of the environmental factors influencing their working abilities, their successful RTW in the open labour market was realistic and achievable.

“The ongoing support that the programme give me, so that support did help, it do boost my ability on my work duties you see.” (P3)

The above quote alludes to a participants’ working ability being enhanced as a result of the use of the MOOSE in RTW. He mentioned how, as a result of the received ongoing support in his environment whilst returning to work, his working abilities were enhanced and thus allowed him to adapt to his worker role with ease. The following categories discuss the participants’ experiences of how they were able to successfully adapt to their worker role and RTW: the enhancement of an individual’s intrinsic abilities in order to facilitate workplace adaptation, and environmental factors requiring adaptation in order to facilitate workplace adaptation.



4.4.1 The enhancement of an individual’s intrinsic abilities in order to facilitate workplace adaptation

This category considers how the enhancement of the participants’ intrinsic abilities facilitated their RTW and ability to adapt within the workplace. It was noted that as the participants’ intrinsic abilities were improved and enhanced whilst they RTW, they were better able to adapt to their worker roles, thereby contributing to the successful engagement in their working environment. As one participant stated:

“...I have confidence in myself... like now, self-respect a lot, and people respect me now when I’m back at work... and the confidence level for myself is like through the roof actually.” (P1)

The above quote describes a participants' improved and enhanced self-respect and confidence in his working ability, thus contributed to him being able to easily adapt to his working environment and ultimately successfully RTW.

4.4.1.1 The improvement of one's job specific skills positively contributed to workplace adaptation

This sub-category describes the participants' perceptions and experiences of how the improvement of their job specific skills enabled, empowered, and enhanced their ability to adapt to their working environment when returning to work. It was noted that through the use of the MOOSE, the enhancement of the participants' job specific skills and performance components required within the area of work, facilitated the adaptation of their worker role and ability to successfully RTW and engage in work tasks with ease. As one participant stated:



"I set up a plan... a daily plan, like this is what I need to do... and, and I try to stick to that, some days I can't... it help me to be more confident and to concentrate a bit longer... I wasn't as confident to, to do the work, I feel more positive about it [now]..." (P2)

The above quote describes how a participant made use of a daily plan as a strategy to essentially enhance her confidence in her ability to perform work tasks as well as to improve her level of concentration so that she was able to concentrate for longer periods of time whilst attending to work tasks.

A key informant was of the opinion that within the process of RTW, it was essential to ensure that the client was prepared to reintegrate to their worker role and was equipped with the required skills and knowledge to be able to RTW with ease. She stated:

"...also, with regard to preparing to go to work, there are certain things that you need to do to ensure that you get to work, like physically getting to work, like how do you manage your money, if you travelling with public transport, are you able to know if I'm working, and I'm being paid every Friday, how much money do I need to, for transport, how much money do I need for food. All of those is included in the life skills, so if people are struggling, that's a very uhm, if you are struggling you can pitch that in within Stage two of your model and say, able to say, 'you know what, I'm struggling with finances, how am I budgeting' or looking at, uhm, maybe they late every day for work, so what are you doing at home that's not uhm, that's time consuming and how do you manage your time... and so, I think those are important life skills components that really uhm, that's nice about the model." (K11: key informant)

Another participant stated that he experienced difficulty with the counting of the linen that came through the linen bank at his workplace on a daily basis, and often struggled with the physical activity involved in the moving of the linen to their respective areas. Through the process of the MOOSE, the participant and the therapist sought through various ways in which the participant could adapt and improve his work skills so that he was able to complete the job tasks with ease. He said:

"Just difficulty to counting [the linen]... And lifting up the bags and throwing the bags... that I haven't worked in a long time... So it's taking time to adapt...and just focusing on my task at hand." (P1)

Another participant stated:

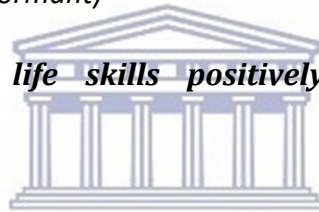
"...now I try and encourage myself to, to stay focused and if I can't, then I'll get up and take a walk... clear my mind and then come back again [to work]." (P2)

The above quote demonstrates how a participant used self-encouragement to assist her in staying focused whilst performing work tasks. Furthermore, she stated that she made use of short breaks away from work and went on walks in order to 'clear her mind' so that she was able to regain focus on her work.

Schizophrenia affects ones' ability to concentrate for an extended period of time and shortens ones' attention span, therefore influencing ones' working ability within ones' worker role. As a result, there is a need to be aware of ones' working ability, and ability to enhance ones' job specific skills in a manner that would contribute to workplace adaptation. In certain instances, there is a need for work instructions, rendered by the employer, to be adapted in order for the employee to be able to comprehend what is required of them. As one key informant stated:

"...the illness affects your ability to uhm, to concentrate... it affects your ability to uhm, your attention span, it affects your uhm, the, the type of instruction that's been given to you in the job... so, all of those, I think, impacts on the way the patient understands what they need to do and what is required from them, from their employer." (K12: key informant)

4.4.1.2 The improvement of life skills positively contributed to workplace adaptation



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This sub-category discusses the participants' perceptions and experiences of how the improvement of their life skills contributed to the enablement, empowerment, and enhancement of their ability to manage their illness and adapt to their working environment when returning to work. It was noted that through the use of the MOOSE, the improvement of the participants' life skills facilitated the adaptation of their worker roles and ability to successfully RTW and engage in work tasks with ease. Similarly, it was noted that participants were better able to successfully manage their illness independently. As one participant stated:

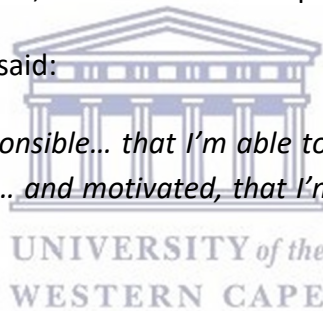
"Yes this programme is helping me because I'm learning more... so I must collect the tablets, I must get medication at hospital, I mustn't forget the rules of the doctor... so now I feel good... must know about schizophrenia, to take my medication, mustn't forget to get it, my medication." (P8)

Another participant was of the opinion that being equipped with the necessary life skills assisted him in becoming more knowledgeable and insightful of his own illness and its impacts, thus allowing him to view himself from a particular perspective- therefore positively influencing his decision-making abilities. He said:

“Yeah, the reason why you being told all of those things at the O.T’s and stuff, it helps you to, to be more knowledgeable and you get to be equipped and to know that, ‘okay this is how I must see myself as’, so yah it did help me.” (P9)

Another participant described how the improvement of his life skills aided him in becoming a responsible individual. Furthermore, the participant explained how he was able to be independent as a result of his increased self-esteem and motivation to engage. Moreover, he stated how he felt self-respected, as others were respecting him in such a manner that he felt valued as an individual. He said:

“It helps a lot for being responsible... that I’m able to stand on my own two feet now that I have self-esteem... and motivated, that I’m self-respected... I get a lot of respect from people.” (P1)



A key informant added:

“It boosts his self-esteem, uhm, it enhanced his attention, concentration span... uhm, he could make more decisions for himself.” (K12: key informant)

The above quote alludes to how the enhancement of self-esteem positively influenced a participant’s concentration and attention span. Similarly, she mentioned how the participant was able to make more decisions for himself, and was therefore better able to adapt to his worker role.

Another participant described how the life skills of time management and reflection assisted him in being able to live a better life after making use of the MOOSE in RTW. He said:

“So now with the programme, I can change all of that, I have time for myself to think clearly, you see, to have a better, to have better life than before.” (P3)

4.4.2 Environmental factors requiring adaptation in order to facilitate workplace adaptation

In this category the researcher describes the participants' experiences and perceptions of the environmental factors needing to be adapted in order to facilitate workplace adaptation and essentially, successful RTW. It was noted that in order to facilitate workplace adaptation and ensure successful RTW, the participants' work environment needed to be accommodated and adjusted in a manner that would contribute to a conducive working environment and enable participants to RTW with ease. As one key informant stated:

"...and he uhm, worked far away from home, it normally took him like 3, 4 hours to travel and then the work management uhm, said that they would accommodate him by giving him placement, uhm reasonable accommodation on the site where he is going to work, they gave him less uhm, responsibilities, he was a Grade B officer... but they did not decrease his salary, they just lessened his responsibilities." (KI2: key informant)

The above quote demonstrates how reasonable accommodation and environmental adjustment contributed to the participants' successful worker role adaptation in RTW. The key informant described how a clients' working environment was accommodated in such a manner that he engaged in work tasks requiring less responsibilities, however without compromising his salary. As a result, the client was able to successfully reintegrate into his worker role with ease.

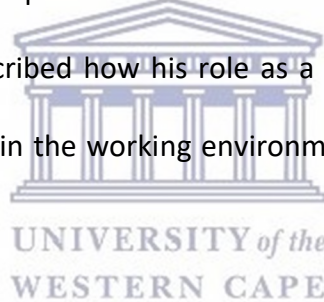
4.4.2.1 Reasonable accommodations in the workplace facilitated a successful RTW

This sub-category is representative of the participants' experiences and perceptions of the reasonable accommodations made in the workplace in order for them to have successfully reintegrated to work. Participants were of the opinion that the reasonable accommodations made within the workplace facilitated and contributed to an easier successful RTW. It was

noted that participants experienced less challenges when returning to work after they had been reasonably accommodated in the working environment. One participant stated:

“Everything seems to be easier, they changed my working environment... ya due to my employer... he saw that I needed some accommodation change of place... from this position to the other position... so he gave me light duties only for, just for me to, to have a clear understanding of my well-being and my illness... and to work lighter than before.” (P3)

Within the above quote, it became evident that an employers’ insight into the participants’ illness allowed the employer to understand the importance of reasonable accommodation in the workplace for these individuals who were returning to work. This participants’ employer provided him with reasonable accommodation and lighter duties in the workplace, thus allowing the participant to become conscious of his health and well-being. Furthermore, the participant described how his role as a worker had become easier after being reasonably accommodated in the working environment, thus facilitating a successful RTW.



A key informant shared her experience of how a client was reasonably accommodated and successfully RTW as a result of his employers being insightful of his illness and understanding the importance of workplace adaptation. She stated:

“The management was very helpful in allowing the patient to first come and see what he can still do, and how much he was capable of still doing. Then the work attendance, he was given, he didn’t have to start at the same time with other work uhm, workers. His work time was also adjusted, shorter periods. They uhm, gave him reasonable accommodation closer to home, so he doesn’t have to travel the long distances... uhm, the type of work that they gave him, they gave him more easier work to do than what he did previously. First, he started off with easier stuff and then to like, gradually increase it to more difficult things... uhm, and then management also liaised like on a regular basis with [him].” (K12: key informant)

The above quote demonstrates how a client was reasonably accommodated within his working environment in order to ensure his successful RTW. Upon returning to work, the client was initially given lighter duties and was allowed to work for shorter periods of time, compensating for his poor concentration ability. Furthermore, he was provided with an opportunity to work closer to his home, thus not having to travel long distances to work. Lastly, his employer liaised and communicated with him on regular basis, thus providing the necessary support required in ensuring his successful reintegration to his worker role.

Another participant indicated how her daily routine needed to be adapted in such a way that it provided structure to her daily life and was able to assist her in completing her daily work tasks as required, as it was used to compensate for her poor concentration and served as a reminder of the tasks she was required to complete during her daily routines. She said:

"I set up a plan... a daily plan... like this is what I need to do... and, and I try to stick to that, some days I can't." (P2)

A key informant was of the opinion that the MOOSE in itself was considerable of reasonable accommodation within the working environment, thus ensuring successful RTW. Furthermore, she suggested how participants ultimately experienced a sense of accomplishment within their worker roles as a result of the reasonable accommodation being tailor-made to each specific client. She stated:

"I think that the model speaks to reasonable accommodation and it speaks to, it makes it very concrete... it can be just about any and everything that's in the work place with regard to how much time you need to carry out, to a certain duty, or an activity with the degree of supervision, with, with amending a task... so it's easy for you to do, I think in that way, so you tailor making it for the patient to experience a sense of accomplishment." (KI1: key informant)

It was noted that the participants adapted easier to their worker roles when they received and had access to regular ongoing support after being reasonably accommodated within their working environments. As one participant stated:

"...since I'm working inside the office I'm not alone there, uhm there's two ladies [colleagues] that supports me, so whenever I've got a difficult time, so I go to them, I ask them ways to work easier so they help me with my work." (P3)

The above quote indicates how a participant, after being accommodated and transferred into an office, was easily able to seek support from others whenever he experienced difficulty within the working environment. He indicated that the readily available support he received from his colleagues assisted him in being able to adapt and essentially fulfill his role as a worker successfully.

4.4.2.2 Family support is integral to successful adaptation in the workplace and overall well-being



This sub-category conveys the participants' descriptions regarding the significance of family support when returning to work and adapting to the workplace as well as contributing to an enhanced overall well-being. It was noted that the presence of family support contributed positively to the successful RTW of the participants in the open labour market. Furthermore, participants conveyed an enhanced and improved self-efficacy and overall well-being due to the presence of familial support. As one participant stated:

"...my mom is behind me, she always ask, like today she was like... ask me if I went [to work] and all of that... so yah." (P9)

In the above quote a participant indicated how he received continuous support from his mother, particularly with regard to him going to work and his experience thereof.

Another participant added:

“...and at home also my father is very supportive, cause I’m living with him, yes he’s the one who knows what’s going on in my life.” (P3)

The above quote describes a participants’ experience of receiving support from his father as they share the same abode. He further mentioned that his father was knowledgeable about what was happening in his life, and was aware of his overall health and well-being.

