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Maintaining Occupations for Long-Term Care Residents

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MAINTAINING OCCUPATIONS FOR LONG-TERM CARE RESIDENTS

Presented in Partial Fulfillment of the
Requirements for the Degree of
Doctor of Occupational Therapy

Eastern Kentucky University
College of Health Sciences
Department of Occupational Science and Occupational Therapy

Lara Albano
2022

EASTERN KENTUCKY UNIVERSITY
COLLEGE OF HEALTH SCIENCES
DEPARTMENT OF OCCUPATIONAL SCIENCE AND OCCUPATIONAL THERAPY

This project, written by Lara Albano under direction of Susan Skees Hermes, and approved by members of the project committee, has been presented and accepted in partial fulfillment of requirements for the degree of

DOCTOR OF OCCUPATIONAL THERAPY

CAPSTONE COMMITTEE

5/12/22

Faculty Mentor — Date

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EASTERN KENTUCKY UNIVERSITY
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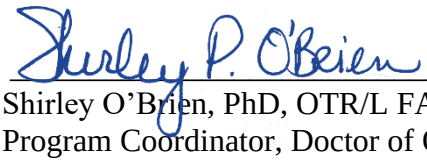
Certification

We hereby certify that this Capstone project, submitted by Lara Albano, conforms to acceptable standards and is fully adequate in scope and quality to fulfill the project requirement for the Doctor of Occupational Therapy degree.

Approved:



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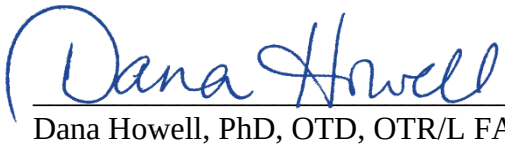

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Executive Summary

Background: As the life expectancy of older adults continues to grow, long-term care services are becoming more significant to address this population's decline in overall health while maintaining a sense of independence and safety in their daily lives. Long-term care in skilled nursing facilities provide the staff support and an optimal environment to promote the overall health for older adults. However, older adults residing in skilled nursing facilities are less physically active and occupationally engaged compared to older adults residing in the community, thus increasing the risk of further decline in function. Occupations are important to maintain clients' occupational identity, sense of competence, and occupational engagement in order to achieve overall good health, wellbeing, life satisfaction, and quality of life. Occupational therapists have the expertise on occupations to educate and advocate for our clients' occupational needs and promote their occupational engagement to ensure better quality of care in long-term care facilities.

Purpose: Research is needed to promote occupation-based practice with long-term care residents in skilled nursing facilities. The purpose of this Capstone project was to prepare occupational therapists to address long-term care residents' unique occupational needs and promote participation in their chosen and meaningful occupations, and to examine how occupational therapists interpret and include client-chosen occupations and occupation-based assessments in evaluations and interventions for long-term care residents in skilled nursing facilities.

Theoretical Framework: This Capstone project is guided by a top-down approach, combining elements of the Model of Human Occupation and the Occupational Adaptation Model.

Methods: This pre-experimental study with a single group pretest-posttest design explored the effectiveness of an educational program consisting of two modules to promote client-chosen occupations in occupational therapy practice. Convenience sampling was used to recruit participants and the project location took place in the participants' place of employment. The pre-survey was administered prior to module one and re-administered as a post-survey after completion of module two with time allotted in between.

Results: Three participants completed this study. Statistical analysis of pretest and posttest data indicated a statistically significant increase in the self-reported incorporation of occupation-based assessments and client-chosen occupations in the occupational therapy evaluations and interventions for long-term care residents following an occupation-based educational program.

Conclusion: Occupational therapists in skilled nursing facilities can benefit from an occupation-based educational program in order to address clients' meaningful occupations, promote occupational engagement, maintain clients' sense of control, and practice individualized care unique to our clients' occupational needs.

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CERTIFICATION OF AUTHORSHIP

Submitted to (Faculty Mentor's Name): Dr. Susan Skees Hermes
Student's Name: Lara Albano
Title of Submission: Maintaining Occupations in Long-Term Care Residents

Certification of Authorship: I hereby certify that I am the author of this document and that any assistance I received in its preparation is fully acknowledged and disclosed in the document. I have also cited all sources from which I obtained data, ideas, or words that are copied directly or paraphrased in the document. Sources are properly credited according to accepted standards for professional publications. I also certify that this paper was prepared by me for this purpose.

Student's Signature: _____Lara Albano_____

Date of Submission: _____5/12/22_____

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Section 1: Nature of the Problem and Problem Identification

Introduction

The population of those aged sixty years and over is expected to double, increasing from one billion in 2020 to 2.1 billion by 2050, and the population of those aged eighty years and over is expected to triple to 426 million by 2050 (World Health Organization, 2021). The older adult population may potentially exceed the available support and resources necessary to address their occupational needs related to maintaining overall health (Suri, 2009). As this population grows, so does the rate of low physical activity levels in adults where a reported 81.6% of the adult population do not meet the recommended physical activity levels putting them at risk for decline in overall health, development of further medical complications or serious medical conditions, poor mental health, unhealthy weight gain or obesity, and higher medical costs (U.S. Department of Health and Human Services, 2018). This decline negatively affects older adults, causing a domino effect on mental and physical health, well-being, and quality of life. Research by Busse et al. (2009) report regular physical activity relates to improved cognitive performances which is significant for older adults with dementia, however physical activity levels in this population are still lower than the recommended amount. Lower physical activity levels due to physical or cognitive limitations affect our occupational engagement and overall health. As the life expectancy of older adults continues to grow, services such as long-term care are becoming more significant to address this population's decline in overall health while maintaining a sense of independence and safety in their daily lives.

Long-term care is a collection of services designed to promote a person's health care and personal care needs, which are necessary to maintain an optimal sense of independence and safety as the ability to perform everyday activities diminishes (National Institute of Aging,

2017). Long-term care (LTC) services may be offered at home, community services, day care centers, hospice care, assisted living facilities, or in skilled nursing facilities (SNFs). The type of LTC depends on each individual's unique needs. For the purpose of this Capstone project, focus will be on LTC services in SNFs. According to the National Institute of Aging (2017), individuals most at risk for needing LTC are women, non-Hispanic people, unmarried people, individuals with poor diet and exercise habits, those with a history of chronic health conditions, and aging adults. An estimated 12 million people need LTC in SNFs, in which 63% are older adults aged 65 years and 37% are adults aged 64 or younger (Family Caregiver Alliance, 2015).

Skilled nursing facilities combine residential services with nursing care for LTC residents. Aging adults experience a gradual decline in functional ability as a result of age-related changes, both physically and cognitively. Skilled nursing facilities offer the staff support and a safe environment to address this decline while promoting LTC residents' overall good health, wellbeing, life satisfaction, and quality of life. However, SNFs place much emphasis on the dependence and assistance of self-care tasks for residents' occupational participation, thus neglecting their control over personal occupations and hindering their abilities and quality of life (O'Sullivan, 2004). Older adults in SNFs are found to be less active than older adults living within the community, in physical activity and occupational engagement (Crnkovic et al., 2019). Huang et al. (2020) studied residents of a SNF and found half of the participants lacked adequate occupational participation to maintain health, with correlations to participants' self-efficacy, how severe they view their illness/disability, and cues to action. This raises the concern for occupational therapists to address the lack of occupational engagement for LTC residents.

Occupational therapy has built its foundation on occupations in which a client's chosen occupations are significant to their occupational identity, occupational competence, and

occupational engagement. Occupations are personal and specific for each client, and significant for clients' health, sense of identity, and level of competence (AOTA, 2020). Occupational identity is achieved and maintained by participating in those personal and meaningful occupations to define ourselves (Kiehofner, 2008). Occupational competence requires participation in certain occupations to fulfill the expectations of clients' roles and patterns of occupational behavior (Taylor, 2017). Occupational engagement values occupations as the means to achieve overall good health, wellbeing, life satisfaction, and quality of life (O'Sullivan, 2004). Lack of occupational engagement and low physical activity levels affect LTC residents' quality of life, well-being, and overall health. The transition into SNFs is a major life event for older adults and a time of loss for new LTC residents who are giving up their homes and possessions, as well as a loss of independence and control over their personal routines (Hersch et al., 2012). This research study is designed to promote client-centered and occupation-based evaluations and interventions for LTC residents in order to increase occupational engagement, better understand the value of client-chosen occupations, and improve the quality of life and life satisfaction for LTC residents.

Occupation-based practice has been challenged throughout the history of the profession where the focus on occupations has shifted due to changes in practice paradigms, changes in reimbursement coverage, work productivity demands, and the development of new technology. Focus on occupations shifted with the introduction of the Biomechanical Model, which challenged occupational therapists to incorporate meaningful occupations for a holistic approach to practice addressing physical disabilities (Jack & Estes, 2010). The Medical Model has also affected reimbursement in how insurance companies view client progress and productivity, which influences how occupational therapists perform occupation-based practice and are defined

by other professionals (Howard, 1991). High productivity and increased documentation at work limit therapists' time to consciously develop research-based and client-centered interventions (Walker, 2001). New technology has influenced a person's occupational needs and therefore how they engage in occupations. The goal of this research study was to educate occupational therapists to be active members of clients' care teams by addressing clients' unique occupational needs and giving LTC residents a sense of control while bringing focus back to occupations.

