Occupational Therapists' Perspectives on Nursing Home Culture and Addressing the Psychosocial Needs of Residents: Mixed Methods Design

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Abstract

Background: The purpose of this study was to explore occupational therapists' perspectives on the culture change movement to address the psychosocial components of care among nursing home residents and identify supports and barriers to implementing the culture change movement.

Methods: We used a sequential explanatory mixed methods design. Electronic surveys were completed by 102 occupational therapists who work in nursing home facilities. Three focus groups were conducted via conference call with occupational therapists (n = 9). The survey was analyzed using descriptive statistics and content analysis. Focus groups were analyzed using thematic analysis.

Results: Seventy-four of survey the participants indicated that they were unfamiliar with the culture change movement prior to `completing the survey. However, several of the participants indicated they were currently or have previously addressed factors related to culture change movement by focusing on providing client-centered care and adapting the nursing home environment to meet residents' needs. Qualitative themes in the focus groups identified supports and barriers to address the psychosocial components of care and the importance of educating certified nursing assistants to meet the psychosocial needs of the residents.

Conclusion: Findings suggest the benefits of implementing culture change in nursing homes and the role of occupational therapy in influencing changes to better meet residents' psychosocial needs.

Comments

The authors declare that they have no competing financial, professional, or personal interest that might have influenced the performance or presentation of the work described in this manuscript.

Keywords

culture change movement, nursing home, psychosocial needs, occupational therapy, nursing home residents, gerontology

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It is estimated that 15,600 federal and state-funded nursing homes house over 1,347,600 older adults across the United States (Harris-Kojetin et al., 2019), and the number of people who require long-term care increased by 33% in 2020 (U.S. Department of Health and Human Services, 2012). To keep up with the demands of the growing older adult population, it is critical that health care professions, including occupational therapy, continue striving to increase the quality of care and enhance the quality of life in nursing homes.

Historical and current approaches to nursing home care have received criticism stemming from a heavy emphasis placed on the medical model (Shier et al., 2014). Furthermore, nursing homes follow structured and rigid routines that reduce engagement in meaningful occupations (Causey-Upton, 2015; Theurer et al., 2015). The decrease in valued occupations poses a threat to meeting residents' psychosocial needs (Causey-Upton, 2015; Freedman & Spillman, 2014; Theurer et al., 2015) that encompass aspects of emotional, psychological, and social well-being (Centers for Disease Control and Prevention [CDC], 2018; Stoffel, 1995). Interventions in nursing home settings targeting dignity, quality of life, and freedom of choice are less likely to be addressed on a regular basis compared to goals and interventions focused on remediation and activities of daily living (ADL) participation (Ragsdale & McDougal, 2008). However, evidence suggests that interventions addressing the psychosocial components of care for all older adults should be made a top priority (Sturdevant, 2018). One way to influence a change in nursing home practices is to shift perspectives from a medical model to a more holistic, resident-directed model of care, which is referred to as the culture change movement. These initiatives aim to promote the optimal physical, mental, and psychosocial well-being of all residents (National Consumer Voice for Quality Long-Term Care, 2019).

The culture change movement aims to transform nursing homes from institutionalized and hospital-like settings to resident-directed homes that offer long-term care services for older adults (Koren, 2010). Culture change initiatives reflect a comprehensive approach to caring for older adults. In doing so, health care teams look at all aspects of a person rather than just physical and mental ailments that limit participation in residents' everyday activities (Ragsdale & McDougall, 2008). The advantages of using this framework to address the psychosocial needs of older adults include the potential to lower incidences of decline in ADLs, increase the satisfaction of residents and families, decrease feelings of helplessness and boredom, and meet the individual needs of residents (Miller et al., 2014). The culture change movement also aims to eliminate traditional institutional and restrictive routines while promoting a supportive environment that allows residents to exercise individual choice in their everyday lives. In addition, staff acknowledges the importance of implementing resident-directed leisure activities that are purposeful and meaningful to residents.