Another participant expressed his opinion and perception of not struggling in his role as a worker as he received ample support from his environment, including that of his family and employer. He specifically mentioned the presence of his partner in his home environment, and how she facilitated his medication use and hospital attendance, which contributed to a successful RTW and an improved overall health and well-being. He stated:

“No I’m not struggling with anything at work, at the home, my girlfriend support me, my boss support me about money. I’m coping well yes... medication, everything, I mustn’t forget the date to go to Groote Schuur hospital...” (P8)

Another participant briefly stated how he experienced appreciation and felt valued as an individual. He described how his parents, peers, and colleagues respected him for who he was, and as a result he experienced an enhanced self-esteem and ultimately an improved well-being. He said:

“...respect from my parents, and understanding, and from my peers and colleagues as well.” (P1)

As some participants were returning to work, they initially struggled to maintain concentration on work tasks for long periods of time, after which they were required to adapt their working ability in a manner that allowed them to complete their work tasks successfully and timeously. One participant described how her father assisted her in her adaptation process whilst returning to work, as he regularly reminded her to take short

breaks away from work, thus ensuring that she was able to concentrate and complete her work tasks as required. She stated:

“And my father helps me, reminds me to go and take a walk.” (P2)

4.4.2.3 Employer and colleagues’ support is integral to successful workplace adaptation in the workplace and overall well-being

This sub-category conveys the participants’ descriptions regarding the significance of the employer and colleagues’ support when returning to work and adapting to the workplace as well as contributing to an enhanced overall well-being. It was noted that the presence of the employer and colleagues’ support contributed positively to the successful RTW of the participants in the open labour market. As one participant stated:

“Yes, support is readily available for me because my, my managers have told me that even if I feel like I’m ill at some point, their doors are always open, I can come to them and tell them that, to tell them that err, there’s something wrong with me.” (P7)

The above quote alludes to a participants’ experience of having support readily available to him in his working environment. He described how his managers were understanding of him and his illness, and how his illness may have potentially impacted on his ability to perform and complete work tasks. Owing to this, the participant felt confident in his role as a worker, and was easily able to approach and openly communicate challenges being experienced with his employer. This essentially enhanced his ability to successfully RTW and improved his health and well-being.

A key informant shared her experience of how a supportive employer contributed to the successful RTW of one of her clients. She stated:

“The management was very helpful in allowing the patient to first come and see what he can still do, and how much he was capable of still doing. Then the work

attendance, he was given, he didn't have to start at the same time with other work uhm, workers. His work time was also adjusted, shorter periods. They uhm, gave him reasonable accommodation closer to home, so he doesn't have to travel the long distances... uhm, the type of work that they gave him, they gave him more easier work to do than what he did previously. First, he started off with easier stuff and then to like, gradually increase it to more difficult things... uhm, and then management also liaised like on a regular basis with, informed him on the patient's progress in work." (K12: key informant)

Another participant was of the opinion that receiving support from colleagues, who understood ones' mental illness, allowed them to perceive that individual as a regular employee who will become accustomed to the challenges being experienced in the working environment, and not as an individual who has a disability- this support and consideration of the participants' colleagues facilitated his successful RTW in the open labour market. He stated:

"Yes I do get support from my colleagues, they understand... and its, they don't see it as a disability, they just see it as a new person that's starting to work, and that they will get use to like obstacles they will face in the beginning..." (P1)

Another participant was of the opinion that as a result of him sharing his diagnosis with his employer and colleagues in his working environment, and being able to use his medication without experiencing any stigma, contributed to him being able to cope within his worker role and successfully RTW. He stated:

"...I opened up with my managers, my supervisors, that I'm schizophrenia [schizophrenic] and I'm on medication and uhm ya, so the whole colleagues also found it out... yah the things at work that helps me to cope is the people that knows I'm on medication now... and I can actually drink my medication openly now... I first had to hide it and uhm, then we would chat, we would talk... I can openly just tell them 'sorry', and I drink my tablets in front of them... I can eat bread and it, it helps me to cope and drink my medication and they know I'm schizophrenia [schizophrenic] and uhm they actually supportive, they ask me, 'what medication you on?', how does your medication look and are you alright?'...every morning when I start working we greet each other and they greet me like I'm a normal human being." (P5)

In the above quote a participant demonstrated how he was better able to cope in his worker role as a result of him informing his colleagues about his medication use, and was therefore able to use it without the fear of having to experience stigma. Similarly, he described how the respect that his colleagues had for him and how they were able to easily communicate with each other contributed to his successful RTW.

In summary, this theme revealed how the participants adapted to their worker roles upon their successful RTW. The enhancement of the participants' intrinsic abilities as well as the adaptation of environmental factors such as reasonable accommodation and family, employer and colleagues' support was identified as facilitators to workplace adaption by the participants of the study.

By using the information gathered from the experiences and perceptions of individuals with schizophrenia with regard to the use of the MOOSE in enhancing work skills and RTW, the objectives of the study were achieved. Theme one described the negative factors (barriers) affecting the subjective experiences of the use of the MOOSE in enhancing work skills and RTW. Theme two described the positive experiences and perceptions of the use of the MOOSE in enhancing work skills and RTW. Theme three presented the experiences and perceptions of how the MOOSE facilitated an enhanced self-efficacy and developed the participants' worker identities. Theme four discussed the participants' experiences and perceptions of adapting to their worker roles as they RTW in the open labour market.

By amalgamating all of the themes into a holistic form, the researcher was able to develop a diagrammatic representation (Figure 4.1) that illustrates the relations amongst the presented themes. Theme one (barriers) and theme two (facilitators) are presented as

influencing the development of a worker identity (theme three) and adaptation to the worker role (theme four). When the facilitators are able to reduce the impact of the challenges, the participants' worker identity would be enhanced and their capability to adapt to their worker roles improved. However, in the occurrence that the challenges reduce the influence of the facilitators, the participants would experience difficulty in developing their worker identity and adapting to their worker roles. To address this potential negative outcome, it is recommended that strategies to develop the application of the model be implemented, thus improving the individual with schizophrenia's ability to successfully RTW in the open labour market.



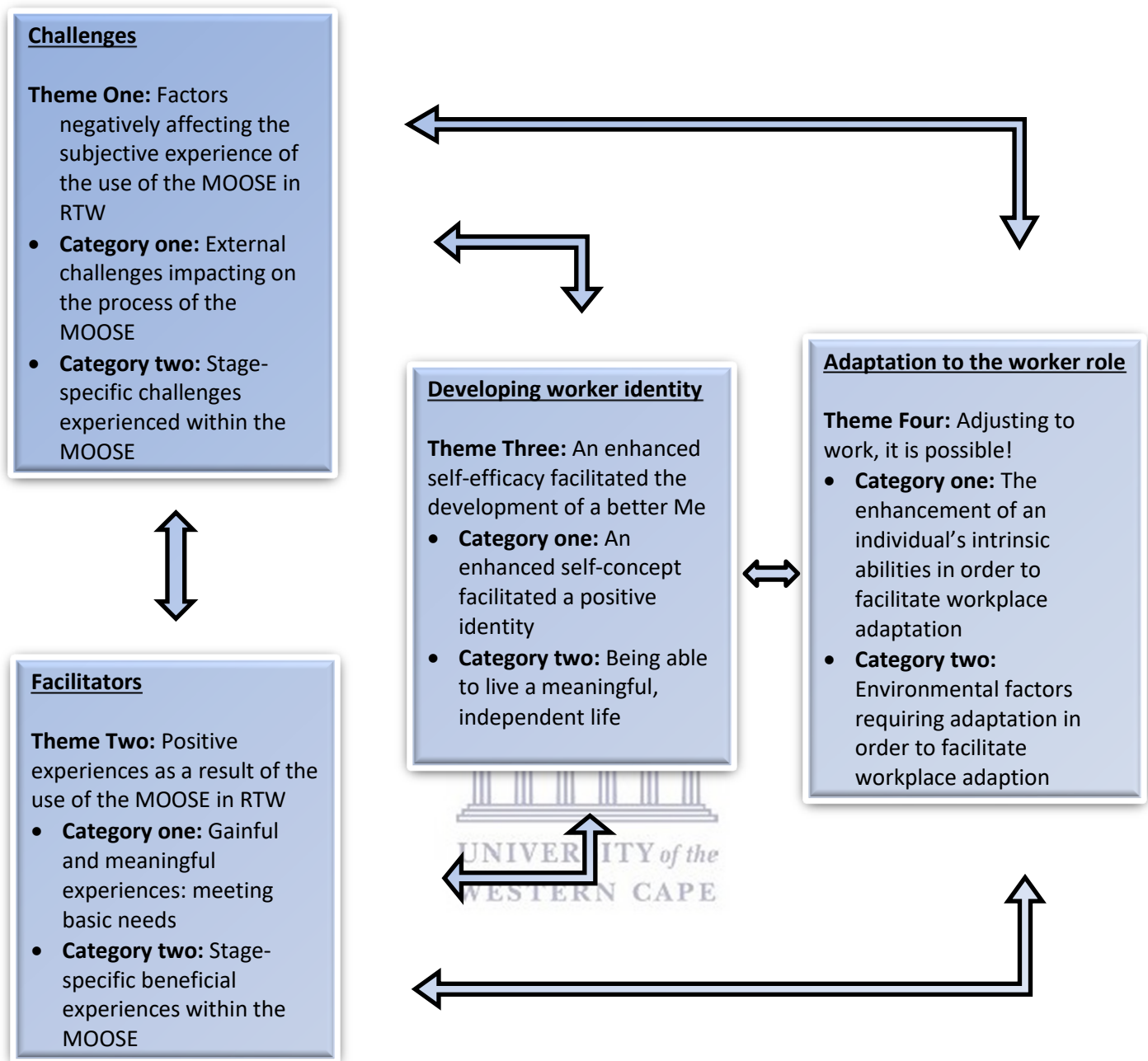


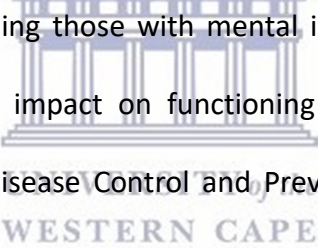
Figure 4.1: Diagrammatical representation of themes and categories.

Chapter Five: Discussion

5. Introduction

In this chapter the researcher will discuss the barriers and facilitators experienced by individuals diagnosed with schizophrenia in the use of the MOOSE in enhancing work skills and RTW. Furthermore, it will aim to highlight how the MOOSE facilitated the enhancement of the participants' self-efficacy and the development of their positive worker identity. Lastly, it will attempt to reveal the strategies utilised by the participants as they adapted to their worker roles upon RTW within the open labour market.

5.1 Barriers



Individuals with disabilities, including those with mental illness, experience barriers more frequently, resulting in a greater impact on functioning when compared to individuals without disabilities (Centers for Disease Control and Prevention, 2017). According to the WHO (2001), barriers are aspects in an individuals' environment that, through their presence or absence, limits an individual's functioning and essentially establishes disability. These aspects comprise, amongst others; a physical environment that is inaccessible, lack of appropriate assistive, adaptive and rehabilitative technology, negative attitudes and perceptions of individuals towards disability, and services, structures, and policies that are either devoid or delay the participation and engagement of individuals with disabilities (WHO, 2001). In the current study, a barrier refers to the aspects which hinder the enhancement of work skills and RTW process in the use of the MOOSE with individuals diagnosed with schizophrenia.

Substantial barriers to work for individuals with mental illness have been identified as challenges when returning to work. Some of these include stigma, the disclosure of having a mental illness, symptoms of illness, feelings of hopelessness, a lack of encouragement from vocational services and work environment, and a lack of motivation (Blank et al., 2013; Marwaha & Johnson, 2005). The current study found that various challenges existed which influenced the RTW process of individuals with schizophrenia utilising the MOOSE in enhancing work skills and RTW. Theme one revealed how the external as well as Stage-specific challenges negatively affected the participants' experiences of the use of the MOOSE in RTW. The challenges identified related to aspects such as a lack of therapist and family support, lack of interest and willingness from employers and colleagues, traditional and cultural considerations, introspection and self-reflection, and the initial engagement in the RTW process.



5.1.1 Lack of social support

According to Eguchi et al. (2017), the presence of social support is vital for individuals diagnosed with a mental illness who wish to RTW successfully. Category one of theme one expressed the participants' experiences and perceptions regarding the lack of social support and its influences on the implementation and use of the MOOSE in enhancing work skills and RTW. It was found that the lack of family, therapist, employer, and colleague support negatively affected and contributed towards the participants experiencing a challenging RTW process.

Individuals diagnosed with schizophrenia are likely to be unemployed or underemployed based on their skills and training. They are often provided with a reduced responsibility and

frequently experience hostility within their working environments, upon their RTW (Stuart, 2004). Obstacles contributing towards this hostility included discriminating attitudes of colleagues (Mangili, 2004), having insufficient skills, fear of failure in their worker roles, and being stigmatised against, therefore negatively influencing their RTW efforts (Martini et al., 2018; Sahu, 2015). This was evident when several participants stated that they often felt as though they were not physically present within their working environments as they were scarcely involved in work related tasks. As such, they perceived themselves as being overlooked and meaningless, thus contributing to a challenging RTW experience.

The expectations and experience of social support may influence employees' feelings, thoughts, and behaviour in their RTW process whilst engaging in their worker roles (Andersen et al., 2012). Stigma towards individuals with mental illness is the source of many obstacles for those who are returning to work (Blank et al., 2013; Gioia, 2006). It was found that participants who experienced stigma within the workplace had, amongst others, low self-esteem, difficulty concentrating on works tasks, and were afraid of using their medication within their work environment, thereby contributing to a challenging RTW experience.

