This article explores the results of a small quantitative study conducted with 54 occupational therapy students. The data, gathered using a purpose-designed questionnaire, were based on respondents' reports of the 662 activities seen during their fieldwork education. These were categorised using headings from the Canadian Occupational Performance Measure (Law et al 1994).

The findings showed that client-related leisure activities were the most frequently seen in all practice settings (physical disability, mental health and learning disability). The activities seen most often consisted of those in the 'quiet recreation' category. Activities aimed at productivity, and particularly at household management, were also widely spread. Such activities formed a smaller but consistent percentage of those seen in all fields of practice. Self-care, and in particular personal care, activities were most prevalent in physical disability settings, but formed a lower percentage of the activities seen elsewhere.

This article discusses these findings in relation to previous research in the field and considers the continuing place of activity in occupational therapy and in undergraduate occupational therapy education.

Activity Use in Occupational Therapy: Occupational Therapy Students' Fieldwork Experience

Julie Drew and Sue Rugg

Introduction

Occupational therapists use 'purposeful activity and meaningful occupation as therapeutic tools in the promotion of health and wellbeing' (College of Occupational Therapists 1994, p2, Turner et al 1996, Neistadt and Crepeau 1998). While there is little contention over this statement, achieving consensus about the nature of 'purpose', 'meaning' and related concepts has proven more challenging. A decade ago, Taylor and Manguno (1991, p317) differentiated between treatment 'activities' and 'modalities', with the former relating to 'activities with expected therapeutic outcomes' and the latter to the employment of 'therapeutic agents'. More recently, Chia and Yates (1995) considered the elements of an activity that made it 'purposeful'. They noted that, in their experience, the intervention provided by many British occupational therapists was not occupational therapy. They voiced concern at the loss of purpose in the selected activities, suggesting that therapists were in danger of losing their professional identity in a rush to adopt elements of others' roles.

In similar fashion, Golledge (1998a,b) observed that activity-related terms were often used interchangeably in the occupational therapy literature, resulting in uncertainty and confusion. She suggested that occupation might best be defined in terms of 'the daily living tasks that are part of an individual's lifestyle' (1998a, p102). In her view, activity was purposeful if it took account of the context of clients' lives. She considered that the use of activity that had no meaning for clients, that looked solely at reductionist elements of function, was not occupational therapy. Her suggestion was that clients should participate in such activities only as a precursor to more purposeful interventions.

Activity, however defined, is central to human existence. Neither existence nor activity is fixed and much has changed in society in recent years. Occupational therapists work in the areas of self-care, productivity and leisure, each of which has the potential to be influenced by societal change (Law et al 1994). Self-care activities have been progressively influenced by computerised technology, while British industry has become increasingly service based (Summerfield and Lipsedge 1994). Growing numbers of women have entered the paid workforce in recent years, while many others have cared for elderly, disabled and/or disadvantaged members of society on an unpaid basis (Zemke and Clark 1996, Office of Government Statistics 2001). Change has also influenced individuals' leisure. Relative affluence has reduced the need for once-popular craft pursuits and facilitated computer-based educational, interactive and gaming opportunities (McTaggart and Johnston 1999).

The British population has also become increasingly elderly and more culturally diverse over the past decades (Government Actuary's Department Office for National Statistics 1999, Khaw 1999, Office of Government Statistics 2001). These factors have the potential to change radically the range and types of activities in which individuals habitually engage. Further change may be driven by the

increasing consumerisation of British society, reflecting individuals' desire to take an active part in decision-making processes. In occupational therapy, the ethos of client-centred practice has made it inappropriate for therapists to prescribe activities for their clients without consultation (Law et al 1994, Jecker et al 1997, Golledge 1998b). These factors increase the range of activities of potential relevance to occupational therapy.

