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Occupation-Based Intervention with Evaluation of the Home Environment for Older Adults in a Long-Term Care Facility

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Focused Question

Do occupational-based interventions with a focus on the social environment, specifically the education of long-term care facility staff members, decrease occupational deprivation (prolonged restriction from participation in necessary or meaningful activities due to circumstances outside the individual's control) (Medical Dictionary, 2009) for older adults (adults age of 65 and older) in long-term care facilities?

Overarching purpose statement

The purpose of this critically appraised topic (CAT) is to recommend education of long-term care staff on the residents and the residents' previous experiences and preferred occupations and how home evaluation within the long-term care facility with recommendations for the environment could indicate where there is occupational deprivation, and lack of occupational based/client-centered interventions for adults 65 and older in long-term care facilities.

Clinical Scenario

Long-term care can be provided in private homes or institutions, including assisted living and long-term care facilities. Long-term care is needed when an individual is "unable to carry out basic self-care tasks, also known as activities of daily living (ADLs), (such as bathing, dressing or eating), or instrumental activities of daily living (IADLs) (such as household chores, meal preparation, or managing finances)," due to trauma, chronic condition, and/or illness (Caregiver.org, 2005, para.1). Long-term care facilities have had a growth in population. In 2012 there were approximately 1.4 million individuals that lived in long-term care in the United States (Caregiver.org, 2015); 88 percent of individuals in long term care centers were age 65 and older. Roughly 68 percent of people stay in a long-term care center for 3 months; if they stay longer, it is normally much longer (Houser, 2007). Seventeen percent of individuals stay for over a year and 7 percent of individuals stay for more than three years (Houser, 2007). All long-term care centers provide assistance with ADLs (Houser, 2007). In 2016 the United States population for individuals age 65 and older was 49.2 million, with 2.5% of that population residing in care facilities (U.S. Census, 2018).

Occupation based interventions including an evaluation of the environment within a long-term care facility can help to facilitate a decrease in occupational deprivation. These evaluations could look at both the social environment, specifically the staff (CNAs, nurses, activity aides, and others) at the long-term care facility, and the home environment, specifically looking at the resident's room, the activities room, dining room, and living areas. Evaluations of the social and home environment would help to determine where barriers are occurring for individuals when completing occupations in the long-term care facility. One way of handling barriers in relation to the social environment is to educate the long-term care facility staff (CNAs, nurses, and support staff) on the residents and the lives of the residents, including the residents' past experiences, hobbies, and preferred occupations (Du Toit, 2018). Along with the education of staff, evaluating the home environment of the resident can help to determine their ability to complete IADLs and ADLs. The evaluation of the home environment would also provide further understanding of areas of occupation to address and the assistance that is needed for the resident to fully complete the occupations. On top of including evaluation of the home environment, the main focus of the

intervention should be to focus on the occupations that are meaningful to the individual. This will replace the common idea of using rote exercise for older adults, therefore giving more meaning to both therapy and the residents' overall quality of life.

Occupational therapy is important in making sure individuals are able to complete the occupations they want and need to do. This in turn will decrease occupational deprivation. Occupational therapists can provide these individuals new tools so that they are able to maintain some of their independence. In long-term care units occupational therapy practitioners address training in self-care, use of adaptive equipment, environmental modifications, and behavioral and mental health issues. Occupational therapists also work on functional mobility, recommending potential home modifications within the long-term care facility and giving older adults safety equipment to help reduce barriers. Occupational therapists also work on remediating IADLs related to the patients' environment (AOTA, 2020).

Methodology of Literature Search

Databases CINAHL Complete and PubMed were searched with a combination of the terms "occupational therapy," "older adults," "interventions for the environment," "environmental interventions," "skilled nursing facility," "nursing home," "long-term care facility," "occupation-based interventions," "rote exercise," and "occupational deprivation". The inclusion criteria for this CAT included being written in English, being published between 2016 to 2020, and dealing with a population 60 years old and older. Exclusion criteria for this CAT included being written in a language other than English and being published in 2015 or earlier. Thirty articles were found using this inclusion and exclusion criteria and then were narrowed down to six articles. One article from this search was a Level IA1a randomized control trial involving 94 participants (Peralta et al., 2017). A second article from this search was a Level IA1b critical interpretive synthesis reviewing 26 papers (Du Toit et al., 2019). A third article was a IVA2b prospective survey design article (Gustavson et al., 2017). A fourth article consisted of a IVB2b retrospective survey design (Knecht-Sabres et al., 2020). Two of the articles included were level N/A mixed methods (Du Toit et al., 2018; Jewell et al., 2016). One article was a continuing education article for the American Occupational Therapy Association (AOTA).

