Conceptualizing life balance from an empirical and occupational therapy perspective

Petra Wagman
The urge to puzzle over definitions of the primary concepts of a field is irresistible to scholars (1, p. 138).
Abstract

Introduction

Although it is an important concept in occupational therapy, there is a need for further knowledge about life balance. This thesis explores the concept of life balance - how people think about it and how it is used in occupational therapy.

Aim

The overall aim of the present thesis was to conceptualize life balance from an empirical and occupational therapy perspective in order to contribute to knowledge regarding the use of the concept in occupational therapy. The specific aims were to:

- explore the perceptions of life balance among working people who had not recently been on long-term sick leave
- explore what is considered important for life balance and whether or not this differs between people
- use perceptions of life balance data from men and women in a healthy population to validate the Model of Lifestyle Balance
- clarify the content in the concept of occupational balance as used within published articles related to occupational therapy

Methods

In Study I, 19 participants were interviewed about their perceptions of life balance. In Study II, 32 participants sorted statements about life balance according to their importance. In Study III, data from Study I were re-analysed in relation to Matuska and Christiansen’s Model of Lifestyle Balance. In Study IV a concept analysis of occupational balance in occupational therapy was conducted, encompassing 43 articles.

Results

Life balance was shown to be a subjective, dynamic, health-related and multidimensional concept. Similarities and differences between what the participants consider to be important for their life balance were revealed. Occupational balance was, in the concept analysis, shown to be a subjectively defined perception of having the right amount and variation of occupations.
Conclusions

The results of the thesis indicate that life balance and occupational balance are two separate concepts. While life balance includes occupational balance, it goes beyond it and also includes other aspects. Future research is required to investigate the generality of the findings.
Original papers

The thesis is based on the following papers, which are referred to by their Roman numerals in the text:

Paper I

Paper II

Paper III

Paper IV

The articles have been reprinted with the kind permission of the respective journals.
Preface

Some questions have followed humans over time, perhaps even since our “beginning” as human beings. One of these questions relates to “a good life”: what it is and how to attain it. Life balance is a commonly used metaphor and phenomenon related to the question of a good life. I am interested in such broad questions of potential relevance to all of us.

Occupational therapy, as I see it, goes beyond working solely among people with health conditions, etc., but may also contribute to all people whose occupational needs are not being met (e.g., to participate in certain occupations). Therefore, I agree with the World Federation of Occupational Therapy that the profession “can work with all people” as well as with the following statement:

Occupational therapy is a client-centred health profession concerned with promoting health and well being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life (2).

I believe occupational therapy may contribute to life balance issues and to an occupationally good life among people. However, in order to do so, and because of the potential universal characteristic of life balance, we need to know more about how people think about it since they are indeed experts on their own life. Their descriptions may therefore promote insights that can be used to guide occupational therapists in how to enable clients attain life balance and decrease the risk of losing it.

From the beginning, however, this thesis was related to recovery after stress-related disorders. When planning for the studies, I wanted to include a measurement of occupational balance, which can be described as life balance related to occupations. I imagined that the participants’ occupational balance had been disturbed and that they might regain it during their recovery. To my surprise I found no such instrument. When the project I was supposed to follow was cancelled, I took the chance to dig deeper into something that interested me so much. Although I had started looking for instruments, I realized it was not yet time to start instrument development since too much was still unclear.
Therefore, my aim with this thesis has been to contribute to further knowledge about life balance in occupational therapy, by describing how people think about it as well as how this relates to the concept’s use in occupational therapy.

I will start the Introduction by giving a brief presentation of how life balance has been used historically and how it is used today. This is followed by a presentation of occupational therapy and the occupational therapy perspective of life balance. The introduction ends with some assumptions about life balance.

The Background section then, starts by describing three approaches to life balance in occupational therapy. These are followed by a model in occupational therapy and thereafter a presentation of recent research. The background finishes with my rationale for writing this thesis.

The Methods and Results sections follow, and the four studies are presented. Next, the findings are discussed in the Results discussion section, which is followed by Methodological considerations. Finally, future research and some clinical implications are proposed, and some conclusions are drawn.
5.3 Summary of Study III ................................................................. 39
5.4 Summary of Study IV ............................................................... 39

6 Discussion .................................................................................. 40
6.1 Results discussion ...................................................................... 40
  6.1.1 The participants’ perceptions of life balance ....................... 40
  6.1.2 Similarities and differences between the participants regarding what is more or less important for their life balance ....... 45
  6.1.3 Participants’ perceptions of life balance and the Life Balance Model ................................................................. 46
  6.1.4 Occupational balance as used in occupational therapy articles ................................................................................. 46
  6.1.5 The relationship between the participants’ perceptions of life balance and occupational balance in occupational therapy articles ..... 47
  6.1.6 The results in relation to the Person-Environment-Occupation Model ................................................................. 47
  6.1.7 A proposed separation of life balance and occupational balance, and proposed definitions ......................................................... 48

6.2 Methodological considerations .................................................. 49
  6.2.1 Methodological issues related to each study ......................... 51

7 Future research and some clinical implications .......................... 55

8 Conclusions ................................................................................ 57

Svensk sammanfattning .................................................................. 58

Acknowledgements ......................................................................... 64

References ..................................................................................... 66
Abbreviations

LBM       Life Balance Model/Model of Lifestyle Balance
OTs       Occupational therapists

Definitions

Self-reported health: self-reporting no previous sick leave longer than 30 continuous days within the past two years.

Working: paid work to some extent
1 Introduction

This thesis is related to the concept of life balance: how people think about it and how the concept is used in occupational therapy. Physical balance, such as the ability to stand up and walk without help, is not addressed here, however.

Life balance has a long history of general interest and was already discussed among the old Greeks. Aristotle (3), for example, described the middle way as the right way in relation to several virtues of character. He also spoke about variation between different occupations: “The amusements seem to be a form of recovery or rest and since we are not able to work incessantly, we need to rest (freely translated p. 293). Another old example is found in the Bible, where the right time for “everything” is described (4). The importance of life balance in folk medicine has also been recognized: “Health is balance between the body and God/the cosmos/nature or between the body and the social space” (5, freely translated p. 197).

Today, life balance is mentioned frequently in the popular press, often together with advice on how to attain it. It is also of interest in several academic disciplines (6), for instance human resource management/development (7, 8) and psychology (9). Common concepts are work-family balance and work-life balance (10). Life balance has been related to subjective health and well-being, and health has been described as life balance. For example, in a thesis by Tegern (11), laypeople were interviewed in order to explore their perceptions about health, and one of these perceptions concerned life balance. Another example of such a description comes from a publication exploring the multidimensionality of health (12).

Life balance appears often in research, and in a recent study that used thematic synthesis (including 170 studies) to explore it in the health context, Lipworth, Hooker and Carter (13) concluded that:

Balance is a powerful, culturally recognized concept related to living the best possible life, with profound effects on the ways in which people view, experience, and respond to their health-related circumstances (p. 722).
These authors also highlighted the importance of understanding the concept, and concluded that “If we can recognize the importance of balance and balancing, we will better understand lay people’s expertise in managing their own lives” (13, p. 722). The importance of including laypeople’s perceptions has been recognized before, and it has been argued that they have much to contribute (14).

In occupational therapy the focus is on occupations. The concise Oxford English dictionary defines occupation as: “1. the action, state, or period of occupying or being occupied. 2. a job or profession. 3. a way of spending time” (15). The exact content of occupation as used by OTs is not easily described, but goes beyond its reference to a profession. Its content is rather related to the two other examples in the definition above. In occupational therapy people are seen as having occupational needs (16); a need to be active and do things. The importance of meaningfulness in relation to occupations is also highlighted (17-20), and the relation between meaning and occupation has been described as “meaning arises from occupation and occupation arises from meaning”; (21, p. 14). Examples of common definitions of occupation, in occupational therapy, include those from Wilcock (16) and Kielhofner (22):

All that people need, want, or are obliged to do; what it means to them; and its ever-present potential as an agent of change. It encapsulates doing, being, and becoming (16, p. 343).

the doing of work, play, or activities of daily living within a temporal, physical, and sociocultural context that characterizes much of human life (22, p. 5).

Furthermore, occupational therapy considers occupation as linked to health (23). Health is not related to solely the absence of disease (24) but rather has a broader scope. The definition used in the ethical code of the Swedish Association of Occupational Therapists relates to the ability to achieve vital goals (25), and originates from Nordenfelt.

Life balance is an important concept in occupational therapy and the interest in it has increased; at least when it comes to the number of published articles. Life balance has been regarded as health-related and not perceiving balance has been described as potentially leading to negative consequences and as related to health conditions such as burnout (26). Since stress-related disorders/anxiety syndromes are common sources of extensive sick leave (due to psychological reasons) in Sweden (27), this emphasizes the need of further knowledge about life balance.
However, concepts are described as a base for constructing theory (28-30). Therefore, it is important that they be defined in a way that makes it possible to know what they mean (30) and how they are similar to/different from other concepts. Life balance goes under different terms in occupational therapy, as the examples show: balance (6, 31), balance in everyday life (32), life balance (33), lifestyle balance (26), and occupational balance (34-37). It is not clear how these different terms relate to each other; they may constitute one concept or several. This lack of clarity implies that there is insufficient knowledge about the concept even though it is important for the profession.

The following quote from Christiansen (38), still relevant after fifteen years, further emphasizes the importance of gaining knowledge about the concept:

One of the most widely cited philosophical beliefs in occupational therapy is that a balance of occupations is beneficial to health and well-being. Despite the wide-spread acceptance of this tenet, the meaning of balance has not been satisfactorily defined in an operational sense, nor has its validity been systematically examined (p. 432).

Taken together, the present thesis is based on the following assumptions:

- Life balance is a powerful metaphor so the concept is probably here to stay and it is thus better to research it than abandon it.
- The goal for OTs is to gain knowledge about how to enable people to attain life balance and decrease the risk of losing it.
- The critique by Christiansen in 1996 still holds true and needs to be addressed, but before it is possible to operationalize and measure life balance in a way that covers all relevant aspects there is a need to know more about it.
- As this relates to the question about “a good life” (life balance), which is potentially relevant for all of us, valuable knowledge may be gained by asking people themselves about life balance.
- Researching people’s perceptions of life balance and relating this to occupational therapy use may give direction in how the concept(s) should be defined and used in occupational therapy and also give further insight into what is important for a good life.

Henceforth, the concept(s?) will be tentatively separated with life balance used in a more general sense and occupational balance mostly chosen when research, ideas, etc., emanate from OTs. This division is based partly on the fact that occupational balance is a commonly used term in occupational therapy, but is mostly due to the consideration that it reflects the focus of occupational therapy.
2 Background

The interest in occupational balance started early in occupational therapy. A famous example is Meyer (39), including several topics in 1922 that can still be regarded as fundamental for OTs:

The whole of human organization has its shape in a kind of rhythm. It is not enough that our hearts should beat in a useful rhythm, always kept up to a standard at which it can meet rest as well as wholesome strain without upset. There are many other rhythms which we must be attuned to: the larger rhythms of night and day, of sleep and waking hours, of hunger and its gratification, and finally the big four – work and play and rest and sleep, which our organism must be able to balance even under difficulty. The only way to attain balance in all this is actual doing, actual practice, a program of wholesome living as the basis of wholesome feeling and thinking and fancy and interests (p. 641).

However, Meyer was not the only one. Another early example is Dunton (40), speaking about the importance of variety between different occupations:

Personally, I know that after my day’s work at the hospital an hour or two in the garden with cultivator or hoe will often relieve me of a headache when resting upon the porch will not (p. 22).

