

THE IMPACT OF THE ENVIRONMENT ON ACTIVITY ENGAGEMENT
OF PERSONS DIAGNOSED WITH MODERATE STAGE
ALZHEIMER'S DISEASE RESIDING IN A
LONG-TERM CARE FACILITY

A DISSERTATION

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I began this journey with an idea of completion from initiation, however my life took another turn and I decided to take a break from the program. After deep thought about my professional career path and how my life could be different, I decided to return to the program and am now at the level of completion in the PhD program. Looking back on things I am glad that I made this decision and wouldn't change one thing about my journey thus far. For every sleepless night, every paper written, every assignment completed, every lesson learned, and every "fun" activity that seemed to be missed due to studies, I am forever grateful.

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ABSTRACT

NAJIYYAH COVINGTON

THE IMPACT OF THE ENVIRONMENT ON ACTIVITY ENGAGEMENT OF PERSONS DIAGNOSED WITH MODERATE STAGE ALZHEIMER'S DISEASE RESIDING IN A LONG-TERM CARE FACILITY

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Individuals who have been diagnosed with moderate stage Alzheimer's disease typically require assistance for the completion of daily activity secondary to pervasive cognitive dysfunction. Moderate stage Alzheimer's disease is a phase that can last the longest due to steady decline coupled with continued physical functioning. By age 80, 75% of these individuals will be admitted to a long-term care facility (Staples & Killian, 2012), leading to the proposed dissertation topic.

The purpose of this dissertation was to examine the effect of the environment upon activity engagement of persons diagnosed with moderate stage Alzheimer's disease within a long-term care facility. This dissertation is comprised of three studies involving formal caregivers and OT practitioners. The first study was completed using a mixed method design to observe residents during activity participation while using a standardized instrument, the Volitional Questionnaire. The results of this study showed that individuals with moderate stage Alzheimer's disease are able to display volition for activities of interest. These residents were able to engage in activity and make their interests and motivations known using nonverbal and verbal indicators. The second study

employed a qualitative design using a structured interview to gather information from a focus group comprised of formal caregivers. The focus group revealed that formal caregivers have a vested interest in the well-being of the residents and how they participate in activities. Notably, an impact on occupational performance by the physical, social, and temporal environment was evident. Formal caregivers shared that if more time was available, they could engage with residents for longer amounts of time and enhance their rapport with residents. The third study involved a focus group with OT practitioners using a semi-structured interview derived from items on the Volitional Questionnaire. The OT practitioners shared that engagement in daily activity can be enhanced through positive conversation and a focus on the interests of the residents. OT practitioners indicated that the environment has an effect on participation of residents in daily activities and that interactions with formal caregivers can play an important role in occupational performance.

The focus of this dissertation was to provide information from the perspectives of formal caregivers and occupational therapy practitioners about the impact of the environment on participation. The data gathered through these three studies provide insight into how these two groups interpret the environment and what the environmental impact is upon activity engagement. The information provides support for OT practitioners and formal caregivers to provide services that are cognizant of the resident

with moderate stage Alzheimer' disease and their occupational performance within a long-term care facility.

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CHAPTER I

STATEMENT OF THE PROBLEM AND SPECIFIC AIMS

Introduction

In 2017, it has been estimated that 5.5 million Americans have been diagnosed with Alzheimer's disease (AD); 5.3 million are age 65 and older (Alzheimer's Association, 2017). By age 80, 75% of these individuals will be admitted to a long-term care facility (Staples & Killian, 2012). These statistics are indicative of how the aging population will be separated from their families and will require increased assistance from non-related or hired staff members within a long-term care facility. This trend reflects the necessity of research to examine the environmental factors of long-term care facilities and how those diagnosed with a moderate level of AD engage in activity. In response to this void in the literature, this dissertation explored the impact of the environment of a skilled nursing facility upon the level of activity engagement of individuals diagnosed with moderate stage of Alzheimer's disease.

Statement of the Problem

Alzheimer's disease is a term used to describe a group of chronic, progressive, degenerative cognitive disorders that lead to a loss of independent functioning in individuals (Rogers, et al., 2000). There are several stages of cognitive impairment that are involved in the staging process of Alzheimer's disease as described by the Alzheimer's Association (2017). Normal functioning, Stage 1, presents with no impairment present. In Stage 2, very mild cognitive decline can be attributed to normal

age-related changes showing simple memory lapses and forgetting placement of familiar objects.

Mild cognitive decline, Stage 3, is categorized by difficulty with word or name-finding problems with close family and friends. Decreased ability to retain information and performance issues in social and work settings is common at this level of impairment. Moderate cognitive decline, Mild or Early-stage Alzheimer's disease, presents with a decreased knowledge of recent occasions and current events. There is a decreased capacity to perform complex tasks such as paying bills.

Stage 5 moderate severe cognitive decline, Moderate or mid-stage AD, presents with more evident declines in daily functioning. Individuals at this level of functioning have difficulty with recalling personal information such as address or phone number, and may become confused with days of the week.

Stage 6 or Severe cognitive decline (Moderate, severe, or mid-stage AD) shows even greater impairment. There are significant personality changes along with increased memory deficits noted. Individuals will require increased assistance to complete daily self care needs, for recognition of close family members, and may experience episodes of incontinence of bowel and bladder. Stage 7, very severe cognitive decline (Severe or late-stage AD), presents in the last phases of the disease. Most individuals in this phase lose contact with their environment, cease speaking and present with decreased control of their movement (Niss, 2014).

Alzheimer's disease limits the ability of those affected to engage in activity if modifications in the environment are not made (Dooley & Hinojosa, 2004; Keough & Huebner, 2000). The increased burden of care necessary for a person diagnosed with AD often leads to admission into a long-term care facility (Raggi et al., 2007). The American Health Care Association (2013) states that "almost 2/3 (61.1%) of long stay residents have dementia." Relocation to a long-term care facility provides older persons access to a team responsible for their care and acclimation to the facility.

When older persons make the transition into a long-term care facility, there is an increased level of social engagement with others who may be unfamiliar to the person diagnosed with AD and to their family members. These unfamiliar individuals are the formal caregivers employed by the facility, typically including Certified Nursing Assistants (CNA), nurses, activity directors, and therapy staff. These formal caregivers are often tasked with the provision of basic care of the resident and also with becoming familiar with the resident well enough to anticipate their needs (Phillips & Baldwin, 1997). Formal caregivers may care for the resident in conjunction with therapy staff in order to adapt the environment in ways that would increase engagement and promote levels of independence in activity and self-care needs (Sung, Chang, & Tsai, 2005).

Instrumental to this team effort are occupational therapists employed in long-term care facilities who share the responsibility of caring for and making sound decisions for individuals who have been diagnosed with AD (Taylor, Sims, & Haines, 2014). Occupational therapists provide environmental modifications to assist individuals with

the diagnosis of AD. The intent of these modifications are to: increase functional ability to complete self-care tasks; increase awareness of the environment (Teitleman, Raber, & Watts, 2010); increase safety awareness with a focus on preventing falls and injury (Jensen & Padilla, 2011); encourage creativity in completion of daily activity; and support caregiver education (Thinnes & Padilla, 2011). These elements of care require ongoing support from formal caregivers within the facility, yet at times they are not provided as satisfactorily as is desired. It seems that with continued effort and collaborative activities with formal caregivers and occupational therapy, increasing the resident's engagement in daily activity could enhance the environment.

Purpose

Individuals diagnosed as having a moderate level of Alzheimer's disease may have limited activity engagement and minimal interaction with others in their immediate surroundings (Popham & Orrell, 2012). Motivation or volition is an important factor when considering activity engagement in all client populations. Yet, the instinct to "want to" participate in activity may require modified approaches when dealing with clients diagnosed with moderate stages of AD. Formal caregivers in a long-term care facility have a role to play in facilitating activity engagement with this population.

Formal caregivers are a part of the environment and potentially have a direct influence on the activity engagement of those diagnosed with moderate stages of AD. The Occupational Therapy Practice Framework (AOTA, 2014) describes the environment

as the “External physical and social conditions that surround the client and in which the client’s daily life occupations occur” (AOTA, 2014, S28).

An occupational therapist’s role in respect to the environment is to adapt the environment and activity to reach an optimal level of functioning for the client (Gonzalez-Salvador et al., 2000; Padilla, 2011; Wood, Womack, & Hooper, 2009). It is essential to engage residents with consistent adaptation of both activity and environment.

The importance of social environments in these settings has been acknowledged in several studies (Cherry et al., 2008; Garcia et al., 2012; Morgan, Stewart, D’Arcy, & Werezak, 2004; Slaughter, Calkins, Eliaszia, & Reimer, 2006); however, there is limited research that describes the environment in detail. And fewer studies have given attention to the environment’s impact on resident activity engagement from the perspective of formal caregivers.

The purpose of this research study was to investigate the impact of the environment upon volition in clients with moderate stage Alzheimer’s disease who reside in a long-term care facility from the perspectives of formal caregivers and OT practitioners.

Research Questions

The dissertation asked the following questions:

1. What are the characteristics of the environment in a long-term care facility?
2. How do formal caregivers and OT practitioners perceive the environment and activity engagement of individuals with moderate stage Alzheimer’s disease?

3. How is volition demonstrated by people with Alzheimer's disease as observed and shared by formal caregivers and OT practitioners?
4. How can the environment be enhanced for people with moderate stage Alzheimer's disease?

CHAPTER II

BACKGROUND AND SIGNIFICANCE

Research about the environment of long-term care facilities that studies volition, activity engagement, and use of the Model of Human Occupation (MOHO) is warranted. This chapter seeks to provide historical and background information to gain understanding for the structural and interpersonal relationships between formal caregivers, occupational therapist practitioners, and residents. Descriptions of environments will be shared to further understand how the environment can impact engagement in activity.

The Role of Occupational Therapy (OT) in the Long-term Care Setting

An occupational therapist's role in respect to the environment is to adapt the environment and activity to achieve an optimal level of functioning for the client (Gonzalez-Salvador et al., 2000; Padilla, 2011; Wood et al., 2009). It is essential to have appropriate adaptation of both activity and environment in order to increase activity engagement for those who reside in long-term care facilities. The environment and its impact can be seen in the interaction of formal caregivers during the completion of daily activities. In one study where the interaction between formal caregivers with residents was observed, nursing staff reported that the relationships with residents was one of the most important reasons they continued to do their jobs (Sung et al., 2005).

Social environments can be facilitated with the assistance of clinicians who are aware of the need for socially supportive environments (Teitleman et al., 2010).

Experiences are socially constructed and can have a significant negative or positive effect on the lived experience of Alzheimer's disease (Teitleman et al., 2010). Caregivers, formal and informal, play a vital role in engaging residents in occupation by providing support and training to those who may be uncertain of their personal likes and dislikes (Banerjee, Willis, Graham, & Gurland, 2010; Padilla, 2011). An occupational therapist shares the responsibility to identify the attributes of the social interactions in order to gain a clearer picture of what may be hindering or encouraging activity participation.

Volition

The idea of volition is most widely explained by Dr. Gary Kielhofner using the Model of Human Occupation (MOHO) as a theoretical foundation (Kielhofner, 2002). Volition is defined as “a pattern of thoughts and feelings about oneself as an actor in one's world, which occur as one anticipates, chooses, experience, and interprets what one does” (Kielhofner, 2002, p. 201). Volition can take on different characteristics in residents with moderate stage AD.