Problem Statement

Occupational therapy values occupation as the means to achieve overall good health, well-being, and quality of life through occupational engagement. Despite the profession's skills and knowledge on occupations and its value, the expertise of occupational therapists in SNFs is centered on activities of daily living (ADLs). The disconnect between LTC residents and client-chosen occupations are linked to a lack of recognition from LTC staff that older adults still value self-directed meaningful occupations and a sense of identity (Cipriani, 2007). As older adults age, their physical activity levels and participation in client-chosen occupations declines. Occupational therapists are challenged to incorporate self-directed meaningful occupations and occupation-based interventions to promote active participation of older adults (Fox et al., 2017). The need for client-centered and occupation-based practices is significant for improving quality of life, overall health and well-being, as well as maintaining an occupational identity of LTC residents. For older adults transitioning into LTC, this may even involve redefining their occupational identity. Occupational therapists must look beyond ADLs and view clients holistically in order to learn what self-directed activities or client-chosen occupations make them a unique individual. Engaging in client-chosen and self-directed activities promotes the quality of life and life satisfaction for LTC residents (Cipriani, 2007). Occupational therapists must

complete a thorough occupational profile to include such activities that make up a client's occupational identity. The problem this Capstone project addressed is the lack of attention by occupational therapists for client-chosen occupations in LTC facilities as a means to maintain occupational engagement and occupational identities for LTC residents. The research aims to answer: Does an educational program on individualized, client-chosen occupations increase self-reported incorporation of client-chosen occupations in evaluations and interventions for occupational therapists working in LTC facilities?

Project Purpose

The purpose of this Capstone project was to examine how occupational therapists use client-chosen and occupation-based evaluations and interventions for LTC residents in SNFs. Self-directed activity is defined as client-chosen occupations beyond ADLs that a client expresses interest in, including activities which make up a client's occupational identity. Long-term care residents are defined as older adults residing in SNFs and receiving skilled care and assistance to complete daily activities.

Project Objectives

Objective 1: Increase self-reported incorporation of client-chosen occupations by occupational therapists during the evaluation process for older adults in LTC facilities.

Objective 2: Increase self-reported incorporation of client-chosen occupations by occupational therapists during intervention sessions for older adults in LTC facilities.

Theoretical Framework

This Capstone project is guided by a top-down approach, influenced by the Model of Human Occupation (MOHO) and the Occupational Adaptation (OA) Model. The combination of

both approaches addressed the lack of connection between maintaining meaningful occupations in different settings such as in the community to a SNF. Both approaches guided my clinical thinking of educational occupational therapists on how to address this gap in evaluations and interventions where the MOHO introduces the perspective of the environment and the OA Model connects occupations to the environment. The MOHO is a client-centered and occupation-based approach which focuses on maintaining routines and roles, both mental and physical skills needed for occupational engagement, and the environmental influence of occupations (Park et al., 2019). For older adults transitioning into LTC residents, change of environment may result in a decline of occupational performance and occupational engagement. Recent studies by Bowyer et al. (2020) found use of the MOHO and occupation-based interventions relevant in rehabilitation settings but that interventions were still heavily based on improving impairments with use of the Biomechanical Model. Use of the MOHO for older adults shifts the focus of intervention on occupations the older client values in order to fulfill their roles, routines, habits, and rituals in relation to their next site of care upon discharge from rehabilitation services.

The OA Model focuses on the process between the person, the interaction, and the environment in relation to the outcome of occupational participation (Grajo et al., 2018). New environment, new people, and changes in cognitive and physical performance pose an occupational challenge to clients' activities. Failure of new LTC residents to adapt to their new environment results in poor occupational engagement, decreased physical activity levels, and further decline in cognitive and physical abilities. A well-adapted LTC resident maintains active participation in self-directed, meaningful occupations and a sense of occupational identity.

Study Significance

This Capstone project is significant for occupational therapists in relation to the profession's *Vision 2025* which calls on the profession to maximize the overall good health, well-being, and quality of life for diverse populations and communities (American Occupational Therapy Association [AOTA], 2017). This project encourages occupational therapists to think beyond ADLs and view clients holistically with their client-chosen, self-directed and meaningful occupations. Focus on client-chosen occupations helps occupational therapists to restore clients' occupational identity, as well as improve quality of life and life satisfaction for clients. Protecting LTC residents' freedom to choose their occupations helps them maintain a sense of control. Clients should be able to maintain occupational engagement outside of therapy. It is important for occupational therapists to feel prepared when discharging clients into LTC and confident that clients will maintain the functional gains made towards occupational engagement as LTC residents.

Summary

This Capstone project is designed to promote client-chosen occupations and promote occupation-based evaluations and interventions in order to increase occupational engagement, quality of life, well-being, and overall good health for older adults in LTC facilities. This project involves quantitative methods to analyze participants' focus and incorporation of client-chosen occupations for the evaluation and intervention of LTC residents in SNFs. This project utilizes the MOHO and Occupational Adaptation Model as the foundational knowledge to support the research components. This Capstone project can have a significant influence on occupational therapists, older adults, and the overall environment of LTC facilities.

Section II: Literature Review

Introduction

The purpose of this research study is to examine the effectiveness of an educational program for occupational therapists working in SNFs related to client-chosen occupations and occupation-based evaluations and interventions for LTC residents. The population of occupational therapists for this educational program was selected because of this population's expertise on occupations in relation to maintaining occupational identity and improving occupational engagement. This educational program is divided into two modules focusing on client-chosen occupations in evaluations and client-chosen occupations in interventions for LTC residents. Maintaining active and occupational engagement in LTC residents positively influences their quality of life, life satisfaction, and overall good health. However, LTC residents overall are less active and at risk of losing control over self-directed meaningful occupations which results in less occupational engagement. This research study aims to improve occupational engagement and promote client-chosen occupations for LTC residents by educating occupational therapists on incorporating client-centered and occupation-based evaluations and interventions. Literature search involved search engines such as through EKU Libraries and AOTA. Terms for the search focused on occupational engagement for older adults, occupational therapy in skilled nursing facilities, and client-chosen occupations for older adults. The following literature review will define the population of occupational therapists, LTC residents, residents' control over daily lives, and occupational engagement.

Population Defined

The population selected for this educational program includes full-time occupational therapists licensed in the state of New York and working with LTC residents in SNFs. Gender,

ethnicity, and health status of participants will not be considered, however age, years working as an occupational therapist, and years working with LTC residents will be collected. Focus on LTC residents in SNFs, over short-term care residents, was based on the growing populations of older adults and increased need of LTC support to prevent loneliness, a decline in physical and other abilities, cope with loss of family or friends, and to manage potential new health conditions such as dementia (Suri, 2009). Research is needed to prepare health care workers to address LTC residents' unique occupational needs and promote active participation in client-chosen, self-directed meaningful occupations especially for client chosen occupations beyond ADLs.

Long-Term Care Residents Defined

Long-term care is a collection of services designed to promote a person's health care and personal care needs, which are necessary to maintain overall good health, quality of life and life satisfaction as the ability to perform everyday activities declines (National Institute of Aging, 2017). This is significant to maintain a sense of independence and an occupational identity for older adults during a transitional period of life. As in the introduction, long-term care services may be offered in a variety of settings such as within a person's private home, community services, day care centers, hospice care, or in SNFs. Long-term care settings depend on the individual's unique needs. Skilled nursing facilities combine residential care with nursing care for LTC residents. Individuals most at risk for needing LTC are women, non-Hispanic people, unmarried people, individuals with poor diet and exercise habits, those with a history of chronic health conditions, and aging adults (National Institute of Aging, 2017). As older adults experience a gradual decline of cognitive and physical functions as a result of age-related changes, LTC in SNFs provide a safe environment to address this decline while promoting overall good health, quality of life, and life satisfaction. However, LTC residents in SNFs are

found to be less active than older adults living within the community, in physical activity and occupational engagement (Crnkovic et al., 2019).

Lack of Occupational Engagement in Long-Term Care Residents

Occupational engagement is a significant to maintaining older adults' mental and physical health, self-efficacy, quality of life, and life satisfaction. As mentioned in the introduction, actively engaging in occupations becomes a challenge as we age due to age-related changes and changes in life circumstances such as transitioning from living within the community to residing in a SNF. Residents in SNFs have both staff support and a safe environment for activities, however LTC residents are found to be less engaged and physically active (Crnkovic et al., 2019; Morgan-Brown et al., 2018). Loss of occupational engagement increases the dependency of LTC residents on staff, as opposed to maintaining a sense of independence or control in their daily lives. Educating occupational therapists on client-chosen occupations to promote occupational engagement in LTC residents is important to address and prevent further decline as well as determine the disconnect in occupational engagement in SNFs. Based on program discussion, participants agreed that occupational engagement is important to maintain in LTC residents for their life satisfaction and quality of life. Participants reported increased incorporation of occupation-based assessments for evaluations and client-chosen occupations for interventions in their posttests. With a renewed perspective on occupations for LTC residents, occupational therapists will be more likely to include client-chosen occupations and promote occupational engagement for LTC residents.