A study conducted by Eguchi et al. (2017) found that low levels of workplace support as well as no previous experience of colleagues and employers working with employees with a mental illness were determinants of poor employment opportunities for individuals with mental illness. Similarly, based on the findings of the current study, the inefficient support provided by therapists to employers, resulted in employers not being knowledgeable and aware of how they could reasonably accommodate and provide the necessary support for their employees within the working environment. Additionally, this study highlighted that a

lack of family support has the potential to negatively contribute to the overall health and well-being of individuals, essentially resulting in them experiencing distress and therefore a challenging RTW process.

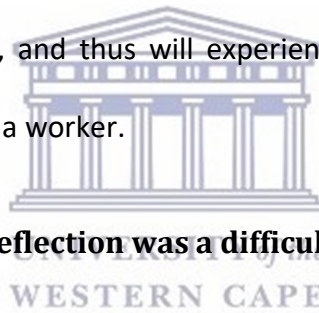
5.1.2 Traditional and cultural considerations

Tradition and culture refers to the shared values, beliefs, feelings, behaviour, and ideas that members of a group hold within their minds as a guide for conduct and manner in which to behave (Gautam & Jain, 2010; Myers, 2010). Culture is continuously in the process of change and is conveyed from one generation to the next (Gautam & Jain, 2010). Furthermore, it is transferred to individuals through experience and engagements that take place in their local environments (Myers, 2010).

Cultural myths and misconceptions about individuals with disability have an influence on disability discrimination, as some African cultures perceive disability as an economic and social curse on the family, and are often considered as a liability (Maja et al., 2011). The current study found that traditional and cultural beliefs had the potential to influence the participants' perceptions of their illnesses, and led to some of the participants misunderstanding their diagnosis of schizophrenia- ultimately influencing the use of the MOOSE and thus the RTW process of the participants, as described in category one of theme one.

Cultural perspectives have a significant influence in the development, presentation, cause and outcome of psychopathologies such as schizophrenia. Similarly, cultural perspectives influence the development and appearance of personality and behaviour, therefore influencing the manner in which mental illness is exhibited and how the community

perceives it (Mcotho et al., 2011; Gautam & Jain, 2010). Cross-cultural studies on schizophrenia conducted in South Africa found that the perceptual disturbances (such as hallucinations) experienced by patients who are from the isiXhosa culture were focussed on hearing the voices of their ancestors and traditional healers (Maslowski et al., 1998; Laubscher, 1937) (as cited in Mcotho et al., 2011). As such, it was found that participants were encouraged by their traditional doctors to stop the use of their prescribed medications received from their respective hospitals. As a result of the aforementioned, their psychotic symptoms re-emerged, causing them to struggle in their working environments, become dysfunctional in their worker roles, and ultimately resulted in their readmission to hospital. According to Swingler (2013), half of all patients who stop the use of their medication will relapse within six to ten months, and thus will experience difficulty in engaging in their occupational roles, such as that of a worker.



5.1.3 Introspection and self-reflection was a difficult process

Based on the findings of the current study, participants were of the opinion that introspection and self-reflection was a difficult process as it often had the potential to trigger ones' emotional responses, as discussed in category two of theme one. Oluwatoyin (2015) describes reflection as the examination of ones' personal thoughts and actions. It involves being mindful and critically thinking about the events that have occurred in one's past life and developing different, more appropriate future actions and behaviours (Nesbit, 2012).

Reflection has the potential to identify the negative aspects of one's personal behaviour, thus having the ability to trigger and cause psychological and emotional stress (Oluwatoyin,

2015). It was found that as the participants reflected on their negative experiences, such as struggling to find employment in the open labour market, they experienced feelings of frustration as they felt as though they were unable to identify solutions to the challenges that they identified during their reflective process. A study conducted by Vandewalle et al. (2018) found that individuals with mental illness experienced feelings of emotional distress and became overwhelmed when engaging in the process of experiential sharing and reflecting.

A study conducted by Nesbit (2012) found that the process of reflecting on negative events required honesty and had the potential to lead to the consistent pondering of negative thoughts, thus causing the individual to re-experience and often maintain painful memories. As found in the current study, being truthful and opening up whilst in the introspection and reflection Stage of the MOOSE proved to be a difficult and challenging process for the participants. Feelings of anger and frustration were easily evoked, as participants reminded themselves of the negative experiences they had previously undergone in their lives. Similarly, participants who were newly diagnosed with schizophrenia experienced the reflection process as challenging, as they needed to accept their diagnosis and realise and understand how their diagnosis will influence and impact their lives and functioning.

It was found that the participants in the current study felt as though the depths of reflection reached were challenging, and that critical introspection and understanding of ones' life needed to occur. Introspection is described as the ability to become aware of what one believes to be experiencing (Mega & Volz, 2014). The process of reflection and introspection has the potential to comprise constant determination for self-improvement, which could

result in feelings of self-disapproval, self-rejection, and hopelessness, should the individual not achieve what they have been striving for (Finlay, 2008).

5.1.4 Initial engagement in the RTW process proved to be a challenge

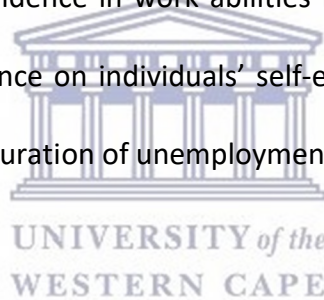
Category two of theme one described the challenges experienced by the participants as they went through the process of seeking employment and returning to work within the open labour market. It was found that within Stage three of the MOOSE those participants who returned to work experienced initial difficulty in their worker roles, whilst other participants who were seeking employment experienced challenges during this process.

Individuals with mental illness, upon returning to work and engaging in work tasks, may experience cognitive difficulties such as problem-solving related to work tasks, as well as becoming accustomed to new responsibilities and routines after initially returning to work (Lexén et al., 2016; Sumiyoshi et al., 2015). Based on the findings of the current study, participants experienced difficulty with concentrating on work tasks and adhering to work routines, and were required to adapt to their worker roles in a manner that ensured they were able to execute work tasks with ease. Some participants became anxious about having to use public transport and travel to work in areas which were unfamiliar to them.

The physical working environment of individuals was highlighted as a substantial barrier to successful employment for individuals with disability (Maja et al., 2011). It was found that as some participants returned to work, they were stigmatised against as a result of their diagnosis as well as their employers' and colleagues' lack of knowledge and awareness of mental illness. This experience within the work environment negatively influenced the participants RTW efforts, including their self-esteem and self-efficacy. It is at this point that

the therapist became actively involved in order to educate the participants' employers and colleagues, and to encourage workplace support and accommodation as required, thereby providing the necessary support in ensuring a successful RTW process.

Individuals with schizophrenia who struggle to RTW are prone to experience challenges such as emotional distress, financial stress, and indecisiveness, thereby affecting their QOL and well-being, thus intensifying work delay (Gioia, 2006). As found in the current study, some participants experienced immense difficulty in finding employment, and essentially resulted in them experiencing frustration and developing a poor sense of their ability to RTW within the open labour market. Being unemployed for a long period of time results in individuals' work habits, work skills, and confidence in work abilities fading as time elapses. This may essentially have a negative influence on individuals' self-esteem and self-efficacy, and has the potential to worsen with the duration of unemployment (Gioia, 2006).



5.2 Facilitators

According to the WHO (2001), facilitators can be described as those aspects in an individuals' environment that, as a result of its presence or absence, improves an individuals' functioning and diminishes disability. These aspects include an accessible physical environment, the availability of appropriate assistive, adaptive and rehabilitative technology, positive attitudes and perceptions of individuals towards disability, and services, systems, and policies that promote the participation and engagement of individuals with disabilities (WHO, 2001). In the current study, facilitators refer to the characteristics of the MOOSE that enabled individuals diagnosed with schizophrenia to enhance their work skills and successfully RTW within the open labour market. Theme two revealed the participants'

positive experiences as a result of the use of the MOOSE in enhancing work skills and RTW. These positive experiences and characteristics of the MOOSE related to aspects such as a client-centered focus to rehabilitation, realising one's true potential, becoming goal-directed and equipped to withstand workplace challenges, and experiencing a positive transition into the workplace; thus being able to RTW with success.

5.2.1 A client-centred, tailor-made focus to rehabilitation

Category one of theme two described the participants' experiences and perceptions of how the MOOSE had the ability to be flexible in such a manner that it provided support in various ways and was thus able to meet the needs of each participant respectively, as required. It was found that the client-centeredness of the MOOSE positively influenced and facilitated the successful RTW of the participants and allowed them to experience meaning within their RTW process. A study conducted by Phoenix & Vanderkaay (2015) found that client-centred practice improved goal achievement and contributed to the experience of mastery as well as a sense of satisfaction with occupational therapy services.

Client-centeredness is aimed at rearranging power and assuring that practice is informed by, and appropriate to individuals' lives, values, and priorities (CAOT, 2002). In the current study, the involvement of therapists with the participants' employers was informed by the need that arose with each participant as they RTW. It was found that participants, who received ongoing tailor-made support that was client-centred and specific to their needs, experienced enhanced and improved working abilities and worker roles as they engaged in their RTW process. Furthermore, client-centeredness had the potential to instil hope and motivation in the participants' ability to successfully reintegrate into their worker roles,

particularly since it did not discriminate against those with disability and considered the specific needs of the participants. A study conducted by Schindler (2010) supports the above findings and describes how client-centeredness facilitated satisfaction and improved performance in occupations individuals engaged in.

5.2.2 Introspection and self-reflection

Introspection and self-reflection is considered as a process by which individuals can better understand themselves so that they are able to enhance existing strengths and develop different, more effective ways of taking appropriate action in the future (Oluwatoyin, 2015). Category two of theme two discussed how Stage one of the MOOSE allowed the participants to realise their true potential, with the ultimate aim of achieving their desired goals. Participants were of the opinion that upon introspection and self-reflection, they realised how they could have behaved in a different manner should they have a similar experience again. Finlay (2008) suggests that when reflective practice is done effectively, it has the potential to act as a tool to examine and change the manner in which individuals behave, thus encouraging self-development.

A study conducted by Wegner et al. (2017) found that through the process of reflection, participants acknowledged personal changes and development, and realised their potential, thereby encouraging empowerment to occur. Furthermore, the abovementioned participants' self-awareness, self-esteem, and self-confidence were enhanced as a result of reflective practice (Wegner et al., 2017). Oluwatoyin (2015) identifies the following beneficial factors of reflective practice: enhancing self-esteem through learning, accepting of responsibility, providing opportunity for rapid and progressive refocusing of work activity,

providing opportunity to practice and improve skills, improving decision-making abilities, becoming aware of strengths and limitations, and encouraging critical thinking, amongst others. It was found that within Stage one of the MOOSE, the participants' confidence and self-esteem in their abilities was enhanced as they engaged in the process of reflection, essentially inspiring them to be goal-directed and increasing their desire to RTW. Furthermore, participants were better able to assert themselves. A study conducted by Barkai & Rappaport (2011) found that self-reflection is vital to the development of a coherent sense of identity, is a crucial aspect of autonomy, and encourages greater interpersonal awareness.

5.2.3 Participating in occupational activities

Soeker (2011) highlighted in his study that participation in occupation facilitated the adaptation of individuals into their occupational roles, such as that of being a worker. He further stated that through the engagement of participation in occupations, participants were able to develop insight into their functional limitations as well as methods of adapting to various tasks (Soeker, 2014; Soeker, 2011). In the current study, category two of theme two discussed how Stage two of the MOOSE equipped the participants with the necessary abilities to such an extent that they were able to confidently face workplace challenges and ultimately RTW with success. It was found that Stage two of the MOOSE assisted the participants in regaining their autonomy and equipped them with the ability to be self-sufficient and thus able to successfully return to their worker roles. An individuals' work ability has been identified by previous research as a strong predictor for successful RTW in the open labour market as it influences how individuals are able to adapt to their worker roles within their working environments (Vindholmen et al., 2014).

A study conducted by Solar (2015) found that individuals with schizophrenia described the need for practical assistance in areas such as confidence, self-esteem, transport, education with regard to medication and illness symptoms, and stimulating activities when returning to work in the open labour market. Similarly, Gioia (2006) states that social skills acquisition encourages better adaptation to work demands for individuals with mental illness. According to the findings of the current study, participants were of the opinion that Stage two of the MOOSE equipped them with the necessary skills and prepared them with the ability to realise their autonomy and conquer challenges that arose in the workplace. Furthermore, the participants' regained control of their life situations as therapists facilitated their RTW process in Stage two of the MOOSE. For example, participants were encouraged to prepare CV's for their potential employment in the open labour market and to be self-sufficient in managing their illness, and essentially RTW with success. Cognitive training, vocational support when needing to learn new work tasks, and appropriate job matching between individuals' functioning and job requirements has proved to be helpful in enhancing successful RTW outcomes for individuals with mental illness, including those with schizophrenia (Lexén et al., 2016).

5.2.4 Engaging in the RTW process

Individuals undergo a process of occupational adaptation so that successful reintegration into their worker roles is ensured. Engaging in meaningful occupation provides individuals with the opportunity to develop and adapt to their worker roles, thus ensuring their successful RTW in the open labour market (Soeker, 2014; Bouteloup & Beltran, 2007). Category two of theme two discussed how Stage three of the MOOSE facilitated a positive transition into the workplace for the participants through occupational engagement. It was

found that the motivation, self-confidence, and perspective of the participants' ability to return to their worker roles and successfully perform work tasks was enhanced as they participated in Stage three of the MOOSE. A study conducted by Sjöstrom et al. (2008) found that a positive association exists between RTW and QOL of individuals. Individuals with schizophrenia who are employed describe greater life satisfaction than those who are unemployed (Martini et al., 2018).

