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OCCUPATIONAL THERAPY PRACTITIONER'S VIEWS ON HEALTH AND
WELLNESS PROGRAMMING: A QUALITATIVE STUDY

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Master of Occupational Therapy, University of North Dakota, 2015

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Submitted to the Occupational Therapy Department

of the

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In partial fulfillment of the requirements

For the degree of

Master of Occupational Therapy

Grand Forks, North Dakota
May 16, 2015

This Independent Study, submitted by Danielle Nelson-Deering and Haley Pratt in partial fulfillment of the requirement for the Degree of Master of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

Signature of Faculty Advisor

Date

PERMISSION

Title Occupational Therapy Practitioner's Views on Health Promotion and
 Programming: A Qualitative Study

Department Occupational Therapy

Degree Master of Occupational Therapy

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Danielle Nelson-Deering, MOTS
May 16, 2015

Haley Pratt, MOTS
May 16, 2015

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ABSTRACT

Purpose: Explore the essence of occupational therapy (OT) practitioners' perceptions of their experiences with health and wellness programming; to further understand the lack of this type of programming by finding out what their needs are in order to provide it.

Methods: A qualitative, phenomenological study was used to gather data to answer the research questions. Following IRB approval, convenience/snowball sampling was used to access participants and gather data. Five registered occupational therapists participated in this study.

Results: OT practitioners have positive views for health and wellness promotion; however, in order to be successful to OT practitioner must have an internal drive to provide such programming

Conclusion: There are many benefits for promoting health and wellness at the community level; however, OT practitioners find there are more barriers than supports, and there must be an internal drive from the OT practitioner in order to be successful.

CHAPTER I

INTRODUCTION

By the year 2030, the number of adults in the United States aged 65 or older will increase to around 71 million, nearly a 200% increase from 2010 U.S. Census (U.S. Department of Health and Human Services, 2013). By that same year, 37 million baby boomers (individuals born between 1946 and 1964 in the US) will be managing at least one chronic health condition (Office of Disease Prevention and Health Promotion, 2014). Therefore, there is a strong need for healthcare professionals to develop programming in order to prevent these chronic health conditions among this ever-growing population. Despite the high need, very few occupational therapy (OT) practitioners conduct community-based wellness programming. The OT Workforce Study indicated that only 1.8% of OT practitioners were employed in community-based settings (American Occupational Therapy Association [AOTA], 2010). In order to support an increase in the number of OT practitioners working in community-based wellness settings, it is important to identify the perceived needs of the practitioners who have not implemented community-based wellness programs. The purpose of this study was to explore the OT practitioners' perceptions about health and wellness programming, which are based on their individual practice experiences. This will help to further understand how to support the emergence of OT practice into community-based wellness. In addition, we seek to ascertain the possible barriers and supports to providing such programming, which is what created the two research questions that the researchers had.

- ❖ What are the occupational therapy practitioner's experiences that form their perceptions of their abilities to provide community-based wellness programming?
- ❖ What do occupational therapy practitioners, and the field of occupational therapy, need in order to increase the participation in the provision of community-based wellness programming?

Theoretical Framework

In the planning and implementation of this research study, the researchers utilized the Person-Environment-Occupation-Performance (PEOP) model by Baum and Christiansen (2005). This model was developed in 1985 and first published in 1991 by Charles Christiansen and Carolyn Baum (Cole & Tufano, 2008). The PEOP model by Baum and Christiansen (2005) was founded upon an extensive body of research that shows the importance of how a person's behaviors and one's environment are interconnected in a significant way (Cole & Tufano, 2008). It focuses on the interaction between the environment, person, and occupation, as well as including the actual performance of occupation (Turpin & Iwama, 2013). It is fitted for use within a broad range of practice settings, including community-based programs as well as rehabilitation programs (Cole & Tufano, 2008). In using this model to guide this research study, the researchers sought to gain understanding upon the environment (occupational therapy practitioners environment/extrinsic factors), person (occupational therapy practitioners/intrinsic factors), and occupation (of providing wellness programming), in order to further understand why the actual performance of providing wellness programming is minimal within occupational therapy efforts. Turpin and Iwama (2013)

asserted that the PEO model could readily be used to identify environmental and personal barriers to health and explore strategies to optimize participation. This model can be used to identify environmental and personal barriers to occupational therapy practitioners providing health and wellness programming and explore strategies to optimize their participation within such programming.

Statement of the Problem

Although there is a high level of evidence to support community-based wellness programming in occupational therapy through randomized controlled trials (Clark et al., 2012; Jackson, Carlson, Mandel, Zemke, & Clark, 1998) less than 1.8 percent of occupational therapy practitioners are working within this setting (AOTA, 2014).

Importance of the Study

The importance of this study is that it helps to identify the needs of occupational therapy practitioners regarding the provision of community-based health and wellness promotion and programming. This is the first study to focus on the phenomenon of the views of occupational therapy practitioners who are *not* currently participating in community-based health or wellness promotion and programming, making this study unique to the field of occupational therapy. There has been one other similar study by Wood, Fortune, and McKinstry (2013), that explored the perceptions of OT practitioners who *have* provided community-based wellness programming. Since those practitioners are providing the programming, the perceived needs to start serving in this role may not be as conscious as they would be in practitioners who are *not* already providing wellness programming. This study tries to describe the barriers, benefits, and the role of occupational therapy within this type of programming.

Definition of Terms

First, the focus of this study is to gain the perspectives of OT practitioners on health and wellness promotion and programming for community dwelling older adults, defined as persons aged 65 or older because this is the consumer population that has some of the greatest wellness needs. Community-dwelling older adults will be described as older persons who reside in their homes and/or community assisted living facilities rather than in an institutionalized setting such as a skilled nursing facility or related facility.

A widely used definition for health adopted for this study comes from the World Health Organization (WHO) stating, “health is a state of complete physical, mental, and social well-being and not merely the absence of the disease or infirmity” (1984). The state of health and/or well-being is subjective in nature and that each person has their own definition of said terms. There is not a set formula to being healthy. Within this research, health and well-being are used interchangeably.

Health promotion is “the process of enabling people to increase control over, and to improve, their health” (WHO, 1986). This term is important to emphasize because in participating in health promotional activities, OT practitioners have the chance to aid the American health care system to shift to the wellness and prevention realm from the current reactive approach to care. The ramifications of this are discussed in the OT Role section of the literature review.

An important concept to understand with health and wellness of older adults is successful aging. Pizzi and Smith (2010) described the concept of successful aging from the OT perspective as, “having the physical, emotional, social, and spiritual resources,

combined with an ability to adapt to life changes, in order to engage in meaningful and important self-selected occupations of life as one ages” (p. 456). This definition will be used throughout our paper. Rowe and Kahn (1987) suggested three components as influencing successful aging: freedom from disease and disability, high cognitive and physical functioning, and social and productive engagement. Successful aging is optimized with preventative measures that OT practitioners address through individualized interventions and modifications.

Prevention can be considered in three stages, primary, secondary, and tertiary (Institute for Work & Health, 2006). Primary prevention is to help individuals from developing an injury or disease, whereas secondary prevention addresses the risk factors following serious illness or disease, and tertiary prevention is for helping people manage chronic, complicated diseases (Institute for Work & Health, 2006). Occupational therapy is able to address prevention at all three levels to meet the needs of the individual throughout the lifespan. All three classifications of prevention are applicable to community-based health and wellness promotion and programming. For example, primary prevention is applied to falls prevention among community-dwelling older adults and secondary prevention may be utilized to help older adults compensate for age-related changes will participating in health promoting activities such as physical activity. Finally, tertiary prevention may be exemplified when helping older adults eat healthy after they have been diagnosed with diabetes. Understanding these terms and descriptions will be fundamental to understanding the perspectives of OT practitioners on health and wellness promotion and programming for community dwelling older adults.

The aim of this study was for researchers to gain the perspectives of OT practitioners on health and wellness promotion and programming. Currently, literature lacks in describing the perspectives of OT practitioners on health and wellness promotion and programming, however, has proven that participation in such activities increases an older adult's quality of life and overall health. Researchers utilized the PEOP model by Baum and Christiansen (2005) to grasp the holistic view of the OT practitioner, and the environmental barriers and supports to providing community based health and wellness promotion and programming for older adults. The terms previously defined within in this chapter are utilized throughout the remainder of this independent study to use the language of the OT profession, and of health and wellness promotion and programming. In the next chapter, an in depth review of literature that supports the use of health and wellness promotion and programming regarding the older adult population, and the lack thereof within the field of OT, and of the OT practitioner.

CHAPTER II

LITERATURE REVIEW

There is a high level of evidence to support community-based wellness programming, however less than 1.8 percent of occupational therapy practitioners are working within this setting (AOTA Workforce Study, 2010). Therefore, it is important to examine the perspectives of occupational therapy practitioners who are not working within this setting to identify the needs of the occupational therapy profession in prompting an increased amount of practitioners to participate. This literature review explores the barriers, supports, and occupational therapy role within current literature on health promotion.

Aging in Place

The Center for Disease Control and Prevention (CDC) defined aging in place as “the ability to live in one’s own home and community safely, independently, and comfortably, regardless of age, income, or ability level” (2013). This is an outcome that many OT practitioners working within health and wellness promotion programming strive towards for their clients. The goals of aging in place are to improve the quality of life for older adults in their home environment, enable them to participate in valued occupations, and ensure that those who plan to stay in their homes as they age make the mandatory modifications needed to do so (AOTA, June 2014). Many factors influence the ability of older adults to remain in their homes as they age.

