

The challenges and facilitatory factors experienced by individuals with schizophrenia utilising the Model of Occupational Self-Efficacy in enhancing work skills and returning to work in the open labour

Submission date: 11-Feb-2020 02:15PM (UTC-0200) by tesrafeel Abbas

Submission ID: 1255411099

File name: ophrenia_utilising_the_MOOSE_in_enhancing_work_skills_and_R.docx (66.68K)

Word count: 5866

Character count: 34487

The challenges and facilitatory factors experienced by individuals with schizophrenia utilising the Model of Occupational Self-Efficacy in enhancing work skills and returning to work in the open labour market in Western Cape, South Africa

ABSTRACT

Introduction: 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. Many studies recommend supported employment, such as that of the Model of Occupational Self-Efficacy (MOOSE), as a practice aimed at improving rates of competitive employment for individuals with schizophrenia.

Methodology: The study aimed to explore the experiences and perceptions of individuals with schizophrenia about the use of the MOOSE in enhancing work skills and facilitating RTW in the open labour market. A qualitative research design was used to explore these experiences and perceptions from nine participants, selected using purposive sampling. Additionally, two therapists were selected and participated as key informants. Data was collected by means of semi-structured interviews and were analysed using thematic analysis.

Findings: Two themes emerged: Theme one reflected the challenges and negative factors whilst Theme two described the positive experiences and facilitatory factors affecting the subjective experiences of the participants in the use of the MOOSE in enhancing work skills and RTW.

Conclusion: Several factors, including insufficient therapist and family support and a lack of interest and willingness from employers' and colleagues were identified as external challenges being experienced by the participants in the use of the MOOSE in RTW. In contrast however, factors such as a client-centered focus to rehabilitation and becoming goal-directed and equipped to withstand workplace challenges were identified as positive experiences by the participants as a result of the use of the MOOSE in RTW. It is recommended that therapists collaborate and establish working relationships with relevant stakeholders to ensure a holistic supported employment approach to the RTW process.

Keywords: Schizophrenia, supported employment, Model of Occupational Self-Efficacy, return to work, perception, experience, challenges, facilitatory factors

1. INTRODUCTION

In recent years, the occupational functioning of individuals with mental illness, particularly those with a diagnosis of schizophrenia, have become a noticeable target for intervention¹. Schizophrenia has significant consequences, and often results in an individual's social, economic and health status being affected². In particular, these individuals experience major issues in social functioning, with work being one of the main areas of social stigmatization³. 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 for⁴. Supported employment has been recognised as a form of evidence-based practice⁴ and numerous previous studies have indicated that supported employment has the potential to increase the rate of competitive employment for individuals with mental illness¹.

This paper reports on two of the four findings of a study, which explored the experiences and perceptions of individuals with schizophrenia about the use of the MOOSE, as a supported employment strategy, in enhancing work skills and facilitating RTW in the open labour market⁵. The objectives of the abovementioned study⁵ discussed in this paper were to explore and describe the challenges and facilitatory factors experienced by these individuals regarding the use of the MOOSE in RTW in the open labour market. This study was the first of its kind within South Africa, and revealed pivotal information to be used in the context of work and mental health.

2. LITERATURE REVIEW

2.1 Epidemiology of schizophrenia

Schizophrenia is described by Morrison and Murray^{6:980} 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 or she is under surveillance or is involved in some sort of conspiracy usually associated with religious or political importance. The individual feels as though they are not in control of their own thoughts and that their thoughts are no longer private⁶. Sahu⁷ further describes schizophrenia as a devastating, disabling brain disorder affecting the socio-occupational functioning capabilities of individuals in their daily life

The challenges and facilitatory factors experienced by individuals with schizophrenia using the Model of Occupational Self-Efficacy in enhancing work skills and returning to work in the open labour market in Cape Town, South Africa

DATE

activities, such as self-care, communication, interpersonal relationships, and work. Essentially, cognitive deficits and negative symptoms are strongly associated with vocational and functional impairment⁸ thus contributing to these individuals losing contact with their family and friends, becoming withdrawn and isolated, and thus experiencing difficulty in RTW and being able to maintain employment⁹. Cognitive deficits may include the lack of insight and judgement, often resulting in a lack of awareness about their diagnosis and therefore poor decision-making abilities- having a negative impact on their functioning^{10,8}.

