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Interventions that Address Quality of Life for those Transitioning to Long Term Care

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This evidence project, submitted by

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has been approved and accepted
in partial fulfillment of the requirements for the degree(s) of
Master of Science in Occupational Therapy (and) Occupational Therapy Doctorate
from the University of Puget Sound.

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Key words: quality of life , long term care , transitioning older adults

Abstract

This research was proposed by community collaborator Lauren Gilliland, OTR/L, the director of occupational therapy at the Villages, a skilled nursing and rehabilitation facility, in central Florida. Gilliland was interested in adding new interventions to her current practice, especially with older adults affected by transitioning to a long term care facility, who experience a shift of daily roles, routines, and identity that may impact their quality of life. The focus of this evidence-based project was to explore current literature of occupational therapy interventions aiming to improve quality of life for older adults, specifically transitioning into long term care facilities. The CAT findings provided various occupational therapy interventions that have been found to improve quality of life for this population. The interventions were organized into themes of culture and art, music, spirituality, exercise-based interventions, dog-assisted therapy, and altruistic activities to help residents transitioning into long-term care to maintain their well-being.

The knowledge translation activity encompassed creating and organizing a resource notebook of the recommended interventions found in the research. Our collaborating practitioner was eager for us to generate a knowledge translation product that gave the care team specific interventions that can be used in their everyday practice to improve the overall quality of life of their clients. Benefits and considerations included in the notebook present a variety of interventions that can be used in this setting. The ease and efficiency of the notebook's use was evaluated by Gilliland and the rehabilitation team with a survey. To ensure a more holistic perspective for occupational therapy practitioners (OTPs) when considering interventions, future recommendations are to include quality of life outcomes in diagnosis-specific populations such as Alzheimer's and dementia for a broader scope, create a deeper and more defined understanding of a client's transition experience into long term care, and utilize a more standardized assessment for measuring quality of life.

CAT

Focused Question

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| What occupational therapy interventions are shown to be effective for improving overall QoL in older adults transitioning into long-term care? |
|--|

Prepared By

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|---|
| Sharan Bhandar, OTDS, Michaela Mikulis, OTDS, Kiana Serrao, OTDS and Laice Valera, OTDS |
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Date Review Completed

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| 11/3/2022 |
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Professional Practice Scenario

Our collaborator, Lauren Gilliland, OTR/L, currently works at a skilled nursing and rehabilitation facility (SNF) within The Villages community located in central Florida. This facility holds approximately 145 beds with clients ranging between the ages of 60 and 90, but the majority are in their 80's. The Villages consist of both male and female residents, but are predominantly of white males. There is also a small percentage of Black and Hispanic individuals as well. Around 80% of the clients at the facility are long-term care (LTC) residents and the remaining 20% are short-term rehabilitation residents with acute conditions. Since the majority of her clients are LTC residents, we will use the terms SNF and LTC interchangeably.

Although our collaborator works with clients who have a wide range of diagnoses, we chose to focus on the populations she sees the most, which include, but are not limited to, stroke, cardiovascular disease (CVD), diabetes, chronic obstructive pulmonary disease (COPD) and individuals with cancer. A large majority of the residents have multiple comorbidities including dementia and Alzheimer's disease.

Method**Search Strategy**

| Categories | Key Search Terms |
|---------------------------|--|
| Patient/Client Population | Inpatient, care facility, skilled nursing facility, SNF, LTC, long-term care residents, transitioning, moving, changing, adjustment, adapting to LTC, geriatric, old adults, old old adults (80+), older adults, old old, Stroke, CVA, TBI, traumatic brain injury, injuries, COPD, diabetes, CVD, Dementia, Alzheimer's |
| Intervention | Activities, purposeful activities, meaningful activities, occupational therapy treatment, OT tx |
| Comparison | N/A |
| Outcomes | QoL, wellbeing, independence, competence, daily life roles, competence within daily life roles, self-care, activities of daily living, improved QoL |

Databases, Sites, and Sources Searched

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|----------------|
| Google Scholar |
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| Collins Library: PsychInfo, PubMed, CINAHL, OTSeeker, PEDro, Journals of Occupational Therapy (American, Canadian, United Kingdom etc.) |
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Procedures for the selection and appraisal of articles**Inclusion Criteria**

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|---|
| <ul style="list-style-type: none"> ● Published after 2000 <ul style="list-style-type: none"> ○ <i>Justification:</i> Research used within the last 22 years will keep information current and relevant to today's OT practice scope. |
|---|

- Population:
 - Older adults (60+ years old)
 - Long term care residents (3+ months)
- Interventions impacting QoL
 - Improving and/or lessening QoL
- Transitioning from
 - home to LTC
 - short term care (STC) to LTC
 - acute care to LTC
- Main diagnoses of Stroke, TBI, COPD, diabetes, CVD; Comorbidities can include Dementia and Alzheimer's
 - *Justification:* These are the main diagnoses our practitioner sees within her scope of care.