Common issues that arise among older adults, influencing their abilities to age in place, include: age-related sensory impairments, age-related motor impairments, and cognitive declines. Sensory impairments that are age related are devastating to engaging in occupations, and to the individual's quality of life (Fischer et al., 2009). Fischer et al. (2009) found that self-reports of low quality of life were associated with having either a visual or hearing impairment. In contrast, an olfactory impairment did not show significant difference in the quality of life for the individual (Fischer et al., 2009). Vision impairments have an impact on the safety of the individual as they may lead to falls, have difficulty with driving, crossing streets, climbing stairs, and read their medications (Cacchione, 2004). Hearing impairments can impact the life of an older adult by limiting their ability to communicate and hear noises that require immediate reactions, which will decrease their quality of life and be a safety issue as well (Cacchione, 2004; Fischer et al., 2009). Olfactory impairments are a safety risk, as the individual is unable to smell gas or taste spoiled food, as well as it is a loss of pleasure in the smells and tastes that they have enjoyed for years (Cacchione, 2004). Impairments in sensory function are detrimental in the safety and quality of life for older adults. As people age, they lose not only sensory function, but also motor control as well.

Age-related motor impairments are commonly noticed as slower speed and uncoordinated movements of older adults. Seidler et al. (2010) described motor declines of older adults are typically fine motor control, gait, balance, and speed, which limit the ability of older adults to perform meaningful activities of daily life. Motor impairments are associated with adverse health outcomes, and are becoming more recognized as a public health concern (Buchman et al., 2010). Rehabilitation for motor impairments for

older adults should be focused on exercise and motor training (Seidler et al., 2010). With age, not only are there sensory and motor impairments, but inevitably there are cognitive declines as well.

A fearful thought of aging is usually characterized with the cognitive impairment called dementia, or Alzheimer's disease. There is little variability in mental functions pertaining to verbal, numerical, and general knowledge, and cognitive declines are generally noticed with mental capabilities (Deary et al., 2009). Mental capabilities are the fluid mental abilities of an individual, is comprised of memory, speed of processing and reasoning, and executive functions slow with age, and are primarily important to carry out activities of daily living independently (Deary et al., 2009; Life Extensions: Health Concerns, October 2014). There are several biological, environmental, and physical components that lead to the deterioration of the cognitive functions. Diet, mental and physical exercise, psychological conditions, brain development, social relationships, and the chemical makeup of the body has some form of impact on a person's overall cognitive health (Life Extensions: Health Concerns, October 2014). Combined with sensory and motor impairments, cognitive declines add to the safety concerns with aging, which negatively affects the quality of life of the individual.

These identified impairments can disrupt the ability to age in place because of multiple complications that emerge such as falls, medication errors, malnutrition, and dehydration,. These complications often result in admission to a healthcare facility. In 2009, 2.2 million older adults were admitted to the emergency room for injuries related to falls; many of these injuries resulted in a decrease of independence that led to extensive living in long-term-care, and an increased mortality rate (Toto, 2012). Falls continue to

be the leading cause of injury or death among older adults, with the total medical cost of fatal and nonfatal fall injuries having totaled an estimated \$28.2 billion in the year 2010 (Centers for Disease Control and Prevention, 2011). Factors that increase the risk of a fall in older adults are: previous history of a fall, cognitive impairments, chronic illnesses, balance or gait difficulties, reduced body-mass index, osteoporosis, increased weakness, being female, certain home-related hazards, and use of certain medications (Christoffel & Gallagher, 2006).

Medication errors are another serious concern among older adults and providers for older adults. The National Coordinating Council for Medication Error Reporting and Prevention (2014) defines medication errors as,

Any preventable event that may cause or lead to inappropriate medication use of patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing; order communication; product labeling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use.

There has been growing evidence of greater use of pharmacological interventions and self-medication; contributing to an increased use of medications by older adults, higher levels of adults taking more than one type of medication; which all contribute to the increased chance of medication errors (Fialová & Onder, 2009). The National Institutes of Health (NIH) (2013) described that certain medications increase the likelihood of a fall and that the more medications an individual takes the more likely they are to fall. The side effects of the medications and the health problems that the

individuals take the medication for can greatly contribute to the risk of a fall due to dizziness, confusion, and/or unsteadiness (NIH, 2013).

Malnutrition is another risk factor for falls that may cause dizziness, as well as other symptoms such as, depression, fatigue, poor memory, and weak immune system. Malnutrition is caused when one's body does not receive an adequate amount of nutrients from the food they eat, in turn not supplying the body with energy. Malnutrition indicators include: financial difficulties, physiological challenges, psychological barriers, and/or educational deficiencies (Scott et al., 2001). These indicators are all within the realm of OT treatment.

Neyens et al. (2013) found that malnutrition was associated with an increased risk of falling and impairment in activity with Dutch long-term-care residents. The malnourished residents who received intervention developed a lower risk of falling (Neyens et al., 2013).

Yet another factor increasing the risk of older adults falling is dehydration. Campbell (2011) described that common complications associated with dehydration include low blood pressure and dizziness which may contribute to an increased chance of falling. Although easily preventable or treatable, dehydration is still a major problem for older people within hospitals and community care (Begum & Johnson, 2010).

Community-based wellness programs are one way to support aging in place by preventing conditions that lead to admission to healthcare facilities. On March 23, 2010, the Affordable Care Act (ACA) and Patient Protection, was signed into effect by current President Barack Obama (U.S. Department of Health & Human Services, 2014). The

ACA places comprehensive health insurance reforms that have unfolded during the last four years and will continue to unfold as time goes on (U.S. Department of Health and Human Services, 2014). Preventing chronic disease and increasing the health of the public became a centerpiece of health reform within the Patient Protection and Affordable Care Act (AOTA, September 2014; Hildenbrand & Lamb, 2013). Under the law, insurance companies must cover certain preventive services, yearly wellness visits, and eliminate cost sharing (AOTA, September 2014; U.S. Department of Health and Human Services, 2014 May).

The ACA intends for American health care to shift away from a reactive approach (after illness or disability) toward a system that makes wellness and prevention a top priority (AOTA, September 2014). The ACA called for the heads of 17 different federal programs to be led by the Surgeon's General to comprise a council to lead the National Prevention Strategy to help shift the nation's focus of disease and illness to wellness and prevention at the community level (CDC, 2014). Leaders from the CDC (2014) stated that policies and programs for prevention, such as the strategic plans of the National Prevention Strategy can reduce healthcare costs, improve productivity among populations, and is cost-effective for promoting better health.

Another important health initiative in the United States is, Healthy People. It is an initiative that provides science-based, 10-year national goals for increasing the health of all Americans. This initiative has been around for over 30 years and is currently on Healthy People 2020. Healthy People has set benchmarks and monitored improvement with health of Americans in order to encourage collaborations within communities, empower individuals to make informed health decisions, and measure the impact of

prevention activities (U.S. Department of Health and Human Services, 2010). The initiatives are resulting in more support for community-based wellness programs.

OT Role

The rapid increase of the nation's older adult population has vast implications for the United States public health system and it will place extraordinary demands on the provision of healthcare and aging-related services (National Center for Chronic Disease Prevention and Health Promotion, 2011). Matuska, Giles-Heinz, Flinn, Heighor, & Bass-Haugen (2003) highlighted the importance of OT practitioners as primary care providers to be a critical aspect in care for older adults. Occupational therapy practitioners have the ability to appreciate the complex and dynamic interactions between the person, their environment, and the activities in which they need to participate in during their daily lives (AOTA, May 2014). They have the ability to facilitate the success of individuals by matching the person's skills to the demands of their occupations, by utilizing environmental supports, minimizing environmental barriers, and by offering solutions to challenges associated with changing habits and routines (AOTA, May 2014). Therefore, OT has a significant role in conducting community-based wellness programs.

Moll, Gewurtz, Krupa, and Law (2013) stated that although OT as profession views occupations as fundamental to promoting health and well-being. The same view, however, is not widely held within the field of public health (Moll, Gewurtz, Krupa, & Law, 2013). With their Well Elderly Research Study, Jackson, Carlson, Mandel, Zemke, & Clark (1998) found that the notion of "*keeping busy keeps you healthy*" was not necessarily all that one needs to remain in good health as they age. They found that the

social group fared no better than the control group, but that the OT group achieved greater success (Jackson et al., 1998). Within the field of OT there is an urgency to pinpoint the evidence necessary to bridging occupational engagement to health because of the trend of an aging population in the United States and internationally (Stav et al., 2012).

The CDC (2011) stated that older adults who practice healthy behaviors, take advantage of clinical preventive services, and continue to be involved with family and friends are more likely to continue to be healthy, live independently, and acquire fewer health-related costs. Older adults are likely to participate in wellness programs led by OT practitioners. Occupational therapy practitioners working within health promotion programming direct their focus on current and/or potentially disabling conditions with the end goal of enhancing the health, well-being, and participation of the group members collectively (AOTA, 2014). The role of an occupational therapist within this setting is not to assume a disability is present or that any factor could interfere with occupational performance but rather enrich experiences that can enhance occupational performance for all people within the natural circumstances of their life (AOTA, 2014; Dunn, McClain, Brown, & Youngstrom, 1998, p. 534). In a study by Wood, Fortune, & McKinstry (2013) on the perspectives of OT practitioners who predominantly work in primary health promotion roles found that all OT practitioners interviewed within the study described that there is a close fit between the values of primary health promotion and OT. The participants identified this fit as a predisposing enabler to their work (Wood et al., 2013). In a survey of OT students' views of health promotion, Jones-Phipps and Craik (2008) found that 94% of the students who had exposure to a health promotion class

found that it will be essential for OT to incorporate health promotion as an essential role within the field.

OT practitioners have a role within health promotion and prevention, but there is little evidence that it is actually happening within practice (Jones-Phipps & Craik, 2008; Scriven & Atwal, 2004). According to the AOTA Workforce Study (2014), only 1.8 percent of practicing OT practitioners work primarily within a community setting. As the healthcare system shifts its focus towards preventive measures it will be important for OT to address their role and importance within this type of setting in order to remain a relevant member of the health care team.

