Occupational Adaptation: The Experiences of Older Persons With Physical Disabilities

Peter Bontje, Astrid Kinébanian, Staffan Josephsson, Yumi Tamura

The purpose of this phenomenological study was to explore the experiences of occupational adaptation among a small number of older Dutch persons with physical disabilities. Occupational adaptation was tentatively defined as overcoming disabling influences on occupational functioning. Eight occupational therapy clients, who were living in the community, were interviewed using an open in-depth interview format. A phenomenological analysis resulted in descriptions of occupational adaptation as a process that required these clients’ active engagement. The clients recruited already familiar problem-solving strategies and personal resources as well as resources in their social and physical environments to identify prospects of potential solutions and to create solutions to overcome constraints on occupational functioning. Furthermore, participants strived for finding satisfaction through occupations, a meaning theme which emerged as the object of occupational adaptation. Satisfaction through occupations was found in maintaining daily routines and engaging in fulfilling occupations.


In a review of adaptation and occupational therapy, Schultz and Schkade (1997) pointed out that adaptation has been a consistent area of interest for occupational therapists. However, they also found that hitherto little effort had been made to describe how persons generate an adaptive response and how occupational therapy affects the quality of adaptive responses. Schultz and Schkade (1997) proposed in their Occupational Adaptation Frame of Reference that occupational adaptation is primarily an individual’s response to intrinsic and extrinsic factors; if successful, the response results in “occupational performance with mastery and satisfaction” (p. 469), a notion also presented by Clark et al. (1996), Nelson (1996), and Kielhofner (1995). Additionally, in discussing adaptation in occupational therapy, Kinébanian (1999) pointed out that adaptation is a twofold process in which society and disabled persons grow closer to one another. She argued that, on the one hand, occupational therapists support clients in their reintegration into society and, on the other hand, occupational therapists challenge those aspects in society that prevent persons with disabilities to participate in society. However, none of these publications elaborated on the nature of concrete adaptive strategies for overcoming the effects of disability on occupational functioning.

An extensive geriatric and medical body of knowledge exists, however, to inform occupational therapy practice about possible adaptive strategies used by older people. For example, Bonder and Goodman (1995), Briggs (1997), Burton (1989), and Oostelaar and Wolswinkel (1998) provide inventories of adaptive strategies that older persons may use to mitigate the effects of declining functions on occupational performance. The application of adaptive strategies generally depends on specific disabling conditions, but does not take other characteristics of

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the individuals’ situations into account. Occupational therapy scholars have pointed out the need for occupational therapists to understand how adaptation varies from one individual to another (Carlson, Clark, & Young, 1998; Frank, 1996; Schultz & Schkade, 1997; Spencer, Hersch, Eschenfelder, Fournet, & Murray-Gerzik, 1999). Cardol and Dedding (2000) found that implementation of client-centered practice in occupational therapy programs should include clients’ strengths and the strategies clients’ adopt to overcome problems.

The issue of understanding the client’s perspective on adaptation has been addressed by occupational therapy researchers. Several studies have explored older persons’ perceptions of the adaptation of occupational performance to constraints induced by aging and disability (Carlson et al., 1998; Clark et al., 1996; Jackson, 1996; Spencer et al., 1999; Tham, Borell, & Gustavsson, 1998). Typically these studies demonstrated how individuals combined strategies to create personal styles of adaptation. For example, participants may resort to exercising personal control, developing a reliance on support systems, engaging in health-promoting behavior, minimizing their workload, utilizing adaptive equipment or a combination thereof. Additionally, these studies identified values associated with adaptation, such as retaining independence, being in control of one’s own affairs, maintaining social relationships, having basic needs met, and engagement in meaningful and fulfilling occupations. In other words, these researchers’ results suggest that persons develop personal styles of adaptive strategies and try to uphold certain values. Similarly, Frank (1996) posited that adaptive responses are nested within “adaptive systems” (p. 48). Frank added that such conceptualization of adaptation would facilitate understanding adaptation in the context of life in all its facets.

Schkade and Schultz (1992) pointed out that participation in occupation provides a medium of adaptation and also promotes the desire to adapt. They proposed the integration of “occupation and adaptation into a single interactive construct” (p. 829) and named this construct occupational adaptation.

