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Does the Role Checklist Measure Occupational Participation?

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Does the Role Checklist Measure Occupational Participation?

Abstract

Background: Among the Model of Human Occupation (MOHO) assessments, the Role Checklist is one of the most established. In spite of its widespread use, no studies have examined role examples and their association with the three embedded levels of doing, as established in the MOHO theory.

Method: A cross-sectional survey of 293 respondents from the US, the UK, Japan, Switzerland, Sweden, and Norway produced 7,182 role examples. The respondents completed Part I of the Role Checklist and provided examples of each internalized role they performed. Responses were classified as occupational skill, occupational performance, or occupational participation.

Results: Thirty-three percent of the examples were classified as examples of occupational participation, whereas 65% were classified as examples of occupational performance. Four roles linked mostly with occupational participation, another four roles linked mostly with occupational performance, and the two remaining roles were mixed between occupational participation and occupational performance.

Discussion: The Role Checklist assesses a person's involvement in internalized roles at the level of both occupational participation and occupational performance. There are differences among countries with regard to how roles are perceived and exemplified, and different roles relate differently to the occupational performance and occupational participation levels of doing. There are related implications for occupational therapists.

Keywords

Role Checklist, Occupational Participation, Occupational Performance, Cross-Cultural Study, Model of Human Occupation

Complete Author List

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The Model of Human Occupation (MOHO) specifies the interrelationships among constructs useful for therapists to understand human occupational adaptation (Kielhofner, 2008). Those familiar with the MOHO consider it the dynamical interaction among (a) volition (interests, values, and personal causation), which motivates occupation; (b) habituation (roles and habits), which organizes and produces occupation; and (c) performance capacity, which constitutes the person's capacity for occupation (Kielhofner, 2008). The MOHO understands these components in the context of the individual's usual environment. When the components work together, an individual is able to perform internalized roles. Internalized roles are the incorporation of a social and personally defined status with a related cluster of attitudes and actions (Kielhofner, 2008). Disease, disability, or environmental circumstances can interfere with how a person is able to perform a desired repertoire of internalized roles.

One aspect of the MOHO particularly appreciated by both occupational therapy students and professional practitioners is the myriad of assessments specific to volition, habituation, occupational skill, occupational performance, occupational participation, and the environment that have emerged from the model. These assessments have achieved a high standard through methods based on item response theory as well as classical statistical methods (Kielhofner, 2008). The MOHO assessments of occupation include measures of one or more aspects of occupational skill, occupational performance, and occupational participation.

Occupational skill underlies and enables occupational performance. Examples are hearing, speaking, and moving one's body. Occupational performance includes the carrying out of activities, such as planning meals, shopping for food, preparing meals, serving, establishing a civil dining experience, and cleaning up afterward. These activities performed together may translate into the role of home maintainer, and if so, this creates occupational participation. The ability to perform a skill or a set of skills is insufficient for occupational participation; the individual must identify with this participation. Occupational participation is the way individuals take part in life situations by means of performing the occupations important to them, typically in the form of internalized roles (Kielhofner, 2008).

It is clinically important to consider the constructs of occupational skill, occupational performance, and occupational participation. An approach that has been taken in occupational therapy is to start at the impairment level and focus on remediating skills. Yet, the ultimate goal of occupational therapy is to establish, or reestablish, occupational participation. As this higher-level aspect of occupation is typically seen in individuals' performance of internalized roles, there is a need for valid assessment of performance in such roles.

The MOHO is practiced internationally, and its assessments have been translated into as many as 20 languages (MOHO Clearinghouse, 2015). One such assessment, and one of the first published, is the Role Checklist (Oakley, Kielhofner, Barris, & Reichler, 1986). Published in 1986 and available in

13 languages, the Role Checklist remains one of the most commonly used assessments in American occupational therapy practice. In a survey of therapists in the US, the Interest Checklist was the only other assessment ranked higher in frequency of use (Lee, Taylor, Kielhofner, & Fisher, 2008).