Such change happens against an evolving policy background. Initiatives such as the rapid discharge of clients from acute care hospitals, the move from institutional to community-based mental health care and the rise of primary care groups have led to new methods of service provision and delivery (Benech 1996, Stewart and McMillan 1998, Powell 2000). In addition, issues of cost-effectiveness and optimal skill mix may change the delivery of British occupational therapy services, with qualified staff increasingly prescribing and/or supervising activities undertaken by support staff, as has happened elsewhere (Atkinson 1993, Russell and Kanny 1998, von Zweck and Gillespie 1998). Occupational therapists' ability to keep abreast of developments, ensuring that their interventions are cost-effective while retaining purpose and meaning for their clients, hinges on a recognition of such issues. If what is valued by society changes, then so must occupational therapy. The reported study seeks to add incrementally to the sum of knowledge in this area.

Literature review

Occupational therapists' use of activity

Researchers have investigated many aspects of daily activity. While some have explored individuals' general use of time (Robinson et al 1989), others have considered the potential value of craft-based and practical treatment modalities within occupational therapy (Fidler 1981, Williams et al 1987, Dickerson and Kaplan 1991). Early research by Bissell and Mailloux (1981), with 141/250 (56%) American occupational therapists working in a physical disability setting, found that most used some craft-based activity but that exercise and daily living tasks were more common. The fact that only just over half of those eligible to respond in this study did so suggests little interest in this area among clinicians. It also reduces the potential generalisability of the study findings.

In the United Kingdom, Paterson (1976) suggested that British occupational therapists were fundamentally insecure about the use of activity as a treatment medium, a view apparently reflected in the report of the later 'Way Ahead' Working Party (1981, cited in Willson 1982). This noted a gradual shift away from activity use, in favour of a wider range of treatment techniques. The extent to which this trend has continued in the interim, however, is less clear. For example, a questionnaire-based survey of 2276 British occupational therapists employed in National Health Service and local authority settings (Bayliss et al 1983) found numerous therapeutic activities being used. A fifth (20%) were noted as having exercise potential, whilst others were aimed at activities of daily living and adaptations to clients' equipment or environment. Just over a quarter of the reported activities (40,838/154,565, 27%) were creative or leisure-orientated in nature.

In similar fashion, data collected in 1984 from 157 of the occupational therapy staff employed by one British health authority (Smith 1989, p13), found craft-based activities to be still 'very much in evidence' in occupational therapy. The researcher noted that such activities, which were most often used in mental health and learning disability settings, were usually the remit of occupational therapy support staff. In physical disability settings, personal activities of daily living were more often the focus for therapists' interventions.

These findings were echoed in a small study by Williams et al (1987). This investigated craft use in 17 occupational therapy departments in 14 psychiatric hospitals in Wales and South West England (n = unspecified). It found that activities of daily living were frequently used in this setting, most often with clients with acute mental health problems. Again, occupational therapy support staff were largely involved, a pattern that echoes that found in the USA (Bissell and Mailloux 1981, Fidler 1981, Russell and Kanny 1998).

In 1986, Barris et al investigated activity use in a random sample of 112/500 (22%) members of the American Occupational Therapy Association (AOTA), most of whom (78/112, 87%) worked in physical or learning disability settings. The respondents reported that they most often used exercise-based or daily living activities with their clients, reflecting the earlier findings of Bissell and Mailloux (1981). The respondents' field of practice and professional experience were also found to influence the pattern of client-related activity in the more recent study. Those employed in mental health settings used more craft-based activities than their peers, while those who had been qualified for at least 15 years generally used a wider range of activities than their colleagues. The confidence with which these results should be accepted is again unclear, however, given the low response rate achieved.

Occupational therapy students' experience of activity

In the last decade, Taylor and Manguno (1991) explored the use of various treatment activities in 83/126 (66%) American fieldwork educators and 59/101 (58%) graduates of one American occupational therapy education programme. They found that craft activities were less frequently used in practice than other activities, including self-care and social skills training. This was true in all fields of practice. Once again, a different pattern emerged for respondents working in physical disability and mental health settings, with the former using craft activities less often than the latter. While the generalisation of these results is unclear, given the limited size and non-random recruitment of the study sample, the researchers had sufficient confidence in their results to amend the activity base of their own educational programme. They recommended that other programmes consider following suit.

