

PRoF Award abstract – Call 2015

Mission accomplished!? Active Ageing in Nursing Homes: enabling Meaningful Activities and Quality of Life

1. Research Outline

Acronym	AAMA (Active Ageing through Meaningful Activities)
Project name in English	Mission accomplished!? Active Ageing in Nursing Homes: enabling Meaningful Activities and Quality of Life
Pitch (1 sentence)	An interdisciplinary approach to identify the needs of older persons in a nursing home, in order to empower them to become active agents in daily life, to engage them in meaningful activities and to improve their quality of life.
Executive summary (max. 10 lines)	
<p>The engagement of older persons in performing meaningful activities of daily living promotes well-being and seems to serve as a mediating variable in both psychological and physical health. However, for the most vulnerable of them, in particular for them living in nursing homes, performing meaningful activities is hardly accomplished, although 'reactivation' and stimulating to be active, is 'obligatory' by the Flemish Government.</p> <p>Based on "the framework for design and evaluation of complex interventions to improve health care" (Campbell, et al. 2008), we developed an interdisciplinary approach to identify the needs of residents concerning meaningful daily activities and to empower them to be active agents in their own lives. To approach guides the NH and its professional caregivers in a more creative and innovative attitude towards older residents' daily activities.</p>	

2. Cause and context of the research

Active Ageing (AA) aims, according to the World Health Organization (2002), to **optimize opportunities for health, participation and security in order to enhance quality of life for older persons**. The engagement of older persons in performing meaningful activities of daily living promotes well-being and seems to serve as a mediating variable in both psychological and physical health (Haugan, 2014). AA is a right for all older persons. However, AA is hardly implemented for the most vulnerable of them, in particular not for them living in nursing homes (NH). **Reactivating and stimulating NH residents is considered as useful** and it is even 'obligatory' by the Flemish Government. Reactivation professionals, activity directors or recreational therapists are the professionals responsible for developing meaningful activities, although there is an ongoing debate whether it should be the responsibility of only one professional or the entire NH-team.

Since recently, the care for older people, including its financing, has largely become a Flemish responsibility. The accountable Flemish Minister of Welfare, Public Health and Family, Mr. Vandeurzen announced in the summer of 2014 that cuts would have to be made in the residential care. More specific, the subsidy reserved for the recreational activities of the residents would be abolished. Fortunately, at the national gerontological and geriatric conference of this year, Mrs. Van den Heuvel, counselor of the Minister, could inform us that this decision was overruled. She called for a **strong signal from the sector itself to reorganize and innovate the NH accordingly to 'new' insights**. Care for older people, so she said, was in 'transition'. Finances are under pressure, qualified professionals are needed, NH residents profiles are changing (on the one side more dependency and on the other side more demanding) and **the strongly bio-medical model is making place for a more bio-psycho-social way of reasoning**. Healthcare and also residential care, should move towards **prevention and a more pro-active attitude**. Moreover, in her search for 'evidence based activity oriented care', she didn't find any useful Flemish study for the last years and therefore she was very happy with this project.

Consequently the project we present here is up-to-date. It fulfills the wish of the ministry to **create innovative ideas, new ways of thinking within the setting of the NH, without creating extra costs but simultaneously reinforcing the quality of care, instead of sacrificing it**. Until now, the results of this project are disseminated through symposia, congresses and workshops with more than 600 attendees and people from all over Flanders and beyond are contacting us for collaboration.

In this project we aimed at developing an interdisciplinary approach to identify the needs of residents concerning meaningful daily activities and to guide the NH and its professional caregivers in a more creative and innovative attitude towards older residents' daily activities.

The various project phases, based on **'the framework for design and evaluation of complex interventions to improve health care'** (Campbell, et al. 2000), led to the design of this approach. In a first step (**the preclinical or theoretical phase**), the need for

