



# Effects of Occupation-Based Interventions for Long-Term Care Patients

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## DCE Site

**Centinela Skilled Nursing and Wellness Centre** and **Osage Healthcare and Wellness Centre** are two attached skilled nursing facilities located in Inglewood, CA.

**Philosophy:** Emphasizes the importance of using a strong collaborative team approach to create effective treatments, provide quality patient care, increase connections with family members, and provide holistic activities to enhance the patients’ mind, body, spirit, and participation (Centinela Skilled Nursing and Wellness Centre, 2021a).

## Needs Assessment Summary

- Provide various **occupation-based interventions** (OBIs) outside of activities of daily living
- Address **social participation** while considering the COVID-19 pandemic
- Provide an **in-service** on proper transfer techniques for certified nursing assistants (CNAs)

## Background

Current occupational therapy (OT) standard of care is not truly reflective of the profession’s philosophies, despite the belief of OBIs being a catalyst for holistic therapeutic change.

### Literature Review

- OBIs resulted in **decreased** levels of depression and **improved** self-esteem, upper limb function, and overall occupational performance (Ahn, 2019; Jun, Park, & Kim, 2018; Nagayama et al., 2016; Weinstock-Zlotnick & Mehta, 2019; Wolf et al., 2015).
- No statistical significance in **quality of life** (QOL) scores after OBIs (Nagayama et al., 2016).
- OTs in skilled nursing facility demonstrated a **higher** use of occupation-centered practice, however, the time spent on non-occupation related interventions was much **greater** (Jewell et al., 2016).

## Learning Objectives

By the end of the doctoral capstone experience DCE, the doctoral student:

- Obtained clinical practice skills and knowledge pertaining to evaluations and interventions within this population and setting.
- Designed and implemented a research study to investigate the effectiveness of OBIs in improving QOL within long-term care patients.
- Created and presented an in-service on transfers for CNAs.

## Project Description/Implementation

### Pilot Research Study using a Mixed Method Design:

- Quantitative:** Canadian Occupational Performance Model (COPM) and World Health Organization Quality of Life Instrument, Short Form (WHOQOL-BREF)
- Qualitative:** Semi-structured interview

### Participants

- Sample size:** n=3 (1 female and 2 male) | **Age range:** 75-85
- Inclusion criteria:** Little-no cognitive impairment (score > 24/30 on the MOCA); speak, read, write, and understand English; have a physical/neurological condition affecting daily performance; received full COVID-19 vaccination; and health status is well enough to give consent and answer questions.

