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Occupational Adaptation as a Construct: A Scoping Review of Literature

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Occupational Adaptation as a Construct: A Scoping Review of Literature

Abstract

Background: This study integrates research on practice applications of the construct of occupational adaptation with occupational therapy and occupational science literature.

Method: Using Arksey and O'Malley's 5-step Scoping Study Framework (2005), we conducted a scoping review of 74 articles from five online databases and literature hand-searching and performed quantitative and thematic analyses.

Results: The Occupational Adaptation model (Schkade & Schultz, 1992; $n = 74$) and the Model of Human Occupation (Kielhofner, 2008; $n = 37$) were the most frequently cited literature influences. Occupational adaptation has been defined as a process ($n = 49$), an outcome ($n = 37$) and both a process and outcome ($n = 12$) of occupational participation. Four qualitative themes emerged to support the definitions of occupational adaptation from the literature. Occupational adaptation was defined as (a) a product of engagement in occupation, (b) a transaction in the environment, (c) a response to change and life transitions; and (d) a formation of a desired sense of self.

Discussion: Evidence of occupational adaptation as a viable construct warrants further research to operationalize practice and outcomes.

Comments

The authors report no potential conflicts of interest.

Keywords

occupational adaptation, theoretical model, occupational therapy, occupational science

Complete Author List

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Adaptation is a critical construct in occupational therapy and occupational science. Definitions of adaptation in occupational therapy and occupational science literature have been varied. Occupational therapists often witness a transformative and personal process that occurs within the client when faced with diversity and change. Adaptation in this context is frequently used to define the human process as referenced in seminal literature. Meyer (1922) asserted that many diseases of the 20th century are a result of problems of adaptation and that meaningful work can serve as “sovereign help” in helping patients become more adaptive (p. 1). Kielhofner (1980) described adaptation as an acquisition of competence. It is also viewed as a response to time and physical change (Fine, 1991; King, 1978), as a source of meaning and motivation (Fine, 1991; Schultz & Schkade, 1997), and as dependent on the demands of the environment (Kielhofner, 2008; Schkade & Schultz, 1992). Adaptation is also significant in the context used to describe modification of activities or tasks, changes to the environment, and assistive equipment (Schultz & Schkade, 1997), but this definition largely involves external influences on human occupation.

Adaptation as a biological, neurocellular, sociological, and anthropological process has been well-defined in the literature. The focus of this research, however, will explore adaptation as a transformative process, internal to the person while participating in occupation and as an outcome of participation in occupation. As such, we will use the term occupational adaptation in this study to represent the construct as it relates to occupational participation.

Literature Review

Occupational Adaptation as a Process and Outcome

Occupational adaptation as a process. Attempts to formalize occupational adaptation in terms of an internal process developed as part of occupational therapy models that understand humans as occupational beings. Two such models are the Model of Human Occupation (MOHO) and Occupational Adaptation (OA). Kielhofner (1980) identified adaptation in MOHO as a construct that is temporal in nature that exists not only in childhood but also over a person’s lifetime. He also emphasized that identity and competence are established through interaction with the environment and are crucial to the adaptation process (Kielhofner, 2008). He advocated that problems with adaptation, such as disability, require a readjustment of the person’s identity and levels of competency.

Schkade and Schultz’s Occupational Adaptation (OA) model (1992) used the term occupational adaptation to define an internal and normative process and occupation as the means for adaptation. According to the model, human development involves a continuous process of adaptation based on the response to various occupational challenges (Schultz & Schkade, 1992).

In the occupational science literature, Frank (1996) conceived that adaptation through occupation is fundamental to occupational science. Frank stated that as an internal process, when an individual encounters environmental challenges, they form a series of adaptive responses. Frank proposed a definition of adaptation for occupational science that bridges the importance of occupational participation to impact health and well-being: “Adaptation is a process of selecting or organizing activities [or occupations] to improve life opportunities and enhance quality of life” (p. 50).