Benefits of Wellness Programs

Wellness programming offers the opportunity for OT practitioners to make an impact in promoting health, independence, participation/engagement in occupations, preventative strategies, and health education to a community. Through the Well Elderly Research Studies I and II, researchers found that OT practitioners can contribute significantly to preventative health care through their focus on the benefits of occupation (Clark et al., 2012; Jackson et al., 1998). Jackson et al. (1998) also found that OT programs aimed at community dwelling older adults may in the long term decrease morbidity and the effects of disability. Occupational therapy is a unique profession in which the person is viewed in a holistic manner, and it is important for the profession to look at a community and population in a holistic manner. The impact of OT in wellness programming is well defined by Wilcock (2006), when she stated,

Following an occupation-focused health promotion approach to well-being embraces a belief that the potential range of what people can do, be, and

strive to become is the primary concern, and that health is a by-product. A varied and full occupational lifestyle will coincidentally maintain and improve health and well-being if it enables people to be creative and adventurous physically, mentally, and socially. (p. 315)

Researchers have asserted that community based programs are an effective intervention for improving the quality of life, functional independence, and overall health for the older adult population (Eklund, Sonn, Nystedt & Dahlin-Ivanoff, 2005; Graff et al., 2007; Gustafsson et al., 2012; Jackson et al., 1998; Matuska et al., 2003; National Center for Chronic Disease Prevention and Health Promotion, 2011; Pang, Eng, Dawson, McKay, & Harris, 2005; Teri et al., 2011; Williams, Doherty, Bender, Mattox, & Tibbs, 2011; Yamada, Kawamata, Kobayashi, Kielhofner, & Taylor, 2010). Educational programs that focus on the process of aging, community resources, and health prevention and awareness have shown results in increased participation in healthy habits and routines, as well as a delay in the dependence of others (Gustafsson et al., 2012; Jackson et al., 1998; Yamada et al., 2010). In a study by Matuska et al. (2003), researchers focused on educating participants on the importance of engaging in meaningful activities to improve quality of life through addressing topics of aging, safety, prevention of falls, communication, transportation, and lifestyle balance, as well as how to remove personal and/or environmental barriers. Results of this study yielded significant improvement in participant's vitality, social functioning, and summary of mental health (Matuska et al., 2003). Programs that include light to moderate physical activity have shown immediate and long-term affective and physical benefits that promote the establishment and maintenance of exercise routine, which in result, increase the quality of life and function

of the individual (Gustafsson et al., 2012; Teri et al., 2011). As individuals have different learning styles, it is important to address the needs of the population, and adjust the intervention approaches to fit the learner's style and preferences.

As technology advances, so do the opportunities to provide client-centered interventions. Williams et al. (2011) found that Nintendo's Wii Fit™ was effective in improving balance during OT sessions for the well-elderly. They stated that if the Wii Fit™ was motivational to the client there was a possibility that it could not only prove to provide physical benefits but could also lead to increased participation, independence, and fulfillment in important daily occupations (Williams et al., 2011). In a study by Schepens, Panzer, & Goldberg (2011), an OT intervention that used a Multimedia Fall Prevention (MFP) system, was found to increase awareness of potential fall situations to individuals who had fallen previously, as well as individuals who had not experienced a fall, but were at risk due to age. For the general population of older adults, wellness programming has been successful, and can be used to address specific conditions either in a responsive, preventative, or promoting manner.

Wellness programs addressing specific diagnoses, inform the participants of the diagnosis, treatment approaches, and prognosis. In a study addressing the difference in two approaches to client-centered care for participants with macular degeneration, OT practitioners found that a community wellness program focused on education and training of the disease and assistive devices was more beneficial to clients than the standard individualized clinic protocol (Eklund et al., 2005). Graff et al. (2007) investigated the effectiveness of a five-week community OT program for individuals 65 and older with various levels of severity of dementia, and their informal caregivers. Interventions were

effective in increasing quality of life, mood, health status of both the individual and their informal caregiver, as well as improving the caregiver's sense of control over life (Graff et al., 2007). Wellness programs not only yield positive results for specific diagnoses for the older adult population, but as well for improving and/or restoring physical function needed to engage in meaningful occupations.

The physical components of health that allow an individual to increase their occupational performance are easily addressed in wellness programming to improve, restore, or maintain physical activity. By combining education and physical exercise, health promotion and wellness programming increases the likelihood of positively impacting an individual's quality of life and well-being (Pang et al., 2005; Teri et al., 2011; Wallace et al., 1998; Williams et al., 2011). In a clinical randomized controlled trial, Teri et al. (2011) found that a community program for older adults that incorporated health promotion and light physical exercise, helped maintain or establish a exercise routine that yielded immediate and long term affective and physical benefits at a low cost.

It is common knowledge that the US is in a healthcare crisis due to the national debt related to health care costs. Community based wellness programming has provided a cost-effective approach in the long run for providing skilled services to a larger group in the same amount of time allocated to an individual in the traditional clinic setting (Clark et al., 2012; Eklund et al., 2005; Teri et al., 2011). Through utilizing wellness programming at a community level, OT practitioners can address the needs of the growing older adult population in a cost-effective manner, but getting to that point requires overcoming some obstacles.

Barriers of Wellness Programs

There are many benefits that result from implementing wellness programs, however, there are barriers that hinder OT practitioners from providing these programs. The profession of OT has been increasing the efforts to be primary health promotion providers. With this shift to primary prevention, OT practitioners have been facing challenges in providing the profession, other healthcare practitioners, and clients on the role of OT. Donnelly, Brenchley, Crawford, & Letts (2013) found that barriers to OT within the primary care include lack of knowledge of the OT role by health care team members, and voiced the need for OT practitioners to educate students from other health disciplines on the role of OT to actively develop their role in existing interprofessional groups and programs within the primary care setting. Communication was found to play a critical role in supporting the integration of OT into the primary care realm, but is generally limited; decreasing the amount of referrals given by general practitioners due to the lack of understanding of the services that OT can provide (Donnelly et al., 2013; Mackenzie, Clemson, & Roberts, 2013). Lack of communication with providers and other healthcare professionals may be attributed to the therapists' lack in time, understanding and self-confidence in their role as a therapist.

Funding, support, knowledge, time, and resources are major barriers for OT practitioners to provide wellness programming as primary care. Wood et al. (2013) found that funding, professional preparation, and the perceptions of OT and other colleagues and managers served as barriers to OT practitioners serving in a primary prevention role, and felt as though their role was not supported by the profession. Jones-Phipps & Craik (2008) identified lack of time, funding and staff, support, and lack of education as

barriers to the emergence of OT into health promotion, which in turn results in lack of confidence among practitioners implementing such roles. It is evident within research that not all OT practitioners are prepared, or desire to work in wellness and community programming. Funding is a limit to the initial process of implementing a wellness program with the gathering of resources, time, and staff; however, the benefits of the program in the long run will pay off long-run (Eklund et al., 2012; Jones-Phipps & Craik, 2008; Wood et al., 2013). Potential participants also have barriers to participating in wellness programs just as the therapist does.

It is important to consider barriers such as age, health, and motivation when considering older adults as potential participants for wellness programs. De Groot and Fagerstöm (2011) found that an equal level of function, both physically and psychologically, among participants was found to be ideal for providing health and wellness programs, but was difficult to provide as the persons who would benefit from such programming had vast variations in functioning levels. Researchers found that barriers for participants in wellness programs may include: having a start in a new exercise group every three months, reduced health, lack of motivation, unpleasant experiences during previous exercise, environmental factors, and poor balance (de Groot & Fagerström, 2011). It is important that the therapist prepare for these barriers among participants, and try to match a program to the population that is motivating, educational, and enjoyable for improving overall health at a pace that is tolerable for all participants.

The barriers to wellness programing are multiple for the therapist in regards to knowledge, support, funding, the ability to provide service, and understanding from other healthcare professionals about the role of the occupational therapist. Participants in

wellness programs may face barriers to their participation as well, but the therapist can modify and adapt the wellness programs to meet the needs of the participants to improve the overall health of the individuals.

Summary

As the older adult population increases, so do their needs for community-based wellness programming to support their ability to age in place. Occupational therapy practitioners have a significant role in providing there wellness programs, which are supported by multiple US government initiatives. While several authors have highlighted potential barriers, no studies have directly studied the perspectives of OT practitioners who have not conducted wellness programs. It is important to study their perspectives to identify what their needs are in order to provide the support needed to help them enter into this emerging area of OT practice. Chapter III will describe the methodology used for this phenomenological study.

CHAPTER III

RESEARCH METHODOLOGY

Although there is evidence that occupational therapy (OT) practitioners do have a role in health and wellness promotion and programming, there is little evidence that OT practitioners are following through with such programming. The literature indicated there is a high need for community-based wellness programs; however, less than 1.8% of OT practitioners are working in the community (American Occupational Therapy Association, 2010). In order to promote the role of OT in community-based wellness, it is important to find out what OT practitioners need by examining their perceptions of community-based wellness programming. The aim of this study was to discover the perceptions of OT practitioners on health and wellness promotion and programming, as well as the barriers and supports to supplying such programming. In this chapter, the research methodology utilized for this study will be discussed in detail. The researchers sought to gain the perspectives of OT practitioners on health and wellness promotion and programming. Through completing a qualitative study using a phenomenological design approach, this chapter describes in detail the research design, sources of data, locale of the study, population/sampling, methods of data collection, and tools for data analysis.

Research Design

Researchers utilized Creswell's (2007) *Procedures for Conducting Phenomenological Research* to guide this phenomenological study to capture the essence

of the perceptions of OT practitioners' experiences regarding their role with community health and wellness. According to phenomenological research, people's experiences are what form their perception (Cresswell, 2007). These perceptions help to unveil needs and formulate strategies to meet those needs. Following Creswell (2007), researchers identified a problem based on review of literature that needed to be further explored and understood. Consistent with phenomenological methods, the researchers used interviews to find answers to the specific research questions.