2.2 Examining the global trends of individuals with schizophrenia RTW

According to the national mid-year population estimates of 2017, South Africa has a population of 56.52 million¹¹. There are no current statistics available on the number of people with disability in South Africa; however, according to the 2011 census, approximately 7.5% of the population had disabilities¹². Should this statistical measure have remained constant, then the current estimate of people with disabilities in South Africa is 4 239 000. According to the 17th Commission for Employment Equity Annual Report of 2016 to 2017¹³, 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 disabilities¹³, 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 2014¹⁴. 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 market¹⁵.

The employment rate amongst individuals with schizophrenia is substantially low, despite their willingness to work^{16,17}. According to a global study conducted by Zaprutko et al.³, 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 Europe³. Moreover, the results of the latter study also suggest that more than half of individuals with schizophrenia could potentially RTW during remission of schizophrenia.

Very few individuals with schizophrenia RTW, with a lack of effective interventions such as supported employment¹⁰, as well as impaired motivational drive and neurocognitive alterations being the major challenges experienced^{18,19}. Similarly, social stigma, a lack of awareness concerning schizophrenia, and illness-related factors contributes to the low rate of employment amongst individuals with schizophrenia³. Despite this low rate of employment,

The challenges and facilitatory factors experienced by individuals with schizophrenia using the Model of Occupational Self-Efficacy in enhancing work skills and returning to work in the open labour market in Cape Town, South Africa

DATE

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-being²⁰.

Based on the findings of a descriptive qualitative study conducted in South Africa by Maja et al.²¹, the lack of awareness, insufficient knowledge, and a poor understanding of disability by employers contributes to the ineffective integration of people with disabilities within the workforce. Another study by Martini et al.¹⁰ found that barriers to finding and maintaining employment are associated with the experience of stigma, prejudice, discrimination, and lack of support within the workplace. In order to combat this, Van Niekerk et al.⁴ confirms that supported employment has the ability to counteract stereotyping and promote the integration of individuals with disability into the open labour market.

2.3 Intervention strategies that facilitate RTW: supported employment approach

Supported employment aims to facilitate the process of RTW for individuals with schizophrenia (and other mental illnesses) and focuses on increasing the likelihood of these individuals obtaining and maintaining employment¹. Supported employment is a relatively new concept within South Africa, and there are currently very few programmes available in facilitating the RTW and sustainable employment for individuals with disability⁴. Evidence-based practice as well as practice experience confirms supported employment as a preferred method as well as being more successful in facilitating the RTW as well as the maintenance of employment than vocational rehabilitation focusing on improving work skills within simulated environments not situated within competitive employment contexts⁴. 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. The MOOSE as a strategy for supported employment is further discussed below.

2.3.1 The Model of Occupational Self-Efficacy as a supported employment strategy for returning individuals with schizophrenia to work

For the purpose of the current study, participating individuals had undergone the MOOSE as a supported employment strategy. As developed by Soeker²², 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, whilst taking into consideration how their immediate environment may affect the performance of their roles.

The challenges and facilitatory factors experienced by individuals with schizophrenia using the Model of Occupational Self-Efficacy in enhancing work skills and returning to work in the open labour market in Cape Town, South Africa

The MOOSE has a dynamic approach to the client and is aimed at four specific Stages which the individual is required to undergo. Stage one of the model is known as *a strong belief in functional ability*. Within this Stage, the individual becomes reflective by means of introspection facilitated by an occupational therapist. Stage two of the model is known as the *use of self*. During this Stage of the model, the individual regains control of their life situation and realises their self-sufficiency. The aim of therapy in this Stage is to improve functional components such as cognition and endurance that need intervention which are client-centered and 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. 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 or her occupational role, an improved ability and competency to be able to RTW and successfully maintain employment independently²³. 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 worker²².