Occupational adaptation as an outcome of occupational participation. Building on Frank’s (1996) definition of adaptation, Wilcock’s (1998) powerful work “Reflections on doing, being and becoming” seemed to propose adaptation as an outcome of occupational participation. Wilcock advocated for an expanded view of becoming in the practice of occupational therapy as a transformative process for human potential. Humans experience “becoming through doing and being” (p. 251).

Adaptation is characterized as the change agent for the person and becomes an outcome of active engagement in occupation in pursuit of health.

Schkade and Schultz (1992) also articulated that the role of the occupational therapist is to empower the person to develop his or her own sense of relative mastery in order to transact with the environment. Relative mastery is the manner in which the person uses time and energy (efficiency), produces desired results (effectiveness), and achieves internal and external satisfaction during occupational performance (Schultz & Schkade, 1997). The authors described that relative mastery and increased adaptive capacity are outcomes of effective occupational therapy intervention. According to the model, increased adaptiveness should be the outcome of occupational therapy programming (Schkade & Schultz, 2003).

Similar to Wilcock (1998) and Schkade and Schultz (1992), Nelson (1997) also articulated that occupational engagement has the power to alter a person's being and that the occupational therapist has a critical role in the adaptive process by providing optimal opportunities for engagement. While the occupational therapist acts to facilitate adaptation, it is ultimately a self-initiated process of engagement through occupation (Frank, 1996; Nelson, 1997). Therefore, it is reasonable that occupational adaptation be used to promote positive change and health within the client, an outcome of the process.

The construct of occupational adaptation appears to be important in the history, body of knowledge, and identity building of occupational therapy. What is not clear is if those beliefs are still relevant, and if so, how those beliefs are translated into practice and applied and understood.

Purpose

Is Occupational Adaptation Still Used in Practice?

Shannon (1977) cautioned us against the derailment of our profession by minimizing the influence of adaptation. He called for a recommitment to our foundational values and beliefs. King (1978) also proclaimed that adaptation is a fundamental concept in occupational therapy and called for the rigorous analysis of adaptation through research. Despite the historical underpinnings of occupational adaptation in our profession, recent literature and documents from the American Occupational Therapy Association (AOTA) provide scant reference to the construct. AOTA's revised statement of the philosophical base of occupational therapy (2011) and Distinct Value Statement (2015) refer to engagement and participation in occupation, but stop short of mentioning occupational adaptation as an important process of occupational participation. The third edition of the Occupational Therapy Practice Framework (OTPF-III) refers to adaptation in a simplified manner of modification of the task or environment (AOTA, 2014).

In a reconceptualization of the Schkade and Schultz OA model, Grajo (2017) asserted that the reason the model and construct seemed to be difficult to translate in practice is the complex terminologies used to describe occupational adaptation as a process. Grajo proposed that the principles of the model be simplified and better described as a feature of normative human development (an internal process) and as a way to describe the result of occupational therapy intervention (outcome).

The primary motivation of our research is to examine several questions on the use of the construct of occupational adaptation through a scoping review of literature. Some questions that guided our framing of this study include: Is occupational adaptation still a relevant construct in understanding human occupation? Is the redirection away from the use of the construct due to difficulty in translating it from theory into practice? Is the lack of a uniform definition of occupational adaptation hindering its articulation in practice? Is there evidence that we can use occupational adaptation not only as a process

but also as an outcome of therapy? Are we currently applying rigorous research on this construct? In this scoping study, we aim to present implications on how occupational adaptation can be applied more effectively in clinical practice.

Method

We conducted a scoping study to explore existing literature on occupational adaptation. We used Arksey and O'Malley's 5-step Scoping Study Framework (2005) as a guide. A summary of the literature search process is illustrated in Figure 1.