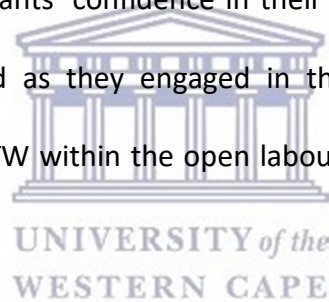
It was found that Stage three of the MOOSE assisted the participants in their process of seeking employment and provided the necessary ongoing support when they RTW in the open labour market. RTW is an intricate, dynamic process, influenced by various economic, social, individual, and work-related factors (Vindholmen et al., 2014). Based on the findings of the current study, participants were able to assess their working ability within Stage three of the MOOSE, upon their initial RTW, and had the opportunity to improve and enhance components required, such as work and life skills, in order to ensure the successful RTW and engagement in their worker roles. Soeker (2011) states that individuals' occupational competence improved as they actively engaged and participated in occupations that improved their self-efficacy.

5.3 Enhancing self-efficacy, developing a positive worker identity

Identity can be defined as a contextual, distinctive definition of the self; and directs individuals' thoughts and actions based on what is appropriate and valuable for them. Furthermore, identity translates into an individuals' unique way of being and behaving in their immediate environments (Kira & Balkin, 2014). Vandewalle et al. (2018) states that the development of a positive sense of identity is vital for individuals with mental illness,

particularly those who are wanting to RTW and engage in their worker roles with ease. The current study revealed how the MOOSE facilitated the enhancement of the participants' self-efficacy and their development of a positive identity, thus essentially contributed to them being able to live an independent, meaningful life and RTW with success.

The successful engagement in the occupation of work facilitates and encourages the process of improving and enhancing individuals' self-concept, self-esteem, and essentially self-efficacy (Soeker, 2011). Similarly, a study conducted by Van Niekerk (2009) found that participants engaging in aspects of work were able to meet and develop their identity needs and thus enhance their confidence and self-worth. In agreement with the abovementioned, this study found that the participants' confidence in their worker roles and their ability to assert themselves was enhanced as they engaged in the RTW process. This therefore contributed to their successful RTW within the open labour market- as described in theme three of the study.



5.3.1 Realising one's true potential and gaining independence

According to Kira & Balkin (2014), when employees' worker roles are aligned with their potential and working abilities, they consider themselves to be 'in the right job', doing what is inherently interesting and significant to them, thus experiencing positive worker identities. Similarly, they are likely to engage in their worker roles independently, and aim to maintain and strengthen their position within their employment. Work has the potential to provide meaning to the everyday life of individuals with disability by ensuring structure, a sense of purpose, and social connectedness. Furthermore, it has the ability to facilitate and

encourage the management of symptoms of mental illness, and provide opportunity for enhancing self-efficacy and promoting the use of self (Blank et al., 2013).

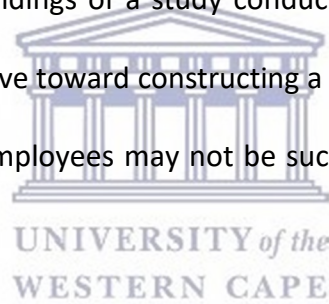
Category one of theme three described the participants' opinions on how they were able to tap into and realise their true potential and capabilities. Participants were able to effectively adapt and participate in work tasks, and experienced an increase in confidence as they participated in their worker roles. Similarly, the participants' social support structures were proud of their achievements as they accomplished their main desired goal of obtaining and maintaining employment in the open labour market. Being employed reintegrates individuals back into society, provides for an independent salary and sense of identity, and allows one to experience meaning and purpose in ones' day. Work has the potential to positively influence an individuals' well-being, social status and civic rights as a human being (Porfeli et al., 2011; Crosse, 2003).



Based on the findings of the current study, as participants matured and experienced an enhanced confidence and self-efficacy, they were better able to demonstrate assertiveness and decision-making abilities in their worker roles, thereby facilitating their successful RTW. Similarly, as the participants' ability to be independent improved, they required less support from their employers and therapists in their RTW process, therefore improving their identity as a worker. Consequently, their self-development during this Stage resulted in the realisation of being capable individuals and their perspective regarding their ability to live a meaningful life had improved. As Marwaha & Johnson (2005) state, work encourages individuals with mental illness to develop a sense of agency, and provides opportunities for achievement and independence to occur. Moreover, work is associated with personal and

social development, including the enhancement and improvement of self-esteem and identity (Van Niekerk et al., 2011).

Alvesson (2010) suggests that employees develop well-adjusted identities based on their experiences within their working environment. Furthermore, it was highlighted that an empowering work identity encourages employees to function optimally within their worker roles. The study conducted by Alvesson (2010) found that participants who experienced stigma and had a low self-efficacy perceived themselves as having a devalued identity. In contrast, those who made valuable contributions to their worker roles, were accepted and supported by others, and had a positive self-efficacy perceived themselves as having a positive identity. Based on the findings of a study conducted by Vandewalle et al. (2018), employees with mental illness strive toward constructing a positive identity; however, when a positive identity is not found employees may not be successful in their worker roles and may even experience a relapse.

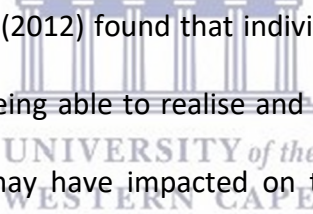


5.3.2 Being insightful of ones' illness

Individuals with schizophrenia commonly demonstrate a general lack of awareness and insight into their illness (Zhornitsky et al., 2011; Greenberger & Serper, 2010), therefore requiring rehabilitation (Boyer et al., 2012). Evidence exists which establishes that having insight into ones' illness has a significant influence on the clinical prognosis, treatment compliance, number of hospitalisations, social and interpersonal functioning, and vocational rehabilitation (Mingrone et al., 2013; Zhornitsky et al., 2011). Based on the findings of the current study, participants who understood the nature of their illness demonstrated an enhanced and improved overall functioning, including their health and well-being.

Participants were essentially able to live and work independently, required minimal support, and experienced an enhanced self-efficacy.

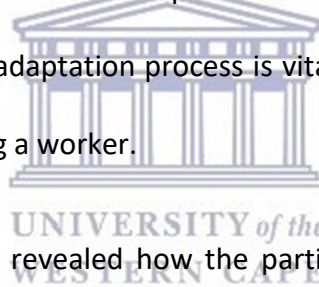
Having insight into ones' illness contributed to a meaningful, independent life for the participants, as illustrated in category two of theme three. It was found that participants who had significant and relevant insight and knowledge into their illness were better able to make informed decisions about their occupational choices whilst considering their health and well-being, thus essentially contributing to their successful RTW. According to Lysaker et al. (2011), having insight into ones' illness assists individuals to make sense of their condition, thus allowing them to be able to make more adaptive and informed decisions relating to their health and well-being.



A study conducted by Boyer et al. (2012) found that individuals who have insight into their illness were more competent in being able to realise and understand the consequences of their mental illness and how it may have impacted on their functioning, including their ability to RTW and engage in their worker roles. In support of the abovementioned study, and as a result of the participants' improved insight, it was found that the participants of the current study demonstrated an improved understanding of the importance of compliance in the use of their medication, the potential consequences of their illness on their functioning should they not manage their illness successfully, and their need for ongoing support in enhancing their work skills and facilitating their RTW process within the open labour market. Being aware of ones' potential symptoms, consequences, and influences of ones' mental illness on ones' ability to function, assists one in being able to develop the necessary skills to adapt to everyday life, therefore enabling success in various domains of functioning, including that of work (Boyer et al., 2012).

5.4 Adapting to work

A study conducted by Soeker (2014) found that an internal change needed to occur and that individuals needed to have a more positive mind-set in order to prepare for their engagement and adaptation to their occupational roles, including that of a worker. According to Schkade & Schultz (1992), occupational adaptation can be described as an ordinary process of interaction between the occupational environment and an individual to encourage an occupational response that will allow the individual to experience a sense of achievement over an occupational challenge. The findings of Soeker's (2014) study suggested that individuals have to undergo the process of occupational adaptation in order to effectively fulfill their worker roles. Bouteloup & Beltran (2007) presented similar findings and stated that the occupational adaptation process is vital to competence in occupational functioning, including that of being a worker.



In the current study, theme four revealed how the participants adapted to their worker roles upon their successful RTW. The enhancement of the participants' intrinsic abilities as well as the adaptation of environmental factors such as reasonable accommodation and social support was identified as facilitators to workplace adaption by the participants of the study. A study conducted by Vandewalle et al. (2018) found that employees with mental illness are able to successfully manage their health and well-being and reintegrate into their worker roles when they experience supportive working circumstances, including working a realistic duration of hours, working at their own speed, and having access to ongoing support from their employers and professionals.

5.4.1 Development and improvement of ones' skills and capabilities

Category one of theme four discussed how the enhancement of the participants' skills and capabilities facilitated their RTW and ability to adapt to their worker roles and working environments. It was noted that as the participants' skills and capabilities were improved as they returned to work, they were better able to cope and adapt to their worker roles, thus contributing to a successful engagement in their working environment.

As found in the current study, the improvement of the participants' job specific skills and performance components related to the occupation of work, facilitated the adaptation to their worker roles and thus their ability to successfully RTW and engage in work tasks. One participant made use of a daily plan to encourage and motivate her to complete her daily tasks and assist her with being able to concentrate on tasks for longer periods of time. Another participant made use of self-encouragement and took short breaks away from work in order to assist him in being able to maintain focus on his work tasks.

Based on the findings of this study, the improvement of the participants' life skills contributed to the enablement, empowerment, and enhancement of their ability to manage their illness and successfully adapt to their worker roles. Moreover, participants were more competent in being able to successfully manage their illness. The enhancement and improvement of the participants' life skills allowed them to take more responsibility for their lives and contributed to their improved level of independence, as they were more knowledgeable of their illness and had an improved self-esteem and motivation to engage in their worker roles. Owing to this, the participants felt self-respected as they experienced others respecting and valuing them more as individual beings. Moreover, an enhanced self-

esteem influenced the participants' ability to concentrate for longer periods of time, and encouraged them to make decisions for themselves, thus allowing them to better adapt to their worker roles.

5.4.2 Reasonable accommodation encouraged worker role adaptation

In order to facilitate workplace adaptation and ensure participants' RTW successfully, their working environments needed to be accommodated and adapted in a manner that contributed to a conducive working environment and essentially enabled participants to RTW with ease, as discussed in category two of theme one. Reasonable accommodation refers to any alteration to a job or working environment that enables individuals to have access to and participate in employment (Bernard, 2014; Dwoskin & Squire, 2013; Employment Equity Act, 1998). Reasonable accommodation aims is to resolve job-related difficulties experienced by employees with disability, and to enable employees to achieve an equal level of success, participation, and opportunity to that enjoyed by those employees without disability in the same working position (Dwoskin & Squire, 2013).

The current study found that reasonable accommodation and environmental adjustment positively contributed to the participants' successful worker role adaptation as they RTW. Bernard (2014) states that employers are obliged to reasonably accommodate diversification in the workplace so that all employees enjoy their right to equality; however they are not expected to experience excessive hardship as a result. It was noted that participants experienced less workplace challenges when returning to work after they have been reasonably accommodated in their working environment. Participants in this study who were given lighter duties were allowed to work for shorter periods of time, and

provided with the opportunity to work closer to their homes, thus providing the necessary support in ensuring their successful RTW.

5.4.3 Presence of social support facilitated RTW

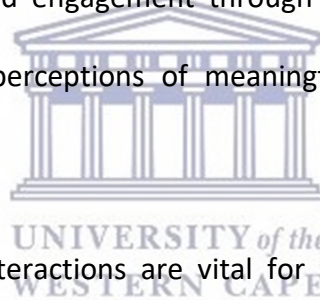
Category two of theme four described the participants' perceptions of the significance of social support when returning to work and adapting to their worker roles within their workplace as well as in enhancing their overall health and well-being. Social support is considered vital for individuals with disability who are attempting to reintegrate into society and engage in their occupational roles, including that of being a worker (Gioia, 2006). In the current study, participants were of the opinion that the presence of family, employer and colleague support contributed positively to their successful RTW within the open labour market. Family, employer, and colleague support are known to be vital determinants of workplace adaptation as well as a predictor for the successful RTW of individuals with mental illness (Lemieux et al., 2011).

Based on the findings of this study, it was noted that the presence of family, employer and colleague support throughout the process of RTW contributed notably to an easier reintegration to work. Participants were of the opinion that the particular presence of familial support contributed to their enhanced self-efficacy and overall well-being as they engaged in the process of RTW. Participants adapted easier to their worker roles when they received and had regular ongoing support after being reasonably accommodated within their worker roles.

A study conducted by Baard (2002) found that employees who perceived their contribution to work tasks as necessary and significant to the workplace experienced job satisfaction and

showed higher levels of engagement in their worker roles. As found in the current study, participants felt valued and experienced appreciation and meaning within their worker roles as their social support structures (family and colleagues) respected them for who they were, thus contributing to an enhanced self-esteem, improved well-being, and essentially successful RTW.

Based on the findings of this study, the presence of supportive employers and colleagues contributed to the participants experiencing an increased confidence in their working abilities as they could easily approach and communicate challenges being experienced with their employers. According to Kahn & Heaphy (2014), social support has the potential to strengthen work participation and engagement through affirmation of employees' work identities, alleviating anxieties, perceptions of meaningfulness at work, and improving workplace trust.



Work relationships and social interactions are vital for the development of employees' ability to engage and participate in their worker roles (Palo & Rothmann, 2016). Moreover, social relations with colleagues and employers are essential for workplace belongingness (Kahn & Heaphy, 2014). The current study found that when participants shared their diagnosis with their employers and colleagues, and could use their medication without having to experience any fear of being stigmatised against, they adapted to their worker roles with ease and were thus able to RTW with success.