The research reported here was instigated by the idea that occupational therapy is in need of a construct such as occupational adaptation (Schkade & Schultz, 1992; Schultz & Schkade, 1992, 1997). Additionally, this research was based on the view that descriptions of occupational adaptation should be informed by the perspectives of persons who experienced occupational adaptation (Giorgi, 1985; van Manen, 1990). This view suggests that the understandings thus generated may better prepare occupational therapists to offer their services in ways that match clients’ unique situations (Clark, 1993; Depoy & Gitlin, 1998; Yerxa, 1991).

The purpose of this research was to gain understanding of the phenomenon of occupational adaptation through the experiences of occupational adaptation by older persons with a physical disability. The research question addressed was: How is occupational adaptation experienced by some older Dutch persons after acquiring a physical disability?

Method

Phenomenology is a research approach sensitive to revealing persons’ life experiences and was selected for this study to reveal the structure and essences of participants’ experiences of occupational adaptation (Giorgi, 1985; van Manen, 1990; Yerxa, 1991). Open in-depth interviews with eight occupational therapy clients provided the data of this research. This research explored the experiences of occupational adaptation of these 8 participants.

Participants

It was assumed that descriptions of experiences of occupational adaptation for this study would be enhanced when participants were able to draw on ongoing experiences. Occupational therapists in a city in the Netherlands recruited eight occupational therapy clients as participants. The other inclusion criteria were (a) living in the community and (b) being able to communicate how they engage in occupations. The eight clients who agreed to be interviewed were receiving occupational therapy in day treatment or in their homes. They were recruited from the client population of an occupational therapy department serving primarily older persons. This sampling method resulted in the occupational therapists recruiting participants who had physical disabilities and were ages 72 to 88 years. Table 1 provides demographic, diagnostic, and historic details for individual participants.

Ethical Issues

The occupational therapists who recruited the participants also obtained participants’ verbal informed consent. One prospective participant declined the request to be interviewed. Informed consent was reconfirmed by the interviewer before the interviews commenced. Confidentiality was confirmed verbally and in writing (Depoy & Gitlin, 1998; Kvale, 1996). There was no need to obtain ethics committee approval for this minimal-risk study that concerned individuals living in the community, as per institutional policy.

Data Collection

Narratives of occupational adaptation formed the data of this study and these data were obtained through open int-
depth interviews. Interviews were conducted with the aid of an interview guide that was developed based on the results of three pilot interviews and guidelines in the literature (Depoy & Gitlin, 1998; Kvale, 1996; van Dalen, 2000; van Manen, 1990). Preceding the interviews, small talk and an explanation of the purpose and format of the interview enabled the interviewer and participant to become acquainted with each other. The interview proper commenced with the question: “What do you do on a typical day?” In responding to this question participants brought up experiences that had required occupational adaptation. Neutral statements, follow-up questions, and other verbal and nonverbal cues facilitated the participants to explore these examples of occupational adaptation or clarified the meanings participants held of these experiences.

Individual interviews with four of the participants were conducted in an interview room adjacent to the day-treatment center. The other four interviews were conducted in the participants’ homes. The eight interviews were all conducted by the first author of this paper. All participants were interviewed once and the eight interviews (ranging from 60 to 105 minutes) were conducted over a 2-week period. Audiotapes and field notes were used for the preliminary analysis of each interview (Depoy & Gitlin, 1998; Kvale, 1996). The results of these preliminary analyses were used to guide subsequent interviews, such as probing more deeply into experiences recounted during already completed interviews. For example, the first two participants in this study viewed intact mental abilities as indispensable to occupational adaptation and the third participant described doing mental exercises to maintain her mental abilities. However, in following up probes with subsequent interviewees, we found that other participants did not describe making any special efforts to maintain their mental abilities.

