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# Effectiveness of Self-Management Programs to Reduce Occupational Deprivation in Older Adults

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**Focused Question:** Will the implementation of occupation-based self-care management programs in the older adult population, 65 years or older, within a skilled nursing facility reduce occupational deprivation?

*Operational definition of self-care management:* Self-management is recognized as an effective approach to managing chronic health conditions by "empowering patients to understand their conditions and take responsibility for their health" (National Institutes of Health, 2010, para. 4). According to the American Occupational Therapy Association (2014), self-management is about being in charge of one's life and managing one's condition, instead of being managed by that condition. Memory Strategy Education Group program (MSEG) is a self-care management program that utilizes working memory strategy exercises (Coe, Martin & Stapletion, 2019). This is an example of a self-care management program that has occupation-based interventions that occupational therapists can use as a replacement for rote-exercises to avoid occupational deprivation within skilled nursing facilities (Coe et al., 2019).

**Clinical Scenario**

A skilled nursing facility is a health care facility that provides continual medical care and therapy (American Occupational Therapy Association, 2014). According to American Occupational Therapy Association (2015), 30% of occupational therapists and 55% of occupational assistants work in skilled nursing facilities. With the occupational workforce in this setting being almost larger than any other practice area, it sets the stage for occupational practitioners to serve as catalysts for culture change (Rafeedie, Metzler & Lamb, 2018). According to Jewell et al. (2016), exercise/rote practice are common interventions utilized with older adults in skilled nursing facilities. According to Nelson and Peterson (1989), rote exercises are narrow in purpose, aloof or abstracted from the environment, and lacking in the sensory stimulation provided by most naturalistic occupations. This article was used since it was a foundation for other articles revolving the topic of rote exercise. Due to many factors, likely including the lack of occupation-based interventions in skilled nursing facilities, some older adults are experiencing occupational deprivation. Occupational deprivation is the inability to participate in meaningful and satisfying life activities over a prolonged period (Knecht-Sabres & Guzman, 2016). In skilled nursing facilities, privacy, autonomy, psychosocial interaction, communication access, geriatric physical fitness and meaning recreational activities have been identified as needs for the older adult population (Rafeedie et al., 2018). Self-management support programs have proven to be useful and beneficial when it comes to health-related quality of life, self-efficacy, disease-specific self-care behavior, and cost-effectiveness (Bolscher-Niehuis., 2016).

The theoretical model to shape the way this critically appraised topic was referenced and framed is The Canadian Model of Occupational Performance and Engagement (CMOP-E). The main components of CMOP-E include the person, occupation, and environment (Turpin & Iwama, 2011). The first component highlighted in CMOP-E is the person. In CMOP-E the person can be described as acknowledging the mind, body, and spirit (Brown, 2019). The mind, body, and spirit can also be recognized as the affective, cognitive, and physical components of the person (Turpin & Iwama, 2011). In CMOP-E, spirituality is emphasized as the essence of the person and is the place where determination and meaning happen (Turpin & Iwama, 2011). The next component within the CMOP-E model is occupation, it is based on the assumption that occupation, the domain of concern for occupational therapists, is the "bridge that connects person and environment" (Turpin & Iwama, 2011, p. 23). This description shows that occupation

is conceptualized as the agent through which person and occupation interact; portrayed as a bridge (Turpin & Iwama, 2011). The components that are embedded within the occupation is self-care, leisure, and productivity (Turpin & Iwama, 2011). The last component of this model is the environment. The environment in this model emphasizes the individual's physical, institutional, cultural, and social environment (Turpin & Iwama, 2011). The person influences and is influenced by the environment (Brown, 2019). The environment is where occupational performance takes place and is the outcome associated with the confluence of the person, environment, and occupation factors (Brown, 2019). Combined, these parts support occupational performance and occupational enablement for the individual.

Occupational therapy practitioners engage clients and their caregivers to take charge of their own care and to sustain the responsibilities and relationships important to them, thereby controlling the effects and progress of their condition to the extent possible (American Occupational Therapy Association, 2014). The purpose of this critically appraised topic was to determine if the implementation of self-care management programs is beneficial to the older adult population, aged 65 years or older, within a skilled nursing facility and the effectiveness to reduce occupational deprivation.

