Exploring occupational participation, choice, and opportunities of regional on-campus university students who have recently transitioned from secondary school

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BHthSc(OT)(Hons)

A thesis submitted for the degree of

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# Table of Contents

Certificate of Authorship ........................................................................ viii
Acknowledgments of funding assistance ...................................................... ix
Paid editorial assistance .......................................................................... x
Acknowledgements .................................................................................... xi
Abstract .................................................................................................... xii

**Chapter 1: Introduction** ...................................................................... 1

1.1 Background to the Study .................................................................... 1
1.1.1 Being a rural young person ............................................................ 1
1.1.2 Being an occupational therapist in a regional area ......................... 2
1.1.3 The journey of this thesis ............................................................... 4
1.2 Purpose of this study .......................................................................... 5
1.3 Positioning my understanding .............................................................. 5
  1.3.1 Human occupation ................................................................. 5
    1.3.1.1 Assumptions of occupational science ........................................ 8
    1.3.1.2 Occupational experiences ...................................................... 9
    1.3.1.3 Occupational roles ............................................................... 10
    1.3.1.4 The concepts of occupational choice and occupational opportunity .... 12
  1.3.2 An occupational perspective of health and wellbeing ...................... 12
    1.3.2.1 Occupational science: Linking occupation to health and wellbeing .... 14
    1.3.2.2 Occupational roles, health and wellbeing ................................ 17
  1.3.3 The rural and regional Australian environment ................................ 18
  1.3.4 Young People as a Population Group .......................................... 21
    1.3.4.1 Adolescence to adulthood: A developmental life stage ............. 21
    1.3.4.2 Generation Z ....................................................................... 22
    1.3.4.3 Independence, responsibility and sociocultural rites of passage ... 24
    1.3.4.4 Subcultures of young people ................................................ 25
  1.3.5 University students as a subgroup of young people ....................... 26
  1.4 Thesis Overview .............................................................................. 27

**Chapter 2: Literature Review** ............................................................... 32

2.1 Introduction ....................................................................................... 32
2.2 Young People and Their Occupations ................................................. 36
  2.2.1 Young people: Occupational therapy and occupational science research .... 37
  2.2.2 Human occupation and young people ............................................. 40
  2.2.3 The leisure occupations of young people ....................................... 41
  2.2.4 The productive occupations of young people ................................. 48
  2.2.5 Self-care occupations of young people ......................................... 50
  2.2.6 Rest and restorative occupations of young people ....................... 50
  2.2.7 The occupations of university students ....................................... 52
2.3 Young People, Health and Wellbeing from an Occupational Perspective .... 53
  2.3.1 Prevalence of health issues for young people: A review of the general health research ................................................................. 54
Chapter 3: Methodology

3.1 Locating the Study

3.2 Research Questions

3.3 Ontological and Epistemological Position

3.4 Theoretical Perspectives

3.5 Research Approach: Inductive Two-Stage Qualitative Exploration

3.6 Stage 1: Hermeneutic Phenomenology

3.7 Stage 2: Constructivist Grounded Theory

3.8 Research Timeframe and Implementation

3.9 Research Participants

3.10 Methods

3.10.1 Stage 1: In-depth interviews

3.10.2 Stage 2: The focus group
Chapter 5: The metamorphosis of transitioning into a University Student

5.1 Identity ................................................. 170

5.1.1 Having a strong sense of identity facilitated metamorphosis .......... 170
Chapter 6: The Health and Wellbeing Outcomes of Becoming a University Student in a Rural and Regional Environment ................................................................. 186

6.1 The Experience of Health and Wellbeing in Occupational Role Transition ..... 186
   6.1.1 Experiences of health in the occupational role transition process .......... 188
      6.1.1.1 Stress in the student role .............................................. 189
      6.1.1.2 Managing sleep as university student ............................. 190
      6.1.1.3 Exercise and being a university student .......................... 191
      6.1.1.4 Diet of a university student ........................................ 194
      6.1.1.5 Alcohol consumption as a university student ..................... 195
      6.1.1.6 Friendships in the role as a student ............................... 197

Chapter 7: The Occupational Role Transition Model............................................. 198

7.1 Summary of the Key Findings ........................................................................ 198
7.2 The Occupational Role Transition Model ....................................................... 199
   7.2.1 The regional, home and university environment .................................. 199
   7.2.2 The continuum of time ....................................................................... 201
   7.2.3 Occupational variables: The concepts .............................................. 202
   7.2.4 The conceptual process of occupational role transition ....................... 203
   7.2.5 The butterfly analogy: Explaining the process of occupational role transition .................................................. 203
      7.2.5.1 Stage 1: Inception ................................................................ 206
      7.2.5.2 Stage 2: Experiences .......................................................... 207
      7.2.5.3 Stage 3: Metamorphosis ..................................................... 208
      7.2.5.4 Stage 4: Transformation ..................................................... 209

7.3 Section 2: Applying the Occupational Role Transition Model ......................... 209
   7.3.1 Case study 1: Emily’s smooth transition experience ............................. 210
   7.3.2 Case study 2: Jill’s challenging transition experience ............................ 216
7.4 Summary ........................................................................................................ 223
Chapter 8: Discussion ................................................................. 226
  8.1 Study and its Central Concern to Students ............................. 226
  8.2 The Environment Influences Transition .............................. 232
  8.3 The Process of Metamorphosis .......................................... 234
    8.3.1 Identity formation .................................................. 234
    8.3.2 Capability in performing occupations .......................... 237
    8.3.3 Social and cultural belonging ................................. 239
    8.3.4 The experience of health and wellbeing .................... 242
  8.4 Conceptualising Occupational Role Transition .................... 249
    8.4.1 Occupational choice and occupational opportunity in the transition process .................................................. 253
    8.4.2 Metamorphosis: The process of occupational change .... 256
Chapter 9: Conclusion ............................................................... 258
  9.1 Study Limitations .......................................................... 260
  9.2 Implications and Recommendations for Future Research ........ 262
    9.2.1 Occupational science and occupational therapy ............ 263
    9.2.2 Regional and rural health ....................................... 264
    9.2.3 Population and public health ................................. 265
    9.2.4 Education settings, governments and policy .............. 266
    9.2.5 Final word ......................................................... 268
References ................................................................................ 270

Appendix A: Phenomenological interview guide .......................... 328
Appendix B: Example of personal memo notes from the interviews .... 330
Appendix C: Focus group guide ................................................. 331
Appendix D: Diagram of the preliminary codes from the interviews  .... 333
Appendix E: Table of common preliminary themes from the interviews . 334
Appendix F: Stage 2: Line-by-line coding .................................. 337
Appendix G: Information pack ................................................... 338
Appendix H: Informed consent form ......................................... 344
Appendix I: Local health services information sheet ................. 346
Appendix J: Researcher reflective writing .................................. 348
Appendix K: Mind map ............................................................ 352
Appendix L: Transition mind map .............................................. 353
Appendix M: Conceptual diagram 1 ........................................... 351
Appendix N: Conceptual diagram 2 .......................................... 355
Appendix O: Example of meeting notes with supervisor ..................................356

List of Tables

Table 1.1 Classification of occupation .................................................................7
Table 2.1 Summary of Occupational Therapy and Occupational Science Research
on Young People as a Population Group .............................................................37
Table 2.3 Overview of Research about Young People and Leisure ......................41
Table 2.4 Summary of Research on the Health of Australian University Students....63
Table 3.1 Hermeneutic Phenomenology and Constructivist Grounded Theory ........92
Table 3.2 Stage 1 Participants .............................................................................107
Table 3.3 Stage 2. Focus Group Participants .......................................................110
Table 3.4 Example Interview Questions ..............................................................111
Table 3.5. Emerging Preliminary Themes .........................................................121
Table 8.1 Occupational science and occupational therapy literature on occupational
transition in various population groups ..........................................................247
List of Figures

Figure 2.1: Taxonomy: Literature Review Process ..................................................33
Figure 2.2: Literature review topics and sources .....................................................34
Figure 3.1: Visual summary of the methodology .....................................................83
Figure 3.2. The elements of the research process ....................................................86
Figure 3.3: Chronological order of the research design process .............................104
Figure 3.4. Stage 1 participant ASGC-RA based on residential address in Year 12...109
Figure 3.5. Stage 2 participant ASGC-RA based on residential address in Year 12...110
Figure 3.6. Fusion of horizons ..............................................................................116
Figure 3.7. The hermeneutic circle ......................................................................118
Figure 3.8. The hermeneutic spiral ......................................................................125
Figure 3.9 Developing occupational role transition: Stage 1 findings .................126
Figure 3.10. Constructivist grounded theory coding and theory development process.
..........................................................................................................................129
Figure 5.1. Dynamic relationship between the components of metamorphosis ....169
Figure 6.1. The continuum of health and wellbeing ..............................................188
Figure 7.1. The occupational role transition model .................................................200
Figure 7.2. Explaining the butterfly lifecycle .........................................................205
Figure 7.3. Occupational role transition model: Case study 1 (Emily) ...............215
Figure 7.4. Occupational role transition model: Case study 2 (Jill) .................222
# List of Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
</tr>
<tr>
<td>CSU</td>
<td>Charles Sturt University</td>
</tr>
<tr>
<td>ESM</td>
<td>Experience sampling method</td>
</tr>
<tr>
<td>OT</td>
<td>Occupational therapy</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>ASGC-RA</td>
<td>Australian Standard Geographical Classification - Remoteness Area</td>
</tr>
<tr>
<td>CBD</td>
<td>Central business district</td>
</tr>
<tr>
<td>ICF</td>
<td>International Classification of Functioning, Disability and Health</td>
</tr>
<tr>
<td>STD</td>
<td>Self-Determination Theory</td>
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</table>
## Glossary

### Definition of terms

Within this thesis the following specific occupational science and research specific terms will be used frequently to explain and describe the research. They are summarised in basic terms as follows:

<table>
<thead>
<tr>
<th>Conceptual term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Generic terms of reference</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Becoming:</strong></td>
<td>People use occupation to develop new occupational roles and thus to change their identities. When “becoming” a person is typically a novice at performing the new occupational role.</td>
</tr>
<tr>
<td><strong>Being:</strong></td>
<td>A state of “being” is when a person strongly identifies with an occupational role, such as being a student, or a soccer player, or a worker.</td>
</tr>
<tr>
<td><strong>Belonging:</strong></td>
<td>Feeling connected with others through shared occupations and occupational roles</td>
</tr>
<tr>
<td><strong>Doing:</strong></td>
<td>The term “doing” is used to describe occupational engagement and participation.</td>
</tr>
<tr>
<td><strong>Environment</strong></td>
<td>The environmental context includes the geographical environment, the social and cultural environment, and the institutional environment. Human occupation is dynamically linked to the setting of the environment (Pierce, 2001; Yerxa, 2000).</td>
</tr>
<tr>
<td><strong>Health and wellbeing:</strong></td>
<td>Health and wellbeing are the subjective experience of being free from illness or disease or to have a perceived good quality of life. Health may include physical, social, mental, rest.</td>
</tr>
</tbody>
</table>
| **Lived experience** | This is used to describe the hermeneutic phenomenological term. Exploring the “lived of experience” of the participants in this study was essential to understanding their occupational experiences of being and becoming a regional university student. Finlay (2011, p. 15)) defines the lived experience as: ‘Phenomenologists seek to capture lived experience – to connect directly and immediately with the world as we experience it. The focus is on our personal or shared meanings, as distinct from the objective physical world explored by science.’ McManus Holroyd (2007, p. 3) described experiences from a Gadamerian hermeneutic phenomenological perspective as: ‘Experience, when approached from a stance of openness, places our mental and intellectual processes at stake, and demonstrates
a willingness to surrender our attachments to our current knowledge. Through this way of being, individuals are intent not on knowing more but on knowing differently. Simply stated, the inquirer is prepared to surrender, through a stance of openness, what he or she currently knows, and it is in this surrender that the inquirer has the potential to be transformed.’

Rural and regional environment

The geographical, social and cultural Australian environmental context outside of any metropolitan area. Rurality was classified for participants in this study using The Australian Standard Geographical Classification - Remoteness Area (ASGC-RA) (Department of Health, 2006) was used to establish the remoteness of each participant. The rural and regional environment is specific context in which people participate in occupations.

Student

In this these students refers to regional on-campus university student who had recently transitioned from secondary school aged 18-21

University

Refers to the specific institutional context that facilitates the occupation of study for a tertiary qualification. These are particular geographic, physical, cultural and social environments.

Young people:

In this thesis, people aged 18-21 years of age

Occupational science and occupational therapy specific terms of reference

Occupation

All the activities people need or want to do in their day within the context of their environment (Wilcock, 2005; Yerxa, 2000): Some of the occupations performed by young people including study, working, playing sport, spending time with friends, going out.

Occupation deprivation:

The experience of being excluded or restricted from having occupational opportunities and choices based on external influence outside of the persons direct control. For example, being restricted from attending university to study a course of choice because of lack of transport to this town.

Occupation of populations:

The collective experience of occupations for a population group considering a population health perspective (Bass, 2015). For example, the occupational experience of a group of returned servicemen or women experiencing Post Traumatic Stress Disorder.

Occupational balance:

The subjective experience of feeling that one is engaging in the “just right mix” of occupations that meet one’s needs and assist a person to maintain health and wellbeing. To have occupational balance, may be to feel that one has spent equal or optimal time doing occupations. While to feel occupational imbalance may be to be time poor and feel pressure to do some occupations over other such as over-working in a paid job.
<p>| <strong>Occupational Barriers:</strong> | A circumstance that hinders, reduces or prevents occupational engagement within the environmental context. Occupational barriers can limit occupational choices and/or occupational opportunities. For instance, limited availability of local jobs can limit the occupational choices to follow a career path and reduce occupational opportunities to obtain high paying or higher skilled employment. |
| <strong>Occupational choice:</strong> | The opportunity to choose a favoured occupation based on a range of occupations available or occupational opportunities afforded in the environmental context. For example, choosing to study at university because there is an occupational opportunity to study at university. |
| <strong>Occupational Enablers:</strong> | A circumstance the enables or facilitates occupational engagement within the environmental context. Occupational enablers can provide occupational choices and/or occupational opportunities. For example, access to sporting facilities may increase the occupational choices to play a variety of sport and enable occupational opportunity to represent a team at State level. |
| <strong>Occupational environment:</strong> | The geographic, social, cultural, sensory, institutional, spiritual, economic, temporal, and political environmental contexts in which occupations take place (Pierce, 2001; Wilcock, 2005; Yerxa, 2000). An example may be, the environmental context of the inner CBD of Melbourne, with its urbanized environment cultural hub for arts and cafes and the sensory environment of noise from traffic and people and grey concrete structures. |
| <strong>Occupational experience:</strong> | A unique experience of doing occupation either individually or as a group that provides meaning and purpose within a particular environmental context. For example, bushwalking in the Alpine area gives the person meaning and connection to the environment and nature. It also may involve a social aspect of belong to a bushwalking group who are also feeling a similar occupational experience. |
| <strong>Occupational identity:</strong> | Adopting a personal identity that is linked to the occupations that one engages in. Having an occupational identity helps people label their own occupational roles which identity themselves in society. e.g. being a scholar or a musician. |
| <strong>Occupational inception</strong> | The beginning of the process of occupational role transition where the individual makes the decision to embark on becoming a new or additional occupational role. For example, the chef decides to change career to become a teacher |
| <strong>Occupational inclusion and belonging:</strong> | An experience of being included and belonging with others including peers, family, friend, culture and the community when participating in occupations. For example, being invited to attend a family reunion to re-connect with extended family. |
| <strong>Occupational independence:</strong> | An experience of independence, freedom and autonomy in occupational participation. For instance, being able to perform domestic occupations independently such as cooking or cleaning |</p>
<table>
<thead>
<tr>
<th><strong>Occupational justice:</strong></th>
<th>The right to have opportunities and choices of occupations. Occupational justice may be gained when the person or group has equal choices and opportunities to do occupations for want, need, meaning and purpose.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Occupational opportunity:</strong></td>
<td>The environment provides the opportunity to engage in occupation. For example, a person who does not have opportunity to a play sport of choice in local town because it is not available does not have optimal occupational opportunity.</td>
</tr>
<tr>
<td><strong>Occupational perspective of health and wellbeing:</strong></td>
<td>Thinking about how occupational participation and engagement influences health and wellbeing. Considering how changes in people, occupations, and environments impact on health. Similarly, thinking how health and wellbeing can influence occupation (Chapparo &amp; Ranka, 1997; Erlandsson &amp; Christiansen, 2015; Wilcock, 2007).</td>
</tr>
<tr>
<td><strong>Occupational role transferal</strong></td>
<td>Transferring previously established occupational roles into a new environmental context. For example, the students may have work at McDonald’s in their hometown and were able to transfer this occupational role into working at the local McDonald’s in Albury.</td>
</tr>
<tr>
<td><strong>Occupational role transition</strong></td>
<td>The complex and dynamic experience of change in one’s existing set of occupational roles to become either an alternate and/or additional occupational role over time. To make this transition the individual needs to change, adapt and develop their participation and engagement in new and/or existing occupations to meet the occupational requirements of their new occupational role.</td>
</tr>
<tr>
<td><strong>Occupational role:</strong></td>
<td>The multi-layered and complex combination of occupations that are required for performing a particular role in society within the environmental context. Such as, being student or a being a football player. Occupational role may give an individual a sense of identity within the community.</td>
</tr>
<tr>
<td><strong>Occupational science:</strong></td>
<td>Study of human occupation. Occupational science provides the theoretical framework about why and how people participate and engage in occupation and the ways in which they may be considered to be occupational beings.</td>
</tr>
<tr>
<td><strong>Occupational Therapist:</strong></td>
<td>A health professional who enables occupational participation</td>
</tr>
<tr>
<td><strong>Occupational therapy:</strong></td>
<td>A profession that puts into practice the theory and philosophy of occupational science</td>
</tr>
<tr>
<td><strong>Occupational time use:</strong></td>
<td>Time use to perform occupations in relation to the movement of time through rhythm, tempo, temporality, habit, routine. For example, the daily routine to have a shower before going to work.</td>
</tr>
<tr>
<td><strong>Occupational wellbeing</strong></td>
<td>Gaining a sense of contentment and quality of life in various aspects of health including physical, mental, social, emotional, spiritual, environmental, restorative health through doing</td>
</tr>
</tbody>
</table>
occupations and being in particular occupational roles of purpose and meaning. Such as, being an Artist and doing painting daily may free the mind, body and spirit and provide the person with a sense of occupational wellbeing and positive physical, mental and spiritual health.

### Occupational Role Transition Model (Butterfly metamorphosis analogy) conceptual terms of reference

<table>
<thead>
<tr>
<th>Occupational science concept</th>
<th>Butterfly metamorphosis metaphors</th>
<th>Meaning in the model</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Occupational independence</strong></td>
<td>Occupational role transition concepts</td>
<td>An experience of independence, freedom and autonomy in occupational participation.</td>
</tr>
<tr>
<td><strong>Occupational time use</strong></td>
<td>Occupational role transition concepts</td>
<td>Time use to perform occupations in relation to the movement of time through rhythm, tempo, temporality, habit, routine</td>
</tr>
<tr>
<td><strong>Barriers</strong></td>
<td>Occupational obstacles</td>
<td>A circumstance that hinders, reduces or prevents occupational engagement</td>
</tr>
<tr>
<td><strong>Belonging and inclusion</strong></td>
<td>Occupational metamorphosis concept role transition concepts</td>
<td>An experience of being included and belonging with others including peers, family, friend, culture and the community when participating in occupations.</td>
</tr>
<tr>
<td><strong>Capability</strong></td>
<td>Occupational metamorphosis concept</td>
<td></td>
</tr>
<tr>
<td><strong>Choices</strong></td>
<td>The occupational environment variable</td>
<td>The opportunity to choose a favoured occupation based on a range of occupations available or occupational opportunities afforded in the environmental context.</td>
</tr>
<tr>
<td><strong>Enablers</strong></td>
<td>Occupational facilitators</td>
<td>A circumstance the enables or facilitates occupational engagement</td>
</tr>
<tr>
<td><strong>Environment</strong></td>
<td>Occupational role transition concepts</td>
<td>The geographic, social, cultural, sensory, institutional, spiritual, economic, temporal, and political environmental contexts in which occupations take place.</td>
</tr>
<tr>
<td><strong>Experience</strong></td>
<td>The caterpillar</td>
<td>Stage 2 of Occupational Role Transition: A unique experience of doing occupation either individually or as a group that provides meaning and purpose within a particular environmental context.</td>
</tr>
</tbody>
</table>
### Health and wellbeing

*The Butterfly*

Gaining a sense of contentment and quality of life in various aspects of health including physical, mental, social, emotional, spiritual, environmental, restorative health through doing occupations and being in particular occupational roles of purpose and meaning.

### Identity

*Occupational role transition concepts*

Adopting a personal identity that is linked to the occupations that one engages in. Having an occupational identity helps people label their own occupational roles which identify themselves in society.

### Inception

*The eggs*

Stage 1 of Occupational Role Transition: The beginning of the process of occupational role transition where the individual makes the decision to embark on becoming a new or additional occupational role.

### Metamorphosis

*The Pupa*

Stage 3 of Occupational Role Transition: as a stage in the process of occupational role transition, essentially involves the evolution of identity, capability and belonging and inclusion in the development of a new occupational role.

### Occupational role transferral

*The occupational experience variable*

Transferring previously established occupational roles into a new environmental context.

### Occupational Role Transition

*The occupational phenomenon*

The complex and dynamic experience of change in one’s existing set of occupational roles to develop an alternate and/or additional occupational role over time. To make this transition the individual needs to change, adapt and develop their participation and engagement in new and/or existing occupations to meet the occupational requirements of their new occupational role.

### Occupational Opportunity

*The occupational environment variable*

The environment provides the opportunity to engage in occupation.

### Rural and regional environmental context

*The environmental context*

The regional geographic, social, and cultural environmental context of Albury-Wodonga area.

### Time

*The temporal context*

Time use to perform occupations in relation to the movement of time through rhythm, tempo, temporality, habit, routine

### Transformation

*The Butterfly*

Stage 4 of Occupational Role Transition: The transformational experience of becoming the new occupational role as rural/regional university student.
| University environmental context | The environment context | The institutional university environment of Charles Sturt University, Albury-Wodonga campus. |
Certificate of Authorship

I hereby declare that this submission is my own work and to the best of my knowledge and belief, understand that it contains no material previously published or written by another person, nor material which to a substantial extent has been accepted for the award of any other degree or diploma at Charles Sturt University or any other educational institution, except where due acknowledgement is made in the thesis (or dissertation, as appropriate). Any contribution made to the research by colleagues with whom I have worked at Charles Sturt University or elsewhere during my candidature is fully acknowledged.

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Name

Amie Jane Meads

Signature

Amie Meads

Date

28/03/19
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This thesis was professionally edited by Elite Editing with permission from my supervisors. Elite Editing abide by the *Australian Standards for Editing Practice*, and we follow the *Guidelines for Editing Research Theses* produced by the Institute of Professional Editors and Proof-readers.
Acknowledgements

I dedicate this thesis to my family: To my beautiful daughters, Eliza and Adeline: I love you to the end of the universe and back. I hope that this thesis inspires you to always reach for the stars in life. You can be anything that you want to be. To my wonderful and supportive husband Jules: I want to thank you for everything you do for me and the love and support you have always provided. Without you this thesis would not have happened, so it is as much yours as it is mine. To my parents, Michelle and Steve: I would not be who I am today or have achieved what I have without your encouragement and the sacrifices you made for me. I hope this thesis makes you proud of me. To my father‐in‐law, Rod: Thank you for taking the time to read my thesis and provide feedback. I appreciate all of your time and effort to help me. To my sisters: Thank you for offering to help with your “voices” for my conference presentation.

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**Abstract**

**Introduction:** Understanding the occupational experiences of humans is of core interest to occupational scientists. The transition from being a secondary school student to becoming a university student is a time of occupational change; however, although this transition is a common experience, it has not previously been extensively examined in the sphere of occupational therapy or occupational science research. This study aimed to address a gap in knowledge of the occupational experiences of young people as they transitioned to study at university. In particular, the occupational choices and opportunities that were available to regionally based university students in the first and second year of their studies were the focus. Furthermore, how the students’ occupational participation affected their health and wellbeing was also investigated.

**Methods:** A two-stage qualitative methodological approach was employed: Stage 1 was hermeneutic phenomenology and Stage 2 was constructivist grounded theory. These methodologies were blended to arrive at an understanding of the lived experience of the participants, which was theoretically conceptualised. In Stage One, in-depth interviews were conducted with 24 female students recruited from a regional Australian university. In Stage 2, a focus group with 3 female university students recruited from the same setting as Stage 1 was completed with the aim of developing, testing and consolidating a theory based on the findings of Stage One. The transcripts of interviews and the focus group were qualitatively analysed.

**Findings:** The primary finding was that the participants experienced occupational role transition. The rural and rural and regional environments in which the students lived and worked while attending university offered choices and opportunities for occupational engagement that affected the participants’ development in three key areas. These three factors were influential upon the participants’ metamorphosis from
being secondary school students to becoming university students. The three key areas were sense of occupational identity, occupational capability, and sense of social and cultural belonging to university and to the rural and regional environment. Ultimately, the students’ health and wellbeing were influenced by how successfully the students were able to navigate the metamorphosis process, including their development of identity, capability, and belongingness. A conceptual model was developed to represent the transition process: The Occupational Role Transition Model.

**Conclusion:** This study adds to understanding about the factors that influence transitioning from one occupational role to another and it illuminates how health and wellbeing may be impacted by the transition process. This study also provides increased detailed understanding about the occupational experiences, choices and opportunities of regional university students as a population group. The findings provide impetus for further research into occupational role transition and how it might differ between different sub-population groups and different geographical locations.
Chapter 1: Introduction

In this thesis, I explore the lived experiences of regional on-campus university students who had recently transitioned from secondary school, by focusing particularly on the occupational choices and opportunities available in the rural and rural and regional environmental context. I also seek to understand the health and wellbeing outcomes of student experiences, choices and opportunities from an occupational perspective.

As a regional occupational therapist, I have my own perspectives on the experience of being a regional university student and the choices and opportunities that were available to me. Given that my personal and professional experiences have shaped my approach to this study, I will first discuss my background as a regional person, a regional occupational therapist and an emerging researcher before discussing the relevance of this topic to occupational science and providing a rationale for the study.

1.1 Background to the Study

1.1.1 Being a rural young person

As a young adult, I lived in a rural town and attended the regional Albury–Wodonga campus of Charles Sturt University (CSU). I often reflected on my own use of time and how it may have a profound effect on health and wellbeing. In particular, I found the experience of completing high school and transitioning to university to be challenging. During this time, I began to think about the choices I had and how the available opportunities in my immediate environment influenced them: What control did I really have over what I did with my time? What were my opportunities and how did the environment influence them?

When I moved from school to university, I felt excited and hopeful about my future choices and opportunities, but I also felt restricted and, in some ways, trapped by
the environment and the small town in which I lived. I wondered if my own proficiency of health and wellbeing was an outcome of my choices and opportunities to ‘do or not to do’. At times, my health and wellbeing were poor. For instance, when I felt that I had limited desire or opportunity to engage with peer groups or leisure occupations, such as competitive sports or my artwork, my sense of health and wellbeing diminished. At other times, my health and wellbeing were better than those of my peers because I had excellent family support and was succeeding in my studies. It was a complex balance that I perceived to be strongly influenced by my opportunities and choices.

I also reflected on the choices and opportunities of my peers and I wondered whether they felt the same as me. Some young people left the region as soon as they could, either through their own volition or through necessity, to pursue work or education. Others chose to stay in the region. I was interested in understanding how living in a regional or rural environment and the availability of opportunities for occupation in these contexts affected adolescents becoming adults. I was fascinated that environments could provide so much or so little. For example, some of my peers were heavy consumers of alcohol and used illicit drugs. Others, despite their high grades in secondary school, chose not to attend university, instead remaining at home close to their friends and pursuing vocational careers. Reflecting on my own experiences and those of my peers raised some questions for me: How did the rural and regional environment and attending a regional university affect health and wellbeing? What was the role of the rural and regional environment in providing choices and opportunities to do what one wanted or needed to do?

1.1.2 Being an occupational therapist in a regional area

My professional role as an occupational therapist has influenced my approach to the study presented in this thesis. Because I view health and wellbeing through an
‘occupational lens’, when designing this study, I focused on “looking at or thinking about human doing” (Njelesani, Tang, Jonsson & Polatajko, 2012, p. 234). Viewing health from an occupational perspective gives rise to the belief that engaging in occupations can either enhance or diminish health and wellbeing. Further, this occupational perspective views engagement in occupations as integral to the experience of health and wellbeing for individuals, communities and populations. Hence, I consider human occupation to be essential to the experience of health and wellbeing. In addition to choosing occupational therapy as a profession, I also have a passion for regional and rural health. Therefore, once I attained my qualification, I became committed to working with and helping people living in regional communities.

I live and work in a rural and regional area. My private occupational therapy practice is based in the regional Victorian town of Wangaratta. I provide home-based services to clients in regional and rural towns in north-east Victoria and on the New South Wales border. A commitment to rural and regional health is instilled in my practice. In my view, rural and regional health can be improved by being considered from an occupational perspective of health and wellbeing. I believe that by researching the occupations in which regional people engage, it is possible to gain a deeper insight into how living in a rural and regional environment and engaging in the occupations available in that environment may influence health and wellbeing.

As an occupational therapist with a keen interest in occupational science, I have noted that rural young people’s participation in leisure and productive activities may be affected by a lack of public transport and a limited range of services. I was interested in discovering how young people manage to participate in their chosen occupations given these challenges. As an occupational scientist, I hypothesised that young people’s use of time would be affected by their occupational choices and opportunities, and that how
they used their time could, in turn, affect their health and wellbeing. However, I did not have a nuanced understanding of exactly how time use was affected by occupational choice and opportunity or how this affected health; therefore, I was interested in learning more about these phenomena.

1.1.3 The journey of this thesis

I began this thesis 10 years ago as a part-time distance-education student. At that time, I was a different person and occupational therapist to who I am now. Ten years ago, I was 23 years old, living in my parents’ home and working as an occupational therapist in community health. At the time of writing, I am married with a five-year-old daughter and have another child due. For the past 10 years, I have owned and operated a private occupational therapy practice in north-east Victoria. My work is varied, and I have a wide range of clients of all ages and many different social backgrounds. My personal journey has ebbed and flowed over this time—there have been many barriers to completing this thesis, but I have persisted with the help of support and resources. For example, support from family and supervisors and resources such as access to a car and income from working full time.

Throughout this 10-year journey, I have pondered and deliberated on the topic, the data and the findings, as well as on the knowledge I have developed through the process. I believe that, as a consequence of my efforts, I have grown both as a person and as an occupational therapist. As I finalise this thesis, I now consider myself to be an occupational scientist. The evolution of my identity to this occupational role of researcher has involved considerable time and effort—indeed, I have experienced an occupational role transition, much like the participants in my study.
1.2 Purpose of this study

The purpose of this study was twofold. Firstly, I wanted to understand the experience of being regionally based university student after completing secondary school and what this meant for the students’ participation in occupations based on the choices and opportunities available in the environment. Furthermore, I wanted to develop a theoretical conceptualisation of this experience strongly embedded in the theoretical knowledge of occupational science and occupational therapy. In order to achieve this, I needed to consider the best means to accomplish this understanding of lived experience and also the most suitable way in which to develop theory. Most importantly as an Occupational Therapist and an Occupational Scientist, I was acutely attuned to the meaning, purpose and importance of human occupations in discovering my topic of interest.

1.3 Positioning my understanding

In order to locate the purpose of this research I need to clarify my own position on several key topics of interest in order to establish their meaning in this thesis. I will explore the topics of occupation, health and wellbeing from an occupational perspective, the rural and regional Australian environment and young people as a population group of study as follows:

1.3.1 Human occupation

Human occupation is difficult to define; however, three definitions are provided here. According to Yerxa (2000):

Occupation is what humans do when they act as agents of their own intentions in order to achieve a goodness of fit with their environments. Occupation is therefore self-initiated, self-organised activity which is goal-directed (even if the goal is to have fun) and contextualized in a specific environment of a span of
time. It is energized by unique interests and expressed as skill, which enables people to be competent, participating, productive members of their culture; ‘in place’ by virtue of their capabilities, finding symbolic meaning through agency. (p. 91)

Wilcock (2005) defines human occupation as:

Doing, being, and becoming for functional purposes; social, physical, mental and spiritual reasons (much of which is at a subconscious level) for survival; for health; for meeting obligations; for choice or habit, as well as finding meaning and purpose. (p. 8)

Pierce (2001) defines human occupation as follows:

An occupation is a specific individual personally constructed, nonrepeatable experience. That is, an occupation is a subjective event in perceived temporal, spatial, and sociocultural conditions that are unique to that one-time occurrence. An occupation has a shape, a pace, a beginning and an ending, a shared or solitary aspect, a cultural meaning to the person, and an infinite number of other perceived contextual qualities. (p. 139)

Each of these definitions refers to occupation as all the things that people do in their daily lives. Occupation is dynamically linked to its environmental context, aspects of which include the geographical environment, the social and cultural environment, and the institutional environment (Pierce, 2001; Yerxa, 2000). Occupations occur in time and space (Pierce, 2001; Yerxa, 2000). Occupations are done for functional reasons, such as exercising choice (Wilcock, 2005). Occupations can be completed alone or can be shared with others (Pierce, 2001). Occupations have meaning and purpose to the individual who performs them (Pierce, 2001; Wilcock, 2005; Yerxa, 2000). Wilcock (2001) describes engaging in occupation as the core of what is it to be human and that it
has evolutionary, biological and social functions. It is evident that there are many reasons for engaging in occupations, one of which may be to improve health and wellbeing. There is no clear consensus about how to define human occupation.

Categorising occupation can help illustrate the range of functions that it has for people. Table 2.2 provides various classifications of occupation according to different authors.

Table 1.1

Classification of Occupation

<table>
<thead>
<tr>
<th>Author</th>
<th>Classification of occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapparo &amp; Ranka (1997)</td>
<td>Occupational categories:</td>
</tr>
<tr>
<td>Occupational Performance Model (Australia) [OPM (A)]</td>
<td>• Productivity/work/school</td>
</tr>
<tr>
<td></td>
<td>• Rest</td>
</tr>
<tr>
<td></td>
<td>• Self-maintenance</td>
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<tr>
<td></td>
<td>• Leisure/play</td>
</tr>
<tr>
<td>Canadian Association of Occupational Therapy (CAOT), (1997)</td>
<td>Components of occupation:</td>
</tr>
<tr>
<td>Canadian Model of Occupational Performance (CMOP)</td>
<td>• Self-care</td>
</tr>
<tr>
<td></td>
<td>• Productivity</td>
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<tr>
<td></td>
<td>• Leisure</td>
</tr>
<tr>
<td>Baum, Christiansen, &amp; Bass (2015)</td>
<td>Occupational performance:</td>
</tr>
<tr>
<td>Person–Environment–Occupation–Performance model (PEOP)</td>
<td>• Hierarchy of occupations</td>
</tr>
<tr>
<td></td>
<td>• Tasks, activities and roles</td>
</tr>
<tr>
<td>Harvey &amp; Pentland (2010)</td>
<td>Four types of occupation:</td>
</tr>
<tr>
<td>Developed from the work of As (1978) in relation to time use for activities</td>
<td>• Necessary occupations</td>
</tr>
<tr>
<td></td>
<td>• Contracting occupations</td>
</tr>
<tr>
<td></td>
<td>• Committed occupations</td>
</tr>
<tr>
<td></td>
<td>• Free time occupations</td>
</tr>
<tr>
<td>Persson, Erlandsson, Eklund and Iwarsson (2001)</td>
<td>Three interactive perspectives (macro, meso and micro)</td>
</tr>
</tbody>
</table>
Author | Classification of occupation
--- | ---
 | Four categories of occupation:
 | • Maintenance
 | • Work
 | • Play
 | • Recreational

Hammell (2004; 2009) | Occupational experiences:
 | • Occupations are restorative and contribute to health and wellbeing
 | • Occupations can facilitate connection and belonging
 | • Occupation involves engaging in doing
 | • Occupations link past to present and provide a hopeful future

As illustrated in Table 1.1, different authors categorise occupation differently. Categorisation of occupations can facilitate a nuanced understanding of how the occupations of young people affect their health and wellbeing. For example, Iannelli and Wilding’s (2007) study on the health implications for young people with mental illnesses who participated in productive occupations showed that paid work was a particularly pertinent occupation to that group of young people.

1.3.1.1 Assumptions of occupational science

In order to study human occupation, occupational science as a scholarly discipline that seeks to increase knowledge and understanding about occupation will be utilised. Occupational science focuses on improving the understanding of humans as occupational beings and the relationship between occupation and health (Molineux & Whiteford, 2012). Human occupation is a complex field of study, and occupational scientists believe it may be better understood through a comprehensive exploration of
the various aspects of engaging in an occupation, including the biological, psychological, sociological and symbolic aspects (Clark & Jackson, 1990). This study will be guided by occupational science as a discipline and this approach will underpin the literature review process, the methodology and interpretation of the findings.

1.3.1.2 Occupational experiences

Describing occupational experiences is another way in which occupational scientists understand the meaning of occupation. Although it is common for occupational scientists to classify occupation, it can sometimes be challenging to fit a person’s individual occupational experience into a particular category. Hammell (2004; 2009b) argues that it is more important to understand occupational experiences than it is to classify them. Scholars such as Hammell (2004, 2009b), Harvey and Pentland (2010) and Wilcock (2005) suggest that various categories of occupation are possible depending on each person’s individual occupational experience. Hammell (2004) asserts that some of the most important and meaningful occupations may not fit any of the traditional categories of productivity, leisure and self-care, because each person experiences occupation differently and uniquely.

The study of occupational experience has been used to understand occupation from a client-centred and personal perspective; however, the collective occupational experience of groups has not yet been examined. Hammell (2009a) explored the occupational experiences of individuals recovering from spinal cord injuries. The client-centred nature of this study meant that it focused on individual needs and an individualised understanding of how occupation affected health and wellbeing rather than the effect of occupational engagement on the health of groups or communities of
people. Further research on how groups collectively engage with occupational experiences and how these experiences influence health and wellbeing is warranted.

1.3.1.3 Occupational roles

According to the occupational science theoretical framework, all humans engage in a series of complex and multifaceted occupational roles in their daily lives. The understanding of occupational roles is complex, and a variety of theoretical perspectives may be used to help with clarification (Jones, Hartley, Jones and Townsend, 2003). Occupational roles have a profound effect on everyday living. Occupational roles may be chosen, or they may be an obligation. Occupational roles may be short-term or variable in duration. Occupational roles are seldom singular because they tend to overlap with other occupational roles in a person’s everyday life (Harvey & Pentland, 2010). Thus, occupational roles are complex and dynamic and may be health-giving or health-denying.

Johnson and Yerxa (1989) define occupational roles as ‘the part enacted by the individual which enables him or her to fulfil self and social expectations a player, student, worker, homemaker, or retiree’ (p. 16). Thus, occupational roles are experienced intrinsically by the person performing the role, and they have external meaning for one’s place in society. Clark and Jackson (1990) suggest that occupational roles occur throughout the continuum of life from birth to death. Chapparo and Ranka (1997) argue that humanity is expressed through the occupational roles in which people are engaged: ‘An occupational being is that aspect of a human being that ideates and actualises engagement in occupational roles. This occupational being is expressed through occupational performance and ultimately defined by people’s occupational roles’ (p. 2).
Roles are complex and multidimensional and change depending upon a person’s individual needs (Chapparo & Ranka, 1997). People can choose to modify their occupational roles to meet their needs, and roles can change over an individual’s lifetime in response to varying internal and external environmental conditions (Chapparo & Ranka, 1997; Clark & Jackson, 1989). Hence, occupational role performance includes an experience of transition with the scope to adapt and change roles over time. The ‘doing’ of occupational performance roles requires the physical ability to conduct the routine needed for that particular role (Chapparo & Ranka, 1997). ‘Knowing’ is the ability to plan and organise the performance of an occupational role (Chapparo & Ranka, 1997). ‘Being’ is the experience of satisfaction, value and meaning that arises from occupational role performance (Chapparo & Ranka, 1997). Kielhofner (2008) contends that occupational roles are internalised by people and give them a sense of identity (p. 52). Examples of roles include being a student, parent or employee or to hold other positions in society (Kielfhofner, 2008).

To date, most of the occupational science research has focused on the occupational roles of people experiencing poor health, illness and disability. Examples include studies on sick or disabled patients and their carers (Llorens, Burton, & Still, 1999; Naidoo, Gurayah, Kharva, Stott, Mamane and Mtolo et al., 2016), people with mental health issues (Bassett & Lloyd, 2005; Prusti & Branholm, 2000; Quiles-Cestari & Riberio, 2012; Stelter & Whisner, 2007), people undergoing vocational rehabilitation (Hammel, 1999; Russel, 2001) and marginalised groups at risk of occupational deprivation or injustice, such as people experiencing homelessness (Muroz, Dix, & Reichenbach, 2006) or refugees experiencing trauma (Driver & Beltran, 1998). Several authors have found that occupational roles may be affected by the experience of trauma (Driver & Beltran, 1998; Hammel, 1999). Llorens, Burton and Still (1999) found that
reaching one’s potential and being satisfied in one’s occupational roles is associated with having opportunities. Authors have noted the link between occupational roles and their environmental context (Chapparo & Ranka, 1997; Keilhofner, 2008). A study by Hamilton and de Jonge (2010) researched the impact on becoming a father on other occupational roles. However, there is clearly more to learn about occupational role performance with respect to the effect of occupational roles on the health and wellbeing of healthy and able-bodied populations.

1.3.1.4 The concepts of occupational choice and occupational opportunity

In relation to human occupation, I was specifically interested in the key concepts of occupational choice and occupational opportunity for young people attending university in a regional and rural environment. From an occupational perspective, Yerxa (2000) suggests that environments have many challenges, demands and obstacles. Meyer (1922, 1977) also suggests that environments come with ‘opportunities’. Therefore, it is essential to gain a better understanding of the rural and regional environment in relation to occupational opportunities by investigating the barriers and enablers of occupations that allow choice of occupation within available in this environmental context. This study will seek to uncover the knowledge on occupational choice and occupational opportunity for this population group.

1.3.2 An occupational perspective of health and wellbeing

Health is complex concept that has many different definitions depending on the perspective of the researcher. In this study, health and wellbeing in general will be considered as per the World Health Organizations definition of “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (2020). Furthermore, the concept of health is highly subjective, and each
individual has their own perspective of health and wellbeing (Australian Bureau of Statistics, 2001). Health is often conceptualised in terms of physical, mental and social health (ABS, 2001; WHO, 2020), however in order to understand these domains of health it is integral to understanding effects of what people “do with their time” or in other words “doing occupation”, has on their health. Health can be viewed in a more holistic way that relates to the person and their context (ABS, 2001). In order, to achieve a comprehension of health as defined by WHO (2020) and the person in their context as suggested by ABS (2001), I will take an occupational perspective of health and wellbeing in this study.

Taking an occupational perspective involves viewing health through the lens of human occupation. Wilcock (2001) urges the occupational therapy and occupational science professions to take an occupational perspective to facilitate growth of these professions and enable people to achieve health through occupation. It is vital for occupational therapists to find ways of knowing and understanding occupation and all its complexities. Occupational therapists explore the relationships between the multiple factors that affect health while considering the conceptual foundation of occupation to explain how, why and when people engage in some health-related occupations and not others (Stone, 2015). By unravelling the complexities of human occupations, occupational therapists may be able to understand how the daily patterns of occupation in people’s lives can influence health and wellbeing (Erlandsson & Christiansen, 2015).

Occupation may not always have a positive effect on health. Wilcock (2007) asserts that ‘doing, being, becoming and belonging are essential to the health and survival of all people’ (p. 20). She also suggests that inappropriate occupations can result in negative health outcomes, such as illness, isolation or desolation. Further, when cultural, social, political or personal barriers prevent people from engaging in
occupations that improve their health, people experience occupational deprivation or injustice (Wilcock, 2005). Furthermore, Twinley (2012) suggested that there is a dark side to occupation where there is a need for future research to understand the negative damaging, disrupted and deviant outcomes of occupational performance in order to understand the power of human occupation. Taking an occupational perspective of health is important with respect to research because young people’s occupations in their role of university students may or may not be related to their rural and regional environmental context and may or may not facilitate health. For the purpose of this thesis, and for the sake of simplicity, occupational perspective is defined as ‘a way of looking at or thinking about human doing’ (Njelesani, Tang, Jonsson, & Polatajko, 2012, p. 234). In this study, I will consider health and wellbeing from an occupational perspective to consider how occupational participation and engagement influences health and wellbeing. This means contemplating how changes in people, occupations, and environments impact on health and wellbeing. Similarly, viewing how health and wellbeing can influence occupation (Chapparo & Ranka, 1997; Erlandsson & Christiansen, 2015; Wilcock, 2007).

1.3.2.1 Occupational science: Linking occupation to health and wellbeing

Occupational science recognises the importance of understanding the relationship between occupation and health and wellbeing. Importantly, it is the role of occupational scientists to collate the evidence on the association between occupation and health from an occupational perspective (Wilcock, 2007). Likewise, occupational therapists must be concerned with both the positive and the negative effects of occupational participation on health and wellbeing (Wilcock, 2005).
An occupational view of health helps occupational scientists and occupational therapists understand how people with health issues can develop their skills so they can become healthy and functional members of society (Yerxa, 2000). However, in addition to understanding the effect of health on occupation, health must also be considered in terms of occupational wellness. As Chapparo and Ranka (1997) state:

Health is not the absence of disease; rather it is competence and satisfaction in the performance of occupational roles, routines and tasks. Humans are active in the process of creating their occupational being or identity. This active participation can be intrinsically driven by choice or need, or externally imposed by environmental factors. (p. 2)

This assumption suggests that health and wellbeing may be achieved through engaging in occupational roles, such as being a university student. But, more importantly, Chapparo and Ranka (1997) assert that health may be influenced by both intrinsic choices as well as the external environmental opportunities available to participate in occupations.

The concept of population and public health appears to align with the occupational perspective of health. From a broad perspective of health, occupation is integral to the experience of health and wellbeing. Wilcock (1999) states that an occupational view of health and wellbeing aligns with that of the World Health Organization (WHO, 2019). In fact, occupations, or ‘doing, being and becoming’, are important to global and population health on both microscopic and macroscopic levels. The Ottawa Charter for Health Promotion (1986) defines health promotion as follows:

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize
aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector but goes beyond healthy lifestyles to well-being (Health promotion, para. 4).

This definition also implies that health and wellbeing can be experienced by both individuals and groups, which supports the proposal by Molineux and Whiteford (2012) for occupational science research to explore occupation on all levels, from the individual to the broader population. Further, Stamm, Cieza, Machold, Smolen and Stucki, (2006) advocate for the use of the WHO International Classification of Functioning, Disability and Health (ICF) to classify health and health-related domains in occupational therapy practice. The ICF is divided into two parts: Part 1 covers functioning and disability and includes two components: body function and structure, and activities and participation. Part 2 covers contextual factors, including environmental factors and personal factors (WHO, 2002). This alignment with the WHO view of health underlines the importance of occupation and environment in optimising health for all. The relationships between occupation, the environment and the experience of health are embedded in the fundamental theories and philosophies of occupational science and occupational therapy.

Although occupation in relation to health and wellbeing is at the core of occupational therapy practice and theory, Wilcock (1999) is concerned that many occupational therapists are not adhering to the central beliefs of the profession. Wilcock (1999) describes engaging in occupation as being at the very core of what it is to be human. For Wilcock, occupation has evolutionary, biological and social functions.
Similarly, Christiansen and Mutuska (2006) suggest that occupational therapists and occupational scientists are in a strong position to advocate and promote human occupation and health, which may help inform developments in health and social policies and health interventions for various population groups. However, occupational science is still seeking to understand health and wellbeing from an occupational perspective in the broader sphere of health research. Therefore, it is imperative that more occupational science research is applied to certain population groups, such as young adults attending university in regional areas, to study health and wellbeing from an occupational perspective.

1.3.2.2 Occupational roles, health and wellbeing

In this study, I am interested in the occupational role of being a university student in the rural and regional environmental context. Central to this study is the understanding that occupational roles are related to the experience of health and wellbeing. Various authors (Jones, Blair, Hartery, Jones & Townsend, 2003; Christiansen & Matuska, 2006; Matuska & Barrett, 2015) argue that occupational roles can have a profound effect on health and wellbeing. Changes in roles and the need to adapt to new roles are closely related to health issues. Taking a sociological perspective on role theory, Jones et al., (2003) explains that role transitions may take place when one needs to evolve into various other roles. This process may involve losing a valued role or changing to a new role. The transition to a new role may lead to the redundancy of previous habits and routines and the formation of a new identity. Based on this assumption, we can expect that a young adult transitioning into the role of a university student must form a new identity that involves new habits and routines. Further, Jones et al., (2003) suggests that the loss of a role or the adaptation to a new role are closely related to health issues.
In addition, being able to balance occupational roles may assist with improved health and wellbeing. Role balance can be achieved by being able to positively adapt to the needs of multiple roles and, hence, engage in healthy participation (Christiansen & Matuska, 2006). Christiansen and Matuska (2006) propose that fulfilling social roles within occupations facilitates balance. They suggest that a healthy lifestyle balance can be achieved through taking on meaningful and valued roles. An imbalance in occupational roles may result in negative experiences such as role strain (being unable to meet the needs of the role), role burden (taking on too many roles), role conflict (reduced time allocation for the role) and emotional overflow into other roles. Young adults attending university may, in fact, need to balance multiple occupational roles.

