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# Occupational Functioning Rating Scale: Development and Validation

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**Abstract:** ***Background: Occupational functioning encompasses an individual's ability to effectively perform and participate in meaningful daily activities, including self-care, productivity, and social engagement. Among individuals with mental illness, impairments in occupational functioning are common and can significantly hinder recovery and quality of life. However, there is a dearth of standardized, culturally appropriate assessment tools for evaluating occupational functioning within Indian psychiatric settings. Objective: This study aimed to develop and validate the Occupational Functioning Rating Scale (OFRS), a comprehensive tool tailored to assess occupational functioning in individuals with mental illness in the Indian context. Methods: A two-phase, mixed-methods design was adopted. In Phase 1, focus group discussions with mental health professionals and caregivers led to the generation of 43 preliminary items, reflecting key domains of occupational functioning. Phase 2 involved content validation by expert occupational therapists and psychometric testing with a clinical sample (N=25). Internal consistency was assessed using Cronbach's alpha, and construct validity was examined through Principal Component Analysis (PCA). Results: The OFRS demonstrated excellent internal consistency (Cronbach's α = 0.90). Corrected item-total correlations for most items exceeded the 0.30 threshold, indicating strong item reliability. PCA revealed a 13-factor solution explaining 90.18% of the total variance, supporting the multidimensional nature of occupational functioning. No item deletion significantly improved reliability, supporting the retention of all items. Conclusion: The Occupational Functioning Rating Scale (OFRS) is a psychometrically sound and clinically relevant tool for assessing occupational functioning in individuals with mental illness. Its culturally grounded development and robust reliability make it a valuable resource for clinicians and researchers in Indian mental health and occupational therapy practice.***

**Keywords:** Occupational functioning, mental illness, psychometric validation, occupational therapy, functional assessment, psychiatric rehabilitation.

## 1. Introduction

Occupational functioning represents an individual's capacity to participate effectively in activities that hold personal significance, including self-care, vocational pursuits, leisure activities, and social engagement (Pan et al., 2020). It extends beyond the mere execution of tasks, encompassing role fulfillment, productivity, and a sense of satisfaction derived from daily life experiences (Navarro et al., 2013). Occupational functioning serves as a crucial determinant of an individual's overall health and well-being, playing a pivotal role in shaping their identity, bolstering self-efficacy, and fostering social inclusion (Hillman & Chapparo, 1995). Impairments in occupational functioning can have profound consequences, often leading to a diminished quality of life, social isolation, economic dependence, and psychological distress (Harvey, 2013).

Occupational functioning is intricately linked to an individual's ability to engage in work or other meaningful daily activities, encompassing not only the performance of tasks but also active participation in various roles, social interactions, and overall productivity. It stands as a critical aspect of health and well-being, exerting a substantial influence on an individual's quality of life, economic independence, and the outcomes of recovery processes, especially among individuals grappling with mental health conditions. Occupational functioning spans a wide array of domains, including employment, activities of daily living, and social roles, and is closely intertwined with an individual's overall functioning and their ability to participate fully in society (Sumiyoshi et al., 2015).

Occupational functioning is considered a key determinant of health and well-being; it is central to identity, self-efficacy, and social inclusion (Wilcock & Hocking, 2015). Impairments in occupational functioning often lead to reduced quality of life, social isolation, economic dependence, and psychological distress. Occupational functioning is influenced by a complex interplay of personal, environmental, and health-related factors.

Mental illnesses such as schizophrenia, bipolar disorder, and major depressive disorder are strongly associated with functional impairments in work, self-care, and social roles (Eack et al., 2019). Symptoms such as cognitive deficits, emotional dysregulation, and lack of motivation negatively impact task performance and work productivity. Environmental barriers, including stigma, limited workplace accommodations, and lack of community support, further exacerbate occupational dysfunction.

For individuals with mental illness, occupational impairment is a major source of disability, symptoms like poor concentration, social withdrawal, or reduced motivation often translate into reduced productivity, higher absenteeism, and impaired life roles. Literature emphasizes that psychiatric conditions frequently disrupt occupational functioning more than they predict symptom severity, underscoring the importance of evaluating functioning independently from symptom measures.