Volition and engagement in activity can be observed in negative and positive responses from residents diagnosed with AD (Teitleman et al., 2010). Volition and preference of activity engagement are seen in behaviors to participate or to decline participation in activity (Teitleman et al., 2010). Recent literature in OT has reported that with dementia there is a steady decline in cognitive interaction and language leading to reduced activity engagement; however, motivation to participate needs to be maintained

(Brooker & Woolley, 2007; Brooker, Woolley, & Lee, 2007; Raber, Teitelman, Watts, & Kielhofner, 2010; Teiteleman et al., 2010; Vernooij-Dassen, 2007).

In order to create a supportive environment, therapists need to convey to clients with dementia and their caregivers the environmental modifications and client-centered activities options that are acceptable and appropriate to increase the level of activity engagement. Therapists are able to identify the environmental demands and determine what appropriate modifications can be made to assist in activity participation. Therapists can simplify delivery of complex terminology in a manner that is understood by residents and formal caregivers to assist with engagement in the current environment (Mason & Reed, 2009).

Activity Engagement and Occupational Therapy

Activity engagement has proven to be an important part of life for individuals who have been diagnosed with AD (Brooker & Woolley, 2007; Brooker et al., 2007; Phinney, Chadbury, & O'Connor, 2007; Vernooij-Dassen, 2007). It has been found that residents with and without a diagnosis of AD enjoyed socially engaging activities that allowed peer interaction (Brooker & Woolley, 2007; Brooker et al., 2007; Vernooij-Dassen, 2007). These interpersonal activities may contribute to making the environment more socially inviting for the residents with AD.

Participation in daily activities and “doing” allows for a sense of normalcy and efficiency (Phinney et al., 2007). Engagement in occupation for individuals diagnosed with moderate to late stage of AD is difficult to measure and more difficult to plan and

implement. Yet it is important that occupational therapists focus on enhancing the abilities of a person with AD so the resident can interact appropriately with the demands of the environment (AOTA, 2014).

Formal caregivers play an important role in the participation and engagement in occupations with residents who have Alzheimer's disease and related dementias (Boise & White, 2004). Occupational therapists are in a strategic position to assist facility-based staff in understanding their role in increasing participation of residents with Alzheimer's disease (Arbesman & Lieberman, 2011; Teitelman et al., 2010). In one notable study, Arbesman & Lieberman (2011) found the provision of conversation to encourage participation in activity, facilitation of participation using visual cues, and use of personal characteristics of each resident with AD was helpful in facilitating engagement in activity.

When physical impairment or cognitive dysfunction is present, the ability to engage with the environment can become strained and require assistance from formal caregivers. Formal caregivers require education that will help them provide those with dementing illnesses the support required to increase the level of engagement in daily activity (Brooker & Wooley, 2007; DiZazzo-Miller, Samuel, Barnas, & Welker, 2014). Occupational therapists are well situated to provide education and training for formal caregivers in order to facilitate a positive social environment for residents.

DiZazzo-Miller et al. (2014) found that with the use of standardized training methods for formal caregivers there was a direct positive correlation in resident behaviors

for engagement in daily activity. With the provision of education, formal caregivers also felt more equipped to assist with the changes in behaviors and level of engagement displayed by individuals with dementing illnesses.

Activities that have shown increased engagement among those with AD include leisure and recreation, household chores, social involvement and work related activities (Phinney et al., 2007). Engagement in activity has been found to show a range of emotions, including enjoyment and pleasure, connection and belonging, and autonomy and identity (Brooker & Woolley, 2007; Vernooij-Dassen, 2007). Despite the level of cognitive impairment, residents diagnosed with AD continue to present a desire for mastery of engagement in activity with a focus on a desired outcome (Phinney et al., 2007).

Further research on the impact that the environment has on the volition of residents with moderate stage AD is needed. The perspective of the formal caregiver warrants further examination to determine their view of the impact of the environment upon resident activity engagement. This dissertation intends to provide additional information describing what opportunities can be offered to enhance ways in which the moderate stage AD client population may engage in daily occupations within a long-term care facility

The focus of this research was to describe the environment in a long-term care facility. The formal caregiver perspective concerning the impact of the environment on

resident volition and activity engagement was studied to better understand how to meet the needs of residents with moderate stage AD.

Theoretical Foundation

The MOHO was used to provide the theoretical framework for this study (Kielhofner, 2002). MOHO focuses on the way in which occupations are motivated, patterned, and performed within everyday environments (Raber et al., 2010). MOHO has three foundational elements including volition, habituation, and performance capacity. Volition refers to the motivation for occupation; habituation refers to the process by which occupation is organized into patterns or routines; and performance capacity refers to the physical and mental abilities that underlie skilled occupational performance (Raber et al., 2010).

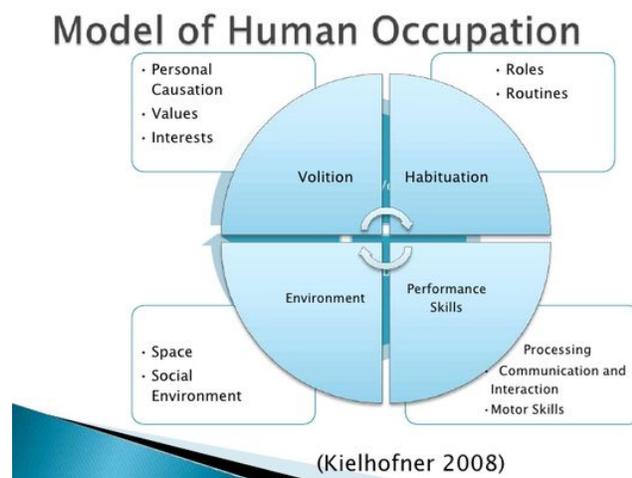


Figure 1. MOHO Graphic

MOHO emphasizes the idea that to understand human occupation is to understand the physical and social environment (Yong & Price, 2014). The physical and social

environments for this study included areas where persons with moderate stage AD engage with formal caregivers on a daily basis, as well as the space where activities, social interaction, and functional tasks are performed. Because the focus of this study encompasses these environmental elements, MOHO served as a relevant theoretical model to apply and interpret the study's findings.

Summary

The environment and activity engagement were analyzed using MOHO and the volitional questionnaire as an observational tool. The environment was viewed from the vantage point of the formal caregivers and therapists who are employed in the building. The environment was observed to view the actions taking place during scheduled activities. This research intends to show the importance of the environment upon residents diagnosed with AD.

CHAPTER III

EVALUATION OF THE ENVIRONMENT: PARTICIPANT OBSERVATION OF RESIDENTS IN A LONG-TERM CARE FACILITY

In this study, the researcher conducted a participant observation of a selected group of residents with an AD diagnosis living in a skilled nursing facility using The Volitional Questionnaire (VQ) (2007) as a standardized tool of assessment to guide the observation. The study provided a description of environment and the ways in which these residents in this environment demonstrate volition.

The Occupational Therapy Practice Framework (AOTA, 2014) describes the environment as the “external physical and social conditions that surround the client and in which the client’s daily life occupations occur” (AOTA, 2014, S28). This description helped to frame the observations of two group activities within the chosen skilled nursing facility used for this research.

The environment definition was further enhanced by descriptions shared in The Volitional Questionnaire Manual (De Las Heras, Geist, Kielhofner, & Li, 2007):

The environment is conceptualized as consisting of spaces, objects, social environment, and occupational forms/tasks. Spaces may include home, workplace, therapy settings, recreational settings and so on. Objects refer to both natural and fabricated things with which people interact. The social environment includes various

social groups present in the environment. Occupational forms/tasks are rule-bound sequences of action that refer to recognizable and named activities that are performed (p. 5).

The environment of the selected facility is made up of familiar and unfamiliar people who enter the facility for varied reasons dependent on the day of the week. Each day there are multiple social engagements with workers and visitors who are in and out of the facility for appointments and for periodic visits with loved ones. The most common social engagement was observed during scheduled activities in the daytime.

Methods

Design

A mixed method design with quantitative information and qualitative observations was employed to examine the characteristics of the environment at the facility. Creswell (2014) describes mixed method research as follows:

Mixed methods research is an approach to inquiry involving collecting both qualitative and quantitative data, integrating the two forms of data, and using distinct designs that may involve philosophical assumptions and theoretical frameworks. The core assumptions of this form of inquiry are that the combination of qualitative and quantitative approaches provides a more complete understanding of a research problem than either approach alone (p. 4).

Such a design allowed for naturalistic inquiry and observation along with use of a standardized assessment (VQ) to interpret the observations and experiences in their lived environment (Luborsky & Lysack, 2006).

Sample

The facility chosen is a 120-bed facility (100 long-term beds and 20 short-term beds). The average age of the residents within the facility is 68 years old; greater than 73% are males, with an ethnic makeup of the total facility being more than 90% African American with the remaining 10% being Caucasian with minimal Hispanic representation. A purposeful sample of three residents was observed during two activity periods at the facility. Residents had the following characteristics: diagnosis of ADRD (Alzheimer's disease and related dementias); score on Mini Mental Exam resulting in staging of moderate stage; a facility resident for greater than 3 months; and medically stable, not currently receiving hospice or comfort care services. Demographic information including age, race, gender, marital status, time in facility, et cetera was gathered.

The Alzheimer's association (2017) reports that moderate stage Alzheimer's dementia is the longest phase of the Alzheimer's process of debility. This provided support to use this level of impairment for this study, as it could be an indicator of the population within a skilled nursing facility. A long-term care facility was selected in eastern North Carolina as a site for data collection.

Prior to the initiation of this research study, the activity director was provided with information on the purpose and plan for this study. The plan for observation and consent for participation was gained from the activity director. The activity director was provided with an opportunity to ask questions about the research and was encouraged to ask questions or express concerns at any point during the study.

At this facility, there is one activity director responsible for scheduling all facility activities involving the residents; she often plans activities for staff, as well. The activity director is a 42-year-old, married, African American female with a bachelor's degree in recreational therapy; she has been an activity director for 19 years at this facility. She began her career in the current facility, shadowing the previous activity director. Once that director left the facility, she was immediately asked to fill the role as the activity director. The activity director has participated in activities with the therapy department in the past and has knowledge of the functions of the occupational therapy department within the skilled nursing facility.

The activity director was provided with information on The Volitional Questionnaire (VQ) and how to complete the scoring for each activity as part of the research. The activity director is energetic and converses with the majority of persons who occupy the building on a daily basis. Her daily greeting of "It's a Wonderful World," precedes her conversation about what the day holds for all those who will enter an activity. Her enthusiasm for each activity is seen in her greetings and encouragement

for participation both in person and over the intercom system as she announces the countdown for the activities to begin.

In preparation for the activities, the activity director completes a monthly calendar of activities for the residents' participation. The activity director shared that there are three activities scheduled each month due to popularity and attendance: Bingo, Bible Study, and the Butterbean Auction. The activity director reports that these activities are the most heavily attended. She notes that they are intentionally scheduled prior to lunch, so there is a greater probability that there will be higher attendance due to residents wanting to get out of bed for meal times. The activity director reported that she has attempted to change timing and scheduling of activity, but attendance decreased noticeably.

Data Collection Tools

The VQ was used to observe residents in their current environment during an activity and to explore ways in which the environment affected activity engagement. The Volitional Questionnaire provides a descriptive factor that aids the observer to understand what motivates residents to participate in activities (Chern, Kielhofner, Gloria de las Heras, & Megalhaes, 2012; De Las Heras et al. 2007). Field notes by the researcher included hand written notes of the activity area and residents; these were used to augment the VQ and provide case scenarios of each participant (Patton, 2002).

