EDITORIAL

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The response to COVID-19: Occupational resilience and the resilience of daily occupations in action

The year 2020 was like no other for Australians. As a nation, we had just emerged out of a catastrophic bushfire season in late 2019 and early 2020, when we first heard about a new, highly infectious novel coronavirus that originated in Wuhan, China. The virus became known as COVID-19 and quickly spread throughout the world with the first confirmed Australian case reported on 25 January 2020. Characteristic symptoms of COVID-19 include fever, dry cough, sore throat, fatigue, headache, skin rash, conjunctivitis, shortness of breath, and loss of sense of taste or smell.

By early March 2020, our lives and daily routines were affected by a range of measures designed to combat and minimise the spread of COVID-19 within Australia. Primary and secondary schools, Technical and Further Education (TAFE) providers and universities quickly moved to online learning; many workplaces required employees to work from home; aged-care facilities restricted visitors for residents; public health-care networks prepared for an influx of patients with COVID-19-related symptoms; public venues (such as libraries, entertainment venues, sports and recreation centres, and churches and places of worship) were temporarily closed; restaurants and cafes were limited to takeaway service only; international travel was restricted with mandatory 14-day quarantine periods for people returning from overseas; and only essential services (such as chemists and supermarkets) were allowed to remain open.

At federal and state government levels public health education initiatives and COVID-19 protection guidelines were launched online and in the media with information and instructions on the need for social distancing, limited social contacts, frequent hand washing and hand sanitising, coughing etiquette, and the wearing of facemasks (O'Sullivan et al., 2020). The significant changes in our social and work environments saw an exponential increase in online shopping and the use of videoconferencing software platforms such as Zoom, Microsoft Teams and Skype for Business, as Australians adapted their daily routines and activities to the new reality of the COVID-19 pandemic.

Victoria experienced a second wave of COVID-19 and a further three months of stage three and four lockdown restrictions. These 'living in lockdown' limits included the compulsory wearing of facemasks in indoor environments, restriction of daily travel to within a 5-km range of your place of residence, limiting public gatherings to two people and leaving your home only for the purposes of exercise, food shopping or the receipt of medical care. To minimise the spread of the COVID-19 virus to regional Victoria, a monitored 'ring of steel' was placed around metropolitan Melbourne, beyond which people could only travel with a valid permit. South Australia and New South Wales also established supervised 'hard' borders with Victoria, whereas other states and territories instituted travel restrictions for Victorians. Other Australian states (such as South Australia and New South Wales) have experienced smaller COVID-19 cluster outbreaks and have had short-term mandatory lockdowns put in place as well.

The COVID-19 pandemic has impacted the daily lives of Australians and their families in many ways, including heightened concerns about personal safety and job security (Australian Bureau of Statistics [ABS], 2020). Lockdown has also placed extra strains on family relationships and led to increased incidences of family violence. A survey conducted by the ABS in November 2020 that investigated mental health and wellbeing using the Kessler Psychological Distress Scale (Kessler et al., 2002), found that one in five respondents reported experiencing high or very high levels of psychological distress in response to the pandemic. For persons with a disability, the number experiencing psychological distress increased to one in three (ABS, 2020).

Many aspects of daily life and occupational engagement have been negatively impacted by the COVID-19 pandemic as highlighted by the VicHealth Coronavirus Victorian Wellbeing Impact Study (2020) that involved 2,200 respondents. In this study, Victorians reported decreased levels of mental wellbeing and life satisfaction, feeling less socially connected, increased daily alcohol consumption due to anxiety and stress, financial hardship, rising concerns about food insecurity, and higher consumption of drinks with a high sugar content during the pandemic. In the context of many parents working from home, the study also revealed that mothers had assumed a greater load in assisting children with home schooling (VicHealth, 2020).

The COVID-19 infection rate data from Australia demonstrates no significant differences based on gender, ethnicity/race or class; however, there was a marked unequal impact across a number of vulnerable social groups (O'Sullivan

et al., 2020). Sections of society who were more adversely affected by the pandemic included the unemployed, those in casual employment or with low job security, people living in crowded or unstable households, the homeless, those with low literacy and education levels, people with pre-existing health conditions or disabilities, people presenting with mental illness, problematic drug and alcohol users, those from culturally and linguistically diverse backgrounds, temporary visa holders and migrants, refugees, and international students (Broadway et al., 2020).

