Abstract

Introduction: Occupational balance is one of the concepts used by occupational therapists with no consensus on its definition. Literature demonstrates different perspectives when this concept is applied in practice and in its link to other concepts such as health and well-being. This study aims to explore how the concept of occupational balance is perceived and practised by occupational therapy practitioners.

Method: A qualitative methodology was employed. Fourteen occupational therapists volunteered for the study. Nine occupational therapy practitioners were interviewed individually and five attended a focus group. Thematic analysis was applied to analyse the data.

Results: Six themes were identified as follows: (1) occupational balance: what it is; (2) how occupational balance is formed; (3) occupational balance and well-being (4); subjective and objective representations of occupational balance (5); what disrupts/affects occupational balance; and (6) occupational balance/imbalance and occupational therapy practice.

Conclusion: Both objective and subjective experiences of occupational balance need to be considered in order to make an informed decision in practice. The right occupational balance for each individual should be based on his/her values but with consideration of the principal of no harm to others.

Key words*: concept development*, interviews, meaning, qualitative research, thematic analysis

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Introduction

Occupational balance has been studied in different contexts in order to understand the concept

and establish how it is perceived by a variety of client groups [1–5]. Occupational therapists in

particular, are advocates of the concept within health care systems. However, their perception of

the concept through their experience has not been studied widely. This paper presents the

findings of a study that explored the concept of occupational balance from the perspective of

occupational therapists.

The concept of occupational balance has always been a concern of occupational therapists.

Wagman et al. [6] conducted a review to identify the gap in knowledge in the field of

occupational balance. There have been a variety of studies trying to clarify different aspects

related to this concept, including the definition [4, 5, 7], measurement [8–13] and application in

practice [1, 14–17]. One significant aspect of occupational balance studies relates to the idea of

balance between different aspects of life, such as work and leisure related activities or active and

restful activities [2]. Christiansen and Matuska [2] and Kielhofner [18] also theorised balance as

harmony between environment and person. Occupational balance has a different meaning for

different people and different contexts. The concept of occupational balance also has been

considered as a subjective experience. In the work of Wagman et al. [4] and Larivière et al. [19],

the term 'right mix' is used to present the subjective experience of the right variation and amount

of different occupations in one's life. They also argue that occupational balance could be studied

in relation to occupational areas, occupations with different characteristics and in relation to time

use [4,19].

Other research studies have also explored the factors correlated to the occupational

balance/imbalance of patients. Bejerholm [1], applying a time-use approach, studied the

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occupational balance and imbalance of patients with schizophrenia. Her findings indicated there is a positive correlation between occupational balance and patients' well-being. Wagman and Hakansson [20] also employed the Occupational Balance Questionnaire and self-rated health and life satisfaction questionnaires to measure the correlation between occupational balance and subjective health and life satisfaction, and they identified a positive correlation between the two. The work of Anaby et al. [8] showed that occupational imbalance is correlated negatively with subjective well-being and health and occupational balance; however, well-being and health is not correlated positively to occupational balance. The above researchers relate this matter to the idea that occupational balance and imbalance are two distinctive dimensions.

Occupational therapists base their practice on the notion that a person's occupations are shaped by her or his own capacities and environmental opportunities [18]. Occupational therapists visit diverse groups of clients in relation to age, gender and ethnic group as well as diagnosis. They work in different contexts, with different physical or psychosocial issues related to clients' needs. Therefore, each therapist potentially has wide-ranging experience of applying the concept of occupational balance in practice. It is assumed that each therapist has an understanding of the concept from textbooks, occupational therapy literature and their own experience of implementing the concept in practice. Studying occupational therapists' experience of their clients' occupational balance, the way they have seen and heard it from their clients' perspectives and their own observations, would be informative and useful. Learning from real experiences can shed a light on integrating theory and practice in relation to the notion of occupational balance. However, previous studies have not taken therapists' experiences of applying the concept of occupational balance in practice into consideration.