Interview questions.

- ❖ What needs do you see pertaining to wellness programming?
- ❖ What experience do you have working with the older adult (65+y/o) population?
- ❖ What do you see as benefits to health promotion programming in general?
 - Towards this population?
- ❖ Explain the role of OT in health and wellness promotion and programming.
- ❖ What barriers have you seen, or anticipate seeing, in providing this type of programming?
- ❖ How do you view this type of programming influencing the profession of OT?

Conceptual Framework.

Researchers formulated the above interview questions from literature and by the PEOP model (Baum & Christiansen, 2005). Research indicates that there is limited knowledge of the perceptions of OT practitioners on their role, and the supports and barriers to providing community-based health and wellness programming. Therefore, to answer the research questions of this study, that were previously stated in chapter one, researchers comprised the interview questions above to understand this phenomenon.

The PEOP model by Baum and Christiansen (2005) was also utilized in formulating the interview questions to gain a holistic view of the occupation of providing community-based health and wellness programs, by identifying the supports and barriers of the OT practitioner both extrinsic and intrinsic that affect the performance of the OT practitioner to provide these programs. The interview questions addressed each element of the PEOP model (Baum & Christiansen, 2005), which allowed the researchers to efficiently, and effectively analyze data to capture the essence of the OT practitioners' experiences with community-based health and wellness promotion and programming.

Research was collected from five female practicing OT practitioners with a range of experience from 2-34 years within a variety of settings within the Midwest region of the US. At the time to the data collection, none of the participants were involved within a community-based health or wellness programs.

Sources of Data

Data for this study was obtained through informal, semi-structured interviews in person, over the phone, and by email as requested by the participant. All participants were female OTR/L's, with a range of experience from 2-34 years of practice, in various settings. Current settings of work included inpatient rehabilitation, acute care, acute rehabilitation, orthopedics, and outpatient mental health. Three out of the five therapists have worked within an urban hospital, and two of the five currently work in rural areas. Among the participants, there was a high rate of variance in experience of working in long-term care facilities at some point in their careers, or prior to earning their degree. All graduated from an accredited university with a Bachelors or Master's degree in OT. See Appendix A for participant's professional descriptions.

Locale of the Study

The study took place in various locations of the Midwest. The participants were given the choice of where to meet and how they would like to complete the interviews in order to help them feel comfortable within their environment. Two of the participants chose to complete the interviews within their home, one chose to complete it at her place of work, one participant chose to complete the interview via e-mail as she did not wish to be recorded, and one participant chose to complete the interview over the phone. In the initial approval from the University of North Dakota's Institutional Review Board (IRB), the researchers were to obtain information in either of two forms, which were to be by phone or in person. Researchers have filed an Adverse Event form with the IRB following the request of the participant to participate through email, and the change was approved following the submission of the change in documents regarding the research process. For further information regarding this event, please refer to Appendix B for the adverse event, protocol change, and IRB approval.

Population/Sampling

Following the approval of this study from the University of North Dakota Institutional Review Board (IRB), researchers utilized a convenience and snowballing sample by targeting OT practitioners' within Minnesota and North Dakota. Inclusion criteria for participants included the following requirements:

- ❖ Participants need to have one or more years of experience of practice working with older adults aged 65 and older
- ❖ With or without experience with community health and wellness programming

❖ Willing to participate in three semi-structured interviews

The requirements for the inclusion criteria were set in order to obtain the perspectives of OT practitioners whom had experience with the older adult population on a frequent basis, and were willing to commit to this study in order for the researchers to understand what supports and barriers OT practitioners face, and their role within health and wellness programming.

Exclusion criteria included OT practitioners that had less than one year of practice, or did not have experience working with the older adult population. These exclusions were set in order to obtain participants that were knowledgeable of the physical and psychological changes experienced by older adults, and how those changes alter or limit the older adult in participating in health and wellness programs.

Participants were primarily obtained through the researchers' fieldwork education experiences and settings via email, phone, and in person. All participants were practicing OTR/L's working in a variety of settings, and were not currently involved in any community-based health or wellness programming. The experience in practice of the participants ranged from 2-34 years, among a variety of settings.

Instrumentation and Data Collection

The University of North Dakota (UND) Institutional Review Board (IRB) approved the study protocol. Written informed consent was obtained prior to the initiation of the interviews utilizing the IRB approved informed consent through mail or in person at least 24 hours prior to the initial interview. A copy of the informed consent can be found in Appendix C.

Researchers scheduled three semi-structured interviews with each participant in accordance to the participant's availability. Interviews were conducted either by phone, in person, and via email. The form of communication in which the interviews were conducted was upon the participants' preference or request. A sample of the semi-structured interviews can be found in Appendix D. The semi-structured interview questions in Appendix D is only a brief outline, and researchers used follow-up questions for clarification that were unique to each participant. The length of each interview varied for each participant due to the participant's manner of answering either briefly, concisely, or in length. Duration between interviews also varied based on participant and researcher availability. Only one participant completed all three interviews within one day due to availability. Between interviews, researchers transcribed each interview, and completed initial data analysis required to modify future interview questions, and to gather further descriptions of the participant's experiences.

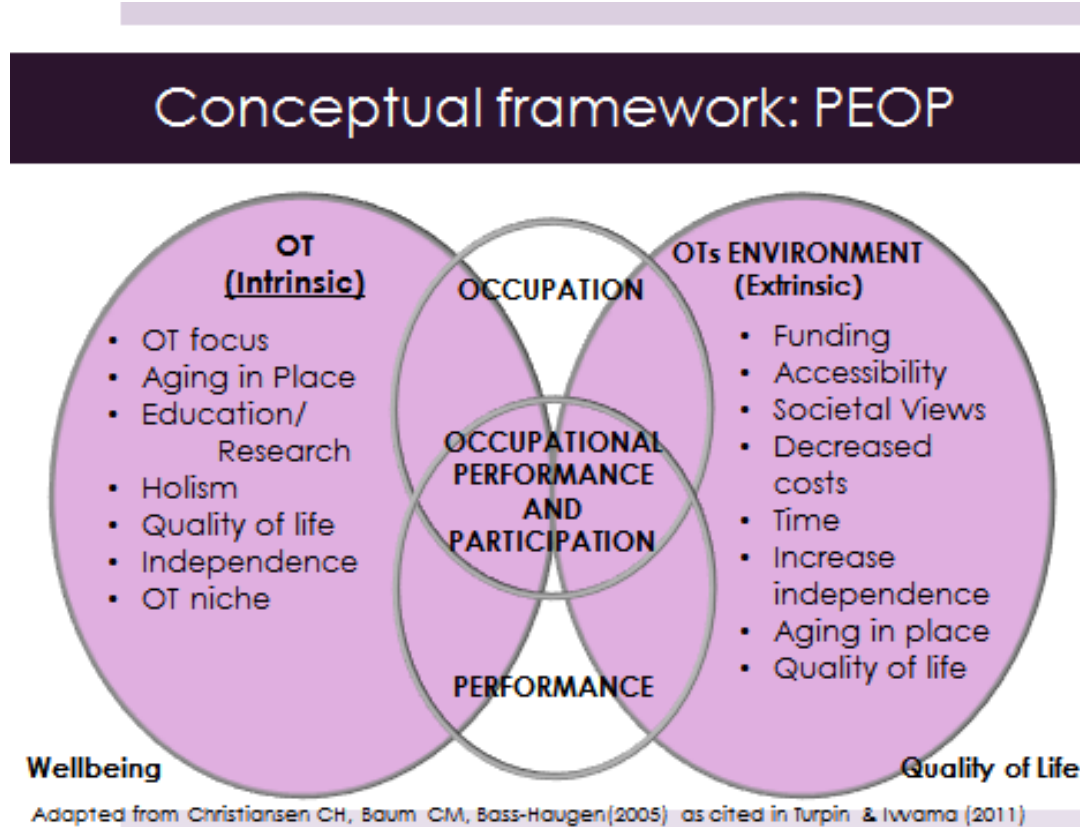
Validity.

Validity was checked in numerous ways. An in-depth literature review identified the current barriers, supports, and the role OT within community-based health and wellness promotion and programming. Most of the literature focused on the program development and implementation and the outcomes of those program interventions for the older adult population and not on the views of the OT practitioners. The audit trail consists of field notes and journals that we completed during the data collection process. An expert review was completed by an associate professor in OT who is an expert on health and wellness and will be further reviewed by another expert who is a full-time professor in OT. Furthermore, member checking was completed by randomly selecting

two participants to ensure that they agree with our findings, however, only one responded to researchers' request. The participant, who responded to the member checking in person following data analysis, validated the researchers' findings, stating, "I could not have said it better!" Finally, to further validate the results researchers utilized their chosen conceptual framework by fitting the codes within the chosen model of Person-Environment-Occupation-Performance (Baum, & Christiansen, 2005) (Figure 3.1).

Within the conceptual framework utilizing the PEO model, researchers' sought to gain an understanding of each element of the model as it depicts how an OT practitioner's experiences shaped their perceptions of community-based health and wellness. The person is viewed as the OT practitioner, and the intrinsic factors that comprise the individual. The environment consists of the OT practitioner's environment, and the extrinsic factors. The occupation is the actual providing of an OT community-based health and wellness program. The performance is the actual implementation, execution, and sustainment of such programs. Together, these four components influence the occupational performance and participation of the OT practitioner with community-based health and wellness programming. Researchers believed that this is a great model to identify environmental and personal barriers to occupational therapy practitioners providing health and wellness programming and explore strategies to optimize their participation within such programming.