### Procedure

Administer COPM and WHOQOL-BREF

Four weeks of OT interventions

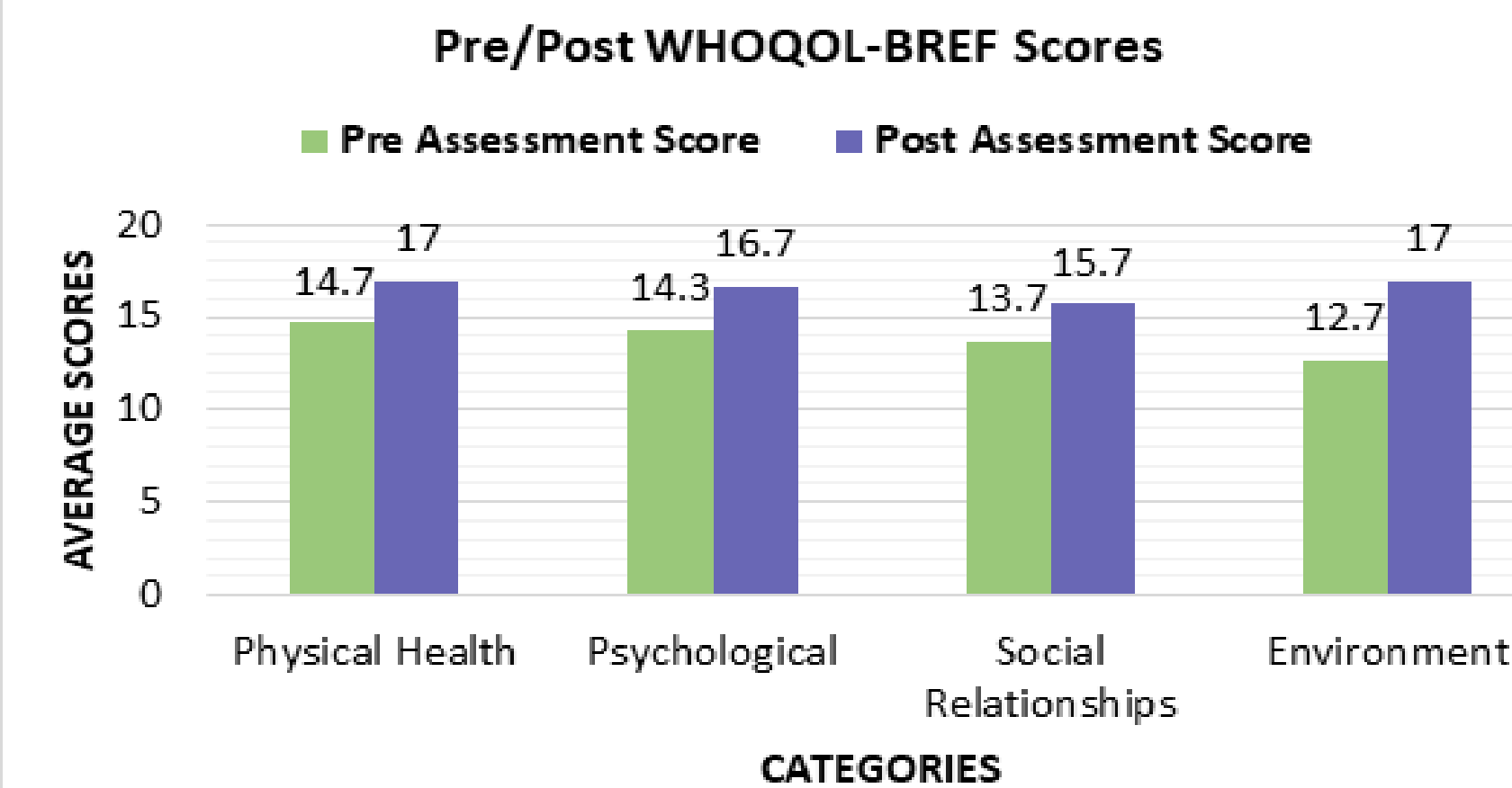
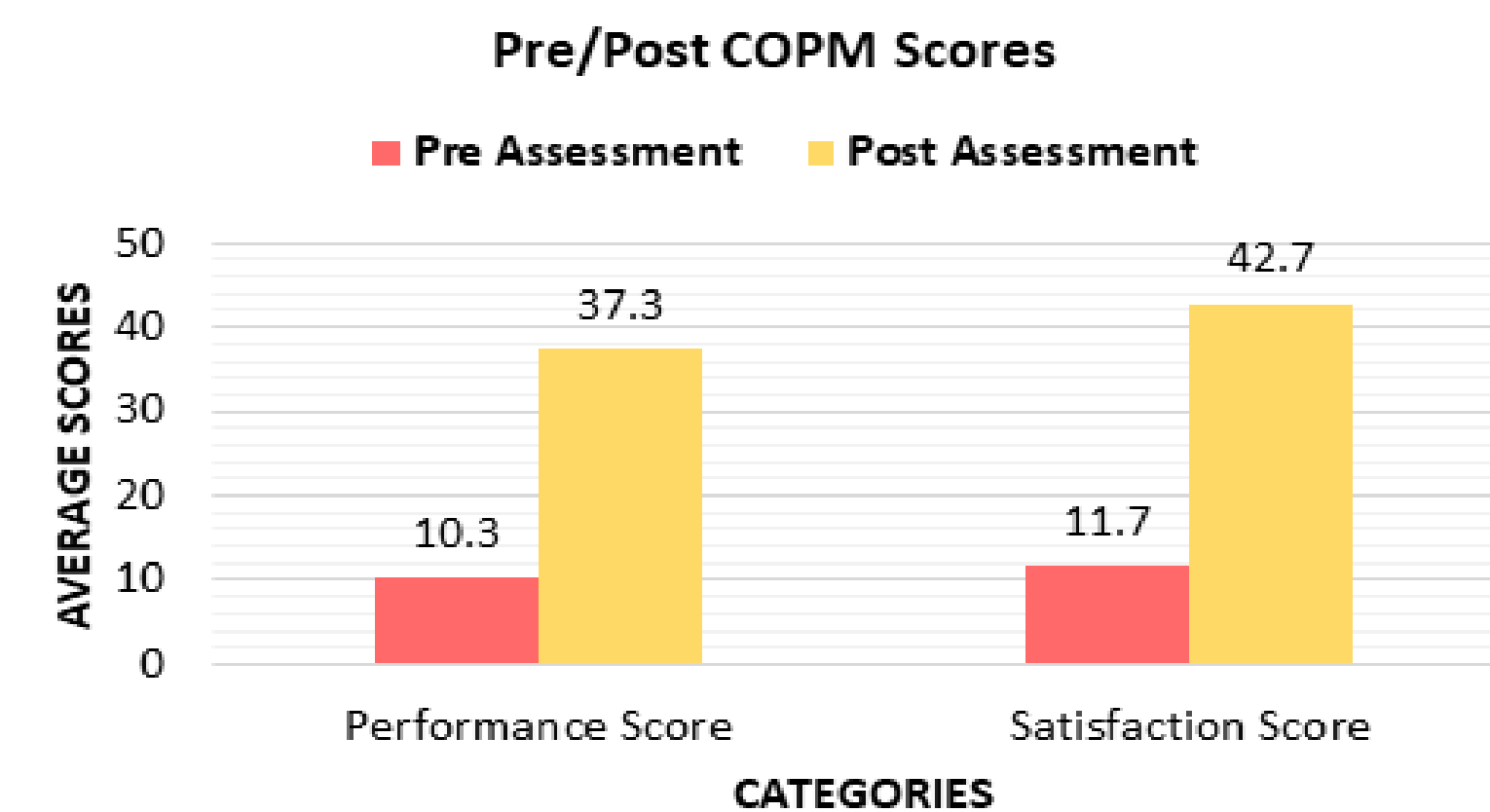
Re-administer COPM and WHOQOL-BREF, and conduct interviews

**OBIs focused on:** self-care activities, leisure activities, social participation activities, and communication management.