Data Analysis

The following analytical procedure was carried out (Finlay, 1999; Giorgi, 1985):

1. Multiple readings of the interview transcripts, while listening to the audiotapes of the interviews, were carried out to gain understandings of each participant’s experiences.
2. Rereading the interview transcripts focused on the phenomenon of occupational adaptation with the aim of identifying shifts in meaning in the interview. In this process each shift in meaning was noted and thus the text was divided into parts that are called “meaning units.”
3. The meaning units were then transformed into language that expressed the insights into occupational adaptation contained in the meaning units. These transformations made thematic the participants’ experiences thematic, but care was taken to stay grounded in the concrete expressions of the participants.
4. A synthesis of the transformed meaning units resulted in a description of the so-called general structure of occupational adaptation. Drawing on the knowledge of the whole of participants’ descriptions of occupational adaptation, this step aimed at comprehending what meanings

<table>
<thead>
<tr>
<th>Informants</th>
<th>Social Status</th>
<th>Working Age</th>
<th>Trade</th>
<th>Main Diagnosis/Conditions</th>
<th>Time Since Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. A</td>
<td>76, widower</td>
<td>tax office manager</td>
<td>left hemiplegia/ pre-morbid: asthma</td>
<td>onset: 7 months, 3 months post-discharge</td>
<td></td>
</tr>
<tr>
<td>Mr. B</td>
<td>72, married</td>
<td>head graphic designer</td>
<td>above right knee amputation/ pre-morbid: heart condition</td>
<td>onset: 10 months, 2.5 months post-discharge</td>
<td></td>
</tr>
<tr>
<td>Mrs. C</td>
<td>88, married</td>
<td>housewife</td>
<td>chronic low back pain/ pre-morbid: dupuytren right hand, polio in childhood</td>
<td>gradually worsened over many years</td>
<td></td>
</tr>
<tr>
<td>Mrs. D</td>
<td>77, married</td>
<td>housewife</td>
<td>above right knee amputation</td>
<td>onset: 2 years, prosthesis for 14 months</td>
<td></td>
</tr>
<tr>
<td>Ms. E</td>
<td>74, single</td>
<td>head domestic services hospital</td>
<td>tetraplegia due to multiple sclerosis</td>
<td>unable to stand for 12 months (last exacerbation)</td>
<td></td>
</tr>
<tr>
<td>Mrs. F</td>
<td>80, widow</td>
<td>teacher (fashion, home-helping)</td>
<td>rheumatoid arthritis/ incomplete tetraplegia</td>
<td>onset of rheumatoid arthritis: more than 3 decades ago</td>
<td></td>
</tr>
<tr>
<td>Mr. G</td>
<td>74, widower</td>
<td>biochemical researcher</td>
<td>right hemiplegia/ pre-morbid: partial amputation right hand in 1950s</td>
<td>onset: 4 months, 1.5 months post-discharge</td>
<td></td>
</tr>
<tr>
<td>Mrs. H</td>
<td>?, widow</td>
<td>housewife</td>
<td>left hemiplegia</td>
<td>?</td>
<td></td>
</tr>
</tbody>
</table>

Note. The data were not purposefully collected, but were revealed by participants during the interviews and thus deemed relevant to their experience of occupational adaptation.
must necessarily belong to the phenomenon of occupational adaptation.

5. The following additional analytical activities were carried out to strengthen the analysis: Grouping and categorizing meaning units enhanced the understanding of participants’ concrete adaptive strategies and experiences. Creating summaries of each individual’s experiences of occupational adaptation (so-called situated structures) contributed to teasing out inconsistencies in steps 3 and 4. Finally, new insights that enhanced the analysis were uncovered through the reflective nature of writing and rewriting reports of this research.

**Trustworthiness**

The occupational therapy perspective, consisting of theoretical knowledge and experiences from practice, made up the researchers’ preunderstandings that contributed to this phenomenological research (Giorgi, 1985; van Manen, 1990). However, in phenomenology researchers attempt to suspend any preunderstandings in order to be as open and unbiased as possible to the participants’ experiences (Giorgi; Krefting, 1991; van Manen). A definition of occupational adaptation was formulated that did not predefine what constituents might conceptualize as the phenomenon (Giorgi). For the purpose of this study occupational adaptation was tentatively defined as a process of overcoming disabling influences on occupational functioning. This definition was used to facilitate uncovering the factors involved and the meanings the participants held of their experiences of occupational adaptation.