Maintaining a Sense of Control in Long-Term Care Residents

The ability to choose your activities or occupations and how or when you do them is a right for all individuals. It gives us a sense of control over our lives. The occupations we choose

reflects our roles, habits, and routines, and define our occupational identity. An occupational identity is significant to how an individual defines themselves and views their personal value (Kielhofner, 2008). As we progress throughout our lifetime, these occupational identities shift, as roles may be added or lost due to change in capabilities. For older adults, maintaining control over their occupations and an occupational identity are challenging. Older adults are still capable of maintaining control in their lives as LTC residents when SNF staff are willing to work with them (Mondaca et al., 2018). As occupational therapists, addressing occupations our clients value and deem meaningful is important in developing a therapeutic relationship. Based on program discussion, participants expressed how knowing what jobs a client previously held or roles they have played, such as childcare provider for grandchildren, helps them better identify who their client is. Having this information can help participants recommend facility programs or clubs residents may be interested in. When older adults have a sense of control they can better adapt to changes and stay occupationally engaged (Bellingtier & Neupert, 2019). Supporting clients' occupational identity gives them the opportunity to work on regaining a sense of self as well as a sense of control over their daily lives. Prioritizing autonomy and the dignity of LTC residents in occupational therapy through the use of client-chosen occupations will improve the quality of life, life satisfaction, and overall health (Thurman et al., 2017).

Person-Centered Care in Skilled Nursing Facilities

Person-centered care is individualized care which involves fulfilled preferences, sense of control, and life satisfaction for clients (Andrew & Meeks, 2016). Person- centered care (PCC) focuses on a client's individual needs to promote their meaningful occupations and enables a sense of belonging for LTC residents (du Toit & Buchanan, 2018). Use of PCC for occupational therapy means no evaluations or intervention plans are alike. Building therapeutic relationships

with LTC residents is important to understand their client-chosen occupations and use appropriate occupation-based assessment that fits their needs best. Their intervention goals are unique to their occupational identity. Based on program discussion, participants expressed a heavy emphasis of interventions focus on ADLs. After completing the modules, participants reported an increased use of occupation-based assessments for more individualized care. This is significant to help older adults feel like they still have purpose and a sense of belonging in SNFs.

Conclusion

Client-chosen occupations have a significant role in improving clients' quality of life, well-being, and life satisfaction. Skilled nursing facilities have the means for LTC residents to engage in self-directed meaningful occupations but require more support to promote occupational engagement. Occupational therapists have the expertise regarding the value of meaningful occupations but are challenged to incorporate client-chosen occupations into occupation-based evaluations and interventions. This literature review is significant to support the need for an educational program addressing the lack of occupational engagement and incorporation of client-chosen occupations for LTC residents. Please refer to Appendix A for reference matrix of articles.

Section III: Methodology

Project Design

This Capstone project included a pre-experimental study with a single group pretest and posttest design. This quantitative design involved participants who completed a pretest, intervention, and then a posttest to determine the intervention's impact on outcome (Creswell & Creswell, 2018). This method was chosen due to low-cost, less time demands, and quick turnaround of data collection. The purpose of this design was to determine the effectiveness of the educational program on occupational therapy practice, and to help the researchers generalize sample results to a bigger population. Participants completed both modules and completed both pretest and posttest surveys, pre module one and post module two.

Research Questions and Hypotheses

Research question: Does an educational program on individualized, self-selected occupations increase self-reported incorporation of client-chosen occupations in evaluations and interventions for occupational therapists working in LTC facilities?

Hypothesis 1: Participation in an educational program on individualized, self-selected occupations will increase self-reported incorporation of client-chosen occupations during the evaluation process for older adults in LTC facilities.

Hypothesis 2: Participation in an educational program on individualized, self-selected occupations will increase self-reported incorporation of client-chosen occupations during intervention sessions for older adults in LTC facilities.

Setting

This project took place in a large conference room for social distancing, within the same SNF of the participants' place of employment. Continuing education training is commonly

provided in this setting and delivered in-person. This setting was chosen out of convenience for participants, as well as no additional cost for use. The educational program took place during staff lunch breaks.

Participants

Participants included occupational therapists from one SNF who evaluate and treat LTC residents living in the same SNF. Anticipated number of participants was 10, age 23 years and over, who speak and understand English. Gender, ethnicity, and health status of participants was not considered. Participant demographics such as age, years working as an occupational therapist, and years working with LTC residents was collected through multiple choice form in pretest questionnaire.

Inclusion Criteria. Participants had to be working as a full-time occupational therapist licensed in the state of New York, who screens, evaluates, and plans interventions for LTC residents in SNFs within the state of New York.

Exclusion Criteria. Occupational therapy assistants were excluded from this project secondary to inability to evaluate LTC residents independently from an occupational therapist. Part-time and per diem occupational therapists were also be excluded from this project. Full-time employment is considered occupational therapists working 32-40 hours a week within the facility.

Recruitment. Recruitment took place in one SNF in Staten Island, NY and full-time occupational therapists were the target population for recruitment. This project utilized recruitment methods including snowball sampling, convenience sampling, use of flyers posted in the occupational therapy department's office, and describing the study in department meetings. A brief meeting with all potential participants was held to discuss the purpose and procedures of

this study. See recruitment flyer (Appendix B) and verbal recruitment script (Appendix C). From the anticipated 10 participants, five participants were recruited however two dropped out or were unable to complete both modules.

Data Collection and Intervention

Pre and posttest data were collected from occupational therapists at the designated project location to determine the effectiveness of an educational program for incorporating client-chosen occupations into occupational therapy evaluations and interventions of LTC residents. This educational program consisted of two modules delivered by the primary researcher via PowerPoint presentations. The educational modules were delivered in-person and social distancing policies of the facility was enforced. In the event of a facility policy change regarding in-person meetings, virtual modules could have been prepared for accommodations. Each module was 60 minutes in length. *Module One* covered the knowledge of client-chosen occupations and incorporation into the evaluation process, including occupation-based assessments. *Module Two* took place two weeks after module one and covered incorporating client-chosen occupations into intervention sessions and opportunities within the LTC setting for client-chosen occupations.

The outcome measures included a pre-survey prior to *Module One* and post-survey administered two weeks after completion of *Module Two* regarding knowledge and perceived changes in practice skills of occupational therapists working with LTC residents in SNFs. The educational program and pre and posttests were developed based on occupation-based research specifically for this project to determine outcome trends, opinions and attitudes of the target population: occupational therapists who serve LTC clients. Both surveys were administered in

hard copy form for participants to complete in their own time and privacy and submitted to the primary researcher by a given date.

Data Analysis

Data analysis included use of the computerized program Excel to organize the data. Descriptive statistics were used to analyze frequency and percentage of responses on each question item. Statistical analysis software Jamovi was utilized to complete the study's inferential analysis. Descriptive methods were used to collate and organize open-ended responses on the post-survey. Open-ended question responses were reviewed for each individual and then were combined from all participants. Responses were coded and categorized based on commonalities among responses.

Instruments for Data Collection

The data collection instruments included participant demographics questions in the pre-survey and in a multiple-choice format, Likert type questions, and open-ended questions in the post-survey based on the incorporation of client-chosen occupations to measure the effectiveness of the educational program on occupational therapy practice. There are two sections of the survey using a 5-point Likert-scale questionnaire with a continuous scale based on frequency of occupational therapists in SNFs utilizing client-chosen occupations for evaluations and interventions. Section one is based on client-chosen occupations during the evaluation process and includes five questions. Section two is based on client-centered occupations during intervention sessions and includes five questions. The open-ended questions were added to the post-survey in a revised version due to attrition of participants with a smaller than anticipated sample size and will describe the participants' perspective of the educational program's

effectiveness in more detail than the Likert scale. Refer to Appendix D for the pre-survey and Appendix E for the post-survey.

Study Rigor

The study's research design and instruments of data collection faced challenges to validity and reliability. The survey instrument was designed for this research and lacks established validity and reliability. The survey was developed based on literature review and expert review by my capstone committee for face and content validity. Validity of survey scores established prior to use can determine the value of the instrument for survey research (Creswell & Creswell, 2018). Internal consistency is the most significant form of reliability for multi-item instruments in which sets of instrument items are homogeneous in assessing the same construct (Creswell & Creswell, 2018). With these results, the primary researcher may address any concerns of the study and revise the instrument as necessary for the final product.

Researchers must account for potential threats to internal and external validity. Participant drop poses a threat to internal validity known as study attrition (Creswell & Creswell, 2018). Expanding recruitment based on full-time employment level as opposed to years of working experience expands the sample size to reduce impact of attrition. Because the same instrument is being utilized for the pre and posttest, familiarity with testing questions poses another potential threat to internal validity (Creswell & Creswell, 2018). To reduce this impact, the pretest was administered one week prior to *Module One*, followed by a two-week period before *Module Two*. The posttest was administered two weeks after *Module Two*, thus allotting the project sufficient time in between testing. Utilizing the same questions for pretest and posttest measures reduced potential inconsistency and impact on scores and outcomes from instrument changes (Creswell & Creswell, 2018). Threats to external validity included the

interaction of history and treatment in which results cannot be generalized to past or future situations (Creswell & Creswell, 2018). Readministering the study at a different time would determine consistency of results.

Ethical Considerations

To ensure best practice by researchers and safety of participants, ethical issues must be considered. Throughout the development and process of this study, the AOTA code of ethics has been referred to for consultation of ethical practice methods and to protect the identity and integrity of the profession. This study was approved by Eastern Kentucky University's Institutional Review Board (IRB) which examines potential risks of the study. Permission to carry out this study was obtained by the designated facility prior to the start of the study, and the primary researcher will not interfere with participants' work duties during the study. This study's purpose and potential gains or risks was explained to participants prior to the start of the study to prevent conflict of interests.