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This study is part of wider research designed by Yazdani et al. in relation to understanding the concept of occupational balance from occupational therapists' perspectives in different countries [7].

This study aims to explore how the concept of occupational balance is perceived and practised by occupational therapy practitioners.

Materials and methods

Participants

For the individual interviews, a convenience sample of occupational therapists working in London National Health Service (NHS) trusts were approached. This non-probability sampling method relies on collecting data from people who can participate in the study because of their availability or ease of access [21]. As this study focused on occupational therapists' level of clinical experience (more than five years), convenience sampling was applied to recruit participants with this level of experience regardless of the area and place of work. An email invitation explaining the study was sent to NHS occupational therapists working in west and south London – areas that have a contract with Oxford Brookes University. Further details such as the duration of the interview and matters related to confidentiality were sent with consent forms to those who showed interest. Voluntary participation and the right to withdraw from the study at any point without providing explanation were also emphasised to ensure credibility.

The participants provided initial agreement to participate via email and signed the consent form (including to audio recording the session) prior to the interview. They were asked to respect confidentiality while disclosing their experiences. Interviews were conducted in places chosen by the interviewees. The length of session varied; the discussion finished when both interviewee and

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interviewer felt a natural endpoint had been reached. The participants were recruited as the interviews progressed until it appeared that the points raised were being repeated. This study was approved by the Oxford Brookes Ethics committee on 6 February 2013. The ethics approval number is 120689.

Overall, 14 occupational therapists took part in the study, two male and 12 female therapists, ranging between 28 and 55 years old. Table 1 provides further description of the participants' characteristics.

Please insert Table 1 about here

Data collection

This study applied two data collecting strategies, both fitting within a qualitative study. Individual in-depth interviewing as well as a focus group methodology from within the social constructivist paradigm were applied. This paradigm carries the assumption that knowledge of the world is constructed by people in interaction with others [21]. It is, therefore, logical to study human interaction as a means of describing and generating this knowledge [22]. Initially, nine one-to-one interviews were conducted, followed by the focus group of five different participants.

In the focus group, the moderator remained neutral, only facilitating the discussion. Ideally, focus groups should comprise between six and 12 participants [23]. Here, the focus group consisted of five occupational therapists who were known to each other. The moderator wrote the participants' points on a board and invited others to comment. The moderator constantly encouraged group discussion. Her skills as a therapist and counsellor who has run many group sessions was crucial in facilitating the flow and depth of discussion. The homogeneity of the group helped discussion even with the small number of participants [24].

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In-depth interviewing was applied for the individual interviews. Each interview took between 75 and 105 minutes. The second author (FY) acted as the interviewer. She is a counsellor and mental health occupational therapist with 20 years' experience. She facilitated an in-depth discussion using reflective and clarifying questions, starting with an open question about the participants' thoughts regarding occupational balance. The researcher used probing, clarification and rephrasing techniques to be certain the participants' contributions were well understood. As the initiator of the research project, FY had an interest in the topic and in the outcome of the discussions. To ensure credibility and trustworthiness, she made a concerted effort to allow the participants to express their ideas in their own words and was careful not to take any lead or direction in the discussion. The main question was, 'What do you understand by the notion of occupational balance?'. Throughout the interviews, the interviewer identified the main ideas in order to understand when saturation was achieved. At the end, the interviewer gave a summary of what had been discussed and the participants were encouraged to correct, amend or provide further details as they thought necessary. Member checks of collected data are considered the most important aspect to ensure a study's credibility [25].

It was then decided to have a focus group. This was to ensure there was sufficient data and to enhance the result's credibility by using this different data collection method through triangulation [25]. Although individual interviews and focus groups have methodological similarities and common shortcomings since both are types of interview, their distinct characteristics result in individual strengths. Lincoln and Guba [25] emphasise the close link between credibility and dependability, arguing that both can be achieved through the triangulation of different methods. As the moderator during the focus group, FY brought the key points of the individual interviews into the discussion to make sure that saturation of the data was

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achieved [24]. Data saturation is reached when the ability to obtain additional new information ends and further coding is no longer feasible [15]. In the focus group, it was realised that data saturation had been achieved when it appeared the same points were being raised. The authors made a concerted effort to provide in-depth methodological description of the study to address dependability. Such in-depth description allows the study to be repeated and readers to assess the appropriateness of the research practices followed [26].