Additionally, reflexivity (Depoy & Gitlin, 1998; Krefting, 1991) helped to tease out any preconceptions that, nevertheless, had entered into the analysis. For example, one initial synthesis of transformed meaning units had produced themes that, on further thought, actually did not reflect the meanings that the participants attached to their experiences. In such a case, the analytical activities of describing the occupational adaptation insights were reviewed and new themes formulated that reflected the meanings contained in the meaning units.

The validity of the analysis of each participant’s descriptions of occupational adaptation was pursued through peer review (Depoy & Gitlin, 1998; Krefting, 1991). Analysis of two interview transcripts by researchers who were not involved in this research, but who were familiar with phenomenological analysis, confirmed the interpretations. Additionally, member checks were performed through the following agreed procedure. At the request of the participants, the results of the analysis of each individual’s description of occupational adaptation were sent by mail to the concerned participant. These descriptions were similar to the summaries of each individual’s experiences used in the sixth step of the analysis process. Two participants confirmed the accuracy of these descriptions, whereas the other 6 gave their approval by not requesting changes.

**Findings**

The analysis resulted in descriptions of occupational adaptation as a process requiring individuals’ active engagement in occupation. The analysis also revealed that occupational adaptation aimed at finding satisfaction through occupations. These two main themes were further subdivided into subthemes (see Table 2).

**Requiring Individuals’ Active Engagement**

The 8 participants seemed to view themselves as agents without whose efforts occupational adaptation would not be brought about. The participants highlighted their active roles in searching and weighing options, experimenting, practicing, and exercising; they used expressions such as “I’ve figured that out myself,” “That’s how I do things,” and “I’m blessed with an enormous will to persist.” However, participants did not appear to view themselves as sole agents in the occupational adaptation process. On the contrary, participants also described being advised and assisted in their attempts at occupational adaptation.

**Identifying Prospects of Potential Solutions**

The occupational adaptation process was triggered by participants developing expectations that they could identify solutions to constraints on their occupational functioning. Utilizing personal resources and being made aware by other persons or pure chance instilled participants with a belief that a solution to problems with occupational functioning could be found.

**Utilizing Personal Resources**

Familiar problem-solving strategies, personal experiences, and things seen or heard in the past made up the personal

| Table 2. Occupational Adaptation: Main Themes, Their Subthemes, and Sub-Subthemes. |
|---------------------------------|---------------------------------|
| Requiring Individuals’ Active Engagement |
| Identifying prospects of potential solutions |
| Utilizing personal resources |
| Being made aware |
| Creating solutions to overcome constraints |
| Involving mental and physical efforts |
| Giving a role to other persons |
| Technological adaptation enhancing functioning |
| Finding Satisfaction Through Occupations |
| Engaging in fulfilling occupations |
| Maintaining daily routines |
resources that instilled participants with a belief that potential solutions could be identified. Participants with a history of living with disability often build on past experiences of overcoming occupational problems. Mrs. F, with long-time experience adapting to progressive rheumatoid arthritis, told how she gradually had learned techniques to reduce pain in her hands, such as keeping the weight of objects within limits that she could readily carry. She ultimately applied this principle to a range of occupations, such as shopping, filing documents, and pouring just the right amount of water into a kettle for making coffee or tea. Where participants did not have past experiences of adapting to physical dysfunction to draw on, they continued relying on familiar approaches as trusted methods of identifying solutions to problems. Mr. G reflected on how he searched for adaptive equipment from a catalogue, referring to his work as a researcher, “That’s how I do it. I’ve spent half my life in the library searching for solutions.” Additionally, participants emphasized the importance of intact intellectual functioning towards identifying potential solutions; as Mrs. F stressed after talking about some self-designed adaptive strategies, “I’m rich in thoughts. I think that’s an advantage.”

**Being Made Aware**

Another important element in the subtheme of identifying prospects for adaptation was that participants were sometimes made aware of possible means by which to get around occupational problems. Health care workers, family or friends had taken the initiative to provide participants with suggestions. Mr. B credited his wife with teaching time-saving techniques to his attention, when he struggled to perform his personal hygiene tasks in time for the transportation to the day-treatment center in the morning.