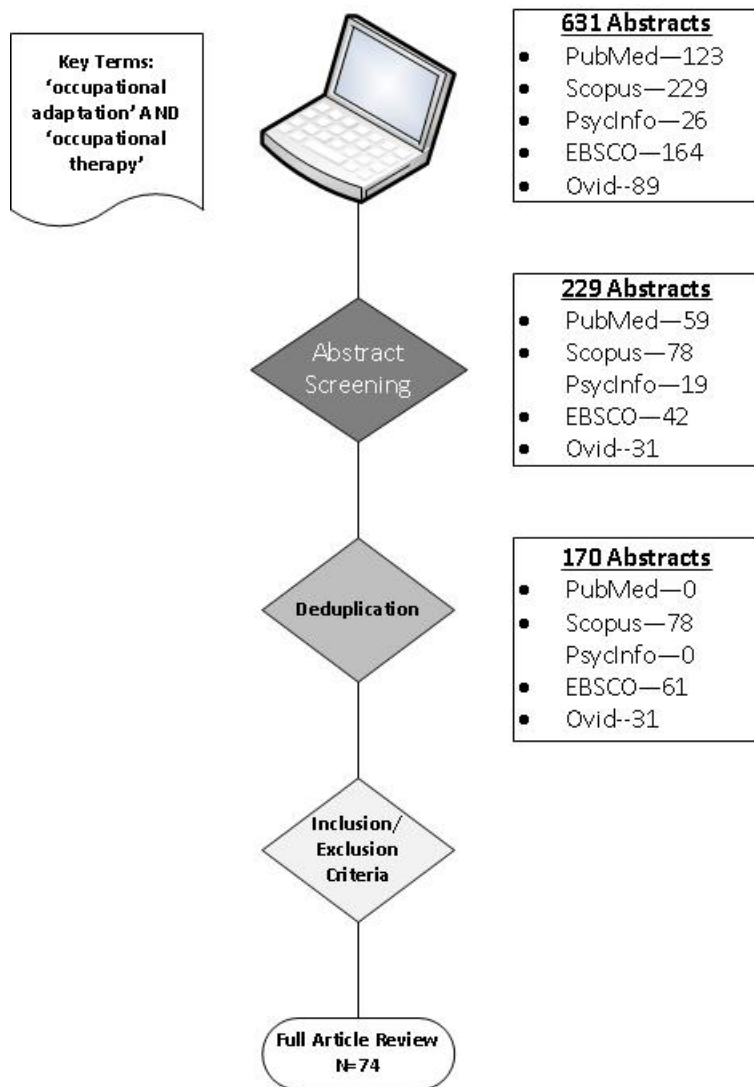


Figure 1. Scoping study process

Identify the Research Questions

1. How is the construct of occupational adaptation defined and applied in different areas of occupational therapy practice?
2. What are potential gaps in the literature on the application and use of occupational adaptation as a construct?

To code the different definitions of occupational adaptation used in the studies, we identified relevant literature influences cited in the studies. We defined relevant literature as studies frequently cited in research that offered a definition of occupational adaptation. Much of the relevant literature that defined the interconnection between occupation and adaptation and the evolution of the construct were compiled by Schultz and Schkade (1997; p. 470). We were guided by this compilation during our search for relevant literature on the conceptual development of the construct.

Identifying Relevant Studies

We used five electronic databases (SCOPUS, PubMed, OVID, PsycInfo, and EBSCO) and a hand-searching of literature for the study. A medical center librarian assisted with developing search keywords to ensure comprehensiveness. The database CINAHL was also initially used in the search; however, study findings from CINAHL were also captured by searches using the SCOPUS database. The hand-searched literature was from compilations of journal articles of the three authors from their doctoral studies that had a focus on the OA model (Schkade & Schultz, 1992). Our initial search yielded 631 articles using the keywords adaptation, occupational adaptation, and occupational therapy.

Study Selection

We reviewed the abstracts of all studies from the preliminary database and hand-searching of the literature. We included studies that were published in peer-reviewed journals and chose only the studies that defined occupational adaptation as a process or result of the transaction of the person and environment during participation in occupations. We excluded seminal articles on occupational adaptation, book chapters, and non-peer-reviewed articles. We also excluded studies that defined adaptation as modifying aspects of the physical environment and modifying/grading task demands as an intervention approach, as this did not meet our emphasis on defining the construct as a process or outcome of occupational participation.

After applying the inclusion and exclusion criteria during the abstract review, the search yielded 229 articles (SCOPUS, $n = 78$; PubMed, $n = 59$; OVID, $n = 31$; PsycInfo, $n = 19$; EBSCO, $n = 42$). After deduplication process and further review, 74 studies were included for full-text review and analysis.