The primary researcher assured participants that their involvement is voluntary, and they have the right to end participation at any point. The identity of participants was kept anonymous, and no names of participants were used or recorded in any research materials. To maintain confidentiality, participants were identified by a given number only for data collection and analysis. Permission to preform study at this site was granted by the facility at no additional costs. Data was stored in a secured password-protected location known only by the primary researcher during the study. Lunch was offered for participants, but no monetary compensation was offered. After completion of data analysis, electronic data will be stored in the faculty mentor's office in a locked location for the three-year retention period on a jump drive. Hard copy data will be physically destroyed via shredder at the end of the three-year retention period.

Project Timeline

Table 1: Projected timeline of study

Project Steps	**Start Date (duration)**	**Completion Date**
Complete and submit study's application for IRB approval	November 2021	December 2021 submission January 26, 2022 approval
Recruit participants from facility	February 2022 (one week)	February 2022
Administer pretest survey and data collection	February 2022 (one week)	February 2022
Module one of education program	February 2022 (one day)	February 2022
Module two of education program	February 2022 (one day)	March 2022
Form R IRB Protocol Revision of post-survey	March 2022 (one week)	March 2022
Administer posttest survey and data collection	March 2022 (one week)	March 2022
Data analysis	February 2022 (ongoing)	March 2022
Complete and submit final Capstone project report	January 2022 (ongoing)	May 2022

Table 2: Timed agenda of module one

Time frame	**Topic**
12:30-12:40 (10 minutes)	Introduction to course and ice breakers
12:40-12:55 (15 minutes)	Defining client-chosen occupations and the importance of an occupational identity for evaluations
12:55-1:15 (15 minutes)	Use of AOTA's occupational profile and occupation-based assessments for older adults
1:15-1:25 (10 minutes)	Supportive research
1:25-1:30 (5 minutes)	Time of discussion, questions and answers

Table 3: Timed agenda of module two

Time frame	**Topic**
12:30- 12:40 (10 minutes)	Breaking out of routine for client-centered and occupation-based interventions in SNFs
12:40-12:55 (15 minutes)	Working with others to promote an active, meaningful, and occupationally engaged lifestyle for LTC residents
12:55-1:10 (15 minutes)	Creating opportunities for client-chosen occupations with problem-based learning activities
1:10- 1:20 (10 minutes)	Supportive research
1:20- 1:30 (10 minutes)	Time for discussion, questions and answers

Section IV: Results and Discussion

Results

Three occupational therapists completed both educational modules as well as the pre and posttests. Two participants were between 26-35 years old; one participant was between 36-45 years old. Two participants worked as an occupational therapist for 4-10 years; one participant worked as an occupational therapist for 1-3 years. Two participants worked with LTC residents for 4-10 years; one participant worked with LTC residents for 1-3 years. Participant demographics are based on multiple choice questions from the pretest; refer to table four.

Table 4: Demographics of participants.

Participant	Age	Years Working as an OT	Years working with LTC Residents
A	26-35 years	4-10 years	4-10 years
B	36-45 years	4-10 years	4-10 years
C	26-35 years	1-3 years	1-3 years

The outcome measure was developed based on a literature review and expert review. It consists of three multiple choice questions on participant demographics in the pretest only, 10 continuous Likert-scale questions, and four open-ended questions in the posttest only. Both pre and posttests consist of a section based on evaluations with five Likert-scale questions and another section based on interventions with five Likert-scale questions with a continuous scale ranging from 1-Never to 5-Always. The posttest was revised to include four open-ended questions for descriptive statistics after attrition of participants reduced the original sample size to three participants. Appendix D and Appendix E provide the full outcome measures utilized.

Results from the pre and posttest data illustrate a statistically significant improvement in the incorporation of client-chosen occupations for both evaluations and interventions for participants based on results from the paired sample t-tests and pre and posttest averages. Despite

a small sample size, de Winter (2013) found t-tests to be a reliable method for analyzing change with extremely small sample sizes with Ns varying between two and five. Figure one is the paired sample t-test of the evaluation pretest and posttest. The mean difference between the pretest and posttest for evaluation was -1.47 and a 95% confidence interval indicates a population mean difference range between -0.708 to -2.23. The resulting p= 0.014 and is less than the established alpha of 0.05, indicating that the difference between means is statistically significant. Figure two compares the average mean of each participant's pretest to the average mean of their posttest score with a line graph and demonstrates an increase in all posttest scores.

Figure 1: Evaluation paired sample t-test

Paired Samples T-Test

Paired Samples T-Test

								95% Confidence Interval	
			statistic	df	p	Mean difference	SE difference	Lower	Upper
Pretest	Posttest	Student's t	-8.32	2.00	0.014	-1.47	0.176	-2.23	-0.708

Descriptives

	N	Mean	Median	SD	SE
Pretest	3	3.40	3.40	0.200	0.115
Posttest	3	4.87	5.00	0.231	0.133

Figure 2: Evaluation pretest and posttest average mean scores

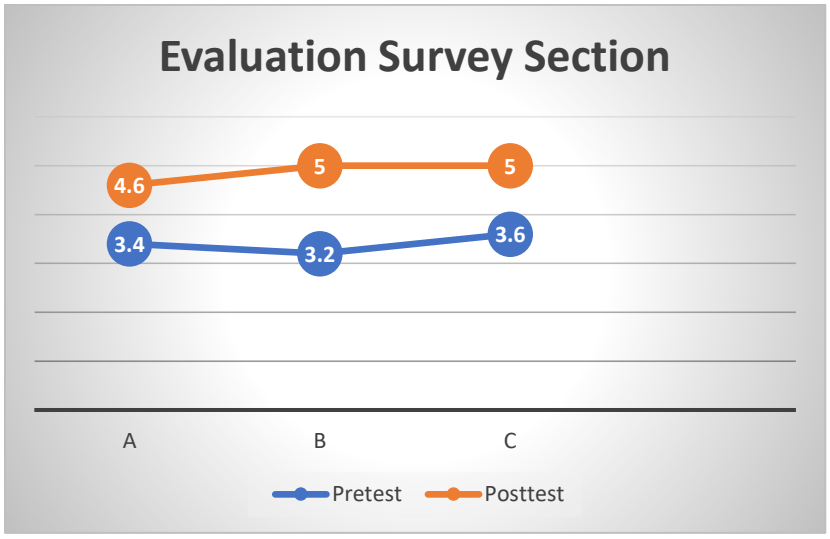

Figure three is the paired sample t-test of the intervention pretest and posttest. The mean difference between the pretest and posttest for intervention was -1.40 and a 95% confidence interval indicates a population mean difference range between -0.903 to -1.90. The resulting p=0.007 and is less than the established alpha of 0.05, indicating that the difference between means is statistically significant. Figure four compares the average mean of each participant's pretest to the average mean of their posttest score with a line graph and demonstrates an increase in all posttest scores.

Figure 3: Intervention paired sample t-test

Paired Samples T-Test

Paired Samples T-Test

								95% Confidence Interval	
			statistic	df	p	Mean difference	SE difference	Lower	Upper
Pretest	Posttest	Student's t	-12.1	2.00	0.007	-1.40	0.115	-1.90	-0.903

Descriptives

	N	Mean	Median	SD	SE
Pretest	3	3.47	3.40	0.115	0.0667
Posttest	3	4.87	5.00	0.231	0.1333

Figure 4: Intervention pretest and posttest average mean scores

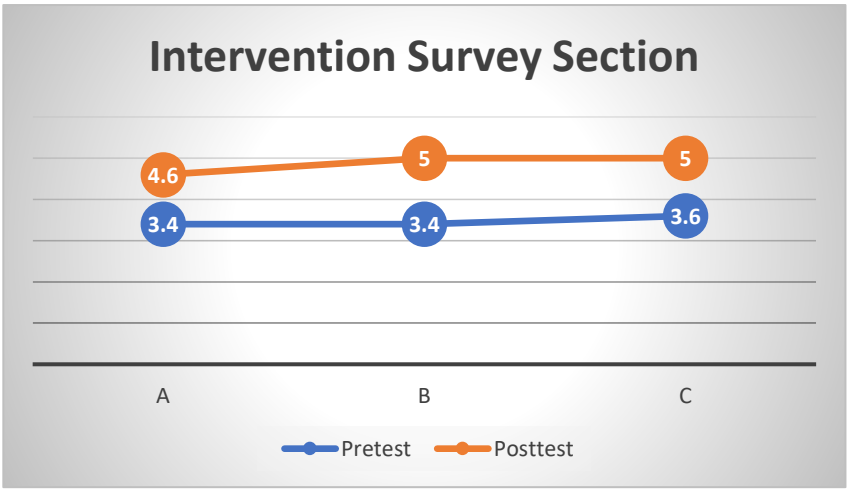

Figure five is the paired sample t-test of the overall pretest and posttest. The mean difference between the pretest and posttest was -1.43 and a 95% confidence interval indicates a

population mean difference range between -1.05 to -1.81. The resulting p=0.013 and is less than the established alpha of 0.05, indicating that the difference between means is statistically significant. Figure six compares the average mean of each participant's pretest to the average mean of their posttest score with a line graph and demonstrates an increase in all posttest scores.