Data Collection Procedures

The researcher observed three residents during participation in a 30-60 minute activity session and completed The VQ on each resident being observed. Activity participation was observed in the activity room during two small group interactions. The activities observed were bingo and a Black History Month Program. The activities are planned in advance and placed on the calendar that each resident receives at the beginning of each month. The student researcher visited the facility on four different occasions to become more familiar with residents and to allow for the most naturalistic environment when the true observation period was being completed.

The activity director implemented each activity as typically conducted with no change in her routine with participation of the residents and family members. The initial session of bingo had 18 participants with varying degrees of disability and required different levels of assistance for participation. The second session observed was a Black History Month Program where limited physical assistance was required during engagement in the given activities.

The activity director also completed the VQ on the observed participants to increase the strength of the observation and the gathering of information.

Data Analysis

Information was gathered and analyzed, rating the levels of volition (passive, hesitant, involved, spontaneous, and no opportunity to observe) in order to capture the level of spontaneity versus the amount of support, structure, or encouragement required

for the person to exhibit a specific behavior (Volitional Questionnaire, Version 4.1). Scores were entered into the MOHO university website to retrieve scoring that would correlate to the volitional continuum. Scores yielded a total out of 54 total points indicating the level of achievement (See Appendix A). The items found in the questionnaire correspond to the volitional continuum (exploration, competency, and achievement) (See Appendix B). The pattern of scores (Chern et al., 2012) a client has is reflected on the volitional continuum allowing a picture to be formed that better describes the impact of the environment on volition for activity engagement (See Appendix C for VQ).

Field notes were completed by the student researcher and were used to describe the environmental factors that were present during the observations. Field note information also included informal conversations with the activity director and the residents being observed. Supplemental information allowed for a more concise description of the setting and participation of the resident and others during the activities. Field notes assisted in informing the case scenarios and analysis of the observations of each resident.

Findings

Three residents met the requirements for the study and were observed during two activity sessions. All three residents were African American and ages ranged from 74-77 years of ages. There was one female and two males and all three had lived at the facility for greater than five years. Two residents are mobile via motorized wheelchair and one

requires assistance for propulsion of a manual wheelchair throughout the facility. Each resident had additional diagnoses listed in their respective medical charts that included stroke, arthritis, aphasia, and generalized weakness. The diagnoses offer support for their limited independence in the current environment, requiring increased assistance from formal caregivers to participate in self-care and functional daily activity. See Table 1 for demographic information.

Table 1

Resident Demographic Information

	CM	CA	JM
Age	77	74	78
Gender	Male	Female	Male
Marital Status	Married	Widowed	Married
Children	Yes	Yes	Yes
Ethnicity	African American	African American	African American
Years in Facility	8 years	9 years	9 years

The activity director (AD) and student researcher (SR) completed a rating of volition using the VQ for each resident. Each resident category was totaled to determine where the resident falls on the volitional continuum. The findings of the Volitional Questionnaire are discussed below in relation to each observed resident.

Residents and Their Volitional Questionnaire Scores

CA

Resident CA is an African American female who met the requirements for participation in the study. Resident CA has moderate level AD and also presents with limitations in fine motor control due to arthritic changes in both hands. Resident CA is a pleasant lady who attempts engagement in conversation; however, she will sometimes drift off to sleep due to lethargy possibly caused by her medication. CA reported that she “loved” to play bingo and knew exactly what day and time it was scheduled for each week. When asked why she enjoyed bingo so much, she reported that she liked the idea that she could win money for her favorite drink from the soda machine. Each game of bingo is worth 25 cents, and the last game is a cover all (all numbers on the player board must be covered) and played for \$1.00.

CA was observed during bingo and was able to manage her bingo chips with little to no assistance and covered each number called with limited assistance. CA did require the numbers to be recalled when there was a false bingo called during play. CA listened intently for each number and moved her colored discs onto the plastic bingo card. CA was able to remain focused on the tasks with intermittent verbal and visual cues.

Table 2

Resident CA VQ Scores

VQ activity	CA	Score analysis
SR Bingo VQ	41/56	*Involved and achievement level
SRBH VQ	41/56	*Spontaneous and achievement level
AD Bingo VQ	40/56	*Involved and achievement Level
AD BH VQ	32/56	*Spontaneous and Exploration Level

*Involved: shows behavior with minimal amount of support, structure or encouragement

*Spontaneous: Shows behavior with minimal amount of support, structure, or encouragement

*Exploration Level: Client has a desire to engage in the environment for pleasure and enjoyment and to make discoveries in low risk situations.

*Achievement Level: Client strives to increase their capacity to do a challenging task and to have successful performance outcomes.

CA appeared to be motivated during the activity and completed all levels on the volitional continuum. The VQ was completed by the activity director and based on her observations; CA needs less support and was in the achievement phase for activity engagement. CA scored mostly “I’s” for involvement during the bingo games. The achievement level depicts that “the client strives to increase their capacity to do a challenging tasks and to have successful performance outcomes” (Volitional Questionnaire Manual, 2007, p. 41). The student researcher also completed the VQ

during this activity and scores on the continuum were found to closely resemble those of the activity director, placing CA in the achievement range.

CA also participated in the Black History program that included a Jeopardy style quiz game to check the knowledge of black history facts. CA was inquisitive in the beginning of this activity and was asking questions of those around her to gain clarity of information provided. CA attempted to answer several questions, even those that she was unsure of the answer. CA answered questions with 50% accuracy; however, when answering incorrectly she would look at the activity director intently as if she was waiting for her to tell her the correct answer before anyone else had the opportunity to answer.

The activity director completed the VQ, and though this task seemed to be having a less positive outcome in producing correct answers, CA scored in the middle of the continuum with scores closer to “needs less support” area. Many responses fell in the spontaneous category showing behavior without support, structure, or encouragement (Volitional Questionnaire, 2007). The student researcher found similar results with the responses falling within the same range on the continuum. The activity director reported that frequently CA will participate in activities and will often allow others to complete portions of the activity as needed leading to decreased effort on her part.

The findings from the two VQ’s completed on CA appeared to be an accurate depiction of her level of activity engagement. CA is exploratory by nature and is always moving through the facility in an attempt to do something. This exploration may sometimes lead to occupational participation that is meaningful to her because she finds

interest in it. This interest allows her to remain focused and increases her level of competency for completion. CA is able to move through the volitional continuum with increased time and reach a level of achievement requiring little assist.

CM

Resident CM is an African American male who met the requirements for participation in the study. Resident CM has moderate level AD and also presents with limitations in fine motor control in his left upper extremity due to a previous stroke. Resident CM is a gentleman with a good sense of humor who attempts engagement in conversation; however, he presents with speech difficulty secondary to aphasia. He is able to make his needs known and can initiate and participate in conversations.

CM was observed during bingo and was able to manage his bingo chips with little to no assistance. He covered each number called with limited assistance. CM did require assistance to call out the numbers listed on his card for the bingo that he had acquired. CM listened carefully for each number and moved his colored discs onto the plastic bingo card. CM was able to remain focused on the tasks with intermittent verbal and visual cues.

Table 3

Resident CM VQ Scores

VQ activity	CM	Score analysis
SR Bingo VQ	38/56	*Involved and Achievement Level
SR BH VQ	43/56	*Involved and Exploration Level
AD Bingo VQ	34/56	*Involved and Achievement Level
AD BH VQ	28/56	*Involved and Exploration level

*Involved: shows behavior with minimal amount of support, structure or encouragement

*Exploration Level: Client has a desire to engage in the environment for pleasure and enjoyment and to make discoveries in low risk situations.

*Achievement Level: Client strives to increase their capacity to do a challenging task and to have successful performance outcomes.

CM appeared to be motivated during his play and completed all levels on the volitional continuum. The VQ was completed by the activity director and based on her observations CM needs less support and was in the achievement phase for activity engagement. CM scored mostly “I’s” for involved during the bingo games. The achievement level depicts that “the client strives to increase their capacity to do a challenging tasks and to have successful performance outcomes” (Volitional Questionnaire Manual, 2007, p. 41). The student researcher also completed the VQ during this activity and scores on the continuum were found to closely resemble those of the activity director, placing CM in the achievement range.

CM also participated in the Black History program that included a Jeopardy style quiz game to check the knowledge of Black History facts. CM was passive during this activity with some instances of spontaneous answering of questions during the game. CM required verbal cues to attempt to answer questions, even the ones he was sure he knew the answer to. CM provided minimal answers and required multiple 1:1 engagement in order to maintain focus and attention.

The activity director completed the VQ and CM's observed difficulty was shown in the scoring of the VQ. CM scored in the middle of the continuum with scores closer to the area of needs more support. Many responses fell in the spontaneous category showing behavior without support, structure, or encouragement (Volitional Questionnaire, 2007). The student researcher found similar results with the responses falling within the same range on the continuum. The activity director reported that often CM is a creature of habit; he attends the activities he likes and those that have food. The activity director also reported that CM is usually pleasant but can sometimes be demanding when things don't go his way.

The findings from the two VQ's that were completed appear to be an accurate depiction of level of activity engagement. CM chooses the activities he finds interesting and these are the ones in which he readily participates. CM is mobile through the facility via a power chair; however, he spends the majority of his day in his room watching television. CM is able to move through the volitional continuum with increased time and requires increased assistance for unfamiliar activities.

JM

Resident JM is an African American male who met the requirements for participation in the study. Resident JM has moderate level AD and also presents with limitations in fine motor control in his left upper extremity due to a previous stroke. JM presents with difficulty sharing his thoughts and ideas secondary to aphasia resulting from multiple strokes.

JM was observed during bingo where he sat beside the activity director who assisted JM with management of his bingo chips with moderate to maximal assistance. The activity director had to manage his chips and provide increased verbal cues to JM for recognition of bingo wins. Upon observation of JM, he appeared to be sleeping during the activity; however, the activity director reports that he is normally awake but sometimes does require tactile cues to remain alert. The activity director stated “JM likes to sit beside me so I can help him mark his bingo board. And when he is not paying attention I let him know that he got bingo.” She also noted “He really doesn’t do a whole lot but gets ill if he doesn’t win a game during bingo.”

JM appeared to have interest in the idea of playing bingo but presented with limited active engagement in completing the activity on his own. The activity director completed the VQ and based on her observations JM needs more support and was in the exploration phase for activity engagement. JM scored mostly I’s for involved and H’s for hesitant participation. Hesitant participation shows behavior with maximal amount of support, structure, or encouragement.

Table 4

Resident JM VQ Scores

VQ activity	JM	Score analysis
SR Bingo VQ	34/56	*Involved and Exploration level
SR BH VQ	33/56	*Involved and Exploration level
AD Bingo VQ	36/56	*Involved and Exploration Level
AD BH VQ	29/56	*Involved and Exploration Level

*Involved: shows behavior with minimal amount of support, structure or encouragement

*Exploration Level: Client has a desire to engage in the environment for pleasure and enjoyment and to make discoveries in low risk situations.

The exploration level depicts that “the client has a desire to engage in the environment for pleasure and enjoyment, and to make discoveries in low risk situation” (Volitional Questionnaire Manual, 2007, p. 41). The student researcher also completed the VQ during this activity and scores on the continuum were found to closely resemble those of the activity director, placing JM in the exploration range.