Psychosocial Needs of Residents in Nursing Homes

Residents in traditional medical-based nursing home settings are more likely to experience diminished autonomy in their everyday decision-making (Tyler & Lepore, 2017). Threats to a person's autonomy, loss of control, and feelings of helplessness negatively impact one's mental health (Andersen & Puggaard, 2008). Compared to older adults living in traditional community-based settings, individuals in long-term care reported greater unmet needs in areas of self-care, social connection, leisure engagement, and autonomy (Freedman & Spillman, 2014; Theurer et al., 2015). Older adults in nursing homes report greater experiences of loneliness and social isolation (Heidari et al., 2016), resulting in increased susceptibility to depression (Theurer et al., 2015). Evidence supports that

participation in activities and spending time with other residents fosters a sense of inclusion, positive self-esteem, and a sense of belonging (Slettebø et al., 2017). In addition, opportunities to engage in activities with others who share similar interests contribute to social support and perceptions of enhanced well-being in older adults (Duncan et al., 2017). Leisure participation contributes to self-identity, social connection (Dube & Choyal, 2012), positive mental health, and overall well-being (Causey-Upton, 2015), but there are common barriers related to engagement in leisure participation in nursing homes that include insufficient staffing, a lack of transportation, and a limited selection of activities (Causey-Upton, 2015).

Although there are efforts to address the mental health, quality of life, and well-being of residents, current literature articulates a persistent need to address the psychosocial factors relevant to nursing home settings (Duncan et al., 2017; Ragsdale & McDougall, 2008; Vitorino et al., 2013). As needs remain unmet and the quality of care remains less than optimal (Causey-Upton, 2015; Ragsdale & McDougall, 2008), it is critical that health care providers support future change in nursing home practices.

Barriers to Implementation of the Culture Change Movement

The core constructs and aims of the culture change movement reflect the persistent unmet psychosocial needs in nursing home settings. Implementing change outlined in the culture change movement has attempted to address the overall quality of life and quality of care of nursing home residents for the past several decades. However, the most significant barriers to successful implementation include scarce evidence-based research and a lack of professional initiative to promote change (Tyler & Lepore, 2017; Rafeedie et al., 2018). The literature emphasizes a need to incorporate opportunities that promote and encourage resident autonomy as a method to enhance positive well-being, yet little is known regarding the most effective ways to initiate and implement change in nursing home culture (Miller et al., 2014; Ragsdale & McDougall, 2008). In addition, the Eden Alternative, the Green House model, and the Pioneer Network have attempted to provide solutions for changing nursing home culture to influence the quality of life for residents (Ragsdale & McDougall, 2008). However, there is currently limited evidence regarding the feasibility and sustainability of using the culture change framework (Miller et al., 2014; Ragsdale & McDougall, 2008).

Additional barriers to implementing culture change and addressing the psychosocial needs of residents have been linked to nursing home organizations' readiness for change. This results from a lack of communication and collaboration between direct-care workers and administrative staff (Koren, 2010; Tyler & Lepore, 2017). Furthermore, other barriers to implementing the culture change framework include costs associated with physical structures and financial incentives, regulation changes, and legal policies (Doty et al., 2008; Grant, 2008; Miller et al., 2014; Kapp, 2013). One of the most significant issues in initiating culture change is reimbursement practices (Chisholm et al., 2018; Koren, 2010). An informational gap remains on the feasible financial investment of incorporating a complete culture change initiative (Koren, 2010).

Occupational Therapy and the Culture Change Movement

The theoretical framework outlined by the culture change movement reflects occupational therapy's vision and philosophy of promoting optimal health, well-being, and quality of life through meaningful participation in everyday occupations across the lifespan (American Occupational Therapy Association [AOTA], 2020). As of 2019, 43.1% of occupational therapy assistants and 14.5% of occupational therapists practiced in skilled nursing facilities and nursing homes. Skilled nursing

facilities are the most prevalent work setting for occupational therapy assistants and the third highest area of practice for occupational therapists (AOTA, 2019). Occupational therapists play a vital role in influencing culture change in nursing home settings, in addition to the rehabilitation services they already provide to nursing home residents.

Occupational therapists have a unique skill set to adapt and address the environment, understand and enhance the use of resident-directed care, and work collaboratively with other health care professionals to holistically meet the needs of residents (AOTA, 2020; Rafeedie et al., 2018). The distinct value of occupational therapy reflects the core constructs of the culture change movement. There is limited evidence that aims to identify the role of occupational therapy in influencing culture change and addressing the psychosocial needs of residents. However, recent studies regarding the implementation of culture change and promoting psychosocial and medical outcomes through client-centered practice have been identified in gerontology, physical therapy, medicine, and nursing literature (Rafeedie et al., 2018). Furthermore, current research states that occupational therapists need to take a more active role in documenting and measuring the distinct value of occupational therapy in nursing home settings to maintain its relevance for the Centers for Medicare and Medicaid Services (CMS) and other third-party payers (Rafeedie et al., 2018). With a vast number of occupational therapists already providing services in nursing homes, occupational therapy has great potential to influence nursing home culture to promote positive mental health, quality of life, and overall well-being. The current research study is guided by two objectives:

1. To explore occupational therapists' perspectives on the culture change movement to address the psychosocial components of care among nursing home residents and identify supports and barriers to implementing the culture change movement.
2. To explore how occupational therapists currently address the psychosocial components of care for nursing home residents and what future changes can be implemented in nursing home practices to align with the core values of culture change.