In the following, three identified approaches to occupational balance will be presented. Thereafter comes a description of a theoretical framework, the Person-Environment-Occupation Model (41), and some recent research. Finally, the rationale for the thesis is presented and is then followed by its demarcation.

2.1 Approaches to occupational balance in occupational therapy

Among the three approaches to occupational balance, two relate to a categorization of different occupations and the third is a model - the Model of Lifestyle Balance by Matuska and Christiansen (42), later re-named the Life Balance Model (LBM) (43) - which will be used henceforth.
2.1.1 **A classical approach – balance between occupational categories**

The earliest approach to occupational balance (henceforth called the classical approach) is related to a few of what have been called categories of occupations (44). This approach probably has its foundations in Meyer’s time. Most well-known may be what he called the balance of the “big four”; work, play, rest and sleep (39). The importance of this was highlighted again in the sixties, when Reilly proposed a re-commitment to Meyer and a balance of work, play and rest (45).

The balance between different occupational categories has often been combined with the time spent in them, sometimes called “time budget” (38). Meyer related occupations to time in a way that almost makes the two concepts inseparable; however he did not explicitly speak about a certain amount of time but rather about occupational variation (39). Dunton also exemplified a variation between occupations (40). Variation has also been discussed later; Yerxa (46), for instance, has written about the importance of “meaningful variety” for health.

The relationship between time and occupational balance has remained in occupational therapy. The time budget approach has been described as most common (38). There has been criticism though, that OTs do not consider the full importance and breadth of time but mostly measure its duration instead. Pemberton and Cox (47) argue that other aspects of time, such as pace and rhythm, should also be recognized. They also highlight the importance of the person’s reasoning; “It is not simply how time is divided but also the beliefs and judgements that influence this, and the harmony or disharmony that this creates” (p. 81).

In research, time and occupational balance have been used differently, as seen in examples in which occupational balance is defined as “equality in amount” and is operationalized as number of hours (48); or is related to sufficient time, which is something that does not have to be equal (31); or concerns satisfaction with time spent (49). In other words, occupational balance in the classical approach could be equal time spent in different occupations, sufficient time spent, or satisfaction with time spent.

The distinction between categories may be problematic. The relationship between work and leisure, for instance, may differ between people, and the balance between these two categories has been criticized by Primeau for being a “false dichotomy” since they may be experienced differently (50). Another potential problem relates to the possibility that work may be very
different and include more or less play and rest (and even sleep, though this is perhaps not very common). It has also been recognized that the value one experiences from the occupational category one is engaged in may differ (19). The differences within a category have also been recognized before, and it has been argued that “Work both bores people to death and makes them develop as human beings. Work both destroys people physically and helps people build physical health” (51, p. 4).

Furthermore, the category of work may be difficult since not all people work. On the other hand, in occupational therapy work is sometimes defined as productive occupations (22), irrespective of whether one is paid, which makes the category relevant for more people. Another problem related to a differentiation between categories is that people can perceive the same occupation differently. Empirical results have also shown this, and in a study among retirees, for instance, they differed in relation to how club meetings/activities were perceived: 27% regarded this as work while 45% considered it leisure (48).

However, what concretely constitutes occupational balance in the classical approach is not clear; when do people have occupational balance? Taken together, the classical approach does not define occupational balance sufficiently, which supports earlier but still relevant criticism.

### 2.1.2 An experiential approach

Other distinctions between occupations, more related to the characteristics of the occupation, have been proposed: how it is experienced by the person doing it rather than where it is done (for instance at work) or the type of occupation. One example of what will henceforth be called the experiential categorization of occupations is Wilcock’s (16) definition of occupational balance:

For example, the balance may be among physical, mental, and social occupations; between chosen and obligatory occupations; between strenuous and restful occupations; or between doing and being (p. 343).

The first part of this definition has been used empirically. Wilcock, Chelin, Hall, Hamley, Morrison, Scrivener, et al. (52) had 146 participants of different ages rating their degree of participation in physical, mental, social and rest occupations. They also investigated how much the participants wanted to participate in these kinds of occupations. The results showed several patterns of actual involvement in the different occupations, but fewer
differences in what was considered an ideal pattern. Almost 30% of the participants answered that their ideal pattern was moderate involvement in all four kinds of occupations. The results also revealed that the closer the patterns of actual and desired participation in occupations were, the healthier the participant rated him/herself (52). This study has shed some light on occupational balance and health, as it showed that moderate involvement in each type of occupation was an ideal pattern for many people. However, the ideal patterns differed between people, which implies that what constitutes occupational balance may differ.

In line with this experiential approach, Jonsson and Persson (37) (in what was called the experiential model of occupational balance) condensed a previously used flow model with eight channels into a model with three: high matched experiences, whereby challenges are high but matched with the individual’s skills; non-matched experiences; and low-challenge experiences. When experience sampling method data from four studies were re-analysed they showed similarities: in all cases the majority of occupations were experienced as low challenging and the rest (46-60%) were almost equally divided between high matched and non-matched challenges. The authors suggested that all three experiences are important to people, without being dominant (37). In another article, Jonsson (51) reported seven occupations based on narratives (before and after retirement): engaging, relaxing, irregular, social, regular, basic, and time-killing occupations. The results also revealed two different patterns: a combination of the first six occupations, and a combination of time-killing, irregular and basic occupations. While the former was related to well-being, the latter was not (51).

Yet another way of categorizing occupations in line with the experiential approach, although it does not refer to occupational balance, was conducted by Persson, Erlandsson, Eklund and Iwarsson (19). These authors discussed the value arising from occupations, i.e. “occupational value”, and proposed three dimensions of value: concrete, symbolic and self-rewarding. However, no research discussing a balance between these values from occupations has been identified.

This experiential approach to categorizing occupations may solve one of the problems described in relation to the classical approach: where occupations are accomplished. For instance, a physical occupation may be conducted at work or elsewhere. Discussing occupational balance as depending on how people experience their occupations also makes the concept relevant for more people. Everyone likely has experiences from occupations regardless
of whether he/she is in the workforce. However, also in this experiential categorization approach, occupational balance is not yet sufficiently defined.

2.1.3 The Life Balance Model

The Life Balance Model (LBM) (42) is another approach. The interest focuses on the occupational pattern (defined as doing things over time) and how it meets the needs of the person, and on a combination of what people actually do and what they want to do. LBM proposes that the occupational pattern must allow for five needs (dimensions) to be met. The occupations engaged in need to enable people to:

1. meet basic instrumental needs necessary for sustained biological health and physical safety;
2. have rewarding and self-affirming relationships with others;
3. feel engaged, challenged and competent;
4. create meaning and a positive personal identity;
5. organize their time and energy in ways that enable them to meet important personal goals and renewal (p. 11).

LBM (42) argues for the dimensions included based on research from several areas.

The proposed model builds on interdisciplinary research about the physiological and psychological attributes considered important for well-being. It is also influenced by research that has explored relationships between well-being and situational/contextual/ or environmental factors (p. 10).

The model’s developers previously conducted a review (26) in which four ways of researching life balance were identified: “time use, life roles, need satisfaction, and biological rhythms and their influence on behavior” (p. 57). However, the dimensions in LBM (42) are most explicitly compared and discussed in relation to three earlier theoretical frameworks: Ryff (53), who argued for the importance of “self-acceptance”, “positive relations with others”, “autonomy”, “environmental mastery”, “purpose in life” and, “personal growth” for psychological well-being, (p. 1071); Deci and Ryan’s (54) self-determination theory, which emphasizes the innate psychological need for “autonomy”, “relatedness” and “competence”; and Maslow (55), who described physiological, safety, belonging and love, esteem and self-actualization needs. While neither LBM (42), Ryff (53), nor Deci and Ryan (54) discussed any of their respective aspects as more important than another, Maslow regarded the needs as a hierarchy ranging from physiological to self-actualization needs (55).
The earlier approaches above are considered to together support the dimensions of LBM. The model’s relevance is, according to Matuska and Christiansen (42), its focus on occupation:

If there are empirically strong theories of needs essential for well-being, one might ask what is new or different about the lifestyle balance model since it is based on meeting those essential needs. We assert that the need-based theories form the empirical foundation and the model focuses on how these needs are met through occupational choices and the satisfaction, congruence, and sustainability of the total configuration of occupations over time (p. 12).

The approach in this model might be one of the broadest taken by OTs in relation to occupational balance. However, the model has been under development and the focus on time may have increased. While the definition first included congruence between actual and desired participation in occupation (42), congruence was later (43) explicitly related to amount of time spent:

The term satisfying in this definition means congruence between the amount of time one actually spends participating in activities and the amount of time one would like to spend participating in activities (p. 5).

Furthermore, in her thesis Matuska (43) proposed that congruence, between time spent and desired time to be spent, is not enough. Another component was regarded as essential; namely, equivalence. Besides congruence, it is considered important that the individual is equally satisfied with all dimensions (equivalence). In other words, according to LBM, high congruence and high equivalence lead to life balance (43).

The Life Balance Model (42) is relatively new, but its validation has started (43). Empirically, the model’s dimensions have been supported by the perceptions of women with multiple sclerosis (56) and women recovering from a stress-related disorder (57). Therefore, the model may be the approach most on its way to addressing the lack of occupational balance knowledge. However, the studies validating the dimensions have solely included women with health conditions. Therefore, there is a need for validation of the model’s dimensions among other populations including both sexes. Such validation would contribute to knowledge regarding the model as well as the concept.
2.2 The Person-Environment-Occupation Model

Apart from the Life Balance Model (42), no model in occupational therapy has focused on occupational balance per se. One theoretical framework used in occupational therapy that can be of interest in relation to occupational balance, though, is the Person-Environment-Occupation Model (41). This model considers people’s occupational performance as depending on the interwoven combination of the person, with all his/her talents, etc.; his/her environment and occupations.

According to the Person-Environment-Occupation Model (41), it is not possible to consider a person separate from the environment; the relationship between person, environment and occupations is dynamic and ever-changing. This relationship is constantly present over a person’s life span.

The goal is maintaining a good fit between the three components (person, environment, occupation), and the outcome is then a more optimal occupational performance. The model emphasizes the possibility to make changes in any of the three components for a better fit. It also recognizes the complexities of human life: “occupational performance requires the ability to balance occupation and views of self and environment that sometimes conflict, and to encompass changing priorities” (p. 17).

The Person-Environment-Occupation Model has been used in studies including occupational balance, albeit somewhat differently. In research among people with rheumatoid arthritis (49) occupational balance was rated as related to the person component, while another study among mothers of children with disabilities (58) considered occupational balance as belonging to the occupation component.

2.3 Recent empirical research related to occupational balance

Recent (published within the past ten years) empirical research in occupational therapy that includes occupational balance has been carried out using both quantitative and qualitative methods. The studies can be divided into two categories based on the perspective used: an outsider perspective whereby the concept was measured in some way, and an insider perspective whereby the participants’ own descriptions were revealed.
Research measuring occupational balance has been conducted among general populations as well as among people with health conditions. The statements and questions below are examples:

- “I have balance between different occupations in my occupational pattern”; “I have balance between being together with other people and being alone”; “I can give support to others and accept support from others” (59, p. 112).
- “Do you have energy left for domestic work after your working day?”; “Do you have energy left for leisure occupations and friends etc. after your working day?” (60, p. 151).
- “How satisfied are you with the balance of time you spend on work, self-care, leisure and rest?” (49, p. 49).
- “How satisfied are you in your ability to perform your main work activity?”; ”How satisfied are you with the balance of time you spend on work, self-care, leisure and rest?”; “At the end of the day, how satisfied are you that you have accomplished what you had set out to do?” (61, p. 134).