In the same year, Dickerson and Kaplan (1991) conducted a questionnaire-based survey of 121/139 (87%) American occupational therapy education programmes and 384/1000 (38%) clinicians employed in mental health. The former comprised all of the programmes then existing in the USA, while the latter were randomly selected from the AOTA membership database. The study findings showed that crafts were infrequently used by American occupational therapists, with less than half the respondents using them on a daily basis. A considerable difference was also found between the range of craft activities studied by occupational therapy students and that used in mental health practice. In addition, the respondents noted that reductions in the length of clients' attendance led to their using predominantly short-lived, rapidly successful activities, an element not well reflected in the students' educational experience. The response rate obtained in this study was low and the researchers also noted methodological problems related to the sensitivity of their questionnaires. The annually changing range of crafts taught in some education programmes also suggested some inconsistency of response. The researchers noted the danger of 'throwing the baby out with the bath water', if occupational therapists abandoned craft use altogether. They recommended that the profession consider carefully the potential value of such activities, with a view to informing the occupational therapy education curricula.

This sentiment has been echoed more recently in the United Kingdom by Hagedorn (1992). She stated that, in her view, occupational therapists required a personal repertoire of practical skills and techniques, mastered sufficiently well to provide safe, flexible, imaginative and effective therapy in a wide range of situations and specialties. She noted that this repertoire should include a knowledge of, and ability to carry out/teach, both technical and creative processes in the areas of self-care, productivity and leisure. The range of therapeutic skills thought necessary by Hagedorn (1992) related to the following:

- Trade/technical skills (for example, wood/metal work, word processing, printing, horticulture and computing)
- Craft skills (for example, weaving, macramé, pottery and sewing)
- Creative/expressive skills (for example, collage, drama, puppetry, music, dance, creative writing and art)
- Domestic skills (for example, cooking, budgeting, menu planning and DIY)
- Leisure skills (for example, hobbies, outings, games and sport).

Theory/practice gap

With regard to the occupational therapist's role, the literature notes the existence of a discrepancy between the knowledge, skills and attitudes promoted during therapists' education and those needed in practice. This so-called theory/practice gap leads some new occupational therapists to feel ill-prepared for elements of their role. Chia and Yates (1995) noted that a percentage of such therapists lacked confidence in using craft-based activities with their clients. These authors suggested that this situation stemmed from the restricted time generally devoted to this area in many undergraduate curricula. Atkinson and Steward (1997) also reported that some of the new occupational therapists in their study (n = 25) felt unprepared for the 'practical aspects of occupational therapy' (p341). They suggested that this was partly due to the limited experience in planning and using creative activities provided during undergraduate education.

While some authors have questioned the extent to which occupational therapy undergraduate education should reflect or influence practice, the need to prepare students to use activities confidently with their clients has been recognised for many years (Barris 1984, Barris et al 1986, Taylor and Manguno 1991). The failure to do so has been linked to stress, turnover and withdrawal from practice among the newly qualified (Hummell and Koelmeyer 1999, Rugg 1999). This situation is of particular concern, given that occupational therapists' choice of client-based activities is known to be strongly influenced by their undergraduate education (Barris et al 1986). Taylor and Manguno (1991) suggested that, in such a situation, a self-perpetuating cycle ensues, with the activities met by students during their fieldwork education influencing those used post-qualification. This affects the fieldwork experience of the next generation of therapists, thereby preserving the status quo.

The literature suggests that occupational therapists' use of craft-based activities is influenced by a number of factors, in addition to their education. Therapists' field of practice also appears to be influential, with craft-based activities being more often used in mental health than in physical disability settings (Bissell and Mailloux 1981, Dickerson and Kaplan 1991). Other influences include the perceived difficulty of justifying such activities to medical colleagues and the desire to make the best use of support staff's time and skills, as well as the appeal of more technological and/or scientific forms of intervention (Bissell and Mailloux 1981, Barris 1984, Williams et al 1987). Individuals' increasingly rapid discharge from institutional care and therapists' acquisition of new responsibilities have also been seen to influence the range of activities used (Chia and Yates 1995).