JM also participated in the Black History program that included a Jeopardy style quiz game to check the knowledge of Black History facts. JM was passive during this activity with limited instances of spontaneous answering of questions during the game. JM required verbal cues in an attempt to answer questions with limited engagement noted. JM provided minimal answers and required multiple 1:1 engagement in order to maintain focus and attention.

The activity director completed the VQ and the observed difficulty of JM was shown in the scoring on the VQ. JM scored on the beginning of the continuum with scores in the needs more support area. Many responses fell in the spontaneous category showing behavior without support, structure, or encouragement (Volitional Questionnaire, 2007). The student researcher found similar results with the responses falling within the same range on the continuum. JM's wife shared that she tries to encourage her husband to get out of the room and go to activities, but she said she is aware that he really only likes to go to bingo. She shared that JM will not schedule any doctor's appointments during scheduled bingo time, and if the transporter comes to get him for an appointment outside of the facility during bingo time, he will refuse to leave.

The findings from the two VQ's that were completed appear to be an accurate depiction of level of activity engagement. JM chooses those activities he finds interesting, and these are the ones he participates in more readily. JM requires increased assistance for mobility secondary to physical dysfunction and often declines activities that do not provide a tangible prize. JM presents with difficulty in his ability to move through the volitional continuum requiring increased time and requires increased assistance for unfamiliar activities.

Discussion

Based upon the findings of the VQ completed by both the activity director and SR, a comparison can be made that illustrates the majority of similarities between the two. Table 5 presents the scores and analysis of each participant by both the student

researcher and the activity director. The following discussion offers the similarities and differences between scoring by the activity director and the student researcher.

Table 5

All Resident Scores

Res.	SR Bingo VQ Score	Score Analysis	AD Bingo VQ Score	Score Analysis	SR BH VQ Score	Score Analysis	AD BH VQ Score	Score Analysis
CA	41/56	Involved & Achieve	41/56	Spontaneous & Achieve	40/56	Involved & Achieve	32/56	Spontaneous & Exploration
CM	38/56	Involved & Achieve	43/56	Involved & Exploration	34/56	Involved & Exploration	28/56	Involved & Exploration
JM	34/56	Involved & Exploration	33/56	Involved & Exploration	36/56	Involved & Exploration	29/56	Involved & Exploration

*Involved: shows behavior with minimal amount of support, structure or encouragement

*Spontaneous: Shows behavior with minimal amount of support, structure, or encouragement

*Exploration Level: Client has a desire to engage in the environment for pleasure and enjoyment and to make discoveries in low risk situations.

*Achievement Level: Client strives to increase their capacity to do a challenging task and to have successful performance outcomes.

This study sought to understand the through observation of resident participation in activities. The activity director was instrumental in providing personal information about each participant and a comprehensive picture of their participation in activities. Each activity allowed for participation in a natural environment with no manipulation;

thereby each participant could be observed unobtrusively within a typical environment.

When compared, the activity director and the student researcher scored similarly.

The use of the VQ showed that individuals with moderate stage Alzheimer's disease are able to show interest in activity that appeals to them. Activity that is unfamiliar to them may allow for more exploration than achievement; however, participation is still displayed. The personal interaction with each resident allowed the student researcher to see how social engagement and person-to-person contact can assist with engagement in activity. The activity director also demonstrated how her interest and engagement with the residents facilitated increased participation.

Limitations

Limitations of this study include the small size of the sample and the specific geographic region chosen for collection. Other limitations include the limited number of sessions observed for resident participation.

Clinical Implications

The information gained in this study can be used to provide a basis of understanding participation in activity and the level of engagement seen in residents with moderate stage AD. This information provides support that clients who are diagnosed with moderate stage AD are able to demonstrate motivation, and there are activities in which they can engage on a daily basis. Findings from this study also lend support to the idea that the environment and its components can impact positive activity engagement

within a long-term care facility especially one on one contact and encouragement by others to participate.

CHAPTER IV
EVALUATION OF THE ENVIRONMENT: PERSPECTIVES
FROM FORMAL CAREGIVERS

Study two examines the environment as reported by formal caregivers using a focus group to elicit their perspectives. This study seeks to answer the question concerning the ways formal caregivers define the environment and the residents' volition and activity participation.

Methods

Design

A qualitative design was employed in this study in order to gain multiple perspectives of person, groups, and organizations across the spectrum of a long-term care facility (Luborsky & Lysack, 2006). A qualitative design allows for the use of focus groups of formal caregivers in a long-term care setting. According to Creswell (1998), "Focus groups are advantageous when the interaction among interviewees are similar and cooperative with each other, when time to collect information is limited, and when individuals interviewed one on one may be hesitant to provide information" (p. 124).

Sample

A long-term care facility was selected in eastern North Carolina as a site for data collection. Formal caregivers were recruited within the long-term care facility to participate in a focus group. Caregivers were formal staff including licensed practical nurses (LPN) and certified nursing assistants (CNA).

The facility chosen employs greater than 45 CNA's, 16 LPN's, and 4 RN's (three of whom are on administrative staff), for three shifts. First shift consists of eight CNA's, four LPN's, and one RN who is on the administrative staff. Second shift is composed of six CNA's and three LPN's with no RN on site. Third shift is comprised of four CNA's and often two to three LPN's with no RN on site. The formal caregivers are typically given a caseload of 12-14 each during the day, 16-20 on second shift, and more than 20 on third shift. The nurses are responsible for greater than 25 residents during the day and this increases to greater than 40 in the evening and night shifts.

Data Collection Tools

A structured interview guide was completed using items contained in the Volitional Questionnaire in order to gain data that is descriptive of the environment (See Appendix D). The questions focused on the resident participation that is observed in the facility by the formal caregivers and how they describe volition, the environment, activity engagement, and how each is demonstrated by the residents in the this facility.

Data Collection Procedures

Formal caregivers participated in a focus group to obtain their perspectives about the environment and residents' activity engagement and volition. Data collection was conducted in the dining area of the facility, which was a common and comfortable place for the staff members who participated. A single 45-minute focus group was completed including three members of the morning staff and three members of the afternoon/evening staff. The focus group was audio recorded for later transcription.

Data Analysis

Audio taped recordings (using digital recording) were transcribed and field notes compiled to gain a full picture of the information contained in the recordings. A member check was completed by providing a copy of the transcript to one participant in the focus group for her review to determine if the information was concise and covered all information as desired (Patton, 2002). Transcripts were shared with two other occupational therapists with experience in qualitative research to enhance the triangulation of information found within the data collected (Luborsky & Lysack, 2006).

The analysis phase began with looking for similar phrasing and a flow of thought patterns in the information shared. This led to coding of data and to the development of emergent themes that are shared by the formal caregivers (Creswell, 1998). All three peer review therapists completed this method of analysis with some variability, identifying the following emergent themes based on the data collected.

Findings

Table 6 illustrates the demographics of the formal caregivers. There were six formal caregivers who attended the focus group discussion. The ages of the formal caregivers ranged from 27-52, with a range of four to 25 years experience in the nursing field. The group was predominately African American and all were females. There was an equal share of both day (three) and night (three) staff to share experience and opinions of the chosen facility.

Table 6

Formal Caregiver Demographic Information

Participant	LPN /CNA	Age	Gender	Ethnicity	Years of Experience in LTC	Shift (Day or night)
LM	CNA	52	Female	AA	24	Day
BP	CNA	27	Female	Caucasian	9	Night
KH	CNA	44	Female	AA	25	Day
TW	CNA	32	Female	AA	4	Day
SP	LPN	46	Female	AA	16	Night
JH	CNA	29	Female	AA	10	Night

A variety of information was gained during these focus groups with the formal caregivers. The formal caregivers shared their personal viewpoints on the environment, as well as participation with residents and their family members. The participants also shared information about other staff members and ideas for how to increase engagement for residents in the skilled nursing facility. The data collected were compiled into three different key themes: Environment, Person, and Occupational Performance. These three themes have several similar characteristics, and the related information shared during the focus group demonstrated commonalities that placed them under the overarching themes.

Emergent Themes

Environment: Social, Physical and Temporal

Three environments were identified and discussed in the focus group: the social environment, physical environment, and temporal environment. The caregivers described the social environment in relation to family and how they interact with the staff in the building. When asked how they would describe the social setting, one caregiver, KH, reported that the social environment is “what we do, we come in we have to interact with the residents as well as their family members.” The social environment was also described by the “positive conversation” staff has with the residents.

Information was shared about the nursing home being the residents’ home and how best provision of services often results in a more positive outcome. Conversation and non-verbal attempts at engagement were important aspects of the social environment when discussing levels of participation in daily activity. There were some differences in opinion between first and second shift as related to engagement in activity; however, the importance of encouraging residents to leave their rooms to attend social activities was seen as important by all caregivers.

The physical environment appeared to have some bearing on social engagement, as noted by the caregivers. The facility has been in operation for greater than 40 years under several different names; however, the physical structure has remained the same. There have been some upgrades and construction to update the rehabilitation wing to compete with facilities in the area. Some research is evident that shows there is a

carryover when discussing the social environment intertwining with the physical environment (Cohen-Mansfield, Thein, Dakeel-Ali, & Marx, 2010). The physical components that were shared in the interviews discussed the limitations of the facility secondary to the age of the building.

The temporal environment was observed throughout the group interview, both directly and indirectly. The caregivers commented on their inability to spend extra time with the residents due to having a heavy caseload and needing to complete “everything they want us to do.” The caregivers described that the conversations they had with the resident allowed them time to learn more about them, so they could better build rapport with them. The caregivers also shared that the residents needed to feel secure in their surroundings and be allowed to engage in activity on their own time. The schedule that the caregivers have to maintain during their shift is often hectic. They carry a caseload that requires a great deal of attention, preventing them from greater interaction with residents. SP stated “they want me to put them in the bed and change them and then get them back in the chair and I’m just gonna be honest that is just a lot to do, and sometimes I just don’t have time to do all of that stuff.”

The caregivers reported that the schedule of activities that is provided at the beginning of each month is helpful but sometimes difficult to adhere to. The first shift workers reported that they had to do the majority of the work in the facility because they had to get everyone ready for the day and out of the room for activities. TW stated,

“when I work first instead of second, it’s like you work so hard to get everybody up on first and you try to get them to go do something.”

The caregivers shared they also had the most engagement with the residents but limited time to actually “dig deeper” to learn more about them. The caregivers reported that if the administrative staff would share some of the personal and social information with them, they would know how to better approach a resident. Then they could “ask” for them to participate rather than feeling like they are “telling” them to do something.

The time constraints and concerns were also communicated amongst those on 2nd shift with residents requesting assistance to complete self-care tasks. The caregivers reported that they were under time constraints to complete self-care needs and to manage the other residents. The second shift caregivers shared that first shift had it a little easier because they had so many activities during the day to keep the residents busy. JH stated, “I know for second shift they could add something for them to do, or have somewhere we could get stuff that we could do with them.”

The first shift caregivers agreed with this assessment; however, they discussed how difficult it is to get some residents to come out of their rooms. LM identified a resident who prefers to spend time in her room and requires maximal verbal cues and encouragement to attempt any out of room activity. LH stated “They deep cleaned her room the other day and she worried us to death to get back in there. Every time we walked by her she would ask can she go back in. She just don’t want to come of that room. She just don’t want to come up here.”

The temporal environment was also discussed in relation to the administrative staff and their involvement in admissions and conducting social evaluations on the residents. The caregivers felt that many residents were suffering from some type of depression and needed medical attention. They felt they were not the people who could make that assessment, and if administration took a little more time with the residents, they then could help with resident participation in activities.