3. METHODOLOGY

3.1 Research design

This study was positioned within the interpretivist paradigm, using an exploratory and descriptive research perspective. A qualitative research approach was used and allowed the researcher to study and interpret phenomena based on the meaning participants brought to them²⁴.

3.2 Population and sampling

A purposive sample of 16 individuals from a government hospital within the Western Cape was identified based on the inclusion criteria set out in Appendix A. 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. Furthermore, two key informants who were considered as experts in the field of study were purposively sampled in order to

The challenges and facilitatory factors experienced by individuals with schizophrenia using the Model of Occupational Self-Efficacy in enhancing work skills and returning to work in the open labour market in Cape Town, South Africa

DATE

obtain further rich information and gain dense insight into the research topic. In the current study, the saturation point became apparent after interviewing nine participants.

3.3 Data Collection and Analysis

For the purpose of this study, data was collected using semi-structured interviews (See Appendix B). The semi-structured interviews required that the interviewer and interviewee meet face to face and that the interview be based on a series of points to ensure that all interviews cover similar content of questioning²⁵. 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. One semi-structured interview was conducted with each of the two key informants of the study and related to the application of the MOOSE. The duration of each of the interviews ranged between 40 to 60 minutes.

An audiotape recorder was used to record the data during the interview process and transcribed verbatim by a transcriber. A manual process of analysis was undertaken and the data was analysed using *thematic analysis*. The analysis process used the six steps as described by Braun and Clarke²⁶, namely: (1) familiarisation of data, (2) generating initial codes, (3) merging similar codes into categories, (4) searching for themes, (5) defining and naming themes and (6) producing the report.

3.4 Trustworthiness and Ethics

Strategies such as credibility, dependability, confirmability and transferability were utilised in ensuring trustworthiness of the data²⁷. Credibility was ensured by using audiotape recordings of the semi-structured interviews, thus allowing the exact representation of the opinions of the participants and ensured that the data was truthful. Member checking²⁸ was further used to ensure to credibility by providing the participants with the opportunity to read, comment on and contribute to the results and discussion of the study. Dependability was ensured by an audit trail²⁵ which the researcher captured by providing dense information and rationale for all methodological decisions made within the study. Confirmability was ensured through the process of reflexivity²⁸ where the researcher made use of a journal and was clear about personal biases and assumptions. Transferability was ensured by providing thick descriptions²⁸ of the study population, research method, context, and a rich presentation of the findings of the study.

The challenges and facilitatory factors experienced by individuals with schizophrenia using the Model of Occupational Self-Efficacy in enhancing work skills and returning to work in the open labour market in Cape Town, South Africa

This study was approved by the University of the Western Cape's Senate Research Committee (ethics reference number: HS16/5/46). Furthermore, permission to conduct this study with patients from a government hospital was obtained from the Western Cape Department of Health. The participants were informed about the nature of the study and written informed consent was obtained from them. Confidentiality and anonymity was maintained by not using the participants names in the research report and by storing information in a secure location only accessible by the researcher.

4. FINDINGS

Four main themes emerged from the study. However, for the purpose of this paper, only two themes are discussed below. Table I provides an outline of the themes and its related categories.