Rationale for study

In summary, societal change is altering the nature, balance, pattern and context of many individuals' lives. These changes have the potential to influence occupational therapy as a discipline focused on these areas. Despite this association, relatively little research appears to have been conducted into occupational therapists' use and/or choice of client-based activities. Much of the existing material is American, dated and/or of limited breadth (Bissell and Mailloux 1981, Barris et al 1986, Williams et al 1987, Dickerson and Kaplan 1991, Taylor and Manguno 1991). A comprehensive review of the literature found no recent research on activity use by British occupational therapists. This led the first author to explore occupational therapy students' experience of client-based activity whilst on fieldwork education, with the aim of answering the following research questions:

- What is the range of client-based therapeutic activities seen by occupational therapy students in different practice settings?
- How often do occupational therapy students see such activities in different practice settings?

Method

Literature search strategy

A thorough search of the English-language occupational therapy literature, over the preceding 10 years, was conducted prior to the start of this study. A number of computer-based databases were used to this end. These included the Cumulative Index to Nursing and Allied Health Literature (CINAHL) and MEDLINE, as well as the Occupational Therapy Index. The resources of the Educational Resources Information Centre (ERIC) were also tapped. Key words used, both singly and in combination, included 'therapeutic activity', 'education', 'occupational therapy', 'creative activity', 'craft activity' and 'activity use'. Hand searches were also conducted of the British, American and Canadian occupational therapy journals for the same period.

Study sample and procedure

The study data were collected from second-year and third-year students enrolled in one British undergraduate occupational therapy programme. A purpose-designed questionnaire was used (Appendix 1). This was distributed at the end of both a second-year lecture and a third-year lecture in December 1998, by a lecturer who was not associated with the study. Anonymity was preserved by the nature of the questionnaire (no demographic data were sought) and by the students returning their completed questionnaires to a central point.

The questionnaire asked the students to record the client-based activities that they had both used, and seen used, during their fieldwork education to date. These data were later categorised by the first author using a system based on the Canadian Occupational Performance Measure (COPM). The latter divides clients' activities into the general performance categories of self-care, productivity and leisure (Law et al 1994), as illustrated in Table 1.

Table 1. Activities classified according to the COPM (Law et al 1994)

Performance categories	Sub-categories	Examples
Self-care	Personal care	Dressing, feeding, toiletting
	Functional mobility	Transfers, indoor/outdoor
	Community management	Transportation, shopping
Productivity	Paid/unpaid work	Finding/keeping a job, volunteering
	Household management	Laundry, cooking
	Play/school	Play skills, homework
Leisure	Quiet recreation	Hobbies, crafts, reading
	Active recreation	Sports, outings
	Socialisation	Visiting, telephoning

The settings in which the reported activities had occurred (physical disability, mental health and learning disability) and their relative frequency were also recorded on the study questionnaire. 'Regular' activities were defined as those that had occurred at least once a week and 'irregular' activities as those that had occurred less often than this.

The study questionnaire had apparent face validity. The questions asked were direct and were not, seemingly, misinterpreted by the respondents. The reliability of the data was enhanced by the first researcher having categorised the data using the COPM criteria twice, with a month's break in between. Only one activity, reported by a single respondent, was categorised differently on this second occasion. In addition, both authors categorised a sample of the reported data separately, with close agreement in the result.

Ethical considerations

The researchers recognised that their position as lecturers might bias students' participation in the study and/or the nature of the replies received. The steps taken to minimise these outcomes are described above. The study respondents were all volunteers. Their consent to take part in the study was implied in their return of the questionnaires. Once collected, the data were stored securely to minimise potential loss, tampering and breaches of confidentiality. The data were anonymous, so the requirements of the Data Protection Act (1998) did not apply.

Results

Number of activities seen

The data were collected from 31/91 (34%) second-year and 23/76 (30%) third-year undergraduate occupational therapy students. The 54 (32%) respondents reported a total of 662 activity sessions seen, an average of just over 12 each (Table 2).

Table 2. Distribution of the reported activities

Year	n	Total	Mean
Second	31	348	11.2
Third	23	314	13.6
Total	54	662	12.3

Table 2 shows that those respondents in their third year of study each reported more activities seen than their second-year peers. Of these activities, 52/662 (7.9%) did not involve clients directly. These included such activities as staff liaison with clients' carers and the organisation of client support groups. As the focus of the study was on client-related activities, the latter data were excluded from further analysis.