Data analysis

As occupational therapists, the theoretical background of two of the researchers (FY and AH) did have an impact on the theoretical framing of the findings. This perspective provided a conceptually coherent framing for the findings within occupational science.

The two researchers analysed the data independently. The final categories and themes were discussed between them. Their feedback and reflexive notes after each discussion were considered part of the analysis process and a final version of identified themes was developed. Hsieh and Shannon [27] suggest the use of reflexivity as a strategy to enhance rigour; therefore, the researchers applied continuous reviewing and discussion of the data. The two other researchers (NY) and (LN) had no occupational therapy background and no cultural relation (living and practising outside the UK) to the participants. They applied a series of critical questions regarding the other two researchers' rationale for their linkages between the quotations and the basic and organising themes. This process of frequent debriefing and reflection ensured the credibility of the data analysis. Through this, an on-going discussion was in place to make sure all the links between the themes had logical connections and were made rigorously. A thematic networks tool guided the process of analysis [28]. Thematic networks were chosen as they provide a framework to explore understanding of an issue or the significance of an idea

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without the need to resolve conflicting definitions [28]. Themes were extracted on three levels:

organising, basic and global. Basic themes are the lowest-order premises evident in the text. In

this study, basic themes were grouped together into the organising themes. Global themes

encapsulate the principal metaphors in the text as a whole. Networks present as web-like nets and

are not presented in a hierarchy.

Results

The thematic networks are made up of a number of basic themes, six organising themes and one

global theme. The basic themes are described briefly in relation to their organising themes to

help readers understand the rationale for including basic themes together under one organising

theme. The participants' quotations are used to support clarity of the process of theme formation.

Please insert Figure 1 about here

Organising theme one: occupational balance: what it is

The participants discussed what occupational balance means both from a professional and a

personal perspective. They reflected on the concept from a theoretical perspective related to

occupational therapy theory, their experience in working with their clients and from their own

lives and personal experiences of daily living. They all agreed that occupational balance is

difficult to define or explain, particularly the notion of 'balance'.

Basic theme 1: balancing different aspects/dimensions of occupational life

The occupational therapists participating in the research explained that there is a gap between the

theoretical concept of occupational balance and its practical application. As in practice,

occupational balance is diverse and not necessarily reflected through the three occupational

performance areas (activities of daily living, productivity and leisure). Another gap between

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theory and practice explained by the participants was defining/understanding occupational

balance through time usage and the percentage of time spent in various occupations.

The occupational therapists suggested that the use of such theoretical concepts can be misleading

and does not reflect the depth and individualised meaning of each concept. Occupational balance

is perceived as relating to balancing different dimensions of occupational life (for example the

different roles people play and having role balance) and is reflected in a very individualised and

subjective way.

> Work, self-care, productivity and leisure, from a theoretical perspective from a more
>
> personal perspective having roles people play…there is definitely an aspect of balance in
>
> your life related to the different roles you play: mother, daughter, colleague, member of
>
> sports team, friend, they are very much linked. (Participant 1)

In examining occupational balance from both a practical and professional perspective, the

occupational therapists highlighted the influence of cultural differences in defining and giving a

meaning to occupational balance.

> Having worked in another country, and seeing different cultures, you have to be careful
>
> what you suggest or advise, or even what you hint at. That is where the value of
>
> conversation and assessment comes in. You have to consider what is ok for them…
>
> cultural and family structure, society is made up of so many cultures. (Participant 8)

Basic theme 2: balancing occupational life based on the nature of occupation

The nature of occupation and its influence on occupational balance was discussed by the

occupational therapists. The nature of occupation was related to aspects such as complexity,

purposefulness and meaningfulness, and must do (there is an obligation for doing) or wish to do

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(there is a choice and willingness in doing) were important aspects of occupation that influenced/shaped occupational balance.