Multiple factors influence occupational functioning among individuals with mental health conditions such as Cognitive deficits, mood dysregulation, and motivational issues can impair task execution and job performance. Social and environmental factors**,** including stigma, workplace accommodations, and family support, significantly impact occupational engagement.

Despite its importance, occupational functioning is often under-assessed in psychiatric research and practice tools like the Global Assessment of Functioning (GAF) offer only broad, clinician-rated impressions and were removed or deemphasized in DSM-5 in favor of newer tools such as WHODAS. The Occupational Functioning Scale developed for depressive and anxiety disorders, showed excellent inter-rater reliability (ICC $\approx 0.91$) and reasonable criterion validity, but remains limited in scope and use.

Moreover, recent reviews of work functioning measurement highlight a fragmented landscape on assessing occupational functioning specifically in mentally ill populations. In regular occupational therapy practice there is a clear need for a practically oriented, reliable, and valid instrument to assess occupational functioning among psychiatric populations. Developing and validating such a scale addresses this gap by providing a robust tool to assess occupational functioning among mentally ill patients, thereby improving measurement of functional outcomes, informing interventions, and guiding policy and clinical decision-making.

Moreover, Occupational therapists (OTs) play a critical role in assessing and improving occupational functioning. Using a holistic, client-centered approach, OTs evaluate an individual's capacity to perform daily activities, identify barriers, and implement interventions to restore, maintain, or adapt occupational performance (American Occupational Therapy Association, 2020). In mental health, OTs focus on enhancing life skills, work readiness, social participation, and role competence through evidence-based interventions such as activity analysis, work simulation, and environmental modifications. Thus, accurate assessment of occupational functioning is crucial for treatment planning, monitoring progress, and evaluating intervention outcomes in occupational therapy practice.

In Indian occupational therapy settings, clinicians often rely on informal clinical observations, unstructured interviews, or Western tools that have not been culturally adapted or psychometrically validated for the Indian population. The lack of standardized instruments tailored to Indian socio-cultural and occupational contexts limits evidence-based practice, hinders accurate documentation of functional outcomes, and restricts research in occupational functioning among mentally ill individuals.

Given the functional impairments caused by mental illnesses and their profound impact on recovery, there is a critical need to develop and validate culturally relevant, psychometrically sound, and occupation-focused assessment tools in India. A standardized tool would enable occupational therapists and mental health professionals to Objectively assess functional deficits across work, self-care, and social domains, Monitor intervention outcomes and guide individualized therapy, Support research and policy-making by providing quantifiable evidence of functional disability, and Promote early vocational rehabilitation and community reintegration.

The development of the Occupational Functioning Rating Scale (OFRS) aims to address this gap by providing a standardized, reliable, and valid measure specifically designed to assess occupational functioning among mentally ill patients in the Indian context.

## 2. Methodology

The development of the Occupational Functioning Rating Scale (OFRS) followed a structured, qualitative-quantitative approach to ensure content relevance and clinical utility. The process was carried out in Two key phases:

### 1) Preliminary Item Generation

The initial phase involved conducting focus group discussions (FGDs) with key stakeholders in the field of mental health care. These groups included experienced mental health occupational therapists, social workers, and caretakers of individuals with mental illness. The aim of these discussions was to gather rich, practice-based insights into the functional challenges commonly observed in individuals with mental health conditions. Data from these FGDs were thematically analyzed, resulting in the generation of an initial pool of 43 statements that reflected various domains of occupational functioning.

### 2) Content Validation

To assess the content validity of the preliminary items, the 43 statements were presented to a panel of 10 senior occupational therapists with extensive experience in mental health rehabilitation. Each expert independently evaluated the relevance, clarity, and representativeness of the items using a structured content validation form. Based on their feedback, items were refined to enhance precision and remove redundancy. The content validity index (CVI) was calculated for each item to identify the most representative and clinically relevant statements.