Exclusion Criteria

- Publications earlier than the year 2000
- Population:
 - Adults under 60
 - Outpatient, acute care, and STC
 - *Justification:* The setting is a LTC and SNF in which our practitioner would like to utilize QoL interventions, therefore the focus will stay on these settings
- Studies focused on validity and reliability of QoL assessments
 - *Justification:* The focus is not on assessments of QoL, but rather interventions
- Case-studies, poster presentations, non peer-reviewed journal articles
 - *Justification:* Research from these sources is not as reliable or generalizable.
- Articles not written in English
 - *Justification:* The information might be lost or changed within the translation

Search Outcomes/Quality Control/Review Process

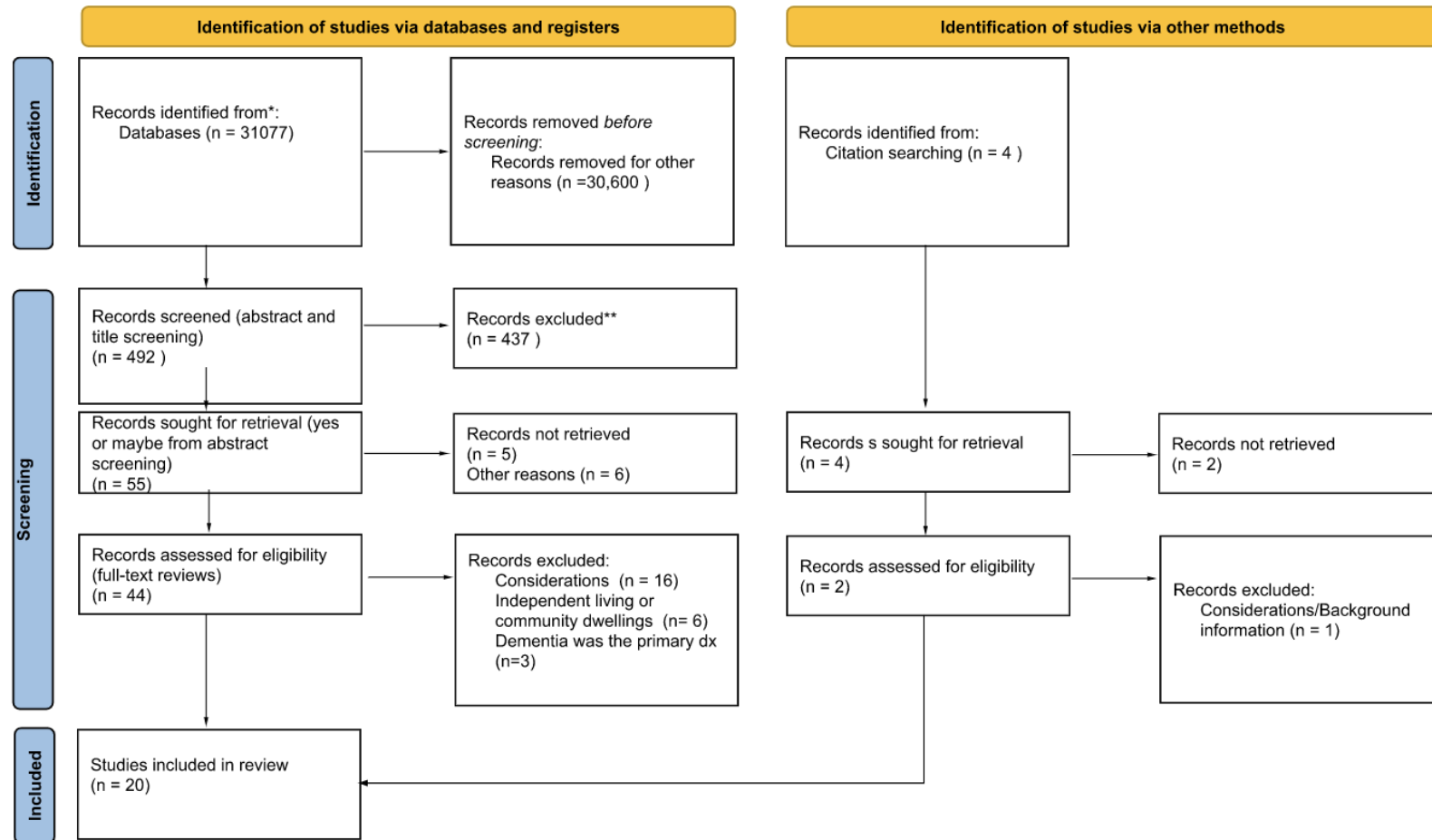
Several databases were used for the purpose of our research, these included Google Scholar, PsychINFO, PubMed, OTSeeker, PEDro, CINAHL and Journals of Occupational Therapy (American, Canadian, or British). Prior to beginning the search, we split the databases up amongst group members so each member was responsible for using two databases for their search. In order to prevent duplicate articles from being used, we input articles into a shared drive. This was especially helpful because group members were in different time zones during our initial searches, so the shared drive helped us organize and observe each others' progress at our own leisure. The search terms listed above helped with the construction of our PICO question: *What occupational therapy practices and interventions can be used to improve overall QOL for older adults transitioning to long-term care?* Some of our searches gave an overwhelming number of articles but we were able to discuss a more precise search strategy with other members during our bi-weekly meetings. Originally, we planned for weekly meetings but quickly realized it was not warranted with the time we had. As we progressed through the search process, the Master Citation table provided focus and direction. The meta-analysis or systematic review articles found were hand-searched in order to find more precise information regarding our PICO question.