For this study, the term psychosocial encompasses the emotional, psychological, cultural, and social aspects of occupation that contribute to a person's sense of purpose, social connection, quality of life, and well-being (Ramsey, 2004).

Method

Research Design

The researchers implemented a sequential explanatory mixed-methods design using a survey and focus groups. Sequential explanatory mixed methods "implies collecting and analyzing first quantitative and then qualitative data in two consecutive phases within one study . . . and the design has found application in both social and behavioral sciences research" (Ivankova et al., 2006, pg. 4). A survey design (Phase 1) was followed by conducting focus groups (Phase 2). The benefit of using this form of mixed methods design allowed the researchers to gain a comprehensive understanding of occupational therapists' perspectives on nursing home culture change; addressing psychosocial needs, supports, and barriers; and occupational therapists' role in these topics (Creswell & Creswell, 2019). The researchers obtained approval from the University Institutional Review Board (IRB) to conduct this study.

Participants and Recruitment

Phase 1 of the study involved one hundred and two participants who completed the electronic survey. Occupational therapists were recruited to participate in an online survey using convenience

sampling. Methods of recruitment included using an electronic mailing list from several state associations and licensure board directories across the United States, posting on special interest forums on the AOTA's website, and contacting an online connection group for therapists in skilled nursing facilities.

Phase 2 of the study had nine participants who completed the focus group discussions, and convenience sampling was used to recruit participants for focus groups. Recruitment included survey respondents who volunteered to participate in the follow-up focus group session. Furthermore, the participants who did not complete the survey but were interested in partaking in focus groups were contacted separately with additional information regarding the focus group sessions. The participants in each group were equally eligible to enter their names in a raffle to win a $15 gift card to incentivize participation in the focus groups

Inclusion criteria for the online survey and focus groups included licensed occupational therapists who have worked in a nursing home in the United States for at least 1 year within the last 3 years. Occupational therapists were required to read and understand English to participate in the survey and/or focus groups portion of the study. The researchers excluded participants who were not licensed occupational therapists, those who have not worked in a nursing home setting for at least 1 year within the last 3 years, or those who are not currently practicing in the United States.

Procedures

For Phase 1, the researchers developed an electronic survey using the SurveyMonkey® platform. The survey was open for participant submission for 6 weeks. The survey questions were reviewed and revised by three faculty members at the University before finalizing the survey to ensure content validity of the questions. The survey included 21 closed and open-ended questions regarding demographic information, current priorities of occupational therapists in nursing homes, confidence, satisfaction in addressing the psychosocial needs of residents, the type of interventions focused on engagement in leisure and social occupations, and perceived supports and barriers to practice. The survey link was emailed to potential participants and included the criteria and information needed to complete the study. Participation in the survey was voluntary, and submission of responses implied consent.

For Phase 2, the researchers conducted three focus groups, with three participants in each group. Each focus group took place via telephone conferencing using WebEx, and the sessions lasted an average of 60 min. The focus group participants were emailed a Study Information Sheet before attending the group discussion. At the beginning of each focus group session, the researchers obtained verbal consent from all participants. The researchers used a semi-structured interview guide derived from the literature and findings from the survey (see Table 1). Each focus group was audio recorded and transcribed verbatim following each session.

Data Analysis

For Phase 1, quantitative data collected from the survey questions were analyzed using descriptive statistics. Data from the closed-ended questions were converted into percentages, percentiles, mean, median, and mode. Open-ended questions from the survey were analyzed using content analysis. The researchers reported common issues and conducted frequency counts to code and categorize the data (Elo & Kyngas, 2008). The researchers individually analyzed the quantitative and qualitative data and analyzed the survey data together to enhance overall rigor. The results of the survey data further informed topics of the focus groups to explore occupational therapists' perspectives of nursing home culture and addressing the psychosocial components of care.