Charting the Data

We used a series of spreadsheets to organize data and analyze the studies. The spreadsheets served as a trail to reflect transparency of data analysis and to ensure rigor and trustworthiness of the process. We charted the data by entering the following in a codebook: (a) authors, publication year, study title; (b) study design; (c) description of occupational adaptation used; (d) study participants; and (e) description of occupational therapy-related processes (assessment, instrumentation, outcome measures, lived experience/development of occupational profiles, and others such as program development/curricular development). To verify the accuracy of the data we cross-checked each other's coding and analysis. For summary information of the 74 studies and a full reference list, see the Supplemental Materials at <http://scholarworks.wmich.edu/cgi/viewcontent.cgi?filename=0&article=1400&context=ojot&type=additional>.

Collating, Summarizing, and Reporting Results

After the data cleanup, we analyzed the codebook quantitatively and descriptively. We did quantitative frequency analyses of all data entered in the spreadsheets and cross-checked all entries for accuracy. We also conducted thematic analyses of all research annotations from the study review. We

performed thematic analysis by first coding the studies with detailed notes on how occupational adaptation was used as a construct. These notes and codes were then further analyzed for frequently occurring themes. After specific themes were developed, we cross-checked the codes and notes from the codebook for accuracy.

Results

Quantitative Results

Study designs. Table 1 provides a summary of frequency tallies of all studies. More than half of the studies analyzed were qualitative/descriptive in nature ($n = 40$), there were no randomized control studies published, and two studies were systematic literature reviews.

Table 1

Frequency Analysis of Occupational Adaptation Studies

Scoping Study Analysis Criteria	(n)
Study Design	Mixed-methods (13) Qualitative/descriptive (40) Case studies and single subject (7) Group, non-randomized (5) Group randomized (0) Lit reviews, scoping/Systematic Reviews (9)
Relevant Literature Influences*	Fidler & Fidler, 1978 (2) Frank, 1996 (6) Kielhofner, 1995; 2002; 2008 (17) Kielhofner & Burke, 1980 (2) Kielhofner, 1977 (2) Kielhofner, 1992; 1997; 2004 (4) Kielhofner, 1995 (2) King, 1978 (3) Meyer, 1922 (4) Nelson, 1988 (5) Nelson, 1996 (2) Nelson, 1997 (3) Reed, 1984 (2) Reilly, 1962 (2) Rogers, 1983 (2) Schkade & McClung, 2001 (8) Schkade & Schultz, 1992 (41) Schultz & Schkade, 1992 (18) Schultz & Schkade, 1997 (7) Wilcock, 1998; 2006 (5) Wood, 1996 (3)
Use of Occupational Adaptation as a Construct	Internal process (49) Outcome (37) Both Internal Process and Outcome (12) Others (not clearly defined) (4)

Study Participants

With medical conditions (788)
Without medical conditions (904)
Healthcare workers, educators (72)
Instrument Development (389)

Note. *The full list of relevant literature is listed in the Supplemental Materials at <http://scholarworks.wmich.edu/cgi/viewcontent.cgi?filename=0&article=1400&context=ojot&type=additional>.

Relevant literature citations and definitions of occupational adaptation. Publications related to the OA model (Schkade & Schultz, 1992) were the most commonly cited literature to define occupational adaptation (74 times from 4 different publications). Commonly cited constructs from the OA model included adaptive strategies, press for mastery, and occupational adaptation as an internal normative process. MOHO (Kielhofner, 2008) publications were cited 27 times in various studies. Identity and competence were commonly cited constructs. Other commonly cited literature included occupational science perspectives (Frank, 1996; Wilcock, 2006) and Nelson's perspectives on occupational identity and meaning (1997).

Applications and definitions of occupational adaptation in occupational therapy practice. Of the 74 studies reviewed, 49 studies used occupational adaptation to describe the internal process that occurs during participation in occupations. Thirty-seven studies described occupational adaptation as an outcome or result of increased or renewed participation in occupations. Twelve studies described occupational adaptation as both a process and outcome, while four studies briefly alluded to occupational adaptation as an internal process related to occupational therapy clinical reasoning or process during adaptation of the environment.