**Synthesized Summary of Key Findings**

Ten articles were reviewed for this critically appraised topic. Eight of the articles that were reviewed were level IA1a (Berger et al., 2018; Bolscher-Niehuis et al., 2016; Chiung-Ju & Chang, 2020; Hunter & Kearney, 2018; Mansbach et al., 2020; Petterson & Iwarson, 2017; Smallfield & Lucas Molitor, 2018). Seven out of eight articles-level IAla were systematic reviews (Berger et al., 2018; Bolscher-Niehuis et al., 2016; Chiung-Ju & Chang, 2020; Hunter & Kearney, 2018; Liu & Chang, 2020; Petterson & Iwarson, 2017; Smallfield & Lucas Molitor, 2018). Another article that reviewed was a level IIIB3c in which the authors discussed a self-care management program that has the potential to reduce occupational deprivation (Coe et al., 2019). Another article reviewed was a narrative article level NAB3c, this article provided a relevant discussion on the barrier's occupational therapists face in the skilled nursing facility setting (Rafeedie et al., 2018). The mixed-method article is classified as an explanatory mixed-method design (Toole, Connolly & Smith, 2013). The mixed article is considered an explanatory design because it first conducted the quantitative quasi-experimental pretest post design portion of the article (Toole et al., 2013). Then the mixed methods article used the qualitative description of the participants' experiences to explain some of the key findings found within the quantitative portion of the article (Toole et al., 2013).

**Search Terms and Limitations.**

The key terms searched to find applicable articles were *occupational therapy, skilled nursing, older adults, occupational deprivation and self-care management programs*. The key term *occupational therapy* was used to find articles that were relevant to the profession. The key term *skilled nursing* was used to find articles that were pertinent to the intended area of practice. The key terms *older adults* were used to search for articles that were appropriate for the predetermined age range. The key terms *self-care management programs* were utilized to find articles that showed effective occupation-based programs that were prior researched. The exclusion criteria in the search process were any articles that did not contain information occupation therapy, occupational deprivation, skilled nursing and self-care management programs. Articles were also excluded if the age of the population was less than 65 years of age. The inclusion criteria were articles with older adults above the age of 65, the therapeutic use of self-care management strategies and their impact on ADLs, IADLs, and reduction in

occupational deprivation. The Databases used in the literature search were Cumulative Index to Nursing and Allied Health Literature (CINAHL) and PubMed. Cumulative Index to Nursing and Allied Health Literature was used because it has bountiful articles on allied health professionals, which includes occupational therapy. PubMed was used because it is a credible biomedical journal, with various peer-reviewed occupational therapy articles.

## Synthesis of Evidence Review

### Person.

When looking at the person through the lens of the CMOP-E there are four components, affective, physical, cognitive and spirituality at the core of the individual (Turpin & Iwama, 2011). IADL functioning in daily life includes physical, emotional, and cognitive components that interact to affect an individual over time (Hunter & Kearney, 2018). With long term difficulty in IADL performance, this can eventually lead to severe impairment in those tasks and having a reduction in the chance of recovery (Hunter & Kearney, 2018). IADL function is important to older adults, and IADL autonomy plays an important role in "successful" aging (Depp & Jeste, 2009). Old age is a period of life associated with increased risk of becoming dependent, the maintenance of independence and the fostering of autonomy has become a high-priority public health issue (Hunter & Kearney, 2018). At a later age, the ability to carry out activities of daily living and to adapt and manage one's own life decreases due to the deterioration of one's physical and cognitive condition (Bolscher-Niehuis et al., 2016).