Synthesis of Literature

Context of Long-Term Care Facilities

Knecht- Sabres (2020) stated when individuals move into a long-term care facility the move can be challenging as they experience a plethora of changes, that include habits, routines, valued roles, meaningful occupations, and social participation. From these changes there can be a decline in health and an increase in stress, boredom, isolation, and depression. Occupational deprivation is a situation in which people are precluded from opportunities to engage in meaningful occupations (Knecht-Sabres, 2020). Individuals in long-term care are at the highest risk for occupational deprivation (Knecht-Sabres, 2020). Bringing in occupation-based intervention can help individuals that are at risk of occupational-deprivation regain some of their independence and gain back their meaningful occupations. Occupation-based interventions are those that utilize the process of evaluation and interventions in which the client is engaged in occupation (American Occupational Therapy Association [AOTA], 2020). Occupation-based

intervention also can prevent further cognitive decline in older adults in long-term care facilities (Peralta et al., 2017). There has been research on older adults over the age of 65 in long-term care facilities that indicates that rote exercise was used 50% of the time compared to occupation-based intervention, which was used 5% of the time (Jewell et al., 2016). Use of rote exercise in long-term care facilities causes functional deficits, which include rapid loss of muscle mass and strength that contribute to slower gait speed and difficulty performing activities of daily living (ADL) (Gustavson et al 2017). When individuals are discharged from a long-term care facility there is a high correlation related to inability to regain sufficient function for ADLs (Gustavson et al., 2017). Including occupation-based activities in intervention that an individual had previous skill in, could bring back their previous abilities in occupations (Du Toit et al., 2019). It is important to complete occupation-based interventions in the place of rote exercise to evaluate the pre and post outcomes of older adults living in long-term care facilities (Gustavson et al., 2017). Often with the use of rote exercise older adults that leave the long-term care facility have risk for higher health care cost, hospital readmission, or long-term disability (Gustavson et al., 2017). These outcomes show the need for transformation of rehabilitation practices for best outcomes during and following their stay in a long-term care facility (Gustavson et al., 2017)

Barriers to Participation

There are various reasons a long-term care resident may be reluctant to participate in occupational therapy if functional intervention is used. These barriers include problems with scheduling therapy sessions that are not part of their usual routine, pain, fatigue when doing functional interventions, a lack of control, and a lack of purpose behind occupational therapy interventions (Reynolds et al., 2019). Providing occupation-based interventions that could be implemented into the resident's daily routine could decrease conflicts related to scheduling therapy sessions (Reynolds et al., 2019). The resident would also be more closely monitored so that the occupational therapist would not over-work them or cause pain during intervention. In relation to fatigue, the occupational therapist can also work with the resident on sleep routines and positioning (Reynolds et al., 2019). Occupational therapists should also consider the best time of day to work with the resident so he or she is not fatigued during therapy sessions (Reynolds et al., 2019). Older adults often feel a lack of control and therefore are only participating due to another person taking the initiative (Du Toit et al., 2019). It is important when planning occupational therapy interventions to let the resident have control in order to have a purposeful life. The purpose of occupational therapy can be lost for the resident when rote exercises are used as the intervention (Jewell et al., 2016).

Occupation-based Intervention

Occupation-based interventions can take place outside of the occupational therapy clinic. Occupation-based interventions can occur in the resident's room, hallways, activity room, or multi-purpose room within the long-term care facility (Jewell et al., 2016). Residents will feel a sense of comfort when completing these occupation-based interventions when they are done in their own space. These occupation-based interventions will utilize the residents' belongings, making the focus of the intervention more occupation-based and more relatable to everyday life (Jewell et al., 2016). Interventions that are inclusive of activities that one finds enjoyable (gardening, listening to music, movies, socializing, etc.) can lead to an increase in occupational participation and quality of life for older adults (Knetch-Sabres et al., 2020). When non-

occupation-based interventions are done in the occupational therapy clinic, items not as familiar to the individual are used which decreases the relationship to occupation (Jewell et al., 2016). In addition, distractions occur more often in the occupational therapy clinic due to the increase of activity level in the surrounding space. In the resident's room there will be an increased focus on the resident and his or her care (Jewell et al., 2016). Often older adults who leave the long-term care facility are at risk for more complications in the future (Gustavon et al., 2017). Cognitive decline and physical dysfunction are among the areas of complication (Peralta et al., 2017). Understanding the areas to address can help to build more effective interventions in the future (Gustavon et al., 2017; Peralta et al., 2017). Providing occupation-based interventions could lead to better outcomes following the long-term care facility stay. Implementing occupation-based interventions can take place through advocating for their use to both the residents of the long-term care facility and collaborating with the administrative board, employees, and administrators of the long-term care facility (Reynolds et al., 2019).

Evaluation of Social Environment

In addition to the type of interventions used it is important to evaluate the environment in which the individuals live. Long-term care facility staff should be educated on both the residents themselves and the needs and interests of the resident, leading to better interaction between resident and care provider. Activities can be better built to meet the needs and interests of the resident; this will lead to an increased involvement within the social environment (Du Toit et al., 2019; Du Toit et al., 2018). Social participation is often sought out by older adults living in a long-term care facility. Often older adults are deprived of these opportunities when they move into a long-term care facility (Knetch-Sabres et al., 2020). Improving the social environment is a way to provide person-centered care, leading to providing older adults with a sense of self (Du Toit et al., 2019). More opportunities for social participation could be implemented with this education for the long-term care facility staff.