1.3.3 The rural and regional Australian environment

The rural and regional Australian environment is a specific occupational environment characterised by social and cultural occupations in a regional geographic landscape context. The often-harsh physical environment of rural Australia can result in extreme environmental issues or natural disasters, including drought and floods (Askew, Sherval & McGuirk; Cornell & Dufty-Jones, 2014). The rural and regional environment experiences many changes, however these changes reflect the geographical location and there is an existing consensus that inland regional areas that are predominantly farming areas, are more prone to a decline in young people, an aging population, a loss of industry, business and services (Cornell & Dufty-Jones, 2014). Research has linked the drought stricken rural and regional environment to comprising of the rural landscape, stereotypical cultural of masculinity and cultural importance of moral and pride as impacting on the health of this population group especially farmers (Bryant & Garnham, 2015). Conversely, rural and regional Australian has also been described an idyllic,
where the landscape is peaceful and tranquil offering a calm lifestyle (Cornell, 2014). In fact, the rural and regional environment has been equally associated with reduced time-pressure, a sense of community and place to connect with nature (Cornell, 2014). These varied perspectives of rural and regional Australian lifestyle pose the varied perspective on choices and opportunities to perform occupation.

There is evidence to suggest that young people in rural and regional communities are equally as important as their urban peers in being pivotal members of their generation and provide a unique insight into the impacts of the global economy, and social and cultural outcomes of disadvantage and also being a the minority of young people (Woodman & Wyn, 2014). In 2006, most young people in Australia aged 15–24 years resided in major cities (71%), while 26% lived in inner and outer regional areas (AIHW, 2011). Statistics show that, compared with other age groups, people aged 15–24 years are more likely to live in major cities to access education, employment and training opportunities (AIHW, 2011). This suggests that there are fewer options for young people in regional Australian areas. Research by Pretty, Bramston, Patrick and Pannach (2006) focused on the ‘rural exodus’ of young people, a phenomenon that rural and regional communities across Australia face as young people migrate away from rural and regional areas. It appears that young people are leaving their communities to access work, study and lifestyle opportunities elsewhere. However, Pretty et al. (2006) found that young people, while feeling the need to seek alternative futures, remained connected to their communities through a sense of belonging.

Rural and regional Australia is often loosely defined to include all non-metropolitan areas, despite having great diversity (Cornell-Dufty-Jones, 2014). The Australian rural and regional environment can be classified using the The Australian Standard Geographical Classification - Remoteness Area (ASGC-RA) (Department of
The ASGC-RA (DOH, 2006) was established to geographically define rurality specific to Australia. This government classification system provides a clear definition of remoteness based on the participants postcode. In relation to health, the ASGC-RA has been used to determine the eligibility of people in some health programs, particularly workforce recruitment of medical professionals. (DOH 2006). In this study I used this to establish the remoteness of each participant by classifying the location of geographic area in relation to the nearest urban centre. The ASGC-RA was used in the methodology section to help define the student’s rurality based on their postcodes as Year 12. E.g. Metropolitan, inner regional, outer regional or remote. However, the terms “inner regional” or “outer regional” are generally not specifically used in current Australian or international research as much as terms like “rural”, “regional” or Non-metropolitan”. Furthermore, in current research the terms rural, remote, regional and non-metropolitan were often used interchangeably and therefore this inconsistency of the terms “rural” and “regional” meant that literature searches need to be broader to account for the relevant articles under both topics.

Many students lived in-between “regional and rural environment”, therefore it was probable that their experiences as they transitioned into the university student role was often located in a combination two or more rural or regional environmental contexts. Therefore, I adopted the term “rural and regional environment” throughout the text and headings, as essentially all participants were placed in a regional or rural context. Albury, New South Wales Australia was the location of University and is in a regional context as the location of the university environment. However, to account for the fact that some students came from or continued to live in hometowns that were smaller and considered “rural communities”, “rural” literature on occupation and health
and wellbeing was considered equally as important in the literature review and discussion of the findings.

1.3.4 Young People as a Population Group

There is little consensus on the age range that defines the category of ‘young people’. Cuervo and Wyn (2012) suggest that the only clear agreement on the definition of ‘young people’ is that it is the transition between childhood and adulthood. In this thesis I will refer to people aged 18 to 21 years as ‘young people’. This is the transition age for those who are beginning university study following completion of secondary school education. I have used the word ‘young people’ in this research study, over alternative terms such as ‘adolescent’, ‘young adult’, ‘youth’ or ‘teenagers’. This term considers all of these groups. However, due to the lack of agreement on the definition of this population group I needed to search relevant research literature that included all of the above terms in order to gain adequate understanding on the issues for this population group. Kang (2014) argues that, by the age of 17 to 20 years, young people have developed and reached their intellectual potential, have a sound sense of self-identity and are aware of their emotional maturity.

1.3.4.1 Adolescence to adulthood: A developmental life stage

Young people are in a developmental life stage in which they are transitioning from adolescence to adulthood. Adolescence is a time of rapid transformation involving physical, cognitive, social and emotional changes (Arklay, 1991; Australian Medical Association [AMA], 2013; Gordon & Caltabiano, 1996; Passmore & French, 2003). Trottier, Brown, Hobson and Miller (2002) state that adolescence begins at the onset of puberty and ends at the age of 19 or 20. Arklay (1991) argues that adolescence is a
complex and vulnerable stage of development that is poorly understood in contemporary society and that involves rapid changes and decision-making, which must be negotiated successfully for the attainment and maintenance of a healthy lifestyle into adulthood. Young people undergo physical, mental, cultural and social changes at this stage of their lives.

While there has been considerable research describing the changes that young people experience as they move through adolescence, there is a shortage of research about changes in their occupational choices and engagements. The AMA (2013) defines adolescence from a physiological perspective as ‘characterised by the growth of the child towards cognitive and physical maturity’ (p. 1). From a neurodevelopmental perspective, Kang (2014) explains that the prefrontal cortex, which monitors impulses and control, responds more slowly than the subcortical system in the adolescent brain, meaning that young people are more susceptible to risk-taking and peer pressure. Other psychological and sociological researchers working with young people describe adolescence as a time of marked development of self-identity; consequently, adolescents’ self-perception of their capabilities is thought to influence their choice of activities (Gordon & Caltabiano, 1996). However, there is little research in the areas of occupational therapy and occupational science about the changes in occupations of young people during this developmental life stage. The apparent gaps in the knowledge about this transitional life stage highlights the need for further occupational therapy and occupational science research.

1.3.4.2 Generation Z

‘Generation Z’, the generation immediately following the ‘millennials’, is made up of people born in the years from the mid-1990s to the late 2000s (Bartold, 2015) and makes up the population group of interest in the study described in this thesis. Faithfull-
Byrne, Thompson, Convey, Cross and Moss, (2015) describe generation Z as being technologically and digitally orientated. Further, generation Z is the first generation to have no knowledge of a world without the influence of technology (Bartold, 2015). Generation Z is reliant on mobile technology—its members access movies, videos and television programs via streaming services such as Netflix and YouTube. Social media platforms, such as Facebook, Instagram and Snapchat, provide opportunities for instant socialising (Billings, Kowalski, Shatto, & Erwin, 2016). Researchers describe this generation as a population that is proficient at multi-tasking but does not have the attention for long complex tasks and requires instant gratification (Bartold, 2015; Billings et al., 2016). Smith-Trudeau (2016) describes members of generation Z as creative individuals who prefer to use technology to learn, communicate and socialise. However, these generalisations are challenged in some recent public health research by Pennay et al., (2018) who found that young people today participate in leisure and social activities that are distinct to their generation due to particular socio-cultural conditions in society. Their behaviour is a product of unique generation patterns of the times and as a consequence they are re-evaluating health and wellbeing differently or in a new way from previous generations. These authors advocate for a generational approach to health research in the future in order to under this new generation of young people using a generational approach to research. Other recent occupational therapy research on the previous generation, Generation Y by Hills and Boshoff (2015), found that generational assumptions in relation to persona or traits for learning as occupational therapy students, cannot necessary be generalised as all young people are individuals.

As generation Z is a new generational category, there is limited research specific to this group and their transition to young adulthood. The study described in this thesis
aims to add to the knowledge about the occupational engagement and health and wellbeing of members of generation Z.

1.3.4.3 Independence, responsibility and sociocultural rites of passage

The transition from adolescence to young adulthood is a time when young people are still involved with their families while becoming more independent. For many young Australians, completing secondary school also corresponds with becoming an adult legally. However, once they reach young adulthood, young people tend to leave the family unit and establish their own roles in the wider social and cultural environment (Ravetz, 2003).

As they become young adults, adolescents start to acquire more responsibilities. For example, when they turn 18, young people can legally drink alcohol and use tobacco, gain the opportunity to vote, drive a vehicle and can consent to medical treatment without parental approval (Kang, 2014). Young adults are often involved in career education and training, making decisions about their life roles and establishing relationships with others (Matuska & Barrett, 2015).

Young people experience cultural and social rites of passage as they become young adults. Veal and Lynch (2011) describe the leisure activities of young Australians as including youth-specific occupations such as surfing, ‘moshing’ at music festivals, nightclubbing and using internet and electronic media. Age-specific rites of passage are common; for example, young Australian people experience phenomena such as ‘schoolies’ and ‘O-week’. ‘Schoolies’ is a celebration of the completion of secondary education, often at large-scale festivals in coastal towns such as Queensland’s Gold Coast. Orientation week (O-week) is the week before first semester commences at university, during which students attend parties and functions. Several researchers have explored the health risks that are inherently associated with these types of events,
including excessive alcohol consumption (Lubman, Droste, Pennay, Hyder, & Miller, 2014; Quek et al., 2012; Salom, Watts, Kinner, & Young, 2005) and unsafe sexual practices (Maticka-Tyndale, Herold, & Oppermann, 2003). Understanding the transition from adolescence to young adulthood is important for research from an occupational perspective of health and wellbeing.

1.3.4.4 Subcultures of young people

There are many subcultures of young people in Australia. Interestingly, Veal and Lynch (2001) note that subcultures are based around ‘activities and focal concerns of the group’ (p. 390). The participation of young people in youth-focused events enables these subcultures to thrive. Young people particularly enjoy attending events that are music or sport focused in a festival-type atmosphere (Miffling & Taylor, 2007). Australian youth subcultures include hip-hop (Mitchell, 2003; Morgan & Warren, 2011), ‘freeganism’, which aims to minimise environmental impact through the reduction of food waste (Edwards & Mercer, 2007), and Australian Rules football which is popular with rural youth (Croft-Piggin, 2015).

The notion of subculture is important from an occupational perspective because it highlights that the types of activities or occupations in which young people engage are influential in the formation of cultural groups. One such emerging subculture of Australian young people is that of university students. As a population group, university students engage in specific occupations that are socially and culturally bound to their experience as students. However, from an occupational perspective, little is known about Australian university students, in particular the unique subgroup of regional university students.
1.3.5 University students as a subgroup of young people

University students are an interesting population group to research because they exist as a unique subgroup of Australian youth. Young people in this population group attend university with the aim of obtaining a professional qualification, however depending on whether they complete their course or not influences the outcome of their attendance at university. In 2016, 1,066,036 young Australians were enrolled in a university course (Department of Education and Training [DET], 2018). However, only 19.3% of onshore domestic Australian university students were in regional areas (DET, 2018), meaning that young people enrolled in regional universities are in the minority of those attending universities Australia-wide.

Universities are specific institutional environmental settings that are endowed with physical environments conductive to learning such as classroom, laboratories, libraries and study places that are designed to facilitate study as a human occupation. Universities are also spaces where there are specific cultural and social environmental contexts that cater for socialising with others also doing the occupation of study. An increased understanding of this specific group of regional university students is required, as they represent a smaller group of students whose environmental context is also influenced by the rural and regional environment, which has its own set of geographical and socio-cultural elements. These factors potentially impact on occupations.

Access to university education is a challenge for regional students in Australia. Recent studies have focused on the retention of students at universities as well as in the workforce following the completion of professional qualifications (Boehm, Cordier, Thomas, Tanner & Salata, 2015; McAuliffe & Barnett, 2010). This a growing area of interest for universities as they strive to retain students. However, following a search of
the current relevant literature (2010 onwards) there is little research on the experiences of university students in general and, more specifically, of regional and rural students, which warrants further investigation. The research that exists on the topic is based primarily on quantitative studies or literature reviews, with little or no qualitative evidence about the lived experiences of students. Further, the findings presented in these studies do not extend to the health and wellbeing of university students, particularly from an occupational perspective. These gaps in the research provide the impetus for qualitative studies that come from an occupational perspective.

To illustrate this assertion, a quantitative study by occupational therapists Boehm, et al., (2015) found that regional universities can play a vital role in the retention of first-year students by providing them with adequate support and strategies to help them continue their studies. The researchers underscore the importance of retaining occupational therapy students at regional universities and at jobs in regional communities in the future. However, they note that their research was limited by its non-qualitative approach and that more research on the experiences of university students from an occupational perspective is required.

1.4 Thesis Overview

This thesis comprises nine chapters with four principal sections: 1) exploration and review of the relevant literature, 2) description of the study methods, 3) presentation of the findings and 4) discussion of the implications of the findings.

In Chapter 1, I also introduce myself as the researcher and briefly describe my motivation for the study described in this thesis. I introduce the study by describing the background and purpose of the study. I then position the key topics of interest.

Chapter 2 is a literature review that spans multiple and distinct, but related, professional fields, including occupational therapy, occupational science, public health,
population health, regional and rural health, sociology, developmental psychology and education. I review the occupational therapy and occupational science literature to determine what is known about young people’s time use in rural and regional areas from an occupational perspective. I also review the literature that is relevant to the health and the occupations of all young people and, specifically, those of rural and regional young people. There are three topic areas in Chapter 2: 1) young people and occupation, 2) young people, health and wellbeing and 3) young people’s health and wellbeing in the rural and regional environment.

In Chapter 2, I reviewed the existing literature on young people, specifically rural and regional young people and university students. I reviewed the literature on the occupations and health of young people in general and in rural and regional contexts. I reviewed discipline specific literature as well as general literature from health, education, psychology and social science. I highlight three major gaps in the knowledge on rural and regional young people’s use of time and health:

1. There is a lack of specific occupational therapy or occupational science research on the health and wellbeing of university students living in rural and regional Australian environments.

2. There is a lack of understanding about how regional young people’s engagement in occupation affects their health and wellbeing from an occupational perspective.

3. There is a lack of understanding about how living in a rural and regional affects the occupational choices and opportunities of university students.

In Chapter 3, I detail the methodology used to answer the research questions. I conducted qualitative research from an interpretivist/constructivist paradigm, which
recognises that multiple interpretations of reality may be constructed by both researchers and participants (Denzin & Lincoln, 2013).

For this thesis, I used a qualitative two stage methodological approach. Specifically, I conducted two separate but related studies. For the first study (Stage 1), I used an interpretivist paradigm to interpret the participants’ entire lived experiences of being a regional on-campus university students in relation to their occupations, health and wellbeing by understanding their choice and opportunities in this context. For the second study (Stage 2), a constructivist paradigm was adopted in which I used my interpretations of the participants’ experiences from Stage 1 to construct a theoretical model about how occupational choices and opportunities in regional areas affect the health and wellbeing of young people. The participants, who were aged 18–21 years, were at the transitional developmental life stage of adolescents becoming adults. University students are a specific subpopulation within this age category.

In Stage 1, I conducted in-depth interviews with 24 young women. The participants were recruited from CSU’s regional Albury–Wodonga campus and came from a range of study disciplines. In Stage 2, I conducted a single focus group with three female university students attending CSU’s Albury–Wodonga campus.

In Stage 1, I analysed the data using a hermeneutic phenomenological approach, in which a number of concepts, including fusion of horizon, the hermeneutic circle, dialogue of questions and answers, and the hermeneutic spiral, were used to analyse participant responses. In Stage 2, I adopted a constructivist grounded theory approach to analyse the data from the focus group, as well as the findings from Stage 1, using line-by-line coding, memo writing and theoretical sampling.

Ethical approval for my study was obtained from the CSU Human Ethics Committee (Ethics approval number 2011/161).
In Chapter 4, the influence of time use and the environment on the concepts of inception and experience of being in the university student role. I discuss how participants used their time and negotiated the choices and opportunities within their regional, home and university environments. I found that both time use and the environment influenced the participants’ experience of transition.

In Chapter 5, I expand the concepts of occupational role transition, specifically with respect to the stage of ‘metamorphosis’. Participants had to navigate factors that both enabled and hindered them from developing a new identity, becoming capable in the occupations required for the student role and forming connections with others. I found that participants were able to morph into their role as university student with greater ease when they were able to develop identity, capability and a sense of belonging. The process of occupational role transition was influenced by the experience of metamorphosis, which affected participant’s health and wellbeing.

In Chapter 6, I document the experiences of health and wellbeing as perceived by the participants. I found that participants’ experiences of their occupational role transition affected their health and wellbeing across a continuum from poor to good health which was unique to each individual.

Chapter 7, I explain the theoretical model that was developed from the preceding three findings chapters: The Occupational Role Transition Model. I introduce the occupational role transition model, the primary construct derived from this study. This theoretical model describes the factors and processes involved in individuals making the transition from secondary school to university and shows how the environmental context and occupational engagement affect their health and wellbeing. I will then use the occupational role transition model to present two case studies that illustrate the
process of occupational role transition and the consequent health and wellbeing outcomes.

In Chapter 8, I present the occupational role transition model as a novel means of understanding the factors and processes involved in the transition of young people from secondary school to university. I show how the occupational choices and opportunities available to participants in their role as university students could be either enablers or barriers to participating in occupations. The regional, home and university environments all affected the experience of transition, as did the time used in occupational engagement. As a result of their occupational role transitions and occupational engagements, participants experienced health and wellbeing across a continuum from positive to negative.

Finally, in Chapter 9, I argue that occupational role transition is a new occupational science concept. Understanding occupational role transition may assist occupational therapists to address health challenges that arise during periods of transition. At a broader level, understanding occupational role transition and the occupational choices and opportunities of regional university students is important for providing insight into the occupational needs of this population group. The findings from this study may help government bodies, including universities, understand how to provide better health and education services, leisure, transportation and occupational resources, and employment and income options for students.
Chapter 2: Literature Review

2.1 Introduction

Chapter 2 provides an overview of the literature that inspired the thoughts behind and the objectives of the proposed study. The purpose of this literature review was to review the existing knowledge base on the occupational participation, choice and opportunity of university students in a regional environmental context. It was also the intention of the literature review to understand the health and wellbeing of regional university students, specifically from an occupational perspective.

I reviewed the following three key topic areas in the current academic literature:

1. young people and their occupations
2. young people and their health and wellbeing
3. young people and the rural and regional Australian environment.

Although these topic areas are broad, they are related to my study questions. To show the relationship between these topics, I developed a taxonomy of the literature review process (see Figure 2.1).

For the purposes of the literature review, I considered the following questions:

1. What occupations do young people participate in? What occupations do university students participate in?

2. What are the health issues for young people in general? What are the occupational health and wellbeing issues for young people?

3. What is the effect of the rural and regional environment on the occupations of young people? What is the impact of the rural and regional environment on health and wellbeing of young people? How does this affect the population of regional university students?
4. What choices and opportunities do regional young people in the role of university students have regarding the occupations they wish to pursue? How and why does this affect their health and wellbeing?

Figure 2.1: Taxonomy: Literature Review Process

As an Occupational Scientist, I was specifically interested in occupational therapy and occupational science research foremost, but I also reviewed literature from public health, population health, psychology, social science, nursing, allied health, medicine, geography, education and rural health. I conceptualised my literature sources in figure 2.2.
To achieve understanding on the current literature, I searched the Charles Sturt University Library Primo search engine regularly for books, reports and e-books. I used the following key words alone and combined in all searches of the literature (see Table 2.1). I completed a thorough online search using the following databases to search the literature: Education Resources Information Center (ERIC), EBSCOhost (Education), EBSCOhost (Health), CINAHL Plus, and Google Scholar. I also scanned media releases monthly for articles on the health and wellbeing of young Australians. Using the Google search engine, I searched for Australian government reports on the health and wellbeing of young people and reviewed published health documents.

Figure 2.2. Literature review topics and sources.
Table 2.3 List of Key Search Terms

<table>
<thead>
<tr>
<th>Young people</th>
<th>Health</th>
<th>Environment</th>
<th>Occupation</th>
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<tbody>
<tr>
<td>young adult</td>
<td>obesity</td>
<td>balance</td>
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<td>student</td>
<td>risk-taking</td>
<td>University</td>
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<td>university</td>
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<td>adolescence</td>
<td>drugs and alcohol</td>
<td>Non-metropolitan</td>
<td>engagement</td>
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<td>teenagers</td>
<td>health and wellbeing</td>
<td>community</td>
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<td>early adulthood</td>
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In the first part of this literature review, I discuss the occupations that young people engage in; human occupation both as a concept and as the core foundation of occupational science; the understanding of occupational roles; and the types of occupations in which young people tend to participate, including their typical work, leisure, rest and self-care activities.
In the second part of this literature review, I discuss the research on the health and wellbeing of young people. I will review the general health issues of young people, with a focus on physical health, mental health, sexual health, risk-taking and substance abuse.

In the third part of this literature review, I discuss the relevant aspects of the regional Australian environment and its effect on the occupation and health and of regional and rural young people. I also describe the occupational science concepts of occupational choices and occupational opportunities in relation to the rural and regional environment.

### 2.2 Young People and Their Occupations

Section 2.2 focuses on human occupation, the first topic in this literature review. First, from a perspective grounded in occupational science research, I reviewed human occupation in relation to the research on young people in occupational science and occupational therapy literature. Second, I reviewed the literature on the occupational roles of young Australian people from an occupational therapy and occupational science perspective, as well as from a general perspective on the occupations, such as leisure, work, school and self-care, that young Australians engage in. To achieve this, I asked the following questions:

1. *What occupations do young people do with their time?*
2. *What occupations do university students do with their time?*

I have focussed my literature review on occupations of young people specifically university students. I have presented my literature review in terms of how occupations are classification in common occupational therapy and occupational science literature. For example, leisure occupations, work and school occupations, rest and self-
care occupations. These conceptualisations of occupation were used in my literature review search.

2.2.1 Young people: Occupational therapy and occupational science research

A search for the terms young people, youth, adolescents, teenagers and young adults in the occupational therapy and occupational science literature reveals gaps in the understanding of young people as a population group. This knowledge is invaluable to a profession that seeks to understand human occupation and its complexities across the human life span. Further, much of the occupational science and occupational therapy research on this population group has focused on young people with health conditions and disabilities. This warrants further research on healthy young people. Table 2.1 provides a summary of the contemporary occupational therapy and occupational science literature.

Table 2.1

Summary of Occupational Therapy and Occupational Science Research on Young People as a Population Group

<table>
<thead>
<tr>
<th>Topic of research</th>
<th>Research</th>
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<tr>
<td>Mental health issues</td>
<td>Arbesman, Bazyk, &amp; Nochajski (2013)</td>
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<td>Cairns, Kavanagh, Dark, &amp; McPhail (2015)</td>
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<td>Gardiner &amp; Brown (2010)</td>
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<td>Gunnarsson &amp; Ekland (2017)</td>
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<td>Henderson, Batten, &amp; Richmond (2015)</td>
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<td>Iannelli &amp; Wilding (2007)</td>
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<td>Kohn, Hitch, &amp; Stagnitti (2012)</td>
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<td></td>
<td>Maniam, Kumaran, Lee, Koh, &amp; Subramaniam (2016)</td>
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<td>McCluskey, Urlic, &amp; Carr (2007)</td>
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<td>Topic of research</td>
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<tr>
<td>Autism, Asperger syndrome and sensory processing issues</td>
<td>Pooremamali, Ostmen, Persson, &amp; Ekland (2011)</td>
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<td>Rouse &amp; Hitch (2014)</td>
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<td>Weaver &amp; Darragh (2015)</td>
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<td>Wen &amp; Roush (2017)</td>
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<td>Zafran, Tallant, Gelinias, &amp; Jordan (2018)</td>
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<td>Ashburner, Bennett, Rodger, &amp; Ziviani (2013)</td>
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<td>Brain injury and cognitive functioning</td>
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<td>Classen, Levy, Meyer, Bewernitz, Lanford &amp; Mann (2011)</td>
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<td>Dunford, Bannigan, &amp; Wales (2013)</td>
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<td>Grossi, Maitra, &amp; Rice (2007)</td>
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<td>Mugglestone, Eunson, &amp; Murphy (2012)</td>
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<td>Pyatak (2011)</td>
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<td>Cancer patients and survivors</td>
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<td>Berg &amp; Hayashi (2013)</td>
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<td>Dauwalder &amp; Berg (2014)</td>
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<tr>
<td>Homelessness</td>
<td>Simpson, Conniff, Faber, &amp; Semmelhack (2018)</td>
</tr>
<tr>
<td>Foster care</td>
<td>Paul-Ward, Lambdin-Pattavina, &amp; Haskell (2014)</td>
</tr>
</tbody>
</table>

There is even less research on young people in the occupational science literature. Occupational science research focuses mainly on marginalised young people (Florindez & Florindez, 2018; Galvaan, 2014), young people with mental health issues (Koome, Hocking, & Sutton, 2012), the mothers of young people with disabilities (Crowe, Duvall, & Gutierrez, 2016) and social dining as a means for young people to connect with others (Absolom & Roberts, 2011). These studies all used a qualitative approach that aligns with the research questions that focuses on the field of occupational science, which can only be informed by in-depth qualitative research approaches. However, in the occupational therapy literature, it appears that little emphasis has been placed on researching life experiences using qualitative methods, such as in-depth
interviews and ethnographic observations of case studies, both of which are valued in occupational science.

### 2.2.2 Human occupation and young people

Being an adolescent or young adult involves major developmental changes—change is also experienced in the occupations in which young people engage. During adolescence and young adulthood, there is an increasing independence in activities of daily living, which influences choice of occupation (Shepherd, 2005). For example, university students may take on part-time or casual employment in addition to their roles as students and family members. Matuska and Barrett (2015) argue that finding a balance between multiple occupational roles, such as working, studying and leisure, can affect how young adults manage their health needs. Knox (2005) asserts that the adolescent pursuit of autonomy helps develop the ability to perform and participate in adult roles (p. 572).

Several researchers have studied how young people use their time (DeLany & Jones, 2009; Farnworth, 2000; Hunt & McKay, 2012; Hunt, McKay, Fitzgerald & Perry, 2014; McDonald, 2006). Hunt and McKay (2012) propose that time use should be of interest to occupational scientists because empirical datasets on time use may be analysed to understand how engagement in occupation affects health and wellbeing.

There are benefits to understanding the occupations of young people through time use studies. A recent example of this type of research is from Hunt et al. (2014), who conducted a quantitative cross-sectional study on healthy adolescents aged 15–19 years living in Ireland and attending full-time study while living at home. Participants were asked to keep time diaries, in which they recorded the main activities they engaged in for 15-minute blocks on weekdays and weekends, to provide data on the amount of
time spent in various occupations, such as personal care, sleeping, spending time with friends and watching television. The authors concluded that there were stereotypical gender role differences in the performance of household tasks, personal care and physical activities. Although they quantified the use of time by category, they did not collect data about the participants’ experiences of their engagement in these different occupational categories. Thus, questions remain about why the adolescents chose to spend their time in the way they did and the effect of their occupational engagement on their health and wellbeing. These questions necessitate further qualitative research to highlight the complexities of young people’s engagement in occupations.

2.2.3 The leisure occupations of young people

Another area of research is focused on young people’s engagement with leisure occupations and hobbies. Leisure is a vital component in the culture of young people (Passmore & French, 2003). Studies on young people and leisure have focused primarily on young people with mental health issues and disabilities; however, Lobo (1999) and Passmore (2003) explored how leisure was perceived by young people in general, and Passmore and French (2003) investigated leisure in healthy young people. Details about researchers and their study topics are outlined in Table 2.3.

<table>
<thead>
<tr>
<th>Topic of research</th>
<th>Researchers</th>
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<tbody>
<tr>
<td>Leisure occupations of young people with disabilities</td>
<td>Tonkin, Ogilvie, Greenwood, Law, &amp; Anaby (2014)</td>
</tr>
<tr>
<td>Topic of research</td>
<td>Researchers</td>
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<tr>
<td>----------------------------------------------------------------------------------</td>
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<tr>
<td>Leisure occupations of young people with sensory processing issues or autism</td>
<td>Ismael, Lawson, &amp; Cox (2015)</td>
</tr>
<tr>
<td>Leisure occupations of young people who are at risk or marginalised</td>
<td>Farnworth (2000)</td>
</tr>
<tr>
<td>Conceptual development of leisure occupations of young people in general</td>
<td>Lobo (1999)</td>
</tr>
<tr>
<td></td>
<td>Passmore (2003)</td>
</tr>
<tr>
<td>Leisure occupations of healthy young people who report no disability or illness</td>
<td>Passmore &amp; French (2003)</td>
</tr>
</tbody>
</table>

Despite these studies, there is a lack of research on the effect of engagement in leisure occupations on the health and wellbeing of young people. In their qualitative study on the leisure experiences of Australian adolescents, Passmore and French (2003) stated that there was limited evidence about the significance of leisure in relation to health and wellbeing. They argue that, before leisure occupations can be understood in adolescents with disabilities, it is vital to understand leisure as it is experienced by the general adolescent population. The authors used focus groups to explore Australian adolescent views on leisure, including how leisure and health are related. They found that engagement in leisure activities that are enjoyable and freely chosen improved the personal growth, health and sense of wellbeing among adolescents (Passmore & French, 2003).

With respect to young people, not only are studies on leisure more common than studies on other types of occupational engagement, but there is a particular focus on active leisure, such as sport and outdoor activities. Although the numerous benefits for children and young people living active lifestyles through regular participation in physical activity are well documented (Aitken, King & Bauman, 2008), insight into
why adolescents initiate or maintain physical activity patterns is limited (Ketteridge & Boshoff, 2008). Ketteridge and Boshoff (2008) examined the perceptions and strategies that increase the uptake of physical activity in young people and found that decision-making around participation in physical activities is complex. Participants understood the health benefits of physical activity, including fitness, physical strength and fat reduction, and participated in physical activity because it was enjoyable and provided an opportunity to socialise and develop friendships. Further, participating in physical activity gave them a sense of having proficiency or competence and increased their self-esteem. However, the authors found that the participants wanted more choice around physical activity because they perceived that having more choice made the activity more enjoyable. Some participants reported that there needed to be more support for physical activity in their environment and that the competitive nature of physical activity made it less enjoyable.

There is evidence to suggest that physical activity as a leisure pursuit in adolescents can have a positive effect on other productive occupational areas, such as education. In a study on the relationship between physical activity and school performance, Sollerhed, Ejlertsson and Apitzsch (2005) found that high school students who were more positive about physical activity displayed a greater capacity for physical activity, spent considerable amounts of time engaging in physical leisure activities, had higher grades in physical education and spent little time watching television. Further, the researchers found that adolescents who were positive about physical education and physical activity had good subjective health and felt comfortable at school.

Few studies have explored the factors involved in reduced opportunities for physical activity as a leisure pursuit among adolescents and young adults. However, a study by Aitken, King and Bauman (2008) found that the financial cost of participating
in organised sport could be a barrier for some young people. The authors suggest that this may be because the perceived and actual costs of physical activity compared with those of small screen recreation are unknown. They found that Australian households with dependent children spent an average of $14.58 per week on active recreation and an average of $31.69 per week on small screen recreation. 62.9% of active recreation expenditure went towards sports fees and charges, including lessons and club membership, while most of the small screen recreation cost went towards home computer equipment (25.6%) and televisions (15.1%). However, when computers were excluded from the cost, the average family spent $19.06 on small screen recreation.

Sedentary leisure activities may be taking the place of physical or active leisure activities. To date, most studies have focused on the sedentary behaviour associated with small screen recreation activities, such as using computers or watching television. In an Australian quantitative study on sedentary time use in adolescent. Hardy, Dobbins, Booth, Denney-Wilson and Okely (2006) found only a weak correlation between physical activity participation and time spent being sedentary, concluding that a decrease in time spent in sedentary activity does not necessarily increase participation in physical activity. In their study, the authors found that, overall, young people spent 45% to 60% of their time participating in sedentary activities. Sedentary leisure activities other than watching television or using computers include those such as sitting and talking with friends, doing craft, reading, playing a musical instrument, drawing and writing (Hardy et al., 2006). Gordon and Caltabiano (1996) found that leisure participation rates are highest for watching television (93.5%), visiting friends and family (65.4%) and reading (64.8%). While these two studies documented the sedentary time use of Australian adolescents, they did not explore the meaning of the time spent doing these occupations; therefore, more qualitative research about why adolescents
choose certain occupations above others is warranted. Further, these studies are dated and do not provide a contemporary understanding of young people’s engagement in physical leisure activities.

Other areas of leisure in young people that have been explored include structured leisure and free time use. Hutchinson, Baldwin and Oh (2006) found that adolescents can practise avoidance strategies that manifest as unstructured leisure activities, such as playing video games, spending time alone in their room or with friends, watching television, listening to music, shopping, going to movies or restaurants, or loitering on the street. Sharp, Caldwell and Ridenour (2006) found that free time for leisure activities provided an opportunity to support positive youth development and growth; however, this effect was dependent on participants’ interest and engagement in their free time activities.

Free time is often associated with passive or relaxation leisure occupations. In a study using the experience sampling method (ESM), Fave and Bassi (2004) found that Italian adolescents participated in both structured and relaxation leisure activities, and that the choice of activity varied according to gender. Free time among adolescents in Italy was influenced by adults, including parents and teachers. Participants organised their time around school and home, with leisure activities, especially relaxed leisure occupations, accounting for 38.6% of their time. Similarly, Nishino and Larson (2003) found that the dominant activity performed by Japanese adolescents in their free time was passive media use, including watching television and listening to music. Participants also spent their free leisure time engaged in social interaction activities such as talking with friends.

Farnworth (2000) found that the leisure time of Australian young offenders was dominated by passive leisure activities, with little participation in achievement-based
leisure activities. The author argues that it may be problematic for young offenders if they engage in these passive leisure occupations instead of achievement-based leisure or productive occupations. Young offenders use their time differently to non-offenders—the scarcity of active leisure occupations, loss of capacity and lack of resources to pursue occupations may lead to young offenders experiencing further disadvantage (Farnworth, 2000).

A particular leisure occupation that has risen in prominence in the existing body of research is the use of technology and social media has risen for young people, and the evidence suggests that it can have significant effects for health and wellbeing. Based on a randomised nationally representative sample, Rikkers, Lawrence, Hafeckost and Zubrick (2016) found that problem usage of the internet and electronic gaming was associated with mental health issues and risk-taking behaviour in young people in Australia. Tiggemann and Slater (2013) found that social media was a contributing factor to mental health issues such as poor body image. Labrague (2014) found that increased time spent using social media increased quantitative anxiety and depression scores in young people.

Technology and social media are increasingly being used in healthcare research methodology (Moreno, Grant, Kacvinskya, Moreno & Fleming, 2012) and sampling (Jones, Robinson, Barrie, Francis, & Lee, 2016; Ryan, 2013; Weaver, Wright, Dietze, & Lim, 2016) with respect to young people. Further, technology and social media are being used in healthcare intervention research on young people as a population group (Apatu, Alperin, Miner, & Wiljer, 2013; Garjaria, Yeung, Goodale, & Charach, 2011). It appears that technology and social media are a means of accessing and understanding health and wellbeing of young people as a population group.
The evidence also suggests that engaging in leisure occupations influences health and wellbeing. The effect may be positive or negative depending on the type of leisure activity and the individual’s unique reason for engaging in that activity. The health benefits of engaging in leisure occupations have been well documented in the past adolescent healthcare research. For example, other studies in young adults have found that leisure activities are a means of helping people cope with stress (Hutchinson, Baldwin, & Oh, 2006; Nishino & Larson, 2003). Occupational therapy studies have consistently shown the benefits of leisure activities for mental health (Desha & Ziviani, 2007; Lloyd et al., 2007; Passmore, 2003). Passmore (2003) found a positive correlation between leisure occupations and mental health in a quantitative study involving young Australians in which leisure occupations were found to contribute to self-efficacy, self-worth and competence in young people. Further, Lloyd et al. (2007) found that leisure may provide a means of social support for individuals with mental illness, providing them with an opportunity to develop social and interpersonal skills.

Further evidence in the existing literature suggests that time use during adolescence and young adulthood is often associated with negative health outcomes and risk-taking behaviour. For example, Russell (2008) demonstrates in her occupational science article that occupations such as graffiti or ‘tagging’ are common among young people and are considered by authorities to be examples of maladaptive behaviours, which may evolve from the lack of opportunity to participate in socially acceptable occupations. However, adolescents may perceive tagging to be a form of creative expression that enables them to distinguish themselves from others, resulting in participation and engagement in positive occupations. Likewise, there is an association between body piercing and tattooing and at-risk young people, although the literature on this topic is limited (Deschesnes, Demers, & Fines, 2006),
2.2.4 The productive occupations of young people

Desha and Ziviani (2007) describe work and productive occupations in childhood and adolescence as involving household chores, school and homework and, for older adolescents, paid work. Several international studies have been conducted in relation to the effect of school on adolescent health and wellbeing. For example, many Japanese people, including educators, promote *yutori* (leisure time) to reduce adolescent stress and behavioural problems in school (Nishino & Larson, 2003). Chen, Haase and Fox (2007) found that, in Taiwanese culture, elevated expectations for academic success may limit the time and opportunity for Taiwanese adolescents to engage in recreational leisure activities. Adam, Snell and Pendry (2007) found in their study that school schedules, travelling to school and study hours had an effect on sleeping patterns.

Previous healthcare research on young people has shown that engaging in paid work is associated with both positive and negative health outcomes. Some research has shown that work occupations can provide positive health experiences for young people. A phenomenological occupational therapy study by Iannelli and Wilding (2007) investigated the relationship between productive occupation and mental wellbeing in young people with a mental illness. A key finding in this study was that motivation was facilitated by productive occupational participation and performance and that, for some young people with mental illness, productive occupations were associated with health benefits. The study also found that participating in productive employment provided young people with a sense of obligation, strengthened their sense of identity, improved their self-worth and gave them hope for the future. This study is supported by Jakobsen (2001), who posits that employment and the concept of identity are linked—employment provides structure and helps people define their identities. This relationship
was also investigated by Zierold, Garman and Anderson (2005), who used an anonymous questionnaire to study the correlation between after-school work and grade point average, absenteeism, tardiness, extracurricular activities and class-cutting in a cross-section of high school students. They found that after-school work had a negligible effect on school performance; in fact, students were likely to have slightly better academic outcomes. Students engaged in paid work were no more likely to be absent from or late to school than students who did not work. Nevertheless, the authors suggest that these finding do not fully capture the effect of paid employment on adolescent extracurricular activities or leisure occupations.

Conversely, there is some evidence that work as an occupation has the potential to cause negative health and social effects. Hammerstrom and Janlert (2000) found that young people who were unemployed soon after completing compulsory schooling in Scandinavia tended to have negative attitudes towards work. The authors postulated that this could potentially be a contributing factor to difficulties in finding employment in later years. Other studies also suggest that adolescents may experience negative health and social outcomes from engaging in work occupations. Breslin and Adlaf (2002), in a cross-sectional survey of adolescents in Canada aged 13–19, found that those who worked moderate (11–20 hours/week) to long (21 or more hours/week) hours were more likely to smoke during early adolescence (13–16 years of age). This suggests a link between engaging in longer working hours and smoking which could have poor health outcomes.

School study is another occupation that has been researched in relation to health and wellbeing. A study by Hutchinson, Baldwin and Oh (2006) found that adolescents at school were not overly stressed, despite the perception by some students that academic pressure was one of their most significant stressors. Other stressors included
relationships with parents and friends and participation in organised sports. However, further research is needed to understand more about adolescent choices, the association between the intensity and duration of occupational engagement and the meaning derived from the activity, and its contribution to adolescent coping skills.

2.2.5 Self-care occupations of young people

Self-care occupations and their effect on health and wellbeing have seldom been explored in the recent research on young people. Self-care, or continual self-maintenance and self-regulation, is thought to be a human need. Self-care is a multidimensional concept with multiple interpretations. Self-care activities may be defined as goal-directed activities with the aim of restoring, maintaining and improving health and wellbeing. For self-care to be effective, individuals must have knowledge about their environment and themselves (Soderhamn, 2000). Studies focusing on self-care occupations have been aimed at young people with mental health issues such as stress and depression. Desha and Ziviani (2007) point out that studies have rarely explored the potential links between self-care and depression. However, Adam et al., (2007) found that adolescents spent considerable amounts of time in maintenance activities, such as chores, eating and naps, which had minimal effects on stress levels either way.

2.2.6 Rest and restorative occupations of young people

Similarly, the influence of rest or sleep occupations in young people has not yet been fully explored in relation to occupational therapy and occupational science. Further, there is limited understanding about the health and wellbeing effects associated with rest occupations in regional young people. Pierce (2003) found evidence of chronic sleep deprivation in adolescents, who can sleep as little as six hours per night. Sleep deprivation in adolescents is implied by their tendency to sleep during leisure time and
to combine late night activities with early mornings. Pierce (2003) suggested in previous research that it is difficult for young people to maintain a healthy sleep pattern in contemporary society, which tends to value productivity over rest.

Sleeping is considered a priority for some student cohorts. When Nishino and Larson (2003) asked Japanese adolescents what they would prefer to do with their free time, the most common response was to sleep, nap or relax. The authors attribute this to the fact that the students work so hard at school that they are exhausted, resulting in them using their free time for low-energy leisure activities. In an American study, Adam et al., (2007) examined the associations between demographic variables, activity choices, family processes and children’s sleep behaviour. The authors suggest that to date, very few studies have examined the socioeconomic, racial and ethnic factors influencing sleep hours and timing in children and adolescents. It is important to obtain more knowledge on the occupation of sleep as a meaningful occupation in their free time.

How young people choose to use their time has been implicated as a potential cause of sleep deprivation. Adam et al., (2007) studied the sleep patterns of American children and adolescents using a time diary method. One aspect of this study explored the association between activity choice and sleep. Using regression analysis, the authors found that sleep was reduced on both weekdays and weekends because of school and homework commitments. Adolescents who participated in passive leisure activities such as using computers and playing video games went to bed later, but this had no effect on overall weekday sleep hours. However, time spent watching television and socialising on weekends was associated with a reduction in weekend sleep duration. These findings indicate that passive leisure occupations, such as watching television and using computers, and social leisure occupations affect the occupational area of sleep.
2.2.7 The occupations of university students

A percentage of young adults in Australia are regional university students, whose other daily occupations are affected by this specific occupational role. There is limited research in contemporary occupational therapy and occupational science literature on the occupations or occupational roles of university students. Exceptions to this are two occupational science studies, both of which studied university students to better understand various occupational science concepts in relation to health and wellbeing, such as occupational balance (Wilson & Wilcock, 2005) and occupational independence and the relevance of culture (Whiteford & Wilcock, 2000).

The study by Whiteford and Wilcock (2000) explored the experiences of occupational therapy students as they interacted with diverse cultures throughout their university education. This longitudinal study, conducted over a 3-year period, used a hermeneutic phenomenological approach, with the narrative findings suggesting that, for the students in this study, the concepts of occupation and independence were culturally relevant. This study adds much value to the terminology and understanding of the influence of culture and society on occupation. However, the study focused only on the student experience at university and during fieldwork; it did not explore personal life experiences and how culture and society influence occupation and, consequently, the health and wellbeing of the students. This gap warrants further investigation into the occupations in which students engage in their social and cultural environments.

The occupational science study by Wilson and Wilcock (2005) focused on understanding the experience of the widely researched phenomenon of occupational balance, but specifically in occupational therapy students who had just started their university education. The researchers conducted a workshop session with 98 students,
followed up by a questionnaire, with the aim of exploring the students’ subjective views on occupation, health and wellbeing. The researchers were interested in the barriers that might prevent students from achieving a sense of occupational balance. However, while the findings suggest that occupational imbalance may have long-term health implications for students, the methodology did not allow for a deep enough analysis into the phenomenon of occupational balance in students. The authors noted that follow-up in-depth interviews would have contributed to a better understanding of the preliminary findings from the questionnaire data. This suggests that in-depth qualitative research on university students’ experience of time use and perception of balance is needed to advance the knowledge of occupational balance in this population group.

Recent educational research suggests that Australian university students are expected to assume multiple roles, including being both workers and students. Munro (2011) suggests that, in Australian universities, the student–worker phenomenon is now common because most students must work to support themselves and, therefore, cannot apply themselves entirely to academia. This finding is relevant to occupational science because it suggests that relationships exist between the role of university student and other occupational roles. This requires more research from an occupational perspective.

2.3 Young People, Health and Wellbeing from an Occupational Perspective

In this section, I will examine the literature on the health and wellbeing of young people in general and specifically those in Australia. This section will also seek to define health and wellbeing from an occupational perspective, including that in relation to occupational science and occupational roles. It will then look more broadly at the research on health and wellbeing in young people, including mental health, physical
health and obesity, drug and alcohol consumption and accidents. These factors were identified in the literature as being the major health and wellbeing issues facing young people. For this aspect of the literature review, I asked the following questions:

1. What is known about the occupational perspective of health and wellbeing?
2. What are the health issues for young people in general?

Young people are an important population group in which to study health from an occupational perspective as the health of this population group will determine the health of future societies (Hunt et al., 2014).

As a starting point, it is important to define what is meant by health and wellbeing in the context of this literature review. The research reviewed in this section comes from a broad range of health professions and much of it is focused on public health. The term ‘public health’ universally pertains to health issues affecting the broader population or community (Bass, 2015). However, as I am an occupational therapist undertaking occupational science research, I am interested in an occupational perspective of health and wellbeing. That is, I want to understand how health and wellbeing can be affected by doing occupations.

2.3.1 Prevalence of health issues for young people: A review of the general health research

Understanding the importance of health and wellbeing for young people is paramount to understanding the occupational perspective of health and wellbeing. In relation to young people’s health and wellbeing, the National Health Survey (2004–05) conducted by the Australian Bureau of Statistics (ABS) (2006) reported that the most common long-term health conditions for young people were hay fever and allergic rhinitis (19%), short-sightedness (18%), asthma (12%), and back pain and disc disorders (9%). Long-term conditions such as diabetes, cancer and mental health disorders were
also prevalent in young people and had health consequences (ABS, 2006). The leading causes of death in young people were motor vehicle accidents (39%) and suicide (32%) (Australian Institute of Health and Welfare [AIHW], 2008).

Occupations that young adults engage in, both as individuals and as a population group, dictate the health and wellbeing of future societies. Zecevic, Magalhaes, Madady, Halligan and Reeves (2009) view health in Western societies as the state of being successful, positive and productive as one ages; in other words, being healthy and active over one’s lifetime. Evidence suggests that transitioning from adolescence into adulthood is a significant evolutionary turning point in relation to the experience of health. During this period, certain behaviours can become established that could have long-term adverse health effects. Vimpani, Patton and Hayes (2002) suggest that, in the past, these behaviours were viewed as part of the normal turbulence of adolescent development, and it was thought that most adolescents would grow out of risky health-related behaviours by young adulthood. However, it is now evident that many aspects of health-related behaviours initiated during adolescence continue into adulthood, contributing to the burden of disability and mortality.

The evidence suggests that young people need to take responsibility for their own health. Jakobsen (2001) posits that good health requires people to be competent and actively involved in the process of becoming healthy through their own choices and adaptations. Statistical data on adolescent health and wellbeing have been widely documented in the international and Australian literature for many years. It is evident from past data and research on adolescent health and wellbeing that adolescents in Australia, as well as globally, are at risk of increased morbidity and mortality as a result of mental health issues and suicide, physical inactivity and obesity, drug and alcohol use, sexual activity and other risk-taking behaviours. In Australia, it has been shown
that children and adolescents from low socioeconomic backgrounds have more negative experiences of health and wellbeing, and Spurrier, Sawyer, Clark and Baghurst (2003) contend that such inequalities in health can only be overcome through national economic policies. An Australian government report by Vimpani, Patton and Hayes (2002) states that adolescent health risk factors include alcohol consumption, illicit drug use, physical inactivity and obesity. According to this report, a range of health problems affect children and young people disproportionately. Two of these, accidental injury and mental health issues, are included in the six National Health Priority Areas (AIHW, 2018) identified by the Commonwealth, state and territory governments. This highlights their importance and priority for healthcare in Australia, and it is critical that further research on these health issues in young people is conducted.

The following sections review the prevalent health issues in relation to young people as identified in the literature: mental health, physical health and obesity, drugs and alcohol, sexual health, accidents and risk-taking, and technology and social media.

2.3.1.1 Mental health

The most researched and well documented health issue pertaining to young people in the recent literature is that related to mental health. The AIHW (2011) reported that, in 2007, one in four young Australians aged 16 to 24 years experienced mental health problems. Mental health issues such as anxiety, depression and body image disorders often occur during young adulthood (AIHW, 2014).

Mental health issues in young people have been linked to death by suicide. For example, in 1998, suicide was the primary cause of injury deaths in young males aged 15 to 29 years, followed by transport. During the same year, around 3,300 young male adults were admitted to hospitals in Australia for intentional self-harm, and a further
700 young male adults committed suicide (Steenkamp, Harrison, & Allsop, 2002). This research shows that suicide is an issue that is particularly relevant to adolescent males.

Mental health has also been researched from an occupational therapy and occupational science perspective (see Table 2.1). A relevant Australian study by Desha and Ziviani (2007) suggests that children or adolescents who are experiencing, or are at risk of developing, a depressive disorder have specific characteristics with respect to their time use. Thus, monitoring participation of young people in the domains of leisure, self-care, productive and rest occupations could alert health professionals to early warning signs and aid in identification of depressive disorders in vulnerable groups. This is an area of occupational therapy and occupational science that requires further investigation in relation to occupational opportunities and choices and health outcomes for young people.

2.3.1.2 Physical health and obesity

A considerable proportion of the health research on young people is focused on physical health and obesity. Obesity in children and adolescents is a major concern, not only because of the immediate health and social problems, but also because of the risk of obesity continuing into adulthood and affecting long-term health (AIHW, 2011). Weight problems are common among adolescents in Australia—at least one in four secondary school students in Australia are overweight or obese (The Children’s Hospital at Westmead, 2014). Obesity increases the risk of chronic diseases such as type 2 diabetes, cardiovascular disease, high blood pressure, high cholesterol, gallbladder disease, some cancers, osteoarthritis, sleep apnoea, respiratory disease, skin problems and reproductive disorders, including infertility. Some of these diseases are now being identified in children and young people, highlighting the need for prevention and intervention (AMA, 2013). The AIHW (2011) claims that young people who have
reduced access to fresh fruit and vegetables and physical activity because of social, economic or geographic disadvantage have an increased risk of being overweight or obese (AIHW, 2011).