Figure 3.1



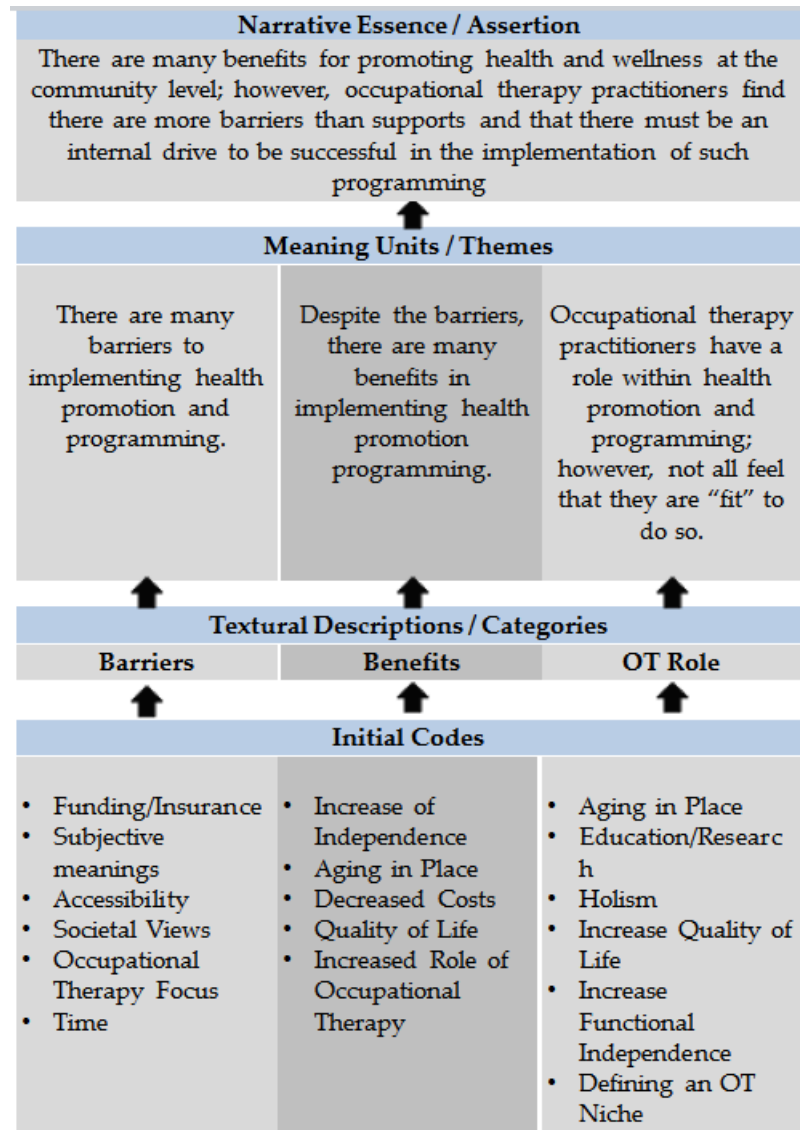
Tools for Data Analysis

Following Creswell's (2007) guidelines to phenomenological study approach to data analysis and representation, researchers were able to organize and implement the proper procedures for data collection and interpretation. Researchers initially started with a pondering thought of the experiences of OT practitioners with community health and wellness programming, followed by an intensive review of current literature. From the literature and previous knowledge, researchers found and understood the benefits of community health and wellness programming for the older adult population, especially the implications of an increased quality of life. However, researchers found that there is

limited literature that focuses on the unique experiences of the OT practitioners that provide community based health and wellness programming.

Researchers analyzed the data following Creswell's (2007) process. Researchers took great measures when transcribing the interviews verbatim, reading thoroughly through each making notes within the margins pertaining to coding to deter biases and for initial data analysis. In depth, descriptions of participant's epochs, as well as the narrative essence are found within the next chapter detailing the classification of significant statements and meaning units found by researchers. Researchers comprised various codes found within their transcriptions, in which they were able to determine three categories common among all participants. Together, the categories and codes comprised three major themes, which led to the narrative essence of the participants' experiences that formed their perceptions of community-based health and wellness programming for the older adult population. Interpretation of this data analysis is found in the following chapter, and conclusions made from the data are found in chapter 5. Figure 3.2 illustrates the process of the data analysis leading to the final assertion, and is further described in-depth within the next chapter.

Figure 3.2



Researchers followed the guidelines and process for a phenomenological study approach utilizing Creswell's (2007) *Procedures for Conducting Phenomenological Research* for the data analysis and representation data for this study. A more in depth description of codes, themes, and categories can be found within the next chapter, as well as the narrative essence, or final assertion of the study.

CHAPTER IV

PRESENTATION, ANALYSIS, AND INTERPRETATION OF DATA

In this chapter, we discuss occupational therapy practitioners views on health and wellness promotion and programming. All participants interviewed were registered occupational therapists currently working within a traditional health care setting. None of the participants were currently working within a health and wellness promotion setting. All participants reported that they could see occupational therapy having a great role within this type of programming. All names presented are pseudonyms. A table further describing the credentials and experience of the occupational therapy practitioners is in Appendix A. The information on the table includes: years of experience, settings of current practice, and the overall essence of the occupational therapist within health and wellness promotion and programming (Appendix A). The overarching assertion, or narrative essence, is that there are many benefits for promoting health and wellness at the community level; however occupational therapy practitioners find that there are more barriers than support and that there must be an internal drive to be successful in the implementation of such programming.

Theme 1: There are many barriers to implementing health promotion and programming

From the data, we concluded there were many barriers to implementing health promotion and programming. The main barriers implicated in the data include:

funding/insurance, subjective meanings of health and wellness, accessibility of the programming to individuals, societal views of the role of occupational therapy, occupational therapy focus, and time. Major concerns for the occupational therapy practitioners interviewed were the urge for reimbursement and how the programs would be funded, as well as how to make the programming ‘uniquely’ occupational therapy.

Funding/Insurance

Funding and insurance came up as a concern for barriers to health and wellness programming. Three therapists: Mary, Rachel, and Janessa stated their concerns when it came to the financial aspect of providing such programming. Janessa said, “It would be really cool to see OT’s be able to promote health and well-being and be paid.” She further suggested that as a highly skilled occupational therapy practitioner, it is important to be able to be reimbursed for the services and skills you provide. It is inferred that if occupational therapy practitioners were paid for this type of programming, it would become more widespread and more of a norm of practice rather than the abstract reasoning that it remains to be with many therapists.

Another participant, Mary brought forward discussion points for funding and reimbursement being a barrier. Mary stated, “It’s not something that insurance companies will typically pay for; it has to be supported and a reason for it.” Mary also stated, “It’s finding the funding to do it... And I’m not good at grant writing.” She went onto discuss that many practitioners are not willing to spend the time writing grants and the process is burdensome to many.

Rachel discussed the views of employers on reimbursement. She stated, “...our employers don’t want us to go out and work for free obviously; they want us to be able to

be reimbursed...if there's a way that we could get it reimbursed by insurances that would help..."

Subjective meanings

Subjective meanings of health and wellness became apparent through data analysis. This is the belief or understanding that health and wellness does not mean the same thing to every person; what one person sees as health, another may not. It is difficult to provide programming to adults that may not think they have certain health risks or other implications because of the subjective meanings of health and wellness. In response to whether she thought health and wellness was more subjective or objective, Janessa responded, "I think it's super subjective. This sounds horrible but even today as I was thinking of my own health and wellness and how I view my own body when I look, as somebody else who, say is very, very over-weight... I thought about what's considered health to them versus even what's considered health to me, just in a purely physical aspect is just very, very different across the board. I mean we see it everyday in the people you treat... But when you start looking at your well-being, your spirituality, your emotional, that all has a huge impact on health and wellness. I think it has to be pretty subjective." Janessa believes that the idea of health and wellness is subjective for each individual. Different people have different ideas of what constitutes health and wellness

On discussing the same topic, Mary agreed as to the subjectivity of health and wellness and stated, "Which make our jobs interesting on a daily basis, because everybody has a different level of pain, a different level of coping but you know there's certain behaviors that we can do to help us be a little healthier." She later described the health issues that her family was going through and how she was frustrated that although

they attempted to participate in healthy occupations, they were not participating in it to a full extent. They were implementing parts but not the full lifestyle change that is sometimes needed to remain healthy. Subjective meanings of health and wellness pose as a barrier to health and wellness promotion and programming because these types of programs are often implemented to groups of people. If people have differing views of health and wellness, it makes it more difficult to satisfy each participant.

Accessibility

The issue of accessibility naturally emerged from the interviews. There were accessibility concerns to providing health and wellness programming to the community participants. The therapist that voiced it the best was Jane when she stated, "...from an insurance standpoint, we obviously need to consider...it [health promotion programming] needs to be accessible for all. Otherwise, those people that it is not accessible to are going to struggle the most..." Jane brought up that in order for programming to be effective and widely-known, it must be accessible. Such programming can provide many benefits but it must be accessible to the populations in which it is intended for. The community must benefit from the programming.

Societal views

The societal views that posed as barriers for occupational therapy practitioners within health and wellness promotion and programming included the traditional view of occupational therapy being *rehabilitative* in nature; occupational therapy which is provided *after* an injury or illness. This perspective of the role of occupational therapy can prevent occupational therapy from addressing the role of health promotion and prevention, which is an emerging practice area. Participants further asserted that that

people often do not know what the role of occupational therapy is in traditional settings, let alone emerging practice areas. Mary described this well, “People have to buy into it [what we do]. Which goes into having an understanding of what we do...It’s like we’re constantly fighting that battle of having an identity.” Another societal view that revealed itself as being a barrier was that people are often resistive to changing their own ways of participating in activities and ways of life. Jane articulated this most clearly when she stated, “...empower them (clients) to make the right decisions, don’t tell them what they have to do. I think as soon as you tell somebody what they have to do, it’s negative.” Jane also went to say, “It’s [current health care] more focused on ‘this is the problem, this is the solution,’ and I think you miss a lot of...a big opportunity to educate when you do that. I think that’s kind of how the system is right now.” This quote highlights the need of OT to provide health and wellness promotion and programming. She highlighted the importance of occupational therapy practitioners in providing intervention pre-illness or injury.