this new care intervention was identified. According to the qualitative study of Debaecke et al. (2013), residents expressed that it was crucial to have meaningful activities and to participate in the daily life of a NH. Moreover, it seemed to be the most important factor to promote their autonomy and to improve their quality of life (QoL). Though, an admission in a NH led to a loss of meaningful activities in their activity repertoire (AR). This was explained by three inhibiting factors related to (1) the professional workers (limited time and skills for identifying personal needs of the residents), (2) material and social environment of the NH which is not adapted and (3) the frail population of NH-residents with comorbidities and functional impairments. In a second step (**the modeling phase**), the components of this new approach were explored. A survey concerning the three inhibiting factors found in the study of Debaecke et al. (2013) was carried out, using a comprehensive set of demographic, cognitive, physical, mood and functional assessments, together with a questionnaire on AR. One hundred forty three cognitively healthy residents (43 men, 100 women) in 40 NH in East- and West Flanders were interviewed. The participants with diverse care needs, had a mean age of 85 years (\pm SD 5,72; range 56 - 99) and an average stay of 35 months (range 2 – 235; mode 6 months) in the NH. Firstly, the residents reported a positive QoL of 1,78 (range -5 to +5; modus 3), measured by the Anamnestic-Comparative-Self-Assessment (ACSA), a self-anchored (biographical) method for the measurement of subjective wellbeing (Bernheim, 1999). All residents had an average loss of 16 meaningful activities (range 1-37; \pm SD 7,5), compared to their living situation before admission to the NH. The highest loss was seen in household activities (e.g. shopping, organizing their finances, doing cleaning work, laundry), leisure activities, physical activities, hobbies and social activities like doing trips and caring for others (e.g. pets). It was observed that the more complex the activity, the less help was provided by the professional caregivers. Since self-care is crucial in life, the assistance of caregivers was always guaranteed. Those activities (e.g. washing and dressing) remained relevant and - as described by the residents - these were the most important activities for them. Though, an important loss of autonomy from the time of their admission in the NH was observed. Inhibiting factors for having meaningful activities and satisfaction were being male, limitations in mobility, lower educational level, less social support and higher dependence (differences between groups and correlations all $p < .05$). All residents seemed to experience a lack of challenge in their current activities (mean 5.3/10, \pm SD 2.9). Self-reported performance in activities scored an average of 4.5/10 and satisfaction with the activities 5.3/10. Remarkably, in contradiction with the literature and previous qualitative study, no correlations were found between QoL and the AR. Only when residents had the feeling having activities according to their individual wishes ($r = .272$; $p < .05$) and within the neighborhood of the NH ($r = .167$; $p < .05$), their quality of life was influenced in a positive way. Unfortunately, this might suggest that NH-activities are not personally meaningful. In particular the 'minority groups' (men and higher educated individuals), the groups with special care needs, less mobile and somehow isolated individuals, experienced an important lack of meaningful activities. Additionally, a systematic review on interventions which intend to improve meaningful activities was completed. Only seven studies were found with a low methodological quality. Three different types of interventions were identified: (1) focus on improving autonomy, (2) focus on empowering personal choices and (3) focus on pursue meaningful activities. The results of this review revealed a limited effect on QoL and

each type of intervention could enhance the quality of life of NH residents. Though, this improvement was only possible when interventions also had a social component. In the third phase of this research project (**the exploratory phase**) we developed the new approach (see 3. Innovation results achieved). In order to facilitate implementation a qualitative analysis of good practices to enable meaningful activities for NH-residents in Flanders was carried out. Barriers, facilitators and influencing factors of each good practice were analyzed and were taken into account in the development of the new approach. Additionally, focus groups were organized with different stakeholders (nurses, management, activity directors and recreational therapists, occupational therapists...) to identify their point of view towards meaningful activities. Finally, the new approach is carried out in three living labs. Feasibility and acceptability was evaluated and an in depth analysis of the benefits for the residents was performed. Although this approach was – according to the professionals - time consuming and could only be administered with extensive training, it was seen as beneficial since they felt to know the residents much better than without using the approach. The toolkit with ideas and aids was an advantage.

At this moment, **the ‘new approach’ and supportive material is developed and pilot-tested and thus in a ‘proof of concept’ stage.** The approach has the potential of being used, although actually this approach needs to be investigated in a controlled setting (randomized controlled trial) in order to evaluate its effectiveness and effect on quality of life and cost- effectiveness. Once effectiveness has been proven, implementation studies need to be carried out.

3. Innovation results achieved

Inspired by the concept of Active Ageing, this newly developed approach illustrates a **client-centered manner to tailor meaningful activities for NH-residents to their individual physical, psychological and social needs.** In this way, this approach aims to enhance quality of life. Meaningful activities are defined by the participants in the study as *‘any kind of activities that are chosen willingly by the resident and can be performed alone or with others’*. Meaningful activities are essential to confirm and to evolve the identity, interests and personal values of the individual. They can be defined as ‘actions’ that are performed for the benefit of others or for the individual his or her self. Meaningful activities offer structure in time, stimulate social interaction and positively affect autonomy, life satisfaction and well-being. **The approach is based on a systematic process of 4 phases and is characterized by an active participatory attitude of residents and caregivers.** In each phase, the dialogue between residents and caregivers is the key component. A first phase encompasses an initial ‘getting to know each other’. Through conducting in depth one-on-one interviews the individual wishes, desires and priorities concerning meaningful activities of the residents will be clarified. This will be followed by a comprehensive assessment of the (mostly multiple) problems of the residents. Inspired by a bio-psycho-social approach, a comprehensive set of standardized and objective tools will be used to clarify variables