The challenges and facilitatory factors experienced by individuals with schizophrenia using the Model of Occupational Self-Efficacy in enhancing work skills and returning to work in the open labour market in Cape Town, South Africa

7

DATE

Table I: Themes and categories

THEMES	CATEGORIES
1. Factors negatively affecting the subjective experience of participants about the use of the MOOSE in RTW	1. External challenges impacting on the process of the MOOSE 2. Stage-specific challenges experienced within the MOOSE
2. Positive experiences as a result of the use of the MOOSE in RTW	1. Gainful and meaningful experiences: meeting basic needs 2. Stage-specific beneficial experiences within the MOOSE

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

Theme one discusses the negative factors affecting the participants' subjective experiences of the use of the MOOSE. The theme is presented in two categories:

4.1.1 Category 1: External challenges impacting on the process of the MOOSE

Participants described their experiences of the challenges they faced as a result of factors external to that of the model itself.

4.1.1.1 Lack of therapist and family support

Participants indicated that when the MOOSE, and therefore the presence of therapists' support was not available to them and their employers, their employers did not understand their illness and therefore experienced difficulty in managing them within their workplace. As a result, employers were unaware about how they could reasonably accommodate their employees whilst considering their illness.

"This programme [MOOSE] helped for them [employer], 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, it helped them to understand the illness better." (P7)

The lack of family support in the RTW process proved to be a challenge as some participants often appeared to be pre-occupied and distressed about their current life circumstance, thus essentially contributing to a challenging RTW process.

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

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

Some participants reflected how the insufficient support they received from their employers and colleagues negatively affected their working abilities. Participants also shared their fear of being stigmatized against, and how it negatively impacted their RTW process.

"...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)

The challenges and facilitatory factors experienced by individuals with schizophrenia using the Model of Occupational Self-Efficacy in enhancing work skills and returning to work in the open labour market in Cape Town, South Africa

DATE

Another participant's previous employer did not want him to RTW when he arrived for duty at his workplace as a result of him having a mental illness.

"Yes, the company don't want to give me the job back... to start work because I was sick" (P8)

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

Participants emphasised how traditional and cultural beliefs had the potential to influence their perception of their illness and its symptoms. These false perceptions often led to some of the participants misunderstanding their illness- essentially resulting in a relapse and therefore readmission to hospital as they could no longer cope within their roles. One participant stopped the use of his prescribed medication as he believed that he was hearing the voices of his ancestors, and that it was not auditory hallucinations related to the symptoms of schizophrenia.

"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)

4.1.2 Stage-specific challenges experienced within the MOOSE

Within the category, it emerged 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.

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.

"I think it will be challenging initially... 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

Participants were of the opinion that introspection and self-reflection (Stage one) was a difficult process, and that engaging in these discussions often triggered ones' emotions as one thought about one's own life and where one was at that specific point in time.

"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)

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

Some participants who were returning to work initially experienced difficulty with concentrating on work tasks and adhering to work routines.

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

Other participants who were in the process of seeking for employment experienced immense frustration, as they were not sure whether they would find employment or not.

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

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

Theme two describes the positive experiences that the participants had encountered during the use of the MOOSE. This theme is presented in two categories:

4.2.1 Category 1: Gainful and meaningful experiences: meeting basic needs

This category highlights the participants experiences on how participating in the MOOSE essentially resulted in beneficial gains such as an improved self-esteem and self-efficacy, enhanced willingness to engage in various occupational roles, and essentially successful RTW.

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

4.2.1.1 A client-centred focus to rehabilitation

Participants experienced the RTW process as being meaningful and were of the opinion that the MOOSE had the ability to be flexible in such a manner that it provided holistic support and was able to meet the needs of each participant respectively.

"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)

11

4.2.1.2 Earning an income facilitates independence

Obtaining employment and earning an income contributed to the participants experiencing a sense of achievement, self-worth, and essentially independence.

"...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)

4.2.2 Stage-specific beneficial experiences within the MOOSE

Within this category it emerged that the participants specifically experienced Stage one, two, and three to be beneficial in their RTW process. 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.

"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)

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

Upon introspection and self-reflection, the participants realised their true potential within Stage one of the MOOSE. This realization contributed to the enhancement of the participants' confidence and self-esteem, thus facilitated their ability to become goal-directed.

