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2023

# Don't Forget the Importance of Leisure Occupations for the Community Dwelling Elder

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# Don't Forget the Importance of Leisure Occupations for the Community Dwelling Elder

Presented in Partial Fulfillment of the  
Requirements for the Degree of  
Doctor of Occupational Therapy

Eastern Kentucky University  
College of Health Sciences  
Department of Occupational Science and Occupational Therapy

Susan Witt  
2023

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## **Executive Summary**

**Background:** Leisure exploration is important to the community dwelling elder as research indicates that social and leisure activities correlate with well-being in this population (Adams et al., 2011). This research project aims to gain insight on the community dwelling elder's perspective on leisure as they age in place and the role occupational therapists play in healthy leisure promotion for this population.

**Purpose:** The purpose of this study was to understand the firsthand perspective on leisure participation for the community dwelling elder. This mixed methods study addressed leisure participation among the community dwelling elder. In this study, quantitative data was used to assess how leisure and activities of daily living have changed with aging. The qualitative data explored the perspectives of the elderly population through their lived experience of aging in the community through a semi-structured interview process. The reason for collecting both quantitative and qualitative data is to gain stronger evidence on the changes elders in the community face while aging in place.

**Theoretical Framework:** This Capstone project is guided by Kielhofner's Model of Human Occupation theory. Aging in the community brings about many changes and this study wants to understand the role of leisure for this population.

**Methods:** There were originally 5 participants in this study recruited through convenience sampling, however only 3 completed the full study. This was a mixed methods study gathering quantitative data from the use of the ACS assessment and qualitative data from a semi-structured interview in a location that was chosen by participants.

**Results:** The community dwelling elder in this study experienced a decline in their participation in leisure occupations based on self-reports. The participants in this study value exercise and time with family. The three themes that were developed include: 1) health deterioration for the community dwelling elder can lead to modification of or the inability to perform valued activities of daily living including leisure, 2) participants are motivated to engage in exercise and physical activity to stay healthy although methods/environments vary, 3) as the community dwelling elders age, many have a decline in the amount they participate in their desired leisure occupations although they may not be aware it is happening.

**Conclusions:** Occupational therapy has a role in promoting healthcare among the community dwelling elder. Leisure occupations are important to the well-being of this population and can be beneficial to many facets of their health including emotional, physical, and social.

## **Acknowledgements**

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**EASTERN KENTUCKY UNIVERSITY  
COLLEGE OF HEALTH SCIENCES  
DEPARTMENT OF OCCUPATIONAL SCIENCE AND OCCUPATIONAL THERAPY**

**CERTIFICATION OF AUTHORSHIP**

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Title of Submission: Don't Forget the Importance of Leisure Occupations for the  
Community Dwelling Elder

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Student's Signature: 

Date of Submission: 5/12/2023

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## **Section 1 – Nature of Project and Problem Identification**

### **Introduction**

What do you do for fun? What brings you happiness? These are common questions that some of the elderly population have difficulty answering, especially when health deteriorations begin to occur. This Capstone project explored the perceptions of the community dwelling elder on their leisure participation and how it has or has not changed as they have aged. This information is useful to the occupational therapy profession as this population utilizes our services from a multitude of outlets for rehabilitation. As adults 60 years old and over that live in the community age, there is a need for them to discover leisure opportunities and resources available to support their ever changing physical, social, cognitive, and financial demands. Fossey & Scanlan (2014) asserted that it is crucial that occupational therapy contribute to the prevention of social isolation and to assist in maintaining wellbeing of the older adult.

Healthy People 2030 (2022) has an objective to improve the health and well-being of older adults with projections that a quarter of the United States population will be 65 and older by 2060. As the community dwelling elder adult population grows, the need for occupational therapy services will likely grow as well. Maintaining well-being in this population will require leadership from healthcare teams with a focus on quality of life factors and supports in the community. The elderly population have increased quality of life when they are able to engage in meaningful leisure occupations. Complications can occur with engaging in these desired occupations when negative effects of aging and disability come into play. Physical or cognitive decline can result in restrictions on a person's ability to engage/participate in leisure and social occupations (Granbom et al., 2017).

Gaining insight and perspective from the community dwelling elder will assist in guiding community programs, occupational therapy interventions, and goal setting. Research indicates that occupational therapy has a significant role in the care and health promotion of the community dwelling elder (Koh et al., 2021). The participants in this study provided valuable information that will benefit the occupational therapy profession and quality of life the elder population.

### **Problem Statement**

The problem this Capstone examined is the loss/decline of leisure and socialization to the community dwelling elder. This study explored the community dwelling elder's experience participating in leisure occupations while continuing to live in their home and to understand the obstacles they face as well as how to ensure that they continue to have viable options for leisure and socialization as health declines. This is a problem that is important to the occupational therapy as the profession has a role in promoting well-being to the elderly population. Other studies have determined that the well-being of the elderly population is a prominent health care issue, however not many study the perspective of the community dwelling elder and what their experience is with aging in place.

Leisure exploration and social activities have significant associations with aspects of well-being for older adults including reducing risk of social isolation, supplying emotional intimacy, and reinforcing the sense of being valued (Adams et al., 2011). Smallfield & Molitor (2018) provided strong evidence for the use of leisure education programs to enhance leisure engagement of community-dwelling older adults and that occupational therapy has an important role in facilitating leisure occupations. Research indicates that community occupational therapists provide interventions that are usually confined to personal care and mobility and rarely

address health promotion or leisure exploration, and Turcotte et al. (2015) suggested that the profession has a responsibility to address this area of well-being. Occupational therapists have the potential to make improvements in the lives of those living in the community that face physical and cognitive decline by exploring leisure occupations and guiding services to ensure that this area of life is not left behind in the rehabilitation process. Results from the Well Elderly Study (Jackson et al, 1998) show that occupational therapy groups gained greater gains in health, physical function, social function, vitality, mental health, and life satisfaction compared to no treatment or working with activity coordinators. This study also suggested that occupational therapy programs may reduce morbidity and effects of disability.

### **Purpose of Project**

This mixed methods study addressed leisure participation among the community dwelling elder. In this study, quantitative data was used to assess how leisure and activities of daily living have changed with aging. The qualitative data explored the perspectives of the elderly population through their lived experience of aging in the community through a semi-structured interview process. The reason for collecting both quantitative and qualitative data is to gain stronger evidence on the changes elders in the community face while aging in place.

This investigation will include learning information about activities community dwelling elders have done in the past compared to current activities they participate in and how aging and health issues can affect engagement. At this stage in research, the inquiry into the perceptions of the elder population living at home will be generally defined as a lived experience had by the subjects participating in the study. The Activity Card Sort (ACS) will be utilized as a standardized assessment to better illustrate the change in the participants ability to perform self-care, leisure, and activities of daily living as they age in the community.

This study will provide meaningful data for occupational therapy as it will provide perspectives from the elderly in the community, data from standardized assessment on the changes of participation as community members age and will provide research highlighting the importance of leisure and social engagement to this population. The central question in the research study is: What is the perceived effect of leisure participation or lack thereof on the elderly including those that experience health problems and live in their home environment?

### **Project Objectives**

The primary objective of this study is to learn about the leisure occupations that the older adults in small communities are participating in and how those activities have changed compared to when they were younger/healthier. It is important to discover adaptations that are used or that need to be used to engage in these leisure occupations. Understanding mobility limitations, health ailments, and other barriers will be beneficial to determining role occupational therapy has in promoting participation in leisure tasks.