Occupational Functioning Rating Scale:

| S. No. | Statements | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|
| 1 | Goes to an assigned area without reminder in a routine daily programme | | | | | |
| 2 | Understand and completes a task | | | | | |
| 3 | Travels independently | | | | | |
| 4 | Wears proper dress | | | | | |
| 5 | Takes care of toilet needs | | | | | |
| 6 | Follows meal time manners | | | | | |
| 7 | Comes to work daily | | | | | |
| 8 | Reaches work place on time | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 9 | Follows job site rules | | | | | |
| 10 | Keeps working until end of the day | | | | | |
| 11 | Follows the departure routines | | | | | |
| 12 | Utilizes the break time appropriately | | | | | |
| 13 | Comes back to work place after break | | | | | |
| 14 | Takes care of personal belongings | | | | | |
| 15 | Respect others belongings | | | | | |
| 16 | Respect superiors | | | | | |
| 17 | Cooperates with co-workers | | | | | |
| 18 | Follows instructions | | | | | |
| 19 | Avoid unnecessary talking | | | | | |
| 20 | Uses telephone or mobile when necessary | | | | | |
| 21 | Ask relevant questions | | | | | |
| 22 | Work as a team without being disruptive | | | | | |
| 23 | Joins social activities in the workplace | | | | | |
| 24 | Accepts corrections | | | | | |
| 25 | Avoid quarrels | | | | | |
| 26 | Respect help if necessary | | | | | |
| 27 | Control emotions | | | | | |
| 28 | Attend to an assigned task without disrupting others for 1 hour | | | | | |
| 29 | Perform household tasks | | | | | |
| 30 | Maintains appropriate sex behavior | | | | | |
| 31 | Uses tools safely | | | | | |
| 32 | Leaves tools and products in place | | | | | |
| 33 | Keeps work area clean | | | | | |
| 34 | Reports missing or broken items | | | | | |
| 35 | Work satisfactorily | | | | | |
| 36 | Shows sustained improvement in quality of work | | | | | |
| 37 | Difficulty in falling asleep | | | | | |
| 38 | Sleepiness interferes with daily routine | | | | | |
| 39 | Awakes in the morning and feeling tired | | | | | |
| 40 | Troubles staying asleep | | | | | |
| 41 | Entertains with activities | | | | | |
| 42 | Enjoying the activity was entertaining | | | | | |
| 43 | Communicates needs | | | | | |

The Occupational Functioning Rating Scale (OFRS), consisting of 43 items, demonstrated excellent internal consistency. Cronbach's alpha was **0.90**, indicating a high degree of inter-item reliability. The corrected item-total correlations ranged from **0.045 to 0.700**, with most items exceeding the recommended threshold of **0.30**, suggesting that the majority of items contributed adequately to the overall construct. Only a few items (Q1, Q13, Q19, Q30, Q41, Q43) had low item-total correlations (<0.30), but the Cronbach's alpha did not significantly improve if any item was deleted, justifying the retention of all items.

A Principal Component Analysis with varimax rotation was conducted to explore the underlying factor structure. Eigenvalues greater than 1 suggested a 13-factor solution, which explained 90.18% of the total variance.The first five components accounted for 58.87% of the variance, with the first factor alone explaining 22.04%, suggesting a dominant underlying construct. Communalities after extraction ranged from 0.71 to 0.98, indicating that the items shared substantial variance with the retained components.

Item-total statistics indicated that, Items with corrected item-total correlations above 0.40 (e.g., Q2, Q5, Q7, Q11, Q15, Q16, Q25, Q32, Q33, Q35, Q40) contributed most strongly to the internal consistency. No single item deletion would substantially increase Cronbach's alpha, supporting the scale's structural integrity.

**Scoring Method:**

| Score | Description |
|---|---|
| 1 | Never/Unable to perform |
| 2 | Rarely performs with frequent assistance |
| 3 | Sometimes performs with occasional prompts |
| 4 | Often performs independently |
| 5 | Always performs independently and consistently |

**Interpretation of Total Score (suggested cutoff ranges):**

| Score Range | Occupational Functioning Level |
|---|---|
| 43–85 | Severe dysfunction |
| 86–129 | Moderate dysfunction |
| 130–172 | Mild dysfunction |
| 173–199 | Near-normal functioning |
| 200–215 | High occupational functioning |

## 3. Data Analysis and results

The OFRS demonstrated excellent internal consistency with a Cronbach's alpha of 0.90 for the entire 43-item scale. Corrected item-total correlations ranged from 0.045 to 0.700, with the majority of items exceeding the 0.30 threshold, indicating good homogeneity of items (Table 1). The deletion of any single item did not improve Cronbach's alpha substantially, suggesting that all items contributed meaningfully to the overall scale.