Occupational therapy focus

Occupational therapy focus also came to view as a code under barriers. It almost became a subset of the societal views but encompassed more of OT as a whole in providing wellness programming. It is known that wellness programming can be beneficial but practitioners voiced that it was difficult to define the actual focus of occupational therapy in such a setting. It was important to them to remain skilled and occupation-based, to make it different than ‘just another wellness program’. They wanted to make sure that the health and wellness programming that occupational therapists did was uniquely occupational therapy. Mary stated, “So yeah, we can do a lot

of wellness but it's not set out as this is the career of OT; I'm going to do wellness." Janessa voiced her concern to the difficulty of defining a truly OT focused role, "I think the other barrier is kind of like, how do you keep it very OT focused? Where we are not falling into other discipline areas... If we are going to promote it as OTs I would want to make sure it had an OT feel about it, or that we were really using our education... That would really be a concern that we are really promoting who we are and what we do and I think that sometimes it's easy for OTs to want to be the Jack-of-all-trades." She voiced concerns that in providing occupational therapy in this type of setting, we may lose some of our identity if we do not continue to make it uniquely occupational therapy. She further asserted that it is important not to just go into a room and say, "we are having an occupational therapy session," but rather use our skills and knowledge to aid in promoting health and wellness at a community level rather than an individual level. Janessa went on to describe this further when she said this, "I mean I look at my whole training and it was about disease and disabilities and how you treat and how you deal with things. So really the majority of my core training was not on the promotion and preventive, you know?" While Janessa acknowledged these educational limitations, she and Mary believed that if OTs who are trained in health promotion and prevention do provide wellness programming, it would be important for occupational therapy to retain its core identity with focus on occupation when providing wellness programs.

Time

Time was seen as a barrier as stated by two practitioners, Mary and Janessa. Their schedules were very busy between work, family duties, and other

responsibilities. There was a concern that it would be difficult to fit another project into their already busy lives. Mary stated a simple, yet effective concern, “So, it’s out there, it’s how much do you want to give of your time?” Although it would be rewarding, she discussed that it is difficult to fit more into another’s schedule.

Occupational therapy practitioners who were interviewed pointed out many barriers to providing health and wellness programming. They were concerned with the costs and reimbursement rates for such programming, as well as, the importance of remaining occupational therapy focused. Although the occupational therapy practitioners saw many barriers to providing such programming they also saw many benefits.

Theme 2: Despite the barriers, there are many benefits in implementing health promotion programming

There are limited known supports for practicing occupational therapy practitioners in implementing health promotion and programming; but there are many benefits in doing so that can be widespread. The benefits include increase of independence for the individuals within the programming, increase in the ability to age in place for clients, decreased costs of healthcare, increased quality of life, and an increased role of occupational therapy.

Increase of independence

Rachel, Mary, and Janessa identified the benefit of increased independence for community-dwelling older adults. Rachel explained it best by stating, “by promoting it [wellness], and promoting people to be more active and moving around in any way that we can, or that they are capable of, is going to help them remain strong and able to keep

their independence for longer.” Her perception of increased independence coincides with the other benefits, as it seems each identified benefit is interrelated.

Aging in place

As aging in place continues to be a growing area of emerging practice, participants are seeing the benefits of promoting this trend as aiding in successful aging and increased independence. Mary, Janessa, and Rachel all discussed the benefit of aging in place. Rachel stated that “by promoting them (clients) being able to stay in their homes longer, reducing the cost of nursing home care, and your assistive living costs if you could just keep people strong enough to be able to take care of themselves, do their self-cares and their functional mobility and things like that, you’re going to be able to do aging in place.” This perception not only relates to the increase of independence from health promotion; it also relates to the decreased costs on health care in general.

Decreased costs

In supporting an individual to remain as independent as possible to be able to remain within their home as they age, the costs of decreased health care services benefit not only the individual, but the system as well. Rachel further described her view on the cost of healthcare and aging in place when she stated “I think the more we promote that [aging in place] and get people to do that, the overall costs of needing us and healthcare and everything in general will go down.” To do this, a change in the focus of healthcare may be necessary. Jane was very forward on her perception of healthcare and health promotion, and expressed repeatedly throughout her interviews her hopes of a change. She clearly stated her view when she said “If we shift our focus more to health promotion versus just fixing a problem once it already has occurred, we could save a lot of money.”

The occupational therapy practitioners interviewed for this study not only believe that occupational therapy health promotion programming would decrease health care costs for individuals, but also for the overall health care realm.

Quality of life

It was clear that the participants viewed health and wellness promotion and programming as having the ability to increase quality of life for community-dwelling older adults. Stated simply, Mary said, “You know, because we can help people.” She discussed further the implications of older adults utilizing adaptive equipment to increase their quality of life. “Well...Get the mindset that it’s okay to use a piece of equipment so that I [wellness participants] can do things [activities of daily living], cause my theory is always, do you want to use all your energy to take a shower, or would you rather go for lunch? I’d rather go for lunch, so...that’s my mindset.” However, Mary discussed how it is often difficult to change the focus of an individual.

In response to how occupational therapy practitioners can help with impacting an individual’s life in a positive way, Janessa replied, “I think probably...the point of purpose to someone’s life. I always think that’s maybe one of our biggest roles is that we can help provide that meaning and purpose to their lives...And I think that no matter how disabled someone is, we have an ability to show them and teach them how to achieve purpose in their lives.” After discussing how she thought that occupational therapy was a way to give purpose to a person’s life, Janessa stated,

I think purpose to your life has a huge impact on health and wellness. I think of my own mom who’s been through so much medically and I think she’s always had, one such a desire for health...She wants to live. No matter how much she

struggled...I also think the more people feel joyful and have limited, you know, less stress in their lives, probably the longer they live. At least the longer they have a desire to live.. And the more joyful I think, the more you, you have a desire to care for yourself. So it pretty much comes back to purpose in your life. You know, especially the elderly, if they have no purpose, whether it be spiritual, emotional, or physical, don't you think it comes down to what's more?

Having a purpose to life, makes one want to live it. Mary and Janessa believed that occupational therapists are in the position to improve quality of life through increasing endurance, strength, ability to perform occupations, and overall quality of life.

Increased role of occupational therapy

Mary, Janessa, Rachel and Tina stated that they thought an increased role in health and wellness would further increase the role of occupational therapy in general. In summation, Mary stated, "Well maybe just more awareness of our value and why, of what we can do to help..." Janessa stated the importance of finding a solid occupational therapy focus/foundation for wellness programming. She stated, "I think if it really got rolling and we really found a... strong niche of how we could promote it on the front side of it, than the backside, well I might be out of a job (laughter)...I think it could really help with people knowing what we are, what we do, and I think it's always good too, because I think it would challenge us to be out in the community more." She voiced that preventive services would not eliminate all illness and injury but that it could definitely make a large, positive impact on the outcomes.

Theme 3: Occupational therapy practitioners have a role within health promotion and programming; however, not all feel that they are “fit” to do so.

The participants saw that there is a definite match between the ideals of health and wellness promotion and programming and occupational therapy; however, most have their mindset remaining within ‘traditional’ occupational therapy roles. It became apparent that one must have an internal drive to providing such programming in order to perform it. Some codes to support this theme are repeated here from prior themes because participants reflected upon concepts that support multiple meanings.

Aging in place

Mary, Janessa, and Rachel stated the role of providing aging in place services as important to health and wellness promotion. Mary stated, “There’s a lot that we can do to help people just be healthy and keep in their homes...Discussing the barriers as far as scatter rugs for pre-, before breaking, removing falls...” Discussing home modifications, Janessa stated, “You know, just having some impact on some of those things that people don’t really think about when they’re young and healthy.” She went on to discuss the important role that occupational therapists can play once there may be some decline in functioning. She stated, “You know even looking at their cognitive systems, set up their bill paying, managing medications, and helping them with finding the right adaptive pieces for their medications, like ones that time and dispense, and those kinds of things.” Participants believe that occupational therapy practitioners have a major role within the realm of aging in place.

Education/Research

Two participants, Mary and Jane stated the importance of education within health promotion, not only of the client but also for the occupational therapy practitioner. When referring to consumer education, Jane stated, “I would say early intervention [before the *problem*] is always probably the best solution...Educate them as young as, as we can, but we continue that education...I would think the benefit would be greater the earlier we can get people the education. But I also think like, if the 65 plus population has not received the education yet...It’s never too late to make the change, and even if it’s just a small tweak in their daily schedule...” In discussing furthering education of occupational therapy practitioners in this realm of practice, Mary stated, “You know...it’s a specialty area I mean its something we do everyday...without batting an eye...We could take it to the next level.” In summary, Mary and Jane indicate education for both consumers and occupational therapy practitioners is important when considering expanding the role of occupational therapy in health promotion.

Holism

Three participants, Janessa, Tina, and Jane discussed to some extent that the holistic view of occupational therapists would play an important role in the profession’s ability to provide health and wellness promotion and programming. Jane stated, “...we definitely have some advantages because we understand that it’s the whole person, and have kind of the holistic view, so I think that is helpful.” Janessa stated, “But when you start looking at your well-being, your spirituality, your emotional, that all has a huge impact on health and wellness.” It is important to be able to view *one* problem from multiple points. Janessa went on to say, “So, I just think it’s just interesting to watch

people that have really tried to look at all aspects of their life and how it impacts that well-being in the end.” Janessa was referring to the fact that she believes when people view health and wellness as encompassing multiple aspects of their life [spirituality, physical, cognitive, etc.] they often have greater well-being than those who do not.