Other ways used to measure occupational balance have included:

- A combination of a time budget approach and the participant’s satisfaction with his/her occupations (62).
- Assessing whether the participant was under-occupied, over-occupied or had occupational balance based on a time use diary (35).
- An activity diary measuring time spent in different occupational categories and the daily rhythm (63).

As seen, the measurements have focused on different things, e.g.: satisfaction with time use; satisfaction with what was accomplished; and perceived “energy level”. The differences, lacking homogeneity or consistency between questions used and lack of validated instruments, support the notion that occupational balance is not yet sufficiently operationalized (38).

Research regarding occupational balance using qualitative methods has been conducted among populations sharing a health condition (32, 64, 65). It has also been carried out among people having a certain circumstance, for instance mothers of children with disabilities (58). The vast majority of participants have been women. In three studies, occupational balance was in focus from the beginning (32, 64, 65). These studies have contributed to empirically based knowledge about occupational balance from an insider perspective.
The results of occupational balance studies have contributed to further knowledge regarding three things, presented below: the characteristics of occupational balance; what contributes to the attainment of occupational balance; and the relationship between occupational balance and time spent in occupation.

2.3.1 Characteristics of occupational balance

*Multidimensional.* Occupational balance includes several aspects instead of a single one (32, 64). Stamm, Lovelock, Stew, Nell, Smolen, Machold et al. (64) focused on perceptions of occupational balance among eight women and two men with rheumatoid arthritis. Three dimensions of occupational balance were identified: balance between challenging and relaxing occupations; balance between personally meaningful occupations and occupations considered meaningful for others; and balance between caring for oneself and caring for others (64). In another study, Håkansson, Dahlin-Ivanoff and Sonn (32) explored the perceptions of balance in the everyday life of 19 women who had suffered from stress-related disorders. Their results revealed four themes: “image of occupational self”; “strategies to manage and control everyday life”; “occupational repertoire”; “occupational experience” (p. 77).

*Subjective and individual.* Individuality in what leads to occupational balance and the concept as something subjective appeared in the studies. Among the men and women with rheumatoid arthritis, an example was given in which a participant regarded herself as being in balance while her social context did not (64). Among the women recovering from stress-related disorders, their actual participation in occupations to attain balance differed between them (32). Furthermore, Håkansson and Ahlborg (60) discussed whether it is more important for women’s health to have occupational balance, since their results showed some differences between sexes. For instance, the strongest predictor of good subjective health among men was low stress at work but for women it was low stress outside work. This study’s participants were 2286 women and 397 men (60), and the results supported the individuality in the concept.

*Non-dualistic.* Occupational balance may not be dualistic, since the themes identified in the study among women recovering from stress were seen as being on a continuum between balance and imbalance (32).
Health-related. The relationship between occupational balance and health was supported, since the participants related the concepts to each other (32, 64, 65). Furthermore, occupational balance was affected by the health condition the participants faced. The results among nine women with rheumatoid arthritis showed that their health condition impacted on their occupational balance and that their involvement in different occupations had changed (65). The results among women with multiple sclerosis showed that they faced difficulties in attaining life balance (in line with the Life Balance Model) (56). Mothers of children with disabilities also had difficulty attaining occupational balance (58). The quantitative studies also showed support for the relationship with health. General health was related to occupational balance among people with rheumatoid arthritis (61). Of 72 participants with schizophrenia, those assessed as being in balance (based on a time use diary) had significantly higher quality of life, well-being and sense of coherence compared with those assessed as being under-occupied (35).

2.3.2 Of importance for attaining occupational balance

Occupational characteristics. When the women recovering from stress-related disorders (32) perceived balance in their everyday life, they had balance between engagement and resources in relation to occupations. Furthermore, these women highlighted the importance of including personally meaningful occupations and a harmonious occupational repertoire. One aspect mentioned concerning personally meaningful occupations was that they must be challenging (32). This shows similarities with one of the occupational balance’s dimensions among participants with rheumatoid arthritis (challenges versus relaxation) (64). In the study of women with rheumatoid arthritis, an example of lacking challenges was among the descriptions by participants who perceived their current occupational balance negatively (65).

Furthermore, the women recovering from stress-related disorders experienced balance in their everyday life when they lived in line with their values and this was described as an ongoing strategy (32). The importance of living in line with one’s values was also shown in the study among women with rheumatoid arthritis. The descriptions of the participants who experienced their occupational balance positively included: focusing on themselves; including meaningful occupations; and deciding their occupations themselves (65).
**Relationships.** Relationship quality turned out to be important in the qualitative studies (32, 64). During their recovery, the women with stress-related disorders started to prioritize close and reciprocal relationships in which they had the opportunity to both give and receive support (32). Among the men and women with rheumatoid arthritis, two of the dimensions identified were related to this. Examples were given of the need to do things for others but also to do things for oneself (64).

### 2.3.3 The relationship between occupational balance and time spent in occupation

The amount of time spent in each occupation was not described as something very important in the study among women recovering from stress-related disorders (32), as “…the experience of harmony seemed not to relate to the amount of time participants spent in different occupations” (p. 79). Neither in the study among participants with rheumatoid arthritis did the amount of time appear to be important (64). This indicates that “time count” in relation to occupations may not be of significant importance for occupational balance.

However, time spent in occupations is often included when measuring occupational balance, for instance in questions about satisfaction with time spent or in a diary. Furthermore, the Life Balance Model (42) views satisfaction with time spent in different occupations as important.

### 2.4 Rationale for the thesis

In the following, the rationale for this thesis is presented by describing areas in need of further knowledge: general populations’ perceptions of life balance and potential differences between people; clarification of occupational balance in occupational therapy; and differences/similarities between people’s perceptions of life balance and occupational balance in occupational therapy (which may also clarify the similarities/differences between occupational balance and life balance).
2.4.1 The need to know about people’s perceptions of life balance and whether they differ

Especially the qualitative studies focusing on occupational balance as a point of departure (32, 64, 65) revealed potentially new aspects that had not been much accounted for when measuring occupational balance. These included the importance of relationships and of living in line with one’s values, as well as the potential limited importance of time count. These perceptions do not seem focused on the importance of time spent in different occupational categories. Among the quantitative studies, though, the classical approach was more common, which indicates that discrepancies might exist between what people consider important and how it is measured. If so, there is a need to expand the content of measurement or to define and use different balance concepts separately.

However, it is important to recognize that participants in the qualitative studies were (mostly) women sharing a health condition. No study including a general population’s perceptions was identified. This implies a limitation in relation to the empirical knowledge about occupational balance. The importance of including participants beyond those sharing a health condition is further emphasized, considering the discussion of the results among women with stress-related disorders (32):

This study suggests that participants’ manageability and control of everyday life, to some extent, can only be understood in relation to their experiences prior to the disorder. That is, their current understandings of how to achieve and maintain balance in their everyday lives were developed through their experience of being out of balance (p. 80).

As seen in this quote, previous participants’ perceptions of occupational balance may be based on their experiences of imbalance. Such knowledge is relevant for OTs and these participants have probably reflected to some degree of depth. However, their perceptions may have altered due to their experiences. Further valuable information would be gained if people who had not reflected on this issue based on imbalance related to their health condition were also to share their perceptions.

Therefore, there is a need for studies among general populations including men and women. Further exploration of their perceptions would contribute to OTs knowledge about the concept. Stamm and her colleagues (64) have also proposed that studies should be done among people without health conditions regarding occupational balance. It has also been proposed as necessary that OTs base their theories on research conducted among several
populations and including potential clients (66), which a general population could be regarded as.

Moreover, the subjectivity of the concept and potential differences between what people considered important for attaining it also needs further exploration. Such knowledge would be important for gaining insight into the concept, but may also be of practical importance. Potentially, different occupational therapy approaches would be necessary if what is seen as very important differs between individuals.

2.4.2 The need for clarification of occupational balance

As seen, occupational balance is a concept with a long history in occupational therapy. However, diversity has also been shown. The lack of homogeneity when measuring occupational balance supports the criticism that its meaning is not yet sufficiently defined (38). Therefore, there is a need to clarify the concept as it is used in occupational therapy.

2.4.3 The importance of relating people’s perceptions to occupational therapy uses

Relating occupational therapy uses of occupational balance to a general population’s perspectives on life balance would contribute to knowledge about a concept that is commonly related to subjective health and well-being, which would be valuable in occupational therapy. The rationale for conducting research among people who are not occupational therapy clients, to gain information about a concept, has been described by Müllersdorf and Ivarsson (67) in relation to ‘occupation’, and their arguments hold true for the balance concept as well:

If the dimensions of occupation used by people in general could be described, based on empirical data, this would contribute to a deeper understanding of the concept and serve the field of occupational therapy (p. 42).

The Life Balance Model (42) would also benefit from such a comparison, as it is newly developed. The model’s dimensions have been supported by the perceptions of women with multiple sclerosis and women recovering from stress-related disorders (56, 57). Investigating whether the dimensions are
supported by a general population would contribute to the knowledge of the concept as well as the model.

Furthermore, exploring life balance among people in general and occupational balance in occupational therapy, as well as the similarities/differences between these two perspectives, may contribute to a more coherent use of balance terms in occupational therapy. There are currently several balance terms in use simultaneously and this may lead to unnecessary confusion. For instance, three reviews use as many different terms: balance, occupational balance and lifestyle balance (6, 26, 34). Different terms have also been used as synonyms: balance in lifestyle and balance in occupations (6); work-life balance and occupational balance (68); and occupational balance and lifestyle balance (61).

Life balance and occupational balance are most prevalent in occupational therapy (since lifestyle balance in LBM has now been changed to life balance) and thus those in most need of clarification. Their relationship is complicated, which is exemplified in their definitions (69):

**Occupational balance**
A concept referring to the distribution of time for engagement in the habits and routines of everyday occupations; an interpretive concept for assessing time use with reference to health, well-being, and quality of life when the patterns of occupation are taken into account for individuals, groups, and communities; perceived state of satisfactory participation in valued, obligatory, and discretionary activities; occurs when the impact of occupations on one another is harmonious cohesive and under control (69, p. 420).

**Life balance**
A consistent and desired pattern of occupations that enables people to manage stress and promote health and well-being. Patterns may be viewed on several dimensions, including time allocation, fulfillment of social roles, and meeting psychological needs (69, p. 419).

Both definitions include pattern of occupations and time use, and relate to health and well-being. Therefore, several questions arise: why are both necessary in the same book; if they are necessary, why are they not used synonymously; and most important, when is it appropriate to use one instead of the other?
Potentially, people’s descriptions of life balance can contribute to the discovery of potential differences and similarities between life balance and occupational balance, advancing our understanding of how to use them in occupational therapy.

2.5 Demarcation of the thesis

It is important to do research among general populations, but a general population with completely different demographics is too broad to cover within one thesis. As previous qualitative research participants have been (mostly) women sharing a health condition, an appropriate point of departure for further exploration is a somewhat healthier population including both sexes. Therefore, the choice for this thesis was to include working people, and only those without recent extensive sick leave. Working people also form a large portion of the Swedish society. According to some basic statistics, Sweden has a population of 9.4 million (70) of whom slightly more than 7 million are aged between 15 and 74 years. In the first quarter of 2011, 4.56 million inhabitants within these ages did some sort of work (71).

Moreover, life balance may be of general importance and interest, but this thesis solely discusses the empirical findings in relation to occupational therapy discipline and profession.
3 Aim

The overall aim of the present thesis was to conceptualize life balance from an empirical and occupational therapy perspective in order to contribute to knowledge regarding the use of the concept in occupational therapy.