> I would ask which aspect of the occupation they find fulfilling; for some it is the physical enactment, for others it is the feeling of having a certain knowledge or connection to community. If we think about occupation in the way we say we do, its straight forward doing aspect. (Participant 5)

The concept of meaningful engagement was emphasised and strongly represented by the participants and suggested by some as an alternative name for occupational balance. Meaningful engagement related to balancing meaningful occupations, needs and priorities. On the other hand, occupational balance is related to occupational roles, balance between things one needs to do and wants to do, as participation can be purposeful but not meaningful to meet responsibilities and occupational roles.

The therapists related occupational balance to purposeful participation in occupations as it provides structure in life, a sense of purpose, competency and satisfaction.

They also identified different types of occupational balance: work-life balance, day-to-day verses life span balance, balancing elements of life, balancing tasks and demands, and balancing needs and priorities.

Organising theme two: how occupational balance is formed

A number of internal and external factors/elements that contribute to forming occupational balance/imbalance were identified by the occupational therapists.

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Basic theme 1: internal and external elements contributing to forming occupational balance/imbalance

The therapists agreed that occupational balance is individualised and subjective and is formed through the interaction of internal and external elements related to person, family, society and environment. Some of the internal factors identified were related to a person's values, roles, identity, priorities, insight, capacity, importance, view and attitudes to life, future goals, ambitions and wants, spiritual beliefs and religion, choice, decisions, expectations and diagnosis.

External factors were identified as family upbringing, culture and society, norms, expectations, standards, professional culture, environmental opportunities, supports and resources, with internal and external factors constantly readjusting between personal and societal elements to form the concept of occupational balance.

Basic theme 2: short/long-term occupational balance/imbalance

Occupational balance was described as dynamic, transient and always changing, which can lead to individual perception of balance/imbalance varying at different times and stages of life. The meaning of occupational balance can also change as roles and demands change. What is important at one stage can be different at another based on the priorities, demands and roles a person has at that particular stage of their life; therefore, the value given to different occupations can vary at different stages.

> It is personal to each individual, so for me I would see a perfect life as working part time, work is important for me, I need that purposeful activity. I just work longer to get the money I need. My occupational balance is dictated by my financial needs. (Participant 7)

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Organising theme three: occupational balance and well-being

Although occupational balance is difficult to define and the therapists questioned the relevance of the term occupational balance, they all agreed that occupational balance is necessary for well-being and there are negative consequences for being in a state of imbalance. These negative consequences were described by the participants as affecting both physical and psychological states, significant stress on the body and mind, mental health problems and burn out were some of the examples given by the participants.

Basic theme 1: importance of occupational balance, should we have it?

The occupational therapists agreed that occupational balance is fundamental for well-being, happiness and health. Occupational balance provides a variety of experiences through participating in different occupations, which in turn can broaden one's sense of self and identity, and potential competency in different occupations. It also gives structure to life through participation in different types of occupations and provides opportunities for socialising and engaging with the world, which enriches life. Occupational balance provides a sense of joy, achievement and pride, which feeds into an overall sense of satisfaction.

Basic theme 2: consequences/impact of occupational imbalance

The therapists agreed that occupational imbalance has a negative impact on quality of life with significant stress on the body and mind becoming a source of illness/feeling unwell and affecting one's emotional state, possibly leading to admission to mental health services. It leads to an absence of structure in life, feeling stressed, tired, exhausted and torn, with activities being postponed and less time to do things; not trying new things and negative thinking; not accepting and grieving; and feelings of hopelessness, with a negative impact on confidence.

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I think that occupational imbalance very quickly leads to mental health problems; we can never be sure but the stress created by those components not functioning in your life can have a significant amount of stress on body and mind. (Participant 1)

Organising theme four: subjective and objective representations of occupational balance/imbalance

The participants described occupational balance as a subjective and powerful state of mind.

Basic theme 1: how do you know/evaluate whether you have occupational balance?