A level I, systematic review was included that involved participants of the older adult population with low vision and the effect of self-management strategies on IADL and ADL performance (Chiung-Ju & Chang, 2020). Self-management interventions were then looked at how to teach participants specific knowledge to manage problems in relation to vision loss in older adults (Chiung-Ju & Chang, 2020). These interventions included problem-solving skills, goal-setting or goal-planning skills, and encouragement of social connection (Chiung-Ju & Chang, 2020). Self-management studies without the use of low vision rehabilitation and combined with low vision rehabilitation were found to not show benefits in improving ADLs and IADLs in older adults who have vision loss due to age (Chiung-Ju & Chang, 2020).

A level I systematic review was included that involved participants with a mean age of 65 years or older and included randomized control trials that studied the outcomes of self-management support programs on IADLs (Bolscher-Niehuis et al., 2016). According to Bolscher-Niehuis et al., (2016), all of the studies showed that the self-management support program led to less disability in the activities of daily living of older adults. The review showed that self-management support program can contribute to the activities of daily living of older adults living in the community (Hunter & Kearney, 2018). Self-care management interventions that are tailored to the individual are more effective in improving in IADL performance as well as slowing the decline in performance (Hunter & Kearney, 2018).

### Occupation.

Occupation is everything people do to occupy themselves, including looking after themselves (self-care), enjoying life (leisure), and contributing to the social and economic fabric of their communities (productivity) (COAT, 1997 as cited in Turpin & Iwama, 2011). There are three components that make up the domain of occupation; these components include self-care occupations, productivity occupations, and leisure occupations (Turpin & Iwama, 2011). Self-care management programs are occupation-based, therefore looking at them through the lens of CMOP-E they serve as a bridge (Turpin & Iwama, 2011) between the client receiving occupational therapy services and the environment, the skilled nursing facility. Self-care

management programs that are occupation-based can be created to address not only self-care occupational needs but productivity and leisure occupational needs as well.

The number of older adults engaging in health promotion, management, and maintenance programs has increased over the past decades (Berger et al., 2018). Previous research on self-care management programs has been shown to prevent adverse health outcomes for the older population that can be transferred to skilled nursing facilities (Berger et al., 2018). Kuczynski & Piersol (2014) implemented a self-care management program in a skilled nursing facility that educated older adults on fall reduction strategies. This study resulted in fewer falls, increased self-perceived physical health, and increased use of self-protective behaviors (Kuczynski & Piersol, 2014). Kuczynski & Piersol (2014) conducted a program satisfaction survey upon completion, the participants rated the fall reduction program as a success. The fall reduction program displays how self-care management programs can have a positive impact on older adults' ability to complete their self-care occupations, activities of daily living (ADLs) and instrumental activities of daily living (IADLs) that support fulfilling occupations (Kuczynski & Piersol, 2014).

Health promotion, maintenance, and management intervention are important for older adults, especially considering the adverse effect of chronic conditions on QOL, occupational performance, and health care costs (Berger et al., 2018). A level I systematic review was included involving participants that were aged 65 years or older and examined self-care management interventions and their impact on IADLs (Hunter & Kearney, 2018). According to Hunter and Kearney (2018), Stanford University Chronic Disease Self-Management Program (CDSMP) has shown to improve levels of activity participation, self-efficacy, and quality of life for adults with multimorbidity. An occupational therapist-led program based on the CDSMP was conducted to address self-management within older adults (Hunter & Kearney, 2018). The sessions were based on goal setting, effective communication, staying active, stress management, medication, management, and healthy eating (Hunter & Kearney, 2018). These findings were shown to have significant improvement regarding IADL performance (Hunter & Kearney, 2018). Another study was conducted using the mCDSMP or their modified program (Berger et al., 2018). This study focused on making the program specific to the client's particular disease (Berger et al., 2018). It appears that the CDSMP, no matter how it is modified, is effective in improving occupational performance for older adults living in the community (Berger et al., 2018).