Figure 5: Overall pretest and posttest paired sample t-test

Paired Samples T-Test

Paired Samples T-Test

								95% Confidence Interval	
			statistic	df	p	Mean difference	SE difference	Lower	Upper
Pretest	Posttest	Student's t	-47.7	1.00	0.013	-1.43	0.0300	-1.81	-1.05

Descriptives

	N	Mean	Median	SD	SE
Pretest	2	3.43	3.43	0.0424	0.0300
Posttest	2	4.86	4.86	0.0000	0.0000

Figure 6: Overall pretest and posttest average mean scores

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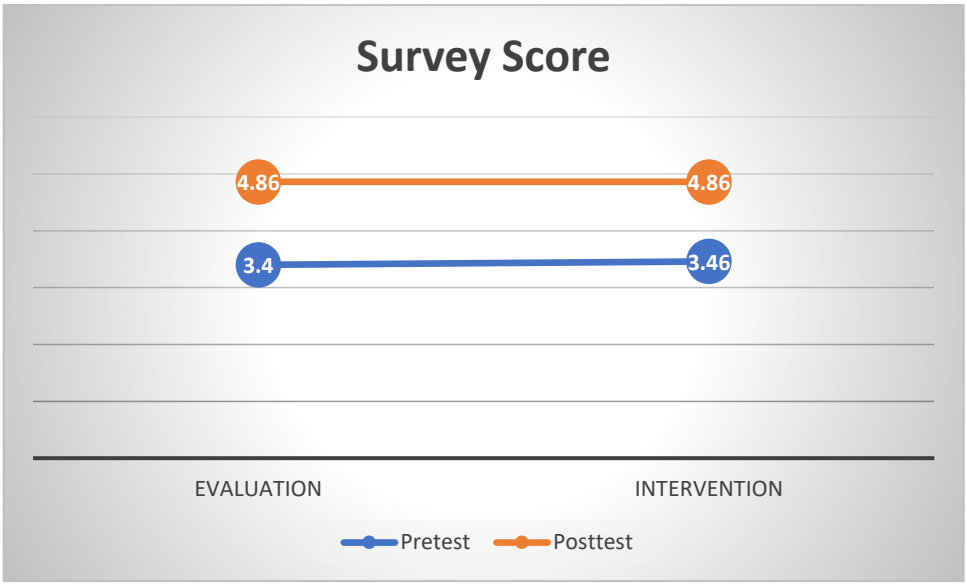

Based on the open-ended questions, common trends were found among participant responses. Participants found the educational program to be informative, relevant to their work setting in a SNF, and focused on occupation-based practice. One participant described the modules as a "great refresher and reminder about the core of this profession." Participants applied knowledge from the educational program into practice through the use of occupation-based assessment for evaluations and occupation-based interventions. Participants also shared obstacles to applying this knowledge into practice such as lack of resources, heavy caseloads, being short-staffed, and time limitations for each client.

Discussion on Study Results

The older adult population is growing, and with that is the increasing need for LTC services to meet the health care needs and personal needs of this aging population (National Institute of Aging, 2017). Prior research educated nursing aides, volunteers, relatives, the activity

staff, and LTC residents on maintaining occupational engagement (du Toit & Buchanan, 2018; King, 2020; McCabe et al., 2020). Low physical activity levels and occupational engagement in LTC residents increases the risk of further decline in overall health, life satisfaction, and quality of life. As mentioned in the introduction, research is needed to support and promote occupation-based practice in occupational therapy evaluations and interventions for LTC residents in SNFs. This Capstone project sought to develop and implement an educational program for occupational therapists working with LTC residents in SNFs and determine the effectiveness of an educational program related to the incorporation of client-chosen occupations in evaluations and interventions.

Client-Chosen Occupations

Client-chosen occupations are valuable for the overall health of our clients. Actively engaging in occupations becomes a challenge as we age due to age-related changes and changes in life circumstances such as living within the community to living in a SNF. Lack of occupational engagement in LTC residents leads to an increased dependency on staff. Educating OTs on client-chosen occupations helps renew a sense of responsibility to promote occupational engagement and prevent further functional decline. Use of PCC for occupational therapy means no evaluations or intervention plans are alike. Maintaining a sense of control supports clients' occupational identity. Occupational therapists must work with SNF staff and LTC to provide the opportunity to work on regaining a sense of self as well as a sense of control over LTC residents' daily lives.

Client-Chosen Occupations in the Evaluation Process

Objective one focused on increasing the incorporation of client-chosen occupations by occupational therapists during the evaluation process for LTC residents. Data analysis from pre

and posttest data determined an increased incorporation of client-chosen occupations after completing both modules. Participants also reported incorporating occupation-based assessments into evaluations.

Client-Chosen Occupations in Intervention Sessions

Objective two focused on increasing the incorporation of client-chosen occupations by occupational therapists during the intervention sessions for LTC residents. Data analysis from pre and posttest data determined an increased incorporation after completing both modules. Participants also reported developing intervention plans based on what clients expressed were meaningful to them.

Study Strengths

This classic experimental design study is less time consuming in data collection for both researchers and participants, and the pretests, posttests and both educational modules can be completed within a month. The educational program was delivered in-person, which helps to standardize the processes of the study's environment and testing procedures. Participants were given the opportunity to ask questions before the educational program began, as well as after each module along with module discussion for participant questions. The primary investigator provided contact information for participants to ask individual questions as needed throughout the process. This study's topic was influenced by King's study (2020) which educated the activity staff in SNFs through an occupation-based training program.

This study can also be replicated utilizing *Module One* and *Module Two* PowerPoint presentations. Modules may also be recorded to be distributed remotely if this study performs a second round with a new set of participants. This study's outcome measure was developed based on literature review and expert review by my Capstone committee for face and content validity.

Privacy of participants was maintained throughout the course of the study as no names were written on any data forms, and all pretests and posttests were coded by number. Participant coding was blinded to the researcher. Only the participant had knowledge of their given code number to allow participants to respond honestly on the surveys.

Study Limitations

Due to changes in full-time occupational therapists available and attrition of participants, sample size was smaller than anticipated. Use of one SNF increased the risk of participant drop out, decreased available participants, and lacked diversity of participants. Small sample size also decreased the reliability of results and ability to use inferential statistics for analysis. This study's results cannot be generalized due to the small sample size. This study's outcome measure was created purposely for this project and lacked established validity and reliability.

Implications for Practice

Occupational therapists are experts on occupation and are knowledgeable to promote occupational engagement for diverse populations. This study promotes the use of client-chosen occupations in occupational therapy evaluations and interventions to improve the overall health, quality of life, and life satisfaction for LTC residents by giving them a sense of control and an occupational identity. Supporting client-chosen occupations is significant to maintaining occupational engagement and the occupational identity of LTC residents. An educational program can provide occupational therapists with a renewed sense of responsibility to incorporate occupations beyond ADLs for LTC residents. This study can also have a significant impact on the holistic level of care in LTC facilities.

Future Research

With the increase in lifespan for older adults, use of LTC services is in demand, requiring a deeper look into services required to meet the health care and personal needs of LTC residents to promote their occupational engagement, quality of life, life satisfaction and overall health. This study can be replicated with a larger sample size across state lines to improve reliability and validity of study results. Further studies can be completed to assess the long-term effects of the educational program on occupational therapists and the overall health of LTC residents. There are many areas of research to further this study's results in order to improve the health care delivery in LTC facilities.

Summary:

Due to the increase in lifespan for older adults, LTC services are in demand to manage the health care and personal needs of older adults (National Institute of Aging, 2017). Long-term care facilities provide older adults with the staff support and optimal environment to stay actively engaged in occupations, however research shows older adults in SNFs are less physically active and occupationally engaged compared to older adults living within the community (Crnkovic et al., 2019; Morgan-Brown et al., 2018). This lack of occupational engagement is contributed to the lack of control LTC residents have over their daily lives in SNFs (Andrew & Meeks, 2018; Jacobs et al., 2019; Palmer et al., 2017). Educating facility staff and caregivers on providing individualized care improves the quality of life and occupational engagement of LTC residents (du Toit & Buchanan, 2018; McCabe et al., 2020). Research by King (2020) educated the activities staff in SNFs through an occupation-based training program focused on promoting occupational engagement in residents under 65 years old which resulted in increased knowledge and perceived competence by participants. Similar to King's research, this Capstone project used

an occupation-based educational program for occupational therapists in a SNF and how this knowledge was applied in their practice. The purpose of this Capstone project was to determine the effectiveness of the educational program for occupational therapists in SNFs focused on maintaining client-chosen occupations for LTC residents. For this Capstone project, two educational modules were created for in-person delivery for occupational therapists working in a SNF in Staten Island, New York. Pre and posttest data were collected using an outcome measure that consists of three multiple choice questions about participant demographics in the pretest, five Likert-scale questions based on evaluations and five Likert-scale questions based on interventions in both pre and posttests, and four open-ended questions in the posttest. Quantitative methods were used to assess the participants' incorporation of client-chosen occupations following the implementation of a two-module educational program. This study was based on a top-down approach with incorporated components of the MOHO and the OA Model to support research design and implementation. This combination of approaches was selected to address the gap of occupations in SNFs. Results determined an increased use of client-chosen occupations in occupational therapy evaluations and interventions for LTC residents. These results can improve the occupational engagement, overall health, quality of life, and life satisfaction for LTC residents. This study can also renew the responsibility of occupational therapists to be experts of occupation as demonstrated through evaluation and intervention processes, thus improving the health care services in LTC facilities. Occupations are meaningful for clients throughout their lifespan and maintaining our clients' occupational engagement and occupational identity keeps our profession occupation-based, connecting us back to our roots.