Person: “That’s What This is, This is a Social for the Residents and the Family Members, and We Have to Interact With Them.”

The caregivers shared their personal characteristics that assisted with social environment and engagement in daily activity. The caregivers reported that their “positive conversation,” “asking questions,” “learning from the past to inform the present,” and using “conversation to build rapport,” assisted them to form a relationship with the resident in order to impact activity engagement. The ability to gain background information to learn more about a person assisted with presenting options in a way that was agreeable to residents to increase participation.

The first and second shift caregivers reported that if they knew more about their residents they could engage more readily with them. Caregiver JH stated, “...I be trying to find something to talk about with them, cause I love to talk and I feel like I could learn something from them.” She followed up her statement with the sentiment that she did not want to seem aggravating with asking so many questions.

The caregivers shared that if they were able to gain more information from the residents, they would be able to gather more about what interests and motivates them. By knowing more about their interests, the caregivers reported they would have better information about what motivates the client to participate. By gaining information, caregivers reported that they may be able to provide “something different” in which the residents could engage that is more personalized and not necessarily scheduled on an activity calendar.

Research about long-term care facilities has found that residents with Alzheimer’s disease who choose to participate in activities selected those that were part of an existing schedule and not necessarily something in which they were particularly interested (Tak, Kedia, Tongumpun, & Hong, 2015). These findings could most closely relate to what caregivers reported that many people, both residents and staff, do things out of “forced habit” due to scheduling and timing of the activities. The caregivers described that often the timing of activities limited some residents from engaging in activities. In addition, some caregivers commented that the constraints of preparing residents with bathing and dressing placed pressure on them to get them to activities on time.

Occupational Performance: “It’s What We All Come in For”

Activity participation was a largely discussed topic and seen throughout the text of the transcripts. Activities were discussed with reference to what was currently being offered, and how activities were once previously offered. The activity conversation appeared to focus on what interested and motivated the residents to participate. The

caregivers reported that there were multiple church services and that some residents may not be interested in that. LM stated, "...a lot of them don't like to come to church all the time."

The caregivers shared that physical movement could enhance participation in activities and reflected on times past when there were movement groups offered. JH shared, "...cause that bed will take all their energy, and I try and tell them the more they move around the better they will feel. But you know it helps us too, because the more they move around the better they can help themselves do some stuff."

Past activities appeared to hold importance for the caregivers in their conversation, as they shared that some residents might be more receptive to activities that offered tangible rewards. The caregivers referred to the birthday celebrations where the residents are offered cake and ice cream for the birthday of the month. Bingo is a heavily attended activity that offers monetary rewards to residents. In the past, bingo was offered on more occasions; however, decreased availability of donated funds lessened the scheduling of multiple bingo games. Caregivers reported how in the past local organizations would come out and call bingo and have games that were for \$3.00 and \$4.00. The activity director reported that in the past she had attempted to give out actual prizes for games and the residents attended; however, during the residents' council meeting, a resident spoke up and said they wanted the bingo games to be for money and not for items.

Table 7

Themes and Findings of Formal Caregivers

Themes	Findings
Environment	Physical <ul style="list-style-type: none"> ● physical structure Social <ul style="list-style-type: none"> ● “positive conversation” ● “non-verbal engagement” ● “encouraging residents” ● “administrative staff could share information to allow for greater engagement” Temporal <ul style="list-style-type: none"> ● “spending extra time” ● “conversations with residents limited due to time” ● “administrative staff could learn more about residents to address the topic of depression”
Person	<ul style="list-style-type: none"> ● “positive conversation” ● “asking questions” ● “learning from the past to inform the present” ● “conversation to build rapport” ● “providing something different” ● “forced habit” ● time constraints placed pressure on the caregiver to prepare residents for activity engagement
Occupational Performance	<ul style="list-style-type: none"> ● Interests ● Motivation ● Enhancing participation in activities and reflected on times past when movement programs were offered ● Residents may be more readily engaged if tangible rewards were offered

Discussion

The caregivers were candid in their conversations and reported what was important in their current environment and work setting. The themes were placed in the order of environment, person, and occupational performance because this seemed to be the direction the conversation took during the focus group, secondary to the structure of the interview guide (See Appendix D) used for the focus group. The caregivers shared how the physical, social, and temporal environment played an important role in the residents' engagement in activity. These environmental aspects appeared to have a personal effect on completion of job responsibilities along with how caregivers engaged with residents. This personal engagement showed how important it was for the caregivers to enhance the occupational performance of the residents.

The caregivers are often the only people that some residents have for support due to strained family relationships, no family in the area or living, and other circumstances that may limit visitors to the facility. These caregivers appear to have the best interest of each resident; however, they note that there are other factors that limit their ability to provide an optimal environment for occupational performance. KH shared, "...just knowing that we are giving them the best care that we can and have a conversation with them and take them to activities, and make sure they get a snack and make sure they go out of on pretty days." The caregiver relationship with residents deserves a closer look to determine how this relationship can enhance participation in daily functional activities.

Limitations

Limitations of this study include the size of the sample and the geographic region chosen for collection. Additional information could have been gained from formal caregivers with a follow-up questionnaire to further elaborate on the perspectives shared during data collection.

Clinical Implications

The information gained in this study could be used to provide a basis of understanding participation in activity and the level of engagement seen in residents with moderate stage AD. This information provides support that clients who are diagnosed with moderate stage AD are able to demonstrate motivation, and there are activities in which they can engage on a daily basis. KH reported that individuals were able to share their interest and level of motivation verbally and nonverbally. She gave the example of one resident who had been at the facility for several years and appeared to be showing signs of “depression” and presented with limited engagement. “She is miserable, she doesn’t smile, she just doesn’t seem happy.”

The information gained in this study lends support to the importance of the environment and its impact upon activity engagement and in a long-term care facility. KH reported, “That’s what this is. This is what we do. When we come in we have to interact with the residents as well as their family members and we have to put them right in line with the residents, that’s just as important.” This study shares the perspective of

the formal caregivers and provides a more informative description of a long-term facility and its impact upon activity participation.

CHAPTER V

EVALUATION OF THE ENVIRONMENT: PERSPECTIVES FROM OCCUPATIONAL THERAPY PRACTITIONERS

Study three examined the environment as reported by occupational therapy practitioners through the use of a focus group to obtain their perspectives of activity engagement of individuals diagnosed with moderate stage AD.

Methods

Design

A qualitative design was used to investigate the environment within a long-term care facility using focus groups to gain insight from occupational therapy practitioners who have work experiences in this setting. According to Creswell (1998), “Focus groups are advantageous when the interaction among interviewees are similar and cooperative with each other, when time to collect information is limited, and when individuals interviewed one on one may be hesitant to provide information” (p. 124).

Sample

Occupational therapy practitioners were recruited from the eastern North Carolina area who had experience working in long-term care facilities with individuals in the moderate stage AD. These therapists were recruited through direct contact by the student researcher at the same long-term care facility used for observations and formal caregiver focus group. The therapists were employed by the facility, required to have more than one year of work practice, and have at least 6 months work experience with this

population. The OT practitioners' typical workday is flexible and the therapy staff is allowed to make their hours fit their personal and professional lives in relation to resident care. Some schedules begin as early as 5AM to initiate activities of daily living (ADL) and continues through the day into dinner meals after 7PM.

Data Collection Tools

Using items from the VQ, the student researcher conducted a focus group in order to gain data that is descriptive of the environment (See Appendix E). The questions focused on the participants' perspectives of the environment and its impact on volition to participate in activities. The practitioners were allowed to share their personal theoretical basis for provision of services and how clients can engage in activity with moderate levels of AD.

Data Collection Procedures

Four occupational therapy practitioners participated in a single 45-minute focus group completed in a neutral environment within the facility. The focus group was digitally recorded for later transcription of information shared.

Data Analysis

Taped recordings, using digital recording, were transcribed and field notes compiled to gain a full picture of the information contained in the recordings. A member check was completed by providing a copy of the transcript to participant, PK of the focus group for his review to determine if the information appeared concise and covered all information as desired (Patton, 2002). Transcripts were shared for coding with two other

occupational therapists with experience in qualitative research to enhance the triangulation of information found within the data collected (Luborsky & Lysack, 2006).

The analysis phase began with looking for similar phrasing and a flow of thought patterns in the information shared. This led to coding of data and to the development of emergent themes that were shared by the occupational therapy practitioners (Creswell, 1998). The student researcher, the research advisor, and one occupational therapist completed this method of analysis with some variability in order to find the following emergent themes based on the data collected. The findings of each reviewer were discussed for clarity and to compare similarities to derive the categories and themes that were prevalent.

Findings

Four OT practitioners (1 OT/L and 3 OTA) participated in this study. Ages of the participants ranged from 41-51 years with an average age of 45 years old. All participants were Caucasian with one male and three female participants. The male participant, PK, was an OT/L and the three additional participants were all female. The range of experience was between 5-20 years with an average of 13 years. See Table 7 below for demographic information.

Table 8

Occupational Therapy Practitioner Demographic Information Table

Participant	OT/L or OTA	Age	Gender	Ethnicity	Years of Experience In LTC
PK	OT/L	51	Male	Caucasian	5
MG	OTA	47	Female	Caucasian	21
WL	OTA	41	Female	Caucasian	6
ST	OTA	42	Female	Caucasian	20

A great deal of information was gained during this focus group with the occupational therapy practitioners. They shared their personal viewpoints on the environment and participation with residents, staff and their family members. The participants also shared information about their theoretical viewpoints as well as offering ideas to increase engagement of residents in the facility.

The data were compiled into three themes that allowed for support of each category that had developed. The themes included: Environment, Person, and Occupational Performance. These three themes have several properties that are covered in each; however, the related information shared during the focus group showed commonalities that placed them under the overarching themes.

Emergent Themes

Environment: “I Think That the Social Environment Would, You Know, Create an Area for Interaction” (PK).

Three environments were discussed in the focus group: the social environment, physical environment, and temporal environment. The occupational therapy practitioners described the social environment in relation to engagement and attitude that hinders or fosters participation. There was discussion of the social environment as a place or as an action. One therapist, ST, felt the social environment included the “daily surroundings of a person which may have an impact on the individual.”

OT practitioners shared that “through” engagement; the social environment can be seen with residents and with staff. The “doing” of activity allows for interaction with one another and was felt to have an impact on the social environment. Leven and Jonsson (2002) shared that by “doing” activity promoted engagement with others and supported occupational engagement.

When asked what other factors may have an impact on the social environment or assist in describing the social environment, the OT practitioners reported that the social environment is affected by the “attitudes” of staff, the “intentions” of those with whom they interact, and the “participation” in daily activity. The OT practitioners shared how the interactions of staff members strongly impact the social environment; they have observed that there is a direct relationship between staff interactions and the demonstrated level of resident participation.

OT practitioner, ST, stated “the more positive the environment that this might increase participation.” Verbal and non-verbal engagements were important aspects of the social environment when discussing levels of participation in daily activity. Social engagement between staff and residents was reported as very important and could either hinder or increase participation in daily activities.

The physical environment appeared to have some bearing on social engagement as noted by the OT practitioners. The chosen facility is an older structure that has been renovated to compete with local long-term facilities for short-term care residents. There has been some research to show that there is a carryover seen when discussing the social environment and the intertwining with the physical environment (Cohen-Mansfield et al., 2010). The physical components as reported by the participants detailed the limitations of the facility secondary to the age of the building.