The specific aims of each study were to:

I. explore the perceptions of life balance among working people who had not recently been on long-term sick leave

II. explore what is considered important for life balance and whether or not this differs between people

III. use perceptions of life balance data from men and women in a healthy population to validate the Model of Lifestyle Balance

IV. clarify the content in the concept of occupational balance as used within published articles related to occupational therapy
4 Methods and materials

The present thesis has a descriptive design, and different methods were used for the four studies. Study I and II were empirical, while Study III and IV were more theoretical in their nature. Table 1 gives an overview of the studies.

Table 1. Overview of the studies.

<table>
<thead>
<tr>
<th>Study</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Method</td>
<td>Grounded theory</td>
<td>Q methodology</td>
<td>Matrix analysis</td>
<td>Concept analysis</td>
</tr>
<tr>
<td>Sampling method</td>
<td>Convenience/theoretical</td>
<td>Convenience</td>
<td>See study I</td>
<td>Inclusion/exclusion criteria</td>
</tr>
<tr>
<td>Data collection</td>
<td>Individual interviews</td>
<td>Sorted statements on a Q grid</td>
<td>See study I</td>
<td>Data base searches</td>
</tr>
<tr>
<td>Participants/articles</td>
<td>12 women, 7 men, 26-64 years</td>
<td>16 women, 16 men, 21-67 years</td>
<td>See study I</td>
<td>43 articles</td>
</tr>
</tbody>
</table>

In Study I, grounded theory (72) was used to explore people’s perceptions of life balance. The method was chosen as the aim was exploration using an inductive approach. Although grounded theory was initially established by Glaser and Strauss (73), alternative applications exist today, for instance those by Corbin and Strauss (72), Glaser (74), and Charmaz (75). The rationale for using the application by Corbin and Strauss (72) was that, besides being commonly used, it allows for analysis with the aim of reaching a description if this is clear from the beginning. The participation criteria were working, aged between 18 and 64 years and self-reporting less than 30 days of continuous sick leave during the past two years.

In Study II, Q methodology (76) was used to research what was considered more or less important for life balance and whether or not this differs. The rationale for Q methodology is that it focuses on subjectivity, and pattern(s) of people having similar viewpoints are revealed. The same participation criteria as in Study I were used.

In Study III, the raw data from Study I were re-analysed in relation to the Life Balance Model (42) using a matrix analysis (77). The rationale for this method was that the same analysis had been used in previous validating studies (56, 57).
Finally, a concept analysis of occupational balance was conducted in Study IV. Although it is commonly used, occupational balance is vague and insufficiently defined. The choice of method for the concept analysis was to follow the method described by Walker and Avant (30), which is a development of an earlier method (78). Published articles were used as data, and the inclusion criteria were: English language; published 1997 or later; having at least one OT among the authors/published in an occupational therapy journal; using balance or occupational balance as key words or in abstract/title. An exclusion criterion was physical balance.

4.1 Sampling and data collection

In Study I convenience and theoretical sampling was conducted. As a point of departure, the first eight participants included were sampled based on their acceptance when workplaces were asked to forward information about the study and an invitation to participate. The later eleven participants were sampled theoretically (72) based on previous interviews and analysis, and were recruited through the thesis author’s private and professional networks. The procedure implies that the sample was not determined beforehand but rather evolved during data gathering. A pilot interview had been conducted. Individual interviews were carried out and these were accomplished face to face or by phone, and all but four were taped. The starting question was: *What do you think about when you hear balance in daily life?* Data collection and analysis lasted several months, and the data collection ceased when the data seemed saturated for the purpose of reaching a description.

In Study II, purposeful convenience sampling was used to recruit the participants. It was considered important to include the same numbers of: men and women; people of different ages; participants with and without children; and participants with different work requirements. Practically, the networks of two of the study authors were used to sample participants with the requested combinations of demographic characteristics.

Data collection in Q methodology studies consists of sorting statements. Therefore, there was a process involving several steps for choosing the statements (about life balance) to include in the Q sort pack: 105 possible statements were identified from Study I; these were discussed by the research group and clarified, and those deemed redundant were removed; the statements were also discussed in relation to occupational therapy, resulting in some changes to the wording; thereafter, 76 possible statements were included in a pilot questionnaire and 13 people of different ages rated their
importance for life balance (on a four-point scale) but no major changes were made since most statements were rated highly; further discussion in the research group, aiming at reducing the number of statements while covering all relevant aspects of life balance, ended when agreement had been reached about which statements to include in the final Q sort pack. Before data collection, the Q sort pack of 42 statements (each written on a separate small card) was piloted: five people read the Q sort pack to investigate whether the statements were understandable, and three others piloted the data gathering procedure. No changes were made based on these pilots.

The participants in Study II got the Q sort pack and a grid for sorting the statements (Figure 1). They were instructed to sort the statements based on how important they were for their own life balance. The participants were also told that it might be easier to do this in two steps: first to sort the statements into three piles according to their importance, and second to place them on the Q grid. The Q grid ranged from -5 (least important for life balance) to +5 (most important for life balance) and had a place for every card. The process of sorting implies that the participants had to consider the importance of each statement in relation to every other statement. They were encouraged to make comments and (after finishing sorting) were asked if they considered any statement(s) irrelevant and whether they felt anything important for their life balance was missing among the statements.

Figure 1. The Q grid used in Study II (extracted from Study II).

In Study III, no sampling or data collection was conducted; instead the data collected for Study I were re-analysed. Sampling and data collection are described in relation to Study I.

The data bases selected for sampling articles in Study IV were: Academic Search Elite, Amed, Cinahl (with full text), Medline, PsycInfo, and SocIndex. The search terms chosen were balance, occupational balance, occupational scienc* and occupational ther*, resulting in a total of 564 hits (excluding duplicates) and 43 articles meeting the chosen criteria.
4.2 Data analysis

In Study I, the analysis and data collection were conducted simultaneously. The taped interviews were transcribed verbatim. Before the analysis, tapes were listened to and/or the transcriptions were read several times. During analysis parts of the transcriptions were selected and coded. Memos were written containing thoughts about the content. In later interviews, the earlier interviews were referred to for comparison. When the later interviews were analysed, memos were written more seldom as the content had already appeared but integrative diagrams (72) were used to show possible relationships.

In Study II, the Q sorts (the sorted statements) of each participant were analysed statistically by using PQ method (79). The program performs a by-person factor analysis (the participants load on the factors) and the factors consist of participants sorting in a similar way (76). Principal Component Analysis, which produces eight un-rotated factors in PQ method (79), was used. The choice of how many factors to keep and rotate (using Varimax) was based on: how high the loadings were; how many participants loaded on the different factor solutions; and whether the rotated factors were considered interpretable. The choice for Study II was to keep four factors, each which was significant according to Humphrey’s rule, which means that the cross-product of the two highest loadings exceeded two standard errors (76). They were also considered interpretable and a total of 28 participants loaded on them.

For each factor, a prototype Q sort is produced based on the weighted average of the participant Q sorts that define that factor. Since the factors reflect different viewpoints (about life balance), they will henceforth be referred to as such. The content of the four viewpoints identified was interpreted and discussed, and the viewpoints were denominated based on their uniqueness in what was considered important for life balance.

In Study III, the raw data from Study I were re-analysed in relation to the Life Balance Model (42). A matrix analysis was conducted (77), with the five dimensions of the model in the columns and the rows consisting of data from Study I. Pieces of data were placed in the column to which they were considered to belong. When all relevant data had been placed in the matrix, it was reviewed independently by three authors and discussed until agreement had been reached that all data were relevant in relation to that column’s dimension.
The approach chosen in *Study IV* for analysing occupational balance included eight steps (30):

1. Select a concept. 2. Determine the aims or purposes of analysis. 3. Identify all uses of the concept that you can discover. 4. Determine the defining attributes. 5. Identify a model case. 6. Identify borderline, related, contrary, invented, and illegitimate cases. 7. Identify antecedents and consequences. 8. Identify empirical referents (p. 65).

These steps were followed, and all content related to occupational balance in the included articles was collected and analysed. The eight-step method may seem more straightforward than is actually the case, as at least in steps 3-8 - the analysis goes back and forth several times.

### 4.3 Ethical considerations

The conducted research can be seen as quite unproblematic ethically: the participants were not a vulnerable group, as they were working adults who self-reported no recent extensive sick leave. They were also informed, both at the time they were asked to participate and at the time of the interview/sorting of statements. Furthermore, they were given the opportunity to ask questions, and signed an informed consent before data were collected. Ethical approval was obtained. The studies are therefore considered to have been carried out in line with the basic ethical principles (80): respect for people, beneficence, and justice as well as the application of these principles.

However, there are always things to discuss. Gathering data about life balance may make people think about their own situation. The fact that the participants reported not being on a recent extensive sick leave does not equal them as being totally healthy or perceiving life balance. Conducting interview studies has been described as continuously making ethical considerations (81). The same can be said of letting people sort statements by their importance. The strategy for handling this was to stress that the participant could withdraw from the study at any time during the data collection.
5 Results

The results are summarized and presented in relation to each study.

5.1 Summary of Study I

Life balance was regarded as multidimensional and subjective. It was described as dynamic in nature and non-dualistic, and was seen from different time perspectives: from very short-term to the overall life course. Furthermore, it was described as having a dual relationship with perceived health, both influencing and being influenced by it. Four interrelated dimensions were identified: activity balance; balance in body and mind; balance in relation to others; and time balance.

Activity balance was described as: a balance between work and private life; having a sufficient number of activities, and variation between different activities. Balance in body and mind included eating and drinking healthy overall, getting exercise and sleeping sufficiently, feeling in balance, experiencing meaningfulness in life and occupations, and being stimulated. Balance in relation to others was described as having good relationships with a balance between giving and receiving. Time balance was related to including sufficient occupations within the time frames given and perceiving control over time.

Finally, life balance was regarded as being promoted by security, such as being self-secure, and have secure relationships and finances. It was also affected (positively or negatively) by the environment. Furthermore it was affected by personal strategies.
5.2 Summary of Study II

The results of Study II showed both similarities and differences regarding what the participants considered important for their life balance. Four viewpoints were identified, and in all of them good relationships with those closest to the participant were sorted very high. This was also the case with knowing that those closest to the participant were doing well. Other statements considered important within three of the four viewpoints were: feeling fit and well, being satisfied with everyday life, finding one’s circumstances secure, and having the opportunity to influence one’s situation.

Each viewpoint also had its uniqueness regarding what was considered important for life balance (and was named accordingly): occupational balance (defined by three participants); self-actualization (defined by eight participants); self-awareness (defined by nine participants); and reciprocal relationships (defined by eight participants). Table 2 shows the uniqueness of each respective viewpoint in comparison with the others.