Evidence suggests that sedentary behaviours and lack of physical activity can result in obesity in young people. An Australian study by Hardy et al., (2006) found that young people who spend substantial amounts of time participating in sedentary behaviours have more negative health outcomes, including coronary heart disease, colon cancer, type 2 diabetes and obesity. The researchers also found that, in general, overweight and obese adolescents spent more time performing sedentary activities. From an occupational perspective, sedentary activity may be balanced by participation in more active occupations such as physical activity. The AMA (2001) recommends that young people should engage in regular physical fitness routines, including endurance activities for at least 20–40 minutes three times a week, strength training and flexibility. In relation to physical activity and chronic disease, the AMA (2006) believes that most chronic diseases, including obesity, can be prevented or at least delayed by everyday participation in recommended levels of physical activity. However, Allison, Adalf, Dwyer, Lysy and Irving (2007) suggest that raising physical activity levels in adolescents to meet public health guidelines is a major challenge for the healthcare system.

In a quantitative study, Kurc and Leatherdale (2009) found that Canadian secondary school students who have little social support for physical activity participation are less likely to be active. They also found that the association between sedentary activity and physical activity differs between adolescent males and females. For instance, males are more likely to be physically active if they report moderate levels of sedentary activity, while in females there appears to be no association between levels
of sedentary activity and physical activity. Males are more likely to participate in school and community-based sports, which positively affects overall physical activity levels; conversely, females are less likely to participate in school and community-based sports and, therefore, have fewer opportunities to increase their physical activity levels. The effect of reduced choices and opportunities on the physical health of young people is relevant and warrants further investigation.

2.3.1.3 Drugs and alcohol

Drug and alcohol consumption are strongly associated with young adulthood and, consequently, there is a wide range of research on this topic. Smoking among young people is on the decline—since 1998, daily smoking rates in people aged 14–24 have almost halved (AIHW, 2011). According to the AMA (2005), smokers have an increased risk of heart attack and circulatory disease, cancers of the lung, throat, mouth, bladder, kidney, pancreas, cervix and stomach, respiratory infections, including pneumonia and bronchitis, the potentially fatal lung disease emphysema, stomach ulcers, blood clots and impotence. The AMA (2015) also reported that smoking is usually commenced in the teenage years and therefore health promotion to prevent the use of tobacco smoking in young people should be vital in Government policy’s and funding. However, data show that smoking rates in young people aged 18-24 has halved between 2001-2016 for both males and females (AIHW, 2019).

Alcohol consumption remains an issue of high relevance for young people in Australia and internationally. Alcohol used at harmful levels accounts for one-third of all substance abuse disorders in Australian young people (AIHW, 2011). Recent data, reveals that risky drinking behaviour in young people aged 14-19 resulted in 83 % of injuries to this age group and 7% of these resulted in young people being admitted to an emergency department for treatment (AIHW, 2019). In 2016 it is reported that 15.3% of
young people aged 18-24 consumed alcohol at risky levels including drinking 11 or more standard drinks on one instance (AIHW, 2019).

In their research on alcohol consumption in young people, Steenkamp, Harrison and Allsop (2002) found that drinking alcohol is regarded as integral to Australian culture and is common among young males. Adolescent alcohol use is an important part of socialisation in the transition to the role of adult, especially in males. Alcohol use may, therefore, serve several psychological functions, such as the expression of opposition to adult authority and the marking of one’s passage out of childhood. However, Steenkamp, Harrison and Allsop (2002) assert that alcohol consumption in young males increases the risk of motor vehicle and motorcycle accidents, falls, water-related injuries and excessive drinking patterns.

Some studies have examined the contributing factors of alcohol consumption by young people. Availability of alcohol has been shown to be linked to environmental factors such as socioeconomic background, which has a direct influence on alcohol consumption in young people. A longitudinal study conducted in New Zealand found that socioeconomic factors significantly affected adolescent alcohol consumption. The study found that adolescents whose fathers were in the lowest occupational groups were almost twice as likely to be large consumers of alcohol than those whose fathers were in the highest occupational groups. The association between alcohol use and low occupational group was explained by issues such as familial alcohol problems, friends participating in and approving of alcohol consumption, lower intelligence scores and low parental attachment (Droomers, Schrijvers, Casswell & Machenbach, 2003). This shows that alcohol consumption is influenced by certain environmental factors that may exist for other disadvantaged groups, including rural adolescents, Indigenous Australian adolescents and migrant adolescents (AIHW, 2011). Socioeconomic differences and
their effects on smoking and alcohol consumption are important determinants of health inequalities in adolescents.

Young people are also statistically associated with the use of illicit substances. In Australia, between 2016, 28% of young people aged 20-29 had used an illicit substance in the previous 12 months (AIHW, 2019). The age group of young people aged 18-24 are most likely to use illicit drugs (AIHW, 2019). It was found that the most common illicit substances used by young people were cannabis, cocaine, ecstasy and meth/amphetamines (AIHW, 2019). According the AIHW (2019) illicit drug use is the second and third leading causes of the burden of disease for young people aged 15-24 years.

2.3.1.4 Sexual health

Sexual health is another topic that has been researched in relation to young people. Empirical data suggest that 40% of students in Years 10 to 12 have experienced sexual intercourse (AIHW, 2011). In Australia, the AIHW (2011) has identified seven sexually transmitted infections (STIs), apart from HIV, that are common in young people: chlamydia, gonorrhoea, syphilis, hepatitis B, trichomoniasis, herpes simplex virus and human papillomavirus. STIs are stigmatised among young people—Senior, Helmer, Chenhall and Burbank (2014) found that young people created a distance between themselves and sexually risky behaviours by forming the perception that they themselves engaged in ‘safe’ sex, while those with STIs must have engaged in morally or socially unsafe sexual practices.

2.3.1.5 Accidents and risk-taking

Risk-taking behaviour is another important health issue for young people because it is associated with an increased risk of accidents, injury and premature death.
Stassen Berger (2009) suggests that adolescents sustain more injuries than any other age group because of rapid physical, cognitive and social changes.

Some of the most prevalent research on young people pertains to road traffic accidents. In Australia, the mortality rate from traffic accidents in people aged 15–24 has reduced from 34 per 100,000 in 1989 to 9 per 100,000 in 2012. Three-quarters of these deaths were young males (AIHW, 2014). Recent data from the Transport Accident Commission in Victoria suggests that rural and regional roads account for one in five serious injuries in 2017 (Transport Accident Commission, 2019). A Scandinavian study by Hasselberg, Laflamme and Ringback (2001) found that road traffic injuries in young people using motor vehicles were more prevalent in those from a low socioeconomic background. However, the authors suggest that further investigation is needed in relation to how the social and physical characteristics of the young people’s residential environments influence the differential in road traffic injuries.

2.3.2 Health and wellbeing of Australian university students

As I am specifically interested in the population group of regional Australian university students, I also reviewed the existing research that discussed the prevalence of health issues that pertain to this group. The health of Australian university students in general has been comprehensively researched in relation to alcohol consumption, gambling, mental health, physical activity, sexual health, smoking and drugs in the fields of nursing, social science and psychology. The relevant studies are summarised in Table 2.4.
<table>
<thead>
<tr>
<th>Research topic</th>
<th>Authors</th>
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<tbody>
<tr>
<td>Alcohol</td>
<td>Burns, Jancey, Crawford, Hallett, Portsmouth, &amp; Longo (2016)</td>
</tr>
<tr>
<td></td>
<td>Hallett, Howat, McManus, Meng, Maycock, &amp; Kypri (2013)</td>
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<tr>
<td></td>
<td>Hart &amp; Burns (2016)</td>
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<td></td>
<td>Hasking &amp; Schofield (2014)</td>
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<td></td>
<td>Jones, Barrie, &amp; Berry (2012)</td>
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<td></td>
<td>Kropp, Lavack, Silvera, &amp; Gabler (2004)</td>
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<td></td>
<td>Murugiah &amp; Scott (2014)</td>
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<tr>
<td></td>
<td>Polizzotto, Saw, Tjhung, Chua, &amp; Stockwell (2007)</td>
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<td></td>
<td>Renner, O’Dea, Sheehan, &amp; Tebbutt (2015)</td>
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<td></td>
<td>Roche &amp; Watt (1999)</td>
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<td></td>
<td>Supski, Lindsay, &amp; Tanner (2017)</td>
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<td></td>
<td>Utpala-Kumar &amp; Deane (2009, 2012)</td>
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<tr>
<td>Mental health</td>
<td>Bartsch (2007)</td>
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<td></td>
<td>Bitsika, Sharpley, &amp; Bell (2008)</td>
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<td></td>
<td>Cvetkovski, Reavley, &amp; Jorm (2012)</td>
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<td></td>
<td>Gohar &amp; Dempsey (2007)</td>
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<td></td>
<td>Hamilton &amp; Schweitzer (2000)</td>
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<td></td>
<td>Hussain, Guppy, Robertson, &amp; Temple (2013)</td>
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<td></td>
<td>Jacob, Gummesson, Nordmark, El-Ansary, Remedios, &amp; Webb (2012)</td>
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<td></td>
<td>Kirsh, Friedland, Cho, Gopalasuntharanathan, Orfus, Salkovitch, Snider, &amp; Webber (2014)</td>
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<td></td>
<td>Lovell, Nash, Sharman, &amp; Lane (2015)</td>
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<tr>
<td></td>
<td>Said, Kypri, &amp; Bowman (2013)</td>
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<tr>
<td></td>
<td>Skead &amp; Rogers (2015)</td>
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<tr>
<td>Research topic</td>
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<tr>
<td></td>
<td>Stallman (2010, 2012)</td>
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<td></td>
<td>Sun, Buys, Stewart, &amp; Shum (2011)</td>
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<tr>
<td></td>
<td>Van der Riet, Rossiter, Kirby, Dluzewska, &amp; Harmon (2014)</td>
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<tr>
<td></td>
<td>Walter, Soh, Jaconelli, Lampe, Malhi &amp; Hunt (2013)</td>
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<tr>
<td>Physical activity</td>
<td>Allison &amp; Lee (2015)</td>
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<td></td>
<td>Jones &amp; Barrie (2011)</td>
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<td>Tsai (200)</td>
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<td>Sexual health</td>
<td>Calabretto (2009)</td>
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<td></td>
<td>Ewert, Collyer, &amp; Temple-Smith (2016)</td>
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<td>Pellizzer, Tiggemann, &amp; Clark (2016)</td>
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<td></td>
<td>Simpson, Clifford, Ross, Sefton, Owen, Blizzard, &amp; Turner (2015)</td>
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<tr>
<td>Smoking and drugs</td>
<td>Partridge, Bell, Lucke, &amp; Hall (2012)</td>
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<tr>
<td></td>
<td>Sun, Buys, Stewart, Shum, &amp; Farquhar (2011)</td>
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<tr>
<td>Healthy eating</td>
<td>Gallegos, Ramsey, &amp; Ong (2013)</td>
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<td></td>
<td>Kane, Hyde, &amp; Hamilton (2015)</td>
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<td></td>
<td>Sharma, Harker, Harker, &amp; Reinhard (2010)</td>
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<tr>
<td>Gambling</td>
<td>Moore et al. (2012)</td>
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<td></td>
<td>Mubarak &amp; Blanksby (2013)</td>
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</table>

The research topics shown in Table 2.4 depict the areas of healthcare research conducted on university students in Australia, most of which fall into the age group of interest, 18 to 21 years. Health issues with respect to alcohol consumption and mental health have been found to be significant for Australian university students and are the most well-researched topics. However, most of these relevant studies were on students.
from major cities. Research topics were mostly on health issues rather than on the experience of health, suggesting that further research into how students perceive health and wellbeing issues is warranted.

2.4 Occupational Health and Wellbeing of Young People in a Rural and Regional Environment

I will now focus my literature review on the final topic of interest, the rural and regional environment. I am interested in understanding what is known about the rural and regional environment regarding young people attending university as well as human occupation and health and wellbeing. For this review, I asked the following questions:

1. *What are the health issues for regional young people?*
2. *What occupations do regional young people engage in?*
3. *What choices and opportunities do regional young people have?*

2.4.1 The occupations of regional and rural Australian young people

More specific occupational theory and occupational science research is required on young people living in regional and rural Australia. The rural and regional Australian environment has been linked to research on “loss” of industry, services, business and population which directly influence what may be available for future generation of Australians (Cornell & Dufty-Jones, 2014). Furthermore, the current rural and regional environment is associated with the discourse of “change”, whereby change is occurring in the physical environment, the social and economic environment include aging population and the outmigration of young people in rural and regional communities (Cornell & Dufty-Jones, 2014). Therefore, it is reasonable to expect that these rural and rural and regional environmental issues may influence the choices and opportunities of young Australians regarding the occupations they engage in to reach their potential.
There is some research into the leisure occupations of young people, although this is not specifically occupational science research. A quantitative Australian study of adolescent leisure by Gordon and Caltabiano (1996) using a non-random sample of students from two Australian towns, Cairns (urban) and Atherton (rural), revealed that adolescents living in Cairns spent more hours engaged in social leisure, while those in Atherton spent a higher amount of time in passive leisure. In this study, the social leisure category included facilities that were not available in Atherton. Adolescents in Cairns engaged in more active leisure, but this may have been because they had more opportunities to engage in these. Further, it appeared that individuals with fewer opportunities and facilities learnt to ‘make do’ with what was available and took greater responsibility for their leisure experiences by creating their own enjoyment. Engagement in passive leisure activities was more common among rural adolescents than among their urban counterparts. This study is dated and a contemporary understanding of the environment and its role on enabling and limiting occupations requires further exploration within the Australian rural or regional context.

Some authors have recognised that there is a gender difference between rural males and rural females in relation to their activity participations. Sharp et al. (2006) suggest that rural communities may not have a broad range of activities in which adolescents can participate during their free time. In their study, they noted that more boys than girls took advantage of sporting activities offered in rural schools. This also warrants consideration in Australian rural contexts in which sporting options may be limited, further limiting choice. For example, the only sports available and accessible in rural communities may be football or netball. This could eliminate certain people based on gender or interest levels and negate the opportunity for them to play other sports of interest. Sharp et al. (2006) acknowledge that more research is needed to understand
these findings. The authors believe that there may, in fact, be fewer opportunities, particularly in rural settings, for females to participate in community and school-based activities. Therefore, it may be important to consider gender differences in this geographic context. Further, in the domain of leisure, some activities are more traditionally aligned with women as participants, who may find that they become associated with positive or negative stereotypes. Leisure stereotypes may influence leisure choice (Taylor, 2003). These gender stereotypes are embedded in the discourse of the rural Australian sociocultural environment (Bourke, 2003) and may influence choices and opportunities around occupations, which could affect health and wellbeing outcomes.

2.4.2 The health of regional and rural Australian young people

Australian studies and research data have shown that people in some rural community’s experience poorer health than city people. Data from population health surveys highlight that rural and remote people are more likely to engage in behaviours associated with poor health (AIHW, 2011). A higher number of rural and remote people report daily cigarette smoking (28%) compared with urban people (20%). Further, Australians living in rural and remote areas are at a greater risk of being overweight or obese and are more likely to participate in sedentary behaviour than those living in city areas (AIHW, 2008).

The importance of the rural and regional environment to the health and wellbeing of young adults from an occupational perspective cannot be underestimated. The health and wellbeing of adolescents can also be influenced by environmental factors, including choices and opportunities, which can present risks to health. According to Kulig, Nacachewsky, Hall and Kalischuk (2005), rural communities are unique because they have tangible characteristics such as decreased provision of and
access to services and differences in the ways in which people interact within their communities. However, the research on these factors in relation to adolescents and their health and wellbeing is limited.

The physical geography and harsh environments may affect the health and wellbeing of young people. A mixed methods Australian study of the experiences of children and adolescents living with drought found that adolescents do experience the emotional distress of drought, but the long-term effects of this remain unclear. Responses from the focus group revealed that children and adolescents, regardless of their experiences of drought, did not feel disadvantaged by residing in rural and remote locations (Dean & Stain, 2007).

The social and cultural context of living in regional and rural Australia has also been found to influence health and wellbeing. Rural communities are said to be endowed with the quality of social capital; that is, rural community members are socially trusting, show social cohesion and have a sense of community and social participation. An evaluation of the use of social capital in rural communities for youth mental health projects suggests that the social qualities of rural communities are an asset in strengthening mental health services for youth (Boyd, Aisbett, Francis, Kelly, Newnham & Newnham, 2008) In rural communities, the interaction between geography and the social and cultural environment may affect the health and wellbeing of adolescents living in the area (Bull, Hemmings, & Dunn, 1997).

Regional and rural young people face barriers to accessing health services. Remote geographic locations and factors such as limited socioeconomic resources can make accessing and affording health services difficult (AIHW, 2011). People living in these geographic areas have poorer health and higher mortality rates in general than people living in metropolitan areas (AIHW, 2014). Hence, understanding the prevalence
of health issues and the occurrence of health and wellbeing among rural and regional people, including young people, is vital.

2.4.2.1 Mental health and suicide

A quantitative study based on three cross-sectional population surveys on Victorian adults living in rural communities was undertaken to examine the prevalence of mental health conditions, including depression, psychological distress and anxiety. The study found that almost a third of the participants had moderate psychological distress, and approximately 10% had anxiety (Kilkkinen et al., 2007). While these results indicate a high prevalence of mental health conditions in rural Victoria, the sample was not representative of the youth population and the study focused on prevalence rather than the causes of mental health conditions. The study did not make any comparisons with rates of mental health disorders in metropolitan Victoria, which would have increased the value of the findings. Finally, the authors did not provide any solutions for reducing the incidence of mental health disorders other than stating they should be addressed in health checks. This reveals a gap in the literature from an occupational therapy and science perspective, in which the causes of mental health issues in rural people could be explored in relation to occupational participation within the environment. This may help promote participation in meaningful occupations and identify risks to mental health within rural populations groups in general and, more specifically, in rural adolescents.

Several authors argue that there is limited Australian research on whether social stigma is a barrier for rural adolescents needing help for mental health issues (Baume & Clinton, 1997; Boyd et al., 2008 Malcolm, 2002). Likewise, these authors highlight that geographical location, accessibility and transportation may also be barriers for rural adolescents seeking assistance with mental health conditions. Baume and Clinton
Malcolm (2002) highlights in her study of primary mental health services that this is a considerable concern for healthcare providers as they struggle to find a model of care. Malcolm (2002) posited that, because rural communities lack the resources and support networks for young males, suicide rates are particularly high, especially in young Indigenous Australians, who also experience deprivation and racism.

2.4.2.2 Physical activity and obesity

In Australia, it has been found that rates of physical activity increase with environmental remoteness for adolescents aged 13 to 17 years living in a remote or outer regional area meeting the Australian guidelines for physical activity 18% of the time, whereas adolescents from inner regional and major cities only met the guideline 6.2% of the time (AIHW, 2018). However, it is difficult to find specific information regarding the age group of interest for this study being 18-21 years in government reports as this age group is often grouped with all other adults.

Qualitative research that suggests that obesity rates are highest in rural areas, which is of major public health concern because of the strong association between obesity and chronic disease (Heading, 2008). A qualitative study of rural and remote Australian adults found that the main causes of obesity in the sample were poor eating habits, being outside of healthy weight norms, sedentariness, gaps in the knowledge regarding energy balance, psychological, biological, social, cultural, economic, environmental, political factors (Heading, 2008).

Sedentary behaviours are clearly linked to physical inactivity in adolescence. Further evidence of this is shown in a quantitative study by Hardy et al. (2006), who found that the mean number of hours of sedentary time spent was higher in Australian
urban youth than rural youth. Similarly, a study by Hertz, Stevens, Holden and Petosa (2009) highlighted that the effects of sedentary behaviour can be catastrophic for rural youth, illustrated by the fact that Appalachia, the rural area under study, had the third highest rate of premature death in the USA. This population group was found to be the most sedentary in the nation and was at an elevated risk of obesity, cardiovascular disease and cancer. In a sample of children in Grades 4, 5 and 6 in the USA, Joens-Matre, Welk, Calabro, Nicklay and Hensley (2008) found that the prevalence of overweight children was higher among rural children at 25%. The authors contend that rural life may not necessarily be associated with more physically demanding tasks, thus accounting for the high rates of obesity in rural areas. Some authors suggest that urban adolescents may be more physically active because they have more opportunities to access sports facilities and have a greater choice of recreational and leisure activities (Chen, Haase, & Fox, 2007).

2.4.2.3 Drugs and alcohol

Alcohol use has been found to be prevalent among adolescents in rural communities and to be the cause and the outcome of many social issues. Consistent with Australian studies, international research has also linked alcohol consumption with negative health outcomes. In a large Canadian population study, alcohol consumption was higher for adolescents in rural areas (33%) compared with those in urban areas (27%). Rural adolescents in this study also reported higher risk of injury compared with the urban population. However, there is some international evidence that alcohol consumption patterns and incidence of serious injury was similar for both urban and rural geographic groups of young people (Jiang, Li, Boyce, & Pickett, 2008). This study was limited in its findings as it was based on a self-reported survey collected on a single day and the sampling of schools was biased because some of the rural adolescents
attended urban schools. More importantly, the findings were not specific to Australian adolescents.

2.4.2.4 Sexual health

Previous literature suggests that, for young people, sexual health issues, including adolescent pregnancy, poses major social and emotional issues for adolescents living in rural and regional Australia. Quantitative and qualitative studies have shown that dealing with sexual health issues may be difficult for rural adolescents. Stewart and Rosenthal (1997) surveyed adolescent females living in rural areas and found that trust in confidentiality and privacy were affected by the social and cultural factors associated with living in a rural geographic area. These included the fear of being recognised in the community and the risk of harm to their reputations (Stewart & Rosenthal, 1997). The researchers performed focus groups involving Year 8 and Year 10 students in small communities in Tasmania, Victoria and Queensland found that rural adolescents were reluctant to seek assistance for sexual health because of confidentiality issues and the risk that others in the community would gain knowledge of it (Stewart & Rosenthal, 1997). These factors may put rural adolescents at risk of sexual health disorders and potentially influence their choice of and participation in occupations, including sexual intercourse, which may result in negative social and health outcomes. Likewise, a study by Bull, Hemmings and Dunn (1997) found that rural adolescents who become pregnant face perceived barriers to obtaining support, including issues of confidentiality, accessibility and trust. The authors go on to highlight that adolescent pregnancy is more prevalent in environments where there are higher rates of socioeconomic distress, poverty and family dysfunction. From an occupational viewpoint, these health issues may arise from occupational deprivation within the social and physical environment of
the adolescent, influencing choices and opportunities. This requires further attention in the occupational therapy and occupational science literature.

A comparative study of rural and urban adolescents conducted by Quine, et al. (2003) found that health concerns regarding youth pregnancy were reported almost exclusively by rural adolescents. The rural adolescents in this study raised issues surrounding privacy, confidentiality and lack of services as barriers in dealing with contraception and pregnancy. This emphasises that adolescent pregnancy is a major issue faced by young people in rural communities but is less crucial to the health and wellbeing of urban adolescents. Smith and Grenyer (1999) developed a psychosocial profile of Australian regional adolescents and found that those who were most likely to become pregnant were more likely to be unemployed, have poor self-esteem, lack social support, smoke, live alone or with friends, have an unstable relationship with a partner, have little formal education, have other children and/or have not planned their pregnancy. Clearly, many of these issues contribute to other health and wellbeing concerns for adolescents, including risk-taking, mental health and substance use, and may affect occupational participation and engagement in schooling and paid work.

2.4.3 Occupational choices and opportunities for university students in regional and rural Australia

Occupational choices and occupational opportunities for regional young people are specific to the regional Australian environmental context. As an occupational science concept, occupational choice has been examined in contemporary research. Gallagher, Pettigrew and Muldoon (2015) define occupational choice as being an internal and individual process that is based on abilities and motivation within an environmental context. These authors studied the occupational choices of disadvantaged young people aged 11–14 years and concluded that occupational choice is strongly
influenced by the environmental context in which young people live; for the participants in this study, this resulted in occupational injustice and adverse effects on health and wellbeing. Occupational injustices are defined as “Occupational injustices arise from complex transactional situations wherein innumerable and interdependent human and environmental factors meet in action.” (Bailliard, 2016 p. 8)

The authors encouraged other researchers to focus on occupational choice within sociocultural contexts. In response to this, further research on the occupational choices of regional university students as a subpopulation of Australian young people is warranted to better understand this occupational science concept in relation to health and wellbeing.

Some authors have discussed the construct of occupational possibilities, which Laliberte Rudman (2010) refers to as ‘ways and types of doing that come to be viewed as ideal and possible with a specific sociohistorical context, and that come to be promoted and made available in that context’ (p. 55). Galvaan (2015), who studied the occupational choices of young marginalised adolescents in South Africa, suggests that occupational choices are linked to occupational opportunities, which are the available opportunities for participation and engagement in occupation. However, a search for the keywords ‘occupational opportunity’ uncovers little occupational therapy or occupational science research on this topic, despite its relevance to regional university students and what may be available for them from an occupational perspective. This requires further in-depth investigation.

The literature reviewed so far indicates that some young people in rural and regional areas do not have the choice or opportunity to do what they want with their time. This is affected by the available opportunities in the environment. It also has a direct effect on their health and wellbeing. The concept of occupational choice has been
linked to poor occupational health and wellbeing, such as occupational injustice (Brennan & Gallagher, 2017; Gallagher et al., 2015; Galvaan, 2012, 2015). In a recent Irish occupational therapy study by Brennan and Gallagher (2017) on the expectations of choice and the influence of social context on gender-specific occupations of adolescents, the authors described that choice in this life stage has been researched in fields such as psychology, adolescent career studies and studies on risky health behaviours, but not in the field of occupational therapy. This literature review illustrates that research on the choices of young people living in regional and rural geographic areas is also needed.

To date, there has been limited occupational science research on the choices and opportunities for young people living in rural and regional Australia with respect to occupational participation and engagement. There is evidence to suggest that rural adolescents have limited choice and opportunity to participate and engage in certain occupations because of their rural location (Chen, Haase, & Fox, 2007; Gordon & Caltabiano, 1996; Sharp et al., 2006); however, there is limited Australian research on the occupations of rural adolescents. Likewise, rural adolescents have been identified as having higher rates of negative health and social outcomes compared with urban adolescents, including higher rates of mental health issues (Baume & Clinton, 1997; Boyd et al., 2008; Kilkkinen, et al., 2007; Malcolm, 2002), obesity (Hardy et al., 2006; Hertz et al., 2009; Joens-Matre et al., 2008) and alcohol and drug use (Jiang, Li, Boyce, & Pickett, 2008). However, it remains unclear whether a link exists between the rural and regional and the choices and opportunities in this environment in relation to health outcomes.

From an occupational perspective, choice is vital in establishing a sense of occupational integrity through construction of a life that provides meaning (Pentland &
McColl, 2008). Therefore, further research into rural and regional young people in Australia from an occupational perspective is needed to better understand their occupational choices and opportunities, as well as the health outcomes of participation and engagement.

2.4.4 Researching young people attending a regional university as a population group: Summarising the gaps

The general and occupation-specific review of the literature on young Australians as a population group revealed a number of gaps which I will address in relation to occupation, health and wellbeing and the rural/regional environment.

First, it is clear from the review that this young people as a population group are difficult to define. Generation Z is a new and emerging generation not yet fully understood by researchers. Nevertheless, the young people of today will make up future populations, and how they develop in society and culture will shape their health and wellbeing. An important subgroup of young Australians is university students, who can reveal useful information about the occupations of students. However, a more specific group is made up of university students who live and study in regional areas of Australia. This population group are faced with particular occupational choices and opportunities in their environment, which may affect their health and wellbeing. The unique effects of the environment needs to be examined, providing new knowledge on this particular population group.

2.4.4.1 Gaps in understanding the occupations of university students in a rural and regional environment

The literature on young people from an occupational therapy and occupational science perspective is limited. The existing literature is primarily quantitative in
approach and focuses on young people with disabilities or existing health conditions. It does not provide an in-depth understanding of the occupational experiences of healthy populations in specific occupational roles. Members of generation Z, who are emerging as adults in society, deserve more research attention. Understanding this group of young people would provide benefits from an occupational perspective because it would contribute to a deeper conceptual understanding of occupations as well as an understanding of the occupational role of the university student in the rural and regional environment.

A subgroup of young people in Australia is that of university students, who have specific contextual, occupational and health and wellbeing needs. Nevertheless, there is limited research on university students in the occupational therapy and occupational science literature. Most of the studies conducted on this population group have focused on the retention of students and their ability to access university courses (Boehm et al., 2015; McAuliffe & Barnett, 2010). Some studies have sought to understand the experiences of adulthood of Australian university students from both a psychological perspective (Weier & Lee, 2015) and an educational perspective (Munro, 2011). What is still unknown is the experiences of regional Australian university students from an occupational perspective. There is limited knowledge in the existing occupational therapy or occupational science literature on young people as university students and no studies that specifically focus on the occupational experiences of regional young people attending university.

Clearly, existing occupational therapy and occupational science research has made some attempt to understand the occupations of young people through time use studies (DeLany & Jones, 2009; Farnworth, 2000; Hunt & McKay, 2012; Hunt, McKay, Fitzgerald & Perry, 2014; McDonald, 2006). However, while these studies provide
excellent empirical data that can be quantitatively measured in relation to the hours and minutes spent doing various occupations, this research does not provide the whole picture of human occupation as experienced by young people. It fails to answer the questions of how and why young people engage in occupations in their daily lives. This requires further qualitative research to provide detailed answers to these complex questions.

The bulk of the relevant research in occupational therapy and occupational science, as well as in other healthcare fields, is on the occupations of leisure and work. There is even less research on occupations that are performed for self-care or rest. This does not give researchers a holistic understanding of the occupations in which young people engage. The notion that occupations are unique to individuals needs further exploration. Further, research into the occupations of university students would enable a deeper understanding into the experience of being a university student in a particular environment context.

2.4.4.2 Gaps in understanding the health and wellbeing of university students in a rural and regional environment

The health and wellbeing of young people as a population group is a key area for research. From medical perspective Kang (2014) strongly advocates for research to focus on what she refers to as the ‘emerging adult’. However, to better understand this pivotal transitional life period, Kang calls for future research to focus on young people’s health from a multidimensional and holistic perspective rather than from a medical or public health perspective only. This will increase the knowledge about young people’s choices and risk-taking behaviours in relation to their health and safety, which will help them with decision-making about their health and wellbeing in the future (Kang, 2014).
As noted, the young people of interest in the study form the future population whereby health and well-being will be projected. This approach may also reduce the risk of myopic view of health and wellbeing for young people, by considering the greater picture of health including an occupational picture. This gap in the existing literature supports the need for other perspectives of health, including an occupational perspective. Should the recommendations of Kang (2014) be instituted, it would be important to conduct further research on occupational choices and opportunities in relation to health and wellbeing from an occupational perspective.

At present, the existing research on the general health and wellbeing of this subgroup is primarily from the perspective of professions such as medicine, psychology and social science. The research suggests that health issues such as mental health (AIHW, 2014; Desha and Ziviani, 2007; Steenkamp et al., 2002) obesity (AIHW, 2011; AMA, 2013; Hardy et al., 2006), alcohol and illicit drug use (AMA, 2015; AIHW, 2019; Steenkamp et al., 2002), sexual health (AIHW, 2011; Helmer et al., 2014 and risk-taking resulting in accidents (Stassen Berger, 2009; Hasselberg et al., 2001) are major health concerns for young people in Australia and abroad.

Occupational scientists and occupational therapists need to understand the experiences of this population group in relation to occupation and health and wellbeing. This would include researching the occupations that result in the above-mentioned general health issues. This would add to the existing knowledge about young people and build on studies that focus on health issues and disabilities.

To date, the occupational therapy and occupational science research on human occupation in young people has focused primarily on those with mental health issues, disabilities or illnesses. Healthy populations of young people or university students have seldom been researched in relation to human occupation. This is of concern because it is
critical to understand the occupations of not only people who are unwell, but also of those who are healthy.

2.4.4.3 Gaps in understanding the occupational participation, choices and opportunities of university students in a rural and regional environment

Finally, the importance of occupation for health and wellbeing has been well documented in the literature, but more research is needed on the occupational perspective of health and wellbeing in young people. This includes the occupational, health, and wellbeing concepts that affect both the experience of engaging in occupations and those that result from engaging in occupations. An example of this would be the health and wellbeing effects of engaging in or not engaging in occupations. Further, the environment may also have an effect on occupational choices and occupational opportunities. These are fundamental concepts of the profession and further in-depth research is needed on specific populations, such as healthy young people attending regional universities. To date, this appears to be neglected in existing occupationally focussed research.

The population group of interest in this thesis is particularly regional university students, and, at present, there are significant gaps in the research about how these students experience occupations in their rural and regional environment in relation to their available occupational choices and occupational opportunities. While there is much research on the health issues of Australian university students, these studies typically come from other health professions, such as psychology and dietetics, and usually use samples from universities based in major Australian cities. Therefore, further exploration of the occupational participation, choices and opportunities, as well as the perceptions of health and wellbeing in regional university students as a subgroup
of young people are needed. I believe that a purposeful place to start this investigation is at the time the young people have commenced university and they transition from their home environment as this is the time when they are changing into a new occupational role of being and becoming a university student in a rural or regional environmental context.

Evidently, there is limited occupational therapy or occupational science theoretical conceptualisation of transition as it impacts on human occupation. Crider, Calder, Bunting and Forwell (2015) recently completed an integrated literature review on the topic of transition in occupation. They found that in current occupational therapy and occupational science literature that there was limited knowledge on the transition of populations or community groups nor the impact on the physical environment on transition. The population group of interest are new university student who have recently completed secondary school education and the specifically physical environmental context of these students is the rural and regional Australian environment. Researching young people as university students in relation to their choices and opportunity for occupation in the rural and regional environmental context is essential in bridging the gap in current occupational therapy and occupational science knowledge.
Chapter 3: Methodology

For the study described in this thesis, I aimed to explore the occupational role of being a university student in a regional area. In this chapter, I discuss the elements of my research process, including the actions taken and the rationale for them. Specifically, I discuss the theoretical framework adopted for the research, including the constructivist epistemological stance, the occupational science theoretical perspective and the interpretive and constructivist approaches to data collection and analysis.

For this inductive, qualitative study, I used two methodological approaches: hermeneutic phenomenology for Stage 1 and constructivist grounded theory for Stage 2. Overall, I used a cross-sectional time design. All participants were recruited from Charles Sturt University across two time periods. In Stage 1, I used in-depth interviews, which were transcribed verbatim, to collect data as text from 24 female university students. The data from Stage 1 was analysed using the ‘hermeneutic spiral’, which is variation of the hermeneutic circle and ‘fusion of horizons’ approaches. From the Stage 1 analysis, I developed a preliminary theory that I evaluated in Stage 2, in which I used a focus group involving three female university students. I used a constructivist grounded theory approach to code data from Stage 2 and develop a conceptual theory of the findings. Figure 3.1 provides a visual overview of the methodological design.
3.1 Locating the Study

For this study, I explored the experiences of young people attending university in a regional Australian environment. The setting was Albury, a regional city on the border of the states of New South Wales and Victoria in Australia. I selected Charles Sturt University’s (CSU) Albury–Wodonga campus, located in the suburb of Thurgoona, for several reasons. The geographic location of the university enabled the research to be contextually relevant to the regional Australian environment. According to the ABS, in 2016, Albury had a population of 51,076 people, with 12.8% of the population aged 15–24 years and a total of 1,712 people attending a tertiary education institution (ABS, 2016).

CSU offers a variety of courses in the areas of health science, education, environmental science, business, outdoor recreation, parks, recreation and heritage, information technology and nursing (CSU, 2018). This provided the opportunity for recruitment of a broad range of young people from a variety of career paths for this study. CSU’s Albury–Wodonga campus offers onsite student accommodation in
Thurgoona. CSU also provides opportunities for students to engage in course-based, religious, sporting, social, music, dance and postgraduate groups and societies (CSU, 2018).

I am interested in the occupations of regional Australian university students, specifically in relation to their occupational choices, occupational opportunities and health and wellbeing. Occupation is a complex phenomenon and I wanted to understand the occupational experiences of regional university students from their perspective. My focus was twofold: young people’s experiences of their choices and opportunities with respect to occupation; and how young people constructed their perceptions of health and wellbeing. By interpreting young people’s experiences of being a university student in a rural and regional environment, I aimed to develop an understanding of the occupational role of being a student attending a regional university by exploring the participation, choices and opportunities of this population group. Further, the study aimed to explore and develop a theory about the relationship between being a regional university student and health and wellbeing.

3.2 Research Questions

I aimed to explore two primary research questions:

1. *How do young people attending university in regional areas experience their occupations and what occupational choices and opportunities do they have?*

2. *What is the relationship between occupation and health and wellbeing for regional university students? Why and how is this influenced by the regional Australian environment?*

In addition, I posed the following sub questions:

Occupational time use:
3. **How is time use experienced by young people transitioning from adolescence into adulthood?** What is this life stage like when considering the concept of time and doing occupations?

4. **What occupations do young people as university students do within their daily lives?** How do they experience occupational participation? How do young people classify their occupations?

**Health and wellbeing:**

5. **How does the experience of being a university student and doing occupations in a rural and regional environment affect health and wellbeing?**

6. **What are the perceived health and wellbeing outcomes for these young people?**

**Rural and regional environment:**

7. **What is the occupational experience of living in the rural and regional?** How does this compare to students’ home environments prior to attending university?

8. **What is the effect of living in a regional area on occupational choice and opportunity?**

To structure this chapter, I used the framework by Crotty (1998), which involves a discussion of the study’s epistemological position, theoretical perspective, research approach, research methodology, timeframe and chosen methods. Figure 3.2 provides a visual representation of this framework.
Figure 3.2. The elements of the research process.


3.3 Ontological and Epistemological Position

Ontology is a philosophical construct that refers to human beliefs and the nature of reality (Gray, 2018; Holloway & Wheeler, 2010; Jirojwong, Johnson, & Welch,
It is important for researchers to adopt a viewpoint of how things are perceived in the world and how they work (Scotland, 2012). In this study, I assumed a relativist ontology, which asserts that multiple realities exist and that there are a variety of ways to access them (Gray, 2018). Although epistemology is the philosophical field concerned with knowing how ‘human beings know in the world’ (Holloway & Wheeler, 2010, p. 339), researchers must also comprehend what it means to ‘know’ through the knowledge acquired from the world (Scotland, 2012). Gray (2018) asserts that researchers should explore epistemology to choose a guiding philosophical background for their research. For this study, I selected constructivism as my epistemological stance.

3.3.1 Constructivism

Crotty (1998) contends that taking a constructivist approach is not to claim that meaning cannot be objective, but that people construct meaning. Crotty (1998) defined constructionism as the view that ‘all knowledge, and therefore all meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction between human beings and their world and developed and transmitted within an essentially social context’ (p. 42). Hence, I took the view that I could obtain knowledge of the occupational role of being a regional university student by listening to students’ stories of their experiences as regional university students.

3.4 Theoretical Perspectives

3.4.1 Occupational science

I was guided by the primary theoretical perspective of occupational science. Occupational science is a discipline that focuses on understanding humans as occupational beings and examines the relationship between occupation and health (Molineux & Whiteford, 2012). Occupational scientists seek to comprehend the
human occupation as experienced by individuals, families and communities (Pierce, 2014).

Human occupations are complex—they are formed by the interactions between biological, psychological, sociological and symbolic components, together which constitute ‘doing’ (Clark & Jackson, 1990). Occupations are anything that people do as individuals or as groups of occupational beings within their environmental contexts (Pierce, 2001; Yerxa, 2000). Occupations have purpose and meaning to the people who perform them (Wilcock, 2005; Yerxa, 2000). Every human engages in a series of complex and multifaceted occupational roles in their daily lives (Chapparo & Ranka, 1997; Harvey & Pentland, 2010).

People experience occupation through ‘doing, being, becoming and belonging’ (Wilcock, 2005, p.10). Occupations occur in time and space (Pierce, 2001; Yerxa, 2000); therefore, they have pace, rhythm, ritual, pattern and routine (Pierce, 2001). Occupations are presented as opportunities in social, cultural, geographical, institutional, political and spiritual environments, which may influence the availability of occupational choices (Wilcock, 2005; Galvaan, 2015). Occupations can be experienced individually (Hammell, 2004, 2009a; Harvey & Pentland; 2010; Wilcock, 2005) or shared with others (Pierce, 2009). Occupational experiences have meaning for individuals, groups, communities and populations (Molineux & Whiteford, 2012; Pierce, 2014). Engaging in occupation may influence the experience of health and wellbeing for the individual and the collective group (Wilcock, 2005, 2007).

Adopting an occupational science theoretical framework was relevant for this study because its aim was to explore the occupational role of being a university student in a rural and regional environment. In the next section, I will describe the research approach and methods that were used.
3.5 Research Approach: Inductive Two-Stage Qualitative Exploration

My research questions required a qualitative research approach. Luborsky and Lysack (2006) argue that qualitative research is highly appropriate for research in occupational science. Further, qualitative research methods are acknowledged as being appropriate for studying health (Liamputtong & Ezzy, 2005).

In my study, I used two different qualitative methodologies to answer the research questions. A two-stage qualitative exploration approach is different from a mixed methods approach; rather, it is a subset of qualitative research that seeks to use two established and complementary methodological approaches to explain, explore and comprehend complex and intricate research questions (Annells, 2006). The two methods I used were hermeneutic phenomenology (Stage 1) and constructivist grounded theory (Stage 2). The impetus to use two types of qualitative methodologies stemmed from the need to answer two different sorts of research questions. Hermeneutic phenomenology, as informed by Gadamer (1975), was best suited to answering questions about how students experienced their occupations and health and wellbeing. This methodology enabled an in-depth exploration of the lived experiences of university students in a regional area. Conversely, a constructivist grounded theory approach, influenced by Charmaz (2006), was more appropriate to address questions about how occupational choices and opportunities in the rural and regional environment affected student health and wellbeing. This second type of methodology was an effective means of using the phenomenological findings from university students’ lived experiences to develop a theory on the link between the occupational role of being a student, the rural and regional environment and concepts of occupational choice and opportunity.

I used this two-stage qualitative exploration approach to combine both of these qualitative research methodologies in the one study (Annell, 2006; Beck, 1993; Wilson
& Hutchinson, 1991), which enabled me to gather more in-depth data to answer my research questions. These methodological approaches complemented each other and enabled additional research processes that would not have been possible if only one methodological approach had been used.

Similar to the approach used by Beck (1993), the two methodological approaches were used to analyse two different data sets in sequence, which were then compared with each other to elicit a deeper understanding of the phenomena under investigation. In order for two approaches to be used concurrently while retaining the strength, integrity and harmony of a study, the approaches must have epistemological and theoretical compatibility (Annells, 2006). Hermeneutic phenomenology and constructivist grounded theory are well-matched because they are both positioned in relativist ontology and constructivist epistemology. Further, both approaches are concerned with the human experience in context (see Table 3.1).

A two-stage qualitative exploration approach is particularly relevant in today’s society in which research issues are complex and multifaceted (Annells, 2006). Although both of the methodological approaches selected can be used independently, there are benefits to productivity, research development and pragmatism in considering a two-stage qualitative exploration approach’. Productivity was achieved by collecting two sets of data about the same research question and analysing them differently to reach two possible conclusions. With respect to research development, two studies were drawn into one to facilitate a deeper understanding of the topic and research questions, resulting in an understanding of the lived experience as well as development of a theory. Lastly, a two-stage qualitative approach is pragmatic because it enables two complex studies to be captured in one study, saving time, resources and money.
Table 3.1 defines the elements of hermeneutic phenomenology and constructivist grounded theory selected for Stage 1 and Stage 2, respectively. The table is a modified version of tables described by Wilson and Hutchinson (1991, p. 26) and Annells (2006, p. 58). In comparing the two methodological approaches, it is clear that both stem from a relativist ontology and constructivist epistemology. However, the approaches differ in their methods of enquiry in seeking to understand a phenomenon. Hermeneutic phenomenology seeks to understand the multiple realities of lived experience through the interpretation of in-depth interviews in whole or in part (Gadamer, 1975, 1998). While constructivist grounded theory approach seeks to develop theories that are socially, historically and environmentally context-dependent by collecting and analysing data constructed by both participants and researchers (Charmaz, 2006).

In this study, the choice to combine these two methodological approaches within this thesis provided a comprehensive means by which I could understand the lived experience and also participate in the construction of a socially and contextually dependent theory. It allowed me to take a “different view” of the same topic. I felt that this facilitated not only a deep and rich understanding of the lived experience of population group of interest but also the opportunity to construct a new theoretical comprehension based the contextual situation. Using a two-stage approach in this study was like a looking through a kaleidoscope, whereby when the pattern was slightly altered the perspective was different. That is, by changing the focus of the methodological approach between hermeneutic phenomenology and constructivist grounded theory to suit the research question, the findings were viewed inversely but equally as significant and interesting in relation to the phenomena discovered. This meant that a two-stage approach enabled a multi-dimensional and more detailed insight
into the experience and subsequent theory of regional on-campus university student and their occupations.

Table 3.1

**Hermeneutic Phenomenology and Constructivist Grounded Theory**

<table>
<thead>
<tr>
<th>Hermeneutic phenomenology</th>
<th>Constructivist grounded theory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Derived from Gadamerian hermeneutics with a focus on the possible existential meaning of the experienced phenomenon</td>
<td>Derived from Charmaz’s constructivist grounded theory with a focus on exploring and defining human behaviour and interaction through understanding social processes of the phenomenon</td>
</tr>
<tr>
<td>Relativist ontology foundation and in the constructivist paradigm of research</td>
<td>Relativist ontology foundation and in the constructivist paradigm of research</td>
</tr>
<tr>
<td>Constructivist epistemology</td>
<td>Constructivist epistemology</td>
</tr>
<tr>
<td>Considers text of understanding, temporality and historicity</td>
<td>Considers that theoretical development is dependent on context e.g. historical, social and situational</td>
</tr>
<tr>
<td>Considers the phenomenon of everyday lived experience</td>
<td>Data can be collected using interviewing, observations or analysis of documents, depending on the phenomena of interest</td>
</tr>
<tr>
<td>Interpretative approach with hermeneutic philosophical ideas</td>
<td>Data collection and data analysis occur simultaneously</td>
</tr>
<tr>
<td>Text is understood by using hermeneutic circle or spiral and fusion of horizons, in whole and in parts</td>
<td>Data or text is analysed as a whole and in parts</td>
</tr>
<tr>
<td>Typically involves in-depth interviewing</td>
<td>Data analysis involves coding: line-by-line, categories and thematic</td>
</tr>
<tr>
<td>Purposive texts from interviews generate a rich description of lived experience of multiple realities</td>
<td>Researchers and participants co-construct theory development of a phenomenon</td>
</tr>
</tbody>
</table>
### Hermeneutic phenomenology vs. Constructivist grounded theory

<table>
<thead>
<tr>
<th>Hermeneutic phenomenology</th>
<th>Constructivist grounded theory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transcripts are more than conversations or interviews, but rich text</td>
<td>Transcripts are thematically blocks of information</td>
</tr>
<tr>
<td>Reflexivity is used in writing and thinking through journal writing</td>
<td>Writing is used to develop theory and reflexivity is encouraged through memo writing</td>
</tr>
<tr>
<td>The product of the research is a deeper knowledge of the lived experience of an individual or group</td>
<td>The product of the research is a theory of the process of social action in the historical, social and environmental context of the research</td>
</tr>
</tbody>
</table>

*Note.* Comparison of hermeneutic phenomenology and constructivist grounded theory adapted from Wilson and Hutchinson (1991, p. 266) and Annells (2006, p. 58).

### 3.5.1 An interpretivist perspective

For this thesis, I used an interpretivist approach to collect and analyse data. Interpretive studies aim to explore individual views and perceptions through collecting experiences (Gray, 2018). Interpretivism in relation to epistemology is closely related to constructivism (Gray, 2018). Therefore, the choice to take an interpretivist approach as a theoretical perspective aligned well with the constructivist epistemology of this study. Gray (2018) suggests that there are several methodological approaches that are suited to an interpretivist approach, including phenomenology and hermeneutics. Specifically, I used the phenomenological hermeneutic approach of Gadamer (1975, 1998). Annells (1996) implies that a hermeneutic phenomenological methodology fits with an interpretivist–constructivist paradigm because it highlights the ontological stance over the epistemological stance by taking a postmodern methodological approach to research.
3.5.2 A constructivist perspective

For this study, I adopted a constructivist perspective, using the work of Charmaz (2003, 2004, 2008, 2012, 2017) as a guide when collecting and analysing data. Constructivism typically involves a subjective viewpoint in which the researcher and individuals under study are inseparable and coexist in the devolvement of knowledge and understanding (Tashakkori & Teddlie, 2010). Constructivism proposes that meanings are constructed, not discovered (Gray, 2018). Therefore, each individual creates his or her own truth and meaning through experience and may experience the same phenomenon in a different and unique way (Gray, 2018). In my study, I anticipated that the phenomenon of being a regional university student would be perceived differently by different people. In other words, I subscribed to the belief that there is no single experience of being in the occupational role of a regional university student, and that there are no right or wrong experiences.

In the following sections, I describe hermeneutic phenomenology and constructivist grounded theory as methodological approaches and explain why these were valuable methodological approaches for my study.

3.6 Stage 1: Hermeneutic Phenomenology

Phenomenology is an umbrella term for a variety of different research approaches as well as being a philosophical movement (Kafle, 2011). As a philosophical movement, phenomenology was one of the most influential of the 20th century (Richards & Morse, 2013). Researchers using phenomenology study people’s everyday experiences by learning about the everyday events that occur in their lives (Liampoutong & Ezzy, 2005). This may also be described as discovering their truth or their reality (Finlay, 2011). Phenomenology is a research approach that enables
researchers to better comprehend the meaning of a phenomenon through analysing a person’s lived experiences or perceptions (Richards & Morse, 2007).