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Appendices

Appendix A

Reference Matrix

Citation	Participants/ Setting	Purpose/ Background	Methods/ Design and Limitations	Evidence Level	Findings/ Summary	Strengths/ Weakness	Applicability
Andrew, N., & Meeks, S. (2016). Fulfilled preferences, perceived control, life satisfaction, and loneliness in elderly long-term care residents. *Aging & Mental Health*, *22*(2), 183–189. https://doi.org/10.1080/13607863.2016.1244804	65 participants (median age 71 years old) from LTC facilities in America Setting: 8 nursing homes in the Louisville metropolitan area and southern Indiana	Person-centered care is a growing movement, but more research is needed to determine the influence of its constructs (fulfilled preferences, sense of control, life satisfaction) to loneliness in LTC residents. The purpose of this study was to determine the relationship of fulfilled preferences and loneliness in LTC residents, using perceived	Quantitative Cross-sectional design Face-to-face interviews administered by trained research staff which included: Preferences for Everyday Living Inventory (PELI), 20-item UVLA Loneliness Scale version 3, 5-item Satisfaction with Life Scale, and three items specifically designed for this study to assess perceived control.	Level IV	Results concluded perceived control and life satisfaction may influence fulfilled preferences and feelings of loneliness, in which a greater sense of control and amount of needs being met may relate to higher life satisfaction and less loneliness in LTC residents.	Strengths: statistics used to analyze data (linear regression analysis, a-priori power analysis, Cronbach's alpha, independent sample t-test); interviews were time efficient and easy to administer. Weaknesses: unable to infer a casual relationship of results due to cross-sectional	This study supports a relationship between person-centered care and social needs of fulfilling personal care, having a choice of recreation preferences, and preventing loneliness in LTC residents. It is important for LTC staff to understand the influence of these constructs, as well as provide opportunities to improve life

		control and life satisfaction as potential factors.	Limitations: use of a convenience sample may not accurately represent all LTC residents- cognitively impaired residents were not represented; no known assessment to measure perceived control; modified version of the PELI used due to time.			design; perceived control measurement lacks validity; convenience sample unable to represent a typical LTC resident; lack of in-depth responses from questionnaire.	satisfaction and quality of life.
Bellingtier, J. A., & Neupert, S. D. (2019). Feeling young and in control: Daily control beliefs are associated with younger subjective ages. *The Journals of Gerontology: Series B*, *75*(5), e13–e17.	223 participants included 116 older adults (60-90) and 107 younger adults (18-36). Setting: N/A – participants completed surveys virtually	A sense of control relates to better adaptation to changes, continued active engagement, and feeling younger. The purpose of this study was to determine if perceived control relates to feeling younger in older adults.	Quantitative Online surveys completed daily over a 9-day period (Qualtrics) to assess demographics, daily control items, daily physical health symptoms, daily stressors, daily subjective age.	Level IV	Results concluded that older adults were found to feel younger on days of reported higher perceived control, but this correlation did not relate to younger adults. Feeling younger in older adults is	Strengths: statistics used to analyze data (Cronbach's alpha, winsorization, multilevel modelling). Weaknesses: questionnaire responses are generalized and do not allow for in-	This study supports the role perceived control has on feeling younger for older adults. The more control in older adults, the younger they feel. When working with older adults, occupational therapists must acknowledge and

https://doi.org/10.1093/geronb/gbz015			Limitations: Survey responses are limited to answers based on scale.		associated with longer life expectancy, interest in activities, and improved mental health.	depth responses from questionnaire.	promote residents' sense of self and sense of control for better outcomes.
Crnković, I., Racz, A., Rukavina, T., Marchesi, V. V., & Starc, A. (2019). Physical activity preferences of elderly people with type 2 diabetes who are ssers of institutional care and local community users. *International Multidisciplinary Scientific Conference on Social Sciences & Arts SGEM*, *6*, 439–446.	200 participants over the age of 65 years- residing in the Republic of Croatia. Experimental group (N=50)- participants with type 2 diabetes Control group (N=50)- non-diabetic participants Subgroup 1 (N=50)- participants with type 2 living in SNFs	The Croatian Advisory on Physical Exercise of the Elderly found only 0.3% of older adults engage in organized exercises groups and attempts have been made to increase this. The purpose of this study was to determine the level of physical activity (PA) of elderly people with type 2 diabetes who live in SNFs to elderly non-diabetic people who live	Quantitative Questionnaire- Physical Activity Scale for the Elderly (PASE) questionnaire to assess the frequency and duration of PA in the areas of work, household, and leisure; an in-person study. Limitations: the study design of the PASE questionnaire estimates PA levels based on prior week's activity as opposed to a typical week.	Level III	Results concluded that elderly people in SNFs engage in less PA, despite having more opportunities for organized daily PA in facilities. Elderly people in all groups are prone to engage in seated activities, but people with type 2 diabetes engage in less PA overall. In both groups, higher PA levels positively	Strengths: statistics used to analyze data (t-test, Pearson's correlation coefficient, two-way analysis). Questionnaire is time efficient and easy to administer. Larger sample size allows for generalized results. Weaknesses: questionnaire responses are generalized and do not allow for in-depth	This study supports the development of interventions to promote active participation in occupations for elderly people in SNFs- who despite the means still engage in less activity- for improved quality of life and health satisfaction.

https://doi-org.libproxy.eku.edu/10.5593/sgemsocial2019V/2.1	Subgroup 2 (N=50)- non-diabetic participants living independently Setting: residential homes, 3 SNFs, hospital, and local community.	independently in the Republic of Croatia.			correlates to quality of life and health satisfaction. Healthy and active older adults positively contribute to the economy which benefits all.	responses from participants.	
Demirdel, S., Sahinoglu, D., Karahan, S., Demirdel, E., & Topuz, S. (2018). Development of the physical activity barriers scale for elderly individuals. *The Turkish Journal of Geriatrics*, *21*(4), 607–615. https://doi.org/	214 participants over the age of 65 years-residing in Turkey Group 1 (N= 92)- residents of SNFs Group 2 (N= 91)- lives home with family	Elderly people participant in less PA, despite its benefits such as maintaining physical independence, increasing self-esteem, quality of life, and lowers depression. The purpose of this study was to develop the Physical Activity Barriers Scale	Quantitative Pilot study- cohort questionnaire consisting of 3-point Likert scale to answer the PABS-E; in-person study. Limitations: inadequate representation of elderly people using wheelchairs.	Level III	Results concluded the PABS-E as a valid and reliable scale. High PA barriers correlates to lower PA levels and greater effect on quality of life. Personal factors were the most common barriers to PA (quick to	Strengths: statistics used to analyze data (Spearman's correlation coefficient, Cronbach's alpha, factor analyses, t-tests, test-retest); time efficient and easy to administer; larger sample size allows for generalized results;	This study found barriers to PA result in lower PA levels for older adults and lower quality of life. Addressing these barriers in interventions will help increase PA levels and keep older adults actively engaged in occupations.

10.31086/tjgeri.2018.68	Group 3 (N=31)- lives home alone Setting: SNFs, residential homes, senior clubs	for the Elderly (PABS-E) to assess factors limiting PA levels of elderly people in various living environments.			fatigue, fear of falling, inadequate physical conditions, mobility limitations).	inclusion criteria covered various characteristics and living settings. Weaknesses: questionnaire responses are generalized and do not allow for in-depth responses from participants.	
Durlak, D. (2020). Diet and physical activity among elderly people - A survey study. *Polish Nursing / Pielegniarstwo Polskie*, *76*(2), 101–109. https://doi-org.libproxy.eku.edu/10.20883/pielpol.2020.11	130 participants between the ages of 60 years and up, who are patients from the Non-Public Health Care Centre for Management of Chronic Diseases in Radom, Poland	With the increasing older adult population, education is necessary to promote the value of PA to slow down age-related changes and improve well-being. The purpose of this study was to determine the influence of diet	Quantitative Survey questionnaire-participants completed a self-evaluation on health status, and then answered questions on health problems for comparison. Limitations: survey responses were subjective to	Level IV	Results concluded that elderly people value PA and common forms of PA include endurance exercise, gardening, and hiking. Majority of participants view PA as significant to improve well-being, physical	Strengths: statistics used to analyze data (Chi-squared test); survey method is time efficient and easy to administer. Weaknesses: questionnaire responses are generalized and do not allow for in-	This study supports the value of occupations for older adults and this population needs more options and opportunities to stay engaged in meaningful occupations.

	Setting: not specified where/how surveys were administered	and PA on the health status of elderly people.	the individual and not supported by any medical examinations after; it does not specific if study was in-person.		performance, good body shape, and to follow doctor's recommendations. Barriers to PA include poor health status, limited accessibility to exercise equipment and facilities.	depth responses from participants.	
Du Toit, S. H. J., & Buchanan, H. (2018). Embracing cultural diversity: Meaningful engagement for older adults with advanced dementia in a residential care setting. *American Journal of Occupational Therapy*, *72*(6),	20 participants from South Africa which included nursing aides, facility volunteers, relatives of residents with dementia, and residents who did not have dementia; each group was represented by 5 participants.	Patient-centered care focuses on individual needs to promote meaningful occupations, which is necessary for the growing elderly population in SNFs. The purpose of this study was to determine best patient-centered practice supporting elderly people	Quantitative and qualitative Mixed-methods design with a concurrent triangulation strategy-preworkshop questionnaire, appreciative-inquiry workshop, and adapted Delphi technique utilized; study was both in-person and part online.	Level III	Results concluded 3 themes to person-centered care: active engagement involving relatives and residents in occupations they can do together promoted initiative for occupational engagement; enabling a sense of	Strengths: both quantitative and qualitative data were collected. Statistics used to analyze reliability and validity of data. Qualitative data allowed for in-depth responses and was analyzed with a content analysis approach-organized into	This study supports the use of patient-centered care and meaningful, client-chosen occupations to keep older adults with dementia in SNFs actively engaged.