Table 1

Focus Groups Interview Guide

1. Are you familiar with the culture change movement?
2. Do you feel like there is a need to address the current nursing home culture?
3. What kinds of activities or interventions are you currently doing or have done in the past that relate to the culture change movement?
4. Data collected from the survey indicates that most people either agreed or strongly agreed that addressing culture change fits into occupational therapy's domain of practice. How could the culture change movement fit into occupational therapy's scope of practice?
5. Do you think that the culture change movement will help address the psychosocial needs of residents? Explain how.
6. What things in the nursing home could be different to make the nursing home environment more home-like?
7. What kinds of barriers do you foresee while making the nursing home environment more home-like?
8. What do you think would help make the nursing home environment more home-like?
9. What unintended consequences, either positive or negative, do you think might happen as the facility makes the nursing home environment more home-like?
10. Are there any other thoughts about this idea of the culture change movement and how occupational therapists can become leaders in influencing this change?

For Phase 2, focus group data were analyzed using thematic analysis. Thematic analysis is a method for identifying, analyzing, and reporting themes in the data (Braun & Clarke, 2006). The audio recordings for the focus groups were transcribed verbatim by the researchers. Pseudonyms were given to participants in the focus groups to ensure confidentiality. Following transcription, data analysis consisted of data reduction, data display, and data conclusion drawing and verification (Miles & Huberman, 1994). Data were reduced by selecting, simplifying, abstracting, and transforming the information gathered from the transcripts. Data were displayed by organizing the information related to the themes derived from the reduced data. The conclusion drawing and verification phases consisted of the development of themes that represented ideas and experiences stated by the participants. The data were peer examined to promote triangulation and trustworthiness of the results.

Phase 1: Results from the Survey

Demographic Information of Survey Participants

One hundred and sixteen occupational therapists initiated the electronic survey, and 102 participants completed the survey. Additional demographic information about the participants is presented in Table 2.

Table 2

Demographic Information of Survey Participants (N = 102)

		%
License	Occupational therapy assistant	24
	Occupational therapist	76
Level of Education	Associate Degree	12
	Bachelor's Degree	34
	Master's Degree	43
	Entry Level Doctoral Degree	3
	Post Professional Doctoral Degree	8
	Other	1
Years Practicing as an Occupational Therapist	1–5 years	33
	6–10 years	29
	11–15 years	14
	16–20 years	13
	21–25 years	10
	> 26 years	16
Years Practicing as an Occupational Therapist in Nursing Home Setting	1–5 years	56
	6–10 years	38
	11–15 years	9
	16–20 years	5
	21–25 years	4
	> 26 years	3

Occupational Therapy Goals Addressed in Nursing Home Settings

According to the survey data, 94% of the participants often or always address physical goals, such as increased range of motion, endurance, activity tolerance, and bilateral coordination. Occupational therapists primarily address activities of daily living, social participation, emotional aspects, well-being, and quality of life during therapy. On the contrary, only 46% of the participants identified that they often or always address goals related to psychosocial factors on a weekly basis. In addition, most of the participants identified work, rest, and sleep as activities rarely or never addressed in the nursing home setting. See Tables 3 and 4.

Table 3
Treatment Areas Addressed by Occupational Therapists in Nursing Homes as Identified from Survey Data (N = 102)

Treatment Areas	Often-Always (%)	Rarely-Never (%)
Activities of Daily Living	98	0
Instrumental Activities of Daily Living	48	0
Rest and Sleep	21	50
Education	58	29
Work	6	62
Leisure	48	18
Social Participation	58	14
Emotional Aspects	63	19
Psychological Aspects	58	16
Well-Being	73	11
Quality of Life	79	5

Table 4
Frequency of Goal Areas Addressed on a Weekly Basis as Identified from Survey Data (N = 102)

Goal Areas	Often-Always (%)	Rarely-Never (%)
Physical Factors	94	0
Psychosocial Factors	46	23

Strategies to Address the Psychosocial Needs of Residents

The results of the survey indicated that the participants use several intervention strategies aimed at addressing residents' psychosocial needs, including the therapeutic use of self, engagement of residents in occupations and activities, caregiver education and training, advocacy, group interventions, and social interaction. Examples of each strategy are outlined in Table 5.