Potential means by which to get around a problem, however, sometimes emerged by chance. For example, participants told of becoming aware of possibilities to perform occupations through reflecting on seeing other disabled persons in public, in the day-treatment center, or on television performing occupations that the participants hitherto had experienced as problematic. Moreover, potential solutions could also emerge in the course of daily life, such as for Mrs. C who had not been able to walk without a leg brace and thus had required her husband’s help in getting to and from the bathroom for 11 years. A solution suddenly emerged while being assessed for a new leg brace. She recalled how the orthotist unwittingly offered her a solution when he needed her to stand up: “I said to him, ‘No, I can’t stand without my brace!’ So he gave me a walking frame. I explained, ‘I wasn’t tired when I got home, I’d managed to stand without my brace!’ So he gave me a walking frame. I explained, “I wasn’t tired when I got home, I’d managed to get there [to the shower] on my own.”

Recognition of constraints to occupational functioning did not automatically lead to the identification of potential solutions to those constraints. This point is even better illustrated with the following example. Mrs. H had been unable to develop any prospects towards overcoming constraints on performance of cherished occupations such as sewing and going to museums and concerts. She said, “That just won’t go anymore.” When asked if she had thought of any solutions, she threw her arms up in despair and replied, “What solutions could there be?”

**Creating Solutions To Overcome Constraints**

Creating solutions to overcome constraints on occupational functioning ranged from fairly simple actions to careful thinking through of and experimenting with the proposed solution. In so doing, participants relied on problem-solving strategies familiar to them and participants were often supported by other persons. Moreover, occupational adaptation often required others to adapt to the participants’ needs and desires, and required adaptation of the physical environment.

**Involving Mental and Physical Efforts**

Participants’ efforts were evident in their careful consideration of potential solutions and experimentation with these solutions. Thinking through solutions could be quite extensive such as in the case of Mrs. E who explained how she weighed different options to compensate for a worsening writing ability. Mrs. E was considering voice recorders and writing aids, but she feared that her hand function would soon be too limited to use either voice recorders or writing aids. Mrs. E told of how she had recently started considering using a computer which would make going back and forth within texts and changing texts relatively easy. This she considered a great advantage for writing poems. However, she could also see that a computer would not be useful for quickly writing a memo, such as while talking on the telephone.

Active exploration of the feasibility of a proposed solution, including learning to apply or appreciate a proposed solution, was seen to facilitate adaptation. For example, Mrs. C told of how her husband worked to help her overcome her resistance to using her wheelchair in public. In taking her out shopping in another city, her husband had enabled her to focus on the merits of a wheelchair without worrying about being seen by people known to her. Mrs. C explained, “I wasn’t tired when I got home, I’d managed to have a look in all the shops... Wonderful! That’s when I sort of got over it [the idea of using a wheelchair in public].”

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with Mrs. C, participants often noted how engagement in occupations improved because they got used to a modified way of functioning or because their physical abilities improved.

These two components of pondering over problems and trying out solutions were often related, as the following example demonstrates. Mrs. C told how she had figured out in her mind how she might be able to put on her brace and shoe while coincidentally having one hand bandaged after wrist surgery. After convincing herself that she had identified a feasible method, she successfully applied it (after requesting a nurse to stand by and supervise).

Participants also reflected on how already familiar problem-solving strategies determined their approach to overcoming constraints on occupational functioning. Little financial and material resources available in the past had meant that Mrs. F and Mrs. H mended clothes because they could not afford buying new clothes. Mrs. F and Mrs. H were able to accept that they appeared in somewhat wrinkled clothes because ironing was beyond their physical capabilities. In a similar way, Mr. G’s career as researcher in the food industry inspired his methods of simplifying meal preparation. He had reduced the tasks required for meal preparation to an absolute minimum by adding dietary supplements to convenience food. Reflecting on his career as researcher who owned several patents, he said, “A certain degree of inventiveness is needed….I’ve earned my bread and butter with it [inventing].”