The Role Checklist is a short self-report assessment that captures a person's perception of his or her performance in internalized major life roles and the value a person associates with 10 internalized roles: student, worker, volunteer, home maintainer, caregiver, friend, family member, hobbyist, religious participant, and participant in organizations. Part 1 of the Role Checklist asks the client to indicate if he or she has participated in any of the roles in the past or present, or if he or she desires to do so in the future. Part 2 asks for a ranking of the same 10 internalized roles as "very valuable," "somewhat valuable," or "not at all valuable." In 2008, Scott added a Part 3 to the Role Checklist, referred to as the Role Checklist Version 2: Quality of Performance (RCV2: QP; Scott, 2014). Part 3 asks the client's perspective of his or her occupational performance in each internalized role. The RCV2: QP has been shown to have high levels of test-retest reliability (Cronbach's $\alpha > 0.90$) and equivalence of the paper and pencil version and the electronic administration (Scott, McFadden, Yates, Baker, & McSoley, 2014), and it was implemented successfully in the clinical process with a person undergoing psychiatric hospital treatment (Aslaksen, Scott, Haglund, Ellingham, & Bonsaksen, 2014).

The RCV2: QP has been found to be theoretically consistent with the International Classification of Functioning, Disability and Health (ICF) construct of participation by Scott (2014), as it is consistent with the Activity and Participation Chapters 6-9 of the ICF (World Health Organization [WHO], 2001). However, the extent to which the theoretical concept of internalized roles—understood as occupational participation—can be empirically justified is yet unknown. To explore this question, a group of researchers from the US, Sweden, Switzerland, Japan, Norway, and the UK initiated a cross-cultural validation study aiming to improve the understanding of how internalized roles are expressed in different cultures. The purpose of this paper is to examine the variations in understanding internalized roles as occupational participation across countries.

Methods

The study has a cross-sectional design, using data from an assessment at one point in time. The purpose of the study is conceptual, i.e., to establish links between specific internalized role examples and the MOHO-based concepts related to occupation.

Sample and Recruitment

The sample was a convenience sample of healthy persons from the general population, recruited by the researchers from each of the six countries involved in the project: the US, Sweden, Switzerland, Japan, Norway, and the UK. The researchers aimed to recruit respondents that could make the sample as diverse as possible, representing a blend of gender, age groups, education levels, and

work status. The project's contact person in each of the involved countries recruited the participants for the study. The researcher knew the participants personally, or knew someone known to a participant, for example, a participant's friend or spouse. This is known as snowballing recruitment strategy.

Instrument and Translation Process

For this study, the researchers used only Part 1 (perception of internalized role performance) of the original Role Checklist (Oakley et al., 1986). First, the instrument was translated from English into each language: Swedish, German, Japanese, and Norwegian. The U.K. version remained the same as the U.S. version. For all translations, a back-translation process was performed, and the back-translated version was checked against the original. In most cases, only small modifications were made after this process. Guidelines for the translation and adaptation of the Role Checklist are provided on the RCV2: QP website (Scott, 2014).

Procedure

The procedure for this study was established during a research group meeting in Winterthur, Switzerland, in 2013 (Forsyth & Haglund, 2013). Data were collected, electronically or by paper and pencil, from a minimum of 30 respondents from each country. Each participant completed Part I of the Role Checklist. When a participant checked "yes," indicating he or she performed the internalized role in the past, presently performs the internalized role, or plans to perform the internalized role in the future, he or she was prompted to provide a specific example of that role.

For example, participants in the UK and US used the online version. The instructions stated:

Each time you check a box, a box will appear where you will be prompted to give an example. Please provide an example of an activity that you either participated in the past, are currently performing, or plan to participate in the future for each role -- thank you!

For example, if the participant checked having the internalized role of family member in the past, he or she would need to complete a box that prompted, "Provide an example of family member past."

Analysis

The data for this study were the examples provided of the 10 internalized roles listed in the Role Checklist. First, a list of role examples was created for each country. Interpretation, that is, collapsing similar examples into one category, was not used; every example was treated as one without collapsing into larger categories. Authors #3 and #9 performed a content analysis of the role examples based on the data from each country. These researchers worked back and forth between the content summaries and the raw data to ensure consistency due to the large volume of data.