Existing Supports in Nursing Home Settings to Address Psychosocial Needs

The survey participants highlighted that interdisciplinary collaboration and support from staff members, including mental health professionals, social workers, recreational staff, nursing staff, and other members of the rehabilitation team, facilitated occupational therapists' ability to meet residents' psychosocial needs. In addition, using available services through community programs, such as attending community events, community outings, and having access to mental health services outside of the facility supported residents' psychosocial needs. The participants reported feeling prepared to address the psychosocial needs of residents through training and education received in occupational therapy programs. Educational experiences and continued education courses enhanced occupational therapists' therapeutic use of self and understanding of coping strategies. The therapists reported social support received from the residents' family members, peers, one-on-one volunteer visitors, and religious affiliations as key factors in supporting psychosocial needs. Furthermore, it is essential that residents have access to professionals who prescribe medication to support resident participation in activities and therapy (see Table 6).

Table 5

Strategies to Address the Psychosocial Needs of Residents as Identified from Survey Data (N = 102)

Therapeutic use of self:
- Active listening
- Engaging in daily conversations with residents
- Providing emotional support and empathy when needed
- Building rapport with residents

Engagement of residents in purposeful occupations and activities such as:
- Social participation
- Leisure participation
- Independence with self-care tasks to support self-esteem and feelings of self-efficacy
- Engagement in past occupations to provide residents with a sense of meaning and purpose

Education and training
- Train caregivers on strategies to address depression and anxiety for the resident
- Educate strategies to address caregiver burden
- Educate residents on their diagnosis and illness, how their level of motivation and feelings impact their physical health, and how to utilize emotional self-regulation strategies
- Collaborate with staff on ways to increase participation during mealtime and nursing home activities

Advocacy
- Provide resources, such as community support, social opportunities, and supportive activities
- Relay patient needs to staff
- Promote self-advocacy skills for residents

Group interventions and social interaction
- Engage residents in gardening
- Engage residents in music groups
- Encourage socialization and participation among peers within the facility

Barriers to Addressing Psychosocial Needs

Several barriers to addressing the psychosocial needs of residents were identified through the survey data, including limited social support in the nursing home environment, a lack of education to address the needs of residents, minimal family involvement, and a lack of initiative from the health care team to address psychosocial needs. In addition, administrative staff may lack understanding of how occupational therapists can support residents' psychosocial needs through interactions during therapy or treatment. Limited funding and budgets for resources and additional services also present barriers to meeting residents' psychosocial needs. Lack of time and high productivity demands further limit therapists' ability to meet the psychosocial needs during therapy. Reimbursement policies and documentation systems limit goals and interventions that target residents' psychosocial needs. Lastly, residents' cognitive levels, anxiety and depression, and stigma in the nursing home environment further contribute to isolation and interfere with the ability to address the holistic needs of residents (see Table 6).

Table 6

Perceived Supports and barriers to Applying Culture Change Principles in Nursing Homes as Identified from Survey Data (N = 102)

Factors	Support (%)	Barrier (%)
Staffing	32	68
Relationships with Staff	68	32
Relationships with Residents	93	7
Family/Caregiver Involvement	72	28
Facility Policies	31	69
Reimbursement Policies	7	93
Resources	11	89
Time	13	87
Environment	31	69

Culture Change Movement

Seventy-four percent of the survey participants indicated that they were unfamiliar with the culture change movement before completing the survey. However, several of the participants indicated they were currently or have previously addressed factors related to the culture change movement by focusing on the occupational performance needs of residents, providing client-centered care, adapting the nursing home environment, and collaborating with staff and family to meet residents' needs. Occupational therapists stated that they address the development of healthy habits and routines and engage residents in functional tasks and activities. Furthermore, client-centered care is prioritized to foster resident autonomy. This includes collaborating with the resident during goal and intervention planning, providing choices for the resident, incorporating desired activities into treatment, spending additional time with the residents outside of therapy, and empowering residents in their living environment. Current efforts undertaken by therapists and administration to adapt the nursing home living environment include eliminating the use of trays to serve meals, decorating resident rooms, adding private rooms and bathrooms, and reducing overstimulation of noise and dimming or brightening spaces in the nursing home. Therapists focus on developing collaborative and interdisciplinary relationships between staff and family members in the nursing home environment by providing overall encouragement to fulfill residents' wants and needs.