Once we completed the Master Citation Table (see Appendix A) and felt our search had been exhausted, we began to review each other's articles to decide if they would be included in our evidence tables. Each individual reviewed two other group members' articles. Ideally, we wanted every member to read every article but with our time constraint it wasn't feasible. During our review process, we ran into challenges with multiple articles we felt were a "maybe". After some clarification from our course

instructor and with our collaborator, we had a better understanding of articles to include. Through our search we found several articles that provided specific information on what factors are important to consider when planning an intervention to improve quality of life. Again, after speaking to our course instructor and contacting our collaborator, we decided to keep these articles and include them at the end of our research in an Appendix, and to not input them into CAT tables. These articles will be saved and included in the appendix, or utilized in our paper as background information for our practitioner to consider when planning interventions for her clients.

Graphic Representation of Research Process

Adapted PRISMA 2020 flow diagram for new systematic reviews which included searches of databases and other sources



*Consider, if feasible to do so, reporting the number of records identified from each database or register searched (rather than the total number across all databases/registers).

**If automation tools were used, indicate how many records were excluded by a human and how many were excluded by automation tools.

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71. doi: 10.1136/bmj.n71. For more information, visit: <http://www.prisma-statement.org/>

Adapted by University of Puget Sound School of Occupational Therapy

Results

Literature Searching and Article Inclusion

As we navigated through our search process, we honed in our searching skills to create more precise key search terms. We began with 492 articles, which was our total number of hits in the search tracking table (See Appendix B). After reviewing by title and abstract, we were able to narrow the amount of articles down to a total of 55 articles to be imputed into the master citation table. This gave us an idea of what information we wanted to focus on regarding our PICO question of finding interventions to improve quality of life for residents transitioning to long term care facilities.

We originally had 11 “no’s” and 44 “yes’s” in our master citation table. However, as we began reviewing each other's articles, we began to reduce the overall amount of “yes’s” by finding exclusion criteria, inconclusive evidence, and access to articles. In order to talk through these thoughts and corrections in a more efficient manner, we met as a group on several occasions to comb through them in detail to decide if they addressed our PICO question and should be included in our evidence tables. Group members read the full-text articles to ensure relevance to interventions for residents in LTC facilities. Of the 44 original “yes”, 9 more articles were removed by further investigation of group members. These articles were removed for a number of reasons; the entire article was not accessible or they did not match up with our PICO question. This left us with 35 articles. Of these 35 articles we dove deeper and decided that 16 of the articles would be excluded from the evidence tables because a majority of their information was in regards to concepts to consider when planning an intervention. We decided that although this information did not align directly with our PICO, it is still important information to keep for background or an appendix in our research. So those 16 articles were removed from the evidence tables and kept to the side for now. This left us with a total of 19 articles to be entered into evidence tables.