Phenomenological research is based on two broad schools of thought: descriptive phenomenology and interpretive/hermeneutic phenomenology (Lopez & Willis, 2004). Descriptive phenomenology is typically linked to Edmund Husserl (1859–1938), who is considered the founder of the modern phenomenological movement (van Manen, 2011). Husserl’s work is said to have provided inspiration and impetus to many other influential phenomenological scholars, such as Heidegger, Gadamer, Arendt, Levinas, Merleau-Ponty, Ricoeur and Derrida (van Manen, 2011). Descriptive phenomenology, as a research approach, involves studying things as they are or as they appear to be with the purpose of obtaining a rigorous comprehension of human experience and consciousness (Carpenter, 2011).

A core concept of descriptive phenomenology involves what is referred to as phenomenological reduction (or *epoche*) and bracketing (Holloway & Wheeler, 2010). Carpenter (2011) describes phenomenological reduction as a process of searching for multiple meanings associated with the phenomenon and providing a thorough description of the phenomenon, rather than providing an explanation of the phenomenon. Bracketing involves a conscious deferral of all existing judgements and prior conceptions of the phenomenon to understand the unique individual lived experience of a phenomenon (Holloway & Wheeler, 2010).

In contrast to descriptive phenomenology, interpretive or hermeneutic phenomenology focuses on describing meaning endorsed by the individual’s own experience of being in the world or ‘life-world’; in other words, a person’s own lived experience, the choices that he or she makes and the meaning of those experiences and choices to that person (Carpenter, 2011). Interpretation of the lived experience is
context-dependent—the meaning of the lived experience emerges from the contextual situation, which may be historical or sociocultural (Finlay, 2012). The existence of multiple realities is a core concept in interpretive phenomenology—it is the idea that individuals have their own interpretation of a phenomena and that the same situation or object could have different meanings for different people. Despite this, the world and the people in it are inseparably entangled (Carpenter, 2011).

Van Manen (2011) suggests that hermeneutic phenomenology as a methodological research process has the following basic themes: interpretation; understanding the meaning of text, dialogue or conversation; acknowledging pre-understandings; and awareness of tradition. Further, Finlay (2012) argues that researchers and participants co-create the interpretation of a phenomenon. Hermeneutic phenomenologists also favour using metaphors, which can draw upon literature, the natural world, space and/or time, to enable the understanding of lived experience (Finlay, 2012). Scholars associated with hermeneutic phenomenology include Martin Heidegger, Hans-Georg Gadamer and Paul Ricoeur (van Manen, 2011).

3.6.1 Rationale for selecting hermeneutic phenomenology

I considered hermeneutic phenomenology to be the most appropriate methodological approach to answer my first research question.

How do young people attending university in regional areas experience their occupations and what occupational choices and opportunities do they have?

This question sought to interpret the lived experience of being a regional university student and the influences of occupational choice and occupational opportunity on this experience. This question seeks to interpret the conceptual relationship how occupation and regional environment a “lived”. Therefore, this study was underpinned by hermeneutic phenomenology rather than descriptive
phenomenology because its purpose was to interpret the lived experience of young people and to understand their occupations as university students in a rural and regional environment by threading the concepts of occupational choice and opportunity to this experience. Descriptive phenomenology seeks to find multiple meanings of a phenomena through detailed description rather than providing an explanation for a phenomenon (Carpenter, 2011). There is a great need to further understand the lived experiences of regional and rural university students as this has not been specifically researched and in order to do this hermeneutic phenomenology provides a sound methodological approach to take as the approach seeks to find new meaning from understanding the life of others. However, rather than just taking a traditional hermeneutic phenomenology approach to the research, I also applied the theoretical framework of occupational science.

I also chose hermeneutic phenomenology because it has been widely used as a research method in studies of young people as a population group, including in healthcare (Conroy & de Visser, 2013), technology and education (Chan, Walker, & Gleaves, 2015) and youth services (Anderson-Nathe, 2008). Occupational therapy scholars have also advocated for the use of the phenomenological approach in research topics such as mental health (Blank, Harries, & Reynolds, 2014; Smith & Suto, 2012; Wilding & Iannelli, 2007), disability (Dhillion, Wilkins, Stewart, & Law, 2016; Doubt & McCall, 2003), palliative care (Badger, Macleod, & Honey, 2016), assistive technology (Pettersson, Berndtsson, Appelros, & Ahlstrom, 2005) and paediatrics (Benson, Elkin, Wechsler, & Byrd, 2015).

Several scholars have asserted that phenomenology is well suited to research in occupational science. For example, Reed, Hocking and Smyth (2011) used phenomenological approaches for researching human occupation and theoretical
advancement. Hermeneutic phenomenological approaches have also been used in occupational science studies of university students (Stew, 2011; Whiteford & Wilcock, 2000). Similarly, occupational scientists have used hermeneutic phenomenological approaches to explore the meaning of human occupation as it has changed over the course of history (Reed, Smyth, & Hocking, 2013).

3.7 Stage 2: Constructivist Grounded Theory

Researchers use grounded theory to theorise about social and individual lives (Charmaz, 2006). Mills, Bonner and Francis, (2006) argue that grounded theory has enormous research potential for exploring common issues in a way that enables development of theory.

Grounded theory as a research method is variable and is often contentious, depending on the researcher’s ontological and epistemological stance. There are primarily three main movements in grounded theory research: Glaser’s classical grounded theory, Strauss and Corbin’s evolved grounded theory and Charmaz’s constructivist grounded theory (Charmaz, 2006). Grounded theory was originally developed by sociologists Glaser and Strauss (1967), whose backgrounds were embedded in symbolic interactionalism. Hallberg (2006) summarised their original grounded theory approach as follows:

1. Data are collected and analysed simultaneously.
2. Intensive interviewing enables deep exploration of a topic.
3. Participants are purposively sampled, and additional participants are not required for theoretical sampling.
4. A hierarchical coding process is used: initial coding, line-by-line coding, focused coding and theoretical coding.
5. Categories/concepts in the findings arise from the data collected rather than being a product of a researcher’s hypotheses.

6. Emerging categories and concepts are identified and verified in the data to ensure that conceptual relationships are grounded in the data.

7. A core category is identified and acts as a central point for the theoretical framework to emerge.

8. Detailed memo writing is required during the entire analytical process.

9. Data collection continues until data saturation is achieved.

After his initial collaborative work with Strauss, Glaser independently commenced work on what is described as ‘classic grounded theory’ (Hallberg, 2006), which is rooted in an objectivist and positivist theoretical background (Taghipour, 2014). Glaser’s approach recommended that any previous literature on the research topic be ignored and that researchers develop an open and new view of the topic without any preconceptions (Hallberg, 2006). Further, Glaser claimed that data and research questions would emerge as researchers exposed themselves to the data (Hallberg, 2006).

Glaser believed that, although participants have their own unique experiences and perspectives in telling their stories, it is the researcher that takes participants’ perspectives to an abstract level of conceptualisation (Hallberg, 2006).

Glaser’s classic grounded theory was reformulated and further developed by his colleagues Strauss and Corbin (1990). In their version of grounded theory, Strauss and Corbin rejected the positivist position of classical grounded theory (Hallberg, 2006). They sought to acknowledge participants’ voices in the analysis using a three-step coding process: open, axial and selective coding. Strauss and Corbin’s version of grounded theory was one that could be implemented in practice (Hallberg, 2006).
A more contemporary version of grounded theory was developed by Charmaz (2006). Despite adopting many of the earlier grounded theory strategies, Charmaz’s theory differed from other versions in the following ways:

1. assumption of a relativist epistemology
2. acknowledgement of the researcher’s and the research participants’ multiple standpoints, roles and realities
3. adoption of a reflexive stance towards the researcher’s background, values, actions, situations and relationships with research participants, and the representations of these
4. situating the research in the historical, social and situational conditions of its production. (Charmaz, 2006, p. 6)

Constructivist grounded theory highlights the involvement of the researcher and research participants through the use of language, actions and meanings to develop theory (Charmaz, 2006).

Mills et al., (2006) describe Charmaz’s work on constructivist grounded theory as being ‘ontologically relativist and epistemologically subjectivist’ and that it ‘reshapes the interaction between the researcher and participants in the research process and in doing so brings to the fore the notion of the researcher as author’ (p. 6). In taking a constructivist position, Charmaz assumes that multiple social realties are possible and occur simultaneously through interactions between the researcher and participants (Hallberg, 2006). Charmaz (2008) points out that the earlier grounded theory approaches of both Glaser (1978, 1992, 1998) and Strauss and Corbin (1990, 1998) were strongly embedded in positivism and criticises their objective versions as focusing on a single reality in which the researcher takes a neutral and passive role in the research. Charmaz (2008) believed that theory derived from these approaches are
‘givens rather than constructions that occur during the research process, and they shape its outcome’ (p. 402).

3.7.1 Grounded theory in research

The grounded theory methodological approach has gained a reputation for being suitable for healthcare research, in an area in which it has been widely used. For example, grounded theory has been used in nursing research (Holloway & Wheeler, 2010) and in occupational therapy and occupational science research (Barker, Kinsella, & Bossers, 2010; Lauckner, Krupa, & Paterson, 2011). Grounded theory methodological approaches have been used consistently in occupational therapy research, including in research on ageing populations (Leven, Graff, Kaijen, de Swart, Rikkert and Vernooij-Dassen, 2012; Plastow & Atwal, 2015) and neurological rehabilitation (van de Velde, Devisch, & Vriendt, 2016).

Constructivist grounded theory is emerging as a new methodological approach for research in occupational science and has been used in several recent studies of occupational therapy and occupational science (Barker, Kinsella & Bossers, 2010; Krupa, Woodside, & Pocock, 2010; Lauckner et al., 2011; Murray, Stanley, & Wright, 2014; Reagon, Bellin, & Boniface, 2008; Stergiou-Kita, Yantzi, & Wan, 2010). Similarly, constructivist grounded theory has been gaining momentum as a methodological approach in other healthcare professions, such as nursing (Ghezeljeh & Emami, 2009). Taghipour (2014) suggests that healthcare researchers who are hoping to develop shared understandings of sociological phenomena should consider constructivist grounded theory as an appropriate and useful research methodology.
3.7.2 Rationale for selecting constructivist grounded theory

I considered constructivist grounded theory to be the most suitable methodological approach to theorise about the relationships between the occupational science concepts posed in my second research question.

*What is the relationship between occupation and health and wellbeing for regional university students? Why and how is this influenced by the regional Australian environment?*

This question seeks to conceptualise the relationship between occupation, health and wellbeing and the environment for the university students by investigating why and how these constructs interact. Topics that explore social processes are well suited to using a grounded theory approach (Stanley & Nayar, 2014). A constructivist grounded theory approach seeks to create theory through social interaction between the researcher and participants. It is well suited to developing understandings on specific populations groups through social interactions such as researching the participation, choice and opportunities of regional university student and how these impacts on their health and wellbeing. Constructivist grounded theory calls for a reflexive approach to data collection and analysis, which is not recognised in the classical grounded theory approach (Birks & Mills, 2011). The value of taking a constructivist grounded theory approach lies in using grounded theory analytical strategies to produce a rich analysis of the data with explanatory depth and conceptual understanding (Charmaz, 2008).

Constructivist grounded theorists acknowledge the researcher’s subjective understanding of social, historical and cultural contexts, and construct theory from the assumption that it is embedded within these contexts (Charmaz, 2011; Wertz, 2011). This approach requires recognition of the personal, philosophical, theoretical and methodological background of the researcher, which are thought to shape the research...
process and the overall findings of the study (Birks & Mills, 2011; Willig, 2008). In this study, for example, I acknowledged that having a professional background as an occupational therapist and an understanding of the theories of occupational science, as well as being a female who grew up in and currently resides in a regional area, may influence the findings. I recognised that, based on my own experiences, my relationship with participants could not be completely objective. Therefore, for this study, the researcher, the research questions and aims of the research meant that constructivist grounded theory was a more suitable choice than classical grounded theory. As with Stage 1, I also used an occupational perspective to develop a theory from the findings. Thus, I chose constructivist grounded theory for Stage 2 as I aimed to develop a theory that explains the conceptual relationship between occupational choice and opportunity and perceived health and wellbeing among regional university students.

3.8 Research Timeframe and Implementation

This research was completed part-time over a 10-year period, from 2009 to 2019, with leave taken at times. Data were collected between 2014 and 2016. The study was implemented in 15 steps, illustrated in chronological order in Figure 3.3. Each numbered box indicates a step in the research process. Detailed descriptions of each step are provided in the following sections of this chapter.
3.9 Research Participants

3.9.1 Inclusion criteria

To participate in both Stage 1 and Stage 2 of this study, participants were required to be young people aged 18–21 years and attending CSU’s Albury–Wodonga campus. Participants were not excluded on the basis of gender, the course in which they were enrolled, or socioeconomic, cultural or geographic backgrounds. Participants were not required to have had a rural or regional up bring or home environment to be
included in this study. I anticipated that both male and female students enrolled in a variety of courses would volunteer to participate. No rewards or incentives were offered, and no students were compelled or coerced volunteers only were selected.

3.9.2 Sampling and recruitment: Stage 1

Sampling and recruitment of participants was purposive and opportunistic, as described by Liamputtong and Ezzy (2005). Students were invited to participate in the study via posters placed in public spaces, such as noticeboards, public conveniences and communal areas in the library and café, and throughout the learning and teaching buildings. The study was also advertised through CSU’s Interact site, subject forums and student server, as well as via email correspondence from subject lecturers. Recruitment for Stage 1 was challenging and, although I posted numerous notices, no students volunteered. Because of this, I developed an alternative recruitment strategy: I approached a number of lecturers from various fields, such as health science, environmental science, business and nursing, and asked permission to give a brief presentation and invitation to participate in the study at the beginning or end of scheduled lectures. Only two subject lecturers responded to my request. The first lecture at which I presented was a combined first- and second-year lecture of students from all health science disciplines, including occupational therapy, speech pathology, physiotherapy, podiatry and health and rehabilitation. I presented the study to this group on three different days. The second lecture at which I presented once, six months later, was attended by environmental science students.

I attended the four scheduled lectures in which I presented the study and asked for volunteers. Thirty-seven students expressed interest in participation by providing their names and contact details on a list that was circulated around the lecture room. The majority of respondents were female (30), while only seven were male. Of the 37
interested students, 24 of the female students, but none of the male students, agreed to participate. Most of these participants (23) were enrolled in health science courses (occupational therapy, physiotherapy, and health and rehabilitation) and one was enrolled in an environmental science course.

3.9.3 Sampling and recruitment: Stage 2

Once data were gathered for Stage 1, I commenced recruitment for Stage 2 using the same strategy that had been successful in Stage 1. I aimed to run one or two small focus groups of 3-4 participants. It was not my intention to run many focus groups but rather spend time with a small group of young people to consolidate and develop theory based on my initial findings from Stage 1 of the data collection process. I approached lecturers from the disciplines of health science, nursing, environmental science and business. Only one lecturer responded, inviting me to present an information session to her students, who were enrolled in a health science honours degree. It was expected as this was an honours class that students may be an interest in the research process as aspiring researchers themselves and therefore, I deemed this a suitable purposive sample for the small focus group. I attended two scheduled classes. A total of 12 people (eight females and four males) showed an interest and four of the females agreed to participate. However, one female participant who provided consent to participate forgot about the focus group and did not attend at the scheduled time and hence the focus group continued without her with the remaining three participants. Those other students from the sample of interested people who chose to decline to participate in the focus group indicated that they had done so due to demands of their own study load or paid employment commitments. Therefore, for pragmatic reasons associated with time constraints of this PhD thesis I chose to forge on with the focus group interview process with the three female participants who consent to be involved in the research.
3.9.4 Stage 1 participants

The 24 students recruited for Stage 1 were each provided with a pseudonym and their identity was known only to the researcher. Data collected for each participant included age, course of study, postcode of residence in Year 12 and postcode of residence while studying at CSU (see Table 3.2). The Australian Standard Geographical Classification - Remoteness Area (ASGC-RA) (Department of Health, 2006) was used to establish the remoteness of each participant. Just over half (58%) of the participants were from inner regional areas, while 38% were from outer regional areas (see Figure 3.4).

Table 3.2
Stage 1 Participants

<table>
<thead>
<tr>
<th>No.</th>
<th>Pseudonym</th>
<th>Age</th>
<th>Course</th>
<th>ASGC-RA (Year 12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Jane</td>
<td>18</td>
<td>Occupational therapy</td>
<td>Inner regional</td>
</tr>
<tr>
<td>2</td>
<td>Ava</td>
<td>18</td>
<td>Occupational therapy</td>
<td>Outer regional</td>
</tr>
<tr>
<td>3</td>
<td>Mia</td>
<td>18</td>
<td>Physiotherapy</td>
<td>Inner regional</td>
</tr>
<tr>
<td>4</td>
<td>Chloe</td>
<td>21</td>
<td>Occupational therapy</td>
<td>Major city</td>
</tr>
<tr>
<td>5</td>
<td>Emma</td>
<td>20</td>
<td>Occupational therapy</td>
<td>Inner regional</td>
</tr>
<tr>
<td>6</td>
<td>Lucy</td>
<td>18</td>
<td>Health rehabilitation</td>
<td>Inner regional</td>
</tr>
<tr>
<td>7</td>
<td>Lily</td>
<td>19</td>
<td>Occupational therapy</td>
<td>Outer regional</td>
</tr>
<tr>
<td>8</td>
<td>Maisie</td>
<td>21</td>
<td>Occupational therapy</td>
<td>Inner regional</td>
</tr>
<tr>
<td>9</td>
<td>Louise</td>
<td>18</td>
<td>Occupational therapy</td>
<td>Inner regional</td>
</tr>
<tr>
<td>10</td>
<td>Ivy</td>
<td>19</td>
<td>Occupational therapy</td>
<td>Outer regional</td>
</tr>
<tr>
<td>11</td>
<td>Celia</td>
<td>19</td>
<td>Occupational therapy</td>
<td>Inner regional</td>
</tr>
<tr>
<td>12</td>
<td>Stella</td>
<td>20</td>
<td>Occupational therapy</td>
<td>Inner regional</td>
</tr>
<tr>
<td>No.</td>
<td>Pseudonym</td>
<td>Age</td>
<td>Course</td>
<td>ASGC-RA (Year 12)</td>
</tr>
<tr>
<td>-----</td>
<td>-----------</td>
<td>-----</td>
<td>---------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>13</td>
<td>Violet</td>
<td>20</td>
<td>Physiotherapy</td>
<td>Inner regional</td>
</tr>
<tr>
<td>14</td>
<td>Ruby</td>
<td>18</td>
<td>Occupational therapy</td>
<td>Outer regional</td>
</tr>
<tr>
<td>15</td>
<td>Emily</td>
<td>19</td>
<td>Health rehabilitation</td>
<td>Inner regional</td>
</tr>
<tr>
<td>16</td>
<td>Amelia</td>
<td>20</td>
<td>Health rehabilitation</td>
<td>Inner regional</td>
</tr>
<tr>
<td>17</td>
<td>Matilda</td>
<td>19</td>
<td>Physiotherapy</td>
<td>Outer regional</td>
</tr>
<tr>
<td>18</td>
<td>Georgia</td>
<td>20</td>
<td>Physiotherapy</td>
<td>Inner regional</td>
</tr>
<tr>
<td>19</td>
<td>Polly</td>
<td>19</td>
<td>Occupational therapy</td>
<td>Outer regional</td>
</tr>
<tr>
<td>20</td>
<td>Jill</td>
<td>20</td>
<td>Health rehabilitation</td>
<td>Inner regional</td>
</tr>
<tr>
<td>21</td>
<td>Abbey</td>
<td>20</td>
<td>Physiotherapy</td>
<td>Outer regional</td>
</tr>
<tr>
<td>22</td>
<td>Jemima</td>
<td>19</td>
<td>Occupational therapy</td>
<td>Inner regional</td>
</tr>
<tr>
<td>23</td>
<td>Rose</td>
<td>19</td>
<td>Occupational therapy</td>
<td>Outer regional</td>
</tr>
<tr>
<td>24</td>
<td>Sophie</td>
<td>20</td>
<td>Environmental science management</td>
<td>Outer regional</td>
</tr>
</tbody>
</table>
3.9.5 Stage 2 participants

Each participant was given a pseudonym, and their identities were known only to me and the other Stage 2 participants. Data collected for each participant were consistent with those collected for Stage 1, being age, course of study, postcode of residence during Year 12 and postcode of residence while studying at CSU (see Table 3.3). Real names were used in the focus group to facilitate identification of participants during the transcription process. For the ASGC-RA classification, only the Year 12 postcode was reported for protection of participant privacy regarding their current address. Two of the participants were from an inner regional area and one was from an outer regional area (see Figure 3.5).
Table 3.3

Stage 2. Focus Group Participants

<table>
<thead>
<tr>
<th>No.</th>
<th>Pseudonym</th>
<th>Age</th>
<th>Course</th>
<th>ASGC-RA (Year 12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pearl</td>
<td>19</td>
<td>Speech pathology</td>
<td>Inner regional</td>
</tr>
<tr>
<td>2</td>
<td>Willow</td>
<td>20</td>
<td>Podiatry</td>
<td>Inner regional</td>
</tr>
<tr>
<td>3</td>
<td>Eve</td>
<td>20</td>
<td>Occupational therapy</td>
<td>Outer regional</td>
</tr>
</tbody>
</table>

![ASGC Remoteness Areas: Participant Residential Postcode Year 12](image)

Figure 3.5. Stage 2 participant ASGC-RA based on residential address in Year 12.

3.10 Methods

3.10.1 Stage 1: In-depth interviews

One to one, face-to-face in-depth interviewing was the method used to collect data for Stage 1. In-depth interviews are one of the most common methods for data
I developed a set of open-ended interview questions to elicit responses to the issues in which I was most interested, but I also provided the opportunity for participants to deviate from my questions and talk about issues they wished to pursue. I used an interview guide (see Appendix B) to prompt my memory and to collect similar types of data from all participants. This interview guide was reviewed by my supervisors who had expertise in hermeneutic phenomenology. The interviews focused on how participants used their time and their perceptions on how their chosen activities and being in a rural and regional environment affected their health and wellbeing. Examples of questions posed to the participants on the topic areas of interest are shown in Table 3.4.

Table 3.4

*Example Interview Questions*

<table>
<thead>
<tr>
<th>Topic area</th>
<th>Example questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time use</td>
<td>Can you describe a typical week for me?</td>
</tr>
<tr>
<td>Occupations</td>
<td>How do you use your time?</td>
</tr>
<tr>
<td></td>
<td>What do you do?</td>
</tr>
<tr>
<td>Health and wellbeing</td>
<td>What kinds of activities that young people engage in do you think contribute to their health and wellbeing?</td>
</tr>
</tbody>
</table>

Holloway and Wheeler (2010) recommend conducting pilot interviews with friends or acquaintances so that researchers can familiarise themselves with the questions and process of interviewing. Therefore, prior to commencing the in-depth interviews, I conducted a pilot interview with a 19-year-old female relative who had recently moved from her home in a small Victorian country town to attend a regional university. Following the interview, I asked for feedback about the questions and how
the wording could be improved. She reported that she understood the language and wording of the questions and felt that she had been ‘heard’ because she had been given the opportunity to provide her own perspective and express her opinions. She believed that most ‘country kids’ would have similar experiences to her and that most of the students attending her university were from regional and rural areas. (A. J. Meads, personal communication, March 16, 2014).

Twenty-three of the interviews were scheduled over a two-week period in 2014, with the final interview being conducted six months later. The interviews took place in easily accessible and private meeting rooms in the health sciences/administration building and library at the CSU Albury–Wodonga campus. Holloway and Wheeler (2010) state that the setting of interviews is important to allow participants to feel comfortable, relaxed and empowered. I anticipated that the participants would find these rooms secure but casual, facilitating more in-depth responses than they might have provided had they been interviewed in a different location. Duration of interviews was 45–70 minutes. Throughout the interviews, I checked with participants about their fatigue levels, but none of them reported tiredness as they discussed their experiences.

I attempted to ensure that each interview was ‘conversation-like’, a technique recommended by van Manen (2011), who proposes that the essence of good hermeneutic interviewing is to keep it conversational in structure, enabling reflection upon the phenomenological meanings of participant responses. I also used probing questions, as suggested by Holloway and Wheeler (2010), to follow up on points made by participants.

Immediately following each interview, while the first impression information was still clear in my mind, I made brief notes regarding the context, the participant, the main points discussed and any thoughts and feelings about the interview (see Appendix
C). I refrained from taking notes during interviews to avoid disturbing participants and to give participants my full attention, build rapport and engage in actively listening, as recommended by Holloway and Wheeler (2010).

Interviews were digitally audio-recorded using an iOS application. Three devices, two iPads and an iPhone, were used simultaneously to record the interviews in case of failure of any one of the devices. Audio-recordings were transcribed verbatim using a professional transcribing service.

3.10.2 Stage 2: The focus group

I anticipated that the use of a focus group would be the best method of data collection for Stage 2 of the study. I used a focus group of like-minded students within the same social, cultural and geographical context to facilitate the interaction between researchers and participants and help promote thorough thematic sampling as recommended by Charmaz (2006). Ivanoff and Hultberg (2006) recommend focus groups for the collection of data in social constructivist research because participants can construct their own sense of knowledge through interacting with others in the group. According to these authors, as participants interact with each other, their experiences change and, in turn, they construct new knowledge.

Focus groups are group interviews involving participants with common experiences and are led by the researcher with the aim of attaining new opinions and insights about a topic (Holloway & Wheeler, 2010). Focus groups are typically used in qualitative studies that aim to obtain an individual and rounded perspective by enabling an in-depth understanding of personal experiences (Hollis, Openshaw, & Goble, 2002). Holloway and Wheeler (2010) suggest that focus groups can either be used as the sole form of data collection or be used in combination with individual interviews.
To optimise the success of the focus group, I considered the following strategies recommended by Hollis et al. (2002):

1. Researchers should assume that participants are experts and have knowledge or experience on the topic being researched.
2. Questions should be open-ended, unambiguous, short and clear and should stimulate new ideas and learning from interaction with others.
3. The ambience of the focus group setting should facilitate a comfortable environment in which participants can interact freely.
4. The researcher, as group leader, should ensure that participants are relaxed and ask questions in a way that enables optimal flow and facilitates interaction between participants.

Focus group questions should be constructed in a way that enables in-depth discussion and interaction among the group participants (Ivanoff & Hultberg, 2006). Therefore, as in the Stage 1 interviews, I used a conversational style, which was aided by my practical experience as an occupational therapist in talking with a wide range of people.

To run the focus group, I used a structure recommended by Ivanoff and Hultberg (2006):

1. I welcomed participants and introduced them to the purpose of the group.
2. I encouraged participants to talk freely and attempted to involve all group members in the discussion.
3. I engaged in active listening.
4. I chose a comfortable and relaxed group setting (a private study room in the CSU library).

I used an interview guide to run the focus group (see appendix D)
Ivanoff and Hultberg (2006) recommend that a focus group should last no longer than two hours and have no more than six participants. My focus group lasted approximately 90 minutes and was digitally recorded using an iOS application. Two iPads and an iPhone were used simultaneously to record the interviews in case of failure of any of the devices. Audio-recordings were transcribed verbatim using a professional transcribing service.

Hollis et al. (2002) caution that group participants in focus groups can start to present conformist views on particular topics; that is, they may provide responses based on what others in the group say. To minimise this risk, I emphasised at the beginning of the focus group that each participant’s distinct contribution was important and valuable, that participant views were allowed to be contrary, and that group consensus was not an expected outcome of the focus group.

3.11 Data Analysis

3.11.1 Stage 1: Hermeneutic phenomenological analysis

I used the hermeneutic circle, a variation of this called the hermeneutic spiral developed by Paterson and Higgs (2005) and a fusion of horizon methods developed by Gadamer (1998) to analyse data for Stage 1. Since there is no specific method for conducting hermeneutic phenomenology (Finlay, 2011), I chose to interpret the data through the lens of occupational science theory and philosophy. Kalfe (2011) recommends that, while there is no step-by-step method in hermeneutic phenomenology, the research process follows a series of guidelines: a commitment to an abiding concern, a focused stance towards a research question, an investigation of the lived experience, a description of the lived phenomenon through writing and rewriting, and consideration of both the whole and of the parts.
3.11.1.1 *Fusion of horizons*

Fusion of horizons (see Figure 3.6) is a philosophical concept that was developed by Gadamer (1998). In hermeneutic phenomenology using a fusion of horizon requires ‘the familiar to the foreign all interpretations are derived from a basic level of understanding or pre-judgment. When accepting the inner world of subjectivity and searching for the meaning of interpretation’ (Regan, 2012 p. 291). Frank and Polkinghorne (2010) explain that the temporal horizons of meaning for researchers and participants may be different or overlapping. However, as Regan (2012) suggests it is very difficult to understand the view of others unless they enquire and hence people usually make assumptions or judgements instead. For example, my previous experience as a university student may have both differences and similarities to that of the students being interviewed. In this study, I combined my understanding of both the participants’ experiences and my own experiences. From this fusion of experiences, I developed a new meaning of what it is like to be in the occupational role of a university student in a rural and regional environment in a contemporary context.

*Figure 3.6. Fusion of horizons (Gadamer, 1998)*
Interpreting experiences from different perspectives involves a fusion of horizon. Holloway and Wheeler (2010) describe this as the merging of one horizon’s ‘text’ with that of the interpreter’s ‘text’. Therefore, when using fusion of horizon as a research approach to interpret the text findings, the participants’ experiences and the researcher’s experiences are combined. That is, both parties have their own perspective of phenomenological experience, but they also live in the same world in which they have similar perceptions (Holloway & Wheeler, 2010).

3.11.1.2 Hermeneutic circle to holistically understand the findings

The hermeneutic circle (see Figure 3.7) is another well-known phenomenological method, whereby the researcher moves continuously and cyclically between the whole text and part of the text to develop knowledge of the phenomenon (Crotty, 1998; Paterson & Higgs, 2005). Therefore, the hermeneutic circle approach allows the phenomenon to be contextualised because the whole represents the parts and the parts are contextualised by the whole (Paterson & Higgs, 2005). In other words, the whole and the parts are interconnected. Finlay (2011) poses a conceptualisation of the hermeneutic circle as an approach:

‘…is involved when working out fore-structures in terms of the things themselves. It starts by having a fore-understanding (which is a rough and ready approximation) and moves on to being open to discover something. Initial understandings are then challenged, and this involves meeting a ‘resistance’ when integrating experience. Through this there comes an interpretative revision of the fore-understanding (p. 53)’.

Holloway and Wheeler (2010) describe the hermeneutic circle as involving the researcher interpreting the text in a spiralling process of data analysis. The outcome of the data analysis of the participants’ texts is that the researcher gains a deep
understanding and meaning of the text. Similarly, Frank and Polkinghorne (2010) refer to hermeneutics as ‘a system of interpretation that relates obscure or unknown data to a delimited context of known meanings (the hermeneutic circle)’ (p. 54). Wilding and Whiteford (2005) describe the process of the hermeneutic circle as a thorough reading of transcriptions, both as a whole and in parts (i.e. individual transcripts). I used this process when considering the collective findings of the interviews individually and as a population group in order to holistically understanding the lived experiences of each participant through their text.

![Figure 3.7. The hermeneutic circle.](image)

### 3.11.1.3 Dialogue of questions and answers

Hermeneutic phenomenology uses language and text to interpret specific characteristics in order to comprehend human potential (Regan, 2012). Gadamer (1975) suggested that meaning can be found in a dialogue of questions and answers through the use of metaphor. A productive dialogue enables the researcher to see something from a
unique perspective, allowing a fusion of new horizons (Lawn, 2006). Hermeneutic phenomenology suggests that ‘hermeneutics is not a method but a fluid set of guiding principles aiding the human search for truth in the concealed forgetfulness of language’ (Regan, 2012 p.291). In hermeneutic phenomenology, having dialogue with the text gained from the interview process allowed the research goals to be clarified. This process involves keeping a research journal and continually returning to the research questions. Engaging in dialogue enables the researcher to remain on track with emerging themes and ideas, while staying connected to the research questions (Paterson & Higgs, 2005). In my research, I used a process of moving from the whole (all of the interviews together) to the parts (individual interviews) of text. Engaging in the text helped me identify emerging themes and develop additional questions such as: ‘Why are students concerned about their time use?’ and ‘Why and how do they manage their desire to be independent?’.

3.11.1.4 Using the hermeneutic spiral to analyse text

Paterson and Higgs (2005) describe the hermeneutic spiral as involving the use of three metaphors: fusion of horizons, the hermeneutic circle and a dialogue of questions and answers. I used the hermeneutic spiral method to analyse both the whole text and parts of the text, with the whole being my interpretation of the combined experiences of participants and the parts being the experiences of individuals. I used this an approach as it provided stages in which I could work through the text. It was well suited to the volume of text I needed to interpret and the number of participants that I was studying. As this approach used the ideas of fusion of horizons, the hermeneutic circle and a dialogue of text I felt it best enabled a rigorous approach to the data analysis stage of this study, which was easy to follow and replicate.
Figure 3.8 illustrates my five-stage process for implementing the hermeneutic spiral. In Phase 1, I spent time listening to each of the 24 interviews in full. Spiral 1 focused on grasping the text as a whole; that is, forming a basic understanding of the entire group’s collective experiences.

In Phase 2, I listened to the audio-recording and read the transcript for each individual participant and developed codes by highlighting quotes and words I considered key to understanding the research questions, such as ‘time’, ‘study’ and ‘work’. Thus, in Spiral 2, I sorted the findings into parts for each participant and coded each interview. See Appendix F for an example of a summary of the preliminary themes from a coded interview.

In Phase 3, I reviewed all of the interviews and I combined the codes to form common preliminary themes (see Table 3.5). Using Spiral 3, I moved back to the complete set of interviews to find common themes. I also engaged in dialogue with the texts to develop additional questions, including: ‘How does reduced sleep effect being a university student?’ and ‘How does being a student effect other roles?’
Table 3.5.

Emerging Preliminary Themes

<table>
<thead>
<tr>
<th>Focal occupational experience</th>
<th>Collective experiences from the group of students</th>
<th>Individual experiences from the interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independence</td>
<td>1. Transitioning into a new rural and regional environmental context: finding a sense of independence</td>
<td>• Moving out of home</td>
</tr>
<tr>
<td></td>
<td>2. Becoming independent: the influence on health and wellbeing</td>
<td>• Living at home</td>
</tr>
<tr>
<td></td>
<td>3. Transitions in occupational independence to meet the needs of being a university student</td>
<td>• Living in between university and home</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Finding freedom</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Feeling vulnerable</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Domestic life</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Managing study</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Having a job</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Getting some rest</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Having fun and time out</td>
</tr>
<tr>
<td>Social and cultural belonging</td>
<td>1. Belonging to a university community: being involved in the student role</td>
<td>• Communal living</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Study-specific culture</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Joining clubs and groups</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Social and cultural groups</td>
</tr>
<tr>
<td>Focal occupational experience</td>
<td>Collective experiences from the group of students</td>
<td>Individual experiences from the interviews</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------------------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>2. Social occupations at university: the experience of inclusion and exclusion through occupational participation</td>
<td>• Creativity and arts groups • Making friends • Missing out • Being the odd one out • Technology, social media and socialising • University lifestyle • Party culture • Country culture</td>
<td></td>
</tr>
<tr>
<td>3. Cultural occupations at university: the experience of inclusion and exclusion through occupational participation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Belonging to a regional community: understanding the meaning of occupations for university students</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Identity</th>
<th>1. Fresh start: the experience of starting new occupations</th>
<th>• Starting new occupations • Establishing a sense of self • Retaining previous occupations • Staying connected at home • Being with family and friends • Influence of family and friends on occupations of choice</th>
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<td>2. Staying connected: the experience of maintaining past occupations</td>
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<td>3. Living a double life: the experience of having multiple occupational identities dependent on the environmental context</td>
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<td>4. Forging a sense of self: developing an occupational identity through doing occupations</td>
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<td>Focal occupational experience</td>
<td>Collective experiences from the group of students</td>
<td>Individual experiences from the interviews</td>
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| Time use                      | 1. Routines and habits: scheduling occupational time use  
|                               | 2. Free time enables occupational participation  
|                               | 3. Sleep as an occupation in daily time use  
|                               | 4. Pressure and stress: the lived experience of occupational time pressures  
|                               | 5. Time results in occupational deprivation | • Time pressure and stress  
|                               |                                           | • Balancing time  
|                               |                                           | • Meaningful free time  
|                               |                                           | • Time loss  
|                               |                                           | • Reality of being a student  
|                               |                                           | • Sleep as an occupation  
|                               |                                           | • Available time  
|                               |                                           | • Transitioning through time: life stage |
| Connection to the environment | 1. Travelling long distances to participate in occupations | • Being homesick  
|                               | 2. Accessible resources in the university environment  
|                               | 3. The importance of nature in the rural and regional environment  
|                               | 4. The importance of doing occupational in the rural and regional environment | • Needing transport  
|                               |                                           | • Accessing services and resources  
|                               |                                           | • Family-orientated occupations in the country  
|                               |                                           | • Feeling connected to the land  
|                               |                                           | • Feeling connected the community  
|                               |                                           | • Being from the country and staying from the country  
<p>|                               |                                           | • Being resilient |</p>
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<td>• Health in the country</td>
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<td>• Occupational opportunities in the rural and regional environment</td>
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In Phase 4, I re-examined each individual interview to look for hidden meanings and to answer the new questions I had generated in Phase 3. In Spiral 4, I again considered the parts; that is, I reconsidered each individual’s answer with respect to the additional questions and to fuse my horizon of meaning.

In Phase 5, I refined the themes by reconsidering the entire population group. In Spiral 5, I developed an interpretation of the text as a diagram (see Figure 3.8). In the last step of the hermeneutic spiral, I developed a fusion of horizon; that is, I reflected deeply on what I already knew and what I had discovered through engaging in the hermeneutic spiral analysis.

Figure 3.8. The hermeneutic spiral.
3.11.2 Development of a preliminary theoretical model

I began to conceptualise the whole lived experience of the participants in this study at stage 5 of the hermeneutic spiral where I began to fuse my pre-existing knowing with the new shared experiences I have gathered from the participants. I was beginning to see a primary emerging phenomenon at this point that I called “occupational role transition”. I developed a new visual model of my emerging theory (see figure XX), taking into account the other working models, mind maps and emerging theme tables that I had already developed (Appendices E, F, G, L, M, N & O). I understood that there appeared to be parts to experience of occupational role transition that included what the student lived as a beginning to becoming a student (occupational inception), living the role of a university student (occupational experiences), a time of change into “living and being” in the role (occupational role transition) and then a lived experience of health and wellbeing during this process. This is shown as the four-coloured quarter in the middle of the model. I also acknowledge that students had often transferred previous occupation and/or occupational roles across to their new role as a regional university student. I noted this as “occupational role transferral” in the model. The lived experiences of the participants in occupational role transition was either facilitators (occupational enablers) or hindered (occupational barriers) by the occupational choice and opportunities that were available in the regional environmental context and the university context. These outer layers of the circle are shown to encompass the central experience of the four coloured quarters in the centre of the model. This visual representation formed the basic of the theory of occupational role transitions. I then embarked on stage 2 of the study to define and re-work this mode that was based on lived experience to test it with another group of students.
3.11.3 Stage 2: Constructivist grounded theoretical analysis

By the end of Stage 1, I had developed preliminary theoretical ideas about how the students’ experiences could be understood as a model of occupational role.
transition. In Stage 2, I aimed to obtain feedback about this model from the focus group meeting and to further develop and clarify my theory. I analysed the focus group transcript using thematic coding. I was particularly inspired by the work on constructivist grounded theory by Charmaz (2006), who advocates for a more flexible methodological grounded theory approach that comes with constructivism. Using constructivist grounded theory involves “the researcher to analyse the data from the beginning of data collection and to make systematic comparisons throughout the inquiry in order to integrate and streamline data collection and analysis” (Wilson, 2012 p. 10). I used constructivist grounded theory in Stage 2, as this particular approach enabled an understanding of how the participants negotiated and manage the social structure of commencing on-campus university study in the specific regional environment context, by establishing meaning from the social interactions between participants and the researcher (Gardner, Fendoruk & McCrutcheon, 2012).

To achieve this, I utilised Charmaz’s (2012) recommendation for qualitative constructivist grounded theory as a method of data analysis, I used the following strategies:

1. Line-by-line coding of words, statements, actions and events from the focus group to create a total of 40 initial codes. Examples of these codes included ‘having support’, ‘university is exhausting’, ‘going hungry’ and ‘issues with sleep’. I also developed a set of keywords and key phrases. Examples of these keywords and phrases included ‘challenge’, ‘reduced time’, ‘stress’, ‘study takes time’ and ‘having no time’ (see Appendix G)

2. Memo writing to prompt deeper reflection on the data by asking the questions: *Who? What? Where? How? What are the consequences of participants’ actions?* Writing memos about the codes helped me to think about the codes at a
higher conceptual level. An example of a memo was: ‘Students compare transitioning into university with what they have already experienced as Year 12 students. They talk about “stresses” and “challenges”. Being able to transfer past experiences helped the process. The process is about “finding your feet”.

3. Theoretical sampling of the data to enable theoretical saturation. After coding the focus group, then I re-examined each transcript from the interviews to determine whether there were any other codes I had not previously identified. Figure 3.9 illustrates the steps of my analysis process for Stage 2.

Figure 3.9. Theoretical sampling of the data to enable theoretical saturation.

Figure 3.10. Constructivist grounded theory coding and theory development process.

I noted in Stage 2 that there were several key areas of importance that I had not interpreted in the hermeneutic phenomenological interviews, which were a direct outcome of using a different methodology approach by means of a constructivist grounded theory analysis. Namely, I used Charmaz’s This included the following:

- The focus group helped clarify that the whole experience was one of “occupational role transition”, not just the green quadrant shown in figure XX.
- I found that there was a component of change that participants underwent in order to “become” a university student. This was likened to an experience of
metamorphosis. I found that the students experienced changes in their identity, capability and belonging and inclusion.

- Health and wellbeing were not the same for everyone and not always positive. I found that health and wellbeing occurred on a continuum of positive to negative health and wellbeing outcomes.

- Time was found to be a major component of occupational role transition that was a constant presence throughout the findings

- The environmental context was found more specially to be the rural and regional environment. The home and university were other key environmental contexts in which the experience of occupational role transition occurred.

- Occupational role transferral was not clear in the findings of stage 2 and perhaps prematurely included in the model

3.11.4 Combined analysis of Stages 1 and 2

Following the analysis of Stages 1 and 2, I completed a final content analysis of all the data from both the in-depth interviews and the focus group using the computer software program NVivo. Using this program, I searched for content to ensure that my findings from both Stages 1 and 2 were true to the data. I searched for keywords such as ‘transition’, ‘change’, ‘no time’ and ‘sleep’. I also searched for key phases such as ‘fresh start’, ‘not enough time’ and ‘fitting in’. This allowed me to check my findings and refine my model development to ensure that the conceptual themes were correct. The final result of my analysis for Stages 1 and 2 was the development of a theoretical model, which I have named the ‘Occupational Role Transition Model’. I will present this model as a whole in my findings in Chapters 7 after I expand on the findings that shaped the final development of this model in Chapters 4-6.
3.12 Ethical Considerations, Authenticity and Trustworthiness

3.12.1 Ethical considerations

Ethical approval for this study was granted by the CSU Human Ethics Committee in 2011 (Ethics approval number 2011/161). An amendment to the study was approved in 2016.

The research was conducted ethically, including obtaining informed, voluntary consent from participants. There were no rewards or enticements for participation. I provided information about all aspects of the research, including the purpose, process, risks and benefits, in a verbal presentation to potential participants. I also provided them with an information pack (Appendix G). Participants signed a consent form prior to commencing the interview or focus group (see Appendices H).

To ensure that participants received adequate support in the unlikely event that their emotional wellness was compromised as a result of the research, I provided all participants with a handout of the relevant health services available in the Albury–Wodonga area (Appendix I). I also invited participants to speak to me after the interview or focus group if they wished to discuss any concerns. No participants made contact to express concerns.

To maintain the anonymity and confidentiality of each participant, all participants were assigned a pseudonym. Participants agreed to provide their course details (e.g. occupational therapy, physiotherapy), age, postcode of residence during Year 12 and current postcode. However, only the pseudonyms, courses, ages and ASGC-RA classifications are reported in this thesis. I have either omitted or provided pseudonyms for any personal information in all public reports of this study, including this thesis.
3.12.2 Authenticity

Authenticity relates to the analysis and interpretation of the meaning and understanding of participants’ experiences in research (Gray, 2018). To achieve authenticity, I used reflexivity as a strategy. Reflexivity is an important aspect of ensuring quality research in both hermeneutic phenomenological and constructivist grounded theory research approaches. Reflexivity is used in hermeneutic phenomenology through the use of journal writing and in constructivist grounded theory to develop theory through use of memo writing (Annells, 2006; Wilson & Hutchinson, 1991). Finlay (2003) defines reflexivity as ‘the process of continually reflecting upon our interpretations of both our experience and the phenomena being studied so as to move beyond the partiality of our previous understandings and our investment in particular research outcomes’ (p. 108). Reflexivity in in-depth interviewing requires the researcher to frequently reflect on the research while actively listening to the participant throughout the interview process (Nicolson, 2008). I aimed to follow Nicolson’s (2008) advice.

Reflexivity requires a detailed expression of the inherent positional views and opinions that may influence the research, including a reflection of the researcher’s own background, experiences, beliefs and curiosities during the research process (Hammell, Carpenter & Dyck, 2000). Reflexivity can be achieved through the use of a field diary or field notes (Conneeley, 2002). In this study, I made notes following the individual interviews and the focus group. An example of my reflexive process as a field note is provided:

As I finish today’s interviews, I am beginning to recognise that mental health issues are at the forefront of the students’ minds as they talk to me about their health. I expected drinking, drugs and unsafe sex would be more of an issue for
them. But, overwhelmingly, they talk about all kinds of mental health issues. Some seem to focus on personal issues of loneliness, stress and isolation, while others are more concerned about mental health in their communities, particularly with farmers and their experience with suicide. I wonder if, when I was at university, mental health was such an issue for those around me? I remember my own experience of feeling isolated and alone and how sad I felt in my first year. I felt left behind from my peers at home and from my new peers at university. What helped me get over it? What will help these students get through it?

I also examined my role as researcher. Carpenter (1999) and Hammell et al., (2000) state that it is difficult and unrealistic to eliminate the researcher from the research process; therefore, researchers should clearly report on their position in the research. For this reason, I reflected on my prior experience of being a young female occupational therapy student at CSU living in a small rural town. These lived memories of my time use during this stage of my life, as well as how I perceived health and wellbeing, and my experience of the rural and regional environment was valuable in understanding the experiences of the participants. For example, I reflected that attending university was a time of adjustment initially, but that it became easier as I continued my studies, and that my own health and wellbeing was variable—at times I was in good health, but at other times my health was poor. As a means of achieving this, a reflective writing piece was completed using the same questions and prompts that were used during the Stage 1 phenomenology interviews (see Appendices J).

3.12.3 Trustworthiness and quality

Trustworthiness is the credibility, transferability, dependability and confirmability of research (Gray, 2018). Credibility in the research process can be achieved through making persistent observations to ensure that the findings and the
reality of participants are aligned (Gray, 2018). I spent approximately 50 hours in the university environment to ensure a prolonged engagement in the environment in which the university students spent their time. In preparing for the interviews and focus group, I spent time in the library setting, dining in the canteen area and in lectures. I also made myself familiar with the bush setting of the campus and the location of the accommodation, which the students referred to as ‘res’ (short for ‘residence’). I read noticeboards about upcoming functions and groups. These investigations enabled me to better understand the environmental context in which the students were living.

Portney and Watkins (2000) refer to triangulation as ‘a process whereby concepts are confirmed using more than one source of data’ (p. 276). Triangulation occurs when several viewpoints are merged and shows that similar conclusions may be drawn from the various data sets (Hammell, Carpenter & Dyck, 2000). Triangulation was used a means of trustworthiness by providing a deeper understanding of regionally based university students and their occupational participation, choice and opportunities in relation to their health and wellbeing. Understanding this phenomenon through my research strategy added a new dimension of knowledge to this topic (Curtin & Fossey, 2007). I specifically used a multiple triangulation approach, which involved using a combination of data collection methods and methodological approaches.

I collected data from two sources: in-depth interviewing and the focus group. I also kept notes, memos and diagrams to help connect the two sets of data. Recording the interviews and taking notes following the interviews were also forms triangulation (Holloway & Wheeler, 2010). To ensure interviews were of high quality, I used open-ended questions to encourage the participants to reflect on their own experiences of time use, health and wellbeing and also to reduce interviewer bias. As a professional occupational therapist, I conduct interviews daily in my work practice, which has
provided me with expertise in the interview process. I used active listening techniques to encourage the participants to provide detailed responses and to enable them to speak about issues they may otherwise have avoided. I also varied my linguistic style to suit individual participants. Using such interviewing techniques is considered important in facilitating data collection in in-depth interviews (Liamputtong, 2010). Using two different data sources enabled data triangulation whereby I was able to check the consistency of what participants said in stage one against the participants in stage two (Curtin & Fossey, 2007). In this study, stage one and stage two were performed 3 years apart, meaning that a new group of young people were reviewed in stage 2 and the emerging themes from stage 1 could be reviewed by a different set of participants.

I used time triangulation that involved collecting data over the course of time (Curtin and Fossey, 2007). In this study stage 1 was completed in 2014 over the course of several months and then stage 2 was completed in 2017. This enabled data to be capture in two snapshots of time, which increased the trustworthiness of the findings from both stages and the subsequent development of theoretical models.

I achieved methodological triangulation by using two different research approaches. Wright-St Clair (2012) advocates for the improvement of occupational science research through the use of multiple qualitative methodological approaches. Research by nursing scholars Annells (2006), Beck (1993) and Wilson and Hutchinson (1991) also emphasises the need for multiple methodological approaches in healthcare, particularly phenomenology and grounded theory.

Receiving supervision also contributed to triangulation of my research findings—my supervisors provided feedback from different professional backgrounds and perspectives. Hammell et a., (2000) recommend that research students engage in debriefing with supervisors who have experience in qualitative research. I had three
supervisors, each of whom had expertise in various content and research skills as well as in qualitative research.