Strategies for Influencing Culture Change

In addition, the participants identified in the survey several strategies that can be used to meet residents' psychosocial needs, including changing the social and physical environment of a nursing home facility, advocating for changes in policy and administration, and encouraging a team effort in providing quality resident care. Examples of changes in the social environment involve introducing animals into the facility and interacting with children and community members on a regular basis. Adapting the physical environment involves providing adequate lighting, spaces for common areas, private rooms with personalized furniture and decor, plants, and increasing opportunities to be in nature. The participants identified a need for changes in rules and regulations to support a more home-like environment. Changes proposed by the therapists included expanding reimbursement policies to allow for greater emphasis on addressing holistic resident needs and changing facility rules to promote residents' flexibility and choice in daily activities. There is an additional need for increased staff collaboration, support, and education to improve the quality of care and facilitate change in the nursing home environment. This includes greater communication within and between disciplines, staff awareness of a need for change in current practices, staff buy-in on initiating change, staff in-services to provide quality care for residents, and staff incentives to promote a better place to work. Additional suggestions for implementing changes in the nursing home environment involve research on the impact of making environmental changes, strong leadership to initiate change, lower productivity expectations, and additional funding and support from payer sources.

Phase 2: Results from the Focus Groups

There were nine participants in the focus groups. Of the nine participants, eight were female, and one was male. Three of the participants were licensed occupational therapy assistants, and six were occupational therapists. The average number of years of experience working in a nursing home setting was 15 years. Four themes were identified following focus group data analysis.

Supports to Address the Psychosocial Components of Care

The participants in the focus groups identified three primary supports for addressing the psychosocial components of care that reflect aspects of the culture change movement in nursing home settings. The identified supports included creating a more home-like environment, encouraging social

participation among residents, and providing residents with opportunities to participate in meaningful activities. Participant 1 (P1) stated:

> I think having the nursing home look more like a home, but you want it to look like and feel like a home. The older nursing homes actually have that feel with the older furniture, it makes it not so sterile, in my opinion.

Furthermore, P2 added:

> Long-term residents, letting them bring as much stuff from home to personalize their space. Some of them are sharing spaces with other residents, and that's not really something all the homes can change but letting them personalize their space as much as possible helps.

In addition, the participants noted ways to create a more home-like environment, such as changing the room lighting, adding personalized items, having flexible schedules, rearranging furniture, and introducing plants and animals into the living environment. Another strategy included providing opportunities to increase social connection among residents to increase social support and decrease isolation. P8 stated she encourages group participation:

> [You] meet these other five people who are going through a similar thing in life like you, let's have a lot of fun for this next hour and a half while you are down here,' then I notice that there's a lot of [residents], you'll see them like sitting up in the front and talking later in the day, and [I] just try to integrate them more [for] a friendly environment and welcoming environment versus like you're here cause you're sick and you have to get better.

The last support included providing opportunities to engage in meaningful activities in residents' living environment. P2 stated:

> It's important for [staff] to remember that, um, our elders, their life experiences, are still intact, so bringing in activities that show respect for that, so anything that adults like to do, bring that to the facility, guest speakers, um, games, [popcorn parties and holiday celebrations], just whatever you would do in your normal day-to-day life, bring that to them.

Barriers to Address the Psychosocial Components of Care

The focus group participants identified several barriers to addressing the psychosocial components of care that reflect the culture change movement in nursing home settings. The participants frequently noted the availability of time, funding, and policy rules and regulations heavily impact the ability to make changes in the nursing home environment. P9 indicated:

> The second most regulated industry is long-term care, which has so many rules and [regulations] which any change that you want to make, you know, you've got to address every part of that policy, you are talking about all of those policies and procedures just to make it work.

In addition, a need to reach productivity standards limits the amount of quality care directed toward meeting a resident's holistic needs. P2 stated:

Our goal[s] that we have to work on are not really focused on anything but the deficits we are trying to address [from] a very bottom-up sort of focus, where I am supposed to be addressing bilateral upper extremity strengthening and activity tolerance and things like that um, that's kind of beside my practice that I get to bill Medicare for.

Furthermore, P1 noted:

Sometimes there really is a psychosocial need, you know, it's mind and body and, um, I feel like we don't write a goal around what needs to be included in our evaluation as one of the factors for the level of complexity.

Lastly, several of the participants noted that staff are often reluctant to implement change. P7 stated they have encountered staff who said:

'We have a patient like this, and we always do it like this, like x-y-z with them, and we know that it works, so why would we change it?' Sometimes when we try to bring up new ideas and new approaches, you do get a little pushback, or people say, 'okay, yeah, sure, that sounds great, I'll do it,' and then they just turn around, and they go right back to doing what they have always done.