The lived experience of the process of occupational adaptation during participation in occupations (61%, $n = 45$) was a common theme found in the scoping review. These studies included participants with existing medical conditions ($n = 788$) and those without medical conditions (e.g., migrants, incarcerated populations; $n = 904$). A full list of frequency counts of participant diagnoses and conditions can be obtained by emailing the corresponding author. Only 12 studies looked at the impact of various occupational therapy interventions in the occupational adaptation of participants and only five studies were related to the development of occupational therapy instruments.

Thematic Analysis

Four themes emerged from the thematic analysis offering definitions of occupational adaptation as a process and an outcome: (a) as a product of engagement in occupations, (b) as a process that emerges during transaction with the environment, (c) as a manner of responding to change and life transitions, and (d) as a process to form a desired sense of self. Because of the volume of studies in the scoping review, we chose to cite only a few exemplary studies to justify the common themes from all studies.

A product of engagement, finding meaning and satisfaction in occupations. Occupational adaptation was defined in the literature as a process of selecting and organizing activities (Lentin, 2006), as a process of altering the meaning of engagement and changing the occupation itself (Beagan & Hattie, 2014; Norberg, Boman, Löfgren, & Brännström, 2014), and as a construct to define occupation as meaningful and requiring active participation from the person (Dolecheck & Schkade, 1999; Hoogerdijk, Runge, & Haugboelle, 2011). Participants in various studies experienced the process of occupational adaptation through the need to reengage and redefine the meaning of important

occupations during transitional periods in life, such as coming out as a lesbian, gay, bisexual, or transgender (Beagan & Hattie, 2014), following a stroke (Dolecheck & Schkade, 1999), or related to having congestive heart failure (Norberg et al., 2014).

Emerges from the transaction with the environment. Occupational adaptation was identified as a mechanism to manage and respond to the occupational environment (Brayman, 1996; Spencer, Davidson & White, 1996) and as a manner of receiving validation from the environment (Taylor et al., 2003). From a therapeutic perspective, occupational adaptation was applied and defined as the process of adapting the self and the environment to provide holistic care or intervention (Dale et al., 2002). Crist et al. (2005) reinforced the environment as a significant influence on the occupational adaptation process. Using perspectives from individuals who have experienced various life-altering situations, Spencer, Davidson, and White (1996) defined occupational adaptation as knowing how to respond to different challenges based on familiarity of the environment. The authors also expanded on how occupational adaptation forms an occupational repertoire—or sets of forms that create memories and cumulative repertoire—or memories that change one's sense of competence and mastery, as a result of building a relationship with the occupational environment. In a study of adults with chronic fatigue syndrome, Taylor and colleagues (2003) also explored the manner in which the participants navigated through adaptive transitions. As a result, adaptation transpires through the presence of social support and validation from the environment.

Instrument development studies that measure occupational adaptation also supported the importance of the occupational adaptation process. In developing the Relative Mastery Measurement Scale, George, Schkade, and Ishee (2004) emphasized the use of self-selected activities to increase engagement and increase awareness of new or modified responses to environmental demands as key features of the occupational adaptation process. In developing the Occupational Performance History Interview, Mallinson, Mahaffey, and Kielhofner (1998) also found the influence of the environment to be strong enough to warrant its assessment as a unique construct of the occupational adaptation process.