The OT practitioners reported that the personal opinions of the caregivers about the physical environment could affect social engagement by residents when negative conversation is held in the company of residents. OT practitioner ST shared “I think the condition of the building also has something to do with the social environment. There seems to be a lot of complaints about what they don’t have and what they can’t do, and this seems to affect how they talk to the residents and how much they are willing to do for them.”

The temporal environment was mentioned throughout the transcript both directly and indirectly. There were some differences noted by the OT practitioners seen in how

first and second shift engaged with residents and how their intent for participation could sometimes be perceived differently by staff and residents. The OT practitioners described that many of the caregivers on first and second shifts entered the building with good intentions to assist the residents. However, the timing of their “needed” activities for resident care often would become the focus of their day, limiting resident centered activities to be completed. OT practitioners reported that first shift handled the majority of care for residents, and they were often burdened with care of a heavy caseload with limited assistance.

The OT practitioners shared that some caregivers often limited the ability for carryover of independence due to their decreased willingness to allow time for participation in self-care tasks by residents. OT practitioners MG, WL, and PK shared that the caregivers sometimes appear “overwhelmed” by their caseloads, and they sometimes insist on doing things for residents because it will save time in completion of the activities required by administration. WL stated, “I think they sometimes get overwhelmed, and sometimes what the patient wants to do gets confused with what needs to be done for the patient.”

OT practitioners reported that activity engagement was important and that activities of daily living were also activities that required assistance and encouragement for participation. Hill, Kolanowski, and Kurum (2010) found that with increased positive engagement by staff there was participation in scheduled activities; however, there was limited positive carryover to activities of daily living.

PK also described the temporal environment, with a direct correlation to the resident and their sleep patterns secondary to their diagnosis of AD. PK stated, "...it makes me think about the timing of things because if these people have their days and nights confused this may be more challenging for them to stay awake during the day and it may seem like they are not motivated but they are just tired from being up all night." Some residents may experience altered sleep patterns, and this may impact their ability to participate in activities during the AM hours secondary to lethargy (Fetveit & Bjorvatin, 2006). If morning and night are confused or increased fatigue limits activity engagement, there may be limited social engagement during the most heavily populated times in the facility.

Person: "I Think With the Planning of Some Activities the Environment Can Cause Volition to be Forced" (PK).

The Model of Human Occupation is a theory that is primarily focused on volition of clients to participate in activities, and the practitioners shared that this model was their main focus (Kielhofner, 2002). The practitioners discussed the importance of volition and motivation on activity engagement with residents with moderate stage AD. The OT practitioners shared that volition was focused on "choice," "willingness," and "engagement."

The OT practitioners noted that by choosing activities that were of interest to the client, participation was increased. The OT practitioners related this to the resident's willingness to participate based on their choices. The "will" of the client was shared as

an important aspect of participation. This can be seen through both verbal and nonverbal expressions according to OT practitioners.

This sharing of expression by clients with moderate stage AD was seen in the level of engagement in activity, and how they expressed their likes or dislikes of an activity. MG shared that the level of cognitive awareness does not limit how people show motivation or engagement. However, the person looking for answers has to be willing to try and understand what a client is conveying. MG stated, “I think they can show you what they want to do and what they don’t want to, but the person asking has to be willing to try and understand what they are trying to say.”

The practitioners shared that the repetition of actions can convey a message about what a client finds of interest and what motivates them (Tak et al., 2015). OT practitioners reported that there were some activities that residents attended to more readily which, then, could become part of their daily routine. WL reports “I think that you can see what they like to do, or what motivates them by how they repeat certain things or what they continuously do.”

One study conducted in long-term care settings found that residents with Alzheimer’s disease who chose to participate in certain activities selected activities that were part of a schedule, meaning that those activities might not be of particular interest to them (Tak et al., 2015). These findings closely relate to what the OT participants expressed in the focus group when they reported that many people, both residents and

staff members, do things out of habit or what is readily available, in turn, ‘forcing’ choices to be made.

When asked to expand on the idea of ‘forced’ volition, the OT practitioners described that often staff will take residents to activities that pose no interest to the client and leave them in the activity, forcing them to participate in scheduled activities (Chung, 2004). The staff and formal caregivers were described as limiting the independence of residents due to their direct assistance to complete activities for residents, especially personal care activities of daily living.

The practitioners shared that personal characteristics of formal caregivers and therapy staff could either inhibit or support engagement in daily activity. Positive engagement and supported conversation could lead to more positive engagement allowing or increasing independence in daily activities. They reported that though this is the ideal outcome, their observations have shown that limited participation is often a direct relationship to the level of staff and formal caregiver engagement (Chung, 2004).

Occupational Performance: “I Think They Care About the Patients but I Think They Sometimes Get Overwhelmed...Sometimes What the Patient Wants to do Gets Confused With What Needs to be Done for the Patient.”

Participation in activity was a largely discussed topic and was seen throughout the text of the transcripts. Activities were discussed with reference to what OT practitioners were concerned with and what role OT plays in the resident’s occupational engagement. As noted in the theme of person, activities of daily living and scheduled activities are

affected by the interaction and support of the formal caregivers. The conversation about activities appeared to focus on what interested and motivated the residents to participate.

The OT participants shared that occupational performance has levels of participation that begin with the completion of activities of daily living. The initiation of self-care tasks for the resident may set the tone for participation with the rest of the day's activities. They shared that they focused on independence and engagement in self-care activity in order to promote participation in activities that are of interest to the resident.

The OT practitioners' conversation indicated a direct interaction between the environment and occupational performance. They shared the importance of facilitating independence in daily activity through formal caregiver and OT practitioner engagement. Occupational therapy practitioners shared that occupational performance can be affected by many factors.

One factor that could affect participation is the occurrence of falls and the fear of falling. Bonner (2006) found that long-term care facilities have a significantly higher incidence of falls with at least 1.5 falls per person per year and those with Alzheimer's disease are two times more likely to have a fall. Bonner (2006) also found that some nurses and CNA's may not be aware of falls that a resident has had in the home prior to admission and this could be an indicator for increased falls in the long-term care facility. This statistic shares the importance of conversations about personal history, trust and social connection when attempting engagement in daily activity.

Occupational therapy practitioners stressed the importance of social engagement; however, self-care tasks require assistance from formal caregivers. PK reported how some formal caregivers persuade residents to remain in bed with their conversation when they know the residents need help getting out of bed. PK stated, "...I think that sometimes it is not what they say but how they say it, you know like instead of suggesting for them to get out of bed. It's like they are talking them into staying in bed."

The role of occupational therapy in increasing occupational performance was discussed during the focus group. Meaningful engagement in activity is one important aspect the therapists felt would enhance participation in activity (Kielhofner, 2002). PK stated, "If it is something they are interested in, you know that they are wanting to do, you may see them engage more in it and then you can see things that motivate in other areas." MG supported this comment with "I think if we ask the patients to do things that they have no interest in doing they don't associate any meaning to it, and this limits how much they want to do it."

The personal influences of the formal caregivers and therapists were discussed as a way to increase engagement in daily activities. The affect and verbal encouragement of the formal caregivers and OT practitioners when attempting engagement with individuals with moderate stage AD seems to increase their level of engagement (Dorrenstein & Hocking, 2010). There was also discussion about using different approaches for engagement with individuals with moderate stage AD.

MG stated “I think that just being aware of how important the social environment is, is a start, You know I never really, well I guess I thought about how what and how we say things could affect participation, by now after this, I think just being aware of what and how we are engaging will be important.” ST reported that by promoting an uplifting social environment would increase activity participation. WL shared that as practitioners there should be “different approaches for those with different levels of dementia.” No elaboration was shared on what those specific approaches could be. Cohen-Mansfield et al.. (2010) discussed the importance of modification of activities for those experiencing cognitive declines in order to increase participation.

Table 9

Themes and Findings for OT Practitioners

Themes	Findings
Environment	Physical <ul style="list-style-type: none"> ● physical structure and limitations due to age of facility Social <ul style="list-style-type: none"> ● engagement and attitudes ● place or an action ● “daily surroundings” ● “doing” ● “attitudes and intentions” ● “participation” ● “positive environment might increase participation” ● “non-verbal engagement” Temporal <ul style="list-style-type: none"> ● “needed activities” ● “limitations placed on residents to be independent” ● “overwhelmed” ● “sleep patterns”

Person	<ul style="list-style-type: none"> ● “positive conversation” ● “choice” ● “willingness” ● “engagement” ● choosing activity of interest increased participation ● “expression of likes and dislikes” ● active listening ● conversation to build rapport” ● “providing something different” ● “forced habit” “forced volition” ● motivation and meaning ● time constraints placed pressure on the caregiver to prepare residents
Occupational Performance	<ul style="list-style-type: none"> ● “meaningful engagement” ● Motivation ● Verbal encouragement to increase engagement ● Residents may be more readily engaged if tangible rewards were offered

Summary

The occupational therapy practitioners appeared sincere in their conversations and reported what they expressed as important in their current environment. The themes were placed in the order of environment, person, and occupational performance because this followed the direction the conversation took during the focus group. This flow is primarily due to the sequence of questions provided on the interview guide that directed the focus group (See Appendix C and Appendix D).

The occupational therapy practitioners shared how the physical, social, and temporal environments played an important role in the residents’ engagement in activity. These environmental aspects appeared to have a personal effect on the provision of therapy services along with how OT practitioners engaged with residents. This personal

engagement reflects the influence of the OT practitioners on the occupational performance of the residents of the facility. MG shared how the temporal environment had an impact on the provision of services in her comment “When I get here in the mornings, people seem to be nicer and trying to help people...by the time I get ready to leave it’s like a whole nother set of people have come in the building. They just want everyone to get back in the bed so it will make it easier for them to check the room during their shift.”

Occupational therapy practitioners provide needed rehabilitation services in long-term care facilities, focusing on independence in daily activities. WL shared “...we try and help residents be more independent with you...self-care...but I think the staff thinks that just takes up too much of their time, so they just do the majority of the morning and afternoon care for them.” These occupational therapist practitioners appeared to have the best interest of each resident when attempting to increase independence in their current environment. They do, however, note that there are other factors that limit their ability to provide the optimal environment for occupational performance. The OT practitioner role in promoting independence, while using the environment to provide appropriate intervention, provides key information that could enhance the level of engagement and independence in the AD population.

Limitations

Limitations of this study include the small size of the sample, the geographic region chosen for collection, and the use of a convenience sample at the chosen facility.

Additional information could have been gained from occupational therapy practitioners with a follow-up questionnaire to further ascertain their perspectives. The use of the structured interview guide for focus group engagement may have limited the conversation about residents and the social environment.

Clinical Implications

The information gained in this study could be used to provide a basis for understanding participation in activity and the level of engagement seen in residents with moderate stage AD. This information provides support that clients who are diagnosed with moderate stage AD are able to show motivation, and there are activities in which they can engage on a daily basis. The information gained in this study also lends support to the impact of the environment and how it can impact engagement and participation within a long-term care facility. This information provides a starting point for therapists to develop a more meaningful treatment plan with residents diagnosed with moderate stage AD and to offer in-service education to formal caregivers on the importance of activity engagement.

CHAPTER VI

FINAL DISCUSSION AND SYNTHESIS OF STUDIES

The research studies that have been discussed provide a description of the environment and the factors that affect engagement in activity from the perspectives of formal caregivers and occupational therapy practitioners. The research studies provided a developing description of the environment at the facility through observations, use of a structured observation tool and the completion of two focus groups.