Next, the researchers assigned each of the role examples to the embedded levels of doing, as described by the MOHO theory: occupational skill, occupational performance, and occupational participation (Kielhofner, 2008). If the meaning content of the example was unclear, or did not fit with any of the MOHO-defined categories

(occupational participation, occupational performance, or occupational skill), the example was classified as “ambiguous” or “no fit.” Authors #3 and #9 performed the classification process in collaboration.

The researchers then summarized for each country and for all countries taken together the frequency and proportion of the role examples that, according to the classification procedure, fit each of the three embedded levels of occupation. Any discrepancy among the examples accounted for and the total number of examples provided was counted as error.

The final step was to determine the overall proportion of role examples that fell into each of the three levels of doing across countries. In this step, we controlled for variability in the frequency of examples by country by calculating the averages using within-country proportions.

Ethics

For each participating country, the researchers obtained ethical approval and/or approvals from the appropriate data protection agencies as required according to the country’s research legislation and established procedures. All of the respondents volunteered to take part in the study and provided informed consent prior to data collection.

Results

Respondents

The study respondents ($N = 293$) came from the US ($n = 37$, 12.5%), the UK ($n = 57$, 19.3%), Japan ($n = 100$, 34.2%), Sweden ($n = 30$, 10.2%), Switzerland ($n = 36$, 12.5%), and Norway ($n = 33$, 11.2%). There were 103 (35%) male and 190 (65%) female respondents. The age distribution was skewed with more respondents in the younger age groups (see Figure 1).

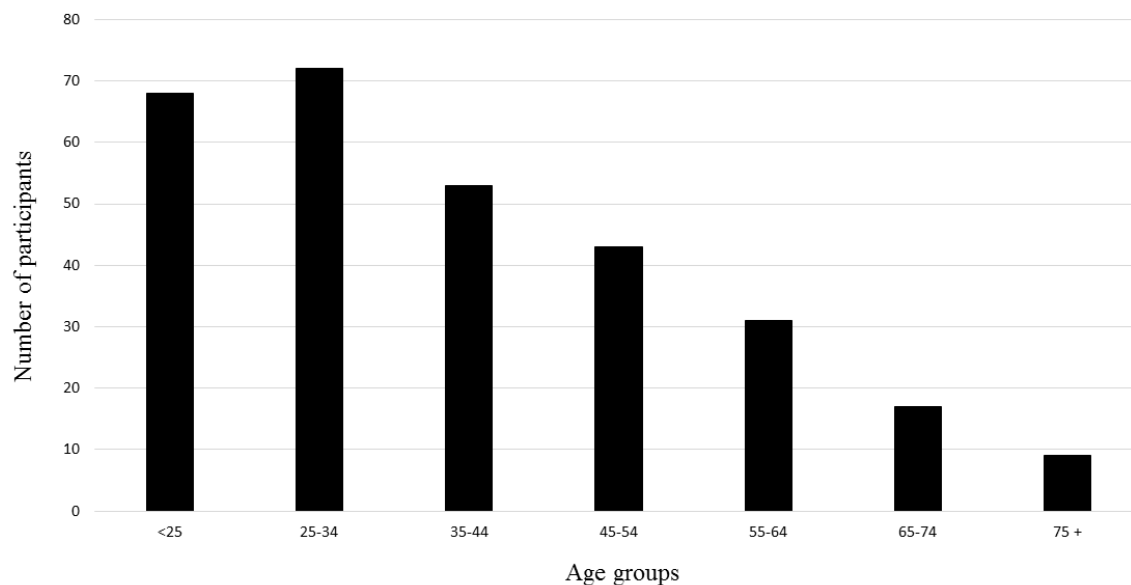


Figure 1. The age distribution of the study sample ($N = 293$)

Role Examples and Their Classification

Table 1 displays the frequency and proportion of internalized role examples from each country and for all countries taken together that fit each of the three levels of doing, as defined by the MOHO (Kielhofner, 2008). In total, there were 7,182 internalized role examples with which to

work. Thirty-three percent of the examples were classified as examples of occupational participation, whereas 65% were classified as examples of occupational performance. Very few examples were classified as occupational skill or as ambiguous/unfit with the embedded levels of doing, as outlined by the MOHO.