The occupational therapists emphasised the subjectivity of occupational balance with a strong link to a sense of satisfaction and well-being: being in a positive state of mind with a positive outlook on life, appreciating life, social connection and happiness.

The right balance is about having meaningful roles in which you feel valued, activities you experience pleasure, having aspects of your life that maintain a sense of well-being. (Participant 1)

There were also practical aspects identified as 'doing' duties: achieving things one wants, being able to deal with things that come your way, the headspace to problem solve, the ability to adapt and adjust, and feeling competent. This appeared to be the objective evaluation of the concept of occupational balance. Objectivity was expressed through the practicality of what needs to be done.

Basic theme 2: the right balance!

The occupational therapists agreed that the 'right balance' is a subjective perception of quality of life, with a sense of competency and satisfaction.

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They related it to a sense of harmony between personal and societal expectations, a sense of

competency and self-worth, doing things one values, a sense of fulfilment and feeling in control.

Organising theme five: what disrupts/affects occupational balance

The participants identified a number of factors that would disrupt occupational balance; these

were related to personal, societal and environmental factors. Some of the personal aspects

included illness and diagnosis, not actively making choices, control given away, personal

aspirations, focusing on one sphere more than another and foreseeing failure in occupation. Role

imbalance, demands and conflict, responsibilities, priorities at present, conflict between

expectations and reality, financial needs and duties, and one domain heavily dominating are

some of the other aspects that were identified by the therapists as disrupting occupational

balance.

Societal and environmental factors that were identified included system and environmental

restrictions, not having opportunities and reduced resources, cultural emphasis on productivity

(work and study), and society expectations.

Organising theme six: occupational balance/imbalance and occupational therapy practice

The occupational therapists reflected on their professional role in relation to occupational

balance/imbalance with their client groups.

Basic theme 1: can occupational balance be measured?

Although a number of general measures were identified by the occupational therapists as being

used in their practice for occupational balance, they all agreed it is difficult to measure as it is

very subjective. The measures identified reflected a client-centred approach and were

assessments such as the Canadian Occupational Performance Measure (COPM), Model of

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Human Occupation (MOHO), Goal Attainment Scale (GAS), OT models, community integration

forms and situational analysis [18, 29–30].

Basic theme 2: what is the role of the occupational therapist?

In a similar way, the role of occupational therapy in the area of occupational balance was

identified as challenging and not well researched by occupational therapists. The therapists also

indicated that their involvement would vary depending on the setting and type of service they

provide e.g. acute, rehabilitation or community services.

> In the rehab process, the acute phase to community phase, the spheres changes. The
>
> context of OT changes depending on where you are. (Participant 3)

The role of occupational therapists was mainly related to the aspects of exploring, educating,

empowering and safeguarding. The therapists talked about exploring occupational balance with

their clients only if their clients wished to do so with no pressure or judgment, emphasising a

client-centred approach offering opportunity, choice, options, alternatives and activities to

experience pleasure and a sense of well-being, and experimental supervision.

> I give them the opportunity to, I can suggest something appropriate but ultimate decision
>
> is from their role and responsibilities. (Participant 6)

Educating clients involved looking at all dimensions of life using an inclusive approach

including everything and everyone, with clear goals and action plans.

In empowering their clients, the therapists incorporated their clients' personal values, validating

and acknowledging what is important, and provided opportunities for meaningful roles and

feeling valued, the right to make wrong choices and a supportive environment where the future

could be explored.

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Safeguarding was identified as conducting risk assessments, removing barriers, putting structures in place and providing support to see one's choice impact on life. The principle of no harm to self and others was emphasised as a point when therapists would intervene to influence clients' thinking about their occupational balance/imbalance, its relation to their health and well-being and better understand their choices and related consequences.