Educating Nursing Home Certified Nursing Assistants and Staff

The participants in the focus groups reiterated the importance of gaining support from Certified Nursing Assistants (CNAs) and other staff members to implement change and better meet residents' psychosocial needs. P6 stated:

As an OT, I see the value in addressing the psychosocial needs of the residents in the SNF. However, I cannot address the residents' psychosocial needs alone. Most employees in the SNF do not recognize the psychosocial components of the residents, and many times their mindset is focused on more of the physical aspects of the residents, even though the psychosocial aspects impact the residents' physical capabilities. I think a shift in the overall SNF culture is needed to help change the mindsets of SNF staff to recognize psychosocial needs of residents.

P4 noted:

Another aspect to bring up [is], um, the challenge of having CNAs' support the treatment plan that you set out for people . . . we have wonderful CNAs who work with these residents, and they're charged with taking care of 10 people at a time, so they just whip through these people's ADLs, and it's like, 'that's not what this is about!' you know, they need to actually practice doing these things.

Furthermore, the participants acknowledged the challenges associated with CNA caseloads and inadequate staff-to-resident ratios. However, they also highlighted the importance of education and training for CNAs to better support residents. P5 further commented that "changing or addressing the current culture really is gonna kinda start at that level, with the CNAs, because they're the ones that see the residents on a regular basis." Suggestions for CNA education reflect P3's comment:

I try to also sometimes involve [CNAs] in the problem-solving process, saying, 'I have noticed so and so has been having more difficulty, you spend a little more time with them, what have you

seen or what do you think might work?' and [the CNAs] give their suggestions, and you say, 'okay, let's try that,' and we say 'oh, that works really well or no it didn't let's try this' so you tell them a more appropriate solution and they say 'oh yeah' but [the CNAs] were part of the process of identifying how to help the patient. And [the CNAs] are like, 'okay, we got this, and we see that works' versus telling them they need to do it this way. If [the CNAs] are involved in that problem-solving process, they take more ownership, and they do it.

Role of Occupational Therapy in Influencing Change

The participants in the focus groups emphasized advocating for the culture change movement in nursing homes by collaborating with administration and policyholders, sitting on committees to improve the quality of life and care, and recommending environmental modifications to meet residents' individual and addressing communal needs. P2 stated,

I think that we have great potential as OTs to be part of that change. Even if it's a little bitty way, like working with the activities directors to come up with better activities for the residents based on what their interested in--or sitting on committees with the administration, providing in-service to the CNAs on how to facilitate better independence in the shower, just little things like that. It's all things that OTs are already trained to do, to try to help make lives better for our patients because we do have a good understanding of how the person relates to their environment which relates to their occupational performance.

In addition, P9 suggested:

Maybe there is a way to make a universal design . . . so that [there are] communal spaces and—yes, there might be some music playing, and yes, there might be certain pictures and colors that are, you know, universally sort of fit most of the people, and then in the individual rooms, everyone can sort of customize it a bit and…pairing people up and putting people in areas with a pre-interview or something. It gets very tricky, I'm sure, but it can be done.

Lastly, P5 noted the importance of OT's role in advocating for changes, stating:

I think it's important for OTs to have [enough] confidence to be able to go and talk to the leaders at the facilities and make suggestions and say, 'I'd like to try this and, you know, um, I really feel like this change--whether it be focusing on plant care or whatever would make a difference for X number of people in your facility'…I think therapists have to get over the hump of feeling like our professional skills and abilities and knowledge aren't going to be valued.

Discussion

The current study focused on occupational therapists' perspectives on influencing nursing home culture to address the psychosocial components of care for residents. The results from the survey and the follow-up focus groups identified supports and barriers to culture change and the role of occupational therapy in influencing change. Major findings from the survey indicated that there is a need to address psychosocial factors in nursing homes. The participants identified several supports and barriers in nursing homes that impact the ability to address the psychosocial components of care. Supports and barriers found in the survey are consistent with previous literature that states that it is essential to address the holistic needs of residents (Duncan et al., 2017; Ragsdale & McDougall, 2008; Vitorino et al., 2013). The participants in this study further reported on the external factors, such as time, cost, and administrative

policies, that impact the ability to address psychosocial needs in current practice. The participants identified the importance of implementing change on a day-to-day basis that reflects occupational therapists' skill sets to increase residents' feelings of self-worth, meaning, and overall health (Causey-Upton, 2015).