Table 1
Frequency and Proportion of Role Examples

Role	Conceptual link to the MOHO				
	Participation <i>n</i> (%)	Performance <i>n</i> (%)	Skill <i>n</i> (%)	Ambiguous/No fit <i>n</i> (%)	Error ¹ <i>n</i> (%)
Student					
US	58 (96.7)	1 (1.7)	0 (0.0)	1 (1.7)	2 (3.3)
UK	113 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)	4 (3.5)
Japan	109 (85.2)	19 (14.8)	0 (0.0)	0 (0.0)	3 (2.3)
Sweden	26 (65.0)	14 (35.0)	0 (0.0)	0 (0.0)	2 (5.0)
Switzerland	55 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)	6 (10.9)
Norway	2 (1.0)	188 (95.4)	7 (3.6)	0 (0.0)	
All countries ²	363	222	7	1	17 (2.9)
Worker					
US	111 (92.5)	0 (0.0)	3 (2.5)	6 (5.0)	0 (0.0)
UK	127 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)	6 (4.7)
Japan	224 (93.7)	15 (6.3)	0 (0.0)	0 (0.0)	0 (0.0)
Sweden	15 (24.6)	46 (75.4)	0 (0.0)	0 (0.0)	2 (3.3)
Switzerland	58 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (1.7)
Norway	50 (13.7)	298 (81.9)	15 (4.1)	1 (0.3)	
All countries ²	585	359	18	7	9 (0.9)
Volunteer					
US	61 (74.4)	15 (18.3)	0 (0.0)	6 (7.3)	4 (4.9)
UK	35 (50.7)	34 (49.3)	0 (0.0)	0 (0.0)	0 (0.0)
Japan	41 (70.7)	17 (29.3)	0 (0.0)	0 (0.0)	0 (0.0)
Sweden	28 (77.8)	8 (22.2)	0 (0.0)	0 (0.0)	1 (2.8)
Switzerland	31 (75.6)	9 (22.0)	0 (0.0)	1 (2.4)	4 (9.8)
Norway	27 (30.7)	59 (67.0)	2 (2.3)	0 (0.0)	
All countries ²	223	142	2	7	9 (2.4)
Caregiver					
US	53 (88.3)	3 (5.0)	1 (1.7)	3 (5.0)	1 (1.7)
UK	56 (98.3)	1 (1.8)	0 (0.0)	0 (0.0)	4 (7.0)
Japan	101 (83.5)	8 (6.6)	0 (0.0)	12 (9.9)	5 (4.1)
Sweden	2 (2.6)	76 (97.4)	0 (0.0)	0 (0.0)	5 (6.4)
Switzerland	23 (46.9)	25 (51.0)	1 (2.0)	0 (0.0)	4 (8.2)
Norway	6 (2.7)	209 (94.1)	7 (3.2)	0 (0.0)	
All countries ²	241	322	9	15	19 (3.2)
Home maintainer					
US	20 (11.6)	145 (83.8)	0 (0.0)	8 (4.6)	8 (4.6)
UK	11 (6.5)	157 (93.5)	0 (0.0)	0 (0.0)	6 (3.4)
Japan	23 (11.9)	167 (86.5)	0 (0.0)	3 (1.6)	1 (0.5)
Sweden	0 (0.0)	85 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)
Switzerland	43 (27.7)	111 (71.6)	0 (0.0)	1 (0.7)	17 (11.0)
Norway	0 (0.0)	409 (100.0)	0 (0.0)	0 (0.0)	
All countries ²	97	1074	0	12	32 (2.7)