Leisure occupations can be an important part of an individual's occupational identity. When one cannot engage or participate in leisure occupational deprivation could be influencing one's overall occupational performance in other occupations. A level I systematic review article consisted of articles about the role of occupational therapy interventions that support leisure and social participation in community-dwelling adults (Smallfield & Lucas Molitor, 2018) One of the articles reviewed in the systematic review was a self-care management program that was designed to enhance leisure participation among older adults with multiple chronic conditions (Smallfield & Molitor, 2018). The interventions in the program were goal setting, self-care management of chronic conditions, peer support and had occupational therapy emphasis (Smallfield & Molitor, 2018). The study resulted in moderate evidence supporting the use of chronic disease self-management programs to address the outcome of leisure activity engagement (Smallfield & Molitor, 2018). The reason this self-care management program for leisure engagement only produced moderate evidence was because the program was only six weeks long and did not have a large sample size.

**Environment.**

For individuals who are living within a skilled nursing facility, this environment becomes their physical, cultural, institutional, and social environment. Occupational therapists can address these environmental factors while working within a skilled nursing facility with a client. Occupational therapists are also able to individualize interventions to fit each client within his or her embedded environment to promote occupational performance. The CMOP-E depicts the person embedded within the environment to indicate that each individual lives within a unique environmental context- which affords occupational possibilities (Turpin & Iwama, 2011). The environment when looking through the lens of CMOP-E has four components embedded within the model. These components include the physical, institutional, cultural, and social environment (Turpin & Iwama, 2011). Skilled nursing facilities as a physical environment are where older adults go to receive continual medical care and therapy (American Occupational Therapy Association, 2014). There is nothing occupationally inhibiting older adults in the physical environment of a skilled nursing facility, the occupation deprivation in skilled nursing facilities environment stems from the environmental institutional, social and cultural barriers.

In some cases, skilled nursing facilities as institutions may be viewed as creating barriers for occupational therapists to reduce occupational deprivation like challenges concerning payment systems, caregiver burn out and challenges to maintain quality of life (Rafeedie et al., 2018). A mixed-methods article was composed of 16 participants that took part in a six-week self-management program for chronic disease management (Toole et al., 2013). Quantitative data was collected on occupational participation, self-perceptions of performance and satisfaction, self-efficacy, anxiety, depression, and quality of life (Toole et al., 2013). The qualitative data in this article was collected in focus groups using semi-structured interviews to attain richer data of the participants' experience (Toole et al., 2013). The qualitative data with the participants described an increase in confidence and motivation in activity participation (Toole et al., 2013). The quantitative data this study indicated less severity in anxiety and depression (Toole et al., 2013). The downfall in this study was that it was not specifically produced in a skilled nursing setting but a community setting (Toole et al., 2013). Even though this mixed-method article was set in a community setting it addressed many of the same challenges occupational therapist experience in the skilled nursing facility setting (Toole et al., 2013).

Occupational therapy as a profession is undergoing a paradigm shift away from the medical model back towards its contemporary view of occupation as its core focus. This paradigm shift is causing cultural barriers because there is still a lack of occupation-based interventions to improve quality of life in skilled nursing facilities (Rafeedie et al., 2018). By supporting the self-management ability of older adults, nurses and other health care professionals can contribute to the prevention of activities of daily living dependence and increase the ability to adapt and to self-manage the consequences of living with a chronic condition (Bolscher-Niehuis et al., 2016). According to Rafeedie et al. (2018), loneliness which can contribute to depression and social isolation have reached critical rates in skilled nursing facilities. One of the self-care management programs addressing social participation found that group sessions run by occupational therapists resulted in increased social and community participation and significant differences in post-test scores on social functioning (Smallfield & Lucas Molitor, 2018). This demonstrates how an occupational therapist can use group self-care management programs to improve social participation and reduce occupational deprivation.

**Clinical Bottom Line**

The aim of this critically appraised topic was to determine if the administration of occupation-based self-care management programs would reduce occupational deprivation within a skilled nursing facility in an adult population, aged 65 years or older. Self-management skills are about overseeing one's life by appropriately monitoring and managing one's health condition (American Occupational Therapy Association, 2014). Self-care management programs are a practical approach to empower patients to understand their condition and responsibility for their health. Self-management intervention is a client-centered process and uses a therapeutic approach to support a client whether a client was newly diagnosed or has experienced living with a chronic condition or other disabilities for many years (American Occupational Therapy Association, 2014). The use of therapeutic activities aids older adults in identifying their problems, goals, treatment, and focuses on improving independence in life which can then reduce occupational deprivation (Bolscher-Niehuis et al., 2016). Therefore, self-care management programs need to consist of therapeutic activities to be effective at reducing the occupational deprivation prevalence in skilled nursing facilities.