On the other hand, factors associated with disability imposed restrictions on achieving adaptation. For example, Mrs. D explained how a lack of motivation and energy prevented her from making full use of her leg prosthesis. She said, “I know what I’ve got to do [how to function with a leg prosthesis]…but then I feel tired and think ‘Oh well, it’ll go like this [using a wheelchair instead of walking with her prosthesis].’” Mrs. E said, “If you figure out something [a technological solution], then you still need someone to make it for you.”

Giving a Role to Other Persons

Giving a role to other persons makes up the second element in this sub theme of creating solutions to overcome constraints. Sometimes the creating of solutions depended on the efforts of other persons. For example, Mr. A had requested his son to make some home adaptations according to the specifications he had worked out with his occupational therapist. Mrs. F told how relatives and friends would help her out with such daily tasks as opening milk packs or tinned food, polishing her shoes and so forth. Furthermore, other persons’ support, advice, and encouragement contributed to the creation of solutions. Mrs. D made an explicit point of needing encouragement to use her abilities to their full potential. Looking back with some satisfaction, Mrs. D explained how she had walked to the car from her home at the request and encouragement of relatives, who found the wheelchair Mrs. D hitherto had used cumbersome to put in the trunk of the car, “I said: ‘Oh, you want me to do that? Then I will do that.’…It went pretty well.” Participants also noted how therapists’ exercises and encouragement had enhanced their ability to function. Mr. F said when talking about his period of inpatient rehabilitation, “undressing, they show you rather soon, they teach you tricks.” Participants also told of occasions where they had sought out suggestions and Mrs. E told that, when at a loss with a certain occupational problem, she would deliberately ask one of her formal caregivers or therapists, “isn’t there something that can be done?”

On the other hand, participants quite often told of asserting themselves by demanding that family, close friends and formal assistants adapt to their wishes and demands. For example, Mr. G had asked his daughter to come to his home to supervise the home help, because he said that he felt uncomfortable with that task. Moreover, since he felt too weak to go out in cold weather, his daughter coming to his house effectively solved another occupational problem: not being able to visit his daughter due to the winter weather. Assertive action was also taken when assistance did not meet the participants’ standards, such as when Mrs. H privately hired a helper in addition to the formal assistance because, as she put it, “that young man [the formal home helper] isn’t very good at it.” However, sometimes participants could not create a solution and were forced to adjust their standards. Mrs. F reflected, “there are so many things that are not done the way you’d like them to be done….So each time [that declining functions makes another aspect of independent performance impossible] you have to let go…take a step down in your standards.”

Technological Adaptation Enhances Functioning

Finally, the process of occupational adaptation incorporated adaptation of the physical technological environment. Mr. A, for example, told how he thought he had all necessary adaptations in place for a successful discharge home, only to be filled with dismay that he could not reach an essential light switch. Outdoor mobility was also brought up by the participants as a threat to engaging in fulfilling occupations, because bad road surfaces and weather conditions made going out with mobility aids problematic. Furthermore, inconvenient public transport arrangements made going to areas outside the participants’ neighborhoods problematic and most participants preferred relatives or friends to drive them. However, all participants told of...
Finding Satisfaction Through Occupations

Participants’ stories revealed that through occupational adaptation participants aimed at finding satisfaction through occupations. Engaging in fulfilling occupations helped participants to satisfy their personal values and interests. Upholding daily routines contributed to structure in their daily lives.

Engaging in Fulfilling Occupations

Participants engaged in occupations that were done for their enjoyment, such as reading, watching TV, doing crosswords and spending time with other persons. However, occupations that gave participants opportunities to satisfy personal interests and values stood out in their stories. One such value was being active, as highlighted in the following statements, “I can’t sit still” (Mr. A), and “I need to do something” (Mrs. C and Mr. F). Being meaningful to other people was another important value. Mr. A and Mr. B exemplified this in the phrase, “doing something for other people”, which they used to explain their motivation for occupations. Being meaningful to others, such as volunteer work and helping others. At an advanced stage of multiple sclerosis, Mrs. E continued to be meaningful to others. She said, “I’ve always worked in care, so I am used to doing things for others.” She seemed to find fulfillment in a counseling role, but her abilities to be meaningful to other persons were severely compromised by her disability; as she put it, “other than listen there is not much left that I can do.” Mrs. D told of reduced frequencies of meeting friends and participating in a choir, because accessibility to meeting places was often problematic.