Friend						
US	19 (11.6)	136 (82.9)	0 (0.0)	9 (5.5)	0 (0.0)	
UK	38 (20.9)	139 (76.4)	0 (0.0)	5 (2.8)	41 (22.5)	
Japan	10 (6.8)	137 (92.6)	0 (0.0)	1 (0.7)	14 (9.5)	
Sweden	3 (4.2)	69 (95.8)	0 (0.0)	0 (0.0)	1 (1.4)	
Switzerland	47 (40.5)	68 (58.6)	0 (0.0)	1 (0.9)	35 (30.2)	
Norway	21 (5.9)	334 (93.8)	1 (0.3)	1 (0.3)		
All countries ²	138	883	1	16	91 (8.8)	
Family member						
US	41 (32.3)	81 (63.8)	0 (0.0)	5 (3.9)	1 (0.8)	
UK	166 (79.1)	42 (20.0)	0 (0.0)	2 (1.0)	35 (16.7)	
Japan	74 (38.1)	118 (60.8)	0 (0.0)	2 (1.0)	2 (1.0)	
Sweden	0 (0.0)	81 (100.0)	0 (0.0)	0 (0.0)	3 (3.7)	
Switzerland	67 (47.9)	73 (52.1)	0 (0.0)	0 (0.0)	60 (42.9)	
Norway	14 (4.2)	317 (95.8)	0 (0.0)	0 (0.0)		
All countries ²	362	712	0	9	101 (9.3)	
Religious participant						
US	43 (69.4)	14 (22.6)	1 (1.6)	4 (6.5)	3 (4.8)	
UK	29 (72.5)	11 (27.5)	0 (0.0)	0 (0.0)	1 (2.5)	
Japan	2 (33.3)	3 (50.0)	0 (0.0)	1 (16.7)	0 (0.0)	
Sweden	0 (0.0)	12 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)	
Switzerland	29 (78.4)	8 (21.6)	0 (0.0)	0 (0.0)	5 (13.5)	
Norway	11 (33.3)	21 (63.6)	1 (3.0)	0 (0.0)		
All countries ²	114	69	2	5	9 (4.7)	
Hobbyist/Amateur						
US	0 (0.0)	156 (98.1)	0 (0.0)	3 (1.9)	1 (0.6)	
UK	0 (0.0)	122 (100.0)	0 (0.0)	0 (0.0)	9 (7.4)	
Japan	13 (8.1)	147 (91.9)	0 (0.0)	0 (0.0)	5 (3.1)	
Sweden	11 (15.1)	62 (84.9)	0 (0.0)	0 (0.0)	0 (0.0)	
Switzerland	37 (21.3)	133 (76.4)	0 (0.0)	4 (2.3)	82 (47.1)	
Norway	15 (6.2)	227 (93.8)	0 (0.0)	0 (0.0)		
All countries ²	76	847	0	7	97 (10.4)	
Participant in organizations						
US	63 (88.7)	1 (1.4)	0 (0.0)	7 (9.9)	1 (1.4)	
UK	11 (91.7)	1 (8.3)	0 (0.0)	0 (0.0)	1 (8.3)	
Japan	6 (60.0)	4 (40.0)	0 (0.0)	0 (0.0)	0 (0.0)	
Sweden	20 (83.3)	2 (8.3)	2 (8.3)	0 (0.0)	1 (4.2)	
Switzerland	29 (90.6)	3 (9.4)	0 (0.0)	0 (0.0)	1 (3.1)	
Norway	30 (34.9)	56 (65.1)	0 (0.0)	0 (0.0)		
All countries ²	159 (67.7)	67 (28.5)	2 (0.9)	7 (3.0)	4 (1.7)	
Summary all roles for all countries						
	2358	4697	41	86	388 (5.4)	

Note. ¹The percent error represents those items from the raw data not accounted for in the content summaries. Norway was not included in the percent error due to the large number of responses provided.

²Table 2 reports the summary data from the examples by country controlling for the variability in numbers of examples.

In four of the internalized roles (student, worker, volunteer, and participant in organizations), more than 60% of all examples were classified as occupational participation. In four other internalized roles (home maintainer, friend, family member, and hobbyist/amateur), a similar majority of the examples were classified as occupational

performance. The roles caregiver and religious participant did not clearly fit into either category.