To facilitate transferability of my research findings to other settings, I developed ‘thick’ descriptions of the findings and made liberal use of quotations, which are strategies recommended by Gray (2018). Hammell et al., (2000) stress the importance of researchers being aware of the influence they may have on how they use quotations. Carpenter (2011) recommends that participants should be represented in ways in which their experiences and opinions are recorded accurately and in full. I included quotations from all participants; however, as some were able to provide more detailed and deeper responses than others, there is inequity in the frequency and length of each participant’s story. I also aimed to provide thick descriptions of the analysis process by provided examples of the emerging themes from the phenomenological interviews (Appendix F), the focus group (Appendix G) and the emerging visual diagrams (Appendices E, M, N & O) that I developed as I consolidated by developing my interpretation of the phenomenon (Curtin & Fossey, 2007).

An audit trail was used in an attempt to ensure dependability of the research. An audit trail enables others who review research to follow the researcher’s decision-making process (Portney & Watkins, 2000). Ballinger (2004) argues that using an audit trail helps to reveal the analysis process as it unfolds for the researcher and helps to create a methodological audit for future researchers. My audit trail included memos, notes and observations of students during interviews, as well as diagrams, mind maps and reflexive writing (see Appendices J-O for examples of these). Following Groenewald’s (2004) suggestion for phenomenological research design, I kept a variety of notes, including observational notes about participants during interviews; theoretical notes as I developed conceptual theory; methodological notes to help prompt me
through the research design process; and, finally, analytical notes, particularly after I had interviewed the participants and attended meetings with my supervisors (see Appendices P).

Confirmability was used to connect the research data with my own interpretations (Gray, 2018). One way to ensure that data are interpreted thoroughly is to use data saturation. According to Carpenter (2011), data saturation is achieved when participants routinely repeat similar concepts and there are no or limited new ideas presented. After interview number 24, I was unable to discern any new themes—the topics raised were all similar to those that had been previously described and, at that point, I assumed that data saturation had been reached. However, in Stage 2, because only one focus group was conducted to check the findings of interviews, data saturation could not be evaluated.

3.13 Summary

In the study described in this thesis, I aimed to develop an understanding of regional Australian university students through interpreting and constructing meaning from their experiences. I aimed to answer the research questions:

1. *How do young people attending university in a regional area experience their occupations and what occupational choices and opportunities do they have?*

2. *What is the relationship between occupation and health and wellbeing for regional university students? How is health and wellbeing influenced by the regional Australian environment?*

In this study, I took the epistemological position of constructivism, in which I interpreted the participants’ stories of their experiences to create understanding of being a student attending a regionally based university. I was informed primarily by the theoretical perspective of occupational science. I was also guided by the theoretical
perspectives of interpretivism and constructivism in the analysis of data. I took an inductive qualitative research approach and used both hermeneutic phenomenology and constructivist grounded theory as methodological approaches to analyse my findings.

The processes for data collection and data analysis were divided into two stages. In Stage 1, I engaged in in-depth interviews with 24 female university students and analysed the transcripts of these interviews using the concepts of the hermeneutic spiral and fusion of horizons. In Stage 2, I conducted a focus group of three female students and analysed the transcript using a constructivist grounded theory approach of coding for themes and theory development. I engaged in reflexive processes throughout the study, including the use of reflective journals and memos (Appendices C and J). The outcome of my data analysis was the development of a theoretical model, the occupational role transition model.

3.14 Sequence of the Findings Chapters

I will present the findings of this study by presenting the parts of the findings first in Chapter 4-6. I have summarised the content of these three findings models below. I will then present the whole findings through the developed occupational role transition model (see Figure 7.1) in chapter 7. The model helps to simplify the complex nature of the in-depth findings of this study. The chapters on the findings are presented as follows:

3.14.1 Chapter 4

Chapter 4 begins by exploring the occupational experiences of the participants in this study. It specifically focuses on how participants used their time to engage in occupations and how the environmental context influenced their occupational role of becoming a university student.
I found that the participants primarily used their time to engage in study, which was a priority occupation for most. The demands of study often meant that participants felt they had little time for other occupations such as work, leisure and rest. Participants reported that they attempted to balance their time to maintain their health and wellbeing, but that this was difficult to achieve. Participants participated in ‘procrastination’ in the form of engaging in occupations that were time-wasting or using their time idly. Participants were also found to take time away from study by taking ‘time out’ and resting. They fitted other occupations in and around their study. Participants found that they had less time to spend with other people. Participants tried to engage in groups, clubs and volunteering in the community as a means of using their time apart from studying.

I found that the environmental contexts of the study, being the regional, home and university environments, influenced the experience of being a student. Participants felt comfortable being in a familiar rural and regional environment. However, the rural and regional environment was associated with a limited availability of choice to engage in occupations, particularly in the Albury area. In the rural and regional environment, participants needed a car to access their required occupations. I also found that participants gravitated back to their family home as often as they could. Some participants had remained in their family home, which enabled them to save money. Regardless of whether they lived in or away from the family home, participants tended to revert to the roles they had occupied at home. Participants all craved support from their home environment and tried to stay in touch with the social networks they had away from university, despite this being a challenge for them. Participants used online technology such as social media to maintain connections with home. Participants had felt ‘known’ at home, which affected their student experience both positively and
negatively. The Albury–Wodonga campus was a drawcard for participants, who chose to study there because of its regional location. Most participants made the effort to fit in with peers and conform to cultural norms. Participants reported needing to learn to look after themselves in their new environment. They also needed to adapt to the different leisure activities that were offered by the regional and university environment.

3.14.2 Chapter 5

In Chapter 5, I focus on the metamorphosis of becoming a university student in the rural and regional environment in the process of the occupational role transition process. I explain the importance of this stage in the process of occupational role transition for the participants in this study. In this chapter, I interpret the participants’ lived experience of this occupational role by exploring their experiences of three key occupational science concepts that facilitate metamorphosis in the overall process of transitioning into being university student:

1. identity
2. capability
3. belonging and inclusion with others.

These three conceptual factors were found to influence how easily participants were able to transition into becoming regional university students. I found that participants who were able to develop a strong sense of identity, who felt capable and competent in their occupations, and who felt included by their peers, family and communities were able to meet the demands of being a regional university student with greater ease than those who did not.

Participants who had a strong sense of identity were able to transition into the university role with greater ease. Many participants relished in the opportunity to have a fresh start at university and develop a new identity. Having the freedom to make their
own choices and to not conform to norms helped them develop this new identity. Some participants found it difficult to identify as students and found that they needed to change their identities depending on the context in which they found themselves.

Participants in this study needed adequate skills in domestic occupations, such as cleaning and cooking, to facilitate their transition to university students. Those who had excelled at sports felt more capable as they transitioned into the student role. However, participants who were high academic achievers put pressure on themselves to maintain their level of academic performance as they transitioned into university.

Participants transitioned more easily into the university role if they were able to connect with like-minded people. Some participants found it difficult to be accepted into groups. Participants looked to family, friends and partners to support them during their transition into the new role. Participants were also expected to assimilate into university lifestyles, such as binge drinking and partying, although this was a challenge for some. Participants needed to fit into the community outside of the university, which was achieved by finding groups, clubs and cultures that were inclusive.

3.14.3 Chapter 6

In Chapter 6, I review in detail the link between the concept of occupational role transition and the participants’ perception of occupational health and wellbeing. I discuss the health and wellbeing issues described by participants, as well as their lived experience of their perceived health and wellbeing. As a result of their occupational role transition, participants experienced various mental, physical, social and restorative health and wellbeing issues.

Each participant’s sense of health and wellbeing was unique and occurred on a continuum, with no two participants experiencing occupational role transition in the same way. Some participants experienced their occupational role transition to be health-
enhancing, while others found aspects of their occupational role transition to negatively affect their health and wellbeing. However, it was found that, collectively, the group experienced similar health and wellbeing issues at different points on the continuum. The variables in their experiences appeared to a result of the occupational opportunities and choices they had in their student roles. Further, I found that participants who navigated the third stage of occupational role transition, metamorphosis, with greater ease perceived that their health and wellbeing was more optimal.

3.14.4 Chapter 7

This chapter 7, I present the occupational role transition model as a conceptual diagram made of the parts discussed in Chapter 4-6, being experiences of time use, the rural and regional environment, the metamorphosis and health and wellbeing. I explain the relation of the conceptual parts to the whole lived experience of occupational role transition for rural and regional university students. I use my metaphor for the metamorphosis of a butterfly to develop the theory in a relatable way.

I then present two case studies from the participants in this study to apply the occupational role transition model to the stories of the students. The two story show the unique and individual experience of occupational role transition and how the outcome of the perceived health and wellbeing is impacted on by factors relating to occupational opportunity and occupational choice within the environmental context.
Chapter 4: The Influence of Time Use and the Environment on the Inception and Experience of being a University student

In this chapter, I describe the participants’ experiences of being university students. In particular, I show how they used their time in the rural and regional context as university students. This chapter consists of two sections: in Section 1, I examine the occupations that participants engaged in; that is, how they used their time; in Section 2, I illustrate how the rural and regional environment affected the participants with respect to their hometown communities and the university environment.

Section 1 shows that, for most participants, the main occupation was engaging in study. Although this was the top priority for the majority of participants, some actively avoided study by ‘wasting’ their time or procrastinating instead of studying. Participants used structure and routine to organise their time. Many perceived that they did not have time to study as much as they felt they should. Study was the participants’ main occupation, but it was not the only way they used their time—they ‘fitted in’ other occupations around the time spent studying. Some participants needed or chose to engage in paid employment. Participants also took time out for pleasure and other occupations that provided meaning for them, such as hobbies, sports, clubs and groups. Participants also enjoyed social occupations with friends and family, as well as spending time engaging in community occupations, such as volunteering.

In the second section, I explain how the rural and regional environment influenced the participants’ occupational engagement. The rural and regional environment comprises geographical, sociocultural and community aspects and can be
divided into two main contexts: the participants’ home environments and the university environment. Home environments included living in the family home with parent/s, living independently, living on the university campus and living in shared accommodation. The participants experienced adjusting to the new environments of home and university as a journey.

4.1 Section 1: Time Use in the student role

4.1.1 Study: The main occupation

The main occupation for participants was being a university student. Tasks related to this occupation included attending lectures and tutorials, participating in private and group study, and completing assignments and exams. For example, Willow reported that ‘most of my time is uni work. The majority of it is studying or assessments or homework and things like that’.

The participants spent a lot of time studying, which they described as ‘time-consuming’. It is not surprising that study was the main occupation for the participants, since attaining a passing grade in coursework is required to progress to the next year level and, eventually, to gain a professional qualification. Participants chose to attend university and, therefore, studying is a meaningful occupation that helps them achieve their goals.

4.1.1.1 Study takes priority of time use

Study was the main priority for most participants. Participants engaged in study-related activities for most of their day and spent only limited time on other occupations. For Jane, study was so important that her study time intruded into her leisure time. Jane felt she needed to spend a significant percentage of her time studying to achieve her desired university results: ‘I don’t think I probably will ever change so maybe I just have to accept that, you know . . . study is my major hobby literally’. Jane sacrificed
other occupations so that she could complete the volume of study she believed was required:

If it stops me from doing something, it would be the study. Because, I need to—

I want to get that right and kind of if I haven’t got what I have on my list to do [completed] for that subject or whatever then, I just don’t want to do anything else. So, if it like looks like an outing on a Sunday or a Saturday [I won’t go], that would be the main thing because I’d love to do more with my weekends. But I just feel like by the time I’ve got all that study over I just don’t have any more energy to, you know, take a trip to Beechworth or whatever.

Other participants felt similar to Jane—they thought they should devote their time to study. For example, when Ivy took time away from study to do something enjoyable, such as ‘playing netball’, she would be concerned about the time she had lost: ‘Most of the time if I’ve got a spare three hours or something . . . I’ll try and get in there and do my work or catch up on notes and things’. Although Ivy’s time was consumed by study, she still felt she should put more time into it. Ivy felt guilty when she played netball instead of studying: ‘I think I don’t spend as much [time studying] as I should, but with all netball and stuff’.

Participants felt ambivalent about how much time they ‘ought to’ study. Celia reflected, ‘I probably spend too much time studying . . . compared to other things’ and criticised herself: ‘You’re just, you’re studying too much’. However, she continued to feel a crushing obligation to study: ‘At the same time, I don’t feel like I’m studying too much’. The participants felt the need to dedicate all their available time to study—they felt as if they could never do enough.
4.1.1.2 Not enough time

Many of the participants felt that they did not have enough time in the day. They labelled the experience of spending time studying as ‘tiring’ (Rose, Chloe), making them ‘struggle’ (Ivy, Ruby), needing to ‘juggle things’ (Lucy) and being ‘handicapped’ (Stella) by the demands of university study.

Being ‘busy’ affected how the participants experienced their time use. Ivy was ‘overwhelmed’ by the demands of doing study and used any ‘spare time’ to catch up on study, even though she would have preferred to rest:

It kind of depends on the day. If I’ve had a really busy day . . . and I feel like, I don’t know, kind of overwhelmed . . . sometimes I might—well, I’ll have tea and I might just put my feet up for five minutes . . . and then I’ll go and do some study or assessments or whatever. But yeah, most of the time if I’ve got a spare three hours or something . . . I’ll try and get in there and do my work or catch up on notes and things.

For Stella, time to do other occupations was especially limited when coursework was due:

Uni work, I find, handicaps me in a bit of when assignments are due…I [could] have a whole weekend away because if I’m going to go away, I’m not going to want to do uni work, so I find that kind of stops me, but I do love to travel and I love to see my family.

Many of the participants worried about having ‘enough time’ for study. For example:

I don’t think I allocate enough time for study. I’m not struggling with grades, I just think that I should be prioritising a lot more towards that, but I haven’t yet
put that into my day . . . I think I’ll get there. Like I’m just trying to work out where I’m going to do everything. (Ruby)

Participants experienced being ‘brain dead’ (Amelia) as a result of trying to ‘cram stuff in [their] brain[s]’ (Eve) during intensive periods of learning without a break. Some participants felt that when they should ‘take time out’ on the weekend, they ended up studying on both days. Jane would have preferred to have done some exercise or something active on her weekends. Instead she just ‘sat’ studying:

I think, because coming to uni does, I have one day off a week so it's four days and then that one day I try to use for all the work that I have to do during the week. Because sometimes I'll, like, you go to a lecture and then it's like, oh I can keep going or I can sit there and do nothing which kind of is not really down time but I feel like, I'm so exhausted from, like, trying to, like, cram all this stuff in my brain that it's just, like, it's just, like, I just want to do nothing. And, yeah, so I go to uni and then I work both days on the weekend. So, I don't, yeah, so it's, it's difficult in that way. I don't, I definitely don't do enough exercise or anything like that because when I have free time it's, like, oh I just want to sit here . . . I mean a lot more free time when I’m not at uni.

Many participants found it challenging to adapt to the new structure of university. Some had a well-established routine prior to commencing university but found it difficult to transfer this routine to the university environment. Ava had previously used routines to cope with the demands of being a busy student at secondary school: ‘I was flat out [at secondary school] but being so routine with it was—I coped, you know. And I guess coming here to uni with having not as many of, like, you know, trainings and stuff to go to . . . I almost struggled a bit’. Ava found that the less-structured nature of the university environment impeded the development of a new
routine and, therefore, she found it challenging to adapt to becoming a university student.

Some participants found that their routines at home during semester break were significantly different from their routines at university. It was hard to develop and maintain a consistent routine when their occupations changed. For Louise this was also a challenge:

I do have a routine, but I don’t feel I’m fitting enough exercise in that routine . . . because I always, I used to swim competitively, and I used to always be exercising every day and I don’t feel like I’m getting that at uni.

Many participants reflected on the reduced time they had for sleep and that their sleep negatively affected because of their study commitments. Participants were always trying to catch up on sleep and there was never enough time to dedicate to sleep, even when they returned home for visits or holidays:

I don’t get a lot of sleep . . . usually I am up pretty late, catching up on everything and trying to get everything done, so usually I’ll probably get six or seven hours sleep max and then that goes slower towards the weekends…. Like, if I go home, I usually don’t get to sleep because once you’re home you want to be up and with your family (Ruby)

Some participants found they were so tired from studying during the day that they could not manage to participate in social leisure occupations with their friends, such as ‘going out’, because they felt deprived of sleep:

I guess when I do stay up, I kind of make up for it the next day and kind of do sleep in. When we do ever go out, it’s kind of, we’re home, we’re leaving at 11.30 kind of thing. We’re not out until three o’clock in the morning. I think most of us would just be asleep by then, whether we were out or not, most of us
just falling asleep on the park benches. So not too much of a night owl. I like my sleep. (Polly)

Most participants wanted to spend more time with others, but they felt that being a student was a barrier to this. For example:

I guess I probably would like to spend more time with my friends . . . just doing, I don’t know, hanging out . . . whatever, movies and stuff like that. But I feel like I’m so busy I can’t, like . . . It’s like work [happens and] then I’ve got to study. I can’t do anything . . . yeah, so it’s hard. (Rose)

Engaging in social occupations, especially with friends, was an important experience for the participants. Many of the participants who lived on the university campus felt that friends were ‘family’:

I love spending time with my friends. Like my house mates. We are the craziest bunch of people. It's like we were meant to be in the house together. We—it's just like the biggest family thing. So, I like to—I love spending time with them. (Violet)

4.1.1.3 Trying to find balance

Many participants attempted to balance their study time with other occupations, which was challenging for some. Celia described her experience of not being as balanced as she would like:

It feels balanced, but when I look at it, you can tell that it’s not really. You need to pick up a little bit more leisure stuff and . . . sport. Because I look at my fitness, what it was and what it is now . . . and it’s not very good. (Celia)

For some participants, other important occupations, such as sleep, were sacrificed for study. Ruby needed to study and as well as work; therefore, it was sleeping that she neglected:
I’ve definitely got to try and balance my time and think, you know, what do I need to do. So, and being asleep, it’s definitely evident towards the end of the week what I’ve chosen to do instead of sleep. Yeah, and things like work and uni, I have to be alert and stuff like that.

It appears that being constantly tired because of poor occupational balance in the student role negatively influenced Lucy’s performance at university.

Despite Celia, Ruby and Lucy’s difficulties, other participants were able to achieve a sense of balance in their time use, refusing to dedicate all of their time to study. Emily chose to have time away from study to be with friends. She explained, ‘Because of my such a busy week it's kind of a little bit hard but I find it, like I like the balance kind of thing. So, I find where the balance is’. Stella felt unable to study for extended periods—she attained balance by focusing wholeheartedly on her work when she studied, but taking time off when she needed to:

First year is all about, they tell you, about balance and very much, like, I’ve done two hours of study, I definitely should have an hour off. So, I feel my leisure is more than it should, especially at night time, but I just find I can’t concentrate for that long and when I sit down to work . . . I work hard. So at least those two hours, I know that I’ve been pretty dedicated, so it’s better than, say, doing four hours.

Being a student and meeting the demands of study while managing a job was also a delicate balancing act—many of the participants needed to undertake paid employment as well as fitting in the many other commitments they had in their lives. Ava explained that she ‘had to incorporate some, like, work [this year]. So, yeah, that was part-time work, and then there was catching up on uni, and as I said, trying to see
people. My week, even compared to last year, is very different’. Ava had to adjust her
time use to fit in the extra occupation of undertaking paid work.

Some participants felt that they were unable to balance their time between study
and paid employment, saying that their attempts to manage this made them feel busy,
overworked and exhausted. Rose felt overwhelmed by the need to work and study:

I feel like I’m so busy I can’t [have a break]. It’s like work, then I’ve got to
study. I can’t do anything. So, it’s hard. So, you feel like maybe your social time
with your friends gets left out.

Rose’s struggle to juggle her time between various roles took its toll on other important
occupations, such as spending time with her friends or playing her piano.

Some participants, including Amelia, tried to have things to look forward to as a
means to ‘get through’ study. Amelia waited for holidays to have free time:

It would be, like, 40% working, 40% studying, and then 20% free time. I’d love
to be able to do that. So sometimes I feel unbalanced . . . I’d like to have more
free time but then I’m, like, well, it’s only two more weeks, three more weeks
until holidays and that’s . . . then that’s my free time there. (Amelia)

Many participants believed that their health and wellbeing was negatively
affected as a result of being unable to manage their time or to achieve a sense a balance.
They felt that their time management skills were poor, which affected their perceived
balance of time. Managing to meet their study commitments as well as engage in other
occupations, such as work or leisure, was difficult for most. Sophie considered that
doing ‘too much study’ was not good for either her ‘body [or her] mind’:

I think [doing study] sacrifices things . . . well, I’m not that good with time
management, so maybe it’s just me, but it does take away from focusing on
being as good to, like, your body and your mind as you should be, when you’re
doing all this work. And because it’s stress, too, it, like, takes a toll on your body when you’re stressing, not just, like, you’re maybe not eating as well and getting as much exercise and that. Stress isn’t good.

Similarly, Maisie noticed that when other people did not have adequate time management skills, they tended to neglect themselves: ‘Poor time management, I think, is a big [health issue]. People don’t manage their time properly, so they’re [not] eating the right meals at the right time’.

Amelia worked in a restaurant and was so tired from her work and study that she neglected other important self-maintenance occupations such as cooking healthy food:

Cooking is a major issue for me. I’m finding, like, toast is probably the easiest thing to cook at the moment. It doesn’t mean I can’t cook—I can. It’s just I don’t have the time, like, I get back from work at ten o’clock at night . . . I’m exhausted after being in the kitchen for so long, you kind of want to get out.

Combining hours of study and hours of work is clearly taxing and, for Amelia, this negatively affected the occupational balance she needed to maintain her health.

5.1.1.4 Doing other occupations instead of study as a form of procrastination

Many participants reported that ‘procrastination’ was a strategy that they used to ‘waste time’. This was often experienced as idle time, used to escape the demands of study.

Stella used her time engaging in a range of occupations to procrastinate: ‘I mainly walk, watch TV, draw, paint, Skype . . . Any kind of formal procrastination I can do on the computer [not related to study]. So that’s kind of my week. It’s very much scheduled’.

Abbey and Jemima both used technology, such as social media, as a form of procrastination. For Abbey, using Facebook was a significant distraction from study and, at times, reduced her productivity. Although she sometimes used Facebook to
connect with other students for the purpose of completing assignments, in most cases it was a means of avoiding study:

There’s an awful lot of procrastination that goes on. That’s, you know, a lot of people get stuck on Facebook or any other social media or whatever it is, and they spend hours and hours doing that, and I do that. Some days just disappear into an oblivion of Facebook, and it’s just like, oh, what have I done today? Nothing, I have achieved nothing, and I think that’s the problem with having Facebook as such [as] a tool. Like, I use it for group assignments quite a lot, so you will create a group and be like, okay, you know, we’re working on this, here’s a way of file sharing. It’s such a temptation just to end up doing the Facebook procrastinate instead of get what you need from there, and then go back to work. That whole social media procrastination thing is really difficult.

I’ve found it to be one of the biggest challenges I think to being at uni.

For many participants, spending time using the computer or social media was considered time wasted; however, it was also a way of using time to escape from the responsibility and demands of being a student and could be a ‘bit of fun’:

Like, the photo pops up for like six seconds and then, like, disappears forever.

Like, it's just, like, I don't know, just a lot of rubbish but it's good procrastination . . . I don't know. Like, like, I wish I didn't use Facebook sometimes because it's been a bit negative lately but [I still use it]. (Jemima)

Apart from social media, participants used other enjoyable and meaningful leisure occupations to procrastinate rather than studying. Polly noted that sometimes she ‘tend[s] to “procrastibake”’; that is, she engages in baking ‘instead of doing my assignments’. Maisie procrastinates not only about study, but also about cleaning:
I’ll then go home and do some procrastination, and then some study, and I do try and go to yoga once a day every day . . . Go home, procrastinate, study, go to yoga . . . [I’m not] cleaning—probably not as much as I should. But it’s—it ends up being a form of procrastination, so if I do clean, it’ll be two, three hours at a time [when I have to].

For Maisie, it appears that both study and cleaning were obligatory occupations and, given the choice, she would rather do yoga instead, so she found ways to avoid using her time to do these tasks. Procrastination was used to do something other than study and was deemed an occupation that either wasted time or involved idle time.

4.1.1.5 It is difficult to take time out from study

Many participants found that they yearned for ‘time out’ from their study. However, this was difficult to achieve. Pearl never felt completely relaxed:

I am either studying at uni, at netball, at work, doing housework because I’m moved out of home, so I sort of feel like I never actually relax. And if I am relaxing, I'm just stressing about stuff that I should be doing [laughs].

Study was always an obligation that needed to be fulfilled, and participants found it difficult to mentally remove themselves from it and take time out.

Although it was perceived as being difficult to attain, participants still attempted to seek ways of taking breaks from study, with weekends being the most common part of the week for taking time off. Stella felt that having time out helped her to achieve balance in her life and to prepare for the demands of study in the week ahead:

I just don’t think I’d like to give up that time. Like, I know my weekends could be spent better on productivity, but I still like my relaxation because I think that prepares me because the week is quite busy because I make it busy. Like, we’ve only got 16 hours of class, I think, but because I do all that extra study,
especially in the labs where you’re just fully focused, yeah, my weekends I very much—especially Sunday, I will be, like, “No, I need a day of rest”.

Free time use was different for each participant and included active, sedentary, creative, skilful or ‘just boring’ occupations. Polly appeared to vary her free time use between active leisure activities, such as running and cycling; leisure activities in which she could use her skills, such as cooking; social leisure time with friends; and sedentary leisure activities, such as binge-watching television:

My free time, I guess, probably would be just that running or the riding my bike is probably a big one. Baking or cooking is another big one that I do for leisure. Then probably just hanging out with people, so visiting friends, going bowling. There’s not much to do in Albury. Just going to the park, having a picnic is probably another big one that we do but just chatting with friends is probably a big leisure thing. If there’s a TV series that I’m really into, that will be another one, just kind of sitting down and watching—because usually it just kind of accumulates, the episodes, and then you just have to sit down and watch them.

Overall, Polly considered that her free time use gave her a ‘good balance’.

Similarly, Lily had a massage or a manicure to give her a mental break from study:

I like to go and get a massage and that sort of . . . ‘mind’ wellbeing. It just really relaxes you for, like, the whole rest of the day, but it can be a bit expensive. I like to go and get manicures and pedicures.

Maisie took time out to do yoga to attain spiritual wellbeing: ‘I find going to yoga just helps me calm myself down . . . And it’s really helping me on a spiritual level connect with myself . . . And how I’m feeling . . . How to relax’. For Jemima, time out from study was about doing nothing at all:
I just really like, you know, like, not high-intensity recreational things. I just like chilling out a lot. Being boring. Like, and then, if I have time, it's just like I don't feel like, oh, the last thing I want to do is really put my brain onto something . . . and study. So, yeah, I've been kind of lazy lately.

In summary, I found that the participants considered study to be their primary occupation and, because of the pressure they felt to dedicate most of their time to it, they made it the priority when deciding how to use their time. Many participants reported that the demands of study took up too much of their time, making it difficult to fit in other occupations such as leisure, work or rest.

Although the participants spent most of their time studying, they attempted to balance their time use by engaging in occupations that were restful, relaxing, fun and/or meaningful. These occupations included hobbies, being with family and friends, playing sport and participating in clubs. Some felt that they succeeded in attaining an adequate level of balance, whereas others were unable to find balance between study and other occupations. Some participants reported that they procrastinated by engaging in occupations other than study that wasted their time or used their time idly. Therefore, procrastinating was an alternative way of using time, but it limited productivity.

Many participants felt that there was not enough time for all the occupations they wanted to engage in, and that they wanted time out from study. Some participants were able to find time to engage in other occupations, such as social occupations with friends, relaxing occupations such as watching movies, or creative occupations such as drawing or playing an instrument. The participants favoured occupations that were relaxing and restful.
4.2 Section 2: The influence of the rural and regional environment on the student role

The rural and regional environmental context of this study was inland Australia, specifically the Albury–Wodonga region, which is situated on the borders of New South Wales and Victoria. This geographic area is characterised by agricultural land and national parks. Every student in this study, except for one, originated from either an inner regional or an outer regional area of Australia. In this section, I will describe how living in a rural regional area influenced the participants’ experience of being a student.

4.2.1 It’s familiar, so it’s comfortable

Some participants felt safe and comfortable in the rural and regional environmental context and this feeling of security facilitated their transition to becoming university students in Albury. For example, Louise found that Albury was familiar to her because she had been there before and felt at ease there:

> I have been here [in Albury] a few times prior [since I was] living so close . . . it just makes it a bit easier when everything is all in the one place for you and you can, in your own time, spread out and get to know it all . . . I prefer being rural. There are lots of young people who say ‘I want to go to the city’ and that sort of thing, but I prefer being in the small, when I say a smaller town, Albury is not tiny, but it's—I don’t know if it's just because that’s where I’m comfortable . . . but that’s where I prefer to be now.

Lucy also appreciated the comfort of studying in a familiar rural area:

> Everyone here's come from the country and they've always lived in or, like, half the people of my house are from farms, so we all know what's going on and like it's a little different in the city. It's their focus is on different things and stuff. And I love being out in the open so it's good.
Lucy described the rural and regional environment as her ‘safety zone’, whereas she labelled the city as ‘scary’.

Participants found that it was easier to adjust to being enrolled in a regional university when they were already from a regional area and were surrounded by ‘country kids’:

I guess it’s a little bit like all the kids on res [living on campus] are still a little bit rural. Like, there’s a few from Sydney or Melbourne but most are from countryish towns. So, the similarities that I have here with my friends and my friends at home are pretty close. You know, we all went to high school in our towns, and you know, we’ve all got siblings and farms or towns with farms and sort of the same like that. So, I’ve really made friends with people with a lot of similarities to me. (Ruby)

Georgia preferred living in the country to living in the city:

I much prefer the relaxed . . . rural sort of lifestyle because I’ve pretty much lived out in the rural areas my whole life, so I never really enjoyed going to [the city]. I enjoy going to Melbourne, but I don’t enjoy the business of it . . .I just didn’t want to move to Melbourne if I didn’t have to.

Staying in a rural and regional environment helped Georgia to feel relaxed and at ease with her role as a regional university student.

The participants enjoyed the natural environment and open spaces of the rural and regional environment. Jane felt being in the rural and regional environment helped to ‘ground’ her and to feel calm and relaxed:

I can really, you know, just be myself and de-stress and just not think of anything and just look at the pretty nature . . . It—it calms me I guess in a sense, yeah . . . It brings me back to earth.
Rose stated: ‘I feel most comfortable in a place like this where you’ve got lawns, you’ve got trees, and you can look over there and there’s mountains and things, and it’s all very open’.

4.2.2 Mixed experiences of occupational choices and opportunities

The regional environment of Albury afforded some opportunities that were unavailable in the smaller communities from which some of the participants originated, but there were also some occupational opportunities that participants thought were lacking in Albury. For Ivy, moving from a farm environment to a regional city offered her more opportunities:

It's amazing, like, coming from the farm we, like in [name of hometown] there's no—there's a tennis court [and] that’s probably about all. When I was on the farm, I kind of realised the importance of health and exercise, so I was like going for runs and stuff but, yeah, coming here it's so much easier, like, there's a swimming pool, there's gyms and all that sort of thing. So, it's much easier to participate in that kind of thing than what it was at home.

Georgia, who grew up in the Albury area, felt that there were plenty of sporting opportunities from which to choose:

For young people. I would say so—but there’s a fair bit—like, it’s fairly big sporting sort of, a big sporting area, so there’s, like, all the sports clubs, there’s, like, the conservatorium, like, there’s all that sort of—how do I put this? Regardless of the—whatever interests you have, there’s pretty much something you can—you can pretty much find something here.

In contrast to Emily and Georgia’s experience, Amelia felt limited in her ability to pursue her chosen sporting activity because it was not offered in Albury. Prior to
attending university, Amelia had been rowing at an international level of competition and was surprised and disappointed that rowing was not available in Albury:

But the major issue is that Albury doesn’t have a rowing club . . . or anything like that and so I just—and I think having a team sport really is motivating . . . But I tried getting into netball, but it’s—because it’s social, it’s not taken too seriously. So, it’s, it’s easy to skip out on that one. I really miss competitive sport and I think I miss a lot of—like, I see on the TV my old crew and a lot of them are all travelling the world. I was quite a high achiever, so I rowed at national and world level . . . I was in a quad [team] before . . . and a lot of—I did a lot of training with like the Oarsome Foursome.

Lily thought that opportunities to pursue occupations other than sport were lacking in Albury:

If there was, like, a musical group to go to, that would be quite good. Or like a ballroom dancing group because I like the old classics. And like a movie group where we can discuss movies or watch a movie . . . or like a dining-out group where they go to different restaurants and try meals.

Some participants were displeased about attending a university located in an inland regional area because of its distance from coastal beaches. Several participants felt that being so far from a beach was a barrier to engaging in the occupations that they wanted to do, especially leisure and social occupations such as surfing, lifesaving, beach swimming, fishing and paddling. Celia reported that not having a beach nearby was difficult and a ‘big change’. Maisie also regretted not being close to a beach: ‘I would like to spend a lot more time on the coast. It’s something that spiritually I feel very connected to. But being in a rural environment is obviously a big barrier to that . . . that’s probably the biggest one’.
Although Albury is in an inner regional area, living there can reduce some occupational opportunities available in outer regional and remote areas. Polly’s home community is in an outer regional area, and she missed the occupations in which she had enjoyed participating in her home community:

[At home, there] are more opportunities to have a bonfire and look at the stars. That’s really cool. I love that farmy kind of stuff of swimming in dams and kind of, yeah, having bonfires. I found even living in the CBD of Albury last year, half the time there was just enough street lights that you couldn’t even see the stars in the sky and that was just like, ‘How can you not see the stars?’ So, there’s a lot of farmy stuff, I guess, like that that I definitely had more of an opportunity to do at home than you do here, and I guess partly just because I don’t know any farmers down here as well. But there’s a lot of that stuff that I had more of a chance to do.

4.2.3 Accessibility to services and resources

Having access to a car was essential to the participants’ engagement in the university student role. Owning and being able to run a car gave participants the freedom and independence to attend a regional university. It also enabled them the opportunity to complete other occupations outside of university. For example, Willow reported: ‘When you're rural, you pretty much have to have a car. Yeah, turn 18, get the licence. That's the biggest thing’. Ruby agreed: ‘You have to drive everywhere, that’s probably a big thing. If you don’t have your licence or you don’t have a car, that’s a problem but I, you know, pushed to have a licence and then saved to get a car’.

Car travel was part of being regional university student as participants needed to drive ‘everywhere’ to access services and resources such as shops and leisure pursuits:
I’m glad I have a car. That’s probably a big thing. I love living out at Thurgoona¹, but there’s not too much out here. You have to travel into Albury, I guess, to access most things. We have a supermarket out here and there’s a pharmacy and a standard kind of newsagency and bakery and stuff like that, but there’s really nothing else. So, I’m kind of glad I have a car. I don’t really know of any buses or anything that come out from here, not that I’ve ever had to try and use one, but I don’t feel like there’s a huge bus-run or anything. But there’s not particularly a whole lot to do in Albury in terms of leisure things, but it’s nice to have those little towns around, Beechworth and to go and visit, like, Chiltern and things like that to go and drive to. (Polly)

Mia found that having a car put her within convenient reach of shopping and other important services:

I travel everywhere. Living here in Albury, I have pretty good access to everything . . . like, even though we’re out in Thurgoona . . . it’s like a 15-minute drive into town . . . and there’s hospitals, doctors and shops—everything. I go into Albury to go to Aldi . . . because it’s cheaper. Yeah, or I go—to buy my fruit and vegetables, I go over to Wodonga to Arnold’s.

Participants required access to private vehicles because there is a lack of available public transport services in Albury. Georgia reported: ‘I’d love to be able to travel more, but . . . there’s not public transport to allow us to travel more’.

Many participants travelled long distances to return to their home communities to visit family and friends. Typically, driving to a home community could take many hours and was often experienced as ‘boring’. Nonetheless, driving was an integral

¹ Thurgoona is a suburb of Albury in which the university is located. It is approximately 10 km from central Albury, in which most of the shops, restaurants and entertainment activities are located. Beechworth and Chiltern are small towns within a 50 km radius of Albury that offer tourist activities.
aspect of being a regional university student for most of the young people in this study. Lucy preferred the long drive to her home community over feeling lonely by remaining on campus during the weekend: ‘Look, sometimes I do like to stay here if there's something on, on the weekend. But I don't really like to be here on a weekend if there's no one going to be around . . . sort of thing’.

4.2.4 The effect of the home environment on the student role

Participants considered the communities in which they grew up to be their ‘home’ environments. The home communities of all participants, except one, were in inner regional or outer regional locations. Participants left their home communities to attend university because the distance between home and university was too far to commute daily. Participants experienced their home environments as safe, supportive and comfortably familiar. They yearned to return home as often as they could. At home, the participants could enjoy a lifestyle in which they did not have to be completely independent and where they had financial and emotional support from their parents.

4.2.4.1 Students gravitate back to home

Most participants wanted to return to their home communities as much as possible:

I never stay. As soon as my exams or whatever is done, I’m gone [from university]. I come back at the latest point in time. I have a boyfriend and both my parents are still in [my home town] . . . So, it’s a bit of a pull. It’s harder this year, I think, because we’re still fairly new [into the relationship with the boyfriend]. We’re only 10 months, but we’ve known each other since we were four, and I found it easy at the start, but now it’s getting a bit harder because it’s been longer, and I think we’re doing okay, but it does definitely affect uni work a bit, but that’s okay. (Stella)
Many participants looked forward to returning to their home communities during semester breaks:

I’ve been home probably three times since moving. It’s good. I get really excited when I go home, like as soon as I’ve decided I’m going home, I just want to be there. Last time I went home, I was talking to my mum on Monday and I’m like, yeah, I think I’ll come home Friday and then all week I just wanted to be home. (Ruby)

Lucy missed her friends who had remained in her home community. She felt that she needed to return as much as possible to maintain her connection with them:

So, like out of our big friendship group sort of thing that went to school together, only two of us went off to university. So, it's kind of hard because they're all at home working and doing stuff together, so we like to come home on the weekends just because they're all home. But I think it'll change next year when they move off and do their own thing. We'll probably, you know, all, like, develop more of a uni life sort of thing and away from home, but at the moment it's good to come home and see them.

Lucy was striving to adapt to her new environment at university, yet she felt a strong compulsion to return home.

4.2.4.2 Living at home is a money saver

Living at home was a good option for some participants because it improved their financial situations. Willow enjoyed the fact that she lived 'at home and my parents don't make me pay rent. So that's good in a way but I still have a car I have to run and saving up for Thailand this year'. Willow was able to use the money she saved on rent, which was subsidised by her parents, on other goods and services that she needed and wanted. Eve reported that:
[It is] definitely easier to live at home. Sometimes you go, ‘I'm living at home to university so that like I can save all this money’. But sometimes it's like I haven't really moved. I'm like, I'm 20 and I'm going to be 23 or whatever before I move out of home. And it's like—I always thought that, you know, it sort of feels like you're just keeping going with your life instead of moving forward.

Living at home meant that Eve saved money, but it also prevented her from developing independence.

4.2.4.3 Home offers a reprieve from being fully independent

When participants returned home, they tended to take on the roles they previously had in the family unit; however, this regression was experienced as a welcome relief:

I live on a property and so I mean I’ll be helping with that a little bit here and there and obviously, it’s funny, you fit back into your old ways of being a kid almost, you know you don’t have to worry about your washing and stuff, which I'm thankful for. (Ava)

Stella also reverted to letting her mother look after her when she returned home for a long holiday break: ‘I’d gotten used to Mum looking after me again and cooking for me, so it was hard [to return to university life]’.

4.2.4.4 Students crave the support of home

Participants who were living away from home often reported feeling alone and homesick. Lucy felt that living on campus at the university meant she had far less support than she was used to receiving at home:

Every now and then you have, like, a bad week, but, like, most of the time it's pretty good. Just sometimes you . . . it's like you—like coming like back from, say, class and there's no one in the house, whereas like if you came home from
school, you could, you know, like unload everything on your mum or something like that. Whereas here it's kind of just like everyone goes to their rooms and studies sometimes and you come into the house and it's empty so that—that kind of makes it a little hard . . . Yeah, and you sort of—if you go to your room you kind of feel like you're missing out on like what they're doing out there, but then like—yeah, it's just—it's a hard balance, yeah.

In contrast, Jemima, who lived at home, reported that she had no intentions of leaving home until after she had completed her qualification. She felt fortunate to have her parents’ support: ‘So that was lucky for me [living at home] but I see like—like yeah, just being able to stay home with that support’.

4.2.5 Belonging to the university community facilitates being a student

CSU’s Albury–Wodonga campus is a small campus offering courses in health, teaching, environmental studies and business. In addition, many of its students come from rural and regional backgrounds. This commonality of past, current and anticipated future experiences helped the participants to feel as if they belonged to the university environment, and this feeling of belonging assisted them in adjusting to being university students:

I think it was fairly easy because everyone was in the same position, like they'd come from country towns. Like there's not many people that have come from the city because it's not really something—they'd move to the country. But yeah, everyone's kind of seemed like from little towns or like [name of home town] one of the probably . . . the biggest town, yeah. Like people from my house and—they're all—they all are kind of from the same position. You know they know everyone in their town, or they know a lot of people in their town and we've all come here, and we're interested in a lot of the same things and even
though there's a difference between New South Wales and Victoria in sport.

(Lucy)

Lucy did not find meeting new people as difficult as she expected, reporting that they were ‘just like’ her. That is, their backgrounds were similar and there was no divide.

Living together on campus also facilitated the feeling of being part of the university community, and it opened up opportunities for friendship and participation in sports and parties. Ruby described that students could become involved in the university community just by showing up to social and sporting events: ‘You just have to get involved, you don’t have to actually, you know, play netball, you just have to be there, and you’re involved’.

In summary, the regional environment in which the university is located and the wider rural area of the surrounding small townships, felt familiar to many of the participants as it was similar to their home environments; therefore, they found it easier to adjust to the role of a university student in this environment. For some participants, Albury offered a range of occupational choices that were not available in their home communities, while others were disappointed that occupations important to them were unavailable. All participants discussed the importance of having access to a car to enable occupational participation in the rural and regional environment.

Many of the participants felt a desire to return to their home communities whenever they could. Some participants appreciated having more financial resources available by living at home and being subsidised by their parents. Participants valued the comfort and emotional support of home, where they could have time out from their domestic responsibilities.

In conclusion, I found that the participants were focused on being and becoming university students. They dedicated most of their time to study, which was the highest
priority for most participants. Participants constantly experienced changes in their time use. Some felt that their time was limited or unbalanced, which affected their experience of being a university student. Others looked for occupations that wasted their time or helped them take time out.

Participants in this study were experiencing being and becoming students in the context of a rural and regional environment. Being in a rural and regional environment was familiar to most participants. There were mixed experiences of choice and opportunities in this environment for different participants. Participants who had a car found that it was easier to access the rural and regional environment. Many participants lived away from their family home and gravitated home as much as possible. Some participants continued to live at home because it saved them money. The participants’ home environment provided a reprieve from the demands of being a university student. Most participants yearned to remain connected to their family and friends at home for support. In general, participants were on a journey to seek belonging through participation in occupations offered by the university campus facilities. Being and becoming a university student was experienced as a time of transition.
Chapter 5: The metamorphosis of transitioning into a University Student

In this chapter, I explain how identity, capability and belonging are important to the process of occupational role transition and, in particular, how these three factors comprise the metamorphosis stage of the occupational role transition. I will focus particularly on the stage of metamorphosis. I found that the participants underwent a metamorphosis with respect to their occupational experiences as they became regional university students. That is, they adapted their performance of previous occupations as they took on the new occupations. The metamorphosis stage of occupational role transition is about the students establishing a sense of identity, feeling capable and competent and experiencing a sense of social and cultural belonging and inclusion. These three elements that constitute metamorphosis are illustrated in Figure 6.1.

*Figure 5.1. Dynamic relationship between the components of metamorphosis.*
5.1 Identity

Identity was important for enabling metamorphosis into the student role. Participants in this study experienced identity through gaining a strong sense of self in the occupations in which they participated and gaining a new identity through doing new occupations. Participants found that developing a sense of identity took time during the transition process. Having a sense of identity was a process of moving between old and new identities in various new and existing occupational roles.

5.1.1 Having a strong sense of identity facilitated metamorphosis

Participants who had a strong sense of who they were as individuals before commencing university appeared to find it easier to transition into the role of being regional university students. Ava possessed a strong sense of self-identity before commencing university, describing herself as ‘well-known’ in her community, a high achiever at secondary school and a young community leader who had been involved in many groups and clubs:

[You] could say [I had] role model-like status in my town, you know, I was school captain and I was involved in a lot of different things . . . [I had] a little bit of a participation in the Rotary Club, because [I walked] the Kokoda [Trail which] was through that, and then, you know, your netball, football club, and then the rugby league one, and then, you know, I was acting member in school, so there’s another thing I was involved in . . . you know, youth council and that when I was younger.

Ava’s strong sense of herself as someone who had participated in many activities and was ‘community-minded’ enabled her to easily find ways to establish herself as a university student. For example, Ava knew that effective students attended classes and, therefore, when she started university she attended ‘every class’. She had a perception
of herself as a participant in life, so she established a new identity at university as a sports participant: ‘[I’m] playing [social mixed] netball, and so that’s really good’. Ava also had an identity as a community participant and so she had joined some university clubs: ‘I’m part of the occupational therapy [OT] club and actually the rural health club’. Ava’s existing well-developed occupational identity gave her the confidence to commence similar occupations in her new environment.

5.1.2 Metamorphosis was facilitated by getting a ‘fresh start’ and developing a new identity

Several participants reported that they valued the opportunity to have a ‘fresh start’ and to reinvent themselves through attending university. Moving from their home communities to a new setting in which they were not weighed down by historical expectations was liberating and refreshing. Participants embraced their new identity as university students because it gave them the freedom to express themselves more authentically, rather than conforming to the expectations of others.

Becoming a regional university student enabled some participants to express themselves more authentically. For example, Emma identified as being gay, which was a taboo topic in her home community. Emma said that her parents ‘were really disappointed’ that she was gay; she also felt unaccepted by her secondary school peers. However, since arriving at university, Emma has had a different and more satisfying experience, reporting that, ‘everyone here knows’. Emma was able to transition into the role of being at university with ease because she felt accepted for who she was and did not feel as judged as she had living in a small town.

Some participants found that, by choosing to enrol in university, they had an opportunity to develop a new identity that would otherwise be unavailable to them.
Attending university provided Stella with the freedom and opportunity to evaluate her spiritual beliefs and occupations:

[I] used to be way more involved with the church [but now I have] self-choice . . . [to] see my own direction . . . to see what my own beliefs were . . . Not that my parents force-fed me, but I grew up in a Christian home and they did give me the opportunity when I was older to go or not go and it’s my choice. So, it’s kind of more just self-exploring, I guess, as a choice.

By being a university student and living away from home, Stella could choose a new identity that was different from the one she had known before. The freedom to choose her own path was important and helped Stella establish herself as a university student.

5.1.3 Metamorphosis of identity takes time

It took time for participants to develop their identities as university students. Eve did not ‘know much’ about being a university student at the start. In addition, she felt uncomfortable about the expectations of others—people in her home community assumed that, as a podiatry student, she should already be proficient at examining their feet. Because Eve did not yet have these skills, she found it difficult to identify with being a podiatry student, but she felt that she would over time:

People like—always like ‘Oh, what are you doing? Oh, you're doing podiatry?’ And then they'll whip out their feet and it's like ‘I've got this problem’. And I’m like ‘I’m only second-year. I'm a university student, but I don't know that much’. It's like ‘Can you help me?’ ‘No, I can't. In a couple of years, I might be able to help you but for now, no’.
5.1.4 During metamorphosis, one moves back and forth between an old and a new sense of self

Some participants needed to alter their senses of identity to meet their occupational roles in particular contexts. That is, they changed their identities to best suit their occupational roles, such as being a daughter or being an athlete, depending on the context. Ava explained the difficulty in transitioning from the context of home to university and what this meant for her occupational role: ‘Well, it’s a little bit crazy at the moment with just starting uni, like you know big, big change and you kind of feel like you live a double life between home and here [university]’. Ava said that when she went home, she ‘[fitted] into your old ways of being a kid almost, you know you don’t have to worry about your washing and stuff, which I’m thankful for’. However, when she returned to university, she was not a ‘kid’ anymore, and she needed to take on the identity of university student, which included taking care of herself by cleaning and cooking, as well as managing study. In the family context, Ava was still a child, but in the university context, she was an independent adult and a university student.

5.2 Capability

Being capable in occupations and occupational roles is important to facilitating metamorphosis in occupational role transition. Participants in this study found that being capable in independent living helped enable metamorphosis into the student role, as did being capable in occupations such as sport.

5.2.1 Having existing capability in independent living facilitates metamorphosis

There are several occupational roles that accompany becoming a university student—most students are young people who are developing independence at the same time as becoming university students. In addition, many of the participants had to relocate from their home communities to Albury to attend university. Therefore, as well
as learning how to be university students, the participants were undertaking new occupations such as driving, cooking, cleaning and paying bills. Participants who already had capabilities in these occupations did not have as much to learn during the transition, allowing them more time to develop competency in university study. Celia was grateful that her parents taught her to cook prior to moving to Albury:

I know my parents made a point of ‘you’re going to learn how to cook, you may not be very good at it, but you’ll at least have the basics and you’ll be able to eat reasonably well’ . . . Like, up here, I hardly ever eat take out or that type of stuff. By already having cooking skills, one aspect of Celia’s new life was already covered.

Similarly, Emma had the capacity to manage domestic occupations as she had previous experience taking care of her herself at home when her parents were away:

My whole family went away and left the house with me, so I know how to cook for myself. I was reasonably competent and, in my last year of living at home, I did all my washing and if I needed ironing, I would iron . . . I didn’t feel like it was a massive step that I wasn’t going to be at home. Emma was able to transfer the skills she had previously learnt into her new environment, facilitating her transition to becoming a university student.