Increase quality of life

All participants stated that occupational therapy intervention at the community level would generally increase quality of life for the participants who participated in such programming. Simply put, Mary stated, “You know, because we can help people.” She also indicated that changing the mindset of certain people is sometimes important. She stated, “Well, yeah, get the mindset that it’s okay to use a piece of equipment so that I can do things, because my theory is always, do you want to use all your energy to take a shower or would you rather go for lunch? I’d rather go for lunch.” She asserted that it is important to look at one’s life and to realize what is truly of importance in order to effectively manage one’s time and energy.

After stating how she thought that one of the core principles behind occupational therapy was to provide meaning and purpose to an individual, Janessa further said, “I think that eating healthy, getting enough rest, exercising, finding quiet time, finding time for themselves to do things that provide joy and meaning [is important], they don’t necessarily have to be all about *me* and leisure but rather provide enjoyment, meaning, and *purpose*.”

Increased functional independence

Increased functional independence among community-dwelling older adults became apparent as a code. Mary, Rachel, and Janessa referred to it within their

interviews. Simply stated, Janessa brought home the message, “...challenging them every day to strive towards independence.” She referred to the just-right-challenge. In order to grow and improve abilities, clients must be ‘challenged’. Rachel said, “OT’s role in health promotion and wellness programming...It’s stressing everything that we do and focus on every day, being independent and how it helps you gain strength to be able to stay in your home longer.” In summary, participants believe that occupational therapy practitioners in health and wellness programming have the ability to increase functional independence of community-dwelling older adults by providing them [older adults] with interventions aimed at providing the just-right-challenge to the population being served.

Defining an occupational therapy niche

All five participants emphasized the need for occupational therapy as a whole to further define an OT niche. This would ensure that health and wellness promotion and programming provided by occupational therapy practitioners remain *uniquely* occupational therapy focused. Mary stated, “I don’t think that we can go in and do things at the church and just say you know we’re going to help you live a happier life. I’ve gone into how to make your home safer. And I think that’s where we can help but not to just come out and say we’re going to cure all your ailments, it’s more of a lifestyle type change.” She went on to say, “I mean we, we definitely can do it, it’s just finding the niche. Finding the person that that’s what you want to do with your life (within an occupational therapy role) and work towards it.”

Tina stated, “I would love to see OT branch out to help in the area of prevention, working with healthy aging, as well as, younger adults in training people to incorporate health lifestyle habits into their lives and be paid for this through medical insurance, or at

least health savings accounts. I think we could really find a niche in the area and shine.” Mary also discussed the issue of funding within our role, “I think that we have a role in the wellness, but I don’t think that it’s really being covered [by insurance] and I think there’s so many red tapes to get that.”

Jane stated “...OT is starting to play a bigger and bigger role in health promotion and planning/programming instead of just playing a role in the Rehab area of OT... I think it’s just making the change, and kind of changing that trend away from just ‘here’s the problem, let’s just rehab it’ instead of looking at the whole person and trying to see how we can promote their health better.” Janessa furthered that statement when she said, “Rarely do we work on the health part of it before they become unhealthy.” She also stated a way that she thinks occupational therapy has a major role within health and wellness promotion and programming. She stated, “Probably our best avenue is to take some of our ADL focus and how you promote health and well-being in keeping people independent and in their homes, especially the elderly.” Participants voiced the concern that if occupational therapy wants to take on a larger role within the realm of health promotion and programming, the profession as a whole needs to further define a niche for occupational therapy programming, as well as, find occupational therapy practitioners that have a passion for this type of practice.

Summary of Findings

The overarching assertion is that there are many benefits for promoting health and wellness at the community level; however, occupational therapy practitioners find there are more barriers than supports and that there must be an internal drive to be successful in the implementation of such programming. Participants’ perceptions about their

experiences in the profession of occupational therapy reflected three themes. The first theme describes that there are many barriers to implementing health promotion and programming. The second theme describes that despite a lack of support, there are many potential benefits in providing health promotion programming to both community-dwelling older adults and the occupational therapy profession as a whole. The final theme highlighted the role of occupational therapy within health promotion and programming; however, not all participants feel that they are *fit* to do so. In chapter five, the intersections between the findings of this study and the findings from the literature will be discussed followed by recommendations for occupational therapy practice.

CHAPTER V

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

The purpose of this study was to explore the views of occupational therapy practitioners on health promotion and programming for community-dwelling older adults. In this chapter, the researchers will compare the findings of this independent study to the findings of the literature review in order to form implications and recommendations. The most important implication of this study is the need to have an increased number of occupational therapy practitioners who provide community health and wellness promotion and programming for older adults.

Theme 1: There are many barriers to implementing health promotion and programming

In review of the data, the researchers determined that there are many barriers to implementing health promotion and programming for occupational therapy practitioners. The barriers to health and wellness promotion and programming were found through the data collected in the interviews. The occupational therapy practitioners saw funding/insurance, subjective meanings of health and wellness, accessibility, societal views, occupational therapy focus, and time as the barriers to such programming. The occupational therapy practitioners' views of health and wellness promotion and programming were similar to current research on the topic.

The occupational therapy practitioners who were interviewed for this study emphasized that allocation of resources, such as funding/insurance reimbursement,

accessibility (of the programming to community-dwelling older adults), and the factor of time, to be some of the main barriers to health and wellness promotion and programming. Eklund et al. (2012), Jones-Phipps and Craik (2008), and Wood et al. (2013) found similar barriers. They asserted that lack of funding limits the ability of practitioners to start a wellness program with the costs of gathering resources, time, and staff; however, they found that the benefits of the program in the long run would pay off (Eklund et al., 2012; Jones-Phipps & Craik, 2008; Wood et al., 2013).

Grant writing may be key to acquiring funding for this type of programming. This would assist occupational therapy practitioners in being able to gather more time, resources, and funding for health and wellness promotion programming. However, many therapists may not be able to spend their time writing grants due to productivity demands in their traditional occupational therapy settings. As a start, it may be easier for practitioners to gradually move into grant writing by taking a short course on the subject and applying for small grants from local funders such as churches, coalitions, and organizations. As the practitioners become more skilled in writing these grants, they can begin applying for larger grants.

Another possibility for funding may come from the Patient Protection and Affordable Care Act (ACA), where under the law, insurance companies must cover certain preventive services, yearly wellness visits, and eliminate cost sharing (AOTA, September 2014.; U.S. Department of Health and Human Services, 2014 May). Preventing chronic disease and increasing the health of the public has become a centerpiece of health reform within this act (AOTA, September 2014; Hildenbrand & Lamb, 2013). The profession of occupational therapy must promote its role within the

preventive realm in order to remain a relevant member of the health care team under this new legislation.

There are new insurance options that provide reimbursement for membership in local fitness clubs. The occupational therapy wellness programs are similar but offer higher skill levels in group leadership and making adaptations to compensate for age-related changes. In addition, occupational therapy wellness programs now have significant evidence of effectiveness and cost savings (Clark et al., 2012). An occupational therapy practitioner can use these distinctions about occupational therapy wellness programs as a way to market the programs to insurance companies when advocating for insurance reimbursement for participation in the programs.

Finally, private pay is also another funding possibility. Older adults as a whole prefer to age-in-place, as this is a strong trend in the US right now. Many older adults are willing to pay a membership fee in programs that would help them retain their health and wellness so that they are able to stay in their homes as long as possible.

Other barriers that were found within the confines of this research study include the subjective meanings of health and wellness (of the broad population), societal views of occupational therapy, and the focus of occupational therapy within this setting. Wood et al. (2013) found similar findings to this. From the five participants in their study, there was a mixture of responses to whether they felt supported in their primary health promotion roles. They discussed that their co-workers (other occupational therapists included) at times did not fully understand the role of occupational therapy within this type of setting and found it to be a major barrier (Wood et al., 2013). If an occupational therapy practitioner wants to participate in this type of programming, it would be

important to not only educate the public on their role within health and wellness, but also their co-workers.

Lack of knowledge/education and lack of support was also seen as a barrier in Jones-Phipps and Craik (2008). The participants in this research study believed that a majority of their training was placed on the *traditional* role of occupational therapy, post injury or illness, rather than on the preventive side. In a study where the participants were currently involved in providing health and wellness programming, Wood et al. (2013) stated that all of their participants had post-graduate education or studies on this type of programming. Post-graduate studies and education could serve as key to more occupational therapists participating in this type of programming. Similar the previously discussed studies, the participants in this study felt that they would benefit from further education on this type of programming, to increase their knowledge in this area. They believed that if occupational therapy practitioners were able to gain further training in such programming, it would assist the profession in retaining its core identity (focus on occupation) when venturing into this emerging area of practice. There were many barriers found to health and wellness promotion and programming within occupational therapy practice, however the occupational therapy practitioners interviewed for this study also saw benefits to providing such programming.

Theme 2: Despite the barriers, there are many benefits in implementing health promotion programming.

The researchers of this study also found that the occupational therapy practitioners that were interviewed believed there are many benefits to implementing health and wellness promotion programming. The benefits included an increase of

independence among community-dwelling older adults, increased ability of older adults to age-in-place, decreased costs of healthcare for not only older adults, but the nation as well, increased quality of life for older adults, and an overall increased role of occupational therapy. The views of the occupational therapists interviewed for this study were quite similar to the current research on health and wellness programming.