**Non-occupation-based interventions (non-OBIs) focused on:** therapeutic strengthening and endurance exercises, range of motion exercises, therapeutic activities, and neuromuscular re-education.

## Results/Outcomes

### Quantitative Results



### Qualitative Results

| Theme 1   | Theme 2   | Theme 3  |
|---|---|--|
| Preferred OBIs over Non-OBIs  | Experienced Holistic Benefits and Sense of Identity   | Non-OBIs should still be used in conjunction with OBIs   |
| “I prefer doing the stuff [activities of interest] I’m interested in because it let me do the things I wanted to do that I can’t do here, and it was more fun.” – <i>Participant #1</i> | “It [OBIs] helped me become better at doing these things and kept me moving my body and using my brain instead of laying around all day watching TV.” – <i>Participant #1</i><br><br>“[...] these were things [OBIs] I did in the past that I don’t do anymore and forgot about.” – <i>Participant #3</i> | “Exercises can help [improve] my left shoulder, so I try my best to exercise. I liked participating in activities that I am interested in because it’s more fun, but exercises are also good for my health, so I still like that too.” – <i>Participant #2</i> |

## Discussion/Implications

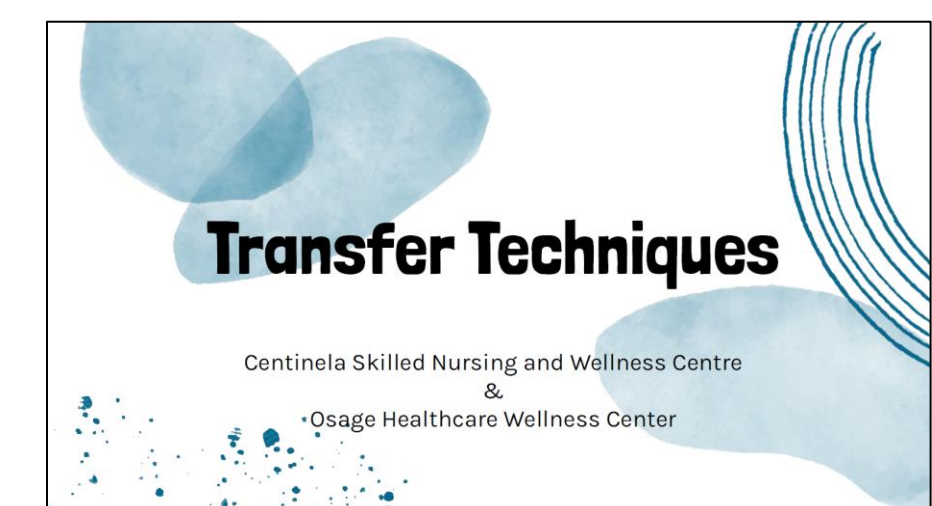
- COPM pre to post scores demonstrated **noticeable** changes. WHOQOL-BREF scores demonstrated **slight** changes.
- COPM satisfaction scores were **higher** than performance scores because participants realized they could not perform their desired occupations as well as they thought they could but were **self-aware** on how their age and health limited their functional skills.
- Multiple internal and external factors are involved when measuring QOL. Residing in a facility **lowers** one’s QOL given that they are being admitted in an uncomfortable and unfamiliar environment. Subjects enjoyed OBIs but that alone had no significant effect on their QOL.
- OTs should allot more time towards OBIs because this allows for **hands-on practice**, is more **motivating**, and provides a **sense of identity** as the patients begin to recollect memories from past occupations. Also allows therapists to create **individualized** treatments, build **rapport**, analyze tasks and **identify** areas of **struggle**, and enhance **quality of care**. However, providing other **non-OBIs** also aids the healing process.
- OT practitioners need to consistently provide client-centered/OBIs, **therapeutic use of self**, and **advocate** for basic needs to our best ability to provide quality care and to avoid detrimental effects to their QOL.

## Conclusion

The professions’ philosophy of using OBIs should be maintained as this secures our unique position in healthcare, provides holistic health benefits, increases independency, allows opportunities for occupational exploration and continue shaping patients’ sense of identity. Although this study could not conclude OBIs was effective in improving QOL, OTs should continue to be mindful of these key points as it still may contribute to increased QOL.

## Scholarly Deliverables

- Implications of study outcomes to field of OT
- OBIs ideas using available resources
- Additional OT resources (patient handouts, evaluation assessments, etc.)
- In-service handout on transfers for CNAs



## Acknowledgments

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## References



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