Basic theme 3: other names/terms for occupational balance

There was a mutual agreement among participants that occupational balance is difficult to define and explain and they questioned whether the 'right term' will ever be found. The therapists explained that the term occupational balance is not much used in practice as it is difficult to explain, particularly to clients, especially as the term 'balance' raises its subjective nature. They would explain the term by adjusting and changing the language based on their client group and using words that are relevant and understandable. Other names suggested by the occupational therapists for occupational balance were 'meaningful engagement' and 'occupational justice', relating it to satisfaction and choice.

> In my work set up we don't use the word occupational balance. I don't know if patients will understand that. We do discuss a little bit of person, environment, occupation, we try to explain that. (Participant 3)

Global theme: occupational balance is a dynamic process and not a state of being

According to the identified themes, occupational balance is changing across the life span. It appears that as change is an inevitable part of life, changes in occupational life and in turn, occupational balance is unavoidable. It is better to consider occupational balance as an ongoing process that human beings keep returning to, based on their life situation.

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> Balance is a dynamic thing, I like the idea of that, the idea that you are constantly
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> adjusting and changing. (Participant 5)

Discussion

The findings of this study demonstrate the variety of ways that occupational therapists

understand occupational balance and imbalance. The participants agreed that there is no single

way of looking at occupational balance. This is also the finding of Wagman et al.'s concept

analysis of occupational balance [4]. The findings of their study show that occupational balance

has been addressed in a variety of ways by researchers. The question raised is whether diversity

in addressing the concept is helpful to scholars and practitioners, or if we should work towards a

unified concept.

One aspect of this diversity is in considering the balance between meaningful (it is preferred, has

meaning and value for the person) and purposeful (it is good to do even if it does not seem

important and valuable for the person) occupations. Sometimes clients need to be engaged with

an occupation to achieve a particular outcome, even if it is not meaningful to them. For example,

when therapists advise occupations to clients, which the client may not see as meaningful, but

which have a therapeutic purpose and help to achieve treatment outcomes. Here, it may be

necessary to consider the balance of meaningful and purposeful occupations, incorporating both

personally meaningful and evidence-based activities for the success of the intervention plan.

Wagman et al. [4] introduced the idea of combination of variety of occupation as the 'right mix'

that is decided by the individual. However, the 'right mix' here could refer to including activities

that are not meaningful for the client (at least at first) but useful into their own 'right mix'. This

echoes what Wilcock [31] considers 'an occupational perspective on health'. This means that

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some occupations could be advised by a therapist to facilitate the 'right mix' for the client, a set of occupations that could promote or maintain their health. Therefore, the client and the therapist should discuss purposeful activities which would lead to the 'right mix' of occupations in the long-term and also any short term activities that may help to achieve this.

The issue of meaningfulness is complex and differs widely among individuals. For some clients, finding something with a particular purpose can become meaningful. For others, just doing something because it should be done is meaningful: the meaning comes from the client's belief about the importance of getting things done!

The matter of which occupations should be compared when measuring their contribution to occupational balance/imbalance has been the concern of other studies as well. Christiansen and Matuska suggest that core occupations that are central to one's identity and valued by individuals could help explain the correlation between occupational balance and subjective health and well-being [2]. However, they did not discuss the value of purposeful occupations in relation to this.

The participants in this study also emphasised the complexity of different occupations and personal capacities, which need to be considered when thinking about the balance/imbalance of different occupations. Wagman et al. state that in studying occupational balance diversity, capacity needs to be considered [6]. An example could be seen in the work of health care professionals working in an emergency unit. Five hours of fast paced and tense work in the emergency department is much more demanding compared to five hours in a calmer community setting. However, people also have different capacities to handle stressful situations. In the emergency unit, while one person might need 20 minutes' rest every two hours, another might need 10 minutes every hour. The above example highlights that in considering balance/imbalance we need to analyse the three elements contributing to doing: person,

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occupation and environment. This is what Wagman et al. called the 'right mix': an occupational balance plan tailored for each person [4].