5.2.1 Irrelevant and missing statements

Seven participants considered certain statement(s) potentially irrelevant to life balance. Six statements were mentioned by one participant each and two were mentioned by two participants [nos. 7 and 24]. Furthermore, ten participants made 14 suggestions for important statements that were not accounted for: seven suggestions related to relationships; three related to the environment; and three related to balance of mind. Finally, one participant expressed a wish for work-related statements.
Table 2. The content and rank of the statements distinguishing viewpoint (Vp) 1-4 (extracted from Study II)

<table>
<thead>
<tr>
<th>Vp</th>
<th>No</th>
<th>Statements</th>
<th>Vp 1</th>
<th>Vp 2</th>
<th>Vp 3</th>
<th>Vp 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>17</td>
<td>That I have sufficient balance between what I want to do and what I have to do</td>
<td>2**</td>
<td>-3</td>
<td>-3</td>
<td>0**</td>
</tr>
<tr>
<td></td>
<td>26</td>
<td>That I have sufficient balance between work, home, family activities and leisure activities</td>
<td>5**</td>
<td>-1</td>
<td>1</td>
<td>-3</td>
</tr>
<tr>
<td></td>
<td>30</td>
<td>That I have enough to do</td>
<td>1**</td>
<td>-2</td>
<td>-5**</td>
<td>-3</td>
</tr>
<tr>
<td></td>
<td>31</td>
<td>That I have sufficient time for both what I want to do and what I have to do</td>
<td>4**</td>
<td>1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td></td>
<td>38</td>
<td>That to a reasonable extent, I can decide how much time I spend doing different things</td>
<td>3**</td>
<td>-1</td>
<td>-2*</td>
<td>-1</td>
</tr>
<tr>
<td></td>
<td>39</td>
<td>That I am reasonably flexible and can re-prioritize when necessary</td>
<td>3*</td>
<td>-3**</td>
<td>1*</td>
<td>-1**</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>That I have the opportunity to enjoy things that are important to me</td>
<td>-2</td>
<td>4**</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>That I have the opportunity to do things just because they are fun or rewarding</td>
<td>-4</td>
<td>3**</td>
<td>-3</td>
<td>1**</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>That I get enough stimulation in my life</td>
<td>-1</td>
<td>2*</td>
<td>-3*</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>15</td>
<td>That I have the opportunity to develop and grow in what I am doing</td>
<td>-3*</td>
<td>4**</td>
<td>0*</td>
<td>2**</td>
</tr>
<tr>
<td></td>
<td>21</td>
<td>That I have enough opportunity to relax and recover</td>
<td>-2</td>
<td>2**</td>
<td>0*</td>
<td>-2</td>
</tr>
<tr>
<td></td>
<td>42</td>
<td>That I feel I have an important function to fill</td>
<td>-3</td>
<td>3**</td>
<td>-4</td>
<td>1**</td>
</tr>
<tr>
<td>3</td>
<td>7</td>
<td>That my existential/spiritual needs are satisfied</td>
<td>-5</td>
<td>-5</td>
<td>1**</td>
<td>-4**</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>That I eat and drink in a fairly healthy way</td>
<td>-4**</td>
<td>1*</td>
<td>2*</td>
<td>-5**</td>
</tr>
<tr>
<td></td>
<td>25</td>
<td>That I try to think positively</td>
<td>0</td>
<td>0</td>
<td>4**</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>29</td>
<td>That I am present in the present/being in the moment</td>
<td>0</td>
<td>-3**</td>
<td>3**</td>
<td>-1</td>
</tr>
<tr>
<td>4</td>
<td>8</td>
<td>That I have a balance between giving and receiving in my relationships with others</td>
<td>-1*</td>
<td>-4**</td>
<td>1*</td>
<td>4**</td>
</tr>
<tr>
<td></td>
<td>24</td>
<td>That I do not feel exploited</td>
<td>-2</td>
<td>-1</td>
<td>-1</td>
<td>3**</td>
</tr>
<tr>
<td></td>
<td>37</td>
<td>That the demands on me are realistic</td>
<td>-3*</td>
<td>-5</td>
<td>-5</td>
<td>0**</td>
</tr>
</tbody>
</table>

Note: number ranges from -5 (least important for life balance) to +5 (most important for life balance). * = the statement distinguishes significantly at <.05, ** = the statement distinguishes significantly at <.01.
5.3 Summary of Study III

In Study III, the participants’ perceptions of life balance were (in a secondary analysis) related to the five dimensions of the Life Balance Model (42):

(1) meet basic instrumental needs necessary for sustained biological health and physical safety; (2) have rewarding and self-affirming relationships with others (3) feel engaged, challenged and competent; (4) create meaning and a positive personal identity; (5) organize their time and energy in ways that enable them to meet important personal goals and renewal (p. 11).

The results showed that all five model dimensions were included in the participants’ perceptions of life balance. The environmental influence and relation to health in the model was also reflected by the participants.

Furthermore, an additional aspect not accounted for by the model was identified, as financial security was included in the participants’ perceptions of life balance.

5.4 Summary of Study IV

Based on the concept analysis, the defining attributes of occupational balance were that it is a subjectively defined perception of having the right amount and variation of occupations.

A definition including the defining attributes was constructed: occupational balance is a subjectively defined “correct mix” of occupations (amount of occupations and variation between them) in the occupational pattern. Three perspectives were identified: balance between different occupational categories (called occupational areas in the article); balance between occupations with different characteristics; and time spent in occupations.
6 Discussion

6.1 Results discussion

This thesis contributes to increased knowledge about life balance which will enable future research regarding how to attain life balance and how OTs can contribute to this. A new population’s perceptions of life balance were researched: working men and women self-reporting no recent extensive sick leave. This is probably the first time this group’s perceptions have been explored in relation to life balance, so their voices are important.

The four studies contribute to answering several important questions, and the results will be discussed in relation to them:

1. How was life balance perceived? Study I, II.
2. What was considered more or less important for life balance? Did this differ between the participants? Study II.
3. What were the similarities/differences between the participant’s perceptions of life balance and the Life Balance Model? Study II, III.
4. How was occupational balance used in occupational therapy articles? Study IV.
5. What were the similarities/differences between the participant’s perceptions of life balance and occupational balance in occupational therapy articles? Study I, II, IV.

These questions are discussed and the results are somewhat related to the Person-Environment-Occupation Model (41). The results discussion ends with a proposed separation of occupational balance and life balance and proposed definitions for them.

6.1.1 The participants’ perceptions of life balance

The first question corresponds to the aim of Study I but Study II also contributed to its answer. The importance of our participants’ perceptions relate above all to an insider perspective on life balance from a new population. Their perceptions are discussed below.
Subjective. Life balance was described as subjective among our participants in Study I and this has also been described before (32, 64). It is only the person who knows what life balance is for him/her. Life balance is therefore best seen as something that is subjectively defined. Relating this finding to occupational therapy supports the importance of the client-centeredness of the profession (20, 82).

Non-dualistic. Study I also showed life balance as something dynamic. In other words, it was not regarded as a dualistic concept but rather as ever-changing on a continuum. This is similar to the results among women with stress-related disorders (32). It is therefore proposed that life balance should preferably be discussed as “good enough” instead of as absolutely optimal. This will be more helpful than a “seesaw metaphor” of life balance in which the only stable conditions are perfection or total imbalance. Life balance as “good enough” may function the same as its physical sister concept, balance. People are probably mostly satisfied with their ability to walk on different surfaces without the risk of falling but may take some steps “wrong” sometimes.

A similar discussion, related to happiness, is presented by Nordenfelt (83), who says that happiness runs on a continuum. However, he argues, there is a point on this continuum at which happiness “switches” to unhappiness (83). The happiness continuum goes from minimal happiness to optimal happiness. It seems reasonable to assume this for life balance as well, i.e., life balance as “good enough” is on the continuum between minimal and optimal life balance. In line with this, it is supposed that people experience life balance even when their lives are not absolutely optimal. This view of life balance may also solve some previous criticism whereby life balance concepts have been discussed as putting more pressure on people concerning how to live their lives optimally (33, 84).

Health-related. The relation between subjective health/well-being and life balance seen before (11, 16, 26, 32, 52, 85, 86) was supported by our results: Study I showed that the participants regarded health/well-being and life balance as mutually affecting each other; Study II revealed that feeling (fit and) well was considered important. Furthermore, the results in Study I showed that life balance was considered so close related to subjective health/well-being that they were sometimes seen as interchangeable. However, further knowledge about this relationship is needed. One possibility is that health and life balance are related in the same way as previously discussed regarding the relationship between health and happiness (83), i.e., that health is an important contributor. However, this is only speculation.
Different time perspectives. Included in the results of Study I was that life balance was seen from different time perspectives from short to long. These different time perspectives show similarities with ‘point in time’ as used by Nelson (18). Nelson used baseball as an example, whereby point in time can range from an instant act in a single game to a player’s entire baseball career (18). Perhaps different time perspectives/points in time are differently related to life balance? For instance, it is possible that imbalance in some aspects is not considered as “severe” from a short time perspective as from a longer one. This question relates to another finding; our participants said they evaluated their life balance and figured some sort of average over time. The descriptions of an “average” of life balance suggest that the participants did not solely include the current moment, but rather included a time period in their evaluation. This implies the possibility that people do not answer with their exact current state but instead refer to a period of time. This needs further investigation.

Multidimensional. Life balance was considered multidimensional in Study I, like in previous studies among women with stress-related disorders (32) and people with rheumatoid arthritis (64). The result that no statement was considered generally irrelevant among the participants in Study II also supports this multidimensionality, since the statements altogether were broad. The dimensions revealed in Study I were:

- **Activity balance.** It was considered important to have a balance between work and private life, as well as between occupations with different characteristics. Another finding in Study I was the importance of having a sufficient number of occupations, neither too many nor too few. This importance has been shown empirically: In the results among some men and women (before and after retirement), an imbalance due to too much work was described before retirement and an imbalance because of too little work after (87).

- **Balance in body and mind.** This dimension is twofold with the bodily part related to “healthy habits” of eating, drinking, exercising and sleep. The importance of sleep has previously been explicitly discussed in relation to occupational balance (88). This dimension was also related to a mental feeling of being in balance and perceiving life and occupations as meaningful. The importance of meaningfulness in life (89) and occupations (17, 19, 20, 32, 90) has been highlighted before.

- **Balance in relation to others.** Relationships were considered important for life balance, which supports earlier studies (32, 64). Relationships do not seem to have been commonly discussed by OTs in relation to occupational balance in the past, and it may have
been overseen or implicitly included in different occupational categories. The importance of relationships, however, is not new in itself. For instance, Hammel (66) recognized it and included in her propositions for new categories “occupations fostering belonging, connecting and contributing” (p. 110).

- **Time balance.** This dimension included the importance of having sufficient time for occupations and perceiving control over time instead of being controlled by it. However, the participants in Study I did not mean there should be equal time for different occupations, which supports earlier results (32, 64). These findings imply that time spent in different occupations should not be the only way to measure occupational balance but should be combined with the participants’ satisfaction.

However, the separation of life balance into different dimensions (activity balance, balance in body and mind, balance in relationships and time balance), is artificial in the sense that the dimensions are interrelated. They rather represent different foci, like prisms in a diamond, than having distinct boundaries between them. Continuing the diamond metaphor (Figure 2), the different dimensions and their content in turn are seen as different prisms with their own perspectives; activities, body and mind, relationships and time. Depending on how the diamond is held, different prisms will be in focus and several prisms will reflect each other (e.g., time spent in relationships or in healthy habits). None of these perspectives is in itself more “right” or “wrong” than another; they are simply different angles of the life balance diamond, and one cannot say what the “right” angle is.

Figure 2. The metaphor of a multidimensional life balance diamond (drawn by Rickard Efvergren, used with permission).
Affected by context and individual strategies. Life balance was considered multidimensional and, consequently, being a broad concept, there are many different things that may affect one’s life balance positively as well as negatively. The participants spoke about the environmental influence on life balance and several aspects of security, and also of personal strategies (although not all participants explicitly spoke about this as strategies). One example was including occupations carried out just for fun, or similar. The importance of such occupations has also been described previously (91, 92). This double influence on life balance, both internal and external, shows similarities with the Person-Environment-Occupation Model (41) as well as with Nordenfelt (83).

The participants in Study I supported the assumptions, in the Person-Environment-Occupation Model, of a close relationship between each individual and his/her environment and occupations (41). Our participants described occupations as important for their life balance but also mentioned the influence of their environment. The model also emphasizes the opportunity for changes in any of the three components (41), and the participants in Study I described changes in their environment (such as moving) and occupations (for example, changing their work) for enhancing their life balance. The results of Study II also support the model. It is important, though, to recognize that the study was not designed in relation to the model (none of the studies were). For instance, the statements do not explicitly include physical environment. However, looking at the four viewpoints and the statements highly ranked in each viewpoint (as +3 - +5 regardless of whether the statement was unique to the viewpoint) these often relate to person, environment and occupations, as shown in Table 3.