Nevertheless, she was still able to satisfy personal interest; as she said, “[it is] not like before, but actually I [still] do the things I used to do.” And expressing satisfaction, she concluded, “Yeah, I’m still a happy little animal.”

The importance of fulfilling occupations is perhaps best demonstrated by using the example of Mrs. H who had all but abandoned attempts to overcome constraints to engagement in occupations and as a consequence was unable to occupy her time with a sufficient number of satisfying occupations. In her words, “I kill time to get through the day…because I can’t say: ‘now I’m going to do this or that,’ simply because I can’t do them.”

Maintaining Daily Routines

Participants structured their daily lives around personal hygiene activities after waking up in the morning, three meals a day (breakfast, lunch, and evening meal), and resting. Domestic chores too were usually performed at more or less set times. Although participants told of resting more and taking more time for these daily occupations, they strived to uphold this basic time structure. This was clearly highlighted by Mrs. F and Mrs. H who both developed their own solutions for taking a shower so they could discontinue the formal assistance that was provided too late in the morning. For Mrs. H 11:00 a.m. was simply too late, as she said, “I’m not going to sit and wait…” For Mrs. F the problem was that such late assistance prevented her from participating in various organizations. On the other hand, Mr. A said that he had opted for assistance with self-care activities and meal preparation, because executing these occupations independently would take too much time. He pointed out that he desired to keep time and energy spent on daily routines within normal limits and thus have sufficient time and energy for more fulfilling occupations, such as being the organizer of activities for the residents of a residential facility for older people. Thus, it can be said that daily routines provided the basic time structure within which the participants engaged in fulfilling occupations.

Discussion

Theoretical Implications

The results of this study contrast in some respects with current theoretical discourse on (occupational) adaptation that views adaptation as a response process that results in relative mastery of and competence in occupational performance (Burton, 1989; Carlson et al., 1998; Clark et al., 1996; Jackson, 1996; Schkade & Schultz, 1992; Schultz & Schkade, 1992, 1997). One may consider that mastery and competence stress abilities and achievement (Summers & Schkade, 1997). One may consider that mastery and competence stress abilities and achievement (Summers & Rundell, 1992). Interestingly, the narratives obtained in this study were related to satisfying needs and desires as the aimed-for outcome of occupational adaptation. Satisfaction may at times include mastery and competence, but these latter values did not emerge as essential values in the experiences of the participants. Therefore, the adoption of terms such as fulfillment and satisfaction in the occupational therapy vocabulary may be beneficial as benchmarks of occupational functioning by persons whose occupational performance is restricted by disability. These terms would fit well with a conceptualization of quality of life that incorporates the idea of finding “meaning and value in
a constricting universe of resources and function” (Frank, 1996, p. 52).

Occupational adaptation for the participants in this study included adaptation by persons in the participants' environment and in their formal support systems as well. These findings contrast with theoretical propositions that focus on adaptation to declining functions associated with aging (Bonder & Goodman, 1995; Briggs, 1997; Burton, 1989, Carlson, et al., 1998), and contrast with conclusions of research that explored adaptation from an occupational therapy perspective (Clark et al., 1996; Jackson, 1996; Spencer et al., 1999). The predominant view presented in these publications is reflected by Schultz and Schkade (1997) who proposed that occupational adaptation consists of an individual's mechanism of internal adaptation through which capacities are reconciled with internal and external demands. Occupational therapy theory would benefit from descriptions of adaptation, such as suggested by Kníbanián (1999). She described adaptation as a twofold process in which the social environment adapts, in addition to the disabled person, to reduce the effects of disabling influences on that person's occupational functioning.