concerning the individual (e.g. mobility, cognition, mood), the environment (material of social factors that could enhance or inhibit activities) and the AR. Essential in this phase, is the *'just listen'* attitude of the caregivers, who will be trained in communication strategies for the in-depth interviews and the standardized assessment tools. After this assessment, in the second phase of this approach, a clear goal setting will be carried out. Hereby, it is essential that the resident formulate self-prioritized goals. To enable residents in formulating goals, several therapeutic methods can be applied. Caregivers will also be trained in helping and empowering the residents to express these goals. In the third phase, a 'plan' is set out, based on the goals formulated by the resident, his personal choices and desires, and the professional knowledge. The goals will be translated into real actions, whereby the professional can apply a large variety of interventions. For these actions, several categories can be chosen: (1) targeting on enhancing the persons capacities, (2) education of the primary care giver or professional care giver, (3) advise and instruction in the use of assistive devices, (4) adaptation of the environment, or (5) a comprehensive strategy (including all previous actions). In this phase, the creativity and innovative attitude of the professional caregivers is pivotal. The fourth phase incorporates the evaluation of the outcomes, such as reflecting on satisfaction whit the accomplished goals. **This approach is 'iterative' in which the phases can act as a repeating process with the aim to realize the desired goals and targets.**

4. Link to the PRoF values

This project fits in the PRoF values since client centeredness is a key component in the interdisciplinary approach. As earlier described, this approach focuses on older vulnerable people living in a nursing home. These people cope with different problems, such as loneliness, dependency, having a lack of comfort, autonomy and privacy. Although their problems and their vulnerability, these people desire to become active agents of their life in the nursing home.

The aim of our project was to develop an approach which enables professional caregivers to provide person-centered care, focusing on the individual nursing home resident, his autonomy, personal wishes, interests, freedom and ability to make own choices. This approach provides a recipe for all residents living in the NH but it is the task of the caregivers to apply the approach to the individual resident. Subsequently, the approach is flexible and adaptable to the current care situation of the individual resident and the situation of the professional.

NH residents perceived their current AR as unsatisfactory, because activities are provided in general (*one size fits all*) and do not focus on the individual and his needs. Therefore, different assessments focusing on the person, the activity and the environment of the resident are integrated in this approach.

This approach, focusing on what people perceive as meaningful for them, could lead to an increased QoL and NH residents might feel happier in their environment. Different PRoF values are integrated, such as countering loneliness, ensuring security and privacy, comfort and increasing respect. To listen to the resident and his needs, wishes and interests, a client centered approach can be provided. **This approach is seen as inspiring and innovative for residential care and work organization.**

5. Applicable IPR rules

Artevelde University College Ghent has the intellectual property of this project. The applicable IPR rules are described in the research and cooperation rules of the Ghent University Association.

6. Information on the partners

Stakeholders

This research project was carried out in close collaboration with the stakeholders (VVSG, Zorgnet Vlaanderen) and a broad group of delegates of nursing homes throughout East and West Flanders. The project was supervised by an advisory panel, consisting different disciplines from the field, such as occupational therapists, nurses, managers.

Additionally, to warrant implementation in education, lecturers of the department Nursing (Artevelde University College) and Occupational Therapy (Artevelde University College and UGhent), Gerontology (Vrije Universiteit Brussel) and activity directors and recreational therapists (VSPW Kortrijk) were involved in the advisory board.

The project researchers were from the

Artevelde University College, Gent

- Research group Innovation in Care
- Department of occupational therapy
- Department of nursing

Prof. Dr. Patricia De Vriendt

drs. Elise Cornelis, Valerie Desmet, Ruben Vanbosseghem

They worked in close collaboration with researchers from

Ghent University, Gent

- Faculty of Medicine and Health Sciences, Rehabilitation Sciences and Physiotherapy, Department of Occupational Therapy

Dr. Dominique Van de Velde

Vrije Universiteit Brussel, Brussel

- Faculty of Medicine and Pharmacy, Department of Gerontology
- Frailty in Ageing (FRIA) research group

Prof. Dr. Ellen Gorus

Drs. Lien Van Malderen

Key References

Bernheim J.L., 1999, How to get serious answers to the serious question: How have you been?: subjective quality of life (QOL) as an individual experiential emergent construct. *Bioethics* 13: 272-287, 1999

Campbell M., 2000, Framework for design and evaluation of complex interventions to improve health, *BMJ*

Debaecke, E., Delaere, M., Desmet, V., De Vriendt, P. De ervaring van bewoners van een WZC omtrent betekenisvolle activiteiten. Kwalitatief onderzoek over inspraak en autonomie. 2013. *Jaarboek Ergotherapie 2013*, ACCO, Leuven.

Haugan, G., 2014. The relationship between nurse-patient interaction and meaning-in-life in cognitively intact nursing home patients. *Journal of Advanced Nursing* 70, 107-120.

Thienpont L., De Vriendt P., Ondersteuning van betekenisvolle activiteiten van woonzorgcentrum-bewoners: Case-study gebaseerd op het proces van methodisch werken en het Comprehensief Model van Occupatie. onuitgegeven Bachelor Proef, Arteveldehogeschool, Opleiding Ergotherapie, 2013

Addendum: Contact information

Patricia.devriendt@arteveldehs.be

Mobile: 00 32 479 654110