Another objective of this study is to investigate the use of community programs for the community dwelling elder. Many communities have senior citizen programs, and these programs promote socialization and engagement in activities for the aging population. This study will investigate the use of these programs as well as dive into the volitional aspect of leisure from the perspective of the participants. The researcher will explore where participants gain motivation to perform tasks and what their perspective is on their performance of these tasks.

Finally, the use of the data gained in this study will assist in determining if there is a need for a community program for the community dwelling elder population. This information will enhance occupational therapy services and the intervention provided to the aging community.

The goal of future interventions and programs will be to enhance quality of life of the community dwelling elder by recognizing their interests and assisting them to engage in leisure opportunities. Occupational therapy clinicians have unique skills of providing individualized interventions while also incorporating useful information in a group setting or developing valuable programs.

### **Theoretical Framework**

This study is linked together using Kielhofner's theory Model of Human Occupation (MOHO). MOHO theory explains human behavior through volition, habituation, and performance capacity Taylor (2017). Volition consists of a person's interests, personal causation, and values. Learning about the leisure occupations the community dwelling elder performs will require insight into the interests that that person has in leisure. As people age, interests can change as well as their ability to perform the things that were interesting at a younger age. MOHO will assist in capturing volition as it pertains to leisure participation.

It will be imperative to understand the roles the participant in the study has as well as their daily habits that influence the activities that they participate in. The community dwelling elder may experience changing roles in society as their children have grown and the responsibilities of managing a family are retired. However, many grandparents have found themselves performing primary caregiving roles for their grandchildren. These two different scenarios influence the leisure participation of the elderly and will explain the time they use to pursue/devote to their personal interests.

Finally, the performance capacity of the community dwelling elder will determine what physically/cognitively demanding leisure occupations that the participant engages in throughout their day. Physical and cognitive changes occur with aging and the elderly may incur limitations

unknowingly. This study enquires about changes in physical mobility and the effects on leisure occupations.

### **Significance of the Study**

This study is significant in the occupational therapy community as it hopes to gain insight into the perspective of the elder/aging population that are dwelling in their homes and their idea of leisure participation. It will assist in guiding intervention of occupational therapy as it strives to explore leisure interests important to these clients as well as develop an understanding of areas to improve upon in this setting to enhance participation in leisure and social occupations.

Smallfield & Molitor's (2018) systematic review of leisure participation in the aging population concluded that more research is indicated on this subject to enhance interventions and to ensure occupational therapy practitioners have a role in engaging the elders in social/leisure occupations. There is compelling evidence supporting the use of leisure education programs to enhance leisure engagement and self-management programs to those with chronic health conditions. Caruso et al. (2020) reviewed a variety of programs in the United States and how they alleviate loneliness and isolation in the older adult. Loneliness and isolation are serious public health risks that affect a significant portion of the older population with the National Academics of Science et al (2020) reporting 24% of the community-dwelling elders 65 and older are considered to be socially isolated and 43% of adults over age 60 report loneliness which can put the older adult's health at risk.

Jackson et al. (1998) described the benefits of occupational therapy on the health and psychosocial well-being of the community dwelling elder. This Well Elderly Study show that elders who participated in occupational therapy programs have greater life satisfaction and have reduced health risks. This study provides significant evidence of the importance of occupational

therapy's role on enhancing the well-being of the community dwelling elder. This study evaluates the community dwelling elder's view on leisure programs or senior citizen programs to gain perspective on engagement in those types of settings. This information is important for the occupational therapist working in geriatrics as many of the elder client's may be facing loneliness.

### **Operational Definitions**

Leisure – “nonobligatory activity that is intrinsically motivated and engaged in during discretionary time, that is, time not committed to obligatory occupations such as work, self-care, or sleep” (Parham & Fazio, 1997, as cited in AOTA, 2014, p.S21).

Community Dwelling Elderly Population – Liu (2018) definition is the elderly population (>60 years) that live in the community.

### **Summary**

Leisure exploration and social participation are important factors when addressing quality of life and well-being. These factors are important for the aging and elderly population as many experience loneliness and isolation. Caruso et al. (2020) found that up to 43 percent of Americans 60 years and older experience loneliness on a regular basis, especially those that live alone. The National Institute on Aging (2019) reported that loneliness can increase risks for heart disease, high blood pressure, obesity, weakened immune system, anxiety, depression, cognitive decline, Alzheimer's disease, and even death.

Developing appropriate intervention approaches for occupational therapist to address leisure occupations while utilizing the MOHO theory could facilitate a movement for the profession to be an integral part in enhancing quality of life for the aging population. This study

is part of that movement in that it aims to better understand the perception of the elder population and how they engage in leisure occupations. The information from this study could improve delivery of services and compliment current research by providing data to support leisure and social participation.

## **Section 2 – Literature Review**

### **Introduction**

This literature review provides evidence of the importance of leisure participation and the benefits of socialization to the elderly population. This literature review also acknowledges the role occupational therapists have in this arena and showcases that therapy is not only about gaining physical health, but also about gaining strength in mental health and vitality. The articles in this review, like Koh et al. (2021), support the occupational therapist's role in advocating and facilitating leisure engagement.

This review did not cover population under 60 years of age. This review encompasses studies that have taken place all over the world and there are a few that involve participants in long term care facilities. The purpose of this review to gather data to gain an understanding of the community dwelling elder's perspective and need for leisure participation to improve quality of life.

Although the evidence supports occupational therapy intervention for leisure engagement and socialization, there are also challenges in providing these services to the elderly as a goal for occupational therapy. According to Chen & Chippendale (2018) there are multiple difficulties that include lack of reimbursement from Medicare coverage, a lack of alternative health care

service models, a possible overlap with recreational therapists, and a fixed mindset by therapists. As society continues to increase values on leisure participation, it is imperative that the profession works through these challenges to provide the community dwelling elder opportunities to perform desired leisure occupations.

Some important themes revealed in this literature review include: 1) Social and leisure activities correlate with well-being in older adults, 2) utilizing tools to measure leisure participation assist with evidence-based practice and the understanding of how to promote well-being in the elderly, 3) occupational therapy has a role in exploring leisure participation in the elderly population. The elderly population means 65 years and older in these studies. There were many different tools used in the studies that determined primary outcomes and secondary outcomes

### **Leisure and Well-Being**

The theme that social and leisure activities correlate with well-being in older adults appeared in most articles searched through the online library. There is strong evidence to prove that the elderly population benefits from services that enhance the participation in leisure occupations. The articles in this literature review range from randomized controlled trial to qualitative study and all suggest the same evidence regarding the benefits of leisure and socialization. Adams et al. (2011) revealed that social, leisure and productive activities each have significant associations and predictive relationships with aspects of wellbeing for older adults. This study provides support for a central aspect of the activity theory of aging - that informal social participation has a consistently positive relationship with wellbeing in later life and suggests that activity's influence on wellbeing takes multiple pathways. Examples of this include reducing the risks of social isolation and by supplying emotional intimacy, socio-

emotional support, reinforcement for one's self-concept and social roles, and the sense of being valued.

Johansson & Björklund (2016) investigated whether a four-month occupational based health promoting program for older persons living in community dwellings could maintain/improve their general health and well-being. Quantitative results indicate a significant improvement in vitality and mental health more so than the physical health. This study indicated that being a member of a group gives you positive relationships, self-acceptance, and personal growth. Occupational therapists have the potential to empower older persons by providing meaningful challenges through activity in environments that stimulate the occupational adaptation process. Qualitative results indicate that an occupation-based program led by an occupational therapist improves elder persons' self-experienced health. Granbom et al. (2017) determined that case management intervention including leisure activities among frail older people living in the community would have the potential to improve social participation among frail older people.

