

Occupational Resilience (Part 1): Origins and Significance to Health and Well-being

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ABSTRACT

Occupational resilience (OR) is a novel concept emerging in occupational therapy and occupational science, with significant implications for the field. However, its definition is still evolving and needs clarity and consensus. In this article, we offer a definition inspired by the real-life experiences of refugee immigrants who have been resettled in the United States of America (USA). We define OR as the ability to persist in an occupation, where the duration and intensity of engagement are the essential contributors. Therefore, we propose that three elements, occupation, intensity, and duration, constitute the nature of OR and shape how occupation impacts health, either positively or negatively. We argue that OR is both measurable and modifiable, and we draw on the experiences of refugee musicians to gain insights and suggest how to enhance persistence in occupation over extended periods. We believe that OR is relevant to all kinds of human occupations, the various things people do throughout their lives. To support health, measures of OR must be applied judiciously because the link between occupation and health is complex, rarely following simple linear principles. Despite the complexity of the links between OR and health, we argue that the construct is of high significance in clinical practice, experimental research, and epidemiological studies.

Key Words: occupational resilience, persistence, adaptation, perseverance

INTRODUCTION

Occupational therapy has advanced considerably in theoretical development; however, concerns persist regarding theoretical imperialism, which may marginalize diverse cultural perspectives and populations (Hammell, 2009; Hocking & Whiteford, 2012). Western theories often reflect assumptions rooted in Western epistemologies, privileging conceptualizations of occupation from predominantly Caucasian, female, middle-class, heterosexual, and able-bodied viewpoints (Hocking & Whiteford, 2012; Iwama, 2003; Kantartzis & Molineux, 2011). Such theoretical dominance risks constraining cultural diversity, thereby limiting inclusivity and the depth of understanding necessary for a richer understanding of occupation (Hammell, 2009). Incorporating alternative concepts and theories originating from non-Western contexts offers opportunities to enhance cultural responsiveness and improve care for heterogeneous populations (Iwama et al., 2009).

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Western occupation-focused models such as the Canadian Model of Occupational Performance and Engagement (Townsend & Polatajko, 2007), the Model of Human Occupation (Taylor et al., 2024), the Ecology of Human Performance (Dunn et al., 1994), and the Occupational Adaptation model (Schkade & Schultz, 1992)—share important similarities and nuanced differences in their conceptualization of person, occupation, environment, and performance. These models typically delineate the individual from the environment, reflecting Western ontological assumptions.

Non-Western theories remain underrepresented in occupational therapy literature (Iwama, 2003), despite evidence that their unique cultural foundations yield valuable insights. For example, the Kawa model, developed within Japanese cultural and philosophical traditions, reconceptualizes person and environment as integrated and confluent rather than discrete entities (Iwama et al., 2009). Similarly, the construct of occupational consciousness, emerging from a colonial African context, elucidates how hegemonic structures are perpetuated through everyday occupations, influencing both individual and collective health (Ramugondo, 2015). These perspectives underscore the necessity of engaging with diverse cultural backgrounds to broaden theoretical discourse and foster inclusive understandings of occupation and its implications for health and well-being.

Positionality statement

The authors identify themselves as persons of color, immigrants to the USA, from Africa and Asia, who hail from historically colonized home countries. They share these attributes with the participants of the study from which the occupational resilience construct initially emerged (Muriithi & Muriithi, 2020; Muriithi & Muriithi, 2025). The primary author possessed the necessary cultural and language skills to establish rapport with the participants. The second author has spent over a decade studying various immigrant diasporas in the United States, which influences her

perspectives. Their personal experiences and backgrounds, therefore, contributed to the insights and understandings that inform the concept of occupational resilience.

Origins

Occupational resilience, as defined in this paper, emerged from a phenomenological study of refugee musicians from collectivist cultures of Africa and Asia (Muriithi & Muriithi, 2020). The context of their persistence in music performance was Phoenix, Arizona, a large metropolitan city in the United States. The study's initial goal was to understand the lived experiences of refugees to leverage resources for a community-based music program supporting refugee resettlement.