<table>
<thead>
<tr>
<th>Viewpoint</th>
<th>Personal statements</th>
<th>Environmental Statements</th>
<th>Occupational Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Occupational balance</td>
<td>2</td>
<td>9, 36</td>
<td>26, 31, 38</td>
</tr>
<tr>
<td>2 Self-actualization</td>
<td>2, 15, 20</td>
<td>9, 36</td>
<td>1, 3</td>
</tr>
<tr>
<td>3 Self-awareness</td>
<td>2</td>
<td>9, 33, 36</td>
<td>41</td>
</tr>
<tr>
<td>4 Reciprocal relationships</td>
<td>20</td>
<td>8, 9, 24, 33, 36</td>
<td>4</td>
</tr>
</tbody>
</table>

The results concerning environmental and personal affecters on life balance also show similarities with Nordenfelt (83) regarding quality of life. According to him, welfare contributes to quality of life and welfare factors are both individual, contextual and occupations. Nordenfelt also makes a distinction between welfare that is necessary for quality of life and welfare that contributes to a higher degree of it (83). This aspect i.e. sufficient versus contributing welfare has not been considered in Study I or II.
6.1.2 Similarities and differences between the participants regarding what is more or less important for their life balance

In Study II, similarities and differences were revealed regarding what is important for life balance. This kind of knowledge is new since Study II, to our knowledge, was the first study to explore relative importance and similarities/differences in people’s perceptions of life balance. The importance of these results lies in the potential relative importance of different factors and potential differences between people.

It seems that good relationships with those one is closest to and knowing they are doing well are important for life balance among the participants in Study II, as this was ranked highest in all viewpoints. The importance of relationships (32, 64) is not new, but what is potentially new is that the results indicated that people may perceive relationships as more important than other things for life balance. Thus, if OTs are interested in covering the whole breadth of life balance, they need to include relationships in their measurements.

The findings also revealed differences between what the participants consider important, as four different viewpoints were identified. This is further support for the subjectivity in life balance. Looking at the results from Study II in relation to the dimensions from Study I the four viewpoints differed. The uniqueness of: occupational balance was most similar to activity balance and time balance; self-actualization was most similar to activity balance and to the mental part of balance in body and mind; self-awareness was most similar to balance in body and mind; and reciprocal relationships was most similar to balance in relation to others.

Recognizing potential differences between people is useful for OTs as they indicate further support for occupational therapy being client-centered (20, 82). Different approaches to clients may be required based on what they consider important. One example of potential differences comes from the statement concerning variation between work, home, family and leisure occupations. Viewpoint one ranked this as most important for their life balance (+5) while Viewpoint four ranked this as -3.

Taken together, further research using a quantitative design is necessary to explore whether the differences exist generally and whether they are related to certain demographic characteristics.
6.1.3 Participants’ perceptions of life balance and the Life Balance Model

This was researched in Study III but the results of Study II also contribute to the answer. The findings of Study III showed support for the dimensions of the Life Balance Model (LBM) (42), as the dimensions were included in our participants’ perceptions of life balance.

However, financial security was also considered important for life balance in Study I and this is not included in the model; at least not explicitly. One of the statements in Study II also concerned financial security and was rated as quite important by three viewpoints (as +1, +2, +2). The importance of financial security was somewhat shown in the results of a study among occupational therapy students: money was one of the barriers to attaining occupational balance (93). The importance of financial security may be one way “welfare aspects” (83) is shown empirically.

Furthermore, LBM highlights the importance of congruence between actual and desired participation in occupation, in terms of satisfaction with time spent. As time spent is only one aspect in which people are potentially satisfied (another is quality), it would be valuable for further research to investigate whether time spent in occupations (related to the different dimensions) is important or whether it is “sufficient” to measure if the participant experiences overall congruence between what he/she wants to do and actually does.

6.1.4 Occupational balance as used in occupational therapy articles

Concepts are the building blocks of theories and the cornerstones of every discipline (29, p. 387).

This quote could serve as a rationale for Study IV. The results revealed the definition of occupational balance as the individual’s perception of having the right amount of occupations and the right variation of occupations. In other words, occupational balance is the “correct mix of occupations” for each person. The mix can be seen and used from different perspectives: occupational categories, occupational characteristics and time spent in occupations.
The definition of occupational balance proposed may be helpful in addressing some of the lack recognized by Christiansen (38). Moreover, the three perspectives give a comprehensive picture of occupational balance. Based on this definition and the three perspectives, it would be possible to operationalize occupational balance and begin instrument development.

6.1.5 The relationship between the participants’ perceptions of life balance and occupational balance in occupational therapy articles

The comparison of Studies I, II, and IV showed that the importance of occupational balance (as defined in Study IV) was recognized by the participants in Study I and II as it was included in life balance. Furthermore, the results of Study II show that the uniqueness in Viewpoint one related to occupational balance. The importance of occupational balance varied among the other three viewpoints. The participants in Study II, however, were not free to rate the importance of each statement on its own (as in a questionnaire) but had to rate them in relation to the importance of every other statement. This was an advantage for gaining further knowledge regarding relative importance and differences between people, but a disadvantage in that it might obscure the potential importance of occupational balance, for instance.

Occupational balance from Study IV is most similar to activity balance and time balance (time for occupations) from Study I. Only a minor part of balance in body and mind (meaningfulness in occupations) is included in occupational balance. Furthermore, the participants in Study I and even more in Study II highlighted the importance of relationships to life balance, and this is not included in the definition of occupational balance from Study IV. Taken together, the participants’ full breadth of perceptions of life balance went beyond occupational balance.

6.1.6 The results in relation to the Person-Environment-Occupation Model

It was possible to relate the thesis’ results to the Person-Environment-Occupation Model (41). Our participants described environment and occupations as important for life balance. In earlier research, occupational balance has been regarded as belonging to the occupation component (58) or
the person component (49). However, occupational balance may rather be related to the perceived fit between the person and his/her occupations within the environment than belonging to any of the components. Perhaps occupational balance can be seen as the person’s evaluation/satisfaction with his/her occupational performance? However, this is only speculation in need of further research.

6.1.7 A proposed separation of life balance and occupational balance, and proposed definitions

Taken together, our participants’ life balance was not the same as occupational balance as described in Study IV. Instead, occupational balance is a part of life balance. This is important as it indicates that life balance and occupational balance are two concepts that should be differentiated in occupational therapy. Such differentiation also makes sense logically. If occupational balance, put simply, is the person’s perception of having a good life occupationally, life balance must go beyond this. For instance, the quality of our relationships only partially relates to our occupations.

It is therefore proposed that life balance and occupational balance should be separated in occupational therapy. Definitions are proposed here for consideration and discussion. Life balance can be defined using the dimensions from Study I considered coherent with the Life Balance Model (42) and supported by the results of Study II:

- Having life balance means perceiving life as including: activity balance; balance in body and mind; balance in relation to others; and time balance.

Occupational balance is proposed to be defined using the results of Study IV:

- Having occupational balance means perceiving life as having the right amount and variation of occupations in relation to occupational categories; occupations with different characteristics; and time spent in occupations.

It can be discussed whether OTs should use both concepts, or solely occupational balance. On the one hand, occupational balance captures the essence of life balance that is of interest for OTs. On the other hand, all aspects of life balance have been shown to be important. The stance taken here is that none of these approaches is better than the other, but what is
important is that the choice of concept(s) used is carefully considered. The proposed definitions are considered compatible, as occupational balance can be described as activity balance + parts of time balance (time spent in occupation) and balance in body and mind (meaningfulness in occupation). Therefore, it would be relatively easy to expand occupational balance to life balance if needed or desired.

One plausible criticism of the proposed definition of occupational balance relates to balance as being satisfied (as is implied in perceiving the right mix of occupations). This definition says that when a person is satisfied with amount of and variation between occupations in the occupational pattern he/she has occupational balance regardless of how the pattern may look. In fact, a person with very little variation, e.g., who works or lies on the sofa for most of the day has occupational balance if he/she is satisfied with the amount of and variation between occupations. The healthiness of such a pattern can, rightly, be questioned. However, how to handle this is trickier than it may seem at first glance (although the potential problem may be theoretical rather than empirical). The question is, if we do not want to say that a satisfied person working or lying on a sofa most of his/her days has occupational balance, how should it be determined - and who should decide - when a person has occupational balance? The stance taken here is that until there is knowledge about where to rightly put boundaries (for minimal life/occupational balance) and a conviction that these boundaries serve occupational therapy clients and the profession; the person’s subjective evaluation is better since the phenomenon is experienced by this person. This also seems to be in line with previous discussions related to quality for life (83) in which it has been argued that “the individual person is the ultimate judge of his/her own quality of life” (freely translated p. 152).

6.2 Methodological considerations

Several limitations may be present in this thesis. These will be discussed generally first, in relation to the life balance concept, the participants, the language used and the researcher. Thereafter, some methodological issues related to each study will be discussed.

It should be recognized that life balance is only one of several concepts related to “a good life”. Other concepts include happiness, health, life satisfaction, quality of life, and well-being. They also sometimes seem to interfere with each other. For instance, the health definition used by the World Health Organization (WHO) includes well-being (94). Recognizing the fundamental difficulties in trying to delimit life balance from the other
concepts, no attempt was made to do so. As a consequence, the results of Study I and II lack sufficient information regarding how life balance differs from other concepts of “a good life”. The results may or may not have been similar if the participants had been asked about, for instance, well-being or quality of life. The potentiality that the results would have been similar if another concept had been asked for may be seen as a serious limitation that calls the studies into question.

However, this potential lack of clarity is not as serious as it first seems. Our participants described what is important for “a good life” and as such their descriptions are still important. It can also not be taken for granted that the concepts are similar, for instance (self-rated) life satisfaction, happiness and well-being have been regarded as closely related but nevertheless separate in Swedish research (95). The similarities/differences between concepts of “a good life” have not been in focus here but would be an important area for research in their own right.

Moreover, the results have limitations from a stability perspective. The exploration of life balance comes solely from one point in time and relates to the participants’ perceptions at the time data were gathered. No knowledge exists about the stability among these perceptions. It would have been valuable to conduct the interviews and sort the statements several times. Another stability “problem” relates to the view that concepts are constantly evolving (29, 30). One potential reason for change related to life balance and working populations is the changing circumstances, e.g. regarding the labour market and regulations related to sick leave. Yet another possible affecter is the current global financial insecurity. Such changes may affect people’s life balance as well as what is considered important for perceiving it. The stability needs to be explored further, and longitudinal studies are required.

It should also be recognized that the present thesis has not contributed to any knowledge about how common the perceptions of life balance are or whether differences exist between people regarding what is more or less important for life balance. Neither does any knowledge exist of whether the results are universal or limited to a Western cultural or Swedish perspective. Consequently, it is not possible to generalize the results of this thesis.

The participants included in Study I and II differed in age and background, but no person younger than 21 years of age participated and the majority was married or cohabiting. Therefore, there is a need for further explorative studies including people with other demographics, also among working populations without recent extensive sick leave. However, Study I and II are the first studies exploring participants’ perspectives of life balance to include
so many men. However, no analysis was made in relation to potential differences between men and women. As gender has been described as important (96), such an analysis might have contributed valuable information regarding the concept, and it could be seen as a limitation that this was not done.