Nature of the activities seen in each practice setting

The respondents encountered the reported activities in

physical disability (223/610, 36.6%), mental health (289/610, 47.3%) and learning disability (98/610, 16.1%) settings. The respondents thus saw many more client-based activities in the physical disability and mental health settings than in the learning disability setting.

Activities according to the COPM in each practice setting

The reported activities, organised using the COPM classification system, are shown in Table 3. Self-care activities accounted for about a third (34.1%) of the activities seen in the physical disability setting, but a much lower percentage elsewhere. The activities aimed at productivity made up a relatively small but consistent percentage in all three practice settings. Most of the activities seen in all three practice settings were leisure related.

Table 3. Activities according to the COPM in each practice setting

	Physical disability		Mental health		Learning disability		Total	
	n	%	n	%	n	%	n	%
Self-care	76	34.1	13	4.4	11	11.2	100	16.4
Productivity	24	10.8	25	8.7	11	11.2	60	9.8
Leisure	123	55.1	251	86.9	76	77.6	450	73.8
Total	223	100.0	289	100.0	98	100.0	610	100.0

The data collected with regard to each of the three COPM performance areas are considered in greater depth below.

Activities in the self-care area

Table 4 illustrates the pattern of activities seen within the self-care performance area. The respondents saw 100 activities in the self-care area. In each of the three practice settings, most of these related to personal care (66%). The most frequent activities seen within the personal care area related to washing/dressing and kitchen use.

Table 4. COPM self-care activities in each practice setting

	Physical disability		Mental health		Learning disability		Total	
	n	%	n	%	n	%	n	%
Personal care	56	73.7	9	69.2	1	9.1	66	66.0
Functional mobility	14	18.4	1	7.7	3	27.3	18	18.0
Community management	6	7.9	3	23.1	7	63.6	16	15.0
Total	76	100.0	13	100.0	11	100.0	100	100.0

Activities in the productivity area

Table 5 illustrates the pattern of activities seen within the productivity performance area. The respondents saw 60 activities in the productivity area. In each practice setting, most of these related to household management (95%). Typical activities seen were cooking and tea making.

Table 5. COPM productivity activities in each practice setting

	Physical disability		Mental health		Learning disability		Total	
	n	%	n	%	n	%	n	%
Paid/unpaid work	1	4.2	-	-	-	-	1	1.7
Household management	22	91.6	24	96.0	11	100	57	95.0
Play/school	1	4.2	1	4.0	-	-	2	3.3
Total	24	100.0	25	100.0	11	100.0	60	100.0

Activities in the leisure area

Table 6 illustrates the pattern of activities seen within the leisure performance area. The respondents saw 450 activities in the leisure area. In each practice setting, most of these related to quiet recreation (66.5%), with less emphasis on active recreation (26.4%) and less still on socialisation (7.1%). The nature of the quiet recreation activities is examined in further detail, because the literature suggests that the use of art/craft-based activities, one form of quiet recreation, is in decline in occupational therapy.

Table 6. COPM leisure activities in each practice setting

	Physical disability		Mental health		Learning disability		Total	
	n	%	n	%	n	%	n	%
Quiet recreation	91	74.0	162	64.5	46	60.5	299	66.5
Active recreation	25	20.3	69	27.5	25	32.9	119	26.4
Socialisation	7	5.7	20	8.0	5	6.6	32	7.1
Total	123	100.0	251	100.0	76	100.0	450	100.0

Quiet recreation activities: Table 7 shows the pattern of activities seen within quiet recreation. Of the quiet recreation activities seen, 152/299 (50.8%) were art/craft-based. Such activities were seen most often in mental health and learning disability settings, with games activities being used most often in the physical disability setting. The 'other' activities, which were also popular in all areas of practice, included writing/creative writing, computing, relaxation and photography.