A manner of responding to change, altered situations, life transitions. Occupational adaptation was described in a majority of the studies as a manner of coping, being resilient, and as a use of appropriate strategies in response to altered or changing life situations (Dale et al., 2002; Nayar & Stanley, 2015). Several authors framed occupational adaptation during the presence of adverse life events as: (a) a result of engagement in occupations necessary for healing (Ammann, Satink, & Andresen, 2012); (b) a manner of reestablishing life balance (Gruwsveld, Söderback, & Fernholm, 1996); (c) a process of overcoming disabling influences on occupational functioning (Bontje, Kinebanian, Josephsson, & Tamura, 2004); (d) an iterative process of occupational accommodation and occupational assimilation as experienced in a sense of loss (Hoppes & Segal, 2010); and (e) a process of reclaiming roles and participating in alternate occupations (Gibbs, Boshoff, & Stanley, 2015). In a grounded theory study approach to understanding the experiences of immigrant women, Nayar and Stanley (2015) defined occupational adaptation as a strategy to proactively respond to altered situations and broaden one's occupational choices. The authors focused on occupational adaptation as a social process related to redefining self-identity during a period of change rather than a state of functioning. Ammann and colleagues (2012) narrated how adults with significant hand injuries individually "recaptured" occupational life at their own pace, striving for normality as fast as possible, and offering occupational adaptation as multiple redefinitions of self and abilities needed throughout the process of healing. Bontje and colleagues' (2004) study of adults with different physical disabilities defined

occupational adaptation as a process of overcoming disabling influences on occupational functioning. Their findings contrast the theoretical discourse on occupational adaptation focused on the personal adaptiveness, suggesting that occupational adaptation is a two-fold process in which the social environment also adapts to reduce effects of disabling influences on a person's occupational function. Hoppes and Segal (2010) found that individuals reconstruct meaning in occupations following loss in order to maintain wellbeing. Gibbs, Boshoff, and Stanley (2015) asserted that it is through participation in occupation that people generate and express visions of possibility to resolve occupational challenges, and this process leads to occupational adaptation.

Formation of desired sense of self, competence, mastery, and identity. Occupational adaptation was defined in the literature as an ongoing, non-linear process to achieve a desired sense of self (Lexell, Iwarsson, & Lund, 2011); a manner of developing a sense of competence, self-efficacy, and identity in occupational participation (Johansson & Isaksson, 2011; Yazdani, 2011; Crist et al., 2005; Firfirey & Hess-April, 2014); and a manner of reframing identity, competence, the environment, and the fit between all three (Klinger, 2005; Mallinson, Mahaffey, & Kielhofner, 1998). In addition, Luck and Beagan (2015) asserted the reciprocal process between occupational adaptation and identity. In a study of adults who experienced long-term hospitalization due to tuberculosis, Firfirey and Hess (2014) explored the narratives of the participants, the process of occupational adaptation, and how it impacted their sense of identity. The hospitalization brought about a sense of loss due to many unmet occupational needs and the lack of occupational choices to fulfill many important life roles. The study also exemplified how disability facilitates the need to overcome barriers to occupational adaptation using various personal factors, such as resilience and spirituality. Klinger (2005) defined occupational adaptation as the process of change—the process of accepting “I am not who I was before” to accepting “the new me” as a result of traumatic brain injury (p. 11, 12). Klinger's study also explored how this shift in identity caused by disability facilitated the “change in the ways of doing” occupations of the participants (p. 13).

Discussion

Our findings suggest that defining occupational adaptation as a process and outcome is complex and the constructs are difficult to dichotomize in terms of these definitions. Studies describing the lived experience of occupational adaptation identified the construct as both a product (outcome) of engagement in occupations and the ability to find meaning and satisfaction in those (process). Moreover, occupational adaptation emerges from interactions in the environment (both a process and outcome) and in response to evolving environmental demands, which impact occupational status. These themes deeply resonated with Schkade and Schultz's (1992), Frank's (1996), and Nelson's (1997) perspectives on the occupational adaptation process. The transcendent process of engagement, reengagement, or altered engagement to fulfill a desire to reestablish identity, competence, and mastery over situations and occupations were consistent throughout the studies. This indicates that occupational adaptation can be an internal process and an outcome of occupational participation. These assertions are also echoed in the perspectives of Kielhofner (2008), Meyer (1922), and Wilcock (1998).

Our scoping review found three gaps in the literature. First, there is a lack of clarity in articulating how occupational adaptation is defined and used in many of the studies in this scoping review. Without specificity when defining the construct as a process, an outcome, or a process and outcome of occupational participation or occupational therapy intervention, occupational adaptation will

remain a construct that is difficult to “name and frame” in daily clinical practice. This naming and framing challenge may be the reason for the next two gaps we found in the literature.