Furthermore, two languages were involved in the research in this thesis: Swedish since the thesis author is a native Swedish speaker and the research was conducted in Sweden; and English since this is the international language used to report research. Nikander (97) has discussed transcriptions in some depth, in relation to discourse and conversational analysis and, noting a lack of practical descriptions regarding translation, has chosen to publish her quotes in both English and the native language. This was not considered in the present thesis but, similar to Nikander (97), the translations here are not “word for word” but rather aim at capturing the content of the quotes. Furthermore, it can be noted that the analysis in Study I and II were conducted in Swedish. In Study III, the analysis was conducted in English to a greater extent since one of the authors is a native English speaker. However, since this study was a re-analysis of data from Study I, the thesis author had good knowledge of the content in Swedish. The discussions between the authors sometimes included explanations of the content (when questions arose as to which dimension the data belonged in) which may have helped clarify it. On the other hand, this may have contributed to misunderstandings in two ways; in the difference between Swedish and English and in the interpretation of the content when discussing it. This could be regarded as a limitation. The data analysed in Study IV were in English since they consisted of published articles.

Finally, the thesis was conducted by a researcher educated as an OT. This raises the question of bias in relation to the importance of occupations in the results. Other findings might have been revealed by a researcher with another background.

6.2.1 Methodological issues related to each study

Study I. Grounded theory as a point of departure was relevant, and the following aspects were recognized: the use of constant comparisons; theoretical sampling; memos; and saturation. The purpose of reaching a description rather than a theory, was clear from the beginning. However, returning to the participants for their comments would have been valuable and it could be seen as a limitation that this was not done. Furthermore, more
women than men participated. This might have been solved with another way of sampling, especially in the beginning. In such a case, though, it would have been necessary to place some limits on the sample beforehand and this was not desired.

Theoretical sampling was used, but in one study. A more dense description might have resulted from grounded theory being used in a series of studies, e.g., as has previously been done in relation to ‘occupation’ (98). However, for the purpose of the thesis one study was considered sufficient. Finally, in grounded theory it is possible to use all sorts of data. Solely choosing interviews may be considered narrow, and a limitation, in comparison with additional use of, for instance, public material on the Internet.

Study II. Choosing Q methodology was adequate as this method focuses on subjective viewpoints. The methodology is not commonly used within occupational therapy, with a few exceptions (99-101). There might be an increasing interest in using Q methodology in occupational therapy, though, and a recent book on the method in Scandinavia includes an OT among its authors (102).

The use of Q methodology instead of a questionnaire could be discussed. A questionnaire could have been sent to a larger population, which would have contributed to making generalization possible. However, the advantage of Q is that the participant has to prioritize among the statements (so that the importance of each is related to that of all the others). A questionnaire could have been combined with the Q sort, though; the participants could have first been given a questionnaire including the 42 statements and thereafter the Q sort for prioritizing. Such a combination could potentially have been valuable, and it is a limitation that this was not done. Another limitation is the fact that each participant’s rationale for their sorting was not investigated systematically. Tape recording their answers on how they reasoned in their sorting may have revealed interesting things.

Finally, it can be discussed whether the “right” statements were chosen for capturing life balance. However, it seems that the effort made was sufficient as only a minority of the participants questioned the relevance of some statement(s) and only two of these were mentioned twice. Furthermore, none of the potentially irrelevant statements were scored very low in all viewpoints. About one-third felt something was lacking in the Q sort pack, but most suggestions concerned relationships. This emphasizes the importance of relationships rather than indicating that the Q sort pack lacked something.
Study III. It was considered relevant to investigate whether the Life Balance Model (LBM) (42) was supported by a healthier population than earlier. Our population also included both men and women. However, it should be recognized as a limitation that solely reading the aims of Study I and III may give the false impression of different populations.

The title used may give the impression that LBM is now “validated” but validation is a process (103) and not something that is done once and for all. The validation conducted related solely to the dimensions of the model. Neither congruence in relation to time spent nor equivalence was investigated. Furthermore, the validation was face validity. When face validity is described (in relation to instruments), this concerns people “taking a look” at an instrument to determine whether it measures what it is intended to measure (103). As the participants’ perceptions of life balance were included in the LBM dimensions this can be seen as indicating face validity for the model.

Another potential limitation was the data analysed. Using data in a secondary analysis implies that they were gathered for another purpose. This may limit the data available for analysis as well as lead to potential missed results. However, as all dimensions of LBM (42) were covered, this possible limitation was probably acceptable. Furthermore, secondary analysis has been the case in the two previous studies validating the model (56, 57).

Finally, Study III was conducted with one of the model’s originators among the authors. This can be seen as a quality indicator but also as potential bias. Therefore, the model needs to be tested by research groups not including its originators.

Study IV. Using Walker and Avant’s approach of concept analysis was considered a straightforward and understandable way of making the quite vague concept of occupational balance more clear in occupational therapy. However, Walker and Avant (30) warn against limiting the analysis of the concept, and here it was limited to occupational therapy. Not everyone seems to agree with them though (104). On the other hand, occupational balance is mostly used in occupational therapy and occupational science (including a great proportion of OTs) so the potential limitation was probably not very severe in reality.

Forty-three articles were included in the analysis. While there might have been relevant articles in press during the period of databases search, no effort was made to find or include more relevant articles which could be seen as a limitation.
The data consisted of published articles which might imply a more theoretical use of occupational balance. The choice seemed relevant as the articles reflected the use of the concept in scientific discourse. It is possible, though, that the concept is used differently among OTs in practice. This means that occupational balance is not yet fully explored within occupational therapy. To investigate the concept among clinicians, another design is necessary. Perhaps a variant of Study I among OTs would be appropriate.

Finally, it could be questioned whether it was the right choice to conduct a concept analysis study after interviewing people about their perceptions. Starting with a concept analysis followed by interviews might have contributed to further knowledge regarding occupational balance among working populations. Moreover, the interviews could have been analysed in relation to that concept. It has been said that concepts “...tend to shape and guide what we see...” (29, p. 371). On the one hand this could be positive, as it would have focused the next study on occupational balance. On the other hand, such an approach might have caused other aspects of potential importance, e.g. relationships, to be missed.
7 Future research and some clinical implications

This thesis has contributed to increased knowledge about life balance and occupational balance. Future studies, necessary in relation to this “about” aspect include explorative studies with other populations. There is also a need for studies exploring life balance/occupational balance in greater detail, for instance examining different time perspectives.

The generality of the results of this thesis also need to be investigated. For instance, sending a questionnaire to a great number of (randomly assigned) people would contribute to information on whether: the perceptions of life balance are generally prevalent; differences exist in what is considered more or less important for life balance; and potential differences relate to certain demographic characteristics. Such knowledge may contribute to the wealth of people and society.

However, despite the need for further explorative studies and limited knowledge regarding generalization it is now time to also start instrument development. The proposed definitions are possible to use as hypotheses, and may guide instrument development. Study IV may serve as an aid in developing instruments for measuring occupational balance, which is one potential purpose of concept analysis (30). The results of Study I and II also serve as a rationale, since they have shown occupational balance to be important (included in life balance). It might be possible to construct an instrument measuring life balance including occupational balance as a part of it (to be used separately). Future instruments, of course, need to be tested psychometrically (103).

When validated instruments exist it will be possible to start testing assumptions in occupational therapy, for example the relationship between occupational balance and health. Using instruments will also aid in gaining evidence-based knowledge. Future research questions include: the relationship between life/occupational balance and health and well-being/working ability/stress and sick leave; whether occupational/life balance differs between people on sick leave and people with no previous sick leave; and whether occupational/life balance increases during occupational therapy interventions. Comparative studies investigating life
balance versus occupational balance would also be interesting for OTs. An example of such a question is whether occupational balance predicts well-being equally well as life balance.

Research exploring the reasons behind extensive sick leave would also be valuable, and might be analysed based on the definitions proposed. Did the participant, for example, experience an imbalance between obligatory and desired occupations before his/her sick leave? If so, knowledge about the degree of imbalance would be interesting and may contribute to information of what minimal occupational balance is.

This thesis focused on balance. There is also a need for exploration of imbalance and its relation to balance. Another question is whether or not balance/imbalance is on a continuum. Recent research by Anaby, Backman and Jarus (105) indicated that occupational balance may be best measured as two dimensions that co-exist. They therefore proposed to measure facilitation between occupations and interference between occupations at the same time on two different scales (105).

Other interesting areas for research in occupational therapy would be to follow occupational patterns over time combined with participants’ evaluation of their life/occupational balance, and to research how people manoeuvre to enhance life/occupational balance. Further knowledge regarding manoeuvring and the relationship between occupational patterns and people’s experiences may be of practical use for OTs related to how they can enable their clients to attain occupational balance.

Finally, some clinical implications may be pointed out by this thesis. Firstly, the results could be regarded as putting further emphasis on the importance of working in a client-centred way and of OTs recognizing the possibility that people have different priorities regarding what is considered important. Secondly, before instruments about occupational balance and life balance exist OTs may use the definitions (and the results “behind” them) as a guide or checklist for their discussions with clients, for instance discussing a client’s perceptions of his/her variation and amount of occupations in different aspects.
8 Conclusions

The results of this thesis, conceptualizing life balance from an empirical and occupational therapy perspective, indicate that life balance and occupational balance are two separate concepts subjectively defined by each individual. They should therefore be separated in occupational therapy. While life balance includes occupational balance, it goes beyond it and also includes other aspects. However, future research is required to investigate the generality of the findings. The thesis has resulted in proposed definitions for the two concepts.

Life balance is proposed to be defined as:
- Having life balance means perceiving life as including activity balance, balance in body and mind, balance in relation to others, and time balance.

Occupational balance is proposed to be defined as:
- Having occupational balance means perceiving life as having the right amount and variation of occupations in relation to occupational categories, occupations with different characteristics and time spent in occupations.

Occupational therapists may want to use both concepts, although the focus of the profession is occupational balance. The subjectivity of both concepts and potential differences between people regarding what is important for life balance further emphasize the importance of OTs working client-centred. The proposed definitions may be used to guide instrument development. They may also serve as hypotheses; since they need to be tested in future research.
Svensk sammanfattning

Introduktion: Vissa frågor har följt människan genom historien och en av dessa handlar om ”ett gott liv”. Balans i livet är en vanlig metafor som relaterar till frågan om ett gott liv. Avhandlingen handlar om begreppet ’balans i livet’: hur människor tänker kring det och hur det används inom arbetsterapi. Fysisk balans (såsom exempelvis förmågan att gå utan hjälp) ingår dock inte i det som studerats.

Arbetsterapi kan bidra till alla människor som inte får sina aktivitetsbehov tillgodosedda (såsom att inte kunna delta i önskade aktiviteter). Inom arbetsterapi har intresset för aktivitetsbalans (occupational balance) funnits sedan professionens barndom. Aktivitetsbalans kan ses som balans i livet med fokus på aktiviteter och brukar relateras till hälsa och välbefinnande. Det finns dock ännu inte tillräckligt med kunskap om begreppet vilket följande citat bekräftar.

En av de mest citerade filosofiska uppfattningarna i arbetsterapi är att en balans av aktiviteter är välgörande för hälsa och välbefinnande. Trots den vitt spridda acceptansen av detta, är meningen i balans inte tillfredsställande definierad i en operationell betydelse och inte heller har dess validitet blivit systematiskt granskad (38, fritt översatt sid. 432).