### **Tools Assist in Promoting Understanding of Well-Being in the Elderly**

The theme of utilizing tools to measure leisure participation assist with evidence-based practice and the understanding of how to promote well-being in the elderly provides great insight into how to become an evidence-based therapist. There were a multitude of tools utilized in these studies and some of those tools include: 1) Modified NPS Interest Checklist (MNPS), 2) Mini Mental State Exam (MMSE), 3) Short Form – 36 (SF-36) Health Survey, 4) Activity Card Sort (ACS), 5) Life Satisfaction Index-Z, 6) Meaningful Participation Assessment, 7) Aid for Decision-making in Occupation Choice (ADOC), 8) Bristol Activities of Daily Living Scale (BADLS), 9) Community Occupational Therapy for people with dementia and family carers–UK

version (COTiD-UK), and 10) Barthel Index (BI). These tools are helpful to consider when working on the capstone project as they will guide an evidence-based approach to research.

Nagayama et al. (2016) aimed to assess if interventions based on occupation-based goal setting using the Aid for Decision-making in Occupation Choice (ADOC) (an application which promotes shared decision making in activities and participation level with occupation-based goals that can be chosen through illustrations describing ADLs) could focus on meaningful activities to improve quality of life and independent activities of daily living cost effectively. The ADOC group had a significantly higher change in the Barthel Index score than the control group. The ADOC was shown to be a useful tool for clients and an instrument OTs can use to make goals with patients through use of illustration on an iPad and it is effective for clients with aphasia or dementia. This type of product is beneficial to community dwelling elders as it can be a tool therapists and clients can use together to work on a plan to increase quality of life.

McNamara et al. (2016) aim was to assess a healthy aging intervention in the form of a program of physical and social activity for frail older people living in the community. Program participants reported better health, social function, and mental well-being; greater engagement in household and leisure activities; and increased enjoyment and confidence through participating in the program. Qualitative results indicate that participants had greater perceived confidence which supported the quantitative results. The ACS and SF-36 results indicate a greater participation in ADLs. This information proves that a community program that provided interventions can enhance quality of life for the community dwelling elders.

Nilsson & Fisher's (2006) study goal was to determine if MNPS could be developed as a tool with linear measures of four dimensions of leisure: Interest, Performance, Motivation, and Well-being. The goal was to determine whether the items in the modified NPS (MNPS) could be

summed into a unidimensional, total ordinal score that, in turn, could then be transformed into an equal interval, linear measure. The results supported the use of MNPS and this study indicates that more research is needed to ensure the validity and reliability of the use of this tool for assessing leisure interest, performance, motivation, and well-being.

Wenborn's et al. (2021) goal was to estimate the clinical effectiveness of Community Occupational Therapy for people with dementia and family carers–UK version (COTiD-UK) relative to treatment as usual (TAU). There was a very high rate of goal attainment in the intervention group although the TAU group had not set goals. The participants in this study will be of similar demographics to the participants in the capstone. Addressing dementia and the effects on leisure participation will be something to consider. This study concluded that future research should consider measuring person-centered outcomes that are more meaningful and closely aligned to participants' priorities and this advice will be beneficial to acknowledge in the capstone.

### **Occupational Therapy's Role in Leisure**

The final theme that appeared frequently in the articles in this literature review is that occupational therapy has a role in exploring leisure participation in the elderly population. Johansson & Björklund (2016) expressed that the participants the occupational therapists worked with gained vitality and mental health wellness and that focusing on physical health only is a limitation to this population. Mthembu et al. (2015) concluded that occupational therapy has a role in promoting leisure participation to the elderly population and aimed to explore the perceptions/experiences of older adults in long term care and their leisure participation. Caruso et al. (2020) indicated that the healthcare sector needs to take the lead to prevent and reverse the adverse effects of loneliness and isolation, and it must do it together as a community

through meaningful connections and partnerships. Occupational therapy can assist in this need for the healthcare community by addressing leisure and ensuring community-dwelling elders have access to resources available to them and have professionals assisting to get them involved.

Smallfield and Molitor (2018) examined the evidence for the effectiveness of interventions within the scope of occupational therapy that address leisure engagement and social participation among community-dwelling older adults. Two themes were included: interventions supporting social participation and interventions supporting leisure engagement. Results provide strong evidence for the use of leisure education programs and moderate evidence for the use of chronic disease self-management programs to enhance leisure engagement of community-dwelling older adults with chronic health conditions. As the population continues to age, it will be an important role for occupational therapist to engage community dwelling elders in leisure occupations.

Turcotte et al. (2015) aimed to identify health promotion and prevention interventions used with seniors having disabilities and explore barriers to integrating such interventions into practice. Results showed that community occupational therapist provide interventions that are usually confined to personal care and mobility, and rarely address health promotion. Meaningful activities tend to not be integrated into practice, not even assessed most of the time, and not targeted by interventions. This article provides insight into the realm of occupational therapy interventions for community dwelling elderly population. Leisure exploration perspectives among the elder population is not always addressed and this article supports that claim and indicates that occupational therapists have a responsibility to address this area of well-being.

Zingmark et al. (2014) aimed to evaluate three different occupation-focused interventions for well older people by estimating effect sizes for leisure engagement and ability in activities of daily living (ADL) and thereby identifying the most effective interventions. This exploratory

trial revealed that short-term interventions that focus on occupational engagement for well older people have some positive effects on both leisure engagement and ADL ability.

### **Variations in Methods Quality**

The articles in this literature review varied from a level I of evidence to a level III with 3 qualitative articles in the mix. There were 4 level I articles with research that included randomized controlled trial (RCT). These articles provided the best evidence and often had the most participants in the study. The qualitative studies had anywhere from 7 to 156 participants whereas the level I articles had between 44 to 486 participants which provided stronger evidence.

### **Conclusion**

The synthesis of this data provided themes that support the Capstone Project researching the perspectives of the community dwelling elders and their leisure participation. Evidence supports the use of occupational therapy to promote elder participation in leisure occupations to enhance their overall well-being as well as distinguishes the challenges that the profession faces in increasing the value of leisure in interventions and goals. This Capstone will be helpful in presenting additional evidence highlighting the value of leisure participation for the community dwelling elders.

## **Section 3 – Methods**

### **Design**

A convergent mixed methods design was used, and this type of design is where qualitative and quantitative data are collected in parallel, analyzed separately, and then merged (Creswell & Creswell, 2018a). IRB approval was attained prior to the initiation of this research study, please see Appendix A for detail. The qualitative data was gathered from semi-structured

interviews and quantitative data from the Activity Card Sort. This study used a concurrent triangulation method in which both qualitative and quantitative data were collected in the same setting and were weighted the same. The aim to this study is to answer this question: What is the perceived effect of leisure participation or lack thereof on the elderly that live in their home environment? The ACS was administered at the beginning of the of the session and will assist in facilitating research questions. The flow of the session was based on the responses from the ACS.

### **Setting**

This study included community dwelling elders from a small town in Kentucky. The interviews were a 1:1 in person session. The location was private and comfortable for researcher and participant. Location was determined by preference of participant.