The findings also indicated that participants emphasize interventions to address physical factors more often than psychosocial factors among residents in nursing homes. While the participants indicated that they commonly address emotional aspects, well-being, and quality of life during therapy and everyday interactions, there remains a discrepancy between goal areas targeting psychosocial factors compared to physical factors. This is consistent with previous surveys and Centers for Medicare and Medicaid findings that report occupational therapists billed for therapeutic exercise, therapeutic activity, and self-care or ADLs more than any other category of service delivery (Rafeedie et al., 2018) and fewer than 30% of occupational therapists billed for communication, vision, mood, behavior, and psychosocial well-being (Nelson & Glass, 1999).

Another key finding derived from the survey indicated that most of the occupational therapists were unfamiliar with culture change but reported implementing and addressing components outlined in the culture change movement in current practice, including resident-directed care; addressing environmental factors to foster a more home-like environment; and collaborative decision-making between the residents, family members, and staff. Survey data responses overlap with identified supports and barriers related to meeting residents' psychosocial needs reported in previous literature (Ragsdale & McDougall, 2008). Findings from this study support the assertion that components of the culture change movement do address the psychosocial components of care by implementing a more holistic model of care. Furthermore, synthesis of the survey data and information gathered from the focus groups indicated two key findings from the study.

Finding 1: Need for CNA and Staff Education and Training

The results from the study indicated that the participants felt a need to implement training and education for CNAs and nursing home staff to better meet residents' psychosocial needs. Previous literature on the culture change movement highlights key components of staff empowerment and collaboration (Chisholm et al., 2018; Grabowski et al., 2014; Kaup, 2015; Koren, 20l0; Robinson & Gallagher, 2008). Yet, the results from the study suggest a need to develop and incorporate training and education to enable staff to better meet the needs of residents, further promoting quality of life and quality of care. Occupational therapists' skill sets can serve to educate staff on the importance of addressing residents' psychosocial needs, as it contributes to a person's overall health and well-being (Duncan et al., 2017; Patomella et al., 2016). In addition, the participants suggested occupational therapists provide in-services or collaborate with CNAs to educate staff on the importance of grading and adapting activities to promote participation and engagement in meaningful activities while maintaining residents' abilities. Lastly, training and education focused on continued roles for residents and honoring individual choices in daily routines and activities will further promote dignity and respect in the residents' living environment. These findings align with previous research on the importance of providing opportunities to engage in meaningful occupations that reflect one's past or personal interest to foster autonomy, joy, and dignity (Slettebø et al., 2017).

Finding 2: Occupational Therapy's Role in Influencing Change

The findings from the study indicated that most of the participants agreed or strongly agreed that implementing components of culture change fits within occupational therapy's domain of practice, as

outlined in the practice framework (AOTA, 2020). The participants expressed that implementing the culture change movement presents barriers related to time, cost, and reluctance for change from staff and administration; however, the participants indicated that occupational therapists still play a role in influencing change through everyday interactions and interventions. The results suggest that occupational therapists use their knowledge and skill set, including the therapeutic use of self, occupation-based models, task analysis, and interprofessional collaboration, to initiate changes reflected in the culture change movement. Furthermore, occupational therapists have the ability to influence change by documenting the distinct value of occupational therapy services, consulting with the administration, and advocating for changes in policy. These findings further bridge a gap in previous evidence regarding occupational therapy's role in influencing the nursing home culture to address the psychosocial components of care for residents.

Limitations of the Study and Future Directions

This study was only completed by occupational therapists in the US who had the survey link and focus group information available to them. The electronic survey portion of data collection was not fully completed by all of the members who initiated the survey. Incomplete survey responses were not analyzed. Furthermore, not all of the survey participants who agreed to take part in the follow-up focus groups participated because of scheduling conflicts. Increased sample size in survey and focus group participants may assist in identifying trends in occupational therapists' perspectives on nursing home culture and addressing the psychosocial needs of residents. Future direction should consider incorporating residents' and interdisciplinary perspectives on how to implement components of culture change to meet residents' holistic needs.

Conclusion

This study adds to the growing body of occupational therapy literature regarding nursing home practices. Findings from this study suggest that occupational therapists do implement elements of culture change by engaging residents in activities that enhance their quality of life. The most common barriers reported were funding and external factors, such as policy and costs. The results from this study help guide occupational therapists, nursing home staff, and nursing home administration on the delivery and integration of strategies and interventions outlined in the culture change movement. The integration of occupational therapists, CNA training, and environmental changes in the nursing home setting can assist in facilitating quality of life and care in older adults.

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