There were large variations among the countries in terms of the number of internalized role examples provided. Therefore, we examined each role, taking into consideration how the majority of examples from each country suggest the role to be

either occupational participation or occupational performance. By controlling for the variability in the number of respondents and the number of examples, the results showed a change (see Table 2). Four of the internalized roles (student, worker, volunteer, and participant in organizations) remained classified as occupational participation, whereas four roles (home maintainer, friend, family member, and hobbyist/amateur) remained classified as occupational performance. The response to the

roles religious participant and caregiver was mixed. An example of this mix is how respondents in three of the countries (US, UK, and Japan) consistently provided examples of the caregiver role that were classified as occupational participation, while the majority of examples of the caregiver role provided by respondents in the three other countries (Switzerland, Sweden, and Norway) were classified as occupational performance.

Table 2

Average of All Roles Using Percent Only to Adjust for the Differences in Role Examples in Country

Role	Conceptual link to the MOHO			
	Participation %	Performance %	Skill %	Ambiguous/ No fit %
Student	74.5	24.4	0.6	0.3
Worker	70.6	27.2	1.1	1.0
Volunteer	64.3	34.7	0.2	0.4
Caregiver	53.7	42.7	1.2	2.6
Home maintainer	9.6	89.2	0.0	1.2
Friend	15.0	83.4	0.1	0.2
Family member	33.6	65.7	0.0	1.0
Religious participant	47.8	51.7	0.8	0.4
Hobbyist/Amateur	8.5	90.9	0.0	0.7
Participant in organizations	74.9	22.1	1.4	1.7
Summary % fit all roles for all countries	32.9	65.0	0.6	0.9

Note. Percentages in bold type indicate the majority fit into participation or performance. Roles of caregiver and religious participant do not show enough difference to assign to either category.

A comparison among countries showed substantial variation with regard to how the internalized role examples were classified. For example, for six of the listed roles, 65-90% of the examples provided by the respondents in the US and the UK were classified as occupational participation. In contrast, for all 10 roles the Norwegian respondents had the majority of

examples classified as occupational performance. This was also the case for the Swedish respondents for seven of the roles.

Discussion

This study examined examples of the 10 internalized roles listed in the Role Checklist as provided by 293 respondents from six different countries. The aim of the study was to determine to

what extent the examples would relate to the three embedded levels of doing (occupational skill, occupational performance, and occupational participation) as defined by the MOHO theory, and the researchers assumed that a majority of examples would be classified as occupational participation. With reference to the World Health Organization (WHO), Kielhofner (2008) defined participation as a person's involvement in life situations (WHO, 2001). Consistent with this view, the term occupational participation refers to doing things with personal and/or social significance (Forsyth & Haglund, 2013). The researchers found that of the total examples, approximately one-third related to the occupational participation level and the remaining two-thirds related to the occupational performance level. This varied by internalized roles and countries. Due to the small number of responses that fell into the area of occupational skill and the relatively low proportion of examples classified as "error," this discussion will focus on the examples classified in the MOHO levels of doing as occupational participation and occupational performance.

Based solely on the classification of examples, the internalized roles listed in the Role Checklist appeared to relate to the occupational participation level of doing, but even more strongly to the occupational performance level. At the most general level, therefore, the assumption driving this study—that people's examples of the 10 internalized roles would generally reflect the occupational participation level of doing—was only partially met. Examples tended to be linked more frequently with

occupational participation in the US and in the UK, and less so in Sweden and Norway. These differences may be due to translational issues with the Role Checklist, or they may imply different conceptualizations of internalized roles in different countries and cultures. Culture makes a pervasive impact on how people view and make sense of their world (Kielhofner, 2008).

However, despite the unequal number of internalized role examples provided by respondents in different countries, four roles (student, worker, volunteer, participant in organizations) linked with the occupational participation level in a majority of the countries. Four roles (home maintainer, friend, family member, and hobbyist/amateur) linked with the occupational performance level. Perhaps the most interesting is the internalized role classifications of the mixed roles: caregiver and religious participant.

The mixed status of the caregiver and religious participant internalized roles may reflect their possible association with several aspects: Caregiving implies a range of practical tasks carried out by an individual in the family and home environment, in which case examples of the internalized role may indicate occupational performance. However, caregiving may also imply an emphasis on productivity and contributing to others and to society, and may thus indicate an internalized role more similar to working, volunteering, or even family member. Such a view of the caregiver role may yield examples more readily associated with occupational participation. In a similar way, the religious participant role may

be associated with the occupational performance level for persons who exemplified the role in terms of discrete activities, like attending a religious meeting. Other types of responses, like being a member of a religious community, would rather reflect a view of this role as occupational participation.