Second, there is a significant lack of studies measuring the impact of intervention in clients’ occupational adaptation. Although limited in number, the outcome measurement studies in our scoping review support the thematic findings defining the construct as an outcome of intervention, and the majority of these included analysis of the lived-experience of occupational adaptation in clinical and non-clinical applications. Several intervention studies for medical conditions (e.g., CVA, MS, and chronic pain) noted functional gains (outcome) as well changes in mindfulness and perceived well-being (process). The qualitative data from these articles further support the nonindependent and nonexclusive nature of the two (process and outcome) as we have discussed earlier. This idea is highly consistent with the original principles of Schkade and Schultz’s OA model (1992).

Third, there is a lack of published and developed instruments to measure occupational adaptation. The lack of published assessments may be a result of the complexity and vague definitions of the construct. The few published instrument development studies, however, add support to the importance of the process. For example, in the Relative Mastery Measurement Scale based on the OA model (George, Schkade, & Ishee, 2004), occupational adaptation was viewed as a normative process that develops and changes as individuals seek relative mastery. Occupational adaptation was viewed as a process that leads to occupational identity and competence in MOHO and was a guiding construct in the development of the Occupational Circumstances Assessment Interview and Rating Scale (Lai, Hgalund, & Kielhofner, 1999) and the revision of the Occupational Performance History Interview (Mallinson et al., 1998). The goal of the aforementioned tools, directly and indirectly, is to measure the temporal progression of the individual’s occupational adaptation during participation in occupations.

Limitations

The primary limitation of this study was the subtle differences in the way in which occupational therapists define and use the terms occupation, adaptation, and occupational adaptation, which made the literature search and analysis complex. The authors constantly brainstormed and discussed how to differentiate the construct as an outcome or process when used in the studies. These subjective discussions may have inherent biases that influenced the way we thematically analyzed and coded the studies. We also searched only five databases (after finding redundancy in many of them). Searches with other terms and other databases may have yielded more or different sets of articles for review.

Implications for OT Practice and Research

Occupational adaptation is a historically rooted and important construct in occupational therapy literature. However, there is a lack of clarity in the use and definition of the construct of occupational adaptation. This construct can be better articulated in the philosophical base of occupational therapy and when publishing studies that describe and measure the construct.

The results of this scoping review suggest the following implications for occupational therapy practice and research:

- Occupational adaptation is an important construct that needs to be routinely and clearly articulated as a process and outcome of treatment based on occupational participation. Occupational adaptation is a construct that can be used to further support the profession’s distinct value of improving health and quality of life. Facilitation of occupational participation and engagement are not the only means to improve health and well-being. Occupational therapists need to enable the adaptiveness of their clients as well. This process

needs to be more clearly described in research studies. Clients who are adaptive are able to: choose and engage in occupations that are meaningful to them, respond to life's challenges and adversities, and navigate their environment with mastery. These markers are outcomes of occupational therapy intervention and can be used as means to describe occupational adaptation as an outcome.

- Our study found that there are significant gaps in the literature in the area of outcomes research that demonstrate how occupational therapists facilitate occupational adaptation. Further research is needed to define occupational therapy's unique role in maintaining and promoting health in this manner.
- When occupational adaptation is clearly articulated and defined in research, the construct can be more clearly measured and more instruments can be developed. Since occupational therapy is an evidence-based profession, occupational therapists need to use the tools available to assess the outcomes of occupational therapy intervention on the occupational adaptation process of clients. More valid and reliable tools that can measure the multiple facets of the occupational adaptation, such as occupational competence and identity (MOHO), and relative mastery (OA model) in relation to occupational adaptation are needed.

Conclusion

Occupational adaptation is applied in contemporary literature to understand the transactional process between the person, occupations, and the environment and an outcome of occupational participation. Occupational adaptation is a complex and abstract construct, and this can make researching the construct challenging. However, occupational adaptation remains central to the identity of the profession. It is imperative to examine how it is operationalized and evaluated in the therapeutic process and articulated in the essential roles of occupational therapy to its stakeholders.

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