Table 7. Quiet recreation activities in each practice setting

	Physical disability		Mental health		Learning disability		Total	
	n	%	n	%	n	%	n	%
Art/craft	25	27.5	96	59.2	31	67.4	152	50.8
Games	44	48.3	27	16.7	4	8.7	75	25.1
Other	22	24.2	39	24.1	11	23.9	72	24.1
Total	91	100.0	162	100.0	46	100.0	299	100.0

Frequency of the activities seen

The respondents indicated the frequency of the reported activities, noting whether they were seen regularly (that is, at least weekly) or irregularly (less than weekly). The results are shown in Table 8. More than three-quarters of the reported activities (77.4%) were seen at least weekly, with the remainder (22.6%) being seen less often.

Table 8. Frequency of activities seen in each practice setting

	Physical disability		Mental health		Learning disability		Total	
	n	%	n	%	n	%	n	%
Regularly	150	67.6	238	83.8	78	81.2	466	77.4
Irregularly	72	32.4	46	16.2	18	18.8	136	22.6
Total	222	100.0	284	100.0	96	100.0	602	100.0

Note: The frequency was unstated for 8 activities.

Frequency of the activities seen for self-care, productivity and leisure

The frequency of the activities seen in each practice setting, for each area of the COPM, was then examined. The results are shown in Tables 9-11. Table 9 shows that self-care activities were seen more regularly in the physical disability setting than in either the mental health or the learning disability setting.

Table 9. Frequency of self-care activities in each practice setting

	Physical disability		Mental health		Learning disability		Total	
	n	%	n	%	n	%	n	%
Regularly	63	82.9	10	76.9	7	70.0	80	80.8
Irregularly	13	17.1	3	23.1	3	30.0	19	19.2
Total	76	100.0	13	100.0	10	100.0	99	100.0

Table 10 shows that productivity activities were seen more regularly in the mental health and learning disability settings than in the physical disability setting.

Table 10. Frequency of productivity activities in each practice setting

	Physical disability		Mental health		Learning disability		Total	
	n	%	n	%	n	%	n	%
Regularly	17	70.8	20	80.0	9	81.8	46	76.7
Irregularly	7	29.2	5	20.0	2	18.2	14	23.3
Total	24	100.0	25	100.0	11	100.0	60	100.0

Table 11 shows that leisure activities were seen more regularly in the mental health and learning disability settings than in the physical disability setting.

Table 11. Frequency of leisure activities in each practice setting

	Physical disability		Mental health		Learning disability		Total	
	n	%	n	%	n	%	n	%
Regularly	70	57.4	208	84.6	62	82.7	340	76.7
Irregularly	52	42.6	38	15.4	13	17.3	103	23.3
Total	122	100.0	246	100.0	75	100.0	443	100.0

Range of activities seen

The respondents reported a range of client-related activities. The following list illustrates those seen on at least three occasions:

- *Self-care* Bathing practice; Kitchen practice; Shopping; Mobility assessment; ADL activities; Washing/dressing practice
- *Productivity* Cooking; Making tea
- *Leisure* Art; Music; Crafts; Jigsaws; Knitting; Mosaic; Video; Yoga; Board games; Candle making; Card games; Creative writing; Horse riding; Computers; Dominoes; Painting; Papier mâché; Pottery; Quizzes; Relaxation; Salt dough; Swimming; Woodwork; Weaving

The above shows that the respondents saw a broad range of diverse activities on a regular basis. This diversity was particularly apparent in the area of leisure activities.

Discussion

The nature, frequency and range of the activities seen

The respondents encountered many diverse client-related activities during their fieldwork education, mostly in the physical disability and mental health settings. This pattern may result from the fact that a greater range and number of activities are actually used in these settings. It should also be remembered, however, that students' fieldwork education often takes them to areas of frequent occupational therapy practice. As such, the pattern found may simply reflect the relative prevalence of physical disability, mental health and learning disability placements for occupational therapy students. More activities were also reported by the third-year than by the second-year students in this study. It seems likely that this was due to the fact that the more senior respondents had each experienced three periods of fieldwork education at the time of the study and their junior counterparts only two. More than three-quarters (77%) of the cited activities were seen on a regular, that is at least weekly, basis.