Participants who had not developed skills in living independently struggled with learning these skills while becoming university students:

Mum would do it for me. And, yeah, it was different having to cook for yourself, wash for yourself, everything yourself. I’d always ring up my mum, ‘How do you make this? What do you do? What am I doing?’ So that was probably a hard thing . . . learning how to do all those, like, skills that you need . . . just being away from home. (Rose)
Likewise, Abbey felt that learning how to be independent was ‘tough’. Abbey, too, called on her mother for advice about how to do everyday occupations:

I’d often ring home and be, like, ‘OK Mum, you make this, how do you make it?’ She would tell me, and I’d be, like, okay I can kind of do something a bit like that. I’ll just substitute a few things that I can’t afford.

It appeared to take more time to complete an occupation when the participant was learning how to do it and this resulted in those participants who had not mastered independent living skills having less time and energy to put into the process of becoming university students:

When I was at home, obviously I had more access to home cooked [meals and] there was less responsibility . . . so that meant more time to go towards exercise and that kind of thing, whereas now I’m living by myself, I’ve got to think about laundry and cooking dinner and that sort of a thing. So that was one thing about living in [name of home town] and being at home—there was less responsibilities and less occupations to do.(Louise)

5.2.2 Being good at sport assisted the metamorphosis of being capable

Being good at sport gave participants confidence as they transitioned into their new role as university students. Several participants reported that they had competed in high-level sporting activities. For example, Emily had played representative netball, Amelia was a world-class rower, Chloe had competed at a national level in netball and athletics, Mia had represented her state in hockey, and Violet had competed in state-level athletics. These participants had acquired skills that helped them manage their time and health. Being highly capable at sport was an asset in assisting participants to develop social networks and foster a strong sense of identity and self-competence.
Being good at sport helped Chloe feel more capable as a university student because she felt able to achieve a ‘balanced lifestyle’ from years of practice in balancing sporting activities with secondary school and social and family commitments. Chloe was confident in her ability to balance her occupations of sport and study, enabling a smooth transition to her role as a university student:

[It has] sort of been, like, ingrained in me that I have to always be healthy . . . I always make sure that I balance my study load with either, like, relaxation time or exercise, just so I have that balance.

On their journey to becoming regional university students, the participants who played sport, particularly at an advanced level, used their skills to help them meet the challenges of their new role.

5.3 Social and Cultural Belonging

Social and cultural belonging and inclusion were integral to facilitating metamorphosis into the student role. Participants who were able to fit in with others in their student role experienced positive metamorphosis. Conversely, participants who had difficult joining peer ‘cliques’ found metamorphosis into the student role more challenging. Social and cultural belonging were facilitated by living on campus. Other participants noticed that, even if they did not conform to certain social and cultural occupations such as drinking and partying, they were still able to find a place where they were included. Fitting into the university student role was different for everyone and, for some participants, finding belonging in social occupations was challenging. Participants who joined clubs or groups experienced a strong sense of inclusion. Conversely, participants recognised that when they or others were different or from a minority group, such as an ethnic minority, metamorphosis may have been more difficult.
5.3.1 Fitting in with others helps metamorphosis of belonging

An important aspect for participants when transitioning into being a regional university student was the need to fit in with their peers. Some participants found that discovering their ‘niche’ was easy. These participants often gravitated to like-minded people and participated in the social and cultural aspects of being a student. Abbey found that fitting in was the most important part of being a student and was the ‘main reason’ for enrolling at a regional university. Upon becoming a university student, Abbey found that she had more opportunities to ‘fit in’ with new groups of people than she had experienced at home:

I’ve found it easier to fit in with them than I have with a lot of other groups of friends that I’ve had in the past. Like, you know, in school—you know I had friends and everything, but it wasn’t as easy as it is up here, I suppose, being just a uni environment.

Abbey found that people were more like-minded in comparison with the ‘farmy’ people at home. She felt that university was ‘so easy, so I [tried] to spend as much time as I [could] with all my mates up here [at university]’.

Being in the regional university environment gave participants the opportunity to mix with a range of people. For example, Polly spent time with her university friends, her housemates and her church friends, exposing her to a range of social situations:

I spend a lot of time with people that I made friendships with last year at uni so who aren’t my housemates. It sounds really odd but a lot of people I spend time with, some of them live on res and some of them don’t . . . I spend a lot of my time—actually most of the time—at home. I’m hanging out with my housemates and do a lot of stuff with my housemates . . . And then there’s a completely whole different group of people when it comes to Bible study . . . Not people I
know from uni. The one at uni actually is but none of them are doing [occupational therapy].

Polly found her niche with a broad group of friends.

Exposure to diverse types of people provided participants with choices about who to spend time with and who to avoid. Polly, for instance, said she would meet people and form an impression of them:

Just kind of, ‘Yeah, okay’ and then you find out a little bit more about this person and you’re like, ‘Hmm, no, sorry, probably not going to [work out]—it’s just the way you do things or that lifestyle you live kind of doesn’t match up with mine’ and just I guess kind of gravitated somewhere else.

The participants experienced having the freedom to choose their own group at university. Consequently, finding like-minded people facilitated transition by helping participants feel accepted and valued by their peers. This, in turn, gave them the confidence and self-esteem needed to transition into becoming regional university students.

Some participants noticed that they had fewer social occupations since commencing university studies. For example, Ava was used to being involved in ‘so many different social groups . . . I guess sometimes with being here, I'm pretty much, I'm only in one social group, maybe two, because of my course and then the people I live with’. Ava was used to being involved with many people in her community, but at university her social circle became smaller. In Ava’s home community, having many opportunities to engage in occupations and meet new people had been beneficial in enabling inclusion. Her change in environment and the transition into being a university student meant that Ava had to adapt to having a smaller circle of friends, which she gained through her involvement in clubs and groups at university, while maintaining her
social connections at home. However, if more social occupations had been available at university, Ava would have found her metamorphosis easier, as she could have fitted in to a wider range of social groups.

5.3.2 Difficulty joining the clique can hinder the experience of belonging through metamorphosis

Some participants had difficulty fitting socially into university life. Eve, Celia and Amelia reported that they did not feel included in the ‘clique’: ‘I don't know anyone. Everyone else knows everyone, so it's kind of even more difficult to go up and introduce yourself when there's like a group of people . . . [It was] probably more difficult [than she expected]’ (Celia). Amelia also found it challenging to make friends:

When I do go out, I notice the same people at the same places . . . it’s very cliquey, I think, [in] Albury . . . I did some volunteering work at the nursing home . . . and even in the small community . . . like, it’s very cliquey. So, it does not surprise me. I suppose anywhere you stick to your own kind.

Amelia felt excluded from her peers, which made her metamorphosis more difficult because she felt as though she didn’t belong. She attributed her feelings of exclusion and irrelevance to the cultural opinion that people from New South Wales are superior to those from Victoria:

It’s interesting that, like, you know, the New South Wales people call Victorians ‘Mexicans’ because they can’t drive [before the age of 18, whereas in New South Wales one can drive at 17] or little things like that I never heard of before until I came down here, and I thought that was quite funny.

Celia experienced similar issues of finding it difficult ‘to actually insert yourself into a type of a group’. The outcome of this was that Celia felt isolated and did not ‘kind of get involved’. As she was not part of a group, she did not ‘have the confidence to go
and do’ activities with other students. She reported feeling ‘lazy’ for not engaging with others. Celia’s exclusion from her peers manifested as ‘homesickness’. Celia’s ability to metamorphose into being a university student was hindered because she relied upon a sense of belonging with her group of family and friends at home rather than seeking belongingness with her university peers. This made her transition more challenging because she experienced a sense of isolation from those who were in the same occupational role as her.

5.3.3 Living in the on-campus residence helps me fit in, which helps metamorphosis

Many participants lived in the campus university residence. These participants dwelt together in close quarters and engaged not only in study but also in a ‘university lifestyle’ that included social occupations with peers such as partying, communal cooking, group study and spending time together. Stella and Ruby reported that students living in residence ‘do everything together’, ‘eat together’ and ‘study together’. Stella planned social group occupations with her housemates ‘that you could all do and that’s interesting’. Even though Ruby occasionally took time out to be on her own, she enjoyed the highly social nature of university life: ‘I enjoy being by myself, just for a little break, just for the silence and stuff, but most of the time it’s really good [being with other students]’. Being included and feeling connected with other students helped Ruby transition into being a university student who was ‘one of the crowd’, and to feel supported and valued by those around her.

Living in campus accommodation helped participants fit into the social life of university, but this was not essential for participants to feel a sense of belonging. Emily did not live on campus, and there were times when she felt:
‘a bit out of it . . . because we didn't live with everyone, we weren't, like, socialising or anything. But because of, like, the social events that the uni provides, like, we get to kind of socialise a little bit more with the other people, so I don't think it's really a—it's not a bad thing.

5.3.4 ‘Even though I’m not a drinker, there is a place for me at university’: The metamorphosis of social belonging

Social party-going, which often involved the consumption of large volumes of alcohol, was ‘a huge social thing. And that big uni nights on a Wednesday night and I know there’s, like, pre-parties before you even go to the uni night, so you’re already half-drunk before you get there’ (Emily). Attending social parties at university was a part of university student culture, and it was expected that most students would take part in all aspects of party-going, including consuming alcohol.

However, even if participants chose not to drink excessively, they were often still included in the social aspects of university life. Georgia reported:

I guess the drinking comes down to the culture thing. Like, you move away, you’re at uni . . . ‘let’s try something different’ and that’s when it sort of starts . . . I see [other students] doing stupid things and I don’t want to do it myself so, yeah, I guess that’s the main—like, if they’re going to do—if they’re going to go get drunk, well, that’s fine by me, like, they can go and do that [but I don’t want to].

Georgia explained that she still felt included by others at university, even though she did not conform to the drinking culture, and that not everyone was a ‘big drinker’.

Although Jill was a non-drinker, she reported that her friends helped her feel included in the university culture:
It’s really good, like. I don’t drink so I don’t go to any uni parties, but some of my friends have actually organised events for me, like taco cheese days or study nights, so I could actually get involved, which is really good. Oh, like my friends know that I don’t drink so they don’t pressure me, which is really good. Yeah, like, if there are parties or something around and I’m there, when someone talks to me, I just don’t feel comfortable . . . I don’t go to any of those places where they actually do drink to get drunk pretty much.

Jill did not wish to participate in partying, but her friends were understanding of this and included in other ways.

5.3.5 Sometimes it can be difficult to fit in: Barriers to the metamorphosis of belonging

For some participants, feeling included and connected with others at university was a challenge. Ivy believed that, for students to feel included in the community, they needed to go ‘to social events, like, that would keep you, I don’t know, included and that sort of thing’. It was clear that, to feel a sense of belonging at university, participants needed to participate in social events.

Sophie reported that she had experienced an ‘antisocial year’ because she had not participated in the university party culture. Sophie’s metamorphosis was hindered by not participating in cultural and social occupations, including partying—her non-participation meant she felt excluded. However, Sophie’s impetus for not participating in these social occupations was that by ‘partying’ she would ‘struggle’ to fulfil the tasks important to her student role:

I haven’t really gone to anything, more first year when I was hanging out at res a lot and going to all the parties, I think everyone was a bit excited to be around all these people all their own age and there was a bit of drinking and there was a
few students in my year that actually stopped going to classes because they were partying every night, but I think that’s maybe like two and then, I don’t know, there was a few people who I think they, I don’t know, they were struggling to begin with then they started like doing too much drinking, that got them further behind and then they just dropped out.

5.3.6 Playing sport facilitates belongingness

Some participants found that the best way to feel that they belonged to the Albury community was to seek out leisure occupations in groups or clubs. In particular, playing sports in teams, clubs or groups facilitated metamorphosis. Participants were able to find belongingness through engaging in a leisure occupation that they enjoyed and in which they were successful. Abbey thought that there were many options for pursuing sport and that playing sport offered the opportunity to feel part of the community:

A lot of my friends went straight into, you know, football, netball, soccer, whatever it was that they were doing, they went in straight and joined a club, and they’ve got that world around them, which is easy if you play a sport that’s quite easy to set up . . . there are so many clubs that it’s awesome.

Rose also expressed that being involved in a netball club gave her ‘that belonging kind of thing and something that you can do every week, like a routine’.

5.3.7 Barriers to multiculturalism may hinder metamorphosis for students

Albury has an ethnically homogeneous population and, therefore, students of non-Caucasian ethnicity could be at risk of being excluded—this social isolation may make the metamorphosis process of becoming a university student more challenging. Jemima was concerned for students were from different cultural backgrounds to the norm:
I have spoken to people that do look different . . . to, like, ethnicities and stuff.
They look different and they comment [that] sometimes they get treated really
badly here because . . . they're from, like, Sydney, where there's so many diverse
cultures and . . . if you're not, you know, Caucasian, if you're not the common
thing . . . you're not going to fit in. Like, I feel like that would be difficult . . . for
someone coming to Albury.

Jemima perceived that multiculturalism was lacking the regional area as opposed to
larger cities. Whilst, Jemima herself was not directly impacted by this she reported how
some people she knew that expressed how cultural connectedness was challenged by
limited access to others with similar ethnicity or cultural backgrounds.

5.4 Chapter Summary

I found that there were three components that influenced the metamorphosis
from secondary school student to university student. Having a previously developed
sense of identity made it easier for participants to take on additional tasks and adapt
their previous ways of doing to become university students. The process of becoming a
university student also enabled participants to assume new occupational identities by
having a ‘fresh start’. Becoming a university student took time and was a process—
during the transition, participants moved between their old and their new identities.

Participants who already possessed independent living skills experienced an
easier transition than those who had to engage in domestic and self-care tasks
independently for the first time. In addition, participants who had competence and skill
in sport could adapt more easily to being university students because they had already
mastered the management of multiple occupations and their sense of identity as being
proficient in sport gave them the confidence to tackle new occupational challenges.
The process of becoming a university student was less isolating and more enjoyable when participants felt like they ‘fitted in’ at university. Some participants encountered ‘cliques’ that blocked their ability to connect with others, undermining their confidence in their feelings of belonging and making it more challenging to take on the new occupational role. Participants who lived on campus had a ready-made social environment and were surrounded by other university students, which strengthened their sense of belongingness. Some participants found that, even though they did not conform to the cultural norms of binge drinking and partying, they felt they still belonged. Participants who played sports in clubs and groups metamorphosed more easily because they felt that they belonged with others in meaningful leisure occupations. Conversely, some participants were concerned that being from an ethnic or cultural minority may hinder metamorphosis into the student role through having fewer opportunities to be with others from the same cultural or ethnic background.

The process of metamorphosis into becoming a university student within the environmental context comprised of these three components. Participants’ experiences of their metamorphoses into the role of being university students ultimately affected their perceptions of health and wellbeing.
Chapter 6: The Health and Wellbeing Outcomes of Becoming a University Student in a Rural and Regional Environment

In this chapter, I discuss the experience of health and wellbeing from the perspective of the participants as they transformed into university students. From an occupational perspective, I consider how and why the health and wellbeing experiences of the participants were affected by participants’ use of time in their student roles and by their regional, home and university environments. Health outcomes were also affected by the quality of the metamorphosis into the student role; that is, how participants managed to develop their identities, become capable in occupations and experience belonging and connection with others. I found that health and wellbeing was experienced on a continuum of reduced to improved health and wellbeing, depending on how well the participants were able to navigate their occupational choices and occupational opportunities. I also found that every participant’s experience was unique.

6.1 The Experience of Health and Wellbeing in Occupational Role Transition

In this study, health and wellbeing were considered from an occupational perspective; that is, the effect on health and wellbeing of engaging in occupations (Wilcock, 2001; 2007). Participating in occupations can have either a positive or negative impact on health and wellbeing (Wilcock, 2005). Health and wellbeing for the participants in this study were experienced on a continuum from better to worse—some occupations enhanced wellbeing, while others diminished it. In addition, the quality of occupational engagement influenced health. For example, Celia was unable to access
her preferred sport of rowing in Albury; therefore, she felt excluded from participating in an occupation that was important to her, which negatively affected her health.

Health and wellbeing were affected by the rural and regional environmental contexts of home and university, the choices and opportunities for occupation, the inception and experiences of being a university student and, most importantly, the ability to navigate metamorphosis. Further, the understanding of health and wellbeing through engaging in occupation was unique for each participant—what was healthy for one student may have been unhealthy for another.

Figure 7.1 illustrates the relationship between occupational role transition and the experience of health and wellbeing. The figure shows the links between environmental enablers and barriers, occupational choices and opportunities, the experience and metamorphosis of being a student, and the three aspects of metamorphosis (capability, identity and belonging and inclusion).
6.1.1 Experiences of health in the occupational role transition process

As described in Chapter 5, I found that study was the primary occupation that participants engaged in as university students. Not only was it the key occupation performed by participants on a day-to-day basis, it also affected how other occupations were experienced. Participating in study had a significant impact on health and wellbeing. When participants’ time was consumed by study, they felt unable to engage in occupations that would enhance their health and wellbeing. Study obligations influenced how participants used their time to engage in other occupations, some of which, such as sport or cooking healthy meals, were important to their overall experience of health and wellbeing.

Participants’ encounters of health and wellbeing was also dependent on their environmental surroundings, such as the home environment, university environment...
and geographic and sociocultural rural and regional environments. Most occupations were performed within these contexts, which affected the experience of health. Having occupational choices and opportunities that facilitated health and wellbeing within these environmental contexts was critical. Participants who had access to available health-enhancing occupations, such as sport or socialising, experienced positive health and wellbeing outcomes, while participants who were denied opportunities to engage in their preferred occupations because of environmental limitations, such as a lack of access to music facilities, reported having compromised health and wellbeing.

6.1.1.1 Stress in the student role

Many participants reported high levels of stress and anxiety associated with being a university student. The obligation to attend university lectures was experienced as stressful and adapting to new people and a new environment created significant discomfort for some. Amelia, for example, experienced anxiety as a consequence of being a university student:

Lectures, I sometimes skip . . . only because I can listen to them online . . . and it’s—I don’t know, for me being in a crowded room . . . is really hard. I get very anxious. I just—I sometimes avoid it. Sometimes I go. It depends what day I’m feeling—but I always catch up. I at least listen to the lectures at least twice.

Clearly, it was difficult for Amelia to immerse herself in the institutional setting of the university. In addition, by missing classes, she may have contributed to her social disadvantage because she had fewer opportunities to interact with her peers.

Some participants used non-study occupations to help them manage their health issues, particularly stress. An important means of maintaining good mental health was through engaging in meaningful or purposeful occupations. Non-study occupations helped counterbalance the stress and pressure that contributed to reduced health. Jane
liked to engage in creative occupations such as drawing or sedentary leisure occupations such as watching movies to help her unwind:

I love to colour in and draw that—just like relax and look at something else that, you know, can take my mind off everything else . . . Or, like, definitely movies because then I can, you know, just totally zone out. And, so, I’ve learnt to be able to pinpoint that and go, ‘Okay, Jane, you need, like, a day out that you don’t do anything’. And it’s just kind of like, okay, what’s really spread out? I don’t really care, but just do something that’s totally different from what you—your usual day would be and just like . . . relax, de-stress . . . And, yeah, just kind of, yeah, prepare myself again. Through drawing and relaxing, Jane was better able to manage the demands of study and reinvigorate herself.

6.1.1.2 Managing sleep as university student

The strategy of reducing sleep hours to create more time to study was common among participants. For example, Jill sacrificed sleep to complete assignments that were near to deadlines:

I notice myself, lack of sleep and not really eating doesn’t really turn out too well. Just not sleep as much as you should, like cramming. I think . . . [I] really feel like I can’t concentrate. I’ve done that where I’ve had like an hour’s sleep because I was studying and went to uni and it was like why am I here, I can’t concentrate.

Even though reducing sleep hours was a frequently used tactic, Rose knew that not having enough sleep was ‘unhealthy’ and negatively affected her capabilities as a student. For example, she recognised that by having less sleep she was less able to ‘concentrate and . . . miss[ed] important things’ at university. Ava also reported that, when she reduced the time she spent sleeping, she experienced a:
lack of concentration, [which is] the biggest thing, especially when you’ve got so much content coming at you, you’ve got to be able to concentrate . . . [otherwise you] get tired. You get sick and . . . upset so easily.

Becoming a university student frequently affected the quality of participants’ sleep.

Participants’ sleeping patterns changed when they changed environments. When Ruby went home to visit family and friends, she did not sleep in as much as she did during semester: ‘If I [am] home, I usually don’t get to sleep because once I’m at home I want to be up and with my family’.

Louise’s experience was the opposite of Ruby’s—she reported that her sleep had improved since moving away from home:

The number of hours [sleep I get] has reduced, but I actually feel better . . . because I am getting the right amount of sleep, not too much. I wake up and might be a bit tired, but in half an hour I’m awake and I’m awake for the rest of the day.

**6.1.1.3 Exercise and being a university student**

Participants were concerned about their lack of exercise resulting from the time they spent studying. Some participants felt that sedentary occupations were ‘unhealthy’ and were concerned that engaging in passive or sedentary occupations in their student role would be detrimental to their health and wellbeing. Time spent in front of the computer studying resulted in Sophie feeling concerned about being too sedentary:

I think I feel unhealthy when I’m sitting in my chair too much, looking at my computer. Like, I don’t like that, I always try and do that outside anyway, like, on the veranda, do my studying, but when I’m inside too much and especially during this last year . . . I’m sitting down the whole time, I really felt like it was taking a bit of a toll.
Some sedentary occupations, such as those viewed as ‘taking timeout’, ‘doing nothing’ or ‘relaxing’, were thought to be beneficial to health and wellbeing. These occupations were relaxing and restful but usually did not involve physical activity. Chloe reported how she would sometimes engage in sedentary occupations when she was not studying—while she felt that this resulted in a ‘wasted day’, she conceded that some people would find this healthy:

On weekends I usually lie in bed for a long time . . . I just personally just find that unhealthy, because like I like being up and active and I don’t like wasting my day. But I’m sure others would find that healthy. So, I don’t really think so, um, I guess during exam time . . . I don’t get to be as active as much, and I do find that a bit unhealthy and I just feel sluggish and down.

This illustrates the various perceived experiences of health and wellbeing among participants, as well as the opposite ends of the health and wellbeing spectrum in relation to activity levels—what was healthy for some was unhealthy for others. For Chloe, staying in bed was not healthy because she was normally so active.

For some participants, sedentary occupations improved health through facilitating relaxation or because they served participants’ interests. For example, Stella preferred passive hobbies such as ‘crafts’ and ‘reading’, explaining that she was ‘not a sportsperson’ and was ‘addicted’ to sitting and reading. She found meaning and purpose in relaxing occupations that did not require physical exertion.

To counteract the effects of sedentary activities such as study, some participants participated in sport. Participants who identified as athletes felt motivated to have an active and healthy lifestyle and those who competed in regular sport were more likely to engage in physical activity in their free time and make healthy food choices. Emily had a strong sense of identity that was grounded in her being a netball player—her persona
as a sportsperson motivated her to make healthy choices and spend time with like-minded peers:

Well, I know there’s a lot—in netball specific there’s a lot of girls that—who are my age so they like—they’re into, like, the fitness, like, and going—because a lot of my friends go to the gym and everything just to, like, keep that—just to keep healthy and everything. And then I have—because I have, like, a large range of people that I know but, yeah, a lot of my friends they just like—they’re, like, into the good eating, like, just getting exercise, so they’re into the whole like that.

Being active as a student was important to maintaining physical health. Louise liked to ‘exercise’ more because she felt that her ‘health has gone down a little bit . . . and so, I know I’m not fit anymore, which happens obviously [as a university student]’.

Engaging in physical activity was also variable, as Jane found with her peers:

[There are] extremes like my—one of my friends is an incredibly good swimmer . . . she exercises all the time . . . And she’s incredibly healthy and fit and then, I’ve got people like my sister [who] doesn’t do anything for her health. Definitely, I don’t know, I always expected that by the time you got to uni, you became more of a blob.

Jane expected to be less active and to do less exercise in her role as a university student.

Some participants felt less able to maintain their health through exercise and fitness as they transitioned into their new role. For example, Celia had regularly participated in sport in her home town, but she reflected on how she no longer played sport, instead participating in more sedentary leisure pursuits such as reading and socialising. She felt a sense of guilt around her lack of participation in sport and physical fitness:
It’s funny, because what I did at home compared to what I do here is very different. At home I played a lot of sport. Here, not so much . . . I don’t play anything at the moment . . . I should probably change that, I should probably pick something up, and start doing something. But, yeah, so a lot of reading, a lot of hanging out with people. And that would probably be the main two of them.

Celia had previously been very capable at sports activities but had found it difficult to find any to engage in since her transition to university. There was no opportunity to play her preferred sport in her new environment and she was disappointed that she had lost her capacity for it.

6.1.1.4 Diet of a university student

Clearly, having a nutritious diet is beneficial for health. However, a healthy diet was sometimes difficult for participants to attain because it was perceived as financially prohibitive:

I guess being a uni student, you kind of have to—it sounds really stereotypical but, like, living on this really low kind of budget and not having too much money, you kind of look for the cheaper options in food, and I know I tend to do that, but I’ve tried to make it that I’m still eating healthily while looking for those cheaper options. So, I guess there’s always these people that eat the two-minute noodles all the time, and you see it at uni quite a lot. That’s all they live off. That’s probably the big thing. (Polly)

Similarly, Maisie reported that ‘it does come down to finances . . . they can’t afford to go out . . . and get fresh fruit and vegies. They’re not eating as well as they could be’. Participants frequently faced the dilemma of not being able to afford healthy food. Lucy stated that ‘unhealthy food’s a lot cheaper, so it’s hard being a uni student and having to
go healthy or cheap’. Eve reported she did not ‘have time or energy to go and exercise. But then, like, I’ll eat KFC [Kentucky Fried Chicken] or McDonalds or Hungry Jacks or whatever and then feel crap. But it was like—it was cheap, and it was quick’.

Participants were concerned about obesity resulting from poor food choices. Many participants reported eating poorly when they were studying. Maisie stated, ‘I’m in a bit of a junk food phase. I tend to waiver’. Georgia reported that she tended to eat unhealthy foods when she was actively engaged in study:

It comes down to the fact that there’s junk food in the house . . . every now and then I have a pack of chips studying and really . . . [I] should be having a piece of fruit.

Ava reported that when she became fatigued or frustrated with her study, she would ‘hit a wall’ and eat food that was less nutritious than she would typically eat.

6.1.1.5 Alcohol consumption as a university student

One of the main health issues for participants was the occupation of drinking alcohol and its impact on health. Mia reported that most students drank alcohol several times per week. Many participants engaged in social drinking with university peers as a way of spending time away from study. There were two contrasting health issues associated with social drinking: binge drinking was harmful to students’ health, but the social aspect of drinking with peers was something participants enjoyed.

Some participants noted that drinking alcohol was harmful to health, both because of the physical symptoms it caused as well as the lowering of inhibitions, which could result in risk-taking behaviours. Lily thought that ‘drinking [alcohol] is terrible’ and reported the following with respect to a typical evening of drinking:

‘In the morning they just vomit everywhere and . . . there’s a couple of them had to go to hospital with alcohol poisoning . . . they always love to go on one-night
stands, they don’t remember the people’s names . . . they don’t ask if they’ve
got, like, STDs [sexually transmitted diseases] or anything.

Similarly, Mia noted:

People sort of lose their inhibitions after a few drinks. So, it’s that people that
like they—they’ve wanted to do something and like they’ve been too scared . . .
and then once they’ve had a few drinks they’re like . . . ‘Oh, we’ll do it anyway’
. . . Like, you make, if you make a comment, ‘Oh, that’s good for your liver’,
just like an offhand general sort of comment . . . they’re like, ‘Yeah, she’ll be
right mate’.

Georgia thought that avoiding binge drinking would ‘impact on my health positively,
because I see them doing stupid things . . . I won’t partake’.

Some participants felt that drinking alcohol was not detrimental, instead
providing a social outlet that was important for maintaining their sense of health and
wellbeing. Hence, drinking alcohol was perceived as being good for social health:

I do see it as a fun thing, but for some people I think it’s bad, like, because
people have different responses to alcohol. When I drink, there’s no way I can
be sad. I just am a happy drunk…but, like, I feel heaps more relaxed and I can
just be me and, like, hang out and have fun and laugh and whatever and I stop
thinking about all the other stuff that’s bothering me. (Emma)

Chloe’s experience was similar to that of Emma’s:

I don’t necessarily think it’s a bad thing, I think it’s a good release . . . As long
as it’s not happening all the time, because then that’s a little bit concerning. But
I think if you just want to have some fun, let your hair down and everything else.
As long as you’re not getting—drinking to the point of passing out and vomiting
and needing your stomach pumped, like, that’s okay. But again, as long as it’s not frequently, like throughout the week.

Chloe explained that by having some social drinks ‘you get to socialise with different people, and you get, like, that interaction with people that you might not usually, which is good’.

**6.1.1.6 Friendships in the role as a student**

Participants experienced positive health and wellbeing outcomes by connecting with others and feeling as though they belonged. Some participants had difficulty making friends, which affected their sense of social health. For example, Lily reported:

> My social health isn’t as good as it was last year . . . because there’s not many people that are same-minded as me at the moment. So, if I had a group like that, then I’d be able to do more social things.

Contemporary friendships often involve the use of social media; however, some participants thought that excessive use of social media could be harmful to their health and wellbeing:

> When they’re constantly on it, I think that then lowers social interaction and can lower health . . . besides just what you eat . . . and how much you exercise.

> You’ve got to have social relationships and social interaction . . . so, I guess in a sense, if that keeps going and there’s just more social media and so much more of it being used throughout the day . . . that can then have a domino effect from a lot of areas of health. (Louise)

Jemima experienced bullying and harassment through social media, which had a negative effect on her mental health.
Chapter 7: The Occupational Role Transition Model

7.1 Summary of the Key Findings

In this section I provide a summary of my key findings and describe how the Occupational Role Transition Model was developed from understanding the lived experiences and constructed contextually bound findings.

Primarily, I found from the findings in Chapter 4-6 that the participants experienced a phenomenon I have termed ‘occupational role transition’ as their whole lived experience of becoming university students in a rural and regional environment. This phenomenon was developed based on the parts of the experience of participation, choices and opportunities for occupation. I defined occupational role transition as a complex and dynamic experience of change in which alternate and/or additional occupations are adopted over time in response to a desire for change, the practice of new occupations and a novel environment.

I developed a framework to describe how occupational role transition occurs, which I have termed the occupational role transition model (see Figure 7.1). I found that occupational role transition occurred in stage of change. Woodman and Wyn (2014) note that metaphor of transition from youth to adulthood occurs in stages, phases and space in order to forge the experience “change”. I discovered that the experience of being a university student was influenced by the rural and regional environmental context (including home and university environments) and how each participant used his or her time. The students engaged in a journey of doing, being and becoming university students that was facilitated or hindered by the choices and opportunities available in their regional areas. The choices and opportunities available and unavailable to them in their environment created both enablers and barriers.
I found that to enable successful occupational role transition, a participant must metamorphosise through three occupational processes:

1. feeling capable
2. developing identity
3. attaining a sense of inclusion and belonging.

In addition, I found that the process of occupational role transition affected participants’ health and wellbeing. Participants experienced health and wellbeing on a continuum from better to worse, depending on how well they were able to transition into the university student role. Although all participants undertook this journey, every participant’s experience was unique.

7.2 The Occupational Role Transition Model

7.2.1 The regional, home and university environment

Environmental context is expressed in the regional, home and university elements of the occupational role transition model (see Figure 7.1). It is within the environmental contexts of the regional geographical, sociocultural and university institutional settings that occupational transition takes place. The environment is crucial in contextualising young people’s impetus and choice to become students. It also frames the occupations that the young people experience as students. The environment can either hinder or facilitate occupational role transition. Additionally, the rural and regional environment influences the perception of health and wellbeing for the young people in this study as they transition into the occupational role of becoming a university student. Their perception of health was a direct outcome of their transitional experience of time use, the environmental context, the choice and opportunities for occupation and most importantly how they were able to metamorphosis into the student role through a process of the occupational role transition.
Figure 7.1. The occupational role transition model
In the study described in this thesis, the primary environmental context was an Australian rural and regional environment, the Albury–Wodonga region, which is located on the borders of New South Wales and Victoria on either side of the Murray River. This is depicted as the green box at the top of the model (see Figure 7.1). CSU Albury–Wodonga campus is located within this regional geographic location but is its own microenvironment with its own specific geographical, social and cultural parameters. It is within this institutional environment that the participants in the study evolved into university students. Further, the students had a ‘home’ environment in which they lived either with their families, in on campus student accommodation or in shared houses. Each of these different home environments had its own specific context. Most students home environment was located in either an inner or outer regional area. Many students referred to their hometowns are being rural communities. The home and university environments are shown in the model as the orange sub-boxes connected to the primary environmental context of the rural and regional environment (see Figure 4.1).

7.2.2 The continuum of time

Occupational role transition occurs on the continuum of time. Time is a constant factor in the process. Participants were found to use their time to engage in various occupations in their roles as university students. The process of metamorphosis and transformation occurred over time. Time was also relevant to the chronological life stage of participants moving from adolescents to young people. Participants all experienced time differently—some felt they had plenty of time while others felt they had limited time. The individual experiences, along with the collective group experience, was important in understanding the process of occupational role transition
in this study. Time is represented in the model as the long blue arrow beneath the environment concepts (see Figure 7.1).

7.2.3 Occupational variables: The concepts

The concepts of occupational opportunity and occupational choice are interconnected and are directly affected by enablers and barriers. These are all shown on the left-hand side of model and are present throughout the experiences, metamorphosis and transformation stages of the model (see Figure 7.1). In other words, the occupational choices the students made were based on one or many occupational opportunities presented in their environment. An enabler is considered a circumstance that facilitates engagement in an occupation, while a barrier is one that hinders, reduces or prevents engagement in an occupation. Therefore, occupational opportunities such as money, time or access to services facilitated occupational choices, whereas limited finances, poor transportation options or lack of services hindered choices. Enablers and barriers directly influence the proficiency of occupational role transition either by facilitating occupational choice and opportunity, making the experience easier, smoother and health-enabling, or by hindering choice and opportunity, negatively affecting health and wellbeing.

Occupational opportunities are aspects of the regional, home and university environments that enable specific occupations to be performed. Options to access facilities, sociocultural and leisure groups and clubs, community shopping centres, parks and gardens, walking and bicycle tracks, transport options, shared and supportive living arrangements, health services and options for income through employment are all examples of occupational opportunities in the rural and regional environment.

Without opportunities within the environmental context, participants were unable to make choices that were beneficial for their health and wellbeing. Mitigating
factors such as financial constraints, limited transport and access options, social isolation and limited free time were found to have an effect on the availability of opportunities and, subsequently, occupational choices. Some participants explained that a lack of choice contributed to stress, poor mental health, homesickness, loneliness, poor eating habits, lack of exercise and engaging in risky behaviours such as binge drinking.

7.2.4 The conceptual process of occupational role transition

This model was developed through an in-depth analysis of the experiences of the participants’ use of time and their specific rural and regional environmental context to understand how they became university students. I found that there was a unique process of transition for each participant, which I compare to that of a caterpillar becoming a butterfly. I used this analogy to explain the stages of transition for the students. The four stages in this analogy are inception, experiences, metamorphosis and transformation.

7.2.5 The butterfly analogy: Explaining the process of occupational role transition

The metamorphosis of becoming a regional university student can be compared to the process of a caterpillar becoming a butterfly. Metaphors can be useful in explaining complex occupational science concepts (Fox, 2015). An analogy suggests that two things, although dissimilar, share certain aspects. This can facilitate a more comprehensive understanding of an idea (Carpenter, 2008). To illustrate the concept of occupational role transition, I used the life cycle of a butterfly because the transition of egg to caterpillar to butterfly is a common phenomenon and familiar to many people. A butterfly’s life cycle also captures the process of transition—the pupal stage, in particular, provides an interesting analogy for the metamorphosis stage in the occupational role transition process because it involves profound change and
transformation. At the completion of this stage, the caterpillar morphs into a butterfly. Similarly, I believe that as students begin to experience their new role, they must transform their identities, capabilities and sense of belonging in the role before they can finally transform into being regional university students. In other words, they are transformed into new occupational beings with new roles, which has consequences for their health and wellbeing.

    The butterfly’s life cycle has four distinct stages, with each having a different goal (see Figure 4.2). The four stages are:

1. egg
2. caterpillar
3. pupa
4. butterfly.

The stages of the butterfly’s life cycle are sequential and take time to complete. A butterfly undergoes a complete metamorphosis; that is, it begins as one form (an egg), transitions through the forms of caterpillar and pupa, then transforms into its final form (a butterfly).
Similar to the butterfly’s transformation, occupational role transition also occurs in stages and takes time. Following the process of occupational role transition, although the individual is still the same in many respects, his or her occupational aspects have been transformed. As an individual takes on new or additional occupational roles, the sense of who he or she is as an occupational being is different to what it had been previously. In this study, the young people had been high school students and, in the course of enrolling in university studies, had transformed into regional university students. Prior to that, they had been novices and had limited understanding of what was
required to be successful in the occupational role of being a university student. As they transformed, they wrestled to acquire and develop the occupations required for the new role. The process of being transformed affected participants’ health and wellbeing—some weathered the experience more easily than others. By the end of the process, the students had added a new occupational role to their repertoire, which altered their health and wellbeing. Further, the students experienced their occupational role transition within the specific environmental context of the regional university setting and surrounding geographic area. Once metamorphosis had occurred, the participants were different people or, in terms more specific to this study, had become different occupational beings with new roles.

Choosing to become a university student is analogous to the inception stage of the butterfly’s life cycle. The student then experiences the role of being a student through using their time to engage in occupations within the environmental context. The participants in this study experienced change and needed to establish a new sense of identity, feelings of being capable and competent as a student, and feelings of inclusion. This transition had implications on the students’ health and wellbeing. This is represented by the light-blue linked boxes at the base of the model (see Figure 7.1).

7.2.5.1 Stage 1: Inception

Inception is the beginning of the process of occupational role transition when the individual makes the decision to embark on new or additional occupational roles. To begin the process of occupational role transition, the young people in this study had chosen to become university students to study for a professional qualification. Inception is intricately linked to occupational opportunities and occupational choices in the environment. For example, students whose parents had attended university were more likely to be financially supported by their parents and, in some cases, had been
influenced by their parents in their choice to pursue study or select a particular career path.

In this study, the young people began their journey as novices in Stage 1 of occupational role transition. They had recently chosen to commence study at a regional university. The participants came from a variety of backgrounds and had gathered together in a new environmental context. They had set out on a path to become regional university students. I found that the participants’ social, cultural and regional backgrounds with respect to their families, friends and communities were significant contributing factors in their choice to become university students.

7.2.5.2 Stage 2: Experiences

To gain a fundamental understanding of the occupational role transition from the occupational perspective of engaging in occupations, being in occupational roles and becoming regional university students, it is important to decipher the occupational experiences of the students with respect to how they used their time. I found that both the individual and the group experiences of engaging in occupations were unique and provided meaning and purpose within the particular environmental context. This is important to understand to gain an occupational perspective of the student, both as an individual and as a member of the population group of young people. Students’ unique experiences of engaging in occupations reflect the occupational environmental context and, subsequently, what is available in this context with respect to choices and opportunities. For instance, the occupational experiences of students living in cities may be different to those living in regional areas because, while they are all students, they experience different occupational enablers and barriers.

Participants were individually and collectively attempting to take on the occupational role of being university students. This occurred through engaging in
occupations that were present in multifaceted occupational roles in their daily lives. I found that, although the participants used their time differently, they were all experiencing becoming university students. This was a new occupational role for them, and they were all novices in that role. Each participant used his or her time to engage in occupations within their environmental surrounds as they began to change or transition into their new occupational role.

7.2.5.3 Stage 3: Metamorphosis

The core findings of this study imply that occupational role transition is facilitated by a young person’s ability to manage, develop and adapt her occupational experiences in three core conceptual areas. This is represented in Stage 3 of the occupational role transition model, metamorphosis (see Figure 7.1). At this point, participants used the occupational choices and occupational opportunities available to them to choose how to use their time. The participants navigated the experience of becoming students by becoming more capable, by being socially and culturally included in their communities, and by establishing their identities through engaging in occupations and being in occupational roles. This period of transformation and change is strongly influenced by environmental enablers and barriers.

During the process of occupational role transition, students needed to feel capable and competent in the occupations associated with their new role. They developed an occupational identity by adopting a personal identity that was linked to the occupations in which they were engaged. Having an occupational identity helped them to label the occupational roles that identified them in society. As they transitioned, their primary occupational identity became their occupational role as university students.
I found that the participants’ feelings of being included in and belonging to groups, including those of peers, families, friends, culture and the community, when participating in occupations was important to occupational role transition.

7.2.5.4 Stage 4: Transformation

Participants’ experiences of occupational role transition affected their perceptions of health and wellbeing. Occupational role transition, whether it was experienced as positive through the enabling of occupations or negative because of barriers to occupation, occurred on a continuum of occupational health and wellbeing that was individually felt by each student. That is, how positively the students perceived their health and wellbeing reflected their ability to successfully enable occupational role transition.

Becoming a regional university student was a transitional experience of health and wellbeing. This occurred on a continuum uniquely faced by each individual. Accordingly, health and wellbeing were not experienced in the same way for all participants. In fact, occupations considered healthy by some students were perceived as negative and health-depriving by others. Four areas of occupational health and wellbeing experienced by most participants in this study were mental health, social health, physical health and restorative health. These four areas were found to be attained or impeded by the occupational experiences of the university students and their ability to successfully accomplish occupational role transition.

7.3 Section 2: Applying the Occupational Role Transition Model

In this section, I use the occupational role transition model (see Figure 7.1) to illustrate the process of occupational role transition using two case examples from the study. The first case is Emily, who easily navigated occupational role transition and,
consequently, experienced a satisfactory level of health and wellbeing. In contrast, the second case, Jill, experienced many challenges in transitioning to the role of a university student, resulting in her experiencing poor health and wellbeing, which negatively affected her performance as a student.

These contrasting case studies, which sit at the opposite ends of the health and wellbeing continuum, show that occupational role transition is a complex and individualistic process that is influenced by many factors. Most participants experienced occupational role transition as positively influencing some areas of health and wellbeing and negatively influencing others. This section illustrates how the occupational role transition model can help to conceptualise the process of occupational role transition.

### 7.3.1 Case study 1: Emily’s smooth transition experience

At the time of the study, Emily was a first-year health and rehabilitation student. Prior to commencing university, Emily lived in [hometown] that was considered to be inner regional. Being familiar with and feeling comfortable in the regional environment was an enabler for Emily’s transition to the role of university student, primarily because it gave her the opportunity to continue occupying another role that was an integral part of her self-identity:

I play A grade for [Local Football Netball League] for a netball club so I have the commitment of, like, training and everything, so I’ll do training from five til seven a Tuesday. And then I’ll usually go home and just do a little bit of study and then, like, have tea and whatever. And then Wednesdays I have uni from nine til four and then I do a PT [physical training] session, like, for netball or something and then I’ll go home and do a little bit of study . . . And then Thursdays I do from nine til three and then I do a two-hour training session for netball as well.
Emily also had the opportunity to work several shifts per week at a nearby grocery store. Because she lived with her parents, who supported her both financially and practically, Emily was able to use the money she earned to pay for leisure activities with her friends. Emily’s parents also supported her by cooking and cleaning for her, giving Emily time to focus on university work:

If I don’t want to study, like, at uni, I can just go home and just, like, go into my room and just shut everyone out kind of thing. But Mum and Dad are really supportive with the study and everything, so they’ll do whatever I need just to get my studies and like assignments done and everything . . . So, I still, like, do like the odd jobs and stuff around the house just to help out, but, yeah, they usually just, like, cook and stuff for me so I can keep eating.

Although Emily sometimes thought she was ‘missing out’ by living with her parents rather than on campus, she found an effective compromise by attending social events at the university. In addition, because Emily had lived in [hometown] prior to attending university, she had access to a wide circle of friends outside of university. This enabled Emily to feel that she belonged to both the university as well as to the regional environment. Feeling socially secure and having a sense of belonging helped Emily feel comfortable and settled as she transitioned to the role of a university student:

Well, at the start, because there was like a group of us that came from Albury and studied here and we kind of felt, like, a little bit out of it saying, like, because we didn’t live with everyone, we weren’t like socialising or anything. But because of, like, the social events that the uni provides, like, we get to kind of socialise a little bit more with the other people, so I don’t think it’s really a—it’s not a bad thing. But it has, like, its moments where you’re like, ‘Oh, I wish I was kind of living on res like with the other people’ so . . . me and my friends,
we try and go to, like, as many social events as we can just to be, like, that whole new friends kind of meeting new people . . . Yeah, some of them are netball girls and some of them are just school friends that, yes. So, I still keep in contact with them.

Emily’s social circle extended beyond university because she had many friends from high school and netball who lived close to her. She also spent time in other relaxing occupations with her friends, such as having manicures or going to the spa:

So, we have, like, functions and everything, like, every so often, so we’ve got one coming up this weekend, so it’s good just to get, like, a mix, like, just to socialise rather than just turning up for training and just talking at training.

Emily’s identity as an athlete resulted in her making choices that promoted her health and wellbeing. She spent time with others who had similar interests in fitness:

There’s a lot of girls who are my age . . . they’re into, like, the fitness, like, and because a lot of my friends go to the gym and everything . . . just to keep healthy and everything . . . a lot of my friends . . . they’re like into the good eating, like, just getting exercise so they’re into the whole, like, that . . . kind of area.

Emily’s involvement with netball and her established social group meant that she had developed coping strategies for dealing with stress, including the stress of taking on the new occupational role of being a university student. Her identity as a netball player and her feeling of belonging to [hometown] gave her resilience and helped her cope with stress:

I kind of just step away from it and just go do something else. So, I might go down to like the netball courts or something and just put up goals [at the netball court] or something and then I’ll come back . . . If I ring up my friends or
something they’d be like, oh, just like, we’ll go down the street or something and just have, like, just a chilled-out time. Like, we do that too.

With respect to the occupational role transition model, Emily’s *inception* (i.e. her decision to enrol at university in locally) was based on her connection to the regional environment and her strong identity as a netball player. Emily chose a qualification that was available at her local university so that she could remain in her ‘comfort zone’, living with her parents and participating in netball.

Emily was familiar with the *regional environment* and she felt that it offered her sufficient choice and opportunity to engage in necessary and desired occupations. Additionally, Emily’s *home environment* was supportive—her parents did many of the daily domestic occupations, meaning that Emily had more time to spend studying, working, playing netball or socialising with friends. Although Emily did not live on campus, she attended functions at university where she could make new friends. She was committed to making the most of the opportunities provided to her.

The only real *barrier* to Emily’s transition to the role of university student was feeling busy and stressed. However, Emily was able to manage this by calling on support from friends and relying on the skills she had developed as a netball player. Feeling busy and stressed due to study were also alleviated by the support of her parents who aided her transition as she did not need to perform adult self-care occupations such as cleaning and cooking which enabled Emily more scope to seek paid work occupations and participate in pleasurable occupations such as pedicures.

During the process of occupational role transition, Emily’s metamorphosis was a positive experience. Emily strongly identified as a netball player and with this *identity* came well-established social connections and health and wellbeing benefits.
Consequently, by having this firm foundation, Emily was able to transition easily from adolescence and secondary school to the role of a young adult at university. Emily also invested time in attending university events and meeting new people, as well as spending time with her established friends. This gave her a rounded experience of friendship and *belonging*. Emily was *capable* of finding time to complete her study tasks, play netball, engage in paid work and be a family member. Her parents assisted by undertaking various daily domestic occupations, which meant that Emily was not obliged to develop a range of self-care skills while becoming competent at being a university student. Although, her metamorphosis into the regional university student role is still developing and her identity, capability and sense of belonging could change if her home environment changed such as if she moved out to live with friends or into on-campus accommodation.

Emily was able to manage the transition to becoming a university student without a loss of *health and wellbeing*. She was able to maintain the healthy lifestyle she had established during secondary school. Significantly, her parents’ practical and financial support and her identity as an athlete were critical enablers of her smooth transition.
Figure 7.3: Occupational role transition model: Case study 1 (Emily)

**Occupational Role Transition: Secondary school to university student**

**Case study 1: Emily**

**Regional Environment**
- Has always lived in local regional area

**Home**
- Lives at home with supportive parent

**University**
- Involved in university socio-cultural environment

**TIME: Emily feels constantly “busy”, but has good time management and balance**

**Secondary school Student**

**Health & wellbeing**

**Choice**

**Barriers**
- Busy

**Enablers**
- Family support
- Has money through paid work
- Has car
- Has good

**Opportunity**

**Identity**
- Identifies as both a student and netballer

**Capability**
- Able to manage/balance time
- Does not need some domestic skills

**Role Transition**

**Social & cultural belonging**
- Strong connection with family, past friends, netball teammate and uni peers
- Participates in uni culture

**University Student**
- Challenging transition

**Health & wellbeing**
- Maintained fitness through netball
- Wide social network
- Occasional stress from study, but copes

**1. Inception**
- Wants to remain at home in regional town and to continue playing netball

**2. Experiences**
- Busy and divides time between several occupational roles inc. netballer and university student

**3. Metamorphosis**
- Adapted to additional occ roles
- Included in new peer group
- Capable to manage needs for role

**4. Transformation**
- Transforming into the university student role and able to maintain/improve health
7.3.2 Case study 2: Jill’s challenging transition experience

At the time of the interview, Jill was a second-year student studying health and rehabilitation. Her incentive and inspiration for becoming a university student in a healthcare course came from her personal experience with her father, who has paraplegia and had been treated by occupational therapists.

Jill explained that she had attempted to enrol in another course but had not been successful in her application. Nevertheless, she was happy to enrol at a regional university:

Yeah, that was a big thing of why I wanted to come. I’ve always liked it, like, I don’t like the cities, the metropolitan areas, no. Also, because they have a lower ATAR [Australian Tertiary Admission Rank] here, it was easier for me to get in. So, I didn’t get into the course I originally wanted to, but I was able to get into health and rehab, a course—they’re good. But yeah, the rural setting I liked . . . So, I wanted to occupational therapy . . . I would have—initially I was hoping to swap in, but because—I think you need a credit average to transfer and I just wasn’t getting the marks so I couldn’t transfer. So, I’m hoping to graduate in this course and hopefully study OT [occupational therapy] maybe while I’m working somewhere else.