"I think Stage one was very helpful... in allowing them, to build their confidence and enhance their self-esteem, and thus giving them the ability to want to face things." (KI2: key informant)

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

Participants were of the opinion that Stage two of the model assisted them in regaining autonomy and equipped them with the necessary skills and abilities to be self-sufficient and therefore essentially able to successfully return to their worker roles independently.

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

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

It was noted that the participants' motivation, self-confidence, and perspective of their ability to return to their worker roles and perform work tasks independently was enhanced as they participated in this Stage of the model. Participants were initially able to assess their ability to perform work tasks and had the opportunity to improve and enhance their work skills as needed.

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

5. DISCUSSION

Challenges of utilising the MOOSE as a supported employment strategy

According to the WHO²⁹, barriers are aspects in an individuals' environment that, through their presence or absence, limits an individual's functioning and essentially establishes disability. In this study, barriers referred to the aspects which hindered the enhancement of the participant's work skills and RTW process in the use of the MOOSE. Individuals with disabilities, including those with mental illness, experience challenges and barriers more frequently, resulting in a greater impact on functioning when compared to individuals without disabilities³⁰. Some of these challenges include stigma, the disclosure of having a mental illness, symptoms of illness, feelings of hopelessness and demotivation, and a lack of encouragement from the work environment³¹. The findings of this paper revealed that various challenges existed which influenced the RTW process of individuals with schizophrenia utilising the MOOSE. 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 (Stage one), and the initial engagement in the RTW process as well as having to look for employment opportunities (Stage three).

Facilitators of utilising the MOOSE as a supported employment strategy

According to the WHO²⁹, facilitators can be described as those factors in an individuals' environment that, through their presence or absence, improves an individual's functioning and

13

The 2 challenges and facilitatory factors experienced by individuals with schizophrenia utilising the Model of Occupational Self-Efficacy in enhancing work skills and returning to work in the open labour market in Cape Town, South Africa

DATE

reduces disability. In this study, facilitators referred to the characteristics of the MOOSE that enabled the participants to enhance their work skills and successfully RTW within the open labour market. A study conducted by Phoenix & Vanderkaay³² 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. Another study conducted by Wegner et al.³³ found that through the process of reflection, participants acknowledged personal changes and development, and realised their potential, thereby encouraging empowerment to occur. The findings of this paper revealed that various facilitatory factors existed which positively influenced the RTW process of individuals with schizophrenia utilising the MOOSE. Theme two revealed the participants' positive experiences as well as the positive characteristics of the MOOSE that contributed to the enhancement of their work skills and ability to RTW successfully. These experiences and characteristics related to factors 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.

6. LIMITATIONS OF THE STUDY

The current study had three significant 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 the participants came from one hospital, thus reducing the ability of the findings of the study to be generalised.

7. CONCLUSIONS AND RECOMMENDATIONS

The current study revealed that there were challenges and facilitators to using the MOOSE in the RTW process of individuals diagnosed with schizophrenia. The challenges included barriers such as external as well as Stage-specific challenges that impacted on the process of the MOOSE, while the facilitators included characteristics of the MOOSE that enabled the successful RTW of individuals with schizophrenia within the open labour market.

The challenges and facilitatory factors experienced by individuals with schizophrenia using the Model of Occupational Self-Efficacy in enhancing work skills and returning to work in the open labour market in Cape Town, South Africa

The external challenges which impacted on the process of the MOOSE and served as challenges were related to the lack of social support and traditional and cultural considerations; while the Stage-specific challenges were related to introspection and self-reflection (Stage one) as well as the initial engagement in the RTW process (Stage three).

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 encourage the participants to realise their true potential- this included becoming goal-directed, self-sufficient, and equipped to withstand workplace challenges, thus essentially facilitating a positive transition into the workplace and ensuring successful RTW. The current study further revealed that the participants' confidence, self-esteem, and motivation were enhanced as they engaged in the process of reflection. Furthermore, the current study found that the presence of social support contributed notably to an easier and more successful reintegration into work or individuals with schizophrenia.