**Table 1:** Corrected Item-Total Correlations and Internal Consistency Analysis for the Occupational Functioning Rating Scale (OFRS)

| Item | Corrected Item-Total Correlation | Cronbach's Alpha if Item Deleted |
|---|---|---|
| Q1 | 0.045 | 0.902 |
| Q2 | 0.657 | 0.896 |
| Q3 | 0.362 | 0.899 |
| Q4 | 0.270 | 0.900 |
| Q5 | 0.502 | 0.897 |
| Q6 | 0.475 | 0.897 |
| Q7 | 0.700 | 0.894 |
| Q8 | 0.508 | 0.897 |
| Q9 | 0.376 | 0.899 |
| Q10 | 0.320 | 0.899 |
| Q11 | 0.554 | 0.896 |
| Q12 | 0.277 | 0.900 |
| Q13 | 0.184 | 0.901 |
| Q14 | 0.410 | 0.898 |
| Q15 | 0.581 | 0.895 |
| Q16 | 0.611 | 0.895 |
| Q17 | 0.279 | 0.900 |
| Q18 | 0.321 | 0.899 |
| Q19 | 0.085 | 0.903 |
| Q20 | 0.242 | 0.900 |
| Q21 | 0.348 | 0.899 |
| Q22 | 0.284 | 0.900 |
| Q23 | 0.427 | 0.898 |
| Q24 | 0.417 | 0.898 |
| Q25 | 0.496 | 0.897 |
| Q26 | 0.465 | 0.897 |
| Q27 | 0.447 | 0.898 |
| Q28 | 0.422 | 0.898 |
| Q29 | 0.474 | 0.897 |
| Q30 | 0.192 | 0.900 |
| Q31 | 0.350 | 0.899 |
| Q32 | 0.570 | 0.896 |
| Q33 | 0.545 | 0.897 |
| Q34 | 0.508 | 0.898 |
| Q35 | 0.541 | 0.896 |
| Q36 | 0.486 | 0.897 |
| Q37 | 0.338 | 0.899 |
| Q38 | 0.433 | 0.898 |
| Q39 | 0.403 | 0.898 |
| Q40 | 0.510 | 0.896 |
| Q41 | 0.236 | 0.901 |
| Q42 | 0.357 | 0.899 |
| Q43 | 0.225 | 0.900 |

**Construct Validity**

The PCA revealed a 13-factor solution based on the Kaiser criterion (eigenvalues >1), explaining 90.18% of the total variance. The first five factors cumulatively accounted for 58.87% of the variance, with the first factor alone contributing 22.04%, suggesting a strong general factor underlying occupational functioning (Table 2). Communalities after extraction ranged from 0.71 to 0.98, indicating that most items shared substantial variance with their respective components.

**Table 2:** Explained Variance and Eigenvalues from Principal Component Analysis (PCA) for the OFRS (N=25)

| Component | Eigenvalue | % of Variance | Cumulative % |
|---|---|---|---|
| 1 | 9.478 | 22.04% | 22.04% |
| 2 | 5.920 | 13.77% | 35.81% |
| 3 | 3.631 | 8.45% | 44.25% |
| 4 | 3.274 | 7.61% | 51.87% |
| 5 | 3.012 | 7.00% | 58.87% |
| 6 | 2.401 | 5.58% | 64.45% |
| 7 | 2.255 | 5.25% | 69.70% |
| 8 | 1.999 | 4.65% | 74.35% |
| 9 | 1.810 | 4.21% | 78.56% |
| 10 | 1.550 | 3.61% | 82.16% |
| 11 | 1.234 | 2.87% | 85.03% |
| 12 | 1.159 | 2.70% | 87.73% |
| 13 | 1.054 | 2.45% | 90.18% |