Jill’s home was three and half hours’ drive from the university. Initially, she returned home every weekend to see her family, but her study demands made this impractical. Prior to starting at university, Jill had lived at home with her parents and siblings. It was difficult for her to move away from the support of home: ‘Mum came and lived with me for a week, which was good. It was just like straight after we left and had no-one, I knew it would be a bit harder’. Jill moved into a shared house off campus.
in which another female lived. She found that living in a shared house where ‘just the two of [them]’ could talk was beneficial for her sense of inclusion:

I know, myself, one of the reasons I wanted to be in a shared house was so I’d meet people. Because if I lived by myself, even though I can’t afford it anyway, if I did, I’d probably lock myself away and just not interact with anyone. So, it’s good to actually get out of the house a couple of times.

There were seven other people living in the house, but Jill did not know them all. She described herself as ‘shy’ and found it challenging to make friends, which was a barrier for her. Unlike most of her peers, Jill did not drink alcohol or participate in events that involved alcohol—this meant that she avoided parties, which compromised her social health. Jill reported that being at parties ‘made [her] feel uncomfortable’. Jill found a social group outside of university at her local church. She had attended church before enrolling at university and this was important to her. She explained, ‘I do have some different friends, but the church here is a lot smaller. So, there’s only one other person my age’. Jill’s friends were aware that she did not drink alcohol and tried to include her in other ways:

But, yeah, it’s really good, like, I don’t drink, so I don’t go to any uni parties, but some of my friends have actually organised events for me, like taco cheese days or study nights, so I could actually get involved, which is really good.

Jill failed one of her subjects and was, therefore, required to repeat a year of her course, which affected her friendships and sense of social health: ‘I failed, so a lot—even though I’m third-year, half my subjects are second-year’s, so I don’t see my friends for, like, once or twice a fortnight’.
Because of Jill’s ‘dietary needs’, she became skilled at cooking. She reported that she had to learn this skill because she had not cooked much at home and that her meal choices were limited because of her tight budget:

I have expenses going everywhere else, and I get Centrelink, but it’s only so much you can have and spend, like, I know when I first moved out, the rent that I was paying was more than what I am now, and that meant that I only have about 20 dollars a week on food.

Limited finances were a huge barrier for Jill and reduced her capacity to cook nutritious meals. Jill claimed that she ‘didn’t go hungry’; however, on some days, all she could afford to eat was an apple. She explained that she ‘wasn’t really spending a lot on meat, I didn’t really get meat at all. I only really got, like, mince, you know, it was cheap and that kind of thing’. Consequently, Jill’s poor diet affected her physical health.

After moving into cheaper accommodation, Jill’s financial situation improved slightly: ‘But I have more now I can spend on food because, yeah, my rent is cheaper now and I’ve also found I can get a little bit more from Centrelink, so I’ve got a bit more now’. Jill felt unable to ask her parents for financial help: ‘It’s really hard because my dad is a paraplegic and my mum’s his full-time carer, so they don’t have—their finance, hard, struggling to pay off their bills, so they can’t really help me’. Jill went on to say’ Being ‘run down’ resulted in Jill failing one of her subjects.

Since becoming a student, Jill had been having difficulty with sleeping. Her study demands were both stressful and difficult:

I don’t know if this counts, but probably like lack of sleep, because I notice myself, lack of sleep and not really eating doesn’t really turn out too well. Probably like—especially in the science and, like, study and that, probably more likely to just not sleep as much as you should, like cramming . . . Really feel like
I can’t concentrate . . . I’ve done that where I’ve had like an hour’s sleep because I was studying, and went to uni and it was, like, why am I here, I can’t concentrate.

Because of the challenges of becoming a university student, Jill felt she neglected her health and wellbeing, resulting in some negative health outcomes and the failure of a course subject:

Annoyed at myself for not doing what I should have done, my body, like, I just let myself go kind of thing, didn’t . . . just got annoyed at myself, so yeah, I was hoping like—I know one of my assignments, which I did pass, I did really well on an assignment, and I got heaps to do on a group assignment, which has never happened before, so I was like, yes I might do well. And then I just, like, for the exam just went—I got just enough to pass the subject as a whole but didn’t do well. Because I was sick . . . I wasn’t—I don’t think I was really hungry, I was just out of it, and I know that with myself, I’ve always struggled with exams, like I’m very slow, so I never really finish them. So, when I was sick it was not good.

With respect to the occupational role transition model, Jill’s *inception* (i.e. commencing study at university) was based on her experience caring for her father, who was in a wheelchair and had been involved with many healthcare professionals, including occupational therapists. Jill was disappointed that she had not been accepted into occupational therapy at university because this had been her goal; however, she had been accepted into a qualification in health and rehabilitation. She hoped that, at a later date, she could transfer to the occupational therapy course, although this put pressure on her to achieve high grades in her first year of study.
Adjusting to her new *regional environment* was not difficult for Jill since it was similar to her *home environment as both were considered to be inner regional environments*. She missed the support of her family and reported that it was a long trip home to find that support. Because of her shyness, Jill had consciously moved into a house shared with others so that she would feel compelled to interact with new people; however, this proved to be a challenge for her. The houses she shared was not on the university campus. Jill also found the *university environment* challenging, especially socially, because she did not wish to partake in partying or drinking, which were inherent aspects of university culture.

Jill encountered many *barriers* to becoming a university student. She reported having limited money and felt unable to seek support from her parents because of their financial situation. Her father’s significant health issues were a source of anxiety for Jill—before her transition to university, a significant part of her occupational role and identity had been her involvement in her father’s care. Because Jill felt that she had little support from family and friends in her new environment, she felt alone. She had few opportunities to participate in her preferred leisure occupations, such as ice-skating, because of their lack of availability and her financial situation.

In the process of transition, Jill had difficulty metamorphosing into her new role as a university student. Jill was unable to fully *identify* as a university student for several reasons: First, she felt ambivalent about the course she had chosen because it was not her first preference. Most importantly, however, she found it difficult to engage with the university lifestyle. Jill had difficulty being *capable* in the occupations that were required for her role as university student, particularly self-care tasks such as adequate sleep and cooking on a budget, which was further compounded by the barrier of having a low income. Jill also had difficulty balancing her study time and sleep time,
resulting in fatigue and poor concentration in lectures. Jill also experienced challenges in developing a sense of belonging with university peers because she had no desire to engage in the typical occupational choices associated with the university lifestyle, such as parties or social sports. Jill was effectively excluded and isolated in her role and struggled to fit in with others.

Jill’s health and wellbeing were profoundly affected by her transition to her role as a university student. Since commencing university, Jill had encountered significant challenges in maintaining her health. In particular, the stresses and pressures associated with study, along with limited money for food, resulted in low energy, irregular sleep patterns and poor concentration. These barriers hindered Jill’s transition to becoming a university student.
Figure 7.4 Occupational role transition model: Case study 2 (Jill)
7.4 Summary

The experience of health and wellbeing varied widely among participants. I found that being a university student was a potential source of stress that could be detrimental to mental health. To combat stress, many participants engaged in meaningful and healthy occupations. However, being a student often resulted in sleep time being sacrificed for studying because participants struggled to keep up with the pressures and expectations of being at university.

Participants tried to remain healthy through exercise. Many were concerned about the sedentary aspect of studying and the effects on their health. However, some students chose to perform relaxing sedentary occupations to balance the time they spent studying.

Healthy eating was also an issue for participants—many felt that because they were students, their ability to maintain a healthy diet was limited, resulting in concerns about obesity. A significant issue for most participants was the university cultural norm associated with binge drinking. Participating in this culturally relevant occupation was perceived as important for acceptance and a sense of belonging. Some students found this occupation to be highly detrimental to their health and wellbeing, while others found that it improved their health and wellbeing, particularly socially.

Some participants found it difficult making social connections and felt excluded and isolated from their peer group, which was detrimental to their social health and wellbeing.

The occupational role transition model, which illustrates my philosophical and conceptual assumptions, was used to compare two case studies on occupational role transition. The first case study, Emily, experienced occupational role transition as an easy process when her time use, environmental contexts and facilitators of occupation
were positive. This case study showed that having support from family and friends was essential to enabling a smoother transition. Further, having a strong identity as a netballer influenced Emily’s occupational choices, consequently benefiting her health and wellbeing, and facilitating her transition to becoming a university student.

In contrast, the second case study, Jill, faced many barriers during her occupational role transition. Jill had difficulty accessing and managing money, cooking independently, finding new social networks and adapting to her new environmental context. It was difficult for her to develop an identity in her new role, and she felt excluded from her peers because she did not enjoy the university lifestyle. Jill put pressure on herself to achieve high grades so she could transfer to her preferred course, but she had difficulty managing her time and health. She failed her exams and, hence, was required to repeat a year of study. Her transition to the role of a university student was challenging and resulted in reduced health and wellbeing.

Occupational role transition is a complex phenomenon and, while the two case studies offer contrasting experiences, many participants found their experience of the transition to the occupational role of university student to be somewhere in-between. That is, most students encountered some barriers and some enablers to their transition, which facilitated or hindered their occupational choices and opportunities, respectively.

The occupational role transition model provides a theoretical conceptual visual guideline to help distinguish the complex factors that facilitate or impede occupational role transition for students. This model may assist in identifying and understanding a holistic understanding of occupational role transition by establishing the influences of the components that impact on the experience such as time, the environment, the occupational experience and metamorphosis. The whole experience of occupational role
transition ultimately impacts on the perceived experience of health and wellbeing for the university student within the rural and regional environmental context.
Chapter 8: Discussion

This chapter provides a detailed discussion of the findings presented in Chapters 4 to 7 in relation to the existing literature. I first discuss the occupation of study as being central for the participants in this study. I then review the influence of the environment on the experience of transition. I explore the process of metamorphosis in relation to occupational role transition as experienced through occupational identity, occupational capability and social and cultural belonging and inclusion. I also discuss participants’ understanding of health and wellbeing through the transition process. Finally, I explore the phenomenon of occupational role transition in relation to the occupational role transition model.

8.1 Study and its Central Concern to Students

Study was the main occupation performed by participants. Engaging in the occupation of study is vital in the university student role; therefore, this finding was neither new nor surprising and was consistent with findings from other studies. Study was experienced as time-consuming and took priority when participants made decisions about how to spend their time. Occupational science scholars who have researched university students have also noted that academic occupations tend to govern the lives of university students (Ekelman, Bazyk, & Bazyk, 2013).

Some participants dedicated so much time to study that they sacrificed time for other occupations, such as leisure or sleep. Similarly, a quantitative study of 40 university students that adopted the ESM found that university students spent more of their time engaged in work- and study-related occupations than in leisure occupations. The researchers reported that, once study and work activities had been completed, students used any remaining available time to engage in quiet leisure activities (30% of their time) or active leisure activities (8% of their time) (Liddle et al., 2017).
Conversely, Alsaker et al., (2006), who conducted a study in Scandinavia using the time–geographic method and diaries to record time use and place of occupation, found that 22 occupational therapy and physiotherapy students dedicated most of their time to self-care occupations, such as eating, showering, grooming, drinking coffee and sleeping, which exceeded the time spent in study and leisure occupations. Although few students in my study reflected on self-care tasks, such as showering or personal hygiene, when describing their experiences, they did talk about the influence of study on sleep. As noted previously, participants tended to sacrifice sleep to study, attend university classes and complete assignments.

Alsaker et al.’s (2006) findings also differed from my study in that participants did not report at all on their use of time engaged in household occupations—the authors concluded that these occupations were not significant enough for participants to mention. In contrast, some participants expressed concerns about their ability to perform household tasks such as cleaning, cooking and shopping. Competence in performing these tasks was important to ease the transition into becoming independent university students and for optimising health and wellbeing.

Other contemporary occupational therapy and occupational science time-use studies of young people (Hunt et al., 2014) and university students (Alsaker et al., 2006; Liddle et al., 2017) have used time-use diaries or experience sampling methods to measure the precise amount of time in minutes or hours that participants engaged in occupations. However, the study presented here was focused on understanding the lived experience of students’ engaging in occupations, by exploring their perception of time use in this occupational role and this related to their experience of occupational role transition. Time use spent doing occupations, particularly study influenced their choice and opportunities. The participants felt that they did not have adequate time for study
and other occupations—these findings add to the occupational science understanding of ‘felt time’. According to Farnworth and Fossey (2003), felt time is the ‘tempo’ or the pace of time. Tempo is an aspect of time use arising from an individual’s internal biological rhythm that can influence how his or her values are represented through occupation (Farnworth & Fossey, 2003). The participants in this study appeared to be mostly invested in the occupation of study and considered other occupations less important; however, it is possible that a quantitative time-use survey may have revealed different results.

The transition into the occupational role of being a student also influenced the temporal structure of participants’ lives. As participants transitioned into a new and challenging role, they were required to adjust their time use to meet the demands of the role. This included changing the tempo, or pace and rhythm, during study time since they were so busy during semester compared with their long semester breaks. In their research about the experience of people transitioning to retirement, occupational scientists Jonsson, Borell and Sadlo (2000) found that temporality was a component of the transition experience as the daily structure of the participants’ lives changed. Temporality is the subjective perception of time as experienced by individuals (Clark, 1997; Farnworth, 2003; Farnworth & Fossey, 2003). Farnworth and Fossey (2003) suggest that temporality is an individuals’ sense of past, present and future and is embedded in occupation. Further, time has a different meaning for different individuals (Farnworth & Fossey, 2003). Jonsson et al. (2000) found that participants’ experience of temporality changed as they transitioned into retirement—the rhythm of their lives slowed and their sense of freedom increased as they relinquished the occupational role of ‘worker’—and suggest that temporality influences the transition process. My findings add to the evidence that transition is affected by temporality—in this study,
rather than experiencing time slowing down, participants had an overwhelming feeling of ‘busyness’ and experienced time as speeding up. It appears that, depending on the context, transitional experiences have the potential to change a person’s experience of temporality.

The participants in my study sought to find a balance in their occupational repertoire to help them achieve improved health and wellbeing. The concept of balance is not new in the occupational therapy and occupational science literature; indeed, it is a core concept in these fields (Wagman, Hakansson, & Jonsson, 2014). I found that many participants attempted to balance their study time by participating in other occupations, such as sport, paid work or time away from study. However, they spent most of their time engaged in study and experienced challenges in finding a sense of balance in their day. Participants felt time-poor because the occupation of study consumed their time.

My conclusions echo the findings of Wilson and Wilcock (2005), who researched 98 occupational therapy university students using questionnaires to investigate their experience of balance. The study found that the majority of participants experienced occupational imbalance in their role as students. Similarly, an occupational science study on the occupational engagement and wellbeing of university students with disabilities (Ekelman, Bazuk, & Bazyk, 2013) found that occupational imbalance arising from various factors, including pain, lack of sleep, social commitments to family and friends and psychological pressure caused by occupations hindering their studies, was a significant challenge for participants. Likewise, I found that the participants experienced challenges in balancing the time spent in non-study occupations, such as sleeping, engaging in paid word and spending time with friends and family, with the demands of study. Further, I concluded that participants experienced a reduced sense of
health and wellbeing when they were unable to balance their study occupations with other occupations, such as leisure pursuits or self-care.

Many students reported that they spent time ‘procrastinating’. Occupations involving procrastination included engaging in social media, leisure activities such as arts and crafts and cooking, and restful or relaxing occupations such as watching television. It appeared in my findings that procrastination was a means of self-efficacy. Although psychologists have extensively researched procrastination, there appears to be a lack of research about procrastination from an occupational perspective. Rozental et al. (2018) define procrastination in the university student population as being the ‘postponement of tasks and assignments, either in terms of their initiation or completion’ (p. 181). Psychology research has found that procrastination is a common issue for university students and that university students procrastinate when they have difficulty completing study tasks, such as assignments (Rozental et al., 2018). Procrastination by university students has also been linked to poor grades (Rozental et al., 2018). A quantitative study of 258 university students in America investigated the correlation between procrastination and academic performance, concluding that procrastinating about study was detrimental to students’ academic grades (Gareau, Chamandy, Kljajic and Gaudreau, 2019). Although my study did not aim to establish a link between procrastination and academic success, the participants reported that they engaged in procrastination. However, the motivation for procrastination was not established.

In psychology research, social media and internet use have been associated with procrastination. A quantitative study of young Chinese adults concluded that internet addiction was linked to procrastination (Geng, Han, Gao, Jou and Huang, 2018). Similarly, a quantitative psychology study of 366 Estonian university students found a
positive correlation between procrastination and adverse effects from the use of smartphones (Rozgonjuk, Kattago, & That, 2018). Both Geng et al. (2018) and Rozgonjuk et al. (2018) found that there were negative outcomes for students when they used social media or the internet to procrastinate. For the students in my study, social media use was a major distraction from study and resulted in avoidance of study. However, social media such as Facebook and Skype were also used to maintain connections with other students, including for group study or to communicate about assignments and residential issues.

The participants in my study believed that procrastination was not always negative since it enabled them take time out from the demands of study. A qualitative psychology study by Abramowski (2018) involving 10 British postgraduate students found that procrastination could be positive and worthwhile as it allowed them time to think, resulting in them being more attentive to study. The students also expressed that performing meaningful and enjoyable occupations, such as cooking or yoga, was a worthwhile use of their non-study time. However, the effects of procrastination on university students is shown in this study and more occupation-specific research is needed.

Finding the time to engage in occupations apart from studying was difficult for the participants in my study. My findings are supported by a scoping review in the occupational science and occupational therapy literature on occupational balance (Wagman, Hakansson, & Jonsson, 2015), which concluded that engaging in enjoyable occupations and experiencing a wide variety of occupations contributes to occupational balance. In my study, when participants did manage to find time away from study, they tended to gravitate towards preferred, restful or even ‘boring’ occupations to provide a reprieve from the demands of study and achieve occupational balance. Participating in
these occupations often acted a conduit to their previous occupational identity and enabled comfort in being able to reconnect with their past occupational roles.

It was evident that the students experienced occupational balance differently. Some found it relatively easy to manage the demands of study, whereas others found the experience overwhelming and often sacrificed meaningful occupations, such as sport or time with family, to meet the demands of being a student. This supports conclusions in Wagman et al.’s (2015) review that occupational balance is experienced individually.

8.2 The Environment Influences Transition

It is well established in occupational therapy and occupational science theory and philosophy that there is a relationship between people, their occupations and the environmental context (O’Brien, Dyck, Caron, & Mortenson, 2002). I found that for most participants, being in a rural and regional environment assisted their transition to being university students. However, there is limited occupational therapy or occupational science research that has examined the influence of the rural and regional context on the occupations of university students. Social capital, which is built by participating in community networks, adhering to social norms and engaging in reciprocity (Alston, 2004), is known to enable diversity, build a sense of belonging, facilitate feelings of safety and trust, and promote the power of citizens in rural and regional communities (Boeck, Fleming, & Kemshall, 2006). A sense of social capital helps members of small rural communities thrive and feel comfortable in their surroundings (Alston, 2004). Participants felt safe, secure and comfortable in the rural and regional environment, which facilitated their transition to being university students in Albury.

The participants enjoyed the natural surroundings and open spaces of the rural and regional environment. The outdoor environment can be comforting, impartial and
destigmatising and permits a connection to reality (York & Wiseman, 2012). Accessibility to and unity with nature can be beneficial for health and wellbeing and is a positive aspect of living in regional and rural areas (Veitch, 2009). Benefits of this environmental context include open spaces, reduced traffic, smaller populations and less noise and pollution (Veitch, 2009). Occupational scientists Thompson and Kent (2014) suggest in their literature review that natural green open spaces in communities provide opportunities for people to participate in social and leisure occupations, reducing stress, isolation and loneliness. These benefits were also experienced by the participants in this study.

The students in this study had mixed experiences of their occupational choices and opportunities. Occupational scientists Connor Schisler and Polatajko (2002) explored the relationship between people, environment and occupation using a sample of 18 refugees and found that the change in environment experienced by the refugees significantly altered their daily occupations. The researchers concluded that the new environmental context provided occupational opportunities and choices for refugees, which they used to mediate their adaptation to the new environment. Although I investigated a different population group, I also found that the occupations of students changed because of their new environment. The environment directly influenced the occupational opportunities available and, hence, the choice of occupation by participants.

Having access to a car was essential to the participants. The need to cover geographical distance is a defining factor of daily life in rural and regional areas of Australia (Veitch, 2009). In a comprehensive occupational science literature review on healthy built environments that support occupation, Thompson and Kent (2014) concluded that accessibility to occupations is influenced by distance—the greater the
distance, the greater the need for access to mechanical transportation such as motor vehicles. In accordance with these findings, many of the students in this study stressed the importance of having access to a car, without which it was challenging, if not impossible, to access occupations needed to support an active and healthy lifestyle.

Many participants struggled with having sufficient financial resources to support themselves. This finding is consistent with Alston’s (2004) assertion that a barrier to seeking tertiary education is the lack of government benefits for rural and regional students. The impact of having insufficient funds was significant—for example, some participants spent long hours in paid employment, while others went without food or sacrificed leisure occupations that may have improved their health and wellbeing. Thus, a lack of finances was a significant barrier to becoming a regional university student.

8.3 The Process of Metamorphosis

The process of metamorphosis as part of the occupational role transition for participants in my study was mediated by three factors—identity, capability and social and cultural belonging. These factors have also been explored in the occupational science and occupational therapy literature.

8.3.1 Identity formation

Occupational identity has been comprehensively researched in the fields of occupational science and occupational therapy (Carlson, Park, Kuo, & Clark, 2014; Huot & Rudman, 2010; Rudman & Dennhardt, 2008; Phelan & Kinsella, 2009; Unruh, 2004). Identity has been a central topic of research in the field of occupational science since its inception (Asaba & Jackson, 2011). Occupations are a conduit for the self to interact with time and space within the context of the environment (Carlson et al., 2014).
Participants in my study who had a strong sense of who they were as individuals prior to commencing university appeared to find it easier to transition into the role of regional university student. These participants typically continued to engage in non-study occupations that were intentionally chosen and meaningful, such as netball or yoga. There is evidence to suggest that having the opportunity to engage in occupations that have meaning and value to the individual helps to form occupational identity (Riley, 2012). Thus, those participants already had a strong sense of identity may have experienced greater advantage by fusing their old and new occupational identities as they became university students.

Several students in my study reported that they valued the opportunity of having a ‘fresh start’ and reinventing themselves by attending university. Becoming a regional university student allowed some participants to express themselves more authentically. The opportunity for free choice in occupational participation influences the development of identity (Phelan & Kinsella, 2009). Whiteford (2017) suggests that there is a conceptual relationship between occupation, the environment, choice and identity, which she considered particularly relevant to students undertaking higher education. This supports the findings of my study since the participants’ sense of identity was developed through engaging in occupations of choice within the rural and regional context. Rudman and Dennhardt (2008) propose that occupational identity has some aspects in which occupational choices emerge exclusively from social expectations. This concurs with my findings that the change in environmental context from the hometown to the university facilitated a sense of freedom of choice in engaging in new occupations and creating new identities. For many participants, the opportunity to forge a new identity, different from the one that had been socially and
culturally embedded in them by their regional or rural communities was a liberating experience.

For the participants in this study, developing their identities as university students was a process and took time. A rural health ethnographic study of 36 rural Australian young people seeking to understand the connection between place, change, identity and reputation concluded that identities were developed through the complex interaction between spatial and temporal change, which supersede the context (Kraack & Kenway, 2002). For the participants in my study, there was a temporal change in which participants moved back and forth between their past and present-day identities as they gradually transitioned to developing their new identities as regional university students.

The identities of the young people in my study were influenced by both the contextual environment of the university institution as well as their sociocultural environment. Occupational identity is shaped by the occupations that are acceptable within the context of the social environment (Phelan & Kinsella, 2009). Rudman and Dennhardt (2008) propose that occupational identity has conformist aspects, whereby a person’s occupational choices are created in response to the expectations of his or her sociocultural environment. Given the need to conform to the specific environment in which they found themselves, participants chose to change their occupations as they moved back and forth between the university and home environments. For example, when they returned home, participants often reverted to their previous occupational roles of being family members, engaging in the occupations in which they had previously been involved, such as housework, cooking, helping on the family farm or, in some cases, simply being the dependent ‘child’.
Participants had to alter their sense of identity to fulfil their occupational roles in particular contexts—the occupations they performed as university students were different to the occupations they performed when they were at home. In Abrahams’s (2009) personal account of her experience of identity, choice and occupation as a mother, she asserted that an individual may be required to assume more than one cultural identity through their chosen occupations and that identity formation may be difficult if conflicting identities affected how meaningful occupations are performed. Asaba and Jackson (2011), in their ethnographic case study of a young man with a spinal cord injury, concluded that identity can change on a day-to-day basis through engaging in occupations that are necessary or important. I found that participants changed their occupations depending on the role in which they found themselves, such as their family role, their employee role or their leisure role. Therefore, various occupational roles were performed on a day-to-day basis depending on what was required. Through these occupational roles, participants needed to fuse their various senses of self into a new identity as a university student. For some participants, the conflicting demands of other roles and other identities made the process of transition difficult.

8.3.2 Capability in performing occupations

I found that being capable in occupations and occupational roles was important for facilitating metamorphosis in occupational role transition. Existing occupational science literature typically refers to capabilities in relation to occupational rights and occupational justice (Townsend, 2012; Hammell, 2008). Hammell (2016) suggests that by improving their capabilities individuals, groups and communities of people have more freedom of choice and opportunity to do what they wish. Opportunity, choice and ability are important for participating in occupation (Hammell, 2016). The participants in my study had the opportunity to feel capable when they chose occupations such as
sport. Having the opportunity, the choice and the ability to perform sport at a high level gave these participants confidence and helped them transition into the student role with greater ease. Therefore, those who had the ability to access their chosen occupations while transitioning into the student role did not experience occupational disruption.

The ability to engage in occupations that improved self-confidence and fostered independence was important to participants and facilitated their transition. I found that participants practised being capable in life skills that were important to their role as university students and also to being young people. Swanepoel and van Heerden (2018), who studied 27 occupational therapy students in South Africa using a case study methodology, found that students were engaged in developing fundamental life skills, such as domestic tasks, as well as maintaining their study skills. The authors concluded that university students face conflicts between their student role and other roles, which can negatively influence their academic performance. In support of this conclusion, I also found that being capable of managing both study and domestic skills was important for participants to develop competence in their role of university student. While Swanepoel and van Heerden (2018) explored the effects of capability on academic performance, I found that developing capabilities in a range of occupations was important to health and wellbeing. Being capable in occupations such as sport helped participants feel confident, which in turn facilitated their transition to the student role.

Many participants in my study had previously gained experience in independent living skills in supportive home environments where they had been taught life skills by their parents. This supports Collin’s (2017) finding that capability develops from a supportive home environment and having choice in occupation. However, I also found that participants had not mastered all the necessary domestic skills and that a lack of time and energy hindered the development of capability for these occupations.
8.3.3 Social and cultural belonging

Social and cultural belonging and inclusion were integral to facilitating the metamorphosis into the student role. It was important for participants who were transitioning into university students to be accepted by their peers. Hitch, Pepin and Stagnitti (2014) suggest that there is a relationship between being and belonging, which includes the development of an individual’s identity as both a human being as well as through occupation and his or her sense of connectedness. Whiteford (2017) states that ‘social inclusion is centrally concerned with ensuring people are able to participate fully in the societies in which they live, and in so doing that their unique identities are represented and respected’ (p. 59). Participants who felt excluded from their peers by not engaging in the social or cultural occupations associated with being a university student reported more difficulty in identifying as a student. In contrast, participants who felt socially included through participation in social occupations at university or through membership of clubs and groups tended to express a stronger sense of belonging as they transitioned into the role of being regional university students. Hence, as authors Hitch et al. (2014) and Whiteford (2017) suggest, there was a link between being socially included and developing an identity.

The social context of university was pivotal to the experience of belonging and inclusion as participants transitioned into their new role. A psychological study by Niemiec et al., (2005) of young people aged 17-21 support needs from their parents, autonomous self-regulation and well-being as they transition into college studies proposed that their phenomenological experiences were directly affected by the social context and the persons needs for autonomy, competence and relatedness. This socialisation process is referred to as the Self-Determination Theory (SDT) (Deci & Ryan, 1985). This theory suggests that people are motivated to choose activities (or in
other words occupations) that provide a challenge, satisfaction and encourage
development (Ryan & Deci, 2000). Participants in this study reported that living on
campus facilitated engagement in social occupations, such as shared cooking, playing
social netball and attending university social functions. These occupations appear to be
chosen because they were meaningful in the social context of university. Participating
in these occupations allowed students to feel part of the social and cultural lifestyle of
being a regional university student. As such students in my study also sought a sense of
competence and autonomy in occupations while relating to others in the social context
of the university. A case study of three South African first-year occupational therapy
students (van Rensburg, 2011) found that the social aspect of university life was the
focus in which transitional experiences took place. For the participants in my study, the
university lifestyle was extremely important to their sense of belonging and inclusion.
One occupation that was central to the university social and cultural experience was
participation in social gatherings. Participants who typically attended parties with their
student peers felt included and connected, which helped them transition into their new
role.

Participants felt excluded if they were unable to find a group of likeminded
people with whom they could form a connection. Some felt that they did not belong
with their student peers because they did not participate in the occupations typical of
university life, such as partying or competitive or social sports. Nagle, Cook and
Polatajko (2002) propose that failure to conform can result in experiences of social
pressure and stigmatisation, which may be a barrier to health and occupational
engagement. I found that participants who were unable to find occupations in which
they could connect with others experienced segregation from their peers, which often
resulted in them feeling vulnerable and alone. These participants avoided many social
occupations, which Nagle et al. (2002) found to be the result of not conforming to social pressure.

Some participants chose to participate in leisure occupations as part of groups or clubs to facilitate their sense of belonging in the Albury community. Enablers of social inclusion include the possession of capabilities as well as the availability of opportunities and resources (Whiteford, 2017). I found that, to foster social inclusion and belonging, participants needed to feel capable of engaging in occupations such as leisure activities by being competent and having choice. As Whiteford (2017) explains, having opportunities and access to leisure occupations is important. Opportunities to engage in leisure occupations allowed participants to feel socially and culturally included. It also helped them feel supported by others as they transitioned into becoming regional university students.

Multiculturalism was a concept that was raised by participants as a potential influence on the perceived experience of metamorphosising into the university student role. Kumar (2011) defines culture as ‘those activities that bring meaning to people’s lives’ and that it ‘has many parallels to occupation, which is also in its broadest context considered to be an examination of meaning making’ (p. 38). Belonging to a particular culture can be a unifying experience, but it can also be a means by which a cultural group can be separated from others in society (Nay & Chater, 1997). Culture is applicable to people from the same ethnic background for instance people from an Indian Hindu background, the same occupation such as occupational therapists working with children. Culture can also relate to groups of people from the same geographical place and the occupations connected with it such as “surfie culture” for people who live and surf at Australian beaches. Evidently, the rural and regional Australian
environmental context where the university is located in this study also presents a particular cultural context.

The concept of multiculturalism in Australia has previously been defined as the term “used to describe the wide range of diverse cultures in the country” (Gorman, 1995 p. 27). Furthermore, multiculturalism involves valuing cultural diversity to limit barriers that non-dominant cultural groups may experience (Gorman, 1995). In my study, many participants felt that the rural or ‘country’ culture was strong in the Albury community because of the abundance of occupational opportunities that nurtured this culture, such as farming, sporting clubs and drinking alcohol. This is supported by the notion that culture emerges through engaging in occupation (Kumar, 2011). However, some participants reported that the regional area of Albury was not culturally or ethnically diverse; hence, there was a perception that there were fewer opportunities for some culturally specific occupations. These participants reflected on how limited opportunities to participate in multicultural occupations such as festivals or culturally significant events, could result in being excluded or isolated in the role of a regional university student. Although, the complex nature of the concept of culture suggests that ethnicity is only one facet of diverse culture or multiculturalism (Gorman, 1995; Nay & Chater, 1997). Hence, the belongingness to a multicultural community of people in the role of becoming a university student was important to the experience of occupational role transition as it also impacted on the metamorphosis of identity and capability in this role.

8.3.4 The experience of health and wellbeing

In this study, I found that health and wellbeing were affected by the process of occupational role transition. As each student navigated their transition, they experienced a variety of health and wellbeing outcomes on a continuum of reduced to improved
health and wellbeing. Health and wellbeing were influenced by how well participants were able to manage their occupational choices and opportunities in the process of transition. In this section, I discuss the health issues associated with stress, sleep, physical activity and exercise, diet, binge drinking and friendship in relation to the existing contemporary research on these topics. Essentially the experience of being a regional and rural university student resulted in some negative experiences of health and wellbeing. As Twinley (2012) noted in her commentary on the dark side of occupation understanding that whilst there is health promoting aspects to be student some aspects are damaging to health and wellbeing. This was well established in the varied perceptions of the health and wellbeing through the experience of occupational role transition.

University appeared to be a major cause of stress for participants. Many participants reported a high level of stress and anxiety associated with being a university student, resulting from their study demands and obligation to attend lectures. A quantitative study by Weier and Lee (2016) sought to better understand the relationship between young people assuming adult roles and mental health. Their findings suggest that young people’s transition into adulthood involves the struggle to find a balance between negotiating an unfamiliar and unstable life stage and creating positive plans for their future. They also found that Australian university students experienced high levels of stress, anxiety and depressive symptoms during this transition. My study concurs with these findings—participants found the experience of university, particularly their study obligations, to be challenging and stressful.

Some participants in my study used occupations away from study to help them manage health issues, particularly stress. Previous occupational therapy research has reviewed how university students cope with stress (Govender, Mkhabela, Hlongwane,
Jalim, & Jetha, 2015; Pfeifer, Kranz, & Scoggin, 2008). A South African occupational therapy study by Govender et al. (2015), using a descriptive survey design of 101 undergraduate occupational therapy students, reported that university-related stressors were ranked lower than personal stressors for all participants. In contrast, I found that adjusting to the demands of university life, which included the pressure of study and adapting to changes in their home and social environments, was the most challenging for participants. Govender et al. (2015) found that students used both problem-focused and emotion-focused coping mechanisms to deal with stress. They reported that, because of their study demands, students often complained of not having adequate opportunity for social and recreational activities, which may be why fewer students used this strategy for coping. Conversely, participants used engagement in non-study occupations, such as creative or sedentary activities, to manage the stresses of being a regional university student.

Pfeifer et al. (2008) reported that engaging in exercise helped participants manage the stress of being a student, as did spending time with family and friends, watching television and movies and sleeping. Although the occupations reported by the participants in my study were different to those of Pfeifer et al. (2008), I concur with their findings that university students use non-study occupations to manage stress.

Sleep was considered a significant health issue for participants and lack of sleep was attributed to the demands of study. Much of the occupational therapy research on the topic of sleep has focused on the assessment of and intervention for sleep-related health issues (Fung, Wiseman-Hakes, Stergiou-Kita, Nguyen, & Colantonio, 2013; Gentry & Loveland, 2013; Tester & Foss, 2018). In my study, reducing sleep hours was a strategy commonly employed by participants to create more time to study, and sleep was often the first occupation sacrificed for study, social or leisure occupations. A
recent mental health nursing study, in which focus groups were used to interview 38 undergraduate students, found that extracurricular activities took precedence over sleep (McCabe, Troy, Patel, Halstead, & Arana, 2018). McCabe et al. (2018) found that sleep was often sacrificed by students and that other activities, such as exercising at the gym, using social media and socialising, were preferred to spending time sleeping. In contrast, I found that many of the participants reported sacrificing sleep to allow more time for study than for the occupations described by McCabe et al. (2018).

Participants in my study were aware that reducing sleep time to give precedence to study affected their perceived sense of health and wellbeing. A recent systematic review of the psychology literature about sleep and its effect on the mental health of university students found that addressing sleep issues may be useful for people at high risk of mental health disorders such as suicidal thoughts and behaviours (Russell, Allan, Beattie, Bohan, MacMahon & Rasmussen, 2019). Green (2008) also posits that sleep is an important occupation for maintaining health and wellbeing. The participants did not report such adverse mental health concerns related to sleep but felt that it did disrupt their performance in occupations required for their role as university students.

Participants were concerned about lack of exercise because of the time they were required to spend studying. Occupational therapists Poulsen and Ziviani (2004), in their study of children, showed that barriers to participating in physical activity can arise from insufficient time. There is limited occupational therapy or occupational science research of university students that supports the association between available time and engaging in physical activity. However, participants spent significant amounts of time engaged in studying, resulting in prolonged periods of inactivity. This inactivity was perceived as being detrimental to health and wellbeing.
In contrast, some participants engaged in sedentary occupations as a means of improving their sense of health and wellbeing. Sedentary behaviour is a common leisure activity for young people and includes ‘screen time’ activities, such as watching television and using computers or mobile phones, socialising with others and engaging in physically inactive forms of transport, such as driving (Biddle, Petrolini, & Pearson, 2014). Some participants actively attempted to counteract the effects of sedentary activities such as study by partaking in sport. Many students in my study preferred to engage in sedentary occupations during their non-study time, but others preferred to engage in active occupations, such as sports or exercising at the gym. Overall, there was a balance between sedentary occupations, such as study, watching television and reading, and active occupations, such as sports and fitness.

Participants in my study who had limited access to exercise options felt less able to maintain their health and wellbeing. A quantitative clinical psychology study by Millstein et al., (2011) found that the home, school and neighbourhood environments of young people influenced the time they spent engaged in physical activity and exercise. The authors concluded that having access to resources such as equipment and facilities that assisted participation in exercise helped improve physical activity levels. Similarly, a recent quantitative public health study into the impact of social, environmental and individual factors on the level of physical activity in young people transitioning from adolescence to adulthood concluded that a young person’s home environment, the physical activity levels of their peers, their self-regulatory skills and their environmental context post-secondary school were crucial in promoting physical activity (Li et al, 2016). My study supports these findings as I concluded that participants who could not participate in their preferred exercise because of reduced support systems, high costs or lack of resources were less likely to report that exercise had been beneficial in their
transition to becoming a university student. It appears that the opportunities afforded for exercise in this environment are an important determinant of participation in this occupation.

Having a nutritious diet is known to be beneficial for health (WHO, 2020). However, healthy eating was sometimes difficult for participants because it required more financial resources than they had. Gair and Baglow (2018) studied 2,320 social work students from 29 Australian universities using an online survey and found that being a student and having to engage in fieldwork significantly affected their financial situation. I found that a limited income and the inability to engage in paid employment because of study commitments resulted in participants experiencing difficulty affording nutritious food. Further, participants were concerned about the negative health outcomes, including obesity, resulting from poor food choices.

One of the main health issues for participants in my study was the occupation of drinking alcohol and its impact on their health. Drinking alcohol was a component of the university lifestyle and was a socially and culturally important occupation for many participants. A relevant interpretive phenomenological analysis of one young man’s experience of binge drinking by occupational scientists Jennings and Cronin-Davis (2015) found that the consumption of alcohol was determined by his occupations. The researchers also found that society and culture had an influence on binge drinking patterns. I also found this to be case—participating in the university culture meant attending parties and ‘uni nights’, both of which encouraged heavy binge drinking among students. A qualitative social science study by Murugiah and Scott (2014) examined alcohol consumption and drinking games in a group of 20 female Australian regional university students aged 18–21 years. They concluded that many female university students drink enough to become intoxicated, which was a social and cultural
norm for this group. These conclusions support the findings of my study, in which some students failed to see the point of drinking if they did not become intoxicated.

Jennings and Cronin-Davis (2015) found that their participants acknowledged the adverse health effects of drinking but continued to drink to ‘relax and unwind’. The participants in my study were also aware that binge drink was detrimental to their health and wellbeing, but also considered it to be a social and enjoyable occupation. There is evidence to suggest that university students take pride in being ‘good drinkers’ and, as such, have the ability to maintain their alcohol consumption by having control over their behaviour (Davies, Law, & Hennelly, 2018). Participants in my study believed that drinking alcohol enabled social connections with peers and gave them the confidence to meet and fit in with new people. Hence, the health and wellbeing outcomes were negative for some participants, but positive and enjoyable for others. My research adds to the knowledge about binge drinking, as most participants reflected on the occupation of binge drinking and their incidents of health and wellbeing in relation to choosing whether to participate or not in this occupation. While Jennings and Cronin-Davis’s (2015) research provides a phenomenological account from an occupational perspective, it is limited to the experience of one individual.

Participants also experienced improved health and wellbeing by connecting with others and feeling a sense of belonging by forging friendships. Developmental psychology research has shown that receiving support from family, friends and partners reduces stress and enhances wellbeing in young people (Lee, Goldstein, & Dik, 2018). These authors found that friendships positively influenced the associations between stress, loneliness and depression and young people with reduced social support from friends were more likely to experience these health issues. The participants in my study expressed that having limited friendship groups compromised their social health.
Participants frequently used social media to stay in touch with friends and family. Having the ability to access friends and family online was mostly experienced as beneficial to health. However, some participants experienced negative health and wellbeing outcomes associated with the use of social media such as bullying online and mental health issues. Contemporary research has shown that online use for young people can both enhance as well as diminish health and wellbeing (Richards, Cardwell, & Go, 2015).

In summary, for some of the participants in my study, occupational role transition led to positive health and wellbeing outcomes, facilitating a successful transition into the student role, while other participants experienced negative health and wellbeing outcomes, which hindered their transition. Health and wellbeing issues that were commonly experienced included those associated with stress, poor sleep, lack of physical activity and exercise, poor diet, binge drinking and limited friendships. The experience of transitioning into a university student in a rural and regional environment, clearly affected the lived experience of health and wellbeing for the participants in my study, as the choice and opportunities available to participate in occupations that influence health and wellbeing were a product of being the student role in this particular context.

8.4 Conceptualising Occupational Role Transition

Occupational role transition is unique to each individual, but it may be shared as a common experience within a population group. This is illustrated in my study, in which participants experienced some collective health and wellbeing issues during their transition. Occupational role transition is an important area of study for occupational scientists because it shows how transitional experiences, such as commencing university, affects the health and wellbeing of individuals undergoing transition. An
improved understanding of why some transitions are ‘successful’ while others are ‘unsuccessful’ may help smooth the transition for individuals in relation to their occupational roles. To provide a visual representation of the concept of occupational role transition, I developed the occupational role transition model, which offers a new way of conceptualising transitional occupational roles in relation to health and wellbeing by identifying the environmental enablers and barriers to occupational choices and occupational opportunities.

Authors in the occupational science and occupational therapy fields have explored transition from a conceptual occupational perspective. Peters, Galvaan and Kathard (2016) suggest that occupational transition is a concept that may be used to define how people navigate change in their life. I concluded that occupational role transition is a complex process that occurs when a person must adapt to a new occupation role, which has consequent impacts on their health and wellbeing. Peters et al. (2016) have identified various occupational patterns that may occur in the process of occupational transition—these include the continuity of previous occupational patterns, the alteration of occupational patterns and/or the emergence of new occupations, the disruption of usual occupational patterns in the development of a new occupational repertoire and, finally, the negotiation of occupations to improve success of the occupational transition. In my study, occupational role transition involved the inception or commencement of a new occupational role, the experience of the occupations required for the role and metamorphosis into the role before changes to health and wellbeing occurred. I also found that the process of occupation role transition was affected by various factors, including time use, the environmental context and the available choices and opportunities for occupation.
My study provides an insight into how the transition from the occupational role of secondary school student to that of university student is experienced. Although some authors have examined the effect of transitional experiences on occupation in a range of other subgroups (see Table 8.1), few have examined the occupational effects of the experience of transitioning into higher education. Crider et al., (2015) conducted an integrative review on the current occupational therapy and occupational science literature, concluding that there was limited discussion of transition at the group level, particularly at the community or population level. My study provides new knowledge into this poorly researched population group in relation to the transition to being and becoming regional university students.

Table 8.1

Occupational science and occupational therapy literature on occupational transition in various population groups

<table>
<thead>
<tr>
<th>Author</th>
<th>Population group and occupational transition</th>
</tr>
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<tbody>
<tr>
<td>Pettican &amp; Prior, 2011</td>
<td>Retirement in the elderly</td>
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<tr>
<td>Wiseman &amp; Whiteford, 2009</td>
<td>Retirement in older rural men</td>
</tr>
<tr>
<td>Liddle, Turpin, Carlson, &amp;</td>
<td>Older people ceasing to drive a vehicle</td>
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<tr>
<td>McKenna, 2008</td>
<td></td>
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<tr>
<td>Birkholtz &amp; Blair, 1999</td>
<td>Transition to lesbianism through ‘coming out’</td>
</tr>
<tr>
<td>Beagan &amp; Hattie, 2015</td>
<td>Lesbian, gay, bisexual, transgender and queer experiences of transition with respect to spirituality</td>
</tr>
<tr>
<td>Tomar &amp; Stoffel, 2014</td>
<td>War veterans transitioning to civilian life</td>
</tr>
<tr>
<td>Slootjes, McKinstry, &amp;</td>
<td>Becoming a new mother</td>
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<tr>
<td>Kenny, 2015</td>
<td></td>
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<tr>
<td>Paul-Ward, 2009</td>
<td>Transition from foster care to independent adulthood</td>
</tr>
<tr>
<td>Haworth &amp; Cyrs, 2017</td>
<td>Workforce transition for at-risk youth</td>
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Greater understanding is needed about the transition of university students in relation to their occupations (Whiteford, 2017). Two relevant and useful Australian studies specifically focusing on the concept of transition for university students have been conducted by health professionals in the fields of psychology (Weier & Lee, 2015) and nursing (Tower, Cooke, Watson, Buys & Wilson, 2015). Psychologists Weier and Lee (2015) conducted a mixed methods study on how Australian university students understand adulthood and established various themes that concur with those found in my study. For example, they found that gaining independence and autonomy in relation to finances, transport and decision-making was important for students to feel like adults. This is similar to findings from my study—occupations that facilitated independence, such as cooking or driving a car, eased the transition into the new occupational role of being a university student. In addition, Weier and Lee (2015) concluded that relationships, including those with romantic partners, friends and parents, were vital to establishing a sense of adulthood. My study also found that a meaningful sense of belonging with others, especially friends, peers and family, was gained through engaging in occupations and facilitated a positive experience of occupation role transition. Interestingly, Weier and Lee (2015) also found factors that hindered transition to adulthood, such as insufficient funds, failure to accept responsibility and complacency in performing domestic duties. The reported transitional barriers in my study included limited finances, difficulty accessing occupations, limited transport options and time pressure. Although Weier and Lee’s (2015) study came from a developmental psychology perspective compared with the occupational perspective of my study, the findings are similar and their study provides additional support for my conclusions.
An integrative framework study of Australian university students by nurses

Tower et al. (2015) also explored the experience of transitioning to university. These authors found that studying and being at university was challenging for students. These challenges were related to being in a new learning environment, managing conflict and fulfilling basic needs outside of university. A key finding of this study was that students struggled to develop an identity as a student. This was substantiated in my study, in which students sought to develop their identity through engaging in occupations to facilitate their occupational role transition and experience health and wellbeing benefits. The findings from Tower et al. (2015) regarding identity are supported by my findings, which highlight the importance of occupational identity to the overall process of transition.

8.4.1 Occupational choice and occupational opportunity in the transition process

In my study, I found that the concepts of occupational choice and occupational opportunity were important to the experience of occupational role transition and, consequently, health and wellbeing. Galvaan (2015) found in her occupational science study of marginalised young people in South Africa that occupations were transactionally and contextually bound and that occupational choice was affected by personal, relational, sociohistorical, socioeconomic and cultural factors presenting as occupational opportunities. She suggests that, without sufficient opportunities for occupation, injustice and social exclusion may result. Similarly, in my study, the regional, home and university environments, or the geographic, sociocultural and institutional contexts, respectively, presented both enablers and barriers to occupational opportunities for students. Participants who were denied occupational choices frequently reported issues of imbalance and social exclusion.
There is a much research on occupational choice and young people from the disciplines of psychology and career development as well as studies on adolescents (Brennan & Gallagher, 2017). Brennan and Gallagher (2017) recently completed an occupational therapy study of six adolescent boys and girls aged 11–14 years to better understand occupational choices in adolescence and to investigate the influence of gender on occupational choice. They found that the participants chose gender-specific occupations and that occupational choices were influenced by the opportunities available within the social system and the physical and institutional environments.

Although it was not my intention, my study provides a particular gendered viewpoint of occupational role transition because all the participants were female. Similar to Galvaan’s (2015) findings, Brennan and Gallagher (2017) found a strong link between occupational choice and opportunity.

The occupational choices and occupational opportunities available to the participants in my study influenced their transitional experience of health and wellbeing. Other occupational therapy and occupational science scholars have linked the concepts of choice, opportunity and health. Hammell and Beagan (2017) propose that occupational therapists and occupational scientists consider occupational choice and the experience of wellbeing in enabling human and occupational rights. Likewise, a study by occupational scientists Nagle, Cook and Polatajko (2002) on the occupational choices of people with mental health conditions found that choice involved an interdependent relationship between health, occupation and social connection. A significant finding of my study was that occupational choice influenced the process of occupational role transition and, ultimately, health and wellbeing.

My research found that occupational choices and occupational opportunity were found to directly influence the experience of transition. There is limited contemporary
occupational therapy or occupational science research specifically focused on the role of occupational choice and occupational opportunity with respect to transition. One exception is a recent occupational science study by Bryson- Campbell, Shaw, O’Brien and Holmes (2016) of nine people with a traumatic brain injury, which focused on the transformative nature of occupational identity. They found that occupational identity was linked to occupational choice, developing competence and being able to recommence occupations following a brain injury. These findings are relevant to my study—during the metamorphosis stage of occupational role transition, participants’ sense of occupational identity was linked to the occupational choices they had. Another aspect of metamorphosis, apart from identity, is capability, which is similar to Bryson- Campbell et al.’s (2016) conclusion that competence is linked to identity. I found that identity and capability were interrelated, influencing one another as well as the process of transition to the student role. Participants who had a strong self-identity and who felt capable transitioned into their new role with greater ease. Identity and capability were also linked to social and cultural inclusion and belonging through occupation. Although this link was not specifically explored by Bryson-Campbell et al. (2016), this finding further supports their relationship between identity and capability. My study investigated the complex experience of metamorphosis, which involves the evolution of identity and capability and their influence on belonging and inclusion.