### **Recruitment Procedures**

Participants were recruited with inclusion criteria that included the elderly over the age of 60, community dwelling, and English speaking. A convenience sample was utilized for recruitment for geographical proximity and availability at a given time. The goal of recruitment was to find elders that lived in their home and who would be willing to share their lived experience with leisure exploration. All recruitment occurred through phone calls where researcher utilized a recruitment script (Appendix B) to describe the study to give them a brief understanding of what the interview/testing will be about.

### **Participants**

Participants in this study included community dwelling elders that live independently in their homes. Each participant was over the age of 60 and all are retired from the careers. All participants were female, two married and one widowed.

*Table 1: Participant Demographics*

Participant	Age	Sex	Marital Status	Educational level
Amelia	77	Female	Widowed	High School Degree
Poppins	71	Female	Married	College Degree
Fan	63	Female	Married	High School Degree

### **Outcome Measures**

The Activity Card Sort (ACS) (Baum & Edwards, 2008) was utilized to detect changes in participation of leisure and activity of daily living (ADL). The ACS has a recovering version (form B) that is used for assessing participants over age 60 that live in the community. There are four subcategories of activity which include 1) Instrumental, 2) Leisure – low physical demand, 3) Leisure – High physical demand, and 4) Social. There are 5 labels describing level of participation and then cards that have pictures of a particular activity. Participants must place activity card in the participation level that describes their current participation. Scoring will be based on what participants participate in now compared to when they were younger. This measure will be used along with an interview to assess the perspectives of the community dwelling elder and their leisure participation.

An interview followed the ACS to allow the researcher to inquire further into leisure exploration and gain perspective on barriers and volition. The ACS and the interview were anticipated to take between 30-60 minutes. Please refer to Appendix C for research questions.

### **Data Collection**

Participants were read the informed consent form for this research study with each participant demonstrating an understanding. Researcher provided participants with information on their rights as a participant and why this research was important. Each participant signed the informed consent form and given a copy for their personal records. Data was then collected during the ACS and interview process through an iPhone application called Otter.ai which records conversation and assists with transcription. Field notes taken during interviews and reviewed afterward.

### **Ethical Consideration**

Each participant signed an informed consent form agreeing to the provisions of the study and acknowledged the protection of their human rights. The identification of the researcher, sponsoring institution, purpose of the study, benefits of participation, associated risks provided along with guarantee of confidentiality of participant, their right to withdraw at any time, and a name and number for them to contact with any questions.

### **Data Analysis**

A qualitative descriptive approach was utilized to identify patterns in the qualitative data to assist in developing themes. The transcript was read multiple times and codes were developed based on similar contexts and were coded line by line. Data was collapsed into categories listed in Appendix D. The program HyperResearch was used to recode the data using categories and iterative process along with collaboration with the thesis mentor which helped to develop three

themes from these categories. HyperResearch application assisted in recoding data and the themes were then used to come up with relevant quotes that represent the data. Quantitative data from the ACS were calculated according to instructions by Baum and Edwards (2008). See Appendix E for codes.

The process of reflexivity facilitated research procedures as the researcher identified certain beliefs and how they would impact research. The researcher is an occupational therapist therefore data collected was viewed from a point of view that values participation in ADLs with leisure included. This information benefited the research by assisting in identifying themes relevant to the study. To ensure validity, this mixed method study had data from a standardized test along with results from qualitative data to ensure what was intended to be measured was measured.

Finally, peer debriefing occurred to allow for additional clarification of the data collected in this study. Through the analysis of this research data, peer debriefing occurs to get additional ideas on development of themes and express views, probe for bias, and understanding which adds legitimacy to the outcomes of this research study. According to Cooper (1997) peer debriefing can help researchers face questions of role, use of expertise, and existing power dynamics to help them understand and make maximum use of evaluation or research findings.

### **Trustworthiness**

Creswell & Creswell (2018b) explained that qualitative validity can be obtained with different approaches including triangulation, using rich and descriptive methods to convey data, clarifying bias of researcher, and presenting negative findings. The qualitative research in this study is triangulated by the ACS and an in-depth literature review. Reflexive journaling was utilized after the first interview to manage bias and ensure rigor of the study. Peer debriefing

occurred through discussion of data with faculty mentor as well as colleague. All these methods helped to ensure trustworthiness of this research study.

## **Section 4 – Results and Discussion**

### **Results**

#### ***Participants***

Three community dwelling elder women were recruited for this research study. Each participant lived in a rural community in Kentucky, and each were English speaking as well as 60 years and older. These participants were given a pseudonym name for this research study to protect their real identity. Amelia, Poppins, and Fan provided information regarding their personal experience of aging and engaging in leisure occupations.

Amelia was widowed and found time to go to the senior citizen program three days a week. She enjoyed walking outdoors when the weather is nice. She lived alone however had family that checked in on her frequently. She was retired, drove, and performed self-care independently. She used to do all her yard work and mechanical work around her home, but found she needed more help with these activities as she aged. She was beginning to feel the effects of aging at the age of 77 years. She had arthritis, hurt in her back and chest, had weakness to hands, and found herself short of air at times.

Poppins was married to her best friend and loved spending time with her husband. They babysat their infant grandson four days a week and stayed busy assisting her sons with their families. She had experienced some negative effects of retirement with loss of relationship with coworkers and friends and stated she has been left out. Poppins liked to watch exercise videos, hang out with family, read, and swim. She stated she was having trouble with her memory.

Fan was married and had adopted her husband's biological grandchild. She was a supportive grandma to all her grandchildren and enjoyed going to sporting events and cheering on her squad. She had an injury riding a horse several years ago and had to retire early due to disability. She has several health issues including a history of a back injury with surgery, rheumatoid arthritis, and other medical issues that have limited her ability to walk far distances and found herself utilizing a rollator with community mobility tasks. She had difficulties standing for extended periods of time which make it difficult to do household chores. She had a supportive family and her husband shared and assisted as needed. She enjoyed family time, exercise, the sauna, sporting events, gardening, and traveling.

### **Activity Card Sort Findings**

The ACS (Baum & Edwards, 2008) is a useful measure of occupation, especially for the elder community. This assessment consists of 89 photographs depicting a multitude of activities from 4 categories: (1) instrumental activities of daily living, (2) low demand leisure activities, (3) higher demand leisure activities, (4) social activities. Each participant in this study was administered this assessment and with instruction able to place cards under the proper label based on their current situation: (1) not done since age 60, (2) do now, (3) do less, (4) given up. At the end of the assessment, each participant listed 5 leisure activities that are their favorite – even if they no longer participate in the task.

Table 2 and table 3 provide the data gathered from the ACS and indicated that each participant had given up involvement in each category of activities (IADLS, Low-Demand Leisure, High-Demand Leisure, and Social). IADLS including tasks such as shopping, doing household chores, fixing things around the house, paying bills, childcare and work seen the least amount of decline (1-2) per participant and High-Demand Leisure activities seen the biggest

decline in engagement. High-Demand Leisure tasks included activities such as swimming, golfing, biking, and gardening.

Amelia experienced the least decline in the participation in IADL/Leisure/Social occupations. She was able to retain over 82% of her previous activities. Poppins reported 79% retention and Fan girl reported 68% retention in IADL/Leisure/Social occupations. Examples of activities given up are car maintenance, paid work, playing musical instruments, decorating, and studying for personal advancement. All subjects stated that they value family time and exercise in their top 5 most enjoyable activities. Other activities that made the top 5 list among the 3 subjects include: Visiting friends, reading, swimming, gardening, sports events, going to the gym/sauna, traveling, helping others, and playing cards.