We also completed hand searching for two of our literature review articles and were able to gather four more articles for consideration. Upon further examination by all the group members, we decided that only one of these articles would be kept and used in the evidence tables. The other articles were excluded due to our inability to access the full article and for background information. This left us with a final

number of 20 articles to be input into the evidence tables. In an ideal world, we as a group would have liked to hand search our review articles in a little more depth, however, due to time constraints and a large number of hits from our original searches we were unable to. This is an area of improvement we would like to make in future research.

Evidence Tables

Quantitative/Experimental Evidence

| Author Year Journal Country | Study Objectives | Study Design/ Level of Evidence, AOTA, Pyramid | Participants: Sample Size, Description, Inclusion and Exclusion Criteria | Interventions & Outcome Measures | Summary of Results | Study Limitations |
|--|---|--|--|---|--|---|
| Bickmore et al. 2019 AJOT USA | Therapeutic biking and the effects on depression in LTCR. If a 6wk biking program helped treat depression and improve the QoL. | Descriptive quantitative pilot study Level IV D4 | N=12 Incl = residents living LTCR with a positive hx of depression, ability to sit in an upright position, medically stable, predictive behavior. | I: Occupation based interventions like biking program O:helped treat depression and improve the QoL for LTCRs. | Examined the aggregate ride data (N=92) vs. participant experience (N=12) 10 residents enjoyed the ride 93% of the time Resident moods also appeared to improve after the rides. | Limited number of participants Pilot study Age demographics not specified |
| Chippendale & Bear-Lehman 2012 AJOT USA | Effects of engaging in the occupation-based intervention of life review through writing on expressed depressive symptoms. | RCT Level I E2 | N=45 (23 treatment, 22 wait-list control) ≥65 yr old Excl= people with probable dementia. Incl = ability to speak and write English | I: 8 wk - 1x wk Share Your Life Story writing workshop O: Depressive symptoms were sig. less prevalent for the treatment group than for the control group. | The results suggest a story writing intervention can be used by OTs with older adults who reside in senior residences. | Respondent bias Gap between pretest & posttest >2mo Long term effects of intervention were not addressed. |
| Hersch et al. 2012 AJOT | Effectiveness of an occupation-based cultural heritage intervention to | Quasi-experimental nonequivalent control group design with | N=29 Incl=criteria: age ≥55 yr | 29 participants completed the group sessions. | Indicated effectiveness of a structured, occupation-based social group | Recruitment challenges decreased number of available group participants Frailty of an LTC population |

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| USA | <p>facilitate adaptation to relocation into LTCRs.</p> <p>This was measured by QoL, activity engagement, and social participation.</p> | <p>pre- and posttests</p> <p>9 sessions, 2 per wk for 4 wks</p> <p>Level III</p> <p>O2</p> | <p>Relocation during the past year, receiving licensed nursing care, White or African-American, English speaking, able to participate in interviews, determined by a score of ≤ 5 on the Short Portable Mental Status Questionnaire.</p> <p>Excl= In a hospice or locked unit</p> | <p>QoL scores improved sig. over time for both groups.</p> <p>Greater amount of time spent in discretionary than obligatory time, pretest and posttest, with no sig. difference between groups.</p> | <p>intervention that improved QoL, an indicator of adaptation.</p> <p>Description of activity patterns and social participation of LTCRs were taken into consideration</p> | <p>Lengths of stay differed</p> <p>Reduced power to detect changes: -inability to examine potential moderating effects -change in group facilitators -continuity of the group sessions</p> |
| <p>Chan et al. 2010 Quality of Life Research Hong Kong</p> | <p>Evaluate the effectiveness of a 3-month TCQ program promoting the psychosocial functional health of clients with COPD.</p> | <p>Single-blind, RCT</p> <p>Level I</p> <p>E2</p> | <p>N= 206</p> <p>Tx 1: TCQ, n= 70 - female: <i>n= 1, male: 69</i> - avg age: 71.7 - avg yrs of COPD: 10.3 - # w/mild COPD: 7 - mod COPD: 31 - severe COPD: 32 - # w/co-existing disease: 16 - no co-existing disease: 44</p> <p>Tx 2: Exercise, n= 69 - female: <i>n= 8, male: 61</i> - avg age: 73.6 - avg yrs of COPD: 10.6 - # w/mild COPD: 13 - mod COPD: 26</p> | <p>I: Tx 1, TCQ: two 60-min sessions each week for 3 mo.</p> <p>Tx 2, Exercise: taught to practice breathing techniques combined with walking as an exercise</p> <p>Ctrl: received usual care</p> <p>O: MSPSS examining self-perceived social support from social relationships, and health-related QOL SGRQ-HKC, HRQL</p> | <p>Significant group x time interactions with TCQ showing greater improvements in sx domain ($p=0.010$) and activit domain ($p=0.35$) compared to Tx 2 and Ctrl.</p> <p>Tx 1, TCQ: Improvement in self-perceived sx score but no significant differences, no deteriorations, low CI</p> <p>Tx 2, Exercise: slight improvement in sx score, deteriorations observed, no effects significant except in activity score</p> | <p>Small sample size</p> <p>CRQ should be included with SGRQ to compare differences in MCID</p> <p>Worsening trend in Ctrl and Tx 2 groups.</p> <p>Short duration</p> |