Another relevant theory that can be linked to my findings relating to occupational role transition is the SDT (Deci & Ryan, 1985). This psychological theory suggest that people are intrinsically motivated to be competent, autonomous and relate to others in their drive for participating in activity. I found in the metamorphosis stage of occupational role transition that, students in this study attempted to develop their role as a regional university student by connecting with others, being capable in their
occupational roles and forging an identity through this process. There was a dynamic 
and interrelated connection between these concepts. This stage of metamorphosis was 
pivotal in the transformative experience of becoming a university student and the 
outcome on their perceived health and wellbeing.

8.4.2 Metamorphosis: The process of occupational change

Occupational role transition is a metamorphosis that involves developing an 
identity, building capability and gaining a sense of social and culture inclusion, and 
belonging with others. Metamorphosis is an important concept in the process of 
occupational role transition. A search for the term ‘metamorphosis’ in the current 
occupational therapy and occupational science literature retrieved only four relevant 
studies, including those on adults with a learning disability (Fanchiang, 1996), early 
intervention in children (Brown, 2010), the role of occupational therapy in the 
development of public health policy, education and research for natural disaster 
preparedness (Nair & Tyagi, 2014) and work rehabilitation programs (Jundt & King, 
1999). Each of these studies referenced the element of change in the use of the term 
‘metamorphosis’ in relation to change or transition. In my study, I viewed 
metamorphosis as the change and transformation of participants, much like a caterpillar 
transforming into a butterfly. Metamorphosis, as a stage in the process of occupational 
role transition, essentially involves the evolution of identity, capability and belonging 
and inclusion in the development of a new occupational role. Over the course of their 
lives, individuals undergo many metamorphoses during their occupational role 
transitions and will modify their occupations to fit the specific occupational roles they 
adopt.
Metamorphosis is relevant to other disciplines to explain complex changes and is equally applicable to understanding human occupational experiences of transition. As a concept, metamorphosis is understood to be a biological process, as in the case of caterpillar becoming a butterfly (Swain, 2005) or a tadpole becoming a frog (Love, 2019). Metamorphosis as a term is also used in medicine when referring to a pathological change or mutation in tissues (Mozo, 2019) or in geography when describing metamorphic rocks, which are those that have been altered by extreme environmental conditions such as heat or pressure (Selverstone & Fyfe, 2019). Further, metamorphosis is a theme found in literature, as in Franz Kafka’s *The Metamorphosis*, Robert Louis Stevenson’s *The Strange Case of Dr Jekyll and Mr Hyde* and Lewis Carroll’s *Alice’s Adventures in Wonderland* (Gazur, 2011). Each of these stories presents themes of change, transformation and adaptation of their characters. The concept of metamorphosis was used to conceptualise and explain the integral process of change and development that occurred for the participants of this study as they became regional university students.

In summary, my study conceptualises occupational role transition by providing a model that shows the complex relationships between the various components of transition. Occupational role transition is influenced by time, the environment, occupational choice and occupational opportunities. The process involves the stages of inception (beginning), experience, metamorphosis (evolving identity, capability and belonging and inclusion) and transformation (of health and wellbeing).
Chapter 9: Conclusion

The core finding of this thesis was that participants in the study were experiencing an occupational role transition. This study provides new knowledge and stimulates new ideas on the occupational science phenomenon of occupational role transition.

Occupational role transition occurred when the young people in this study became regional university students. Occupational role transition is a process that occurs over four stages: 1) inception, 2) experience, 3) metamorphosis and 4) transformation. These stages are analogous to those of the lifecycle of a butterfly, which is a metaphor for the transition experienced by the participants in my study, from their enrolment at university (analogous to the egg stage) to being fully fledged regional university students (analogous to the butterfly stage). Further, occupational role transition is contextually bound—the occupational choices and occupational opportunities within this context reflect the enablers and barriers of occupation in the environment.

The process of transition was influenced by the time used to perform and participate in occupations, specifically in the occupation of study, which dictated the time available for other chosen occupations. The regional, home and university environments were pivotal in enabling occupational choices and opportunities for participants in their student roles. Geographic, social, cultural and institutional contexts presented barriers and enablers to performing and participating in occupation. Within the spheres of time and place, these young people experienced being and becoming regional university students.

Importantly, during the process of change, participants needed to establish their identity through their occupational choices, to become capable in occupations and to
feel a sense of belonging and inclusion through engaging in occupations with others. These are complex interrelated concepts that may be hindered or facilitated by the occupational choices and opportunities available within the environmental context and over the passage of time.

The outcomes of occupational role transition were reflected in participants’ perceptions of their health and wellbeing. This was experienced on a continuum of reduced to improved health and wellbeing, depending on how well the participants navigated the process of occupation role transition. The lived experience of health and wellbeing was unique to each individual; however, some health and wellbeing issues were common to the group. An occupational role transition model was developed to summarise and visually represent the complex phenomenon of occupational role transition.

Occupational role transition, as a concept, merits a place in the discourse of occupational science since it occurs for all humans throughout their lives and is not exclusive to young people transitioning from secondary school to university. Whiteford (2017) states that participating in higher education is both empowering and transforming. My study provides a detailed lived account and theoretical understanding of the occupational role of being a regional university student. As a population group, Australian university students, particularly those in regional and remote communities, are under-represented in the occupational therapy and occupational science research (Whiteford, 2017). Existing research involving an integrated literature review has identified a gap in previous theoretical knowledge of transition in relation to occupation and advocates to the development of theory of transition from an occupational perspective (Crider et al., 2015). My study attempts to address the gap in the literature on this topic by providing new insights into the experiences of regional university
students. Bringing occupational role transition into the discourse of occupational therapy and occupational science may offer an alternative way of understanding the ever-changing roles that people occupy in their everyday lives.

Most importantly, the concept of occupational role transition may offer occupational scientists and occupational therapists a means of justifying the importance of occupational health and wellbeing by articulating the complexities of engaging in occupation that influence the experience of health and wellbeing. It is critical that occupational scientists consider healthy population groups as well as those with health conditions or disabilities. Hocking and Wright-St Clair (2011) state that new concepts in occupational science have the potential to transform the understanding of the field. Occupational role transition, as explored in this study, may be considered a new concept that can provide a new way of thinking about occupational roles and the process of transition.

An understanding of occupational role transition has the potential to help improve the health and wellbeing of both individuals and populations and advance occupational science as discipline. This research provides insight into human occupation from the perspective of young people attending a regional university in Australia. The findings of this study provide an understanding of occupations at the individual level (the students who participated in this study), the community level (regional university students) and the broader population level (regional young people). These findings add to the existing knowledge about human occupation and health and wellbeing for these population groups.

9.1 Study Limitations

There were some limitations to this study. Although sample size was considered adequate for this study, the inclusion of only 27 young people from one regional
Australian university limits transferability of the findings to other regional university students in Australia. Indeed, the experiences of other regional university students may differ based on their specific environmental contexts, their university settings and courses and their previous backgrounds. While this study did not aim to provide generalisable findings for all regional university students or all university students in Australia, there is scope for further studies to be conducted at other Australian universities, both in regional and in metropolitan areas although the results may not vary.

All participants recruited for this study were female, despite the effort to recruit participants of both genders. Therefore, the findings may represent a gender-biased view of occupational role transition. Further studies that include young men as they transition into the role of university students are needed.

Further, 26 of the 27 participants were enrolled in health science courses, which comprise a major proportion of the curriculum at CSU’s Albury–Wodonga campus. The participants’ background in health may have influenced them to volunteer to participate in an occupational science study. Future studies would benefit from recruiting participants from a range of university courses to broaden the perspectives provided.

The young people who took part this study, despite being from regional areas, were most likely from a privileged subset of the population of young people in Australia since they had adequate occupational opportunities that had facilitated their occupational choices to become university students or, at least, to experience the first stage of the occupational role transition model, occupational inception. That is, they had already taken their first steps on their journey of transition. The findings of this study do not extend to young people who may wish to commence university but are not afforded the occupational opportunities or choices to do so.
This study was cross-sectional in design—while providing a valuable snapshot of a particular population of regional university students at two points in time over a three-year period, it could not explore changes that may have occurred over time. Further studies employing longitudinal designs to investigate changes in occupational role transition over time, such as studying the same students both in their first year and in their fourth year, are needed.

A limitation of using both hermeneutic phenomenological and constructivist grounded theory approaches is the need for the researcher to have an in-depth understanding of both approaches and to find supervisors who are knowledgeable about both approaches (Wilson & Hutchinson, 1991). The two-stage methodological approach also requires the researcher to understand all the methods involved, including those for collecting and analysing data.

The procedure for gathering and analysing data was complicated by the large volume of data and the need to understand it on multiple levels. Consequently, it was time-consuming and required additional educational and financial resources. The data were collected intermittently over a three-year period, while it took over two years (part-time) for analysis of the interview data and over one year (part-time) for analysis of the focus group data. The volume of verbal data was high, with approximately 27 hours of verbal dialogue to transcribe. Analysis of the data was particularly labour-intensive requiring additional time.

### 9.2 Implications and Recommendations for Future Research

There are several implications of these findings as well as recommendations for future research and practice. In this section, I discuss the specific implications for occupational science, occupational therapy, rural health and population health and the general implications for educational settings, governments and key stakeholders.
### 9.2.1 Occupational science and occupational therapy

The conceptualisation of occupational role transition adds to the occupational science knowledge through understanding the basis of human occupation. The findings of this study suggest there is a link between the concept of occupation role transition and existing occupational science concepts, such as occupational choice, occupational opportunity, occupational identity, capability, social inclusion, time use, environmental context and occupational balance.

The occupational role transition model could also be applied to other population groups, although further research is required to determine its applicability. Transition in occupational roles occurs across the human life span. These may be commonplace and applicable to many people, such as becoming a mother for the first time, starting a new career or retiring from work, or they may be uncommon and specific to particular population groups, such as war veterans with post-traumatic stress disorder returning to civilian life, prisoners being released into the community or asylum seekers moving to a new country. Future occupational science research should focus on the experiences of a broader range of population groups, both healthy and unhealthy.

Occupational role transition is a concept that can be applied to clinical occupational therapy settings. Using the specific language and concepts of occupational science brings an occupational perspective to issues that affect the lives of individuals from all population groups. For example, when consulting with a patient who has undergone surgical amputation of a limb, the occupational therapist could apply the occupational role transition concept to facilitate the patient’s rehabilitation. Gaining an understanding of what has caused the transition, the patient’s experience of the transition, the enablers and barriers of the transition, such as independence, identity, time use, belonging and inclusion and the environment, and the health and wellbeing
implications of the transition would help in assessment, education and intervention and help the patient navigate his or her occupational role transition more easily. Further research on the use of the occupational role transition model as a guide for therapeutic practice in an array of different clinical settings and population groups is warranted.

9.2.2 Regional and rural health

This study investigated a population of young people that have been not been widely researched in the occupational science and occupational therapy fields. The participants in this study performed occupations both collectively and as individuals; however, they all shared the common experience of being a university student in a particular environmental context. Therefore, this study provides insights about engaging in occupation in this particular role and context. Population health is not only influenced by human occupation, but also by the environmental context. There is a growing consensus that future research on the occupation of populations should focus on the larger global issues, such as climate change (Capon, 2014; Dennis, Dorsey, & Gitlow, 2015; Wick & Jamieson, 2014; Whittaker, 2012), poverty and overcrowding (Dennis et al., 2015), rurality (Watson, 2013) and globalisation (Taff, Bakhshi, & Babulal, 2014) to improve public health outcomes. The occupational context, whether it be geographic, social, cultural, political or institutional, influences the occupations of populations within that context and, consequently, their health and wellbeing (Wick & Jamieson, 2014). This study provides insight into the association between occupation and the common health issues facing young people in a regional area, specifically regional and rural university students. However, given that this population group shares qualities and characteristics with other rural and regional groups, these insights may have broader implications in relation to population and public health. Further research on occupational role transition in other regional and rural populations, such as farmers,
Indigenous people and the elderly, is warranted. Likewise, research on occupational role transition specific to environmental health concerns, such as rurality and climate change, may provide an occupational viewpoint on these contemporary health determinants in relation to occupation.

9.2.3 Population and public health

Using an occupational perspective to unravel the issues of population and public health may be valuable for occupational science research. Wilcock (2007) encourages occupational therapists to promote population health by embracing concepts such as choice, participation and opportunity for engaging in meaningful occupations. Similarly, health promotion and occupational therapy may be compatible in tackling population health issues within society (Tucker, Vanderloo, Irwin, Mandich, & Bossers, 2014). Addressing population health issues from an occupational perspective of ‘doing’ occupation may empower individuals, the community and the greater population (Fossey & Scanlan, 2014; Watson, 2013). Needless to say, occupations may not always be beneficial for health, wellbeing or justice, even if they are meaningful and provide structure and organised time use—this reminds us that occupations are, in fact, idiosyncratic in their effects (Polatajko and Townsend, 2007). For example, some occupations can be harmful, unsafe, unhealthy or illegal and result in negative health outcomes for the individual and the community at large. The concept of occupational role transition provides an understanding of the continuum of health and wellbeing for different individuals, as well as highlighting that health and wellbeing are not the same for everyone.

Occupational role transition as a concept provides an incentive for the occupational science discipline to raise the profile of the occupational perspective of health and wellbeing in population and public health. Molineux and Whiteford (2012)
propose that occupational science research should focus on the levels at which occupation occurs—that is, from the micro to the macro, or from the individual to the family to society and to the broader population. To date, occupational scientists have primarily explored human occupation at the individual level—occupation at the levels of the family, the community or the broader population has not been as rigorously or thoroughly researched. There are real and clear health implications of the process of occupational role transition of health issues for young people. Occupational scientists and occupational therapists can help unravel these issues and provide interventions to public health issues, such as mental health conditions, binge drinking and sedentism, by taking an occupational perspective. Further, the health issues for young people as a population group may vary between subgroups, such as rural young people compared with urban young people, or Indigenous young people compared with non-Indigenous young people. Nevertheless, occupational role transition affects health and wellbeing across a continuum, depending on the experience of the individuals and the population group as a collective. Population health professionals may benefit from understanding the complex occupational factors that inform health and wellbeing. Therefore, future research could focus on gaining further knowledge on the link between population and public health issues, such as mental health, and occupational role transition. Future research could also highlight the potential benefits of using occupation-focused assessment, intervention and education in areas of public health promotion.

9.2.4 Education settings, governments and policy

Participants in this study experienced becoming a regional university student as a time of great change. I argue that there is a place for occupational therapists in universities to help students transition into their new role. This therapeutic role could be beneficial in guiding students through the issues that affect the process of occupational
role transition, such as time management, integrating into the environment, finding employment, developing domestic skills such as cooking and cleaning and linking students with occupational opportunities in groups, clubs and sports. This occupational therapy role could also assist students struggling with health and wellbeing issues by identifying interventions that will help them remain at university, especially given the growing concern from universities about student attrition (Boehm et al., 2015; McAuliffe & Barnett, 2010). Occupational therapy could offer an essential health service that increases student retention and helps student succeed in their chosen qualifications.

As educational institutions, universities may need to place more emphasis on supporting students as they transition into their new role. Recent occupational therapy research (Keptner, 2017) in the US implemented an occupational therapy program to first-year college students to help the transition into their new role. The program involved group meetings over five weeks that covered occupational topics such as leisure, sleep, work, education, instrumental activities of daily living and social participation. Follow-up interventions were also completed. The findings suggested that targeted interventions for these occupational areas may improve the transition for university students. Therefore, research on similar occupation-focused interventions to ascertain the effectiveness and appropriateness of occupational therapy in Australian university settings is warranted.

From a government and policy perspective, it is of concern that many participants identified that attending university was financially difficult, with some students being unable to afford to buy food. Limited access to money was a barrier for participation in the student role and some students were at risk of adverse health and wellbeing outcomes from being unable to engage in occupations of choice or meaning.
It may be argued that the ability to remain in higher education is heavily influenced by financial status. The Australian government provides some financial support to eligible students through Centrelink; however, many students in my study receive no government or parental support. Further, regional young people frequently need to move away from home to access higher education (Alston, 2004). Further research on the direct impact of limited financial resources as a barrier to occupational role transition is required to advocate for a government policy review on the funding available for regional university students.

9.2.5 Final word

The findings of this study have enabled a fusion of new understanding regarding the experiences of regionally based university students from an occupational perspective by integrating the concepts of occupation, health and wellbeing and the environmental context to understand occupational role transition. The primary findings of the whole experience were that the regional on-campus university students experienced the phenomenon of occupational role transitions. This experience includes a complex interaction of the inception of the occupational role, experiencing the occupational role, the metamorphosis into the occupational role and the ultimate outcome of the health and wellbeing of occupational role transition. Occupational choices and occupational opportunities for participating in occupation underpin the lived experience of occupational role transition. Occupational role transition is impacted on by the construct of time and the environment context which facilitates enablers to the occupational role transition or hindered occupational role transition by forcing barriers. Occupational role transition is undoubtedly complex; however, this study broadens the knowledge and understanding of this concept as an occupational science phenomenon. This study has provided a detailed understanding of the specific population group of
Australian regional on-campus university students, for which there has been little occupational science and occupational therapy research in the past. It also provides impetus and inspiration for future research on occupational role transition in other population groups by enhancing an understanding of an occupational perspective of health and wellbeing through the occupational role transition process.
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Appendix A

Phenomenological interview guide

*Exploring occupational participation, choice, and opportunities of university students located in a rural environment*

Amie Meads: Occupational Therapist / PhD Candidate

**Introduction:**

This interview will consist of a series of open-ended questions exploring three areas of interest in this study: how you use your time, how you view your health, and your thoughts on living in a rural area. Please answer as honestly as you can. If you don’t want to answer a particular question, you don’t have to.

**Time Use:**

What do you do during a typical week, starting at Monday and going through to Sunday?
Do the typical activities you do change during the year? For example, do your activities change according to the season of the year or during the university term and during the holidays?
(What are your main leisure activities?)
(What are your main work or educational activities?)
What do activities you do to look after yourself and your hygiene? How long do you usually spend doing these kinds of tasks?
Are there any other types of activities that you do that you haven’t mentioned yet?
Are there other ways you would like to spend your time, but don’t or can’t? What stops you from doing these activities?

**Health and Well-being:**

What kinds of activities that young people do, do you think contribute to young people’s health and well-being?
What kinds of activities that young people do, do you think cause ill health or reduce well-being?
Do you think that how you use your time to do things is healthy? What is an example of how what you do contributes to your health? What is an example of how what you do is unhealthy?

**Environment:**

Please tell me a little about your home in Albury-Wodonga? For example, how close/far you are from shops and services? What is your accessibility to parks and gardens?
Who do you live with and/or spend time with in Albury-Wodonga? (I don’t need to know their names or personal details, just general details. For example, you might live with another university student and spend time with people at the local sports club.) How would you describe the social and cultural aspects of Albury-Wodonga? For example, what sorts of people live in this area? Is it multicultural? Are there clear social groups? What are the socio-economic’s of the area?

Did you grow up in a rural environment or city environment? How was this environment the same or different to where you live now?

Are there any things that you would like to do with your time, but can’t because of where you live? How does this impact on your sense of health and well-being?

Are there any things that you have been enabled to do because you live in this rural environment? How has this impacted on your sense of health and well-being?

Do you think that there are enough opportunities to choose how you spend your time in Albury-Wodonga? Why/ why not?

Do you think that there are enough opportunities to maintain you health and well-being in Albury-Wodonga? Why/ why not?

Were there any other choices or opportunities to do things with your time in the area where you grew up that are different to what is available in this environment? Why/ what are they?

If you had a magic wand and could create anything that you wanted with a swish of your hand, what would you change about Albury-Wodonga that would enable you to do an activity that you cannot currently do?

Is there anything else that you think is important for me to know about the choices and opportunities you have to do what you want to do in Albury-Wodonga?

What do you think I should ask young people about to find more out about how choices and opportunities for activities in Albury-Wodonga affect their health and wellbeing? (Once they’ve answered, ask them to answer their question, and then also ask the next person I interview the question that was suggested. Therefore, later respondents might be asked more or different questions than earlier respondents.)
Appendix B

Example of personal memo notes from the interviews

6/5/2014

Interview 20: Jill

Jill came into quietly to the room. She was very shy and softly spoken. She did not make eye contact with me much during the interview and mainly fiddled with her hands. Jill’s story quickly became a sad one. She explained that her family background. She misses her family. She talked about her difficulty making friends. Jill then explained how she had failed and subject and needed to repeat a year. She seems down on herself about this. She explained that she is not eating well and loses concretion easily.

At the end of the interview I ask Jill if I can help her in anyway with services. She said no thanks but took the health services sheet.

I felt really sad for Jill. Everything about university seemed to be difficult for her. I hope she continues with her studies and gets some support in the future.

What can the university do to help students like Jill?

What about the financial support? How can she get help?
Appendix C

Focus group guide
Interview Guide: focus group

TRANSITION

What has your experience of transitioning into a university student been like for you or your peers? What has changed for you since you started university?

Time use

How have you managed your time use since becoming a university student? Has it been easy or difficult to use your time the way you want to?

Social and cultural belonging

Since becoming a university student how have you found the social and cultural experience? Is it easy to meet new people, join new groups or go new places with others?

Occupational identity

Now that you have started university have you found that you have begun to develop a new identity as a university student? Has this changed since you moved from your home?

Rural and regional environment

What is it like to live in a rural and regional environment as a university student? What are the pros and cons of living in a regional area for you and your peers?

Independence

Since becoming a university student have you gained a sense of independence in your new role? Has this been easy or challenging for you?

HEALTH

Now that you are at university are there any health issues that are apparent for you and your peers? What do you think as a group may have caused these issues for university students?

Do you think there is a relationship between health and what you do with your time as university student?

Do you think there is a relationship between living in rural and regional environment like Albury, and your health and wellbeing?

CHOICE/OPPORTUNITY

Thinking about being a university student living in a regional area what choices and opportunities do you have to do what you would like? What influences your choices?
As a group, do you think that the regional area provides students with enough variety of opportunities to do what they would like?

Considering your choices and opportunities in this area, do you think that this has impacted on your transition to university?

Are there any other factors that we haven’t discussed that may have impacted on your transition to becoming a university student?
Appendix D

Diagram of the preliminary codes from the interviews
### Appendix E

Table of common preliminary themes from the interviews

<table>
<thead>
<tr>
<th>Focal occupational experience</th>
<th>Collective experiences from the group of students</th>
<th>Individual experiences from the interviews</th>
</tr>
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<tbody>
<tr>
<td><strong>Independence</strong></td>
<td></td>
<td></td>
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</tbody>
</table>
| 1. Transitioning into a new rural and regional context: finding a sense of independence | - Moving out of home  
- Living at home  
- Living in-between university and home  
- Finding freedom  
- Felling vulnerable  
- Domestic life  
- Managing study  
- Having a job  
- Getting some rest  
- Having fun and time out |                                            |
| 2. Becoming independent: the influence on health and well-being |                                                  |                                            |
| 3. Transitions in occupational independence to meet the needs of being a university student |                                                  |                                            |
| **Social and cultural belonging** |                                                |                                            |
| 1. Belonging to a university community: being involved in the student role | - Communal living  
- Study specific culture  
- Joining clubs and groups  
- Social and cultural groups  
- Creativity and arts groups  
- Making friends  
- Missing out  
- Being the odd one out  
- Technology, social media and socialising  
- University lifestyle  
- Party culture  
- Country culture |                                            |
<p>| 2. Social occupations at university: the experience of inclusion and exclusion through occupational participation |                                                  |                                            |
| 3. Cultural occupations at university: the experience of inclusion and exclusion through occupational participation |                                                  |                                            |
| 4. Belonging to a regional community: understanding the |                                                  |                                            |</p>
<table>
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<tr>
<th>Identity</th>
<th>Time use</th>
<th>Connection to the environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fresh start: the experience of starting new occupations</td>
<td>1. Routines and habits: Scheduling occupational time use</td>
<td>1. Travelling long distances to participate in occupations</td>
</tr>
<tr>
<td>2. Staying connected: the experience of maintaining past occupations</td>
<td>2. Free time enables occupational participation</td>
<td>2. Accessible resources in the university environment</td>
</tr>
<tr>
<td></td>
<td>5. Occupational time deprivation: when time results in occupational deprivation</td>
<td>- Accessing the services and resources</td>
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<td></td>
<td></td>
<td>- Family orientated occupations in the country</td>
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</tbody>
</table>
3. The importance of nature in the rural and regional environment  
4. The importance of doing occupational in the rural and regional environment

- Feeling connected to the land  
- Feeling connected the community  
- Being country and staying country  
- Being resilient  
- Health in the country  
- Occupational opportunities in the rural and regional environment
Appendix F

Stage 2: Line-by-line coding

<table>
<thead>
<tr>
<th>Focus group codes: Line by line coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Expectations</td>
</tr>
<tr>
<td>2. Change/ different/ transition</td>
</tr>
<tr>
<td>3. Transition from year 12</td>
</tr>
<tr>
<td>4. Challenges/ stress</td>
</tr>
<tr>
<td>5. Achieving and effort</td>
</tr>
<tr>
<td>6. Freedom</td>
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<tr>
<td>7. Time use</td>
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<tr>
<td>8. Having support</td>
</tr>
<tr>
<td>9. Accessing the environment</td>
</tr>
<tr>
<td>10. Chilling out/ time out</td>
</tr>
<tr>
<td>11. Moving out of home/ moving in with others</td>
</tr>
<tr>
<td>12. Uni in consuming</td>
</tr>
<tr>
<td>13. Uni is exhausting</td>
</tr>
<tr>
<td>14. Uni is expensive</td>
</tr>
<tr>
<td>15. Other roles are distracting</td>
</tr>
<tr>
<td>16. Limited opportunity to work</td>
</tr>
<tr>
<td>17. Not having money</td>
</tr>
<tr>
<td>18. The need to travel</td>
</tr>
<tr>
<td>19. Going hungry</td>
</tr>
<tr>
<td>20. Needing domestic skills</td>
</tr>
<tr>
<td>21. Independence: lost and gained</td>
</tr>
<tr>
<td>22. Issues with sleep</td>
</tr>
<tr>
<td>23. Living the uni lifestyle</td>
</tr>
<tr>
<td>24. Trying to fit in</td>
</tr>
<tr>
<td>25. Having choices</td>
</tr>
<tr>
<td>26. Gaining a identity</td>
</tr>
<tr>
<td>27. Party/drinking culture</td>
</tr>
<tr>
<td>28. Uni environment versus home environ</td>
</tr>
<tr>
<td>29. Shifting the focus away from uni</td>
</tr>
<tr>
<td>30. Thinking about the future</td>
</tr>
<tr>
<td>31. Having transport</td>
</tr>
<tr>
<td>32. Lack of energy</td>
</tr>
<tr>
<td>33. Mental health impacted on by uni</td>
</tr>
<tr>
<td>34. The country culture and health</td>
</tr>
<tr>
<td>35. Holidays give time out and rest</td>
</tr>
<tr>
<td>36. Privacy and health</td>
</tr>
<tr>
<td>37. Money is barrier</td>
</tr>
<tr>
<td>38. Access is a barrier</td>
</tr>
<tr>
<td>39. Missing out</td>
</tr>
<tr>
<td>40. Balance roles</td>
</tr>
</tbody>
</table>
Appendix G

Participant information pack

- Please note same information pack given to both interview and focus group

Hello,

My name is Amie Meads and I am an Occupational Therapist. I am currently completing my PhD titled “Exploring the occupational role of being a student living in a rural and regional environment” here at CSU.

I have come to talk to you briefly today about my research and to seek any interested people to participate in my research in a one off focus group discussion. The purpose of my research is to better understand the lived experiences of young people aged 18-21 years old who attend Charles Sturt University at the Albury-Wodonga Campus. I would like to discuss with you in small group setting, how you and your peers use their time, experience health and well-being and experience living in the regional and rural environment.

I will discuss the findings I have uncovered to date in my interviews with other young people. These findings include the experiences that others have had on:
- Transitioning to university
- Belonging in the cultural and social environment
- Developing an identity
- Using time
- Living in a regional landscape

I hope to discuss with you in the group whether you have experienced any barriers or enablers as you have transitioned to university and the choices and opportunities that have been presented to you.

If you choose to be involved, you will be asked to participate in a focus group discussion with me and approximately 4-6 other students. It is likely the focus group will last approximately 60 minutes and the discussion will be audio-recorded. I will also provide a whiteboard and butchers paper to collect written comments or drawings relating to the focus group discussion.

We will arrange a mutually convenient time and location at CSU’s, Albury-Wodonga Campus for the focus group. During the focus group I will ask a series of open-ended questions to find out more about your experiences of being a university student. You do not have to answer any question that you do not wish to answer. You can stop your participation in the focus group at any point if you do not want to continue. You have the right to also have your comments withdrawn if you wish and every effort will be done to do this.

I will be transcribing the focus groups and then qualitatively analysing them. I will be comparing common ideas and themes to the previous findings from the 24 interviews. I will be asking for your age, gender, current residential postcode, and your postcode while in year 12. I will report these details only in aggregate.

By collecting information about people’s experiences of time use and health while attending university and living in a regional or rural area, I hope to better understand the range of experiences that people have had and what opportunities or choices are available for young people in this area. I hope to identify barriers and facilitators that impacts on your choices in
time use and health and well-being. The information collected in this study is of interest to occupational therapists and other health professionals working with young people and/or working in a rural area.

I will report the findings of this study in my PhD thesis which will be submitted to Charles Sturt University. The thesis will be also submitted to the Charles Sturt University library. The findings of this study may be published in journals and presented and discussed at conferences in Australia and overseas.

You will be asked to discuss personal experiences as a university student, including what kind of activities you do, how you think your health is affected by what you do and by attending university in Albury-Wodonga, and how living in Albury-Wodonga area affects what you do. I will protect your identity by using a pseudonym and if you interested in participating I can provide you with a full information sheet, which outlines the research in more detail. The transcripts and artefacts from the research will be securely stored.

If you are interested in participating in this study, please place your name on the list provided at the conclusion of my information session and take an information sheet. I will confirm with you via email that you are still willing to volunteer to participate in the study and a mutually convenient time will be arranged for the group to meet on campus. Following this you will be asked to provide written and verbal consent before the focus group commences. You will also be given the chance to ask any questions before the focus group commences.

Thank you for your time today.
INFORMATION SHEET AND INVITATION TO PARTICIPATE

“Exploring the occupational role of being a student living in a rural and regional environment”

Researchers (Investigators):
Amie Meads, PhD candidate (Ph: 0439 427731);
email: amiemeads@aimotservices.com.au

Supervisors:
Associate Professor Megan Smith, Charles Sturt University
Phone: +61260519245
email: mesmith@csu.edu.au
Dr Helen van Huet, Charles Sturt University

About the researcher:
Hello my name is Amie Meads and I am an Occupational Therapist. I am currently undertaking doctoral studies at Charles Sturt University. I grew up in North East Victoria and attended Charles Sturt University to complete my undergraduate degree. I now continue to work and live in North east Victoria.

What is this study about?
This study explores what it is like to live, work, study, rest, and play while attending CSU Albury-Wodonga Campus. I am especially interested in understanding what you do with your time as a university student. Occupational therapists refer to the things that people do as “occupations”. In this sense, occupations are more than just work, they also include activities that you do for study, for leisure or recreation, for rest, relaxation, and sleep, or to look after yourself or others.

In particular, I would like to know more about:

- How you use your time and the kinds of activities you do
- How you perceive your health and well-being
- How you view the rural and regional environment of Albury-Wodonga
- How you perceive the opportunities and choices available to you in the Albury-Wodonga area, to do what you want to do with your time and to assist you to be healthy and well.
I am interested in better understanding the relationship between attending university in a regional area (Albury-Wodonga) and how you use your time, and how this influences your health and well-being. I have recently interviewed 24 young people who also attend CSU and have developed some preliminary findings. I would like to check whether these findings are also relevant to you. I would like to ask you as a group some questions about your experiences of:
- Transitioning to university
- Belonging and connection with others at university
- Developing an identity at university
- Time use as student
- The influence of the rural and regional environment on being a student
- The enablers or barriers to doing what you want as a student in the rural and regional environment
- The choices you have available to do what you want
- The opportunities you have as a student in rural and regional environment

What does participation involve?
If you choose to be involved, you will be asked to participate in a focus group discussion with me and approximately 4-6 other students. It is likely the focus group will last approximately 60 minutes. The focus group will be audio-recorded. I will also provide a whiteboard and butchers paper to collect written comments or drawings relating to the focus group discussion. Through discussion with me, we will arrange a mutually convenient time and location at Charles Sturt University, Albury-Wodonga Campus for the focus group. During the focus group I will ask a series of open-ended questions to find out more about your experiences of being a university student. You do not have to answer any question that you do not wish to answer. You can stop your participation in the focus group at any point if you do not want to continue. You may also have your comments withdrawn from the focus group transcription at your request. In this case, every effort will be made to remove your verbal and written input from the study. Your identity will remain protected.

Who can participate?
To participate in this study, you must be 18 - 21 years of age and be currently attending Charles Sturt University, Albury-Wodonga Campus. You also need to be living in the Albury-Wodonga area, at least during university sessions.

How will the information be used?
I will be transcribing the focus groups and then qualitatively analysing them. I will be comparing common ideas and themes to the previous findings from the 24 interviews.

I will be asking for your age, gender, current residential postcode, and your postcode while in year 12. I will report these details only in aggregate. These details will not be linked with individuals’ names.

By collecting information about people’s experiences of time use and health while attending university and living in a regional or rural area, I hope to better understand the range of experiences that people have and what opportunities or choices are available for young people in this area. I aim to identify barriers and facilitators to choices in time use and health and well-being. The information collected in this study
is of interest to occupational therapists and other health professionals working with young people and/or working in a rural area.

I will report the findings of this study as a PhD thesis which will be submitted to Charles Sturt University. The thesis will be submitted to the Charles Sturt University library. The findings of this study may also be published in journals and presented and discussed at conferences in Australia and overseas.

Is there any risk if I participate?
You will be asked to speak about personal experiences as a university student, including what kind of activities you do, how you think your health is affected by what you do and by living in Albury-Wodonga, and how living in Albury-Wodonga affects what you do. During the course of the focus group, it may be possible to identify problems or challenges associated with your choices to do what you would like with your time or issues with your health and well-being or challenges due to living in a rural area. The focus group may give you a chance to reflect upon and problem solves any concerns you identify with your peers. However, it is also possible that you may have some ideas about how health services or opportunities could be improved in the local area or you may identify that you would like to know more about how to improve your health and well-being experiences, services and opportunities in the local area. It is possible that during the focus group you may realise that you maybe encountering a health problem and this may cause concern or distress.

To help give you guidance and encouragement all participants will receive a copy of the Health Services Contact List, which will provide information regarding the health services that are available locally and nationally, including counselling, and general medical and hospital services. You can choose how much or how little you say. You can also choose what you say.

How will my privacy be protected?
To protect your identity, a pseudonym (a made-up name) will be linked to your story. Your real name will not be used in public reports about the study. The main themes and ideas that people speak about will be reported. In some publications or presentations, quotes from your interview may be used to support the findings of the study. Where such quotes are reported in public documents, I will leave out or change personal details that might identify you as the teller of the story.

The focus group transcripts will be stored in a locked office at my home, in Wangaratta, during the data collection and analysis period. After the study, the records will be stored in locked offices in the School of Community Health at Charles Sturt University. Digital files will be stored on my personal computer and protected by passwords during the study and then after the study on the University’s secure system and protected by passwords known only to the researchers.

You will be asked to express your interest via placing your name on the list provided following my information session in your lecture. Following this you will be asked to provide written and verbal consent. You will also be given the chance to ask any questions before the focus group commences.

What happens now?
You are welcome to participate in this study, but you do not have to participate if you do not want to. Your participation is entirely voluntary. There is no penalty if you
decide not to participate and if you do decide not to participate in the study it will in no way impact on your university results. You may know of me or one of my supervisors, however only I will know your true identity and my supervisors will be unaware of who you are.

To register your interest please place your name on the expression of interest list following your lecture or email me (Amie Meads) at amiemeads@aimotservices.com.au.

Following the receipt of your interest, I will contact you via email and arrange a day and time to complete the focus group with you. You will be provided with a written consent form prior to commencing the focus group. The focus group will take place at Charles Sturt University, Albury-Wodonga Campus in one of the study rooms in the library or a room in the Gordon Beavan building.

Please contact me if you have any questions or concerns.
Appendix H

Example Consent Form

- Please note same information pack given to both interview and focus group

---

Consent Form

Dear Charles Sturt University Student,

I am an Occupational Therapy PhD student in the School of Community Health at Charles Sturt University. I would like to invite you to participate in a research project about how you use you experience being a student attending a rural/regional university. This project is titled:

“Exploring the occupational role of being a student living in a rural and regional environment”

In order to participate in this study, we require participants who are aged between 18-21 years only.

Your participation will include being interviewed in a focus group with approximately 6 other students once off approximately 1 hour. Following the focus group, you will be asked to review a summary of your responses to the interview to or change any of your responses as necessary. The interview will be audio tape recorded. You have the right to withdraw from the study at any time. Your anonymity will be protected thorough use of pseudonym.

The findings of this study will be shared by my thesis committee at Charles Sturt University. It is likely, that the findings of this study will be published in various professional journals. A copy of the completed study will be kept in the Charles Sturt University Library, Albury campus.

I appreciate you giving your time to this study, which will help me learn more about the things that young people living in a regional area and attending university do with their time and how this impacts on their health and well-being. If you have any questions, please feel free to contact me.

Please read the following statement and if you agree please sign at the bottom:

I understand that I am free to withdraw my participation in the research at any time, and that if I do I will not be subjected to any penalty or discriminatory treatment.

The purpose of the research has been explained to me and (I have read and understood the information sheet given to me.

The purpose of the research has been explained to me, including the (potential) risks/discomforts associated with the research and I have read and understood the written explanation given to me.
I understand that any information or personal details gathered during this research about me are confidential and that neither my name nor any other identifying information will be used or published without my written permission. I also understand that interviews will be audio taped.

Charles Sturt University’s Human Research Ethics Committee has approved this study.

I understand that if I have any complaints or concerns about this research I can contact:

**Executive Officer**
**Human Research Ethics Committee**
**Office of Academic Governance**
**Charles Sturt University**
**Panorama Avenue**
**Bathurst  NSW  2795**

Phone:  (02) 6338 4628
Fax:  (02) 6338 4194
Thank you
Amie Meads

Occupational Therapist
PhD Student, Charles Sturt University.
Ph 0439427731
Email: amiemeads@aimotservices.com.au

Please sign below if you are willing to participate in the PhD thesis research project outlined above.

Signature________________________________________________________________________
Print name________________________________________________________________________
Date________________________


Appendix I

Local health services information sheet

Health Services Contact List:

Charles Sturt University: Student Services Office
Ph: 1800 275 278
http://www.csu.edu.au/division/studserv/home

- Student Counsellors offer confidential and professional assistance to students experiencing a range of academic and personal concerns including (but not limited to) anxiety, stress, depression, motivational problems, and relationship difficulties. Student counsellors recognise that these and other difficulties can impede students’ ability to study effectively.

Reach Out:
http://au.reachout.com/

- Information on mental health difficulties, alcohol and other drugs, family and other relationships, managing independence, loss and grief, physical health issues, safety and violence, school, uni and TAFE, sex and pregnancy, sexuality and coming out.

Lifeline: Ph 13 11 14
- Crisis support, suicide prevention, mental health support

Beyond Blue: Ph 1300 22 4636
- For help with depression, anxiety and other related conditions. This is a nation-wide initiative

Australian Drug Foundation: Ph 1300 858 584
www.adf.org.au
- Working together to prevent alcohol and other drug problems in communities.
Better Health Channel:

NURSE ON CALL: Ph. 1300 60 60 24

- For expert health advice from a registered nurse 24 hours a day, 7 days a week (for the cost of a local call from anywhere in Victoria. Calls from mobile phones may be charged at a higher rate).

Albury Wodonga Health

- Local hospital services

Albury Wodonga Aboriginal Health Services

- Local indigenous health service

Albury Wodonga GP Network

- List of local general medical practices
Appendix J

Researcher reflective writing

The following excerpt of my lived experience as an 18-year-old attending Charles Sturt University in the years 2003 outlines my thoughts at that time:

My Time use:

A typical week for me in my year of university was involved attending Uni part time on Monday through to Friday. From memory, I did not have classes every day, may be 4 days per week. On uni days I needed to catch the school bus from Beechworth to Albury as I did not have my licence in my first year. I hated catching the school bus as it left very early usually 7:30am and this meant I always arrived in Albury early. Sometimes classes wouldn’t start until 10am or I am so I had extra time to find something to do. I also hated the school bus because I was the only uni student on it and the rest were school kids. I remember feeling sad that I did have my own licence and freedom and wished that I had made more time during year 12 to get my driving hours up, but year 12 was so busy I didn’t feel I had the time. No one else from my course was Beechworth and most people lived on share houses in Albury, as there was no on campus accommodation in those days. When I had spare time, I would usually go to the library between classes and study. I found this good for me as I had the chance to do this without interruptions. I enjoyed doing the study in the library and I would listen to my music whilst studying. I liked to take time out when at uni and walk up to the shops and browse. This was always good for clearing my head. As I began to make new friends at uni I sometimes had lunches with them, although I remember that after classes most people went home. I needed to wait until the school bus was due to leave around 3:30pm. If I had a late class after 3:30pm, I had to wait around until my Dad could pick me up after he finished work which was at about 5:30pm. On my weekends, I always worked Thursday or Friday night at the local pub waitressing for some small cash. I then always played Netball for the local club on Saturday’s. This was a whole day event. I was a qualified Sport Trainer and volunteered as a trainer for the both the Netball and Football club. I was involved in strapping, massage, warm ups for the Footballers every week. I was the only female to be allowed the Football change rooms and this was a little taboo at the time. I then coached a junior netball team. My family was involved in the Netball club. My mum was the president, my Dad the Secretary and both my sister played with me. I played in the A Grade team and we finished last. After the game there was always an awards night or session. This was social time with all my friends and we normally went out for dinner and drinks. We usually liked to party and dance until the pub shut at 1pm and then we would look for another party in town. You tended to know everyone as the town was small and there was nothing else to do on a Saturday night. Sunday, I would usually feel tired and sore from Netball and sometime hung over from a big night out with my friends. Sunday’s, I would normally work at one of my jobs either the pub or gallery.

When I think about my main activities it was all about sport and socialising when I was this age. I didn’t socialise with my uni friends as much as my friends from Beechworth. At the time it seemed harder to spend time with uni people as they all lived in Albury and I lived 45min away in Beechworth with no car or transport. In Beechworth I could walk everywhere and I could always get a lift from my parents or friends. I loved sport and I had always played sport all my life. I played Netball, Basketball, Hockey, Swimming and
Athletics. I guess I was quite good at sport and represented my school at State Level in athletics for most of my schooling. However, when I was at uni the only sport on offer was Netball and with this came a club social culture that you needed to be a part of in order to fit in with the crowd. I worked as much as I could in several jobs over my uni course. It was very hard to fit work for a young person in Beechworth. I was lucky to have a job waitressing and at an art and craft gallery, although shifts were very limited and I usually only made about $100 per week. This was pocket money for weekend activities. I relied fully on my parents for most things including food, clothes, transport and money for uni. They only had limited funds to give me, so this is really why I remained living at home as it was cheaper for them too. I looked after myself by doing so much sport and eating well at home.

I remember that I sometimes wished that I had been able to drive in my first year of uni so I could attend more uni functions and make more friends. It was really hard and almost embarrassing to say to people I can’t come because I can’t get there, I don’t drive. In the first year most people were in share houses and made really close friends, but I couldn’t do this. Wanted to drive but it was hard to get me hours up at the time as both my parents were working and I didn’t have any other family available to take me. I think I felt isolated in Beechworth too, because all my friends from school had moved out of town and I felt like I was the only one left. I had friends at Netball and these were the people I spent all my time with. I also had 2 younger sisters living at home and we spent lots of time together.

My Health:

In general, I always felt like most young people I knew in Beechworth were involved in sport through the Football Netball Club. I think there was also a Hockey club too. This atmosphere was positive on health through training and playing sport. It was also an atmosphere where you felt like there were lots of social occasion and chances to have fun at parties. However, with this scene came the issues of excessive alcohol consumption which I think had a very negative affect on most young people’s health. At times I remember feeling sick and sad when drinking and the culture was always drink as much as you can in order to have a good time. I cannot remember anyone who did not drink at this time. I guess there was probably some people taking drugs too, but this wasn’t my scene and I didn’t really know who did or didn’t. There was also a lot of risk taking behaviour associated with the drinking after Football and Netball, such as people having unwanted sexual encounters, drink driving, people stealing and vandalising things, climbing and jumping off roofs, trees and waterfalls, people getting in fights both verbal and physical. It could sometimes get pretty ugly. I remember witnessing a few bad events and police being called.

I always thought that my participation in sport was very good for me both physically and mentally. It was very much part of my identity and all the people I knew were the same. I did feel that the culture of drinking was not good for me at times and honestly I didn’t love drinking until drunk but it was peer pressure most of the time. The drinking lead to poor sleep and feeling hung over. This was not healthy. In terms of my mental health, this was tricky one. I did feel quite lonely and isolated in my first year at uni because of where I lived. I couldn’t go to all the function and meet new people. I didn’t live with other like-minded people studying. However, I was lucky in other ways that I had my family supporting me and this was important when I as transitioning from year 12 which had
been a very big year for me. I was hard to grow up and be independent even though I wanted to.

**My Environment:**

My home in Beechworth was located on a large block of land in town. There were about 3000 people living Beechworth at the time. I lived on dirt road and quite street. I lived with my Mum who was a Pre-School Teacher, my Dad at that time was working in his trade as a Boilermaker, and my two sister’s one who was 2 years younger then me and the other 10 years younger than me. I had lived in this house since I was 5 years old. I could walk anywhere in Beechworth from home with 30min max. I used to ride my bike a lot along the rail trial. I walked my dogs every night with my sisters. As the eldest child I used to look after my little sisters a lot for my parents. We had no extended family living in Beechworth or in Victoria. So we all looked after each other and relied on each other for help. Outside of my family, most of my social network was in the Netball Football club scene.

Beechworth is a very white Anglo township. There were very few people with multicultural backgrounds in town. At the time, most residents and people I knew had lived in town all their life so had their parents and grandparents. Most people were related in some way. In many ways this made me and my family outsiders. I remember people had very fixed views about the role of women, other cultures, city people and anyone who was different. I was aware of this at the time. Most people were working class in Beechworth and worked locally. The town was becoming a popular tourist area at the time and more people were coming on the weekends to visit. The main social group I can remember was the Football Netball club. There were some other Arts society club and other smaller sporting clubs, but it was mainly Football Netball club. This is where most locals would spend their time and money.

I would have liked to be involved in different sports more. I was good at Athletics but there was no club or coaches nearby or facilities so I didn’t really continue on with this. I would have liked to spend more time in the city but it was so far from Beechworth and with no transport you didn’t really go. I liked going to concerts of Triple J bands, but again these events seldom happened in the area. At the time you tended to direct your time elsewhere or whatever was on offer and in Beechworth for people my age it was Netball or nothing really.

Living in such a safe and quite town was peaceful at times and it was a pretty place to grow up. There were lots of thing to do outside like walking in the bush or riding your bike. The air was always clean and fresh. There were lakes and creeks to swim in, lots of people had farms and horses, and there was the snow and mountains nearby. Living in Beechworth meant that I was close to my family and I felt much supported and secure with them around me. I think this helped me to achieve at uni. I do think that there were more opportunities to do things in Albury like there is an athletics club there and more sporting options. There are more shops and venues to attend. There are more people and perhaps more diversity. There is a train station in Albury to get to Melbourne or Sydney and an airport. There are gym and indoors pools in Albury. These extra things give you options that I don’t think were available in Beechworth for me at this time. I guess you would need money, but if my family lived in this area too then I would have had more
choice. Albury I don’t think is as safe as Beechworth and perhaps I wouldn’t have walking at night by myself.

I think young people’s occupational choices are influenced by their environment and the opportunities that this environment presents. In my experience, how I spent my time was not so much by choice but by what was on offer. This was both a good and bad thing, but it was all I knew. My health was an outcome of the issues like transport, recreational options, social networks, culture. I feel that if I had more options to do different things then my health have been better. I noticed lots of young people around me who their health was not so great through drinking, drug taking, risk taking and mental health issues. For young people who were not sporty, Beechworth was not full of other options for time use. I would change the environment for young people by offering more transport, clubs, places to spend time that were not sporting facilities or pubs. The rural environment itself is peaceful and lovely, but I think it’s more the culture and social configurations of this environment which may have the potential to cause reduced health and well-being through lack of choices and opportunities to use time.
Appendix L

Transition mind map
Appendix M

Conceptual diagram 1

## OCCUPATIONAL ROLE TRANSITION OF REGIONAL UNIVERSITY STUDENTS

**HOME**
- Geography
- Social
- Cultural
- Institutional

**REGIONAL ENVIRONMENT**

**UNIVERSITY**
- Geography
- Social
- Cultural
- Institutional

**INFLUENCES**
- Barriers
- Enablers

- Occupational choice

**OCCUPATIONAL CHOICE**

**OCCUPATIONAL OPPORTUNITY**

**SECONDARY SCHOOL STUDENT**

**ADOLESCENT**

**ADULT**

**UNIVERSITY STUDENT**

**OCCUPATIONAL INDEPENDENCE**

**SOCIAL & CULTURAL**

**OCCUPATIONAL TIME USE**

**OCCUPATIONAL IDENTITY**

**CONNECTION TO REGIONAL ENVIRONMENT**

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T I M E

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T I M E
Appendix N

Conceptual diagram 2
Appendix O

Example of meeting notes with supervisor

5th October 2016 &

[Handwritten notes on stages of data analysis and discussion]

Heramonic Circle/Spiral - whole text analysis

Stage 1: First group of text and first impression of participants

Stage 2: Deeper understanding & knowledge

Stage 3: Considering common & exceptional themes

[Diagram showing stages and notes]
(1) Define theme in relation to research & summarise
(2) Define quotes/excerpts to support theme
(3) Define observation from interviews or non-verbal cues to support theme
Diagram: Locating me away in the existing body of knowledge

23/3/2017

Existing Body Knowledge

Health young people

Regional Rural Health

Impact of occ choice/gap

= occ role (uni student) in agric envir

Impact on health/well being of young people