1 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 facilitatory factors were useful in enhancing the participant's work skills and facilitating their successful RTW. Overall, the study highlighted the value of the MOOSE as an effective strategy of supported employment (within South Africa particularly) by enabling individuals with schizophrenia to enhance their work skills and to facilitate a successful RTW process within the open labour market.

The authors recommend that therapists encourage the support from family, friends, employers, and work colleagues during the RTW process of individuals returning to work, so as to positively contribute toward the successful reintegration on individuals into their worker roles. It is further recommended that therapists' network, collaborate and establish working relationships with relevant stakeholders to ensure a holistic supported employment approach to the RTW process.

5
ACKNOWLEDGEMENTS

The authors would like to thank Ruth Watson OTASA and the Crouch Trust for their contribution towards this research.

The challenges and facilitatory factors experienced by individuals with schizophrenia using the Model of Occupational Self-Efficacy in enhancing work skills and returning to work in the open labour market in Cape Town, South Africa

REFERENCES

1. Nuechterlein KH, Subotnik KL, Turner LR, Ventura J, Becker DR, Drake RE. Individual placement and support for individuals with recent-onset schizophrenia: Integrating supported education and supported employment. *Psychiatric Rehabilitation Journal*, 2008; 31(4): 340-349. <https://doi.org/10.2975/31.4.2008.340.349>
2. Phanthunane P, Vos T, Whiteford H, Bertram M, Udomratn P. Schizophrenia in Thailand: Prevalence and burden of disease. *Population Health Metrics*, 2010; 8(24): 1-8. <https://doi.org/10.1186/1478-7954-8-24>
3. Zaprutko T, Kus K, Bilobryvka R, Rakhman L, Göder R, Michalak M, Poglodzinski A, Nowakowska E. Schizophrenia and employment: Evaluation from professional's point of view. *Psychiatric Quarterly*, 2015; 86(4): 569-579. <https://doi.org/10.1007/s11126-015-9354-6>
4. Van Niekerk L, Coetzee Z, Engelbrecht M, Hajwani Z, Landman S, Motimele M, Terreblanche S. Supported employment: Recommendations for successful implementation in South Africa. *South African Journal of Occupational Therapy*, 2011; 41(3): 85-90.
5. Abbas I. "Exploring the experiences and perceptions of individuals with schizophrenia about the use of the model of occupational self-efficacy in enhancing work skills." 2018. <http://hdl.handle.net/11394/6525> (08/02/2020).

6. Morrison PD, Murray RM. Schizophrenia. *Current Biology*, 2012; 15(24): 980-984.
7. Sahu KK. Intervening negative impact of stigma on employability of a person with schizophrenia through social case work. *Journal of Psychosocial Rehabilitation and Mental Health*, 2015; 2(1): 87-95. <https://doi.org/10.1007/s40737-015-0029-2>
8. American Psychiatric Association. *Diagnostic and statistical manual of mental disorders*. 5th ed. Arlington, VA: American Psychiatric Publishing, 2013.
9. Foruzandeh N, Parvin N. Occupational therapy for inpatients with chronic schizophrenia: a pilot randomized controlled trial. *Japan Journal of Nursing Science*, 2013; 10(1): 136-141. <https://doi.org/10.1111/j.1742-7924.2012.00211.x>
10. Martini LC, Neto JB, Petreche B, Fonseca AO. Schizophrenia and work: Aspects related to job acquisition in a follow-up study. *Brazilian Journal of Psychiatry*, 2017; 40(1): 35-40. <https://doi.org/10.1590/1516-4446-2016-2128>
11. Statistics South Africa. "Mid-year population estimates." 2017. <http://www.statssa.gov.za/publications/P0302/P03022017.pdf> (31/01/2020).
12. Statistics South Africa. "Census 2011: Profile of persons with disabilities in South Africa." 2014. <http://www.statssa.gov.za/publications/report-03-0159 /report-03-01-592011.pdf> (31/01/2020).
13. Department of Labour. *Commission for Employment Equity Annual Report*. Pretoria: Government Printer, 2017.
14. Department of Labour. *Commission for Employment Equity Annual Report*. Pretoria: Government Printer, 2014.