*Table 2: Activity Card Sort Findings*

Amelia	Do Now	Do Less	Given Up	Never Done
IADLS	12	4	2	2
Low-Demand Leisure	15	16	3	1
High-Demand Leisure	4	5	6	2
Social	9	4	4	0
Total	40	29	15	5
Poppins	Do Now	Do Less	Given Up	Never Done
IADLS	12	1	1	6

Low-Demand Leisure	9	20	6	0
High-Demand Leisure	3	7	7	0
Social	11	3	3	0
Total	35	31	17	6
Fan Girl	Do Now	Do Less	Given Up	Never Done
IADLS	9	8	2	1
Low-Demand Leisure	10	9	7	9
High-Demand Leisure	1	3	12	1
Social	5	8	4	0
Total	25	28	25	11

*Table 3: ACS findings continued*

Participants	Activities				
	Do Now	Do Less	Given Up	Never Done	% Retained
Amelia	40	29	15	5	82.15
Poppins	35	31	17	6	79.6
Fan	25	28	25	11	67.95

## Interview Findings

Following the ACS, the participants were interviewed with some questions pertaining to their responses from the assessment. This semi-structured interview aimed to explore the community dwelling elder's leisure participation and their perspective of leisure is affected by aging. Each person answered the questions based on their lived experience and at times surprised by the number of activities that they do not participate in any longer.

There were several themes that surfaced when analyzing the data from the interviews. The first theme noticed was that health deterioration for the community dwelling elder can lead to modification of or the inability to perform valued activities of daily living including leisure. Fan had several physical disabilities that have impacted her ability to perform the leisure she enjoyed 10 years ago. Amelia reported arthritis has affected her ability to perform car maintenance and crafts and stated, "I'm not in the best of health, but I'm still able to get around and do for myself." Amelia also stated, "I'd like to go to Alaska, on that train ride, but I don't know if I can make it or not." Poppins did not report physical deterioration, however, did state that she had some changes with her memories.

The second theme was that the participants were motivated to engage in exercise and physical activity to stay healthy although methods/environments vary. Amelia enjoyed group classes with her friends at the senior citizen center and reports, "I try to, if it's pretty, to walk at least once a day." Poppins enjoyed working out while watching a program on the television, and Fan enjoyed swimming and going to the sauna. Fan is quoted as saying "I'm interested in going back to the YMCA and swimming for my health." Poppins states, "I do these exercises with these women (on television). They just kind of, everything is all moving all the time." Two

participants reported that they would be interested in occupational therapy to promote their participation in exercise and physical activity because they enjoyed the activity, and they found it would be beneficial to their health. Fan had started to utilize adaptive devices for mobility to ensure that she continued to go to sporting events to support her grandkids as well as travel with her siblings and other family members.

The third theme was that as the community dwelling elder aged, many have a decline in the amount of participation in their desired leisure occupations although they may not be aware it is happening. Amelia made the comment in the first interview, and each of the other participants noticed that they were putting more in the do less and given up categories than they expected. There were several times when the subjects would hold a card in their hand and attempt to remember the last time they engaged in the task. Amelia noticed that she had quit doing or doing less on several tasks and stated, “I don’t sing in a choir, not now anyway. I do less birdwatching. Going to the museum, I’ll put it in the do less pile.” She also stated, “Well it’s just, with my hands I’m not able to use the screwdrivers and the pliers and things. Because I used to change my own batteries, change my own oil and all, but now they are putting the batteries where you can’t get em out.” Poppins added, “I used to walk. I don’t run, but I do exercise. Not yoga, or Pilates, or Tai Chi – nah. Afraid I’ll fall off a bicycle.” Fan also reported that she has had a change in her ability to perform leisure walking stating, “Walking, I’ve had to give up. I mean I walk but I can’t walk like I use to walk.” These participants have each expressed how they have had changes in their leisure without actually acknowledging it prior to the interview.

Overall, the interviews provided depth to this research project because the community dwelling elder was able to discuss their perspective of their participation in leisure and how aging/health deterioration impacts this occupation. The elders in this study valued a multitude of

leisure occupations and continue to want to be as active as possible as they age. Exercise and family time are valued among all participants and two of the three participants reported occupational therapy would benefit them in their journey to leisure exploration.

## **Discussion**

The major finding of this study is that leisure is a valued occupation of the community dwelling elder, and this information is important for the occupational therapy profession as we need to address leisure in interventions. Leisure participation correlates with higher quality of life and improved cognitive, physical, and mental health function (Johansson & Björklund, 2016). Leisure is a tool that can be utilized in sessions to improve many aspects of the rehabilitation goals and can correlate with improved ADL function.

An unexpected finding in this study was that each participant valued exercise as one of their top five favorite leisure occupations. This finding indicates that the community dwelling elder understands the importance of activity and exercise on health and quality of life. Although each participant valued exercise, there were factors that affected their ability to engage in this type of activity. The individuals with increased health concerns had bigger declines in their participation in leisure, while those less affected by disability were able to participate in these occupations more frequently. These findings correlate with research from Dos Santos & Alberto Gobbo (2021) which indicate there is a decline in physical function as human age and there is a noted decline in ADL participation.

Research indicates that transportation can also impact participation in leisure occupations for the elder population. Dahan-Oliel et al.(2010) provided evidence that suggested

those that drove, walked, or used public transport participated in leisure at a higher level than those that were passengers or utilized adapted transport/taxi. Those that are dependent on others for transportation are most likely to only make requests that they deem necessary such as medical appointments or grocery shopping and may not prioritize leisure occupations. This problem is only compounded for those that live in rural communities. There may not be as many public transportation options available which inhibit participation for those that don't drive. All three participants in this study drove and that was a valued occupation for them.

The benefit of leisure for the community dwelling elder is great. Garmabi et al. (2023) acknowledged that social and leisure participation are associated with lower rate of mortality, improved social welfare, and lower rate of physical/mental complications caused by aging. Jeong & Park (2020) also found that leisure was beneficial to the elder population with strong correlation between depressive symptoms and leisure satisfaction. This study showed the importance of a successful leisure engagement and the reduction of depression. The occupational therapy profession has potential to advocate for this cohort by acquiring knowledge of community programs, transportation options, and interventions that will aide those with deficits in performing leisure. Occupational therapists are great at adapting tasks or modifying environments to ensure independence in self-care, so it is important that energy is allotted to this ADL. These skills can be utilized in leisure exploration when therapists are well-informed of what's available in their communities and gain knowledge of what leisure interests their clients would like to engage in.

The meaning of the findings of this study indicates that there are a multitude of leisure occupations that the community dwelling elder find interesting or intriguing. However, there are also barriers in their participation in these tasks including but not limited to physical disabilities,

financial troubles, caring for grandchildren, and limited resources. This is important to acknowledge and is an area the occupational therapist can problem solve and find ways to improve/increase participation for the elder population. This study is relevant to the rehabilitation process, but also has value within each community that wants to provide opportunities for elders to engage in programs for health promotion.

The results of this investigation relate to similar studies as the literature review indicated:

1) social and leisure participation correlate with well-being in older adults, 2) utilizing tools to measure leisure participation assist with evidence-based practice and the understanding of how to promote well-being in the elderly, and 3) occupational therapy has a role in exploring leisure participation in the elderly population. Turcotte et al. (2015) stated that occupational therapists have a responsibility to address well-being of the elderly which includes leisure exploration. Occupational therapy has opportunity to enhance performance in leisure and ADL ability and Zingmark et al. (2014) indicates that the profession has positive effects on both.