In the three performance areas delineated by the COPM (Law et al 1994), client-related leisure activities proved the most frequently seen in all three practice settings, followed by activities in the self-care and productivity areas respectively. The frequency of the various performance components varied according to the different fields of practice. Self-care activities were most often seen in the physical disability setting, with some two-thirds (66%) of the reported activities in this category focused on personal care. Self-care activities were less often seen in either the mental health or the learning disability setting. In the latter field, such activities most often focused on community management.

Self-care abilities are fundamental to everyday life and strongly influence clients' independence. Their relative infrequence in mental health or learning disability practice may reflect the fact that clients in these settings are already independent in self-care tasks. This pattern is not unique. Other researchers have also found that occupational therapists working in physical disability settings focus their interventions mostly on daily living activities and less often

on art/craft or leisure-based occupations (Bissell and Mailloux 1981, Barris et al 1986, Smith 1989, Taylor and Manguno 1991). The current findings suggest that self-care activities form an enduring focus for occupational therapy in the physical field of practice.

Leisure activities were seen with some frequency in all three fields of practice in the reported study, but happened most often in the mental health and learning disability settings. Again, other researchers have noted a similar pattern (Barris et al 1986, Taylor and Manguno 1991). It would appear that changes such as shortened hospital stays, and increased community care provision, have not disrupted the use of leisure-based activities with clients with mental health problems and learning disabilities. Most of the leisure activities reported in the present study occurred either as quiet recreation (66%) or active recreation (26%). It seems likely that quiet recreation activities would predominate in a therapeutic environment because of their practicality. Many are minimally disruptive and require little expense or equipment. In addition, success is not dependent on the participation of large teams or groups of individuals. A number of authors have reported a decrease in art/craft activities in occupational therapy (Bissell and Mailloux 1981, Bayliss et al 1983). Others have refuted this perspective (Williams et al 1987, Taylor and Manguno 1991). In this study, half of the leisure activities reported (51%) were art/craft-based, generally supporting the latter view.

The activities focused on productivity happened relatively infrequently in all fields of practice, with most of the reported activity (95%) relating to household management tasks. This finding is consistent with therapists' frequent focus on facilitating clients' return home. Household management activities may constitute an age-appropriate intervention for large numbers of elderly clients. Less than 2% of the activities reported in this study focused on clients' entry or re-entry into paid employment. The absence of an emphasis on a return to paid employment echoes Smith's (1989) findings and may reflect a level of continuing unemployment among therapists' clients. British occupational therapists have historically worked little in employment rehabilitation, an omission that some believe should be rapidly rectified (Creegan and Williams 1997, Durham 1997, McDonald 1997).

Activity in occupational therapy education and practice

The literature states that activity is central to modern occupational therapy (College of Occupational Therapists 1994, Turner et al 1996, Neistadt and Crepeau 1998). Commentators note that some occupational therapists have chosen to shed their activity focus in past years, in favour of other forms of intervention ('Way Ahead' 1981, cited in Willson 1982). Almost a decade ago, Fossey (1992) commented on the enduring nature of activity analysis as a core occupational therapy skill. Despite this, she noted the paucity of research to date into the perceived meaning for clients of engaging in activity and suggested that further research in this area was needed.

The present study did not ascertain the purpose of the activities used. Research into therapists' goals for the therapeutic activities used would be valuable, as would an understanding of the factors influencing therapists' choice of activity. Therapists' interventions with clients who have increasingly acute conditions may render traditional occupational therapy interventions inappropriate, whilst occupational therapists who manage a wide range of staff might also begin to adopt diverse core values. Other researchers have suggested the need for additional study of the potential application of technology to occupational therapy (Turner and MacCaul 1996). Such initiatives are increasingly important with the current pressure towards evidence-based practice and clinical governance (Golledge 1998b, National Health Service Centre for Reviews and Dissemination 1999).

Everyday life is changing. Past commentators have tasked the profession to re-examine the place of activity in occupational therapy, adapting to societal change by amending the range of client-based activities used (Barris et al 1986, Dickerson and Kaplan 1991). In such a world, occupational therapy students cannot possibly master all potential self-care, productivity and leisure skills. Dickerson and Kaplan (1991) suggested that they should focus on the types of activity most often used in practice: those that offered short-term, quick success.