What are the Characteristics of the Environment in a Long-term Care Facility?

The environment was found to be an active component in the facility and is influenced by conversation, attitude and doing. There were several factors that impacted the social environment, including the person-to-person relationships that are present within the facility, temporal constraints, and physical infrastructure limitations. The temporal constraints were evident in all three studies.

In study one, the activity director discussed the timing of activities and her desire to change the calendar; however, she noticed a decline in attendance when attempts to change the schedule were made. She discussed the timing of morning care by formal caregivers and how she places many popular activities prior to lunch because most residents are bathed, dressed, and in their wheelchairs by lunch meals.

In study two, formal caregivers discussed the temporal constraints of providing care to residents and attempting to build social rapport and relationship with the residents. Formal caregiver SP stated "...I try and talk to them for a little while but you know you

run out of time, and then you think about what else you have to do, and then you try and just do the things they get on us about like changing them, putting them in the bed and making sure they are dry and fed.”

In study three, the OT practitioners discussed how temporal constraints could limit engagement in activities. MG stated, “Well...it might, because if the activities are early and if the building is short staffed then sometimes they do not get everyone up on time. And then you have to think if it is too late in the afternoon then most of the people may be back in bed already.” The OT practitioners also discussed how the temporal environment could affect a person with AD in how they interpret day and night. ST stated “Sometimes some of these people seem more confused in the afternoon...like sun downing so they may not be able to sit through an activity or would be more concerned with wandering, looking for their children or something.”

Motivation, habitual responses, and interests were discussed with formal caregivers, the activity director and occupational therapy practitioners. Motivation and interests were described by the activity director as a foundation for the activities she includes in her calendar. She discussed how the residents enjoyed bingo and she liked to make sure this was on the calendar at least twice a week. The activity director stated “I know they love bingo, so I make sure they have it at least 2 times a week.”

How do Formal Caregivers and OT Practitioners Perceive the Environment and Activity Engagement of Individuals With Moderate Stage Alzheimer’s Disease?

The formal caregivers discussed how knowing more about what interested the residents would assist them in encouraging participation in activities. JH reported, “Sometimes it is hard to tell if they really want to do something or if they just want someone to talk to for a little bit.” OT practitioner PK shared, “If it is something they are interested in, you know that they are wanting to do, you may see them engage more in it and then you can see things that motivate them in other areas.”

These areas of information and insight allowed for three major themes to be developed. The overarching themes that were present in both focus group studies included: the environment, the person, and occupational performance. These themes were the same in both focus groups as they best described the categories of information shared during the discussion. The questions that were used in both studies were similar, and it is believed that this allowed for a more organized structure of the information gathered. Each study allowed for the sharing of personal opinions from each group’s vantage point; however, they seemed to reach several of the same conclusions when describing the social environment, activity/occupational engagement, and the personal components that affect participation.

How is Volition Demonstrated by People with Alzheimer's Disease as Observed and Shared by Formal Caregivers and OT Practitioners?

Commonalities Among Participant Perspectives

All three studies provided information to assist with description of the environment and how individuals with moderate stage AD display volition for participation in activity. The activity director shared her personal experiences about each client and how they displayed motivation and interest in daily activities. She shared some of the same information that emerged later from the focus groups with the formal caregivers and the occupational therapy practitioners including participation, interests and limitations to engagement. The activity director shared information about the physical environment, the temporal environment and how each of these affects participation in scheduled activities.

The activity director shared how the temporal environment and its differences are seen in attendance of activities between first and second shifts. The activity director coupled the attitudes of the staff with the increased caseload for which each formal caregiver is responsible. She suggested that this may have an impact on the willingness of some caregivers to provide additional services to prepare residents for activities. The activity director shared, "I know they have a lot to do, and some of these residents can be a handful, but you know they have to think about that if these people could do it on their own, I think they would try. ...I don't even think they think of them as people. They just

see the numbers of people on their load and how every one of them will need something while they are at work.”

The OT practitioners also shared these factors for reasons residents have limited attendance at activities. The temporal environment was discussed in relation to the diagnosis of AD and how this could affect the sleeping patterns of residents limiting their engagement in their environment. The temporal environment also was indicated in the formal caregivers’ responses with regards to having limited time to engage with residents due to work demands and attempts to adhere to the schedule provided by the activity department.

The physical environment factors were common across all three studies when discussing the physical condition of the building, the limitations of space, and lack of newer equipment in the facility. The social environment was the main focus of this research, and there were commonalities across the three studies. The social environment was described by acting or doing, engagement or participation, and attitude and intentions.

The social environment was questioned and described in each focus group and also in informal conversation with the activity director. The activity director shared that staff at the facility can “set the tone” for how a day will go for a resident on their initial interaction. The activity director reported that sometimes if a formal caregiver starts their day negatively with their “attitude” then this can be seen in how many residents are bathed and dressed before lunch and how many get out of bed during their shift.

The formal caregivers shared how the social environment is what they “do”; it is what they come to work for. TW shared how the temporal and social environments converge when the activity demands are decreased due to time of day. She reported second and third shift caregivers are able to “talk to them a little bit more about what they like to do and stuff.” OT practitioner PK, shared how the social environment can “create an area for interaction” further emphasizing the importance of engagement in the social environment.

The formal caregivers reported that they don’t have medical information about diagnosis and background of the residents. They concluded that this sometimes limits their ability to facilitate a relationship and build rapport with a resident. The formal caregivers shared that other staff members should “dig deeper” to gain information from residents about their lives and to further assess the idea of depression being present. KH stated, “...you got to really dig deeper than what we can provide for them, ...like...maybe a psychiatric evaluation or a social worker..., that can really get to the core of what’s going on.”

Formal caregivers also made reference to past activities and how the residents enjoyed some of those activities. LM questioned, “What happened to the bike club that used to come for bingo and Movie night?” BP reported, “Sometimes we have a movie in the afternoon.” The activities that were discussed included information about tangible rewards; money for bingo and popcorn with a movie were discussed by the formal caregivers as reasons why some residents participate in activities. KH stated “Yeah cause

you winning stuff, that's the whole thing with bingo, you have to realize at this age, these guys really don't get a lot, so when somebody give them something even it is a pair of footies, they are so grateful.”

The person aspects that were common across the three studies included motivation, interests, and volition. All caregiver participants expressed the idea of how residents with moderate stage AD were able to show motivation and volition through verbal and non-verbal actions. The ability to use non-verbal actions was discussed; each group felt that the residents could communicate their likes and dislikes using multiple methods of communication.

Occupational performance and engagement in activity was discussed in all three studies, and each group felt that individuals with moderate stage AD were able to engage in occupations. The activity director described activity engagement based on client preferences and whether or not they were able to engage in scheduled activities. Formal caregivers reported that engagement could occur; however, it was important to understand what residents like to do in order to promote participation in activity. SP shared “I feel like if we knew more about them...as people, we could have a bigger impact on what they do or don't do.”

The OT practitioners discussed how motivation could be seen through the way residents share their interests. The resident's interest could assist in the promotion of activity engagement, possibly increasing independence in the current setting. WL

reported motivation could be seen in residents with moderate stage AD in “what they like to do” and how they repeat certain things or “what they continuously do.”

Formal caregivers and occupational therapy practitioners remarked that activities might need to be modified in order to enhance and promote engagement. Formal caregiver KH discussed a need for activities that are specific to the geriatric population. KH stated, “They need a book with geriatric activities, because clearly they are not going to like the things teenagers like, and bingo is one of the few things they enjoy. That’s what we tend to go towards because at least they enjoy the bingo.” The occupational therapy practitioners noted that as therapists they could promote engagement in activity by providing individualized and client-centered treatments. WL shared that “different approaches and activities” should be used to engage residents in activities.

**How Can the Environment be Enhanced for People with Moderate Stage
Alzheimer’s Disease?**

Table 10

Recommendations to Enhance the Environment for People with Moderate Stage Alzheimer’s Disease

Discipline	Recommendations
Formal Caregivers	<ul style="list-style-type: none"> ● Develop a communication log amongst formal caregivers to share information about residents as things change during the day (hand-off communication between shifts) ● Discuss residents likes and dislikes of residents with administration ● Engage readily in activities as scheduled by the activity department
Occupational Therapist	<ul style="list-style-type: none"> ● Engage in purposeful conversation regarding activities and activity participation ● Provide meaningful activities based on personal assessments completed with residents ● Observe participation and change activities as needed ● Develop treatment and intervention plans that are specific to each resident ● Provide in-services with formal caregivers within the facility to increase participation and engagement in activity ● Develop a book/guide for activities that can be completed outside of daytime hours for those who may have altered sleep patterns ● In-service on communication techniques for residents with moderate stage dementia
Administration	<ul style="list-style-type: none"> ● Complete intake form for residents at time of admission to form plan of care ● Share information with caregivers about residents to increase knowledge ● Involve formal caregivers on important conversations with family members
Activity Director	<ul style="list-style-type: none"> ● Develop a personal history form that could be shared with other staff in order to increase knowledge of each resident upon admission

Limitations

There are some concerns for each study; these include the size of the sample for resident observations and participation in both focus groups. The use of one facility could be seen as a limitation as the opinions and information shared were specific to this one location. The use of an interview guide for the focus groups may have limited responses and freedom to share personal thoughts and stories.

Clinical Implications

The results of this study could be used to further describe the environment. The information could be used to show the importance of utilizing the environment to increase participation in activities within a long-term facility. The information gained can assist in the provision of treatment for clients with moderate stage AD by using the VQ to determine what activities demonstrate motivation and interest. This information provides supports for the idea that individuals with moderate stage AD are able to communicate and display volition during activity participation.

These findings, along with suggestions from formal caregivers, provide an opportunity for occupational therapy practitioners to develop a more extensive listing of activities that can be utilized with this population (Dorrestein & Hocking, 2010). This information can be used to grade activity attempts with clients as they transition through the stages of Alzheimer's disease.

Future Research

Future research is needed to address larger populations in long-term care facilities. A research study with a sample size greater than 10 residents with moderate stage AD, greater than 10 formal caregivers, and 10 OT practitioners would allow for a stronger response to the questions that were used to guide each focus group. These individuals would not have to be employed by one facility, and this could add to the content and information gathered during the research.

Research to further evaluate the environment is needed to determine how occupational therapists can successfully implement treatment to residents with moderate stage AD. A study that describes current treatment interventions and activities that are used in skilled nursing facilities for residents with moderate stage AD would assist in determining how OT can implement treatments that are beneficial to residents with moderate stage AD. The study would evaluate how activities may need to be modified in order to increase engagement and to allow for increased independence in the given environment.

Further research on the temporal environment and its impact on activity participation within the long-term care facility is needed based on the discussion during all phases of this research. The perspective of the formal caregiver requires further investigation to best understand the time constraints and temporal concerns that are faced in a workday. The temporal concerns described by therapists in this same setting require further investigation to determine where there is overlap between formal caregiver

responsibilities in this long-term care setting. The temporal environment could be further researched to gain a clearer picture of what a typical day looks like in a long-term care facility from the perspective of the formal caregiver, the therapist, and a resident.

All of these proposed studies could provide increased information for occupational therapists. Understanding the setting and the factors that inhibit or support occupational participation would further offer information for practitioners who are attempting to provide meaningful interventions to residents in a long-term care facility.