As the elderly population age in their communities, it is probable that they will experience a decline in performing the leisure tasks as well as ADL tasks from their younger years. Research indicates occupational therapy has a role to improve healthcare factors among the community dwelling elder and can enhance quality of life as well as ADL performance with this population. Caruso et al. (2020) indicated that occupational therapists can be the health care professionals advocating for this population and ensuring they have access to resources available to them. As a profession, when working with this group of clients, occupational therapists have a responsibility to address leisure exploration to facilitate the participation in meaningful occupations.

## **Strengths and Limitations**

This study is limited by small sample size. There were five people originally recruited for this study, however two dropped out due to health deterioration. With the small sample size, this study will be difficult to generalize to the population. This study strengths include the use of mixed methods for research with the data came from multiple sources.

## **Implications for Practice**

It is important that occupational therapists working with the elderly population address leisure exploration with their clients to enhance overall health and quality of life. Occupational therapists have a role in addressing leisure as the benefits include better health, better social function, and improved mental well-being (McNamara et al., 2016). The community dwelling elder would benefit from clinicians who understand the offerings in the community that aid this population. Development of community programs, integration of leisure in home health occupational therapy interventions, or addressing leisure in outpatient settings could be beneficial to all those community dwelling elders. OT's need to understand the ADLs that bring the community dwelling elder happiness, and acknowledge techniques to modify tasks, environment, or physical capabilities of the environment/client to ensure participation in desire leisure occupations.

## **Future Research**

Research should continue to focus on the quality-of-life factors influenced by occupational therapy for the geriatric population. There is a need for continued research to gain better understanding of the perspective of the elder population so that there is a broad selection of leisure occupations to choose from when they are exploring options. Future research on the program development of senior programs from an occupational therapists' perspective would be

helpful to ensure good fit for the elders in the community. Finally, there is a need to research funding options for community programs as well as opportunities for occupational therapists to find resources to support the leisure occupations for the elder population.

## **Summary**

This study intended to discover the experiences the community dwelling had with leisure occupations as they age in their home environment. The three participants shared their level of participation in many different tasks indicating that there has been a decline as they age in their home environments. Participants shared in the semi-structured interview that they continue to participate in leisure tasks that interest them, they continue to drive, and they provide care to grandchildren. Although they continue in many roles as they did at a younger age, there are changes in the performance with additional assistance or equipment required.

Health deterioration is a reality to many during the aging process. This can create barriers to performing a variety of tasks with deficits ranging from arthritic hands to back problems to difficulties with breathing. Fixing mechanical problems, walking long distances, and memory deficits were some of the deficits mentioned in this study and each require community dwelling elders to adjust their performance of leisure occupations.

Occupational therapy has potential to play a significant role in the aging in place of the elderly population. There are opportunities to develop programs that promote wellness and quality of life for elders in the community. The elders in this study stated that they enjoy exercising, gardening, family gatherings, visiting with friends, traveling, volunteering, playing cards and going to sporting events. This information is helpful with leisure exploration for the aging population and OT's can use this information to enhance intervention strategies or develop programs for the community.

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## **Appendices**

### **Appendix A: IRB Approval**

Hello Susan Witt, Congratulations! Using expedited review procedures, the Institutional Review Board at Eastern Kentucky University (FWA00003332) has approved your study entitled, "Community Dwelling Elders Leisure Exploration." Your approval is effective immediately and will expire on 8/31/23. As the principal investigator for this study, it is your responsibility to ensure that all investigators and staff associated with this study meet the training requirements for conducting research involving human subjects, follow the approved protocol, use only the approved forms, keep appropriate research records, and comply with applicable University policies and state and federal regulations. Please read through the remainder of this notification for specific details on these requirements.

**Consent Forms:** If your study involves only adult subjects, a copy of your approved informed consent form is attached. If your study includes children as subjects, copies of the approved parent/guardian form and child assent form(s) are attached. Please ensure that only approved documents with the ECU IRB approval stamp are used when enrolling subjects in your study. Each subject must receive a copy of the form to keep, and signed forms must be kept securely on file in accordance with the procedures approved in your application. At any time, you may access your stamped form(s) through your InfoReady Review account by following the steps below:

1. Log in to your InfoReady Review account using your ECU credentials.
2. Click the Applications link from the top menu bar.
3. Select the project title for your study.
4. Access the approved PDF file from the list of attachments.

**Adverse Events:** Any adverse events that occur in conjunction with this study should be reported to the IRB immediately and must be reported within ten calendar days of the occurrence.

**Research Records:** Accurate and detailed research records must be maintained for a minimum of three

years following the completion of the study. These records are subject to audit. If you are an EKU student, you are responsible for ensuring that your records are transitioned to the custody of your faculty advisor at the end of your study. Records include your approved study protocol, approval notification, signed consent forms and/or parent/guardian permission and assent forms, completed data collection instruments, other data collected as part of the study, continuing review submissions and approvals if applicable, protocol revision requests and approvals if applicable, and your final report.

**Changes to Approved Research Protocol:** If changes to the approved research protocol become necessary, a Protocol Revision Request must be submitted for IRB review, and approval must be granted prior to the implementation of changes. Some changes may be approved by expedited review while others may require full IRB review. Changes include, but are not limited to, those involving study personnel, consent forms, subjects, data collection instruments, and procedures.

**Final Report:** Within 30 days from the expiration of the study's approval, a final report must be filed with the IRB. A copy of the research results or an abstract from a resulting publication or presentation must be attached. If significant new findings are provided to the research subjects, a copy must be also be provided to the IRB with the final report. To submit your final report, please follow the steps below:

1. Log in to your InfoReady Review account using your EKU credentials.
2. Click the Applications link from the top menu bar.
3. Locate your study and click the Progress Report icon in the far right column.
4. Complete the information fields and attach copies of any required documents.
5. Click the Finalize button to submit your report. This button is located just above the attachment fields.

**Registration at ClinicalTrials.gov:** If your study is classified as a clinical trial, you may be required by the terms of an externally sponsored award to register it at ClinicalTrials.gov. In addition, some medical journals require registration as a condition for publication. In the case of

journals with membership in the International Committee of Medical Journal Editors, clinical trials must be registered prior to enrolling subjects. It is important that investigators understand the requirements for specific journals in which they intend to publish. In the case of sponsored project awards, timeline requirements will vary for awards that require registration. Approved consent forms must be uploaded in the system for all Federally-funded clinical trials after subject enrollment has closed, but earlier registration is not required for all agencies. If you have questions about whether a sponsored project award requires registration and on what timeline, please send an email to [tiffany.hamblin@eku.edu](mailto:tiffany.hamblin@eku.edu) before beginning recruitment so that the specific terms of the award can be reviewed. If you have a need to register your study and do not have an account in the system, please send an email to [lisa.royalty@eku.edu](mailto:lisa.royalty@eku.edu) and request to have a user account created. If you have questions about this approval or reporting requirements, please contact the IRB administrator at [lisa.royalty@eku.edu](mailto:lisa.royalty@eku.edu). For your reference, comments that were submitted during the review process are included below. Any comments that do not accompany an "I approve" response have been provided to you previously and were addressed prior to the review process being completed.