15. The National Council for Persons with Physical Disabilities in South Africa. "Numbers of disabled people employed has dropped below 1%." 2016. <<http://www.capetalk.co.za/articles/14713/numbers-of-disabled-people-employed-has-dropped-below-1>> (07/02/2020).
16. Eklund M. Work status, daily activities and quality of life among people with severe mental illness. *Quality of Life Research*, 2009; 18(2): 163-170. <https://doi.org/10.1007/s11136-008-9431-5>
17. Mueser K, Salyers M, Mueser P. A prospective analysis of work in schizophrenia. *Schizophrenia Bulletin*, 2001; 27(2): 281-296. <https://doi.org/10.1093/oxfordjournals.schbul.a006874>
18. Nuechterlein KH, Subotnik KL, Green MF, Ventura J, Asarnow RF. Neurocognitive predictors of work outcome in recent-onset schizophrenia. *Schizophrenia Bulletin*, 2011; 37(2): 33-40. <https://doi.org/10.1093/schbul/sbr084>
19. Van Os J, Kapur S. Schizophrenia. *Lancet*, 2009; 374(9690): 635-645.
20. McGurk SR, Mueser K, DeRosa J, Wolfe R. Work, recovery, and comorbidity in schizophrenia: A randomised control trial of cognitive remediation. *Schizophrenia Bulletin*, 2009; 35(2): 319-335. <https://doi.org/10.1093/schbul/sbn182>
21. Maja PA, Mann WM, Sing D, Steyn AJ, Naidoo P. Employing people with disabilities in South Africa. *South African Journal of Occupational Therapy*, 2011; 41(1): 24-32.

22. Soeker MS, Pape C. The use of the model of Occupational Self-Efficacy for work retraining: a multiple case study. *Occupational Therapy International*, 2019; 1(1): 1-8. <https://doi.org/10.1155/2019/3867816>
23. Soeker MS. A pilot study on the operationalization of the Model of Occupational Self Efficacy: a model for the reintegration of persons with brain injuries to their worker roles. *Work*, 2016; 53(1): 523-534. <https://doi.org/10.3233/wor-152229>
24. Denzin NK, Lincoln YS. *Handbook of qualitative research*. 3rd ed. Thousand Oaks, CA: Sage Publication, 2005.
25. Crowe M, Inder M, Porter R. Conducting qualitative research in mental health: Thematic and content analyses. *Australian and New Zealand Journal of Psychiatry*, 2015; 49(7): 616-623. <https://doi.org/10.1177/0004867415582053>
26. Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology*, 2006; 3(2): 77-101. <https://doi.org/10.1191/1478088706qp063oa>
27. Henning E, van Rensburg W, Smit B. Theoretical frameworks, conceptual frameworks and literature reviews. In: Henning E, van Rensburg W, Smit B, editors. *Finding your way in qualitative research*. Pretoria: Van Schaik, 2004:12-27.
28. Curtin M, Fossey E. Appraising the trustworthiness of qualitative studies: Guidelines for occupational therapists. *Australian Occupational Therapy Journal*, 2007; 54(2): 88-94. <https://doi.org/10.1111/j.1440-1630.2007.00661.x>
29. World Health Organisation. *International Classification of Functioning, Disability and Health*. Geneva: WHO, 2001.