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| | | | <ul style="list-style-type: none"> - severe COPD: 30 - # w/co-existing disease: 16 - # w/no co-existing disease: 52 <p>Ctrl, n= 67</p> <ul style="list-style-type: none"> - female: n= 9, male: 54 - avg age: 73.6 - avg yrs of COPD: 12.4 - # w/mild COPD: 12 - mod COPD: 29 - severe COPD: 26 - # w/co-existing disease: 20 - # w/no co-existing disease: 41 <p>Incl = clinical dx of COPD defined by ATS, reduced forced expiratory ratios <70%</p> <p>Excl = walks independently, suffered from severe sensory/cognitive impairment, systematic ischemic heart disease, and practiced TCQ a year prior</p> | | <p>suggesting deterioration in activity domain</p> <p>Ctrl: worsened health status in all aspects of SGRQ-HKC, declines d/t increase of sx score by 4.5 units, activity score by 2.4 units impact score by 4.8 units and SGRQ by 4.0 units.</p> | |
| Yuen 2002 Physical & Occupation | Evaluate impact of participation in an altruistic activity on elders in LTCF to | Level 3B E3 | N=18 Grp1, tx, mentoring; n=9 (f=7. m=2) | I: Grp1 tx, mentoring--paired with an ESL student -instructed to engage in normal | LSI-A mean scores pre and post for Grp1 showed sig↑ (t = 1.98, p = .042, one-tailed) | No random assignment Confounding variables, interpret with caution Pilot study |

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| al Therapy in Geriatrics USA | improve life satisfaction | | Grp2 ctrl, no mentoring; n=9 (f=7, m=2) Incl=pass pre-intervention eval on cog status, 1st language English, carry on conversation for an hour Excl=maladaptive behavior pattern, visual or hearing impairments (that could not be corrected by assistive devices) | conversation -met 1hr/wk for 3 consecutive wks -one-on-one basis -intent to foster autonomy of the residents through helping students improve English conversational skills Grp2 ctrl- -no student participated in usual social and recreational activities at LTCF O: LSI-A before and 1&½ to 2 mos later | Grp2, no sig. post scores lower than pre scores | |
| Burack et al. 2008 Activities, Adaptation & Aging United States | Examine the effects of providing nursing home residents with music of their own choosing and how this affects immediate satisfaction and global quality of life. | One group, pre-test, post-test study Level 3B of AOTA O4 | 13 LTC participants ages 64-93 from urban nursing homes - 9 female and 4 male Incl: subjects had to have adequate cognition and hearing to listen to music and participate in interviews - Cognition was determined with a mini-mental score by a psychiatrist. An audiologist screened for hearing ability. | Subjects completed the Global QoL pretest and the Music Background Questionnaire first. Subjects were then presented with 30 minutes of their chosen music After the music experimenter returned and subjects completed the Music Intervention Questionnaire followed by the Global QoL post-test. | Subjects expressed satisfaction in response to the music and desire for more. However, no differences were found in the global QoL measures before and after. Researchers were not surprised that one 30-minute presentation of music was not sufficient to improve QoL and more research is required. | Subjects were self-selected to participate in the study, so it limited the sample size. Subjects who participated all enjoyed music and felt it played an important role in their lives, it did not account for individuals who don't enjoy music. There was a small sample size so it is not generalizable. Participants received a single half hour session of listening which is a small amount of time to make an impact on overall feelings and well being |