**Appendix B: Recruitment Script**

My name is Susan Witt, a graduate student at Eastern Kentucky University from the Occupational Therapy Department. I would appreciate your participation in my research study that explores leisure participation for those 60 and older that live in the community. You may participate if you are at least 60 years old and English speaking. Please do not participate if you live in long term care, assisted living, or unable to speak English.

As a participant, you will be asked to participate in an Activity Card Sort assessment and an interview that follows which could take anywhere between 30 – 60 minutes. There are no risks associated with this study and there will be no compensation. Your participation will be kept private and no identifying information will be shared. There are no costs associated with your participation in this study.

If you would like to participate in this study, please sign the consent form available and we will discuss appointment times.

Do you have any questions now? If you have any questions later, please contact me at 859-200-7768 or you may contact my advisor, Dr. Duckart at 859-622-6303. Thank you.

## **Appendix C: Interview Questions**

Tell me about your overall health.

Do you have any problems getting around town?

Tell me about your involvement in leisure activities.

What is your experience with the activities (from ACS) you participate in?

Can you recall when you last did this activity (from ACS)?

What was enjoyable about it?

Was there anything that caused you trouble?

Who did you used to do this activity with?

What do you think it would take to get you back to this activity?

Do you participate in any activities we didn't have on the cards?

Do you have any other ideas of things you would like to do?

How can occupational therapy facilitate engagement in leisure occupations?

## Appendix D: Categories

Categories	
Health deteriorating	<p>Amelia: I have issues with the breathing where I get where I can hardly breathe where my back hurts. I'm not in the best of health but I'm still able to get around and do for myself.</p> <p>Fan Girl: After I broke my back it got harder. I'd do it constantly, just for exercise, before I broke my back. I hate talking on the telephone. My voice can't, it wears out easy. I had two vertebrae broke years ago, fell off the horse and had Kyphoplasty. Then my voice goes out and then my throat's hurting. Because I've gotten a little growths on the back of my tongue. I don't know what they are. But they won't like leave. They are white. I'm going to make an appointment. My heart doctor says why does your voice sound like that? and I said cause I've had polyps on and off for years on my vocal cords. Rheumatoid arthritis too. Its really tough? But I take Embrel, I take a shot. You wouldn't believe how much it helps. It makes a big difference. It was gonna cost me \$900 a month. And I had to go and fill out some paperwork and had to be qualified to get it. My fingers won't let me no way. This one right here locks up on me. If I grip something, it locks up and locks down. And then I have to pull it loose.</p> <p>Poppins: Sometimes I feel like I can't remember things. Pee brain.</p>
Activities do less	<p>Amelia: Volunteer work, ummm, I have done it but I've had to, I'll put do less because I don't do it in Florida like I did</p> <p>Fan Girl: I give that up, I don't cook. Boating, I don't boat, but I ride in it. I like fishing. Right now I'm doing less.</p> <p>Poppins: I use to play flute.</p>
Activities with family and friends	<p>Amelia: We do family gatherings. I do my share of that. I go for grandparents lunchings. Being with people, socialization, socializing with the people. Because a lot is like me, they don't have anybody else. So we just get together.</p> <p>Fan Girl: Them kids want to stay over there all the time. We did Thanksgiving and then we'll do Christmas with all the siblings.</p> <p>Poppins: My sister, we went to, last fall, we went to Florida, my sister and we went to my brother's house. Going to children's or grandchildren's activities. We get the baby, Wade gets here at 430 in the morning. We had that garden last year.</p>

Elder community needs	Ameilia: You talk about the assisted living thing, Yeah, Berea needs more of that.
Enjoyable activities	Ameilia: Needlecraft, yeah I do my knitting. Handcrafting, I don't do that as much. I do the macrame stuff, table games, yes cards. Bingo and lottery, we play bingo quite a bit so. I've always thought about that. I do listen to the radio. Sitting and thinking, yeah I do quiet a bit out on that back deck, I do quiet a bit. Swimming I do. I only go whenever we travel. Traveling and exercising. Walking, well, that would be exercising, visiting family and helping other people. Playing cards. Fan Girl: I love planting flowers. Going to YMCA and I love traveling. Hanging out with family. Going to ball games. Poppins: Rupert gets in my lap in the morning. I made his food this morning and and he lays across my lap. Love reading magazines. I've always have a devotional in the morning. I like to sing at church, I love to swim. Being with Ron, we really like each other. We have been together for 43 years. I like to be with friends and family. I read every day. I have got this podcast guy I like, Sean Dietrich's. He puts a thing on there every day on my email. He's funny. we'll come and go eat at a restaurant have a Bloody Mary. Last year we went to Florida, Indian Rock Beach
Getting around	Ameilia: whenever I just take a notion and I'll Maybe drive to Somerset hit all the shops up there or go to Lexington and hit the shops up there and we just love the thrift stores. Most time I go by myself. Margaret and I used to go but now since Margaret has been sick she's not able to go so. Fan Girl: Use a rollator. Yeah, the last time I went to TN with my sisters I had to take that. Boy, If I hadn't had it I wouldn't have been going nowhere.
Having trouble doing things	Ameilia: I sit down, whenever I can, I scoot around and get down on my knees and thanks but now this year is gonna be a little different because you know my arms and things are getting to where they hurt. I have knots. With my hands I'm not able to use the screwdrivers and the pliers and things. Because I used to change my own batteries change my own oil and all, but now they putting the batteries where you can't get em out. Probably whenever I fell and hurt my neck, it got to where there was too much pressure. See the airplane that we had didn't have a shield in front of it. We had to wear the helmets and that wind was pushing against us and we was going 60 miles 60 miles an hour and that pressure. You know at times not all the time so I had to kind of give

	<p>that up and Then whenever I was in the fire department we had to wear the helmets and all and that was a lot of pressure on my neck so I had to give the Have it so I just retired from all of it.</p> <p>Fan Girl:</p> <p>It's hard for me stand up there for a long time to cook. I do, you know, smaller things, if its easy. But it's gonna take a while. I thought about starting solitare cause I was trying to quit smoking. I thought I got to do something. I needed to keep my mind occupied. But I've not started yet. Walking, I've had to give up. I mean I walk but I can't walk like I use to walk. if I'm gonna have to be standing in lines, or I have to walk a farther distance then I'm gonna have to use my cane. Or I've got this thing that's got wheels on it. if I'm there quite a bit cause my back will start hurting me because those seats. But Scottie and Kim got me one of those seats. Yeah, to set in. sometimes I take that walker thing. It's got a flip, a little bucket thing that you can flip up and put all your stuff in. But they've had the thing shut down since Covid, we can't buy nothing at the concession stand, I've had to pack a cooler. I put it in a little wagon Melinda got me. So me and leah together pull it up there. It got a little rough the other day, you get so much stuff in the buggy, I can't push it. So I have to get in front of it and pull it instead of pushing it. It just works a little bit easier. By the time I got out of there I was soaking wet with sweat. And just hurting.</p> <p>Poppins:</p> <p>Afraid I'll fall off a bicycle.</p>
Negative effects of retirement	<p>Fan Girl:</p> <p>man I need to get out of this house. It's just taking care of the kids. Being with them after school and stuff like that. I said I gotta go out somewhere, I gotta get out.</p> <p>Poppins:</p> <p>Me and my friends, have you know, when when I retired. Sometimes when you retire from a place with that have lots of women that are there. They soon forget the ones that are retired. They don't include you in their lives anymore.</p>
Goals for new activity	<p>Ameilia:</p> <p>I'd like to go back and travel on the tours and things. I'd like to go to Alaska, I guess it is, on that train ride, but I don't know if I'll make it or not.</p> <p>Fan Girl:</p> <p>I'd like to get back to the Y.</p>
Occupational therapy and staying healthy	<p>Ameilia:</p> <p>Getting your pain kind of managed in your arms and back. I started back walking quite a bit. Well, not really quite a bit. I try to if it's pretty at least once a day or we walk at the center, you see.</p> <p>Sometimes I go early there and walk.</p> <p>Fan Girl:</p>

	<p>I'm interested in going back to the YMCA and swimming for my health.</p> <p>Poppins:</p> <p>I do these exercises with these women. They just kind of, everything is all moving all the time. Some are 30 and some are 50 minutes. I usually do 2 30s in the morning.</p>
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## **Appendix E: Codes**

### **Activities do less**

Ameilia

Volunteer work, ummm, I have done it but I've had to, I'll put do less because I don't do it in Florida like I did.