A perspective on occupation that emerged from study participants was that music [occupation] is a blend of related activities, unlike the Western view that the associated activities are separate occupations. Most of the musicians (5 out of 6) were from Africa where music, by definition, is a combination of activities such as dancing, singing, playing instruments, performing rituals, drama, and visual arts. This integration of music with other activities to create a complex whole aligns with what musicologists have emphasized about the concept of music in Africa (Nketia Kwabena, 1965; Stone, 2010). The refugees often performed music during religious rituals, social activities, community dancing, and prayer services. As a result, high OR in one activity often sparks or benefits long-term engagement in other related activities, which frequently occur together.

Occupations such as social participation, leisure, play, health management, and religious (American Occupational Therapy Association, 2020) are not viewed by these refugees as distinct occupational categories, but rather as integrated into a single occupation. The impossibility of separating what the West sees as distinct occupations, the blended nature of occupations in African musicking, fosters OR in music and synergistically in other

related occupations. It is this combination of occupations, not music per se as understood in the West, that supports healing from trauma and negative emotions in addition to fostering social integration (Muriithi, 2020). This fusion of occupations is also credited for improved sense of coherence (Muriithi & Muriithi, 2025), which is associated with positive health and well-being (Antonovsky, 1996).

Indelible tenacity in music, broadly defined to include several activities named above, characterized the shared experiences of these musicians (Muriithi & Muriithi, 2020; Muriithi & Muriithi, 2023). They maintained their performance across several countries despite changing social, economic, cultural, and political circumstances. In these changing environments, they learned new languages, navigated through financial challenges, embraced new cultures, and changed musical styles to suit new audiences (Muriithi, 2020). Their enduring musical performance across multiple challenging conditions exemplifies high OR.

Occupational resilience, therefore, while presented in English and defined in Western terms, has its roots in the everyday lived experiences of refugees from collectivist cultures, who experience occupation quite differently from how it is seen in the West. The factors that contributed to persistence in occupation, described as modifiable factors below, were framed in English terms that most directly convey the essence of OR, with abstractions minimized through the use of phrases rather than single words that may misrepresent the realities. For ease of presentation and to provide familiar reference points, however, the phrases were later condensed into single terms and described as five factors that contribute to OR: History, Experience, Benefits, Adaptation, and Environment (Muriithi & Muriithi, 2025). As discussed elsewhere (Muriithi & Bimali, 2025), these factors have close parallels in Western occupational therapy theories, although their meanings differ to a certain degree. We do

not encourage substituting these factors with related Western constructs, because they would not retain the exact intended meaning. OR was recognized as potentially filling a theory gap not clarified in Western theories. To better serve this purpose, we define it as an inclusive construct relevant to all meaningful activities people do, whether healthy or unhealthy.

The latter consideration is encouraged by the growing recognition that occupations are not always healthy (Twinley, 2021; Twinley & Helfrich, 2025). The occupational therapy literature often overlooks 'the dark side of occupations', yet evidence shows that people engage in such occupations despite negative health consequences (Twinley, 2013, 2021; Twinley & Helfrich, 2025). We believe that all activities people engage in, whether healthy or unhealthy, should be studied carefully and thoroughly. With a deeper understanding of all occupations, we are better equipped to optimize health and well-being for all individuals. As the meaning of the term 'occupation' evolves, our constructs need to adapt to these changes. OR regards occupation, therefore, from its broadest possible meaning.

Defining Occupational Resilience

Occupational resilience (OR) refers to an individual's ability to persist in performing an occupation, with the duration and intensity of engagement determining resilience for each occupation. This definition does not constrain OR to work hardiness as the interdisciplinary definition of OR does (Mahmoud et al., 2025; Petri-Romão et al., 2025; Ramey et al., 2016). Occupation is not defined in terms of a job, career, or profession, but as all the things people do to occupy time, day or night, from birth to death. Additionally, the proposed definition does not associate OR necessarily with positive health outcomes, as some occupational therapy authors have proposed (Brown, 2021; Jacobs-Nzuzi Khuabi et al., 2022). Instead, OR is simply a variable that expresses one's relationship with a specified occupation. It ranges from

very high to very low along a continuum and uniquely applies to each occupation in which a person engages. The occupation, like in the case of African musicking, could be a fusion of activities or a single activity. The occupations themselves can be healthy or unhealthy, socially sanctioned or not. Occupations may not be reflected in the lexicon of a culture, contrary to how they have been defined in the past (Clarke et al., 1991). OR is not only applicable to all occupations, but as argued elsewhere (Muriithi & Bimali, 2025), the variable is measurable [using the same scale] and modifiable.