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| | | | Excl: subjects with hearing deficits or cognitive impairment | | | |
| Sullivan et al. 2019 Research in Gerontological Nursing; Thorofare USA | Older adults (N = 93) who were transitioning to LTC facilities in Southeast Florida. Hypothesized that when transitioning to LTC : -sharing stories in groups could lead to reduced depression and improved well-being, -baseline sociodemographic characteristics could predict depression and well-being | 2 group RCT Level I E2 | Assigned as individuals rather than assigning facilities as a whole N=41, intervention group received the story-sharing intervention and standard care, daily LTC activities N=52, control group received standard care. Incl= -willing to share stories in a group with others -age 65 and older -English speaking -Score of 3 on the Mini-Cog, -transitioning to a LTC facility within the past 2 years Excl= Participants with a total score 3 are described as screening positive for dementia | Story-sharing intervention was not effective in reducing depression or improving well-being in adults transitioning to LTC. | Sociodemographic characteristics may help identify individuals who are at risk for depression and reduced well-being. Further studies using story sharing with older adults who are depressed and report reduced well-being while transitioning to LTC may offer new insights. Sharing with others could uncover the many stories older adults have acquired and may result in new relationships and meaning. Creating meaning by story sharing could lead to well-being and a healthy transition end. | Sample consisted of mainly White non-Hispanic individuals. greater Diversity might have offered unique findings to increase generalizability. A ceiling effect, occurred in the measurement of depression and well-being Intervention may not have been long enough to produce changes in depression and well-being. Seven participants who dropped out |

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| <p>Kerse et al. 2008 The British Medical Journal New Zealand</p> | <p>To assess the effectiveness of an activity programme in improving function, QoL, and falls in older people in residential care.</p> | <p>Cluster RCT Level I E2</p> | <p>N= 682 Tx, n= 330, <i>goal setting and individualized ADLs</i> Ctrl: n= 352, <i>social visits</i> Incl = 65+ yr olds able to engage in conversations about a goal, able to remember the goal, and participate in a program to achieve the goal Excl = homes caring exclusively for young disabled patients or delivering only palliative care, residents unable to communicate to complete the study measures, had anxiety as a main diagnosis, acutely unwell, or terminally ill</p> | <p>I: Residents were offered goal setting and individualized activities of daily living activity program O: Function (late life function and disability instruments, elderly mobility scale, FICSIT-4 balance test, timed up and go test), quality of life (life satisfaction index, EuroQol), and falls (time to fall over 12 months). Secondary outcomes were depressive symptoms and hospital admissions</p> | <p>70% participants completed the trial and the programme had no impact overall. A programme of functional rehabilitation had minimal impact for elderly people in residential care with normal cognition but was not beneficial for those with poor cognition. In residents with cognitive impairment, the likelihood of depression increased in the intervention group.</p> | <p>Unclear reporting of methods and participants Only 70 % of participants actually completed the study. Either a more intensive intervention or more effort in implementation would be needed to achieve functional improvement in this population.</p> |
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Qualitative Evidence

| Author, Year, Journal Abbrev, Country | Study Objectives | Study Design, Level of Evidence (AOTA, Res Pyr) | Participants: Number and selection, Description, Inclusion & Exclusion Criteria | Methods for Enhancing Rigor | Themes and Conclusions | Study Limitations |
|--|---|--|--|--|--|---|
| Cottrell & Gallant 2004 Physical and Occupational Therapy in Geriatrics USA | Examine the impact of the Elders Drum Project on QoL of participants Elders Drum Project: used drumming, singing, creative acts, activity group process, and community interaction | Phenomenology Semi-structured interviews, field observations, and archival data Q2 | 5 female participants (79-101 y/o) Conveniently selected by staff recommendations 4/5 participants receiving direct OT services. one discharged Incl cognitive functioning within normal limits, ability to understand purpose of study, informed consent | Participant coding interviews audio taped and transcribed Constant comparative method of the transcribed interviews and field notes Multiple reviewers and code/re-code method Peer reviewers and research mentor critiqued and analyzed categorization | 1. self concept: increased 2. life satisfaction: improved 3. health status: physical and psychological benefits 4. altruism: emerged theme 5. self efficacy: significance given to capabilities Valued role as participants → perceptions of feeling useful, happy, autonomous, wanted, worthy Group participation → cohesion Perceived physical health linked to subjective well-being | Time constraints, limited number of participants Not representative of all participants, not generalizable to elder population |
| Cipriani et al. 2010 | Use qualitative methods to discover and explore the experiences and meaning of | Phenomenology Level 3A Q2 | Convenience sampling of 7 females 1 male (all Caucasian) 65+ years old residing in | Biases were identified to avoid suggested desired responses. Triangulation was achieved. | Theme of connectedness with 4 subthemes: 1. creative/thoughtful activity | Only one man participated 3/7 females were in a religious order w/an extensive hx of volunteer experience |