Sammantaget baseras avhandlingen på följande antaganden:

- Balans i livet är en betydelsefull metafor, därför är begreppet troligen här för att stanna och av den anledningen är det bättre att forska om det än att översätta den.
- Målet för arbetsterapeuter är att få kunskap om hur de kan möjliggöra för människor att få balans i livet och minska risken att förlora den.
- Kritiken i citatet ovan är fortfarande relevant och behöver bemötas men innan det är möjligt att operationalisera och mäta alla aspekter av balans i livets behov vi veta mer om det.
- Då detta relaterar till uppfattningar om ”ett gott liv” kan värdefull kunskap nås genom att fråga människor om hur de ser på balans i livet.
- Att forska om människors uppfattningar kring balans i livet och relatera dessa till arbetsterapi kan bidra till kunskap om hur begreppet ska definieras och användas samt ge insikt i vad som är viktigt för ett gott liv.
**Bakgrund:** Tre sätt att använda aktivitetsbalans identifierades inom arbetsterapi: balans mellan aktivitetskategorier (ofta kopplat till tid spenderad i olika aktiviteter), balans mellan aktiviteter karaktäriserade av hur de upplevs samt en modell, the Life Balance Model (ursprungligen kallad the Model of Lifestyle Balance) (42).

Av särskilt intresse för avhandlingen är tre studier som alla tog sin utgångspunkt i aktivitetsbalans. Deltagarna fick där ge sin syn på aktivitetsbalans: kvinnor under återhämtning efter stressrelaterad ohälsa (32), kvinnor med reumatoid artrit (65), samt män och kvinnor med reumatoid artrit (64). Då deltagarna i dessa studier hade gemensamma diagnoser sågs det i denna avhandling som betydelsefullt att studier görs bland populationer som inte delar en gemensam diagnos.

Dessutom visade sig en heterogenitet i hur aktivitetsbalans mätts och sammantaget med att olika ”balanstermer” är i bruk bland arbetsterapeuter pekade detta på ett behov av att klargöra begreppet. Att relatera synen på balans i livet till hur aktivitetsbalans används inom arbetsterapi kan bidra med information om begreppet(n) och hur de(t) ska användas inom arbetsterapi.

**Syftet** med avhandlingen var att begreppsliggöra balans i livet från ett empiriskt och arbetsterapeutiskt perspektiv för att bidra med kunskap om hur begreppet ska användas i arbetsterapi.

De specifika syftena för varje delstudie var att:
- utforska uppfattningarna om balans i livet hos yrkesverksamma människor utan nyare långtidssjukskrivning
- utforska vad som ses som viktigt för balans i livet och om detta skiljer sig åt mellan människor
- använda uppfattningarna om balans i livet för att validera the Model of Lifestyle Balance
- klargöra innehållet i aktivitetsbalans så som det används i publikationer med anknytning till arbetsterapi

**Sammanfattning av avhandlingens studier:** Avhandlingen har en beskrivande design och olika metoder användes i de fyra studierna. Studie I och II var empiriska medan Studie III och IV var mer teoretiska. Tabell 1 ger en översikt över studierna.
Tabell 1. Översikt över studierna.

<table>
<thead>
<tr>
<th>Studie</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metod</td>
<td>Grounded theory</td>
<td>Q metodologi</td>
<td>Matris-analys</td>
<td>Begrepps-analys</td>
</tr>
<tr>
<td>Rekrytering</td>
<td>Tillgänglighet /teoretiskt</td>
<td>Tillgänglighet</td>
<td>Se studie I</td>
<td>Inklusion/ exklusion kriterier</td>
</tr>
<tr>
<td>Data-insamling</td>
<td>Individuella intervjuer</td>
<td>Rankade påståenden på en Q mall</td>
<td>Se studie I</td>
<td>Databassökning</td>
</tr>
<tr>
<td>Deltagare/ artiklar</td>
<td>12 kvinnor, 7 män 26-64 år</td>
<td>16 kvinnor, 16 män 21-67 år</td>
<td>Se studie I</td>
<td>43 artiklar</td>
</tr>
</tbody>
</table>


I **Studie II** användes Q metodologi (76) för att undersöka subjektiva synsätt om vad som ses som mer eller mindre viktigt för balans i livet. Deltagarna rekryterades med ett stratifierat tillgänglighetsurval och med samma kriterier som Studie I. De fick ta ställning till 42 påståenden om balans i livet och vikta dessa i förhållande till varandra på en Q mall (Figur 1) från -5 (minst viktigt för balans i livet) till +5 (viktigast för balans i livet).

_Studie III_ analyserade data från Studie I i relation till the Life Balance Model (42). Modellen fokuserar på aktivitetsmönster och hur det möter individens behov. Människors aktivitetsmönster behöver möta fem behov (dimensioner):

(1) möta basala behov som är nödvändiga för bibehållen biologisk hälsa och fysisk säkerhet, (2) ha givande relationer med andra, (3) känna sig engagerad, utmanad och kompetent, (4) skapa mening och en positiv identitet, (5) organisera tid och energi som möjliggör att möta viktiga mål samt återhämtning (fritt översatt sid. 11).

I en matrisanalys (77) placerades modellens fem dimensioner i kolumnerna och data i raderna. Därefter diskuterades matrisen tills överenskommelse nåtts mellan författarna om att all data var relevant för respektive dimensions kolumn. Resultatet visade att modellens dimensioner ingick i deltagarnas uppfattningar om balans i livet. Utöver detta ansåg deltagarna ekonomisk trygghet som viktigt för balans i livet och den aspekten återfinns inte i modellen.

I _Studie IV_ genomfördes en begreppanalys (30) av aktivitetsbalans. Inklusionskriterier för artiklar var: engelskspråkiga, publicerade tidigast 1997, arbetsterapeut bland författarna/arbetsterapeutisk tidskrift,
balance/occupational balance som nyckelord eller i titel/abstrakt. Exklusionskriterium var fysisk balans. Metodens (30) åtta steg tillämpades:


De definierande attributen hos aktivitetsbalans befanns vara individens uppfattning av att ha rätt mängd och rätt variation av aktiviteter. Baserat på dessa konstruerades en definition och tre perspektiv identifierades: balans mellan olika aktivitetskategorier (ex. arbete/fritid), balans mellan aktiviteter med olika karaktäristika (ex. fysiska/mentala eller obligatoriska/frivilliga aktiviteter) samt i relation till tid tillbringad i aktiviteter.

Resultatdiskussion: Avhandlingen har bidragit till kunskap om balans i livet vilket kan underlätta framtida forskning kring hur man når balans i livet samt hur arbetsterapeuter kan bidra till detta. Det är en ny population som beforsknats rörande syn på balans i livet; yrkesverksamma utan nyare långtidssjukskrivning. Det är också första gången som så många män inkluderats i studier som syftar till att undersöka deltagares syn på begreppet.

Avhandlingens studier har bidragit till svaren på följande frågor:
1. Hur uppfattades balans i livet? Studie I, II
2. Vad ansågs mer eller mindre viktigt för balans i livet och skiljde det sig åt mellan deltagarna? Studie II
3. Vilka likheter/skillnader finns mellan deltagarnas uppfattning och the Life Balance Model? Studie II, III
4. Hur används aktivitetsbalans i arbetsterapi? Studie IV
5. Vilka likheter/skillnader finns mellan deltagarnas uppfattning om balans i livet och aktivitetsbalans i arbetsterapeutiska artiklar? Studie I, II, IV

Jämförelsen mellan hur balans i livet uppfattas av yrkesverksamma och hur aktivitetsbalans används i arbetsterapi, visade att aktivitetsbalans (från Studie IV) ingick i deltagarnas syn på balans i livet i Studie I. Bland resultaten från Studie II var också att ett av synsätten fokuserade på aktivitetsbalans.
Däremot täcker inte aktivitetsbalans deltagarnas fulla bredd av uppfattningar om balans i livet. Sammantaget kan därför sägas att balans i livet enligt deltagarna inte är detsamma som aktivitetsbalans från Studie IV. Aktivitetsbalans är snarare en del av balans i livet. Därför föreslås att begreppen separeras i arbetsterapi. De ses dock som relaterade till varandra och som kompatibla.

**Metoddiskussion:** Balans i livet är enbart ett av flera begrepp relaterade till ”ett gott liv”. Andra är t.ex. hälsa, livskvalitet, lycka och välbefinnande. Det är oklart hur resultaten av Studie I och II hade blivit om något utav de andra begreppen hade efterfrågats. Å andra sidan är informationen kring vad som är viktigt för ett gott liv relevant i sig. En annan brist är att stabilitten i synen på begreppet inte undersöks utan data samlats in vid ett tillfälle. Vidare saknas information om hur vanliga uppfattningarna är och om de återfinns generellt. Som en konsekvens av detta kan resultaten från avhandlingen inte generaliseras.

**Slutsats:** Avhandlingen tyder på att balans i livet och aktivitetsbalans är två separata och subjektiva begrepp. Balans i livet inkluderar aktivitetsbalans men går utöver det. Begreppen bör därför definieras olika i arbetsterapi.

Stipulerad definition av balans i livet:
- Balans i livet innebär att uppleva livet som innehållande: aktivitetsbalans, balans i kropp och sinne, balans i relationen till andra, och balans i relation till tid.

Stipulerad definition av aktivitetsbalans:
- Aktivitetsbalans innebär att uppfatta livet som innehållande rätt mängd och rätt variation mellan olika aktiviteter i relation till: aktivitetskategorier, aktiviteter med olika karaktäristika samt tidsanvändning.

Båda begreppen kan vara användbara i arbetsterapi även om professionens fokus är aktivitetsbalans. Det viktigaste är medvetenhet om skillnad i betydelse mellan de två begreppen. Subjektiviteten i båda begreppen, och eventuella skillnader mellan vad människor anser viktigt för balans i livet, visar på vikten av att arbetsterapeuter arbetar klientcentrerat. De föreslagna definitionerna kan användas för att guida instrumentutveckling. De kan också användas som hypoteser då de behöver testas i framtida forskning.
Acknowledgements

I would not have been able to write this thesis without the help of or the meetings and discussions with others, to whom I am very grateful.

Firstly, I want to thank the participants who made three of the studies possible. They gave of their time and shared their perceptions and perspectives, which was very valuable.

Then, my four supervisors, complementing each other, need to be appreciated. I really want to thank:

- My main supervisor Anita Björklund: your door has always been open to me and your responses to my numerous questions have always been very quick. With your supervision and knowledge I have felt secure that what I am doing is actually occupational therapy research.
- Torbjörn Falkmer: discussing things with you is always stimulating and usually fun. Although I suspect that I have sometimes ended up going down “other parts of the research road” than expected, you have been supportive.
- Carita Håkansson: perhaps the person in Sweden who most shares my interest in the topic. I have enjoyed our discussions and have also appreciated the way that you always say what you mean, constantly challenge me and make me develop.
- Christian Jacobsson: our contact has not been very frequent, but I have appreciated your comments. I have also felt that having you among my supervisors has contributed to making this thesis understandable outside the occupational therapy profession.

I would also want to collectively thank all staff at the Department of Rehabilitation at Jönköping University. You have really made me feel like part of the workplace from the beginning and shown interest in what I am doing, and I have enjoyed our discussions. I would like to list all of you here but writing what you mean to me would take pages. I will make a couple exceptions, however, because I especially need to highlight:

- Rickard Efvergren, for being so kind drawing the diamond I needed.
- Iréne Linddahl, my first colleague when I began teaching. I think everyone should have that kind of start.
The people at the Research School of Health and Well-being, Jönköping University also deserve thanks. Not least, all my co-doctoral students deserve mention.

I want to thank my roommate and fellow occupational therapy doctoral student Sofi Fristedt. I guess it is rare that two people, despite their differences, go so well together. I have enjoyed it.

I also want to thank my family:

- My parents and parents-in-law, who have helped us when needed
- My dear sons, Erik and Emil, who have never complained about your mother’s interest in “boring” things like concepts, but have been very understanding
- My beloved husband Christer, who, despite five years of constantly joking about life balance, is a very serious and supportive man

I love you all!

*Petra Wagman*
References


77. Miles MB, Huberman AM. Qualitative data analysis: An expanded sourcebook. Thousands Oak: Sage; 1994.

72