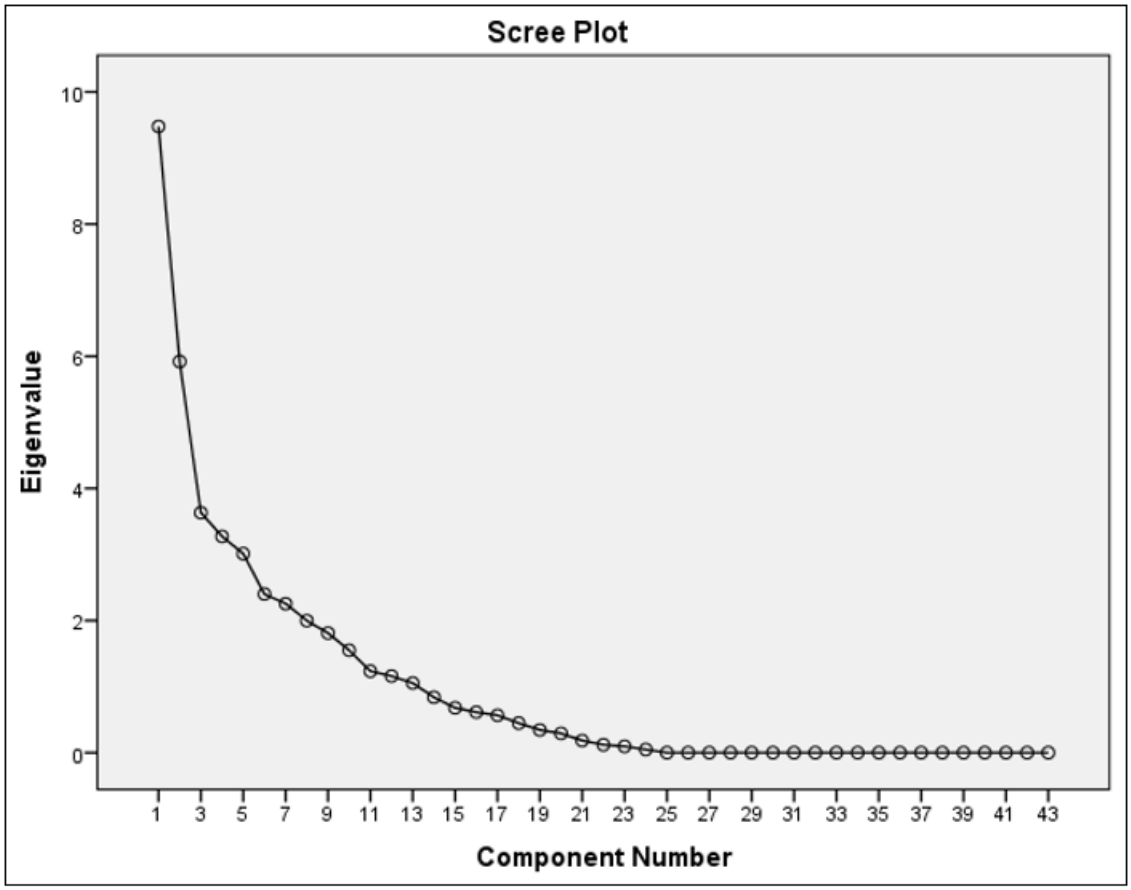
**Item Performance**

Items with the highest corrected item-total correlations (≥0.50) included Q2, Q5, Q7, Q11, Q15, Q16, Q25, Q32, Q33, Q35, and Q40. A few items (Q1, Q13, Q19, Q30, Q41, Q43) had relatively low correlations (<0.30); however, their removal did not improve reliability significantly.

**Table 3:** Scale-Level Descriptive Statistics and Internal Consistency Indicators for Each OFRS Item

| Item | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Cronbach's Alpha if Item Deleted |
|---|---|---|---|---|
| Q1 | 122.64 | 496.573 | .045 | .902 |
| Q2 | 122.92 | 475.993 | .657 | .896 |
| Q3 | 123.12 | 480.943 | .362 | .899 |
| Q4 | 123.28 | 482.127 | .270 | .900 |
| Q5 | 122.72 | 475.793 | .502 | .897 |
| Q6 | 123.56 | 469.090 | .475 | .897 |
| Q7 | 123.20 | 463.083 | .700 | .894 |
| Q8 | 123.36 | 470.657 | .508 | .897 |
| Q9 | 123.28 | 475.543 | .376 | .899 |
| Q10 | 123.60 | 480.833 | .320 | .899 |
| Q11 | 123.68 | 463.810 | .554 | .896 |
| Q12 | 123.28 | 485.210 | .277 | .900 |
| Q13 | 123.32 | 489.143 | .184 | .901 |
| Q14 | 122.64 | 483.157 | .410 | .898 |
| Q15 | 123.76 | 459.440 | .581 | .895 |
| Q16 | 123.48 | 465.760 | .611 | .895 |
| Q17 | 122.64 | 486.240 | .279 | .900 |
| Q18 | 123.12 | 481.110 | .321 | .899 |
| Q19 | 123.24 | 493.107 | .085 | .903 |
| Q20 | 123.64 | 484.990 | .242 | .900 |