5.5 Relation to Bronfenbrenner's Ecological Systems Theory

The findings of the current study were interpreted through the use of Bronfenbrenner's Ecological Systems Theory as a conceptual lens. Furthermore, the researcher made use of

Bronfenbrenner’s ecological model to integrate the findings of the current study in Figure 5.1 below. Bronfenbrenner provides a theory to analyse the different systems and levels that influence individuals with schizophrenia’s ability to RTW and enhance work skills, emphasising the importance the environment or ecology (for example family, friends, and social networks) has on the individual (Paat, 2013). These systems interact and influence one another, with different integrated levels infiltrating the individuals’ existence (Bronfenbrenner, 1994).

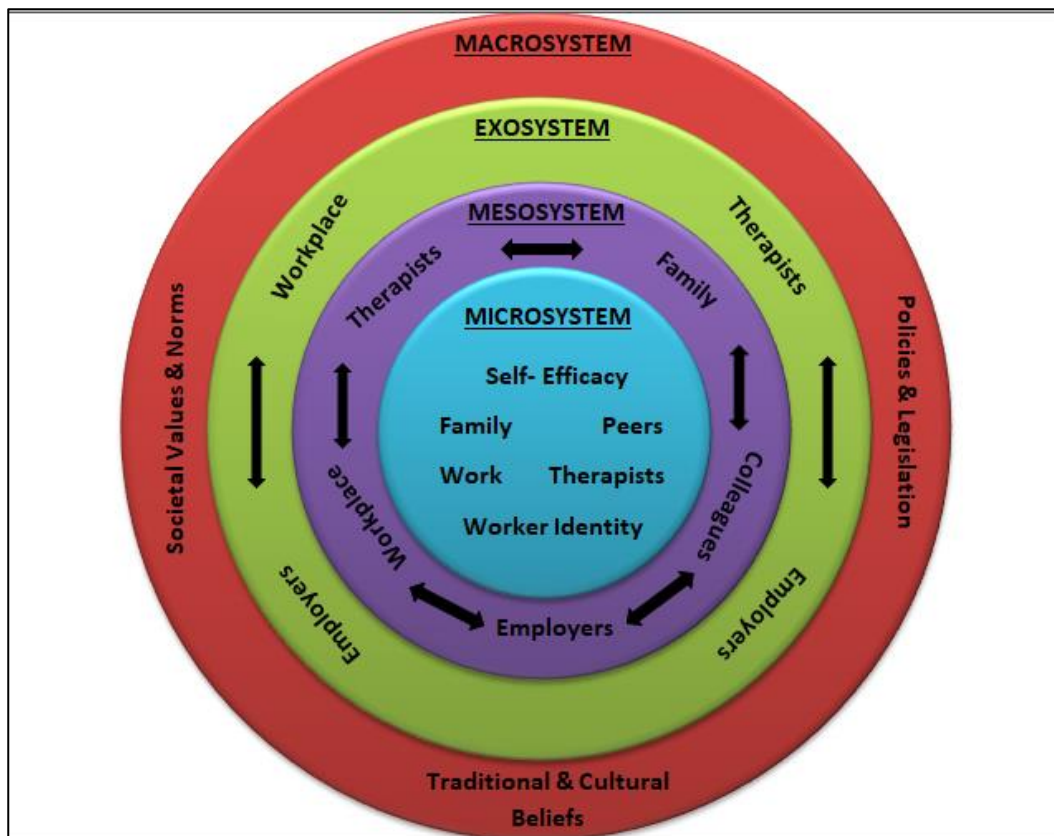


Figure 5.1: Bronfenbrenner’s Ecological Model as a conceptual lens (Bronfenbrenner, 1994).

Using Bronfenbrenner’s Ecological System Theory, the microsystem factors that emerged in the current study included the individual him/herself, and the various characteristics of

family, peer group, therapists, and workplace environments. On the individual level, this study found that an enhanced self-efficacy facilitated the development of a positive identity, and contributed to the participants being able to RTW independently and live meaningful lives, as described in theme three. Furthermore, the current study found that the overarching category of social support, including the presence and support of the participant's family, friends, colleagues, employers, and therapists, contributed notably to the participants' successful RTW within the open labour market.

This was followed by the mesosystem factors that emerged in the study. These included the presence and interrelations that existed between family, friends, colleagues, employers, therapists, and workplace environments and structures. The current study found that the existence of quality established relationships between the participants and family, participants and employers, participants and therapists, and participants and workplace environments and structures positively influenced and contributed to the participants' successful worker role engagement and RTW within the open labour market, as described in theme two and theme four. Furthermore, the participants' workplace environments and structures that have been reasonably accommodated positively contributed to their worker role adaptation in their RTW process. Bronfenbrenner (1994) argued that by strengthening the relationships within the mesosystems, individuals' needs and interests are best supported and that society meets its obligations in ensuring optimal performance of those individuals in their occupational roles.

This was followed by the exosystem factors that occurred in the study. These included the relationships that existed between therapists and employers, as well as employers and workplace environment and structures. The current study found that the existence of a

relationship between therapists and employers allowed employers to better understand and be knowledgeable about how they could accommodate their employees within their working environment, thus ensuring their successful RTW. Similarly, this study found that the participants experienced a smooth reintegration to work when their employers demonstrated interest and worked alongside therapists in their RTW process. The participants adapted and adjusted easily to their worker roles within their working environments, as they experienced support from their employers as well as colleagues, as described in theme two and theme four of the current study.

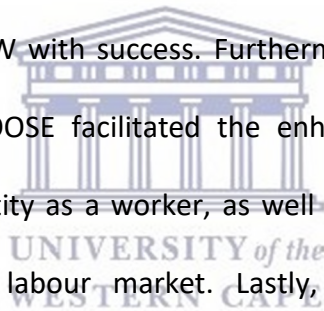
This was followed by the macrosystem factors that emerged in the study. These included traditional and cultural beliefs, political influence, and societal values and norms. The current study found that traditional and cultural beliefs had the potential to influence some of the participants' perceptions and understanding of their diagnosis. Some cultural beliefs ultimately led to the participants becoming psychotic as a result of them stopping the use of their medication. They therefore experienced difficulty in their worker roles and required readmission to hospital, as described in theme one of this study. Furthermore, this study found that even though individuals who were admitted to hospital were in a psychotic mental state and unable to take responsibility for themselves by informing their employer of their admission to hospital, employers were not willing to negotiate the RTW of these individuals as they were considered, based on company policy, to have absconded from work.

In the context of individuals diagnosed with schizophrenia making use of the MOOSE in enhancing work skills and RTW, it is evident how the varying levels of environmental or

ecological systems influenced and had the potential to contribute to the participants being able to adapt to their worker roles and successfully RTW within the open labour market.

5.6 Summary

In summary, in this chapter the barriers and facilitators that individuals with schizophrenia experienced in the use of the MOOSE in enhancing their work skills and RTW within the open labour market are discussed. The researcher highlighted the barriers which were related to the lack of social support, traditional and cultural considerations, introspection and self-reflection, and the initial engagement in the RTW process. The facilitators that were discussed were linked to the characteristics of the MOOSE that enabled individuals to enhance their work skills and RTW with success. Furthermore, the chapter also discussed the experiences of how the MOOSE facilitated the enhancement and development of individuals' self-efficacy and identity as a worker, as well as their ability to adapt to their worker roles within the open labour market. Lastly, the researcher made use of Bronfenbrenner's Ecological Systems Theory as a conceptual lens through which to interpret the findings of the study.



Chapter Six: Conclusions and Recommendations

6. Introduction

In this chapter, the conclusion and recommendations from the current study that focused on the experiences and perceptions of the use of the MOOSE in enhancing work skills and RTW potential of individuals diagnosed with schizophrenia are discussed.

6.1 Conclusions

The current study highlighted the experiences and perceptions of individuals diagnosed with schizophrenia regarding the use of the MOOSE in enhancing their work skills and RTW potential within the open labour market. The study found that there were barriers and facilitators to using the MOOSE in the RTW process of individuals with schizophrenia. The barriers comprised external as well as Stage-specific challenges which impacted on the process of the MOOSE while the facilitators included characteristics of the MOOSE that enabled the successful RTW of individuals with schizophrenia. Furthermore, this study revealed how the MOOSE facilitated the development of worker identities of individuals diagnosed with schizophrenia, as well as their ability to adapt to their worker roles in the process of RTW within the open labour market.

The external challenges which impacted on the process of the MOOSE and served as barriers were associated with the lack of social support and traditional and cultural considerations; while the Stage-specific challenges were related to introspection and self-reflection as well as the initial engagement in the RTW process. The current study revealed

that the presence of social support contributed notably to an easier and more successful reintegration into work when compared to the lack of social support.

The characteristics of the MOOSE which served as facilitators were related to a client-centered focus to rehabilitation as well as the ability of the MOOSE to allow the participants to realise their true potential. This included becoming goal-directed and equipped to withstand workplace challenges, thus facilitating a positive transition into the workplace and ensuring successful RTW. The current study revealed that the participants' confidence, self-esteem, and motivation were enhanced as they engaged in the process of reflection. Similarly, the participants were inspired to be goal-directed, self-sufficient, and essentially desired to RTW.

The participants' experienced an enhanced self-efficacy and their worker identities were developed, essentially resulting in them gaining independence and being able to live a meaningful life and RTW with success. The current study revealed that as the participants engaged in their RTW process they experienced an enhanced confidence, were better able to demonstrate assertiveness, and essentially required minimal support in their worker roles. Similarly, participants had better decision-making abilities and demonstrated an enhanced overall functioning as their insight into their illness improved.

The participants were able to adapt to their worker roles upon their RTW within the open labour market. The current study revealed that the enhancement of the participants' intrinsic abilities as well as the adaptation of environmental factors such as reasonable accommodation and social support positively contributed to the participants' ability to adapt to their worker roles with success.

Utilising an Ecological Systems Theory (Bronfenbrenner, 1994) as a conceptual lens, this study provided insight and revealed how the varying levels of environmental or ecological systems influenced the participants' abilities to enhance their work skills and successfully RTW within the open labour market.

In conclusion, the current study revealed that regardless of the barriers encountered by the participants in the use of the MOOSE, the MOOSE itself and its characteristics were useful in enhancing work skills and facilitating the successful RTW of individuals diagnosed with schizophrenia. This study also furnished insight into how the MOOSE facilitated the enhancement of the participants' self-efficacy and development of their identity as a worker. Furthermore, the current study revealed how the MOOSE facilitated and empowered the participants to adapt to their worker roles upon their successful RTW within the open labour market. Overall, the study highlighted the value of the MOOSE as an effective strategy of supported employment by enabling individuals with schizophrenia to enhance their work skills and to facilitate a successful RTW process within the open labour market.

6.2 Recommendations

The enhancement of work skills and the RTW phenomena explored in this thesis provides findings that identify certain implications for practical application. Thus, in order to enhance supported employment and the RTW process of individuals diagnosed with schizophrenia using the MOOSE, the subsequent recommendations are considered crucial for the practice of occupational therapy, occupational therapy profession and the multidisciplinary team, employers, policy makers in South Africa, and research in occupational therapy.

6.2.1 Occupational therapy practice

- Occupational therapists could use the model in both public and government hospitals. The model should be implemented and utilised as soon as the client is apsychotic, whilst admitted to hospital. However, the model should be used with clients who attend outpatient clinics as well (and who are experiencing challenges with their worker roles in the workplace).
- Occupational therapists should encourage the support from family, friends, employers, and work colleagues during the RTW process. The findings of the current study suggest that positive support received from others contributes to the successful reintegration of individuals into their worker roles.
- Whilst facilitating the various Stages of the model, occupational therapists should consider having group sessions, in conjunction with individual sessions, with the clients who are in a similar phase within their RTW process. With this, clients would be able to normalise situations and share their opinions on various topics requiring attention within their RTW process.
- Occupational therapists are encouraged to gain the clients' trust and establish a good therapeutic relationship so as to reassure the client and inspire him/her to openly share their opinions with ease.
- Occupational therapists are encouraged to provide hard copies of the various life skills and work skills topics covered during the enhancement of work skills in the RTW process. Having access to hard copies would allow the clients to refer back to these topics should they find the need to relook at it.

- Occupational therapists should be aware of the client developing a relationship that is too dependent on the therapists during the process of RTW. Therapists are therefore encouraged to be mindful of the amount of time spent during each of the four Stages of the model, and encourage the client to become independent.
- Occupational therapists should make the client aware of the end Stage of the model as the client becomes independent and successful in his/her worker role and should gradually terminate the support being provided to the client.

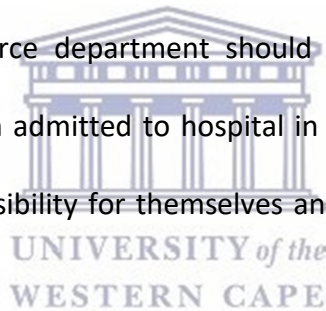
6.2.2 Recommendations for the occupational therapy profession and the multidisciplinary team

- Occupational therapists and other members of the multidisciplinary team should collaborate and establish working relationships in order to provide holistic supported employment services, thus ensuring that clients are receiving optimal, client-centred rehabilitation in their RTW process.
- Members of the multidisciplinary team should familiarise themselves with the policies and legislation regarding the employment rights of individuals with disabilities within the open labour market so that they are better able to advocate for equal opportunities and practices within the working environment.
- Findings of this study revealed that the employers are often not contacted and informed about the admission of their employee into hospital, essentially impacting on the RTW process for these clients. Owing to this, members of the multidisciplinary team are encouraged to take responsibility and make contact with a clients' employer upon and during admission to hospital, hereby keeping them up-

to-date with the progress of the client. Similarly, the clients' family should take responsibility and exercise the same practice mentioned above.