However, the participants' narratives indicated that occupational balance is not a constant state throughout one's life. Rather, it is a process that keeps changing according to age, stage of life and changes in skills and abilities, and also changes depending on environment, role and occupational demands. Within this life-long dynamic, the nature of personal occupational balance is based on aspirations as well as current commitments. For example, in the early stages of establishing a career people may spend most of their time and energy on their work. In this stage of one's life, emphasis on long-term planning to achieve balance might be more applicable than short term. Therefore, there might be occupational imbalance between work and leisure in the timeframe of a week but not over a period of a year or more. Elements of both balance and imbalance can coexist simultaneously in a person's life [8]; this emphasises the importance of personal subjectivity and occupational values. Similarly, Wagman et al. raise the question of how long-term and short-term balance relate to each other [6].

It is important, therefore, for the therapist to consider how and when they should influence a client's thinking about their own occupational balance/imbalance. The participants of this study agreed that there are two ways of looking at this. Firstly, when a person's health and well-being is at risk, the therapist needs to be explicit about this and clarify the potential harm of their life style to help the client see the bigger picture and understand their choices and their consequences. Secondly, when one's life style is putting the health or life of others, family and the community at risk. Therefore, the right occupational balance is not only about an individual's own satisfaction but it must also follow the principle of no harm to others. This matter has also been identified as a gap in the field of study related to occupational balance. In their work,

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Wagman et al. [6] indicate a need to study the relationship between individual balance and what society and culture accepts as occupational balance.

A further area of balance is that of time and energy spent in different aspects of occupational life. The time-use approach indicates the significance of, for example, the balance between time spent on activities of daily living, leisure and productive occupations. The participants in this study referred mostly to evidence provided by previous researchers [1, 2] in the field that had informed their thinking about bringing occupational balance into practice.

Similar to Yazdani et al.'s findings [7], there was an emphasis on the hierarchy of needs and the context and stage of individuals to determine the amount of time and energy that should be spent on each aspect of occupational life. The issue of subjectivity and the value of doing from people's perspectives was emphasised and mentioned as a problem in applying the pure time-use approach. The participants agreed that the time-use approach would most benefit intervention planning for clients with limited mental or cognitive capacities, and that maintaining a routine is a key element for their health, as Edgelow and Krupa have shown in the field of mental health [3].

Occupational balance as a concept is only useful if it can be applied in practice. Therefore, this study of the experience of occupational therapists gives us valuable insights into how it may be used. The participants indicated that they found the idea of occupational balance lacked clarity in the literature and this had left them to apply their own understanding of what would work in practice with little supporting evidence. It appears from this study that a variety of approaches to define, measure or apply the concept of occupational balance can be employed.

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The occupational therapists drew on diverse sources of information in identifying what occupational balance means in practice. This is congruent with the findings of a similar study from the authors of this paper in Iran [7], and it appears to be a particular problem with this complex occupational concept. In the absence of one common definition, this may be unavoidable but, if so, occupational therapists and scholars have a responsibility to be aware of their own perspective on the concept and the effect this has on their decisions. This can contribute to a more critical and systematic approach to intervention planning in occupational therapy.

Methodological consideration and limitations

The focus of this study was on occupational therapists and their professional and personal experiences of the concept of occupational balance and did not include patients themselves. Even though the participants discussed their perspective of occupational balance and their understanding of their own clients' perspectives, the findings cannot be transferable to patient groups. The fact that occupational therapists were the participants could be seen to strengthen this study when it comes to the application of the concept in practice and their experiences. The researcher's skills in interviewing facilitated an in-depth discussion. Through this, participants went beyond their knowledge of theory by reflecting on their experiences with their clients.

A convenience sample was used for this research due to its cost effectiveness. Using a convenience sample runs the risk of influencing study results and creating bias as the data collected represents the views of a group of occupational therapy practitioners in a variety of NHS trusts in London and not the entire population. However, the authors made efforts to

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mitigate this effect by using illustrative quotes from the participants to support the results, providing a good description of the participants and following a thorough data analysis process.

This study is part of an ongoing research project that aims to explore occupational therapists' understanding and methods of applying the concept of occupational balance in practice. It is also recommended to explore and compare occupational balance from the perspective of people, patients or non-patient groups.