Ontology of Occupational Resilience

It is impossible to fully grasp the meaning of OR without first appreciating that occupation is integral to its essence. Occupation is considered before other OR crucial elements, [intensity and duration] acquire any meaning. One can only describe intensity as high or low in relation to occupation. Additionally, there cannot be a duration of engagement without an occupation to engage in. Three elements, therefore, characterize and constitute the nature of OR. *First, the occupation, which answers: **what is occupying time?** Secondly, the duration of engagement, which answers: **for how long has this occupation been performed?** Thirdly, intensity of engagement, which answers: **how much and how frequently is this occupation performed?***

Activity type

It is known that various occupations have multiple mechanisms of action that influence health. Indeed, certain occupations may serve as substitutes for others because of similarities in their operational mechanisms. Hiking can operate similarly to dancing, biking, or exercising on fitness machines. These activities offer resistance, facilitate joint and muscle mobilization, and promote caloric expenditure. Certain types of activities possess a limited or unique set of mechanisms of action. For instance, sleep is unique in that it restores neural function and clears the sleep debt that accumulates during wakefulness

(Khazaie et al., 2023; Matricciani et al., 2019). Leisure and recreational activities encompass a range of mechanisms of action (Fancourt et al., 2021). Routine activities, such as personal hygiene, may be mundane and easily taken for granted. Nonetheless, research has demonstrated that such occupations exert a substantial impact on health (de Oliveira Almeida et al., 2023; Muriithi & Bay, 2024), and the variability in their mechanisms of action is likely considerable.

Level of intensity

Performance of occupations is not typically an either-or phenomenon. People engage in both healthy and unhealthy occupations, but the degree of intensity varies from person to person and from occupation to occupation. People may exercise [occupation], but they may not reach the recommended 150 minutes per week [intensity], which reduces the benefits accrued from participating in this occupation (Iacobucci, 2023). Some people drink alcohol, but their intake may be so little, or so infrequent, that it has insignificant effects on health. On the other hand, drinking may be so much that it damages the liver or causes other complications.

Therefore, determining how alcohol consumption [occupation] impacts health requires consideration of whether the drinking is light or heavy [intensity] (Boersma et al., 2020). Similarly, research has also shown that low smoking [occupation] levels have a weaker link to lung cancer than moderate to very high levels [intensity] (Roy & Laha, 2017). For all occupations, the level of intensity is therefore a crucial factor to consider when evaluating the relationship between occupation and health.

Duration of engagement

An individual with high OR will persist in an occupation for extended time periods. This assumes they can overcome barriers, such as limited finances, time constraints, illness or disability, aging, and environmental changes that emerge over time. The barriers to such activities inevitably arise as people

progress through life stages, relocate to new areas, and assume new roles and responsibilities in society. This applies to healthy activities like work, exercise, or healthy recreation, and unhealthy activities as well (Ball et al., 2019). A high OR in certain activities may lead to addiction; therefore, there probably exists a bidirectional relationship between high OR and addiction. It is now understood that occupations initially performed under social influences can lead to physiological dependence, which perpetuates engagement due to a lack of control rooted in physiological changes induced by the occupation itself.

A wide variety of occupations are known to lead to addictions, for example, gambling (Potenza et al., 2019), alcohol use (Karlsson, 2024), work (Bereznowski et al., 2023), social media use (Xiao et al., 2022) and internet addiction (Adams, 2017), among others. Addiction results in individuals engaging in occupations for long durations despite a desperate desire to stop. A high OR score may therefore result from physiological dependence on an occupation; however, a variety of other factors also contribute to persistence (Muriithi & Bimali, 2025).

The nature of OR dictates how we may assess the relationship between occupation and health. It is necessary first to specify the occupation. Subsequently, the levels of intensity and duration of engagement, taken together, determine the level of OR. Based on what is already known about the occupation, the level of OR could become a good predictor of health outcomes if a linear relationship between the occupation and health is known. Many occupations, however, have a complex, rather than a simple linear, relationship with health. That is why many occupations cannot be classified as healthy or unhealthy. Therefore, a nuanced interpretation of OR values is necessary to determine both the impact of occupation on health and/or appropriate interventions that may be applied to improve health (Muriithi & Bimali, 2025).