6.2.3 Recommendations for employers

- Employers are encouraged to be supportive of the clients RTW and demonstrate a willingness to accommodate clients within their workplace.
- Employers are encouraged to collaborate and develop working relationships with health professionals in order to ensure their clients are reasonably accommodated within their working environments, and experience a smooth reintegration into their worker roles.
- Employers' Human Resource department should consider being lenient towards individuals who have been admitted to hospital in such a psychotic state that they are unable to take responsibility for themselves and inform their employer of their admission.



6.2.4 Recommendations for policy makers

- Based on the findings of the current study, it became apparent that employers were not enthusiastic and willing to negotiate the RTW of employees who had not made contact with their Human Resource department upon admission to hospital, even though employees may have been psychotic and therefore incapable of making contact with their employer. Owing to this, policies regarding the absence from work as a result of illness to such an extent that the employee is incapable of making contact with his/her employer, should be revised and allow for some leniency to

occur- especially if employees live alone, and have no family members who are able to communicate with employers on behalf of the employee.

- This study identified how individuals with disability experience difficulty in obtaining employment within the open labour market. Some of the causes for this difficulty being experienced include, amongst others, the lack of employment opportunities, discrimination within the workplace, and the fear of being stigmatised against. It is for this reason that government should consider the availability of funds in order to increase the establishments of supported employment models in rehabilitation centres, with the aim of returning to work and enhancing work skills.
- Policy makers should revisit policies regarding the employment of individuals with disability in the open labour market, including both private and public sectors. The use of incentives, and other rewarding strategies, may take place in order to encourage organisations to employ individuals with disability.



6.2.5 Recommendations for further occupational therapy research

- A study could be conducted to explore the experiences and perceptions of the use of the MOOSE in enhancing work skills and RTW for individuals with mental illness other than schizophrenia.
- After a given time period (for example, six or 12 months), a follow-up study could be conducted with participants who utilised the MOOSE as a review of its potential ability to positively influence and maintain symptom changes and overall functioning, and reduce readmission rates of mental health care users.
- After a given time period (for example, six or 12 months), a follow-up study could be conducted with participants who utilised the MOOSE as a supported employment

strategy in enhancing work skills and RTW. This could be undertaken as a review of its effectiveness and influence in contributing to the participants' being able to independently maintain employment in the open labour market after being discharged from the MOOSE.



References

- Alvesson, M. (2010). Self-doubters, strugglers, storytellers, surfers and others: Images of self-identities in organisation studies. *Human Relations*, 63(2), 193-217.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. Arlington, VA: American Psychiatric Publishing.
- Andersen, M., Nielsen, K. & Brinkmann, S. (2012). Meta-synthesis of qualitative research on returning to work among employees with common mental disorders. *Scandinavian Journal of work, Environment and health*, 38(2), 93-104.
- Baard, P. P. (2002). Intrinsic need satisfaction in organizations: A motivational basis of success in for-profit and not-for-profit settings. In E. L. Deci & R. M. Ryan, (eds.), *Handbook of self-determination research* (255-275). Rochester: University of Rochester Press.
- Barkai, A. R. & Rappaport, N. (2011). A psychiatric perspective on narratives of self-reflection in resilient adolescents. *Adolescent Psychiatry*, 1(1), 46-54.
- Becker, D. R. & Drake, R. E. (2003). *A working life for people with severe mental illness*. Oxford, NY: Oxford University Press.
- Bernard, R. B. (2014). Reasonable accommodation in the workplace: To be or not to be? *Potchefstroom Electronic Law Journal*, 6(17), 2870-2891.
- Bitsch, V. (2005). Qualitative research: A grounded theory example and evaluation criteria. *Journal of Agribusiness*, 23(1), 75-91.



- Blank, A., Harries, P. & Reynolds, F. (2013). The meaning and experience of work in the context of severe and enduring mental health problems: An interpretative phenomenological analysis. *Work, 45*(3), 299-304.
- Boardman, J., Grove, B., Perkins, R. & Shepherd, G. (2003). Work and employment for people with psychiatric disabilities. *British Journal of Psychiatry, 182*(6), 467-468.
- Bond, G. R. & Drake, R. E. (2012). Making the case for IPS supported employment. *Administration and Policy in Mental Health and Mental Health Services Research, 39*(6), 1-5.
- Bouteloup, Z. & Beltran, R. (2007). Application of the occupational adaptation framework in child and adolescent occupational therapy practice. A case study. *Australian Occupational Therapy Journal, 54*(3), 228-238.
- Bowen, G. A. (2008). Naturalistic inquiry and the saturation concept: A research note. *Qualitative research, 8*(1), 137-152.
- Boyer, L., Aghababian, V., Richieri, R., Loundou, A., Padovani, R., Simeoni, M. C., Auquier, P. & Lancon, C. (2012). Insight into illness, neurocognition and quality of life in schizophrenia. *Progress in Neuro-Psychopharmacology & Biological Psychiatry, 36*(2), 271-276.
- Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101.
- Brink, H., Van der Walt, C. & Van Rensburg, G. (2006). *Fundamentals of research methodology for health professionals. (2nd ed.)*. Cape Town: Juta & Co.

- Bronfenbrenner, U. (1994). Ecological models of human development. In *International encyclopedia of education (2nd ed.)*. Oxford: Elsevier.
- Bronfenbrenner, U. (1995). Developmental ecology through space and time: A future perspective. In P. Moen, G.H. Elder & K. Luscher, *Examining lives in context: Perspectives on the ecology of human development* (619-647). Washington, DC: American Psychological Association.
- Brown, J. D., Barret, A., Ireys, H., Caffery, E. & Hourihan, K. (2012). *Evidence-based practices for medicaid beneficiaries with schizophrenia and bipolar disorder*. Washington, DC: Office of Disability, Aging and Long-Term Care Policy.
- Bush, P. W., Drake, R. E., Xie, H., McHugo, G. J. & Haslett, W. R. (2009). The long-term impact of employment on mental health service use and costs for persons with severe mental illness. *Psychiatric Services, 60*(8), 1024-1031.
- Burns, N. & Grove, S. K. (2007). *Understanding nursing research: Building an evidence-based practice (4th ed.)*. Saunders Publishers.
- Cala, V. C. & Soriano, E. (2014). Health education from an ecological perspective. Adaptation of the Bronfenbrenner model from an experience with adolescents. *Procedia- Social and Behavioral Sciences, 132*(1), 49-57.
- Canadian Association of Occupational Therapists. (2015). *CAOT position statement: Occupational therapy and workplace health*. [online] Available from <https://caot.in1touch.org/document/OTandWorkplaceHealth.pdf> [accessed: 23/02/2018].

- Canadian Association of Occupational Therapists. (2002). *Enabling occupation: An occupational therapy perspective (2nd ed.)*. Ottawa: Author.
- Centers for Disease Control and Prevention. (2017). *Common barriers to participation experience by people with disabilities*. [online] Available from <https://www.cdc.gov/ncbddd/disabilityandhealth/disability-barriers.html> [accessed: 14/04/2018].
- Cozby, P. C. (2005). *Methods in behavioral research (9th ed.)*. U.S.A.: McGraw-Hill.
- Creswell, J. W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches (2nd ed.)*. California: Thousand Oaks Sage Publications.
- Crosse, C. (2003). A meaningful day: Integrating psychosocial rehabilitation into community treatment of schizophrenia. *Medical Journal of Australia*, 178(9), 76-78.
- Christensen, J. (2010). Proposed enhancement of Bronfenbrenner's development ecology model. *Education Inquiry*, 1(2), 117-126.
- Crowe, M., Inder, M. & Porter, R. (2015). Conducting qualitative research in mental health: Thematic and content analyses. *Australian and New Zealand Journal of Psychiatry*, 49(7), 616-623.
- Crowther, R. E., Marshall, M., Bond, G. R. & Huxley, P. (2001). Helping people with severe mental illness to obtain work: systematic review. *British Medical Journal*, 322(7280), 204-208.
- Curtin, M. & Fossey, E. (2007). Appraising the trustworthiness of qualitative studies: Guidelines for occupational therapists. *Australian Occupational Therapy Journal*, 54(2), 88-94.

Denzin, N. K. & Lincoln, Y. S. (1994). *Handbook of qualitative research*. Thousand Oaks, CA: Sage Publication.

Denzin, N. K. & Lincoln, Y. S. (2005). *Handbook of qualitative research (3rd ed.)*. Thousand Oaks, CA: Sage Publication.

Department of Labour. (1997). *Basic Conditions of Employment Act, No. 75 of 1997*. [online] Available from <http://www.labour.gov.za/DOL/legislation/acts/basic-conditions-of-employment-act> [accessed: 03/05/2018].

Department of Labour. (1998). *Employment Equity Act, No. 55 of 1998*. [online] Available from <http://www.labour.gov.za/DOL/legislation/acts/employmentequity/employment-equity-act> [accessed: 03/08/2017].

Department of Labour. (1998). *Skills Development Act, No. 97 of 1998*. [online] Available from <http://www.labour.gov.za/DOL/legislation/acts/skills-development/skillsdevelopment-act-and-amendments> [accessed: 23/05/2018].

Department of Labour. (2014). *Commission for Employment Equity Annual Report*. Pretoria: Government Printer.

Department of Labour. (2017). *Commission for Employment Equity Annual Report*. Pretoria: Government Printer.

Disability Rights Unit of Lawyers for Human Rights. (1992). *Disability Rights Charter of South Africa*. Disabled people of South Africa.

- Durheim, K. (2002). Research Design. In M. Terre Blanche & K. Durheim, (2nd ed.), *Research in Practice: Applied methods for the social sciences* (29-53). Cape Town: University of Cape Town Press.
- Dwoskin, L. B. & Squire, M. B. (2013). Reasonable accommodation under the new ADA: How far must employers go? *Employee Relations Law Journal*, 38(4), 3-27.
- Eguchi, H., Wada, K., Higuchi, Y. & Smith, D. R. (2017). Psychosocial factors and colleagues' perceptions of return-to-work opportunities for workers with a psychiatric disorder: A Japanese population-based study. *Environmental Health and Preventative Medicine*, 22(23), 1-8.
- Eklund, M. (2009). Work status, daily activities and quality of life among people with severe mental illness. *Quality of Life Research*, 18(2), 163-170.
- Elo, S. & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing*, 62(1), 107-115.
- Finlay, L. (1998). Reflexivity: An essential component for all research? *British Journal of Occupational Therapy*, 61(10), 453-456.
- Finlay, L. (2008). Reflecting on 'reflective practice'. *Practice-based Professional Learning Centre*, 52(1), 1-27.
- Fischer, C. T. (2009). Bracketing in qualitative research: Conceptual and practical matters. *Psychotherapy Research*, 19(4), 583-590.

- Foruzandeh, N. & Parvin, N. (2013). Occupational therapy for inpatients with chronic schizophrenia: A pilot randomized controlled trial. *Japan Journal of Nursing Science*, 10(1), 136-141.
- Galetto, M. (2018). *What is data management?* [online] Available from <http://www.ngdata.com/what-is-data-management/> [accessed: 02/05/2018].
- Gautam, S. & Jain, N. (2010). Indian culture and psychiatry. *Indian Journal of Psychiatry*, 52(1), 309-313.
- Gibbs, G. (1998) *Learning by doing: A guide to teaching and learning methods*. London: Further Education Unit.
- Gioia, D. (2006). Examining work delay in young adults with schizophrenia. *American Journal of Psychiatric Rehabilitation*, 9(3), 167-190.
- Grajo, L., Boisselle, A. & DaLomba, E. (2018). Occupational adaptation as a construct: A scoping review of literature. *The Open Journal of Occupational Therapy*, 6(1), 1-12.
- Graneheim, U.H. & Lundman, B. (2004). Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today*, 24(2), 105-112.
- Greenberger, C. & Serper, M. R. (2010). Examination of clinical and cognitive insight in acute schizophrenia patients. *The Journal of Nervous and Mental Disease*, 198(7), 465-469.
- Guba, E. G. (1981). Criteria for assessing the trustworthiness of naturalistic inquiries. *Educational Resources Information Center Annual Review Paper*, 29(2), 75-91.

Hajwani, Z. (2008). Creating supported employment partnerships for people with disabilities. *MSc Thesis. Department of health and rehabilitation sciences*. Cape Town: University of Cape Town.

Halai, A. (2006). *Ethics in qualitative research: Issues and challenges*. Paper presented at Karachi University consortium on 'Implementing Education Quality in Low Income Countries', UK.

Hammel, K. W. (2013). Client-centred practice in occupational therapy: critical reflections. *Scandinavian Journal of Occupational Therapy*, 20(3), 174-181.

Holloway, L. & Wheeler, S. (2010). *Qualitative research in nursing and healthcare (3rd ed.)*. Oxford: John Wiley & Sons.

Houghton, C., Casey, D., Shaw, D. & Murphy, K. (2013). Rigour in qualitative case-study research. *Nurse Researcher*, 20(4), 12-17.

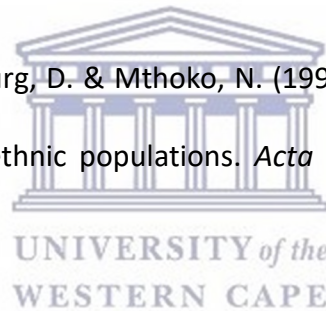
Integrated National Disability Strategy White Paper. (1997). Integrated National Disability Strategy White Paper Office of the Deputy President November 1997 [online] Available from http://www.gov.za/sites/www.gov.za/files/disability_2.pdf [accessed: 09/08/2017].