7206205090p1. https://doi.org/10.5014/ajot.2018.027292	Setting: 2 SNFs (both run by the same organization) for older adults; the larger facility has a dementia unit with a daily activity program)	with moderate to advanced dementia, with diverse backgrounds, and residing in SNFs.	Limitations: study methods required a considerable amount of time and only the first 2 steps of the appreciative-inquiry workshop were completed. Time constraints also led to a high rate of missing data from the second Delphi round.		belonging in residents focused on opportunities to build relationships in order to understand the needs of residents; tailoring care promoted being mindful of resident's individuality and respecting their differences, as well as having compassion and patience for residents with dementia.	themes. Survey method was easy to administer. Weaknesses: Mixed-methods design is more time consuming compared to single designs. Results may not be generalized due to small sample size.	
Fox, K., Morrow-Howell, N., Herbers, S., Battista, P., & Baum, C. M. (2017). Activity disengagement	51 participants over the age of 60 from a senior housing community	Occupational engagement positively influences overall health and wellbeing to reduce age-related changes, yet older adult	Quantitative In-person interview by 4 trained interviewers with the Activity Card Sort administered.	Level IV	Results concluded the most common current activities included instrumental ADLs and low-demand	Strengths: Statistics used to analyze data (SPSS statistics software, frequency statistics).	This study supports a person-centered approach to intervention planning and the promotion of meaningful activities for

: Understanding challenges and opportunities for reengagement. *Occupational Therapy International, 2017*, 1–7. https://doi.org/10.1155/2017/1983414	Setting: senior housing community	programs struggle with participation. The purpose of this study was to identify barriers and opportunities to activity engagement for older adults to improve future intervention and studies.	Limitations: small sample size; categories of Activity Card Sort not defined clearly to participants therefore answers who based on individual interpretation		leisure. Common barriers to activities included lack of opportunities, no interest, physical difficulty, and no one to participate with. Most common facilitators to activities included opportunity, funding, someone to participant with.	Weaknesses: sample size was small and not randomized- unable to generalize results.	older adults. Understanding the barriers to activities will help occupational therapists address such challenges in order to improve engagement and promote health of older adults.
Jacobs, L. M., Snow, L. A., Allen, R. S., Hartmann, C. W., Dautovich, N., & Parmelee, P. A. (2019). Supporting autonomy in	8 participants of nursing assistants (NAs) from nursing home units at Veterans Affairs medical center (VA).	Autonomy is a valued principle for LTC residents that contributes to occupational engagement, well-being, increases motivation and	Qualitative Semi-structured interviews with open-ended questions and observations performed.	Level IV	Results concluded 10 methods to promote autonomy for residents with cognitive and/or physical impairments: assisting,	Strengths: data analyzed with thematic analysis until saturation occurred. Weaknesses: due to small sample size	This study supports the practice of person-centered care to maintain autonomy when working with LTC residents and improve quality of life.

long-term care: Lessons from nursing assistants. *Geriatric Nursing*, *40*(2), 129–137. https://doi.org/10.1016/j.gerinurse.2018.07.004	Setting: 3 nursing home units in a VA	life satisfaction. This purpose of this study was to determine specific autonomy-supportive methods used in person-centered care for nursing home residents by NAs.	Limitations: same small size; potential threat of researcher bias in data collection and interpretation.		monitoring, encouraging, bargaining, informing, providing directions, persuading, asking, providing options, and redirecting.	results may not be generalized.	
Mansbach, W. E., Mace, R. A., Clark, K. M., & Firth, I. M. (2016). Meaningful activity for long-term Care residents with dementia: A comparison of activities and raters. *The Gerontologist*, gnv694. https://doi.org/10.1093/geront/gnv694	94 participants of LTC residents with mild-moderate dementia, 60 years and over Group 1 (N= 48)- treatment group, participated in MemPics Group 2 (N= 46)- control group Setting: 13 LTC facilities	Engaging in meaningful activities is linked to positive health outcomes for persons with dementia, but there is a lack of studies on what activities are meaningful for this population. The purpose of this study was to compare recreational activities to MemPics, a program	Quantitative Both groups engaged in 2 sessions of either treatment or control activity after which participants and respective facility's staff rated the activity in terms of meaningfulness using the Engagement in Meaningful Activities Survey (EMAS) for residents and an	Level II	Results concluded MemPics had higher resident and staff reported ratings of meaningful-ness compared to other recreational activities.	Strengths: Statistics used to analyze data (test-retest reliability, internal consistency, Cronbach's alpha, SPSS, independent sample t-tests, Pearson's chi-square tests, paired sample t-test, one-way multivariate analysis of variance); participants were	This study supports meaningful activities for LTC residents with dementia to promote well-being and overall health. LTC facilities need to offer more meaningful activities for residents for a sense of autonomy and motivation. LTC staff must be active in promoting

	in Maryland including 9 SNFs and 3 assisted living facilities.	designed to promote meaningful activities for persons with dementia through engagement and cognitive stimulation.	online exit survey for staff to complete through Qualtrics. Limitations: different levels of cognition among residents; limited staff resources available.			randomized; able to compare residents and staff ratings; survey is time efficient and easy to administer. Weaknesses: unable to generalize results due to sample size; study based on a single trial only.	meaningful engagement for residents.
McCabe, M. P., Beattie, E., Karantzas, G., Mellor, D., Sanders, K., Busija, L., Goodenough, B., Bennett, M., Von Treuer, K., & Byers, J. (2019). Consumer directed care in	92 participants with physical and/or cognitive impairments living in residential facilities for over 3 months, 66 years and older.	Consumer-Directed Care (CDC) is a service delivery model focused on individualized care for LTC facilities. Resident at the Centre of Care (RCC) is the 6-session staff training	Quantitative In-person, one to one questionnaire-self-reported quality of life assessment and 11-item assessment of resident perceptions on quality of relationship with staff	Level III	Results concluded both groups with RCC training had higher quality of life compared to the group with no training. There was no significant difference with the group with RCC training	Strengths: statistics used to analyze data (internal consistency, Cronbach's alpha); participants randomized Weaknesses: unable to generalize results due to	This study found staff training programs to result in better patient care and higher quality of life for residents. Engaging in staff training will help increase staff's level of care.

residential aged care: An evaluation of a staff training program. *Aging & Mental Health*, *24*(4), 673–678. https://doi.org/10.1080/13607863.2019.1574711	Group 1 (N= 29)- control group with no training Group 2 (N= 31)- training only group Group 3 (N=31)- training with support group Setting: 9 residential facilities in Australia	program for CDC. The purpose of this study was to compare residents' quality of life from staff trained with RCC, trained with RCC plus additional support, no training or additional support-care as usual.	Limitations: small sample size; higher percentage of male participants leads to unequal representation; attrition 10%		alone compared to RCC training plus additional support.	small sample size	
Mondaca, M., Josephsson, S., Borell, L., Katz, A., & Rosenberg, L. (2018). Altering the boundaries of everyday life in a nursing home context. *Scandinavian Journal of Occupational*	12 participants between the ages of 74-90 years, stay in facility ranged from 2 weeks to 5 years Setting: nursing home in Sweden	Occupational engagement for older adults in LTC facilities is a push for improvement as limited opportunities and lack of influence in their daily lives negatively affects residents.	Qualitative Participatory approach involving participants engaging in a book club; researcher observation. Limitations: majority of participants were	Level IV	Results concluded it is possible for LTC residents to have more influence on their daily lives and occupations with active partnership and use of resources in order to adhere	Strengths: Gustavsson's hermeneutic interpretative approach used to analyze data of human action from observation. Weaknesses: unable to generalize results due to	This study supports the shift to meaningful occupations for LTC residents and values occupational engagement as a means to adaptation. Occupational engagement positively influences a

Therapy, *26*(6), 441–451. https://doi.org/10.1080/11038128.2018.1483426		The purpose of this study was to determine how to incorporate occupational engagement and influence over daily lives for LTC residents.	female (N=9); small sample size		to local and global policy frameworks that promote engagement. LTC residents can engage in occupations that bring enjoyment, fellowship, and a sense of normality and familiarity.	small sample size	person's identity and integrity. LTC staff must continue to work towards this shift in patient care.
Morgan-Brown, M., Brangan, J., McMahon, R., & Murphy, B. (2018). Engagement and social interaction in dementia care settings. A call for occupational and social justice. *Health & Social Care in the Community*,	73 participants with dementia or a mental health diagnosis Setting: 5 residential care settings in Ireland	People with dementia face an occupational injustice, deprived from social and occupational activities in nursing facilities. The Assessment Tool for Occupational and Social Engagement (ATOSE) is an objective measurement of	Qualitative Observation of residents measured by ATOSE Limitations: convenience sample does not accurately represent the population	Level IV	Results concluded low levels of engagement in all facilities which calls on the need for change to improve occupational engagement for LTC residents with dementia.	Strengths: interrater reliability found Weaknesses: unable to generalize results due to small sample size	This study supports the need to support the human rights of people with dementia to engagement in occupations. LTC staff need to provide more opportunities for this population to be occupationally engaged in their community with more structured group activities.