The CMOP-E model includes the affective, physical, cognitive and spirituality of the individual (Turpin & Iwama, 2011). IADL functioning also incorporates the physical, emotional, and cognitive components that interact to affect an individual over time (Hunter & Kearney, 2018). Self-care management interventions that are tailored to the individual are more effective at improving IADL performance, as well as slowing the decline in occupational performance (Hunter &Kearney, 2018). Implementing self-care management strategies that are occupation-based while looking through the lens of CMOP-E can serve as the bridge (Turpin & Iwama, 2011) between the client and the environment. The number of older adults engaging in health promotion, management, and maintenance programs has increase over the past decade (Berger et al., 2018). Health promotion, maintenance, and management interventions are important for older adults, especially considering the adverse effect of chronic conditions on quality of life, occupational performance, and health care costs (Berger et al., 2018). When an individual cannot engage or participate in occupations, this could influence their overall occupational performance and potentially cause occupational deprivation.

Ten articles for this critically appraised topic were analyzed to gather more information on skilled nursing facilities, the older adult population, occupational deprivation, and occupational therapy (Berger et al., 2018; Bolscher-Niehuis et al., 2016; Chiung-Ju & Chang, 2020; Coe et al., 2019; Hunter & Kearney, 2018; Mansbach et al., 2020; Toole et al., 2013; Petterson & Iwarson, 2017; Rafeedie et al., 2018 Smallfield & Lucas Molitor, 2018). After examining the eleven articles through the CMOP-E lens, the adult population, 65 or older in skilled nursing facility fulfilled the role of person (Turpin & Iwama, 2011). The occupation piece of CMOP-E (Turpin & Iwama, 2011) was addressed through the implementation and discussion of occupation-based self-management programs in several of the articles researched (Berger et al., 2018; Bolscher-Niehuis et al., 2016; Chiung-Ju & Chang, 2020; Coe et al., 2019; Hunter & Kearney, 2018; Mansbach et al., 2020; Toole et al., 2013; Petterson & Iwarson, 2017; Smallfield & Lucas Molitor, 2018). The environment aspect of CMOP-E (Turpin & Iwama, 2011) was inspected in order to uncover some the barriers prevalent in skilled nursing facilities that are inhibiting occupational therapists and resulting in occupational deprivation for their clients.

**Summary Points**

Occupational deprivation is the result of client's occupational wants and needs not being met (Knecht-Sabres & Guzman, 2016). In skilled nursing facilities there are several barriers that are inhibiting occupational therapists from delivering services that prevent occupational deprivation for the adult population, 65 years or older (Rafeedie et al., 2018). Self-care management programs have been shown to reduce the prevalence of occupational deprivation in several skilled nursing facilities specifically the adult population, 65 years or older (Berger et al., 2018; Bolscher-Niehuis et al., 2016; Chiung-Ju & Chang, 2020; Coe et al., 2019; Hunter & Kearney, 2018; Mansbach et al., 2020; Toole et al., 2013; Petterson & Iwarson, 2017; Smallfield & Lucas Molitor, 2018). Self-care management programs include individualized goal setting, coping strategies, problem-solving techniques, and skill-specific practice in health promotion management, and maintenance interventions with older adults (Chiung-Ju & Chang, 2020). Self-care management programs consisting of disease-specific information, education of knowledge and skills and, in particular, coaching on health behavior changes and problem-solving through a personalized plan, resulted in improvements in physical functioning and activities of daily living (Bolscher-Niehuis et al., 2016). Implementing self-care management programs to the older adult population, 65 years or older, within skilled nursing facilities could potentially diminish occupational deprivation.

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