Implications for Occupational Therapy

Although identifying potential opportunities logically depends on awareness of a problem, in this study awareness of a problem alone did not necessarily lead to adaptation. Rather, the expectation of successfully identifying the means by which to get around a problem formed the first stepping stone on the route towards occupational adaptation. Such a finding fits well with the concept of hope as crucial factor underlying occupational engagement by older persons with disabilities (Borell, Lilja, Andersson Svidén, & Sadlo, 2000). This finding suggests that occupational therapists should beware of confronting clients with problems of occupational functioning without creating situations that instill a belief that a solution to constraints can be found. Rather, as Mrs. H's experience suggested, the lack of any prospect of overcoming constraints may instill a sense of despair instead.

The findings also suggest the need for occupational therapists to strike a balance between enabling clients to create adaptations themselves and offering solutions. Experiences of unachieved adaptation in this study and solutions that surfaced by chance suggest that clients are not always able to identify and create solutions themselves. Nevertheless, it should be recognized that the participants relied on already familiar adaptive strategies, a finding similar to that found in other research on adaptation (Clark et al., 1996; Jackson, 1996; Nygård & Öhman, 2002; Spencer et al., 1999; Tham et al., 1998).

Similar to research findings by Jackson (1996), Nygård and Öhman (2002), and Tham et al. (1998), in this study adaptation required active engagement on the part of the participants as well as reliance on other persons. These findings agree with Fine (1991) who pointed out that adaptation depends on the fit between personal skills, environmental resources and psychosocial capacities. Therefore, mapping clients' abilities and resources may inform occupational therapy programs that promote occupational adaptation through enhancing adaptive skills and recruiting social support. However, several scholars have also pointed out that retaining a sense of personal control is an important feature of adaptation (Burton, 1989; Carlson et al., 1998; Clark et al., 1996; Jackson, 1996). The findings in this study suggest that occupational therapists empower clients to assert their needs to the extent that persons in their environment also adapt.

Knipscheer (1994) and van Rijsselt, Schuyt, and Graveland (1994) pointed out that Dutch elderly persons find it important to be recognized for good citizenship. However, they also pointed out that dependence in executing occupations may compromise such aspirations as contributing and not being a burden to other persons. The importance participants attached to retaining daily routines and fulfilling occupations indicates one avenue occupational therapists may take to enhance life satisfaction. Such conclusion agrees with the proposals that occupational therapists use therapeutic activities that satisfy older clients' values and interests (Burton, 1989; Carlson et al., 1998; Jackson, 1996; Riopel Smith, Kielhofner, Hawkins Watts, 1986; Spencer et al., 1999).

Methodological Considerations

Personal accounts of 8 participants' experiences of overcoming disabling influences on occupational functioning formed the basis of exploring the phenomenon occupational adaptation. Burton (1989) has pointed out that over or underestimation of abilities by participants wishing to preserve their self-esteem might particularly affect the reports of older persons. Therefore, future research employing observation (Giorgi, 1985) of the acts involved in occupational adaptation may reveal more detailed dynamics of occupational adaptation, for example how persons recruit resources and rely on experience, how individuals assert their wishes and demands, and how the processes involved in identifying and creating solutions to problems in occupational functioning are carried out.

Data collection was terminated after the eight interviews because the limits of what could be analyzed had been reached given the resources for this research (Depoy & Gitlin, 1998). Further study should determine to what
extent the experiences obtained from these older Dutch participants are consistent with experiences of persons with different demographic characteristics, such as age and cultural backgrounds. Furthermore, participants’ reliance on familiar problem-solving strategies and the role for other persons call for future study to reveal how occupational adaptation is experienced by persons with impairments of cognitive and communicative abilities.

Conclusion

In conclusion, this research explored how eight older Dutch persons experienced occupational adaptation after acquiring physical disability. Occupational adaptation was experienced as a process that is rooted in the individual’s past (recollection of possibilities and familiar adaptive strategies) and present (physical, mental, and environmental conditions), but oriented towards the future (finding satisfaction through occupations). It appeared thoroughly beneficial to approach occupational adaptation with a belief that potential ways of overcoming constraints on occupational functioning can be found. The findings suggest that occupational therapists take clients’ personal and environmental resources of adaptation, their occupational lives, and clients’ active engaging in the occupational adaptation process as starting point of occupational therapy programs. In this way, occupational therapists can tailor their services to clients’ specific situations and empower them to identify and create solutions to constraints on occupational functioning.

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