Fan

There's a lot of these I do less in this. I give that up, I don't cook. Boating, I don't boat, but I ride in it. I like fishing. Right now I'm doing less so I'm gonna put it there.

Poppins

Use to play flute.

### **Activities with families and friends**

Amelia

We do family gatherings. I do my share of that. I go for grandparents lunching. Being with people, socialization, socializing with the people. Because a lot is like me, they don't have anybody else. So we just get together.

Fan

Them kids want to stay over there all the time. We did Thanksgiving and then we'll do Christmas with all the siblings. I had 12. But there's only 5 left. Mark has just passed away. There's five left.

Poppins

We had that garden last year. My sister, we went to, last fall, we went to Florida, my sister and we went to my brother's house. Going to children's or grandchildren's activities. We get the baby, Wade gets here at 430 in the morning.

### **Elder's community needs:**

Amelia

We talked about the assisted living thing, yeah, our town needs more of that. I've always thought about that.

### **Enjoyable activities**

Amelia

Needlecraft, yeah I do my knitting. Handcrafting, I don't do that as much. I do the macrame stuff, table games, yes cards, bingo and lottery, we play bingo quite a bit. I do listen to the radio. Sitting and thinking, yeah I do quiet a bit out on that back deck, I do quiet a bit. Swimming I do. I only go whenever we travel. Love traveling and exercising. Walking, well, that would be exercising, visiting family and helping other people. I enjoy playing cards.

Fan

I love planting flowers. Going to YMCA and I love traveling.

Poppins

Rupert (her dog) gets in my lap in the morning. I made his food this morning and he lays across my lap. I Love this reading in magazines. I've always had a devotional in the morning. I like to sing at church. I love to swim. Being with Ron, we really like each other. We have been together for 43 years. I like to be with friends and family. I read every day. I have got this

podcast guy I like, Sean Dietrich's. He puts a thing on there every day on my email. He's funny. We'll come and go eat at a restaurant have a Bloody Mary. Last year we went to Florida, Indian Rock Beach

### **Getting around**

Amelia

Whenever I just take a notion and I'll Maybe drive to Somerset hit all the shops up there or go to Lexington and hit the shops up there and we just love the thrift stores. Most time I go by myself. Margaret and I used to go but now since Margaret has been sick she's not able to go so.

Fan

I have got Leah to take care of and it is hard dragging a kid with you everytime. I use a rollator. Yeah, the last time I went to TN with my sisters I had to take that. Boy, If I hadn't had it I wouldn't have been going nowhere.

### **Goals for new activity**

Ameilia

I'd like to go back and travel on the tours and things. I'd like to go to Alaska, I guess it is, on that train ride, but I don't know if I'll make it or not.

### **Having trouble doing things**

Amelia

I sit down, whenever I can, I scoot around and get down on my knees and thanks but now this year is gonna be a little different because you know my arms and things are getting to where they

hurt. I have knots. with my hands I'm not able to use the screwdrivers and the pliers and things. Because I used to change my own batteries change my own oil and all, but now they putting the batteries where you can't get em out. Probably whenever I fell and hurt my neck, it got to where there was too much pressure. See the airplane that we had didn't have a shield in front of it. We had to wear the helmets and that wind was pushing against us and we was going 60 miles 60 miles an hour and that pressure. You know at times not all the time so I had to kind of give that up and Then whenever I was in the fire department we had to wear the helmets and all and that was a lot of pressure on my neck so I had to give the Have it so I just retired from all of it.

Fan

It's hard for me stand up there for a long time to cook. I do, you know, smaller things, if its easy. But it's gonna take a while. I thought about starting solitary cause I was trying to quit smoking. I thought I got to do something. I needed to keep my mind occupied. But I've not started yet. Walking, I've had to give up. I mean I walk but I can't walk like I use to walk. If I'm gonna have to be standing in lines, or I have to walk a farther distance then I'm gonna have to use my cane. Or I've got this thing that's got wheels on it.

If I'm there quite a bit cause my back will start hurting me because those seats. But Scottie and Kim got me one of those seats. Yeah, to set in. Sometimes I take that walker thing. It's got a flip, a little bucket thing that you can flip up and put all your stuff in. But they've had the thing shut down since Covid, we can't buy nothing at the concession stand, I've had to pack a cooler. I put it in a little wagon Melinda got me. So me and Leah together pull it up there. It got a little rough the other day, you get so much stuff in the buggy, I can't push it. So I have to get in front of it and pull it instead of pushing it. It just works a little bit easier. By the time I got out of there I was soaking wet with sweat. And just hurting.

Poppins

Afraid I'll fall off a bicycle.

### **Health deteriorating**

Amelia

I have issues with the breathing where I get, you know, get where I can't hardly breathe and hurt in my chest and my back hurts. I'm not in the best of health but I'm still able to get around and do for myself

Fan

After I broke my back it got harder. I'd do it constantly, just for exercise, before I broke my back. I hate talking on the telephone. My voice can't, it wears out easy. I had two vertebrae broke years ago, fell off the horse. I had kyphoplasty. Then my voice goes out and then my throat's hurting. Because I've gotten a little growths on the back of my tongue. I don't know what they are. But they won't like leave. They are white. I'm going to make an appointment. My heart doctor says why does your voice sound like that? and I said cause I've had polyps on and off for years on my vocal cords. I have rheumatoid arthritis too. Its really tough, but I take Embrel, I take a shot. You wouldn't believe how much it helps. It makes a big difference. It was gonna cost me \$900 a month. And I had to go and fill out some paperwork and had to be qualified to get it. No. My fingers won't let me no way. This one right here locks up on me. If I grip something, it locks up and locks down. And then I have to pull it loose.

Poppins

My blood pressure's pretty wonky. Sometimes I feel like I can't remember things. Pee brain.

### **Negative effects of retirement**

Fan

Man I need to get out of this house. It's just taking care of the kids. Being with them after school and stuff like that. I said I gotta go out somewhere, I gotta get out.

Poppins

Me and my friends, have you know, when when I retired. Sometimes when you retire from a place with that have lots of women that are there. They soon forget the ones that are retired. They don't include you in their lives anymore.

### **Occupational Therapy/staying healthy**

Amelia

Getting pain kind of managed in my arms and back. I started back walking quite a bit. Well, not really quite a bit. I try to if it's pretty at least once a day or we walk at the center, you see. Sometimes I go early there and walk.

Fan

I'm interested in going back to the YMCA and swimming for my health.