30. Centers for Disease Control and Prevention. "Common barriers to participation experience by people with disabilities." 2017. <<https://www.cdc.gov/ncbddd/disabilityandhealth/disability-barriers.html>> (02/02/2020).
31. Blank A, Harries P, Reynolds F. The meaning and experience of work in the context of severe and enduring mental health problems: an interpretative phenomenological analysis. *Work*, 2013; 45(3): 299-304. <https://doi.org/10.3233/wor-121519>
32. Phoenix M, Vanderkaay S. Client-centred occupational therapy with children: a critical perspective. *Scandinavian Journal of Occupational Therapy*, 2015; 22(4): 318-321. <https://doi.org/10.3109/11038128.2015.1011690>
33. Wegner L, Struthers P, Mohamed S. "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*, 2017; 47(3): 11-16. <https://doi.org/10.17159/2310-3833/2017/v47n3a3>

Appendix A: Inclusion and Exclusion criteria

*Below are the **inclusion criteria** used for this study:*

- The participants were diagnosed with schizophrenia according to the DSM 5
- Were employed or RTW in the open labour market prior to admission to Hospital
- Lived in the Metropole of the Western Cape
- Were over the age of 18 years old; and were able to understand verbal questions and communicate effectively in English and/or Afrikaans languages

*Below are the **exclusion criteria** used for this study:*

- Individuals who show evidence of significant and habitual substance (including drugs and/or alcohol) abuse, as this would potentially affect the fulfilment of their worker roles
- Individuals with active symptoms related to a psychiatric condition

Appendix B: Interview Guide (semi-structured interview)

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?

The challenges and facilitatory factors experienced by individuals with schizophrenia utilising the Model of Occupational Self-Efficacy in enhancing work skills and returning to work in the open labour

ORIGINALITY REPORT

17%	14%	8%	13%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	hdl.handle.net Internet Source	3%
2	Submitted to Wright State University Student Paper	3%
3	Submitted to Laureate Higher Education Group Student Paper	2%
4	www.sajot.co.za Internet Source	1%
5	link.springer.com Internet Source	1%
6	www.zoo.ox.ac.uk Internet Source	1%
7	repository.nwu.ac.za Internet Source	1%
8	Submitted to University of Johannesburg Student Paper	<1%

9	www.hindawi.com Internet Source	<1%
10	eprints.ums.ac.id Internet Source	<1%
11	www.disabilityemployment.co.za Internet Source	<1%
12	repository.supsi.ch Internet Source	<1%
13	Submitted to South Bank University Student Paper	<1%
14	S. R McGurk. "Cognitive Training and Supported Employment for Persons With Severe Mental Illness: One-Year Results From a Randomized Controlled Trial", Schizophrenia Bulletin, 09/15/2005 Publication	<1%
15	nrl.northumbria.ac.uk Internet Source	<1%
16	sajhrm.co.za Internet Source	<1%
17	journals.sagepub.com Internet Source	<1%
18	Abubaker, R.. "Summary of the 1st Schizophrenia International Research Society	<1%

Conference oral sessions, Venice, Italy, June 21-25, 2008: The rapporteur reports",
Schizophrenia Research, 200810

Publication

19

nutritionfacts.org

Internet Source

<1%

20

Submitted to University of Newcastle

Student Paper

<1%

21

Submitted to University of KwaZulu-Natal

Student Paper

<1%

22

Submitted to Rhodes University

Student Paper

<1%

23

media.proquest.com

Internet Source

<1%

24

"Vocational Rehabilitation and Mental Health",
Wiley, 2010

Publication

<1%

25

www.tandfonline.com

Internet Source

<1%

26

Mogammad Shaheed Soeker, Candice Pape.
"The Use of the Model of Occupational Self-
Efficacy for Work Retraining: A Multiple Case
Study", Occupational Therapy International,
2019

Publication

<1%

27 scholar.sun.ac.za <1%

Internet Source

28 ibc-conference.com <1%

Internet Source

29 Submitted to University of Witwatersrand <1%

Student Paper

30 Submitted to Salve Regina University <1%

Student Paper

31 Submitted to University of Pretoria <1%

Student Paper

Exclude quotes Off

Exclude matches Off

Exclude bibliography On