Jones, C. J., Perkins, D. V. & Born, D. L. (2001). Predicting work outcomes and service use in supported employment services for persons with psychiatric disabilities. *Psychiatric Rehabilitation Journal*, 25(1), 53-59.

- Kahn, W. & Heaphy, E. D. (2014). Relational contexts of personal engagement at work. In C. Truss, R. Delbridge, E. Soane, K. Alfes & A. Shantz (eds.), *Employee engagement in theory and practice* (163-179). Abingdon: Routledge.
- Kaplan, H. I. & Sadock, B. J. (2000). *Comprehensive textbook of psychiatry* (7th ed.). Philadelphia: Lippincott Williams & Wilkins.
- Kawohl, W., Moock, J., Heuchert, S. & Rössler, W. (2015). Job maintenance by supported employment: an overview of the 'supported employment plus' trial. *Frontiers in Public Health*, 3(140), 1-5.
- Kielhofner, G. (2002). *A model of human occupation: Theory and application* (3rd ed.). Baltimore, MA: Lippincott Williams & Wilkins.
- Kira, M. & Balkin, D. B. (2014). Interactions between work and identities: Thriving, withering, or redefining the self? *Human Resource Management Review*, 24(2), 131-143.
- Knapp, M., Mangalore, R. & Simon, J. (2004). The global cost of schizophrenia. *Schizophrenia Bulletin*, 30(2), 279-293.
- Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. *American Journal of Occupational Therapy*, 45(3), 214-222.
- Laubscher, B. J. (1937). *Sex, custom and psychopathology: A study of South African natives*. London: George Routledge & Sons Ltd.
- Leininger, M. (1994). Evaluation criteria and critique of qualitative research studies. In Morse J. (Ed) *Critical issues in qualitative research methods*. Sage Publications, Thousand Oaks CA.

- Lemieux, P., Durand, M. J. & Hong, Q. (2011). Supervisors' perception of the factors influencing the return to work of workers with common mental disorders. *Journal of Occupational Rehabilitation*, 21(3), 293-303.
- Lexén, A., Hofgren, C., Stenmark, R. & Bejerholm, U. (2016). Cognitive functioning and employment among people with schizophrenia in vocational rehabilitation. *Work*, 54(3), 735-744.
- Lincoln, Y. S. & Guba, E. G. (1985). *Naturalistic inquiry*. Sage Publications, Newbury Park CA.
- Lysaker, P. H., Dimaggio, G., Buck, K. D., Callaway, S. S., Salvatore, G., Carcione, A., Nicolo, G. & Stanghellini, G. (2011). Poor insight in schizophrenia: Links between different forms of metacognition with awareness of symptoms, treatment need, and consequences of illness. *Comprehensive Psychiatry*, 52(3), 253-260.
- Macnee, L. C. & McCabe, S. (2008). *Understanding nursing research: Using research evidence-based practice*. Philadelphia, PA: Lippincott Williams & Wilkins.
- Maja, P. A., Mann, W. M., Sing, D., Steyn, A. J. & Naidoo, P. (2011). Employing people with disabilities in South Africa. *South African Journal of Occupational Therapy*, 41(1), 24-32.
- Malterud, K. (2001). Qualitative research: Standards, challenges and guidelines. *The Lancet*, 358(9280), 483-488.
- Mangili, E., Buizza, C. & Rossi, G. (2004). Attitudes toward disabilities and mental illness in work settings: A review. *Social Psychiatry and Psychiatric Epidemiology*, 13(1), 29-46.

- Martini, L. C., Neto, J. B, Petreche, B. & Fonseca, A. O. (2018). Schizophrenia and work: Aspects related to job acquisition in a follow-up study. *Brazilian Journal of Psychiatry*, 40(1), 35-40.
- Marshall, M. N. (1996). The key informant techniques. *Family Practice*, 13(1), 92-97.
- Marwaha, S. & Johnson, S. (2004). Schizophrenia and employment- A review. *Social Psychiatry and Psychiatric Epidemiology*, 39(5), 337-349.
- Marwaha, S. & Johnson, S. (2005). Views and experiences of employment among people with psychosis: A qualitative descriptive study. *The International Journal of Social Psychiatry*, 51(4), 302-316.
- Maslowski, D., Jansen van Rensburg, D. & Mthoko, N. (1998). A polydiagnostic approach to the different cultural and ethnic populations. *Acta Psychiatrica Scandinavica*, 98(1), 41-46.
- McCormack, C. & Collins, B. (2010). Can disability studies contribute to client-centred occupational therapy practice? *British Journal of Occupational Therapy*, 73(3), 339-342.
- McGrath, J., Saha, S., Chant, D. & Welham, J. (2008). Schizophrenia: A concise overview of incidence, prevalence, and mortality. *Epidemiologic Reviews*, 30(1), 67-76.
- McGurk, S. R., Mueser, K., DeRosa, J. & Wolfe, R. (2009). Work, recovery, and comorbidity in schizophrenia: A randomised control trial of cognitive remediation. *Schizophrenia Bulletin*, 35(2), 319-335.



- McKay, C., Nugent, K. L., Johnsen, M., Eaton, W. W. & Lidz, C. W. (2018). A systematic review of evidence for the clubhouse model of psychosocial rehabilitation. *Administration and Policy in Mental Health and Mental Health Services Research*, 45(1), 28-47.
- Mcsotho, L., Louw, D. & Calitz, F. J. W. (2011). Schizophrenia among Sesotho speakers in South Africa. *African Journal of Psychiatry*, 14(1), 50-55.
- Mega, L. F. & Volz, K. G. (2014). Thinking about thinking: Implications of the introspective error for default-interventionist type models of dual processes. *Frontiers in Psychology*, 5(864), 1-3.
- Merriam-Webster. (2018). *Merriam-Webster dictionaries*. [online] Available from <https://www.merriam-webster.com/dictionary/experience> [accessed: 03/02/2018].
- Miles, B. M. & Huberman, A. M. (1994). Early steps in analysis. In B. M. Miles & A. M. Huberman, (2nd ed.). *An expanded sourcebook: Qualitative data analysis* (50-84). London: Sage.
- Mingrone, C., Rocca, P., Castagna, F., Montemagni, C., Sigaudò, M., Scalese, M., Rocca, G. & Bogetto, F. (2013). Insight in stable schizophrenia: Relations with psychopathology and cognition. *Comprehensive Psychiatry*, 54(5), 484-492.
- Morgan, C., Kirkbride, J., Hutchinson, G., Craig, T., Morgan, K., Dazzan, P., ... Fearon, P. (2008). Cumulative social disadvantage, ethnicity and first-episode psychosis: A case-control study. *Psychological Medicine*, 38(12), 1701-1715.
- Morrison, A. P., Frame, L. & Larkin, W. (2003). Relationships between trauma and psychosis: A review and integration. *British Journal of Clinical Psychology*, 42(4), 331-353.

- Morrison, P. D. & Murray, R. M. (2012). Schizophrenia. *Current Biology*, 15(24), 980-984.
- Mouton, J. & Marais, H. C. (1996). *Basic concepts in the methodology of the social sciences* (5th ed.). Pretoria, South Africa: Human Sciences Research Council.
- Mueser, K., Salyers, M. & Mueser, P. (2001). A prospective analysis of work in schizophrenia. *Schizophrenia Bulletin*, 27(2), 281-296.
- Myers, N. L. (2010). Culture, stress and recovery from schizophrenia: Lessons from the field for global mental health. *Culture, Medicine, and Psychiatry*, 34(3), 500-528.
- Neale, B. & Hanna, E. (2012). The ethics of researching lives qualitatively through time: The timescapes approach. *Qualitative Research*, 11(1), 1-7.
- Nesbit, P. L. (2012). The role of self-reflection, emotional management of feedback, and self-regulation processes in self-directed leadership development. *Human Resource Development Review*, 11(2), 203-226.
- Nuechterlein, K. H., Subotnik, K. L., Green, M. F., Ventura, J. & Asarnow, R. F. (2011). Neurocognitive predictors of work outcome in recent-onset schizophrenia. *Schizophrenia Bulletin*, 37(2), 33-40.
- Nuechterlein, K. H., Subotnik, K. L., Turner, L. R., Ventura, J., Becker, D. R. & Drake, R. E. (2008). Individual placement and support for individuals with recent-onset schizophrenia: Integrating supported education and supported employment. *Psychiatric Rehabilitation Journal*, 31(4), 340-349.
- Oluwatoyin, F. E. (2015). Reflective practice: Implication for nurses. *Journal of Nursing and Health Science*, 4(4), 28-33.

Oxford University Press. (2018). *Oxford dictionaries*. [online] Available from <https://en.oxforddictionaries.com/definition/perception> [accessed: 03/02/2018].

Paat, Y. F. (2013). Working with immigrant children and their families: An application of Bronfenbrenner's ecological systems theory. *Journal of Human Behavior in the Social Environment*, 23(8), 954-966.

Palo, J. & Rothmann, S. (2016). Work engagement in the mining industry in South Africa: The role of tasks and relationships. *Journal of Psychology in Africa*, 26(3), 221-229.

Paquette, D. & Ryan, J. (2001). *Bronfenbrenner's ecological systems theory*. [online] Available from http://cmskids.org/providers/early_steps/training/documents/bronfenbrennersecological.pdf [accessed: 13/08/2017].

Phanthunane P., Vos T., Whiteford, H., Bertram, M. & Udomratn, P. (2010). Schizophrenia in Thailand: Prevalence and burden of disease. *Population Health Metrics*, 8(24), 1-8.

Phoenix, M. & Vanderkaay, S. (2015). Client-centred occupational therapy with children: A critical perspective. *Scandinavian Journal of Occupational Therapy*, 22(4), 318-321.

Porfeli, E. J., Lee, B., Vondracek, F. W. & Weigold, I. K. (2011). A multi-dimensional measure of vocational identity status. *Journal of Adolescence*, 34(5), 853-871.

Raeburn, T., Halcomb, E., Walter, G. & Clearly, M. (2013). An overview of the clubhouse model of psychiatric rehabilitation. *Australasian Psychiatry*, 21(4), 376-378.

Rebeiro, K. (2000). Client perspectives on occupational therapy practice: Are we truly client-centred? *Canadian Journal of Occupational Therapy*, 67(1), 7-14.

- Reddy, L. F., Ilerena, K. & Kern, R. S. (2016). Predictors of employment in schizophrenia: The importance of intrinsic and extrinsic motivation. *Schizophrenia Research*, 176(2), 462-466.
- Rhew, E., Piro, J. S., Goolkasian, P. & Cosentino, P. (2018). The effects of a growth mindset on self-efficacy and motivation. *Cogent Education*, 5(1), 1-16.
- Rosenheck, R., Leslie, D., Keefe, R., McEvoy, J., Swartz, M., Perkins, D., Stroup, S., Hsiao, J. K. & Lieberman, J. (2006). Barriers to employment for people with schizophrenia. *American Journal of Psychiatry*, 163(3), 411-417.
- Sadock B. J. & Saddock, V. A. (2007). *Synopsis of Psychiatry (10th ed.)*. Philadelphia: Lippincott Williams & Wilkins, 471-504.
- Sahu, K. K. (2015). Intervening negative impact of stigma on employability of a person with schizophrenia through social case work. *Journal of Psychosocial Rehabilitation and Mental Health*, 2(1), 87-95.
- Schindler, V. P. (2010). A client-centred, occupation-based occupational therapy programme for adults with psychiatric diagnoses. *Occupational Therapy International*, 17(3), 105-112.
- Schkade, J. & Schultz, S. (1992). Occupational adaptation: Toward a holistic approach for contemporary practice, part 1. *American Journal of Occupational Therapy*, 46(9), 829-837.
- Sjöstrom, R., Alricsson, M. & Asplund, R. (2008). Back to work-evaluation of a multidisciplinary rehabilitation programme with emphasis on musculoskeletal disorders. A two-year follow-up. *Disability and Rehabilitation*, 33(9), 649-655.

- Soeker, M. S. (2009). *Occupational Self-efficacy: An Occupational Therapy practice model to facilitate returning to work after a brain injury. PhD Thesis*. Department of sport, recreation and exercise science. Cape Town: The University of the Western Cape.
- Soeker, M. S. (2011). Occupational adaptation: A return to work perspective of people with mild to moderate brain injury in South Africa. *Journal of Occupational Science*, 18(1), 81-91.
- Soeker, M. S. (2012). The development of the model of occupational self-efficacy: An occupational therapy practice model to facilitate returning to work after a brain injury. *Work*, 43(3), 313-322.
- Soeker, M. S. (2014). Adaptation to the worker role: The vocational experience of South African male ex-offenders. *Occupational Medicine & Health Affairs*, 2(2), 1-8.
- Solar, A. (2015). A Supported Employment linkage intervention for people with schizophrenia who want to work: A survey of patients' views. *Australasian Psychiatry*, 23(2), 163-165.
- South African Population and Registration Act of 1950. (1950). *Apartheid Legislation 1850s-1970s*. [online] Available from www.sahistory.org.za/article/apartheidlegislation1850s1970s [accessed: 11/05/2018].
- Statistics South Africa. (2014). *Census 2011: Profile of persons with disabilities in South Africa*. [online] Available from <http://www.statssa.gov.za/publications/report-03-0159/report-03-01-592011.pdf> [accessed: 31/07/2017].

Statistics South Africa. (2017). *Mid-year population estimates*. [online] Available from <http://www.statssa.gov.za/publications/P0302/P03022017.pdf> [accessed: 31/07/2017].

Stuart, H. (2004). Stigma and work. *Healthcare Papers*, 5(2), 100-111.

Study.com. (2018). *What is perception in Psychology? – Definition & Theory* [online] Available from <https://study.com/academy/lesson/what-is-perception-in-psychology-definition-theory-quiz.html> [accessed: 03/02/2018].