27(2), 400–408. https://doi.org/10.1111/hsc.12658		engagement. The purpose of this study was measure the engagement of older adults residing in care settings.					
Palmer, J. A., Parker, V. A., Burgess, J. F., Berlowitz, D., Lynn Snow, A., Mitchell, S. L., & Hartmann, C. W. (2017). Developing the supporting choice observational tool (SCOT): A formative assessment tool to assist nursing home staff in realizing resident choice. *Research in Gerontological*	Participation included 3 nursing homes observed by researchers Setting: 2 Veterans Health Administration Community Living Centers (CLCs)	Quality of care relates to the ability to choose for oneself in SNFs, and more resources are needed for staff to determine resident's needs for engagement. The purpose of this study was assess the appropriateness of the Supporting Choice Observational Tool (SCOT) to provide feedback on residents for staff.	Qualitative Structured observation of resident-staff interaction measured with SCOT. Limitations: resident and staff's personal observation of interaction not accounted for	Level VI	Results concluded the SCOT is a person-centered care tool that offers staff of SNFs feedback to improve interactions with residents in order to increase quality of life and ability to choose for oneself.	Strengths: modified Delphi panel and algorithm used to assess SCOT Weaknesses: unable to generalize results; tool does not account for resident or staff's personal observation of interaction	This study found person-centered care tools such as the SCOT to be beneficial for staff of LTCs to improve interactions with residents which allows them to choose and therefore increase quality of life.

Nursing, 10(3), 129–138. https://doi.org/10.3928/19404921-20170411-01							
Thurman, W., Harrison, T. C., Blozis, S. A., Dionne-Vahalik, M., & Mead, S. (2017). A capabilities approach to environmental impact on nursing home resident quality of life. *Research in Gerontological Nursing, 10*(4), 162-170. http://dx.doi.org/10.3928/19404921-20170621-03	899 participants from Medicaid-certified SNFs in Texas; average age of 77-82 years old; resident or caregiver consent; randomly selected Setting: 581 Medicaid-certified SNFs in Texas	Maintaining autonomy and dignity for residents of SNFs contributes to their quality of life and self-empowerment. The purpose of this study was to determine the environmental impact on quality of life in SNFs in accordance with an environmental gerontological framework based on a capabilities approach. This study focuses on residents'	Quantitative Cross-sectional in-person survey-focus on environmental factors, interactions with environmental factors, and residents' characteristics relating to quality of life. Limitations: cognitively impaired residents with no caregiver able to provide consent were not accounted for in this study.	Level IV	Results concluded that quality of life has 2 dimensions-privacy and control. The capabilities of social activities and access to the outdoors positively relate to quality of life. No correlation was found between quality of life with type of SNF (urban or rural), facility size, or residents' characteristics.	Strengths: descriptive statistics used to analyze reliability and validity of data (exploratory factor analysis, Cronbach's alpha, multilevel regression analysis). Results may be generalized due to the large sample size. Weaknesses: participants varied in length of residency, but results were lumped together; questionnaire	This study supports maintaining privacy and control over their daily activities for older adults to improve their quality of life.

		beliefs and values on their capabilities to engage in occupations.				responses are generalized and do not allow for in-depth responses from participants.	
Van Biljon, H., du Toit, S. H. J., Masango, J., & Casteleijn, D. (2017). Exploring service delivery in occupational therapy: The use of convergent interviewing. *Work, 57*(2), 221–232. https://doi.org/10.3233/wor-172557	27 participants of occupational therapists from South Africa interviewed clients following vocational rehabilitation program. Setting: public hospital	The purpose of this study was to determine clients' views on occupational therapy services such as vocational rehabilitation available to them.	Qualitative Action Learning Action Research (ALAR) approach used with convergent interviewing. Limitations: level of experience to interview clients varied; interviews were under a time constraint of 2 weeks and had to factor in clients' availability.	Level IV	This study found majority of clients were not aware occupational therapists offered diverse services such as vocational rehabilitation. There is a need for occupational therapists to educate clients of all available in order to fully meet their unique occupational needs.	Strengths: interviews provide in-depth information. Weaknesses: participants' level of experience varied. There was a time limit to complete interviews.	This study supports client-centered practice and educating clients on the expertise of occupational therapy to meet their occupational needs and improve quality of care.

Appendix B

Maintaining Occupations for Long-Term Care Residents

Occupational therapists are needed for a research study examining the effectiveness of an educational program to promote client-chosen occupations and client-centered practice for long-term care (LTC) residents.

- Do you have experience evaluating and treating LTC residents?
- Are you interested in keeping your LTC residents occupationally engaged for a healthy lifestyle?
- Are you interested in helping your LTC residents maintain a sense of self to improve their quality of life and life satisfaction?

If you **answered yes to these questions**, you may be eligible to **participate** in this research study!

This study will take place in this facility and is being conducted through Eastern Kentucky University.

Please contact Lara Albano if interested in participating:
(718) 614-8631
Lara_Albano@mymail.eku.edu

Appendix C

Maintaining Occupations for Long-Term Care Residents: Verbal Recruitment Script

Hi everyone! My name is Lara Albano. I am an occupational therapist with six years of experience working with older adults in a skilled nursing facility- both in short term rehabilitation and long-term care as well. I am also a doctoral student at Eastern Kentucky University, with a research focus on occupations for long-term care residents.

I am excited to talk with you all today about my research project and hope by the end you will be interested to participate in my study. The purpose of my research is to provide an educational program to occupational therapists on client-chosen occupations and the use of client-centered evaluations and interventions for long term care residents. Participation is voluntary and you can withdraw from the study at any time with no explanation needed. The educational program will include two modules, offered two weeks apart. The sessions will be one hour each and delivered in-person during lunch breaks with lunch included. Participants will be given a survey to complete before beginning the first module and will be given a post-survey two weeks after completing the last module. These questionnaires will be used to measure changes in the participants' knowledge and practice skills on the research topic. Data will be anonymous and securely stored to project your confidentiality.

If you are interested in participating in this study- please take a pre-survey to sign and return at your earliest convenience. Please feel free to ask any questions about this study. Thank you all for your time and I look forward to hearing from you.

Appendix D

Maintaining Occupations in Long-Term Care Residents: Survey A

Demographics

Please answer the following questions:

What is your age?

A. <25 years
B. 26-35 years
C. 36-45 years
D. <46 years

How many years have you been an occupational therapist?

A. Less than one year
B. Between 1-3 years
C. Between 4-10 years
D. Over 10 years

How many years have you worked with long term care (LTC) residents in skilled nursing facilities (SNFs)?

A. Less than one year
B. Between 1-3 years
C. Between 4-10 years
D. Over 10 years

Evaluation Process

Please answer the following questions following the scale below:

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

1. I believe client-chosen occupations are important to incorporate in the evaluation process for LTC residents in SNFs.	
2. I feel confident in my ability to incorporate client-chosen occupations in the evaluation process for LTC residents in SNFs.	
3. I am capable of incorporating client-chosen occupations in the	

evaluation process for LTC residents in SNFs.	
4. I am able to incorporate client-chosen occupations in the evaluation process for LTC residents and SNFs.	
5. I feel able to meet the challenges of client-chosen occupations in LTC residents in SNFs.	

Intervention Sessions

Please answer the following questions following the scale below:

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

1. I believe client-chosen occupations are important to incorporate into intervention sessions for LTC residents in SNFs.	
2. I feel confident in my ability to incorporate client-chosen occupations into intervention sessions for LTC residents in SNFs.	
3. I am capable of incorporating client-chosen occupations into intervention sessions for LTC residents in SNFs.	
4. I am able to incorporate client-chosen occupations into intervention sessions for LTC residents and SNFs.	
5. I feel able to create opportunities for LTC residents in SNFs to choose their occupations.	

Appendix E

Maintaining Occupations in Long-Term Care Residents: Survey B

Evaluation Process

Please answer the following questions following the scale below:

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

6. I believe client-chosen occupations are important to incorporate in the evaluation process for LTC residents in SNFs.	
7. I feel confident in my ability to incorporate client-chosen occupations in the evaluation process for LTC residents in SNFs.	
8. I am capable of incorporating client-chosen occupations in the evaluation process for LTC residents in SNFs.	
9. I am able to incorporate client-chosen occupations in the evaluation process for LTC residents and SNFs.	
10. I feel able to meet the challenges of client-chosen occupations in LTC residents in SNFs.	

Intervention Sessions

Please answer the following questions following the scale below:

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

6. I believe client-chosen occupations are important to incorporate into intervention sessions for LTC residents in SNFs.	
7. I feel confident in my ability to incorporate client-chosen occupations into intervention sessions for LTC residents in SNFs.	

8. I am capable of incorporating client-chosen occupations into intervention sessions for LTC residents in SNFs.	
9. I am able to incorporate client-chosen occupations into intervention sessions for LTC residents and SNFs.	
10. I feel able to create opportunities for LTC residents in SNFs to choose their occupations.	

What are the strengths of this educational program?

What are the weaknesses of this educational program?

How have you applied knowledge from this educational program into practice?

What obstacles do you feel might limit your ability to apply this knowledge into practice?