Personal Reflection

In preparation for this research, I, the student researcher, had concerns and ambitions for the proposed research study. I was excited to be able to complete a research study in a setting that was of interest to me; however, I was apprehensive about initiating such a study. I had feelings of uneasiness and pressure to gather the research samples for the focus groups. The sample was recruited with support from the facility. I also had concerns about the population to be studied due to the level of cognitive awareness of the residents and gaining permission from the appropriate parties.

As the student researcher, I had preconceived ideas of what the research would be like, how the data would be retrieved, and how the data analysis and reporting would go. It was believed that the data collection would be difficult and there would be opposition from the formal caregivers and OT practitioners when asking questions about their work environment. It was believed that the focus groups would require constant prodding to answer questions due to decreased interest to participate.

The data collection went surprisingly well and the focus group participants were willing to share their personal experiences and appeared candid in their responses. The activity director was inviting and willing to assist with identification of residents and share her personal experiences with the student researcher.

There were also concerns that there may be technological troubles during the digital recording and all information could possibly be lost. This was proven to not be a concern, and all recordings were audible and able to be transcribed. The data were collected and analyzed by two additional practitioners who developed similar categories and themes.

As the student researcher, I initially thought the majority of information would not be as descriptive and provide little information about the subject attempting to be studied. I thought there would be surface information gained that would require increased attempts at questions to get a supplemental information. I thought the subject matter that was being studied would be lost in conversation and require increased explanation.

The data that were gathered were interesting and insightful from the viewpoints of the participants involved. The information led to more questions for me during collection, and I had to constantly remind myself of the focus of the research in order to stay on track for the questions asked and following the interview guide. I learned about group dynamics and interviewing professionals, in that they are willing to share what

they are passionate about. I learned that each job that is completed within a long-term facility is important and affects everyday engagement.

The formal caregivers allowed me to see a side of their profession and everyday jobs that is often overlooked and the relationships they share with the residents. The formal caregivers were the first group during this research that alluded to the temporal constraints that limit their social engagement with residents. I had thought of these temporal constraints as a practicing therapist during treatments; however, I am not sure that I had ever heard how the time of formal caregivers is restricted and is often ruled by someone else. The formal caregivers left me with an impression of their work that was honest and inviting to learn more about what they do as formal caregivers and how they value their impact within a long-term care facility.

The OT practitioners provided information that was honest and open about what OT means to them and how they perform their jobs on a day-to-day basis. The OT's experience within a long-term care facility provides invaluable information that could often be overlooked by a therapist viewing the OT role in a long-term care facility from the outside. The OT practitioners provided support for the argument that it is a team approach that provides services in a long-term care facility.

The OT practitioners also provided information that requires further inquiry and that speaks to each therapist owning their theoretical foundation and model of practice used to guide intervention. The OT practitioners supported the responses of their co-

workers when asked of their personal practice model; however, none could give extensive personal support for why this particular model was chosen.

I walk away from this research study with increased knowledge and increased awareness of long-term care facilities and the social environment. I am also left with several queries that could lead to further research that may further advance the occupational therapy profession.

Summary

The intent of this line of research was to obtain a description of the environment of a long-term care facility. It was expected that formal caregivers and occupational therapy practitioners would be able to provide insightful information about the environment's impact on resident's volition for activity engagement. The information gained could enhance the level of research currently available about the environment as it relates to formal caregivers' understanding of client engagement.

The findings gained from these studies are beneficial to occupational therapy practitioners who are looking for ways to increase activity engagement in residents who have been diagnosed with moderate stage Alzheimer's disease. This research may prove helpful for therapists attempting to develop treatment plans for individuals who may appear to have little motivation to participate in the scheduled activities of the facility and daily engagement in occupation.

OT practitioners PK and ST shared that a person's "willingness to make choices" and "doing things" from their "own will" assist in motivating a client to participate in

activity. Formal caregivers shared the importance of learning the interests of the residents in order to get them out of the room to participate in activity. KH reported that she would converse with residents in order to find “something they liked to do, so then we can have something to talk about and then you know I build rapport and then maybe I can get them to some things in the facility or at least want to get out of the bed.”

In turn, the results of this study could be beneficial in providing information to formal caregivers in order to increase positive interactions with residents. Occupational therapists play a role in staff education that is focused on the provision of skills that are grounded in client-centered activity to promote improved quality of life. Occupational therapists could provide direct education to formal caregivers on the importance of the environment to promote quality of life independence in the “lived” setting of a resident. Occupational therapist, with the assistance of staff members, could develop a handbook of geriatric activities and methods to encourage participation in daily activity for formal caregivers. These options may provide the caregivers and staff with a blueprint of how to engage with clients with moderate stage AD and to promote activity engagement. This ultimately could lead to improved activity engagement in the social environment by those diagnosed with moderate stage Alzheimer’s disease residing in a long-term care facility.

These studies have provided valuable information about the environment, formal caregivers, occupational therapists, and activity participation in long-term care facilities. The findings of these studies should be used to enhance activity engagement and occupational therapy intervention within long-term care facilities.

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APPENDIX A

Resident Scores on Volitional Questionnaire

Client ID	Treatment Date	Treatment #	Assessment	Raw Score	Mean Score	Keyform	Std. Error
ca	2/23/17	1	VQ	41	2.93	N/A	
ca	3/27/17	2	VQ	34	2.43	N/A	
ca	2/23/17	3	VQ	40	2.86	N/A	
ca	2/23/17	4	VQ	32	2.46	N/A	

Client ID	Treatment Date	Treatment #	Assessment	Raw Score	Mean Score	Keyform	Std. Error
CM	2/23/17	1	VQ	38	2.92	N/A	
CM	2/23/17	2	VQ	42	3	N/A	
CM	2/23/17	3	VQ	33	2.75	N/A	
CM	2/23/17	4	VQ	29	2.64	N/A	

Client ID	Treatment Date	Treatment #	Assessment	Raw Score	Mean Score	Keyform	Std. Error
JM	2/23/17	1	VQ	37	2.64	N/A	
JM	2/23/17	2	VQ	32	2.29	N/A	
JM	2/23/17	3	VQ	35	2.5	N/A	
JM	2/23/17	4	VQ	29	2.07	N/A	

APPENDIX B
Volitional Continuum

Volitional Questionnaire (Form D- Volitional Continuum)



Increased Sense of Ability and Control

Level of Volitional Development	Client: _____ Date: ____/____/____ Setting: _____	VQ Ratings				
		<div style="display: flex; align-items: center; justify-content: center;"> Needs more support Needs less support </div>				
Achievement	Seeks Challenges	N/O	P	H	I	S
	Seeks Additional Responsibilities	N/O	P	H	I	S
	Invests Additional Energy/ Emotion/Attention	N/O	P	H	I	S
	Pursues Activity to Completion/Accomplishment	N/O	P	H	I	S
Competency	Tries to Correct Mistakes	N/O	P	H	I	S
	Tries to Solve Problems	N/O	P	H	I	S
	Shows Pride	N/O	P	H	I	S
	Stays Engaged	N/O	P	H	I	S
	Indicates Goals	N/O	P	H	I	S
Exploration	Shows that an Activity is Special or Significant	N/O	P	H	I	S
	Shows Preferences	N/O	P	H	I	S
	Tries New Things	N/O	P	H	I	S
	Initiates Actions/Tasks	N/O	P	H	I	S
	Shows Curiosity	N/O	P	H	I	S

N/O = No Opportunity: No opportunity to observe
 P = Passive: Does not show behavior even with support, structure, or encouragement
 H = Hesitant: Shows behavior with maximal amount of support, structure, or encouragement
 I = Involved: Shows behavior with minimal amount of support, structure, or encouragement
 S = Spontaneous: Shows behavior without support, structure, or encouragement

Interpretation of Volitional Levels

Exploration Level: Client has a desire to engage in the environment for pleasure and enjoyment, and to make discoveries in low risk situations.
 Competency Level: Client has a drive to actively interact and influence the environment, practice skills, and meet performance standards.
 Achievement Level: Client strives to increase their capacity to do a challenging task and to have successful performance outcomes.

APPENDIX C
Volitional Questionnaire

APPENDIX D

Formal Caregiver Interview Guide

Focus Group Questions For Formal Caregivers

Social environment

1. How do you define/describe social environment?
2. What are your views of the social environment as demonstrated at your facility?

Motivation

1. Do you think residents who have problems with their “thinking process/problem solving” can display motivation? How so?
2. What is your understanding of the meaning of volition/motivation? Can you please provide a working definition of motivation?
3. Do you think encouraging the resident to be motivated is important for participation? How so? Could you explain?

Current activities in the facility

1. Do you think the activities that are provided in this facility allow for engagement with/for residents? How so?

Ways to encourage activity engagement

1. How can the social environment play a part in increasing activity engagement?
2. How can the interaction with staff and residents challenge engagement in activity?
3. How would you describe the level of participation by residents and staff?
4. What are some techniques/approached that staff could do to increase the social engagement with residents during activities?
5. How do you think social engagement has a role to play in the facility?

APPENDIX E

OT Practitioner Interview Guide

Occupational Therapy Practitioner Questionnaires

Social Environment

1. What is your definition of the social environment?
2. How do you feel the social environment is displayed in your facility?

Volition

1. What is your understanding of the meaning of volition? Can you provide your working definition of volition?
2. Do you think residents with problems with their “thinking process/problem solving” with moderate stages of Alzheimer’s dementia can display motivation? How so?
3. What is your view of volition being an important aspect of activity participation?

Current Activities offered in your Environment

1. Do you think the activities that are provided allow for engagement with residents? Please elaborate.

Ways to Encourage Activity Engagement

1. How can the social environment play a part in increasing activity engagement?
2. How can the interaction with staff and peers challenge engagement in activity?
3. How would you describe the level of participation by residents and staff?

Occupational Therapist View

1. From what model of practice or theory base do you derive your treatment style?
2. How can occupational therapy professionals enhance engagement in activity with a focus on the social environment?

Appendix F

IRB Approval Letter



Institutional Review Board
Office of Research
6700 Fannin, Houston, TX 77030
713-794-2480
irb-houston@twu.edu
<http://www.twu.edu/irb.html>

DATE: January 13, 2017

TO: Ms. Najiyah Covington Lewis
Occupational Therapy - Houston

FROM: Institutional Review Board (IRB) - Houston

Re: *Approval for The Impact of the Social Environment on Activity Engagement of Persons Diagnosed With Moderate Stage Dementia Residing in a Long-Term Care Facility (Protocol #: 19342)*

The above referenced study was reviewed at a fully convened meeting of the Houston IRB (operating under FWA00000178). The study was approved on 1/13/2017. This approval is valid for one year and expires on 1/13/2018. The IRB will send an email notification 45 days prior to the expiration date with instructions to extend or close the study. It is your responsibility to request an extension for the study if it is not yet complete, to close the protocol file when the study is complete, and to make certain that the study is not conducted beyond the expiration date.

If applicable, agency approval letters must be submitted to the IRB upon receipt prior to any data collection at that agency. A copy of the approved consent form with the IRB approval stamp is enclosed. Please use the consent form with the most recent approval date stamp when obtaining consent from your participants. A copy of the signed consent forms must be submitted with the request to close the study file at the completion of the study.

Any modifications to this study must be submitted for review to the IRB using the Modification Request Form. Additionally, the IRB must be notified immediately of any adverse events or unanticipated problems. All forms are located on the IRB website. If you have any questions, please contact the TWU IRB.

cc. Dr. Gayle Hersch, Occupational Therapy - Houston
Graduate School