Modifiable factors of occupational resilience

As OR emerged from exploring the lived experiences of refugee musicians in the United States, it is prudent to utilize the knowledge of these participants to gather insights on how OR may be modified. As argued elsewhere (Muriithi & Bimali, 2025), all five factors that contribute to persistence in music are modifiable variables with close parallels in Western conceptual practice models. To address these factors [History, Experience, Benefits, Adaptation, and Environment], approaches similar or comparable to those proposed in several Western theories would likely be relevant, with some modifications to fully address each specific factor in question (Muriithi & Bimali, 2025).

Significance

Defining OR as a universal construct applicable to all occupations is not far-fetched or an over-reach. We embrace the broadest possible definition of occupation, encompassing everything people do from birth to death, not merely healthy human activities. The concept of 'dark occupations' has, in recent times, helped to expand the meaning of occupation by arguing for the inclusion of taboo, unhealthy, and socially non-sanctioned occupations. The 'dark side' concept is gaining traction as scholars now recognize that traditional views on occupation have inaptly excluded certain occupations (Twinley, 2013, 2021). We argue that this is still not enough. Occupation is best defined in an all-inclusive manner, as everything people do from birth to death. This enables a more comprehensive examination of the relationships between all aspects of human occupation and health and well-being. The understanding of occupation, as applied in the OR concept, takes the broadest possible meaning of the term occupation. It includes even human occupations that are not recognized in the lexicon of a culture, as human occupations are known to exist before they are acknowledged in society. For instance, people were tweeting before the word "tweet" was applied to this occupation. There

probably exist many occupations that never actually appear in a culture's lexicon, and we encourage considering these occupations just as much.

Occupational resilience is a multi-dimensional construct; therefore, its measurement [using tools like ORM 1.0] can indicate to clinicians what dimension requires greater clinical attention (Muriithi & Bimali, 2025). Assessing OR this way enables a clinician to focus on the dimension that most interferes with one's ability to persist in an occupation, whenever applicable. For example, a client may obtain high scores in the Benefits subscale if they strongly value an occupation, but have low scores in the Adaptation subscale, necessitating greater focus on the Adaptation factor [ensuring that changes in conditions and circumstances do not result in the occupation being abandoned.

Furthermore, OR measures that have a wide range of scores [ORM 1.0 has a range of 20-100] can be used to evaluate the efficacy of intervention in clinical trials designed to optimize OR while evaluating its effect on health in the same study. Such studies can further our understanding of the degree to which OR is clinically modifiable, identify efficacious interventions, and assess the effects of modified OR on health and well-being. Additionally, large sample epidemiological studies could indicate the levels of OR that predict specific health outcomes in the general population, helping to inform important public health policies.

As a construct that emerged from the experiences of non-Western immigrants OR has enabled individuals who do not typically inform occupational therapy theory to contribute to the field, bringing new insights and perspectives. Non-Western perspectives enrich occupational therapy and occupational science, reduce theoretical imperialism, and enhance inclusivity.

One perspective that the experience of refugees illuminates is that the Western

categorization of occupations, which informs the definition of occupation and is reflected in intervention planning or research, can interfere with performance when it fails to view occupations as an integrated whole rather than as discrete components. The persistence in music among the refugees benefited from its fusion with dance, worship, visual arts, and other activities. Although occupation is widely recognized in the West as both the means and the ends of intervention (McLaughlin Gray, 1998), deliberate fusion of multiple occupations into one is not usually encouraged in the West. The experiences of refugees suggest that such a fusion of activities may, in itself, be how activities are sustained [OR improved] (Muriithi & Muriithi, 2025).

Conclusion

Drawing on the lived experiences of immigrant refugees, we have proposed a new definition of OR, which we believe will make significant contributions to occupational therapy and occupational science. OR relates directly and uniquely to each occupation an individual engages in. Occupation is viewed as all things that people do from birth to death, seven days a week, twenty-four hours a day. Intensity and duration of engagement are the factors that determine one's OR level. The OR level can be a predictor of health if a linear relationship between that occupation and health is already known, but for many occupations, associations with health outcomes are complex, not simple. OR levels, therefore, need nuanced interpretations. OR is an emerging construct with weighty implications for clinical practice and research. We defined it here in the form that we believe will likely have the most significant impact within occupational therapy and occupational science.

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