Conclusion

In this study, perceptions of occupational therapy practitioners in a variety of NHS trusts in west and south London of occupational balance and its application in practice were explored. The participants agreed that occupational balance is difficult to define or explain, particularly the notion of 'balance', and emphasised the individualised and subjective aspects of occupational balance, with the global theme representing the nature of occupational balance/imbalance as a dynamic process and not a state of being.

Both objective and subjective experiences of occupational balance need to be considered in order to make an informed decision in practice. The right occupational balance for each individual should be decided based on his/her values but with consideration of the principal of no harm to others.

Declaration of conflicting interest

The Authors declare that there is no conflict of interest.

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Table 1: Number of Participants according to their years of experience and field of practice

Years of experiences as occupational therapy (in Group)	Number of participant/s In each group	Therapist's Field of Practice (N)
5-9	1	Community mental health (1)
10-14	4	Pediatric (1), Adult neurology (2), Community (1)
15-20	7	Adolescence mental health (1), Leadership and management (4), Adult mental health (1), Forensic mental health (1)
20+	2	Community based (1), Mental health and Management and leadership (1)

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Organizing theme one: Concept of Occupational Balance: what it is

Basic theme 1: Balancing different aspects/dimensions

Basic theme 2: Balancing occupational life based on the nature of the occupation

Organizing theme two: How Occupational Balance is formed

Basic theme 1: Internal and external elements contributing to forming occupational balance/imbalance

Basic theme 2: Short/long –term occupational balance/imbalance

Organizing theme three: Occupational Balance

Basic theme 1: Importance of occupational balance, should we have it?

Basic theme 2: Consequences/impact of occupational imbalance

Organizing theme four: Subjective and objective representations of Occupational Balance/imbalance

Basic theme 1: How do you know/evaluate whether you have occupational balance?

Basic theme 2: The right balance

Occupational Balance is a dynamic process and not a state of being

Organizing theme six: Occupational Balance/imbalance and occupational therapy practice

Basic theme 1: Can occupational balance be measured?

Basic theme 2: What is the role of occupational therapist?

Basic theme 3: Other names/terms for occupational balance

Organizing theme five:
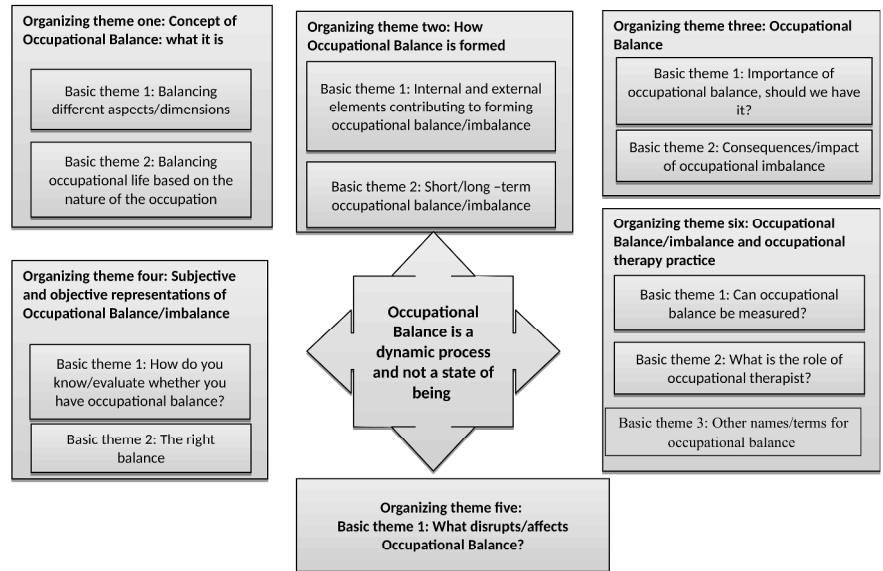**Basic theme 1: What disrupts/affects Occupational Balance?**

Figure 1. Thematic networks of occupational balance

Thematic networks of occupational balance

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