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| <p>British Journal of Occupational Therapy</p> <p>United Kingdom</p> | <p>altruistic activities among residents of an LTC facility</p> | | <p>a nursing home in PA.</p> <p>3 participants were members of a religious order</p> <p><i>Incl:</i> a LTC resident, willing to participate in altruistic activity, able to attend 30-60 min activity, and able to transport or be transported to activity site</p> <p><i>Excl:</i> resident is bedridden or in later stages of Alzheimer's or mod/severe dementia.</p> | <p>Pre-activity interviews used to create potential activities to engage, while post-interviews were for elaboration of topics</p> <p>Interviews examined by peers</p> <p>Each researcher took field notes, helped create MUs to code responses, and synthesized and compared each participant's response summaries.</p> | <ul style="list-style-type: none"> - people LTC bound may want something nice to look at 2. sense of community - sense of belonging is important 3. facilitation of reminiscence - family values and experiences cultivated their present views/beliefs 4. reciprocity - there was value in providing enjoyment and satisfaction to others <p>Participants felt a connectedness between self and others by using their creativity displaying consideration of the reciprocal nature of an altruistic act.</p> | <p>Facility policies and regulations limited transportation needed to present floral arrangements</p> <p>Reactions of recipients not recorded but "well received"</p> <p>Only one type of altruistic activity was explored</p> |
| <p>Schwarz & Fleming Cottrell</p> <p>2007</p> <p>Physical & Occupational Therapy in Geriatrics</p> | <p>Explore perspectives of spirituality integrated into their OT</p> | <p>Phenomenology</p> <p>-Multiple in-depth interviews</p> <p>Q2</p> | <p>N=5 (f=4, m=1)</p> <p>Sample of convenience</p> | <p>Three in-depth interviews, ranging from 90 min to several hrs</p> <p>All interviews conducted by same person</p> <p>Open-ended questions</p> | <p>Meaning and Purpose</p> <p>-spirituality helped define true meaning and purpose in life</p> <p>Coping and Positive Outlook</p> <p>-spirituality as instrumental in enabling to cope with</p> | <p>Participants limited to one setting under one OT</p> <p>Facility affiliated religious group</p> <p>Participants identified with strong religious identity</p> <p>Not generalizable to other populations</p> |

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| <p>USA</p> | | | | <p>Member checks Peer review Reflexivity</p> <p>Transcribed and coded</p> | <p>diversity of interactions and circumstances -optimistic outlook about future -effective coping, equipped to contend with difficulties</p> <p>Reliance and Dependence -unyielding support to fall back on -spirituality deepened when met with illness or injury</p> <p>Comfort and Consolation -God had a plan -Going to Heaven -found comfort in these beliefs</p> <p>Hope for Recovery -integral to spirituality -allure of hope provides promise of recovery, that motivates and inspire positive attitude</p> <p>Therapeutic Rapport -solidified their relationship with OTs -bonding -OT as positive role model -holistic approach considered all facets</p> | <p>Interpretation of different narratives or alternative themes</p> <p>Limited to the interpretations of OT and 5 participants</p> |
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| | | | | | <p>and allowed clients to appreciate the value of OT services</p> <p>Overall, the concept of spirituality is unique yet there are strong commonalities. Spirituality offers meaning and purpose, fundamental concepts to OT</p> | |
| <p>Tsai et al. 2022 The Open Journal of Occupational Therapy USA</p> | <p>Explore different aