Impact of the Stay-at-Home Order: A Model of Human Occupation Perspective

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As of June 2020, the rapid increase of people infected by the 2019 coronavirus disease (COVID-19) has affected over 213 countries since December 2019 (World Health Organization, 2020). Many countries, including the United States, the United Kingdom, Germany, and Italy, announced "Stay-at-Home" orders in March 2020 to prevent further spread of the disease. The Stay-at-Home order requires all residents to stay in their homes, with residents only leaving home for crucial reasons, such as getting groceries or medicine, and for certain types of essential work. It also includes the closing of non-essential business and restaurants, restriction of public gatherings, and closure of public spaces (The State of Illinois, 2020). While some states have removed or loosened the Stay-at-Home order, limitations remain, and the stricter orders may be reactivated during a future outbreak. In addition, some individuals may choose to follow the constraints even when not required to do so, due to increased risk of COVID-19. Regardless, the restrictions of the Stay-at-Home order affect residents' everyday activities in many aspects, and gaining an understanding of the impact is the first step toward applying an occupation-based perspective to this challenging situation.

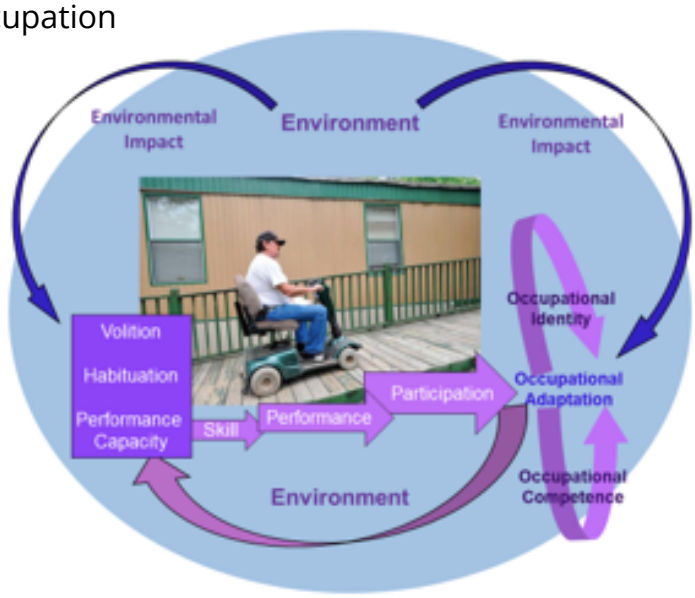
The Model of Human Occupation (MOHO) is an occupation-centered model, providing guidance to assist occupational therapy practitioners in understanding the challenges and distress individuals are experiencing during the unprecedented pandemic, as well as strategies to support well-being. This essay will describe the potential impact of the Stay-at Home period from the perspective of the four foundational constructs of the MOHO. MOHO can guide occupational therapy practitioners to develop targeted interventions to promote health and well-being during the Stay-at-Home period.

Volition

During the Stay-at-Home period, a person's internal drive to participate in their everyday activities is likely to be affected. According to the MOHO, interests are described as what a person values and finds enjoyment or satisfaction doing (Lee & Kielhofner, 2017a). Sudden inability to act on one's interests is likely to lead to a decreased quality of life. Personal causation, "being a cause", is another volition component of the MOHO that is likely to be affected during the Stay-at-Home period (Lee & Kielhofner, 2017a, p.42). Not being able to participate in challenging and enjoyable activities will erode one's feelings self-efficacy and sense of personal capacity. Engaging in collaborative problem solving to reinstate

participation in valued interests and activities will provide greater physical, cognitive, and emotional engagement, leading to expanded self-efficacy and activity level.

Figure 1.
The Model of Human Occupation



Note. Adapted by G. Fisher from Taylor, R. (2017). Kielhofner's Model of Human Occupation: Theory and application (5th Ed.). Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins. Photo credit: Valentino Mauricio, beaumontenterprise.com

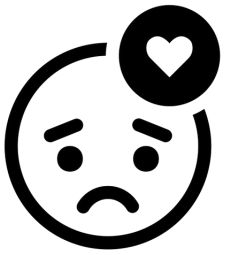
Habituation

From a MOHO perspective, routine provides people with a degree of structure in everyday activities and creates a predictable daily pattern for people to follow (Lee & Kielhofner, 2017b). However, during the COVID-19 pandemic, usual daily routines are disrupted. In addition to the loss of one's structured and typical daily routines, life role loss is another impact of the quarantine at home. According to the MOHO, when people experiences insufficient life roles, they "lack identity, purpose, and structure in everyday life" (Lee & Kielhofner, 2017b, p. 68). During this period, people are required to adjust to changes and new expectations of their life roles. With the changes in life roles, it is common for people to lose their sense of identity and purpose, which leads to decreased participation in and enthusiasm for everyday activities. Assisting a person to create a modified daily and weekly routine, while engaging in life roles in an altered context, will provide the comfort of familiar pursuits.