The researchers found that the occupational therapy practitioners interviewed for this study believed that occupational therapy practitioners providing health and wellness programming could influence an increase in the ability of community-dwelling older adults to age-in-place, increase their independence, decrease their costs of health care, as well as, improve their quality of life. This is similar to the findings in current literature on community-based health and wellness programs run by occupational therapists. Jackson et al. (1998) found that occupational therapy programs aimed at community-dwelling older adults may, in the long term, decrease morbidity and the effects of disability. Various researchers have asserted that community-based programs are an effective intervention for improving the quality of life, functional independence, and overall health for the older adult population (Eklund, Sonn, Nystedt, & Dahlin-Ivanoff, 2005; Graff et al., 2007; Gustafsson et al., 2012; Jackson et al., 1998; Matuska et al., 2003; National Center for Chronic Disease Prevention and Health Promotion, 2011; Pang, Eng, Dawson, McKay, & Harris, 2005; Teri et al., 2011; Williams, Doherty, Bender, Mattox, & Tibbs, 2011; Yamada, Kawamata, Kobayashi, Kielhofner, & Taylor, 2010). Educational programs that focus on the process of aging, community resources, and health prevention and awareness have shown results in increased participation in

healthy habits and routines, as well as a delay in the dependence on others (Gustafsson et al., 2012; Jackson et al., 1998; Yamada et al., 2010).

The participants in this study realized that if an increased amount of occupational therapy practitioners were to participate in this type of programming, it would increase the role of occupational therapy within the health care world. They recognized it would increase the awareness of the public to the value and importance of occupational therapy. They voiced the notion that it would help put occupational therapy into the community more, to make it more well known. Participants acknowledged that preventive occupational therapy would not eliminate all illness and injury; however, that it could definitely make a large, positive impact on the outcomes of health. Community-based wellness programming has provided a cost-effective approach in the long-run for provided skilled services to a large group in the same amount of time allocated to an individual in the traditional clinical setting (Clark et al., 2012; Eklund et al., 2005; Teri et al., 2011). Through utilizing wellness programming at a community level, occupational therapy practitioners can address the needs of the growing older adult population in a cost-effective manner, however getting to that point requires overcoming some obstacles, such as funding, time constraints, and societal views of occupational therapy.

Theme 3: Occupational therapy practitioners have a role within health promotion and programming; however, not all feel that they are “fit” to do so

Occupational therapy practitioners have a role within health promotion and prevention, but there is little evidence that it is actually happening within practice (Jones-Phipps & Craik, 2008; Scriven & Atwal, 2004). According to the AOTA Workforce Study (2014), only 1.8 percent of practicing occupational therapy practitioners work

primarily within a community setting. As the health care system shifts its focus towards preventive measures it will be important for occupational therapy to address their role and importance within this type of setting in order to remain a relevant member of the health care team. The participants of this study saw that there is a definite match between the ideals of health and wellness promotion and programming and occupational therapy. However, most have their mindset remaining within *traditional* occupational therapy roles (i.e. rehabilitation).

Occupational therapy practitioners who were interviewed for this study believed that the role of occupational therapy within health promotion and prevention, includes increasing the ability of community-dwelling older adults to age-in-place, providing further education and research upon this type of programming, providing a *holistic* component to health and wellness programming, increasing quality of life and functional independence of older adults, and the need for occupational therapy to further define a niche within this type of programming. Occupational therapy practitioners have the ability to appreciate the complex and dynamic interactions between the person, their environment, and the activities in which they need to participate in during their daily lives (AOTA, May 2014). They have the ability to facilitate the success of individuals by matching the person's skills to the demands of their occupations, by utilizing environmental supports, minimizing environmental barriers, and by offering solutions to challenges associated with changing habits and routines (AOTA, May 2014). Occupational therapy practitioners within this study recognized the ability of occupational therapists to provide clients with furthered value and purpose, through recognizing them as a holistic being. The participants believed that occupational therapy

within a health and wellness promotion role could increase quality of life and functional independence for older adults. This is supported by AOTA (2014) and Dunn et al. (1998, p. 534) as they discussed the role of occupational therapy within this setting is not to assume a disability is present, but rather to enrich experiences that can enhance occupational performance for all people within the natural circumstances of their life.

A role of occupational therapy that was found during this research study was the need for occupational therapy to define an occupational therapy *niche* for this type of programming. Occupational therapy practitioners felt that programming would need to be occupation-based. There are numerous ways that occupational therapy as a whole could contribute to providing occupational therapy practitioners with a solid foundation to establish this type of programming within communities. One way would be to provide further coursework within academia on this topic. The participants in this study recognized that the majority of their coursework was focused on the *traditional* realm of occupational therapy rather than the preventive aspect. Jones-Phipps and Craik (2008) found that 94 percent of students who had exposure to a health promotion class found that it will be essential for occupational therapy to incorporate health promotion as an essential role within the field. It can be concluded that if there is increased exposure to this type of programming, further occupational therapists will know the topics that can and should be covered within this type of programming.

Another way that occupational therapy can further define its niche within the health and wellness realm is to conduct further research on the topic. If there is further research, there is further knowledge on the topic. There is a push for health care workers

to further promote and participate in evidence-based practice. The more evidence there is on a topic the more likely it will be accepted by insurance and other funding sources.

Limitations

One limitation of this independent study is the small sample size. This limits the ability to generalize findings to the larger population of occupational therapy practitioners. However, generalizability is not the goal of qualitative research. Another limitation that occurred is the limited demographic variability within the sample interviewed. All participants were white, female occupational therapy practitioners. The researchers sought to gain the perspectives of certified occupational therapy assistants as well; however were limited by timeframes and availability of participants. Familiarity of participants with this type of programming was also found to be a limitation to this study. Many participants were not familiar with health and wellness promotion and programming. They were much more familiar with the *traditional* role of occupational therapy (after the onset of disease or disability).

Finally, the lack of randomized sampling was a limitation upon this study. This study utilized convenience/snowball sampling procedures, which limits the generalizability of the study. The researchers knew some of the participants prior to the onset of the study, this has the possibility of influencing the results; however, measures were taken to avoid this. While the findings cannot be generalized, they can be transferred to practice through formulation of recommendations.

Recommendations

There are three key recommendations for occupational therapy in health and wellness promotion and programming that were drawn from this study. The first is

action research. This is similar to recommendations from a study completed by Wood et al. (2013). Subsequent studies that utilize action research will assist in advancing specific practice issues that may arise in this emerging area. It would allow researchers and the profession to look further into what is needed to implement this type of programming, as well as gain insight into what factors would encourage further participation within this type of practice. Therefore, it is recommended that further research studies be done on this topic, utilizing an action research approach.

The next recommendation is for occupational therapy within academia. It is recommended that occupational therapy programs provide further required coursework and experience within this setting. This will lead to an increased number of entry-level occupational therapist who understands the importance and role of occupational therapy within health and wellness promotion and programming. If more entry-level practitioners are familiar with this type of programming, it will increase the likelihood that it will be carried out within practice. Knowledge is key.

It is the researchers' recommendation that occupational therapy, as a whole should:

- ❖ Promote education on health and wellness programming within a spectrum of models
 - Assist occupational therapy practitioners balance health and wellness promotion between a spectrum of models
 - Provide continuing education on health and wellness promotion and programming
- ❖ Further emphasize health promotion and wellness within academia

Researchers recommend the occupational therapy profession promote education on health and wellness promotion and programming within a spectrum of models. The integration of community-based health and wellness promotion and programming into the

realm of occupational therapy must not only focus on the community model, but rather should be considered within a spectrum of models. Occupational therapists aim to provide holistic care, in order to do this within health and wellness promotion and programming, occupational therapists must look at it through the eyes of a spectrum of models, rather than focusing on just one. It is recommended that occupational therapy practitioners balance health and wellness throughout medical and community models of practice, in order to provide holistic, client-centered care. In order to deliver this, it will be beneficial to provide continuing education on health and wellness promotion and programming for practicing occupational therapists. This will be beneficial in educating practitioners on this emerging area of practice and further providing them with them ideas of ways to incorporate various models into their practice.

Summary

It is known that community-based occupational therapy programs aimed at older adults are beneficial and cost-effective (Clark et al., 2012). Another fact is that a mere 1.8 percent of practicing occupational therapists work within a community setting (AOTA Workforce Study, 2010). Occupational therapists within this study believed that there are many benefits for promoting health and wellness at the community level; however, occupational therapy practitioners found there are more barriers than supports and that there must be an internal drive to be successful in the implementation of such programming.

All participants had positive views relating to health and wellness; however, they did not necessarily believe they had the internal drive to do so. They believed that their core training was aimed at providing care post injury and/or illness and that in order for

occupational therapy as a whole to gain ground within health and wellness promotion and programming; further occupational therapy *niches* must be established. With this research study and associated recommendations, it is the researchers' vision to increase the amount of occupational therapy practitioners who provide health and wellness promotion and programming for community-dwelling older adults.

APPENDICIES

APPENDIX A

OT PRACTITIONER EXPERIENCE/EDUCATION

Participant	Degree	Years of experience	Settings practiced	Current setting	State in which they Practice
Jane	Master's	2	Acute rehab, SNF, Outpatient MH	Outpatient MH	MN
Janessa	Bachelor's	26	Acute rehab, transitional care unit, post-orthopedic surgery	Acute rehab	ND
Mary	Bachelor's	34	Acute rehab, general hospital, home health, post-orthopedic surgery	Acute rehab, general hospital, post-orthopedic surgery (PRN)	ND
Rachel	Bachelor's	18	Acute Rehab (Rural and Urban), Acute Care, Home Health	Rural Acute Care	MN
Tina	Master's	8	Outpatient MH	Outpatient MH	MN

APPENDIX B

ADVERSE EVENT, PROTOCOL CHANGE FORM, AND IRB APPROVAL

APPENDIX C

INFORMED CONSENT

APPENDIX D

SAMPLE INTERVIEW QUESTIONS

OT Practitioners Views on Health and Wellness Promotion Programming

- What needs do you see pertaining to wellness programming?
- What experience do you have working with the older adult (65+y/o) population?
- What do you see as benefits to health promotion programming in general?
 - Towards this population?
- Explain the role of OT in health and wellness promotion and programming.
- What barriers have you seen, or anticipate seeing, in providing this type of programming?
- How do you view this type of programming influencing the profession of OT?

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