The advent of the COVID-19 pandemic has created a massive paradigm shift in how we live, work, learn, socialise, and play. To successfully navigate this substantial reset of the ways we conduct everyday life and participate in regular occupations, we have all had to foster and demonstrate *occupational resilience*. Traditionally, this term was coined in the vocational and organisational psychology literature and referred to resilient workers with the ability to demonstrate cognitive flexibility (Wu et al., 2019). Cognitive flexibility is characterised by three factors: (a) sense of power—the knowledge that in any given circumstance there are existing opportunities and alternatives, (b) the readiness to be flexible and to adjust to the situation, and (c) self-efficacy in being flexible—the perception of effectiveness in the adaptive process (Magrin et al., 2017).

Occupational resilience is also germane in peoples' active, flexible engagement in daily occupations that promote health, wellbeing and social connectedness. Specifically, in the context of occupational therapy, *occupational resilience* refers to a person's ability to successfully and creatively navigate and negotiate life stressors, challenging environments and difficult events, whereby changes and modifications to daily occupations and occupational participation are required. These daily occupations include activities of daily living, instrumental activities of daily living, sleep, rest, work, education, play, recreation, and social participation (American Occupational Therapy Association, 2020). From participating in and adapting to new ways of engaging socially with friends, colleagues and family, to new applications of technology, to new ways of working largely from home, to new ways of studying and learning online, and to new ways of partaking in play and leisure activities, these are all examples of occupational resilience to the COVID-19 pandemic.

The World Health Organization suggests that resilience needs to demonstrate four capacities: (a) adaptive—the ability to respond to disturbances, trauma, misfortune, and shocks; (b) absorptive—the ability to cope and recoup from adverse circumstances utilising accessible resources; (c) anticipatory—the ability to reduce disturbances, trauma, misfortune, and shocks by proactive engagement to lessen vulnerability; and (d) transformative—the ability to develop practices and routines more appropriately suited to change, ambiguity, volatility, and insecurity (Ziglio, 2017). These four

capacities are also characteristic of occupational resilience. Thibeault (2011) used the term 'occupational gifts' to outline significant occupations that promote optimism, spirituality, resilience, and belonging in demanding and adverse situations. Likewise, Zafran (2020) highlights five different types of occupations that could act as occupational gifts during the COVID-19 pandemic: (a) *connecting occupations* in which people experience belonging and linking with others; (b) *centering occupations* that promote calmness, inner awareness and concentration; (c) *creative occupations* which address the human need to play, have fun, create, discover, and explore; (d) *contemplative occupations* which involve taking a world view perspective and talking about the big picture of what we are all experiencing; and (e) *contributing occupations* that entail giving back to the groups, communities and organisations that support us. Engaging in these types of occupations could also enable occupational resilience in individuals.

Whereas we were adapting to the marked changes in our daily occupational performance, routines, habits, and roles, occupational therapists in Australia were also modifying their daily practices. Delivering services remotely to clients and their families became the new occupational therapy practice norm during the COVID-19 pandemic. Terms such as 'telehealth', 'telerehabilitation', 'telecare', 'telemedicine' and 'teletherapy' entered the common language of occupational therapists (Hung Kn & Fong, 2019; Sarsak, 2020) and those occupational therapy students completing practice education and participatory community project placements were largely moved to online telehealth delivery.

As occupational therapists we have had to invent and engage with new modes of service delivery and assist clients and their families in modified or revised ways of self-care, productivity and leisure. Self-care has become increasingly important in instances where individuals are required to take active responsibility for the care of their physical, mental and social health. Common recommendations include having a nutritional diet, engaging in physical exercise, socialising with friends and family, ensuring an adequate amount of quality sleep, and seeking assistance and support when needed. Action words such as agility, flexibility, fluidity, creativity, responsiveness, innovation, resourcefulness, and changeability have become synonymous with learning how to deal successfully with the COVID-19 pandemic. In essence, we have had to demonstrate occupational resilience to ensure our daily occupational needs are met.

In summary, occupational therapy practitioners, educators, managers, researchers, and students not only need to ensure they adhere to occupational resilience but also actively promote it in the services they provide to clients and families. Occupational Therapy Australia, the World Federation of Occupational Therapists, the *Australian Occupational Therapy Journal,* employers of occupational therapists, federal and state governments, health-care networks and

community organisations have come together to provide occupational therapists with access to the resources, information, programs, and services they need to educate and support both themselves and their clients. Promoting and supporting occupational resilience and demonstrating how resilient daily occupations can be, means we will be better prepared and informed to traverse the challenges presented by the COVID-19 pandemic and move forward from a position of strength.

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