Long-term care facilities often are not providing the most beneficial types of interventions to promote engagement of older adults living in the long-term care setting. With the implementation of occupation-based interventions that evaluate the social environment, older adults can have a better quality of life (Du Toit et al., 2019; Knetch-Sabres et al., 2020). These occupation-based interventions will also help to decrease both occupational deprivation and barriers to participation in occupational therapy (Reynolds et al., 2019).

Clinical Applicability

Older adults face many challenges when moving into a long-term care facility. Both their environment and the type of interventions they receive are impacted. Rote exercise is used more often than occupation-based interventions in long-term care facilities, leading to an increase in occupational deprivation for older adults (Jewell et al., 2016; Knetch-Sabres., 2020). Occupational-based interventions can help to decrease occupational deprivation for individuals in the long-term care facility. There also needs to be changes made to the social environment in order to improve the lives of older adults in long-term care facilities by providing more opportunities for social engagement, therefore increasing the older adult's well-being. This can be done through educating the staff more on the individual and their needs and interests (Du Toit et al., 2018). Learning about who the resident is and what he or she enjoyed before moving to the

long-term care facility can help to determine the occupations that are the most meaningful and provide the most benefit to the older adult, in turn developing a basis for occupation-based interventions. The beginning elements of the staff education should involve interviewing the resident and/or the resident's family members if the resident is unable to answer questions. The interview should include questions about the resident's past work/employment, hobbies, interests, and favorite foods. This information can be used to encourage the resident to participate in activities that the facility provides. The use of occupation-based interventions would be individualized and based on the needs of the specific older adult in the long-term care facility. This will be done through the occupational therapist but will involve an interdisciplinary team consisting of all staff at the long-term care facility. Using occupation-based intervention will work well with any older adult who is willing to participate in therapy as it will provide a purpose to his or her session.

Potential cultural implications that the staff should be made aware of include the age, ethnicity, gender, and socioeconomic background of each individual. Another implication is the home environment; because it is in a long-term care facility and is not the environment that they may feel most at home in, individuals in this environment may not feel as comfortable with engaging in activities. These interventions support these aspects of the theory through PEO (Law, 1996). The lens of PEO relates to the person due to the implication for occupation-based interventions related to the interests and values of the individual (Law, 1996). The individualized occupation-based interventions will provide a more purposeful experience during occupational therapy services that support the clients' values and interest. The environment is assessed through the evaluation of the social environment and the impact it can have on the individuals within the long-term care facility. Occupation relates as occupational therapists will implement occupation-based interventions into therapy based on client-preferred occupations.

Minimal amounts of bias can be identified in the research articles. It was found that there was potential for location bias in the articles. All research was done at specific long-term care facilities. This research was completed in only facilities that provided long-term care and not in home-settings. Within the research all individuals seeking occupational therapy services were utilized.

Recommendations

Areas of concern were identified through the research for this CAT, including individuals' difficulty with the move to long-term care facilities (Knecht-Sabres, 2020); rote exercise leading to increased occupational deprivation (Jewell et al., 2016); and the limited use of occupation-based interventions in long-term care facilities (Jewell et al., 2016). Areas for improving the lives of residents at long-term care facilities were also identified. The education of the long-term care facility staff on the residents in the facility and the residents' preferred occupations and past experiences was identified as a way to increase occupational participation (Du Toit et al., 2018; Du Toit et al., 2019). Using occupation-based interventions in place of rote exercise encourages residents to participate in therapy (Reynolds et al., 2019) and has the potential to bring about skills the resident previously had (Du Toit et al., 2019). Using residents' possessions (with permission) make interventions more occupation-based and relatable to everyday life for the residents (Jewell et al., 2016) and has the potential for the residents to feel more in control of the therapy they are receiving (Du Toit et al., 2019). Peralta et al. (2017)

found occupational therapy interventions can prevent further decline in residents of long-term care facilities.

It is recommended that occupational therapists use occupation-based interventions with a focus on further evaluating and improving the social environment in the place of rote exercise. Taking into account the lack of purpose and benefit that rote exercise provides can help with understanding the need for occupation-based interventions in long-term care facilities. Occupation-based interventions can easily be implemented into the daily schedule of an individual providing a purpose to completion of the task, whereas rote exercise is much harder to fit into a daily schedule as it provides no purpose or meaning in the individual's day. Evaluation of the social environment with education of staff on the older adults and the needs and interests they have will decrease occupational deprivation. If long-term care facility staff have a better understanding of the residents, then better plans can be put in place for occupation-based activities. This would also help to increase opportunities for social engagement among staff and residents.

If occupation-based intervention is used with a focus on evaluating the social environment better outcomes of older adults in long-term care facilities can occur. Older adults would have the opportunity to be able to complete occupations that they previously were able to complete or enjoy. This would help them to keep doing what they need and want to do for a better future outcome.

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