| | | | | |
|---|---|---|---|---|
| Q21 | 123.44 | 475.673 | .348 | .899 |
| Q22 | 123.32 | 484.727 | .284 | .900 |
| Q23 | 123.00 | 479.083 | .427 | .898 |
| Q24 | 122.92 | 478.160 | .417 | .898 |
| Q25 | 123.44 | 470.257 | .496 | .897 |
| Q26 | 123.36 | 470.073 | .465 | .897 |
| Q27 | 122.56 | 485.007 | .447 | .898 |
| Q28 | 123.16 | 474.890 | .422 | .898 |
| Q29 | 122.96 | 475.790 | .474 | .897 |
| Q30 | 122.72 | 491.043 | .192 | .900 |
| Q31 | 123.08 | 478.743 | .350 | .899 |
| Q32 | 123.00 | 467.083 | .570 | .896 |
| Q33 | 122.76 | 479.773 | .545 | .897 |
| Q34 | 122.72 | 482.127 | .508 | .898 |
| Q35 | 123.44 | 464.673 | .541 | .896 |
| Q36 | 123.16 | 474.723 | .486 | .897 |
| Q37 | 123.28 | 479.960 | .338 | .899 |
| Q38 | 122.92 | 469.993 | .433 | .898 |
| Q39 | 122.72 | 477.960 | .403 | .898 |
| Q40 | 123.12 | 465.360 | .510 | .896 |
| Q41 | 123.16 | 484.557 | .236 | .901 |
| Q42 | 123.28 | 483.627 | .357 | .899 |
| Q43 | 123.36 | 486.990 | .225 | .900 |




## 4. Discussion

The development and validation process of the Occupational Functioning Rating Scale (OFRS) has yielded promising psychometric outcomes. The internal consistency of the scale (Cronbach's α = 0.90) confirms that the 43 items cohesively assess a unidimensional construct related to occupational functioning. This high level of reliability is consistent with previous efforts to measure occupational or psychosocial functioning in psychiatric populations, such as the Occupational Functioning Scale (OFS) developed by Hannula et al. (2006).

The Principal Component Analysis (PCA) revealed a 13-factor structure explaining over 90% of the total variance, with the first component accounting for 22.04% alone. This suggests that while occupational functioning may be viewed as a general construct, it comprises multiple interrelated domains. These domains may reflect specific occupational sub-functions such as work readiness, social competence, self-care ability, and adaptive coping skills, which align with

occupational therapy models like the Person-Environment-Occupation (PEO) framework.

Furthermore, item performance analysis highlighted that items such as Q2, Q5, Q7, and Q16 demonstrated high corrected item-total correlations, signifying their strong contribution to the overall construct of occupational functioning. Conversely, a few items (e.g., Q1, Q19, Q43) showed relatively low correlations. Despite this, their retention was justified based on conceptual importance and their contribution to content validity, ensuring that the scale adequately captures the broad spectrum of occupational functioning.

This multidimensionality and the cultural contextualization of the items position the OFRS as a novel and clinically useful tool for Indian mental health settings, where standardized functional assessments are scarce. Unlike generic tools such as the Global Assessment of Functioning (GAF) or even WHODAS 2.0, the OFRS is tailored to the socio-occupational realities of Indian patients and can serve both clinical and research purposes in psychiatric rehabilitation.

## 5. Recommendations for Future Research

Confirmatory Factor Analysis (CFA) should be conducted in larger and more heterogeneous samples to verify the underlying structure identified by PCA. Convergent and Discriminant Validity studies should be performed by correlating OFRS scores with existing functional assessment scales.Test-retest reliability and inter-rater reliability need to be established to confirm temporal stability and cross-user consistency.

## 6. Conclusion

The Occupational Functioning Rating Scale offers a reliable and valid metric to assess occupational functioning in individuals with mental illness and fills a critical gap in Indian mental health assessment frameworks. Its adoption in occupational therapy practice can enhance treatment planning, documentation, and research on functional outcomes in psychiatric populations.

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