However, the researchers suspect the wording “provide an example of caregiver present” prompted responses such as “mother,” whereas the wording “give an example of what you do as a caregiver,” prompted responses such as “caring for my child.” The former is occupational participation; the latter is occupational performance. This subtle difference applied in the analysis is due to the MOHO concept of internalized roles where the response of “mother” reflects an identity through which one portrays oneself to the outside world, and “caring for my child” is phrased as a component or task. Despite the dichotomy of response classifications, a look at the examples themselves does not lead to a convincing argument that caregiving is perceived differently in these cultures.

It is interesting, however, that the links to the occupational participation and occupational performance levels also appeared to be different for different internalized roles. The internalized roles most clearly linked with the occupational participation level were student, worker, volunteer, and participant in organizations. The first three of these could possibly be coined productive roles, reflecting occupations taking place in major life arenas with the purpose of contributing to society

(worker, volunteer) or preparing for such contribution (student). Perceived occupational performance in communities and organizations may or may not be equally linked with productivity, but is hard to imagine without the person’s engagement in a social group that extends beyond the boundaries of the immediate family. Thus, it appears that roles most frequently associated with the occupational participation levels encompass productivity and engagement in groups in society. Conversely, the internalized roles more frequently associated with the occupational performance level appear to relate to intimate (family member) and close (friend) relationships rather than to the larger society or to groups in society. In addition, examples of internalized roles that may be carried out by one person alone (home maintainer), and perhaps for one’s own personal pleasure (hobbyist/amateur), were more frequently classified as occupational performance.

In summary, this indicates a need for a revision of the study’s original assumption. Roles, as empirically examined in this study, relate to both the occupational participation level and the occupational performance level of doing (Kielhofner, 2008). The relationship appears to be more complex than originally appreciated. Internalized roles associated with productivity and with public life in society tend to relate closely to occupational participation, whereas internalized roles associated with family life, intimate relationships, and the individual’s occupations appear to relate more closely to the occupational performance level. This resonates with the ICF

perspective on different domains of activity and participation (WHO, 2001) and with Scott's (2014) earlier harmonization of the Role Checklist with the ICF domains. Role occupational performance and occupational participation are interrelated, but it appears they are separate constructs and should not be used synonymously.

Implications for Practice

Even though these examples came from a non-disabled population, there are several interesting implications for practice. First, since the most frequent use of the Role Checklist is for therapists to assist clients in setting treatment goals, the conversation about wanting to perform a future role will reveal the client's predisposition toward productive or participatory roles. Productive roles include worker, student, volunteer, and participant in organizations. These roles generally involve contact with groups of people in the larger society. In contrast, if the desired future roles are individual roles, such as hobbyist or home maintainer, or involve only close relationships, such as friend or family member, the person may end up being isolated from society. Regardless, clients may often relate to the activities that collectively comprise an internalized role. This makes clinical sense, as clients are often seen by therapists to overcome limitations and these limitations interfere with occupational performance and may preclude participating in internalized roles.

Clients may return to participating in internalized roles and still not feel competent in these roles. This was apparent in the case of Martin, a client assessed over time with the RCV2:

QP. Aslaksen and colleagues (2014) reported how the conversation, which focused mostly on activities (occupational performance level), evolved over time. In this case, using the Role Checklist helped Martin to see how he was making progress. The fact that Martin could perform a number of activities only became valuable when he got to the point in doing where he identified with and internalized the role.

The RCV2: QP in a case example used by Scott (2014) illustrated how following a patient post liver transplant at 1, 2, 3, 6, 9, and 12 months (first face to face, then electronically) demonstrated a positive incremental increase in the number of internalized roles performed and an increase in the patient's satisfaction with the way he was performing the roles. At 6 months, the patient experienced a decline in physical capacity, and this was seen in his ratings of satisfaction with his occupational performance—he still identified himself with the internalized role, and his capacity to perform the related occupations was clearly reflected on Part 3 of the RCV2: QP (Scott, 2014).