Sumiyoshi, C., Harvey, P. D., Takaki, M., Okahisa, Y., Sato, T. & Sora, I. (2015). Factors predicting work outcome in Japanese patients with schizophrenia: Role of multiple functioning levels. *Schizophrenia Research: Cognition*, 2(3), 105-112.

Sumsion, T. & Law, M. (2006). A review of evidence on the conceptual elements informing client-centred practice. *Canadian Journal of Occupational Therapy*, 73(3), 153-162.

Swingler, S. (2013). Schizophrenia. *South African Journal of Psychiatry*, 19(3), 153-156.

The National Council for Persons with Physical Disabilities in South Africa. (2016). *Numbers of disabled people employed has dropped below 1%*. [online] Available from <http://www.capetalk.co.za/articles/14713/numbers-of-disabled-people-employed-has-dropped-below-1> [accessed: 12/08/2017].

Tobin, G. A. & Begley, C. M. (2004). Methodological rigour within a qualitative framework. *Journal of Advanced Nursing*, 48(4), 388-396.

Tufford, L. & Newman, P. (2010). Bracketing in Qualitative Research. *Qualitative Social Work*, 11(1), 80-96.

- Twamley, E. W., Vella, L., Burton, C. Z., Deborah, R. B., Bell, M. D. & Jeste, D. V. (2012). The efficacy of supported employment for middle-aged and older people with schizophrenia. *Schizophrenia Research*, 135(1), 100-104.
- United Nations Organisation. (2006). *UN Convention on the rights of persons with disabilities and optional protocol*. [online] Available from <http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf> [Accessed: 09/08/2017].
- Vandewalle, J., Debyser, B., Beeckman, D., Vandecasteele, T., Deproost, E., Hecke, A. V. & Verhaeghe, S. (2018). Constructing a positive identity: A qualitative study of the driving forces of peer workers in mental health-care systems. *International Journal of Mental Health Nursing*, 27(1), 378-389.
- Van Niekerk, L. (2009). Participation in work: A source of wellness for people with psychiatric disability. *Work*, 32(4), 455-465.
- Van Niekerk, L., Coetzee, Z., Engelbrecht, M., Hajwani, Z., Landman, S., Motimele, M. & Terreblanche, S. (2011). Supported employment: Recommendations for successful implementation in South Africa. *South African Journal of Occupational Therapy*, 41(3), 85-90.
- Van Os, J. & Kapur, S. (2009). Schizophrenia. *Lancet*, 374(9690), 635-645.
- Vindholmen, S., Høigaard, R., Espnes, G. A. & Seiler, S. (2014). Return to work after vocational rehabilitation: Does mindfulness matter. *Psychology Research and Behavior Management*, 7(1), 77-88.

Wegner, L., Struthers, P. & Mohamed, S. (2017). "The pen is a powerful weapon; it can make you change": The value of using reflective writing with adolescents. *South African Journal of Occupational Therapy*, 47(3), 11-16.

World Federation of Occupational Therapists. (2012). *Statement of occupational therapy*. [online] Available from www.wfot.org/aboutus/aboutoccupationaltherapy/definitionofoccupationaltherapy.aspx [accessed: 26/02/2018].

World Health Organisation. (2001). *International Classification of Functioning, Disability and Health*. Geneva: WHO.

World Medical Association. (2013). *Declaration of Helsinki- Ethical principles for medical research involving human subjects*. [online] Available from World Medical Association: <http://www.wma.net/en/30publications/10policies/b3/> [Accessed: 11/08/ 2017].

Zaprutko, T., Kus, K., Bilobryvka, R., Rakhman, L., Göder, R., Michalak, M., Poglodzinski, A. & Nowakowska, E. (2015). Schizophrenia and employment: Evaluation from professional's point of view. *Psychiatric Quarterly*, 86(4), 569-579.

Zhornitsky, S., Potvin, S., Aubin, G. & Stip, E. (2011). Relationship between insight into cognition, extrapyramidal symptoms and mental illness in schizophrenia. *The Royal Australian and New Zealand College of Psychiatrists*, 45(7), 596-597.

Zygmunt, A., Olfson, M., Boyer, C. A. & Mechanic, D. (2002). Interventions to improve medication adherence in schizophrenia. *American Journal of Psychiatry*, 159(10), 1653-1664.

Appendices

Appendix 1: Participant semi-structured interview questionnaire

Project title: Exploring the experiences and perceptions of individuals with schizophrenia about the use of the Model of Occupational Self Efficacy in enhancing work skills.

The following questions are open ended questions:

1. Please describe whether you have experienced any difficulty in participating in the work rehabilitation programme (i.e. the Model of Occupational Self-Efficacy)?

Probe: What were the barriers/challenges that you experienced while participating in this programme?

Probe: Which specific parts of the rehabilitation did not work well?

Probe: If you think of the different Stages of the rehabilitation/model, which ones were difficult for you?

2. Please describe whether you have experienced anything beneficial about participating in the work rehabilitation programme (i.e. the Model of Occupational Self-Efficacy)?

Probe: If you think of the different Stages of the rehabilitation/model, which ones helped you to improve your ability to find a job/RTW/sustain employment?

Probe: How did the model help you adapt or modify your role as a worker?

Probe: Which specific parts of the rehabilitation worked well?

3. What challenges do you experience in the work environment that makes it difficult for you to cope, now that you have returned to work?

Probe: What are the things in the workplace that caused you to struggle?

Probe: What aspects of the job caused you to struggle?

4. Can you describe the support that you have when you feel that you are struggling to cope within your work environment?

Probe: How do you make use of these supports?

Probe: What type of support (how) assists you within your workplace and at home?

Probe: Do you feel you receive the support you need to cope within your workplace and at home?



5. Based on your experience of the rehabilitation program, describe how the programme could be improved to help you improve your work skills for the purpose of finding a job/RTW/maintaining employment?

Probe: Can you describe how the rehabilitation you received helped you to cope better within your work environment?

6. Now that you have completed rehabilitation and returned to work, can you describe how your Identity as a worker has been affected?

Probe: Do you feel more confident in your role as a worker within the workplace?

Probe: How do you feel working within your work environment?

Probe: Do your colleagues respect you for who you are?

Probe: Do your colleagues and supervisors understand you? Are they open to the potential barriers and challenges that you may experience?

7. Can you think of any ways the rehabilitation program that you participated in to improve your ability to maintain a job/return RTW could be improved so that others participating in it would be able to adapt better to working?

Probe: What do you think is missing/ needed from this rehabilitation program?

Probe: How can the implementation of this rehabilitation program be made easier for you?

Probe: How could the program be implemented better? What needs to be done differently?



Appendix 2: Key informant semi-structured interview questionnaire

Project title: Exploring the experiences and perceptions of individuals with schizophrenia about the use of the Model of Occupational Self Efficacy in enhancing work skills.

The following questions are open ended questions:

1. What challenges do you think your clients had in the work environment when you helped them reintegrate in the workplace?

Probe: What are the things in the workplace that caused them to struggle?

Probe: What aspects of the job caused them to struggle?

2. Describe the things in the work environment that helped your clients cope with the work they performed?



Probe: What type of support did they receive?

3. Describe how the MoOSE helped the clients return to their worker role?

Probe: What aspects or activities of the MOOSE were seen as helpful in returning the client to work?


Probe: What aspects or activities of the MOOSE were not helpful in returning the client to work?

4. Can you think of any ways the rehabilitation program could be improved in order to help clients improve your ability to maintain a job?

Probe: what do you think is missing/ needed from this rehabilitation program?



**Appendix 3: Ethical approval from the Higher Degrees Committee, University
of the Western Cape**

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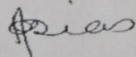
Project Title: Exploring the experiences and perceptions of individuals with schizophrenia about the use of the Model of Occupational Self Efficacy in enhancing work skills.

Approval Period: 29 July 2016- 29 July 2017

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval. Please remember to submit a progress report in good time for annual renewal.

The Committee must be informed of any serious adverse event and/or termination of the study.



*Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape*

PROVISIONAL REC NUMBER - 130416-049

OM HOPE TO ACTION THROUGH KNOWLEDGE.

Appendix 4: Ethical approval from the Research Ethics Committee,

Lentegeur Hospital



Western Cape
Government

Health

BETTER TOGETHER

LENTEGEUR HOSPITAL

Tel: +27 21 370 1111:
Lentegeur Hospital\Hospitaal\Sibhdelele
Private Bag X4
Mitchells Plain, 7785

6 October 2016

Lentegeur Hospital Research Committee

Lentegeur Hospital
Highlands Drive
Mitchells Plain
7785

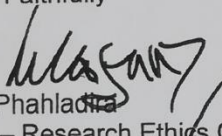
To: Mr I. Abbas

Thank you for your submission to the Research and Ethics Committee at Lentegeur Hospital. We note that your proposed study was approved by the University of the Western Cape.

This serves to confirm that the above research project Titled "Exploring the experiences and perceptions of individuals with schizophrenia about the use of the Model of Occupational Self Efficacy in enhancing work skill" has been granted ethical approval by the hospital Research Ethics Committee for the period October 2016 to October 2017.

You would be required to submit progress and final report to the hospital for our record of research conducted at the facility.

Yours Faithfully


Dr L. Phahladza
Chair – Research Ethics Committee
Lentegeur Hospital

Highlands Drive, Mitchells Plain, 7785
tel: +27 21 370 1111 fax: +27 21 371 7359

Private Bag X4, Mitchell's Plain, 7785

Appendix 5: Consent form

Title of Research Project: Exploring the experiences and perceptions of individuals with schizophrenia about the use of the Model of Occupational Self-Efficacy in enhancing work skills.

The study has been described to me in a language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

Participant's name.....



Participant's signature.....

Date.....

Witness name

Witness signature

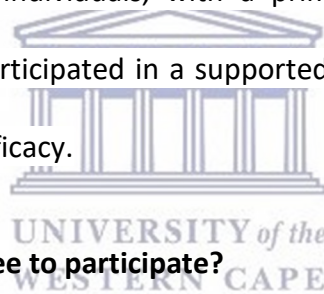
Date.....

Appendix 6: Information sheet

Project Title: Exploring the experiences and perceptions of individuals with schizophrenia about the use of the Model of Occupational Self-Efficacy in enhancing work skills.

What is this study about?

This is a research project being conducted by a post graduate Occupational Therapist at the University of the Western Cape. I am inviting you to participate in this research project because you will have participated in a supported employment programme, specifically the Model of Occupational Self-Efficacy. The purpose of this research project is to explore the experiences and perceptions of individuals, with a primary diagnosis of schizophrenia, returning to work after having participated in a supported employment programme, using the Model of Occupational Self-Efficacy.



What will I be asked to do if I agree to participate?

You will be asked to take part in an interview either at Lentegeur Hospital, at your workplace, or at home. This interview will be 45 to 60 minutes long and will take place at a time mutually convenient to you. In the interview you will be asked questions about the supported employment programme and how it influenced your return back into the workplace.

Would my participation in this study be kept confidential?

The researchers undertake to protect your identity and the nature of your contribution. To ensure your anonymity your name will not be included on the collected data and a pseudonym will be used instead.

This research project involves making audiotapes of you, allowing the researcher to gather the data as accurately as possible. To ensure your confidentiality, the voice recordings and transcriptions of the findings gathered in the interviews will be locked away in a cupboard, and only be accessed by the researcher. Once the study is completed the voice recordings will be deleted.

I agree to be audiotaped during my participation in this study.

I do not agree to be audiotaped during my participation in this study.

If we write a report or article about this research project, your identity will be protected.



What are the risks of this research?

There may be some risks from participating in this research study. All human interactions and talking about self or past emotional situations carry some amount of risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention or you will be provided with information of services which will provide further support. Please note that this programme does not form part of Lentegour Hospital itself, and that the researcher is conducting this research as part of his post graduate degree at the University of the Western Cape.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the researcher learn more about the programmes used, and the effectiveness thereof, which guide individuals with schizophrenia back into the workplace. We hope that, in the future, other people might benefit from this study.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to partake in it. If you decide to participate in this research, you may withdraw from the study at any given time. If you decide not to participate in this study or if you withdraw from the study, you will not be penalized or lose any benefits to which you otherwise qualify. If your job at the facility which you are currently working is terminated before the interview has taken place, your participation within the study will be terminated, as you will no longer fall within the inclusion criteria.

What if I have questions?

This research is being conducted by Iesrafeel Abbas, Occupational Therapy Master's student at the University of the Western Cape. If you have any questions about the research study itself, please contact Iesrafeel Abbas at: 079 994 7738, email: 3616543@myuwc.ac.za or iesrafeela@gmail.com

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Head of Department:

Prof. MS Soeker

University of the Western Cape

Private Bag X17

Bellville 7535

(021) 959 9339

msoeker@uwc.ac.za

Or

Dean of the Faculty of Community and Health Sciences:

Prof José Frantz

University of the Western Cape

Private Bag X17

Bellville 7535

chs-deansoffice@uwc.ac.za


This research has been approved by the University of the Western Cape's Senate Research Committee. (REFERENCE NUMBER: *HS 16/5/46*)

EXPLORING THE EXPERIENCES AND PERCEPTIONS OF INDIVIDUALS WITH SCHIZOPHRENIA ABOUT THE USE OF THE MODEL OF OCCUPATIONAL SELF-EFFICACY IN ENHANCING WORK SKILLS

A THESIS SUBMITTED IN FULFILMENT OF THE REQUIREMENT OF THE DEGREE MAGISTER SCIENTIAE (OCCUPATIONAL THERAPY) IN THE FACULTY OF COMMUNITY AND HEALTH SCIENCES

Department of Occupational Therapy
University of Western Cape

IESRAFEEL ABBAS
Student number: 3616543
August 2018



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