Current educational philosophy hinges on occupational therapy students acquiring activity analysis skills. By learning to evaluate a sample of representative activities, it is hoped that they will come to understand both the requirements of those activities and the therapeutic potential of activity in general. There is evidence that some occupational therapy students find this approach stressful, however, and lack confidence about the practical aspects of practice on qualification (Chia and Yates 1995, Atkinson and Steward 1997).

This situation might be partly resolved by a continuing identification of the most commonplace activities used in occupational therapy. Such information could be used to inform the undergraduate curricula, minimising any potential gap between the worlds of education and practice. This would reduce the stress of moving from one to the other on qualification.

Limitations of the study

A number of limitations, with regard to this study, should be noted. First, the questionnaire devised proved less than satisfactory. It is likely that its relative length, and distribution at the end of the autumn term, affected both the quality and the quantity of the data obtained. The response rate achieved in the study (32%) was poor. The questionnaire also failed to capture the full complexity of the data, categorising the frequency of the reported activities simply in terms of their regularity. A more discriminating scale might have produced more useful data. In addition, the questionnaire did not record the perceived reasons for the activities seen. The therapeutic use of activities is complex, with the same activity being used for diverse

purposes in differing contexts (Creek 1996). The same activity may also have myriad meanings for therapists and clients alike (Fair and Barnitt 1999). The reported study failed to explore these issues with the respondents, leading to difficulty in assigning the reported activities to a particular COPM classification. Given this, it is necessary to treat the reported activity categorisation with some caution.

Secondly, the data collection relied on the accuracy of the respondents' memories, which may have varied. While the second-year students would have had less time in which to forget their fieldwork experiences than their third-year peers, they had also spent less time in the clinical field at the time of this study. This would potentially have given them fewer activities to recall. That these elements actually biased respondents' answers was suggested by the fact that the second-year respondents reported, on average, two fewer activities than their third-year peers.

Thirdly, the study data were based on the respondents' reports of the activities seen during their fieldwork education experience. Such experience has been viewed as a poor simulation of actual practice (Yuen 1990). As such, the reported activities may not represent the full range of those used by British occupational therapists.

Finally, the reported data were a snapshot of the client-based activities, collected at one point in time from those enrolled in a single occupational therapy programme. Given the above limitations, the findings of this study may not be widely generalisable.

Conclusion

This study found a wide range of diverse activities to be used in British occupational therapy settings. In particular, self-care and leisure activities were frequently used. As such, it is the authors' opinion that practical experience of these elements should be included in the formal undergraduate curriculum. Experience of a representative selection of commonly-used activities would enable students to explore the value of therapeutic activity in general. The present study also found that occupational therapists were involved in the productivity element of their clients' lives relatively infrequently, a situation that some say should be redressed.

Further research is needed to identify current trends in activity use within occupational therapy and to investigate the factors that influence therapists' choice of client-related activities. Occupational therapists are no strangers to adaptation and their ability to change with the times is fundamental to the continued provision of cost-effective interventions that have purpose and meaning for their clients. Such provision is based on the acquisition of both sound theoretical principles and broad personal experience. In times of rapid change, therapists will find themselves having to adapt their personal repertoire of activities throughout their working lives. Only in this way can the profession hope to meet the challenge of the future.

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Appendix 1. Activities in occupational therapy

This questionnaire looks at the activities you may have seen being used in occupational therapy on your placements. Please include any activities you have used yourself as well as those you have observed being used by other occupational therapy staff who you were on placement with.

Please state any activities seen and then tick the appropriate boxes. If you have seen the activity in more than one setting, please restate on a new line.

Thank you for your help.

Please tick your year of study

Year 2 ☐

Year 3 ☐

	Setting of the activity				Frequency	
Activity	**Physical disability**	**Mental health**	**Learning disability**	**Other (please state)**	**Regularly (at least weekly)**	**Irregularly (not weekly)**

Please write any comments overleaf – thank you.