Performance Capacity

Furthermore, a person's performance capacity is usually significantly altered by the Stay-at Home or quarantine order. Performance capacity is "the ability to do things provided by the status of underlying objective physical and mental components and corresponding subjective experience" (Tham et al., 2017, p. 75). During the COVID-19 pandemic, a person's subjective perception of their physical and mental capacity has been altered due to change in daily routine, shifts in their life roles, and loss of in-person social interactions. Even though a healthy person's physical ability may not be heavily compromised by home quarantine, a person's subjective experience of their performance capacity may be diminished, which affects their ability to actively seek out and engage in in their previous daily occupations. To prevent consequences of an altered subjective view of their body and capacity, occupational therapy

practitioners can provide psychosocial support using occupations as therapeutic means to enhance a person's performance capacity and participation in daily occupations during the Stay-at-Home period.



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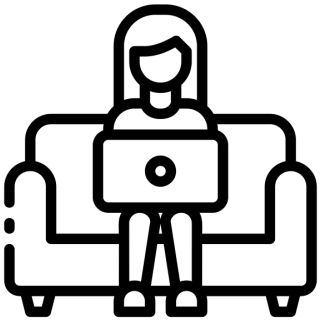
Environment

A Stay-at-Home order affects people not only internally, but can also disrupt their environment, thus creating a need to modify the environment to support their interests and roles. The MOHO categorizes the environment into three components: physical, social, and occupational environment (Fisher et al., 2017). The immediate physical environment, including natural and built spaces where people do activities, changes during home quarantine. The home space may be shared with family members who are simultaneously trying to engage in work, school or play, exceeding the capacity of the space. Occupational therapy practitioners have the knowledge to recommend modifications to the physical space to facilitate role fulfillment and improved physical and mental well-being.

Additionally, a lack of social interaction with other people creates an unsupportive social environment for people during quarantine-at-home, increasing the risk of stress anxiety, and depression. Lastly, the occupational environment, defined as a context of occupations and activities that reflect the person's interests, roles, capacity, and cultural preferences as well as funding and policies that influence occupations (Fisher et al., 2017), affects the quality of one's participation in everyday activities during the Stay-at-Home period. Therefore, a change to a person's social and occupational environment during the Stay-at-Home or quarantine period is often needed to continue to support one's participation in everyday activities by providing activities that provide enjoyment, challenge, and fulfillment.



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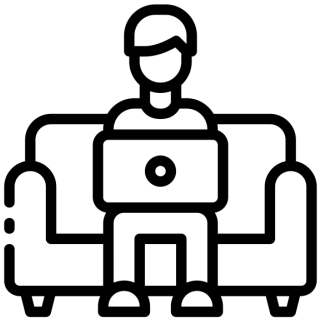

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Implications for Occupational Therapy Practice

In response to the uncertainties of the pandemic, the implementation of occupational therapy can be a valuable resource in preventing occupational dysfunction in people impacted by the Stay-at-Home or quarantine order, particularly people with chronic health conditions or disabilities. Occupational therapy practitioners have a strong foundation in occupation-centered models, including the MOHO, to evaluate and address the new shifts in daily occupations. They also have the knowledge to address these uncertainties and changes by providing strategies to establish supportive routines, home modifications, activity adaptations, disability prevention, health promotion and advocacy (American Occupational Therapy Association, 2014). Occupational therapy practitioners holistically evaluate the dynamic relationship between personal factors, environmental factors, and occupational factors to support people under Stay-at-Home or quarantine orders to establish a satisfying "new normal" structure to maximize their occupational performance in daily life and reduce the risk of long-term adverse psychological and occupational impacts post-quarantine.

An occupational therapist administering the Role Checklist Version 3 with a client via Telehealth during the COVID-19 pandemic.

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