It is clinically important to consider the constructs of occupational skill, occupational performance, and occupational participation. An approach that has been taken in occupational therapy is the remediating of occupational skill limitations, which interfere with occupational performance. There is an assumption that when occupational skill limitations are overcome, occupational performance is enabled, which is not always the case.

The final implication for therapists is that the doing of activities is only useful to the client when it helps him or her identify with an expressed valued internalized role. Repeated administration of this instrument as a progress check can be reinforcing to the client that treatment is working.

Study Strengths and Limitations

One strength of the study is the use of an adequate sample size, and, in particular, the cross-cultural sample with respondents representing six different countries. Two persons performed the classification process, thus reducing the bias potential. An important limitation relates to the convenience method of recruiting the respondents that could lead to a non-representative sample, for example, with regard to age or education levels. Another limitation concerns the different phrasing of the question asked when probing for internalized role examples. For example, in some countries the respondents were explicitly asked to provide one example, whereas respondents in other countries felt invited to state several examples. The researchers discovered in retrospect that different translations of the question would elicit different types of responses. In the Norwegian translation, for example, respondents were guided toward giving performance-related responses, whereas the original English language version was neutral in this respect. These differences limit the validity of

the results, particularly concerning the interpretation of differences among countries. However, the relatively large sample size, the large dataset, and the additional analysis employed (with results provided in Table 2) serve to solidify the results.

Conclusion

This is the first study to examine specific internalized role examples and their relationship to different levels of doing as conceptualized in the MOHO (Kielhofner, 2008). In the study, the researchers examined a large amount of information (7,182 discreet examples) and found the Role Checklist assesses internalized roles at the level of both occupational participation and occupational performance. There are differences among countries with regard to how internalized roles are perceived and exemplified, and different roles relate in different ways to the occupational performance and occupational participation levels. Future studies are needed to replicate the current study with other countries and to assure that the wording to prompt examples is consistent. The present information does provide information about the way these respondents experienced internalized roles, with four internalized roles characterized as productive and requiring engagement with others as occupational participation, and four other internalized roles associated more with occupational performance.

References

- Aslaksen, M., Scott, P. J., Haglund, L., Ellingham, B., & Bonsaksen, T. (2014). Occupational therapy process in a psychiatric hospital - Using the Role Checklist Version 2: Quality of Performance. *Ergoterapeuten*, 57(4), 38-45.
- Forsyth, K., & Haglund, L. (2013). *Linking role examples with MOHO and ICF: Protocol*. Unpublished manuscript. Zürich University of Applied Sciences, Winterthur, Switzerland.
- Kielhofner, G. (2008). *A Model of Human Occupation: Theory and application* (4th ed.). Baltimore, MD: Lippincott Williams & Wilkins.
- Lee, S. W., Taylor, R. R., Kielhofner, G., & Fisher, G. (2008). Theory use in practice: A national survey of therapists who use the Model of Human Occupation. *American Journal of Occupational Therapy*, 62(1), 106-117. <http://dx.doi.org/10.5014/ajot.62.1.106>
- MOHO Clearinghouse. (2015). *MOHO Web*. Retrieved from www.cade.uic.edu/moho/
- Oakley, F., Kielhofner, G., Barris, R., & Reichler, R. K. (1986). The Role Checklist: Development and empirical assessment of reliability. *Occupational Therapy Journal of Research*, 6(3), 157-170. <http://dx.doi.org/10.1177/153944928600600303>
- Scott, P. J. (2014). The Role Checklist Version 2: Quality of Performance. Retrieved from <http://www.rcv2qp.com/>
- Scott, P. J., McFadden, R., Yates, K., Baker, S., & McSoley, S. (2014). The Role Checklist V2: QP: Establishment of reliability and validation of electronic administration. *British Journal of Occupational Therapy*, 77(2), 96-102. <http://dx.doi.org/10.4276/030802214X13916969447272>
- World Health Organization (WHO). (2001). *International Classification of Functioning, Disability and Health (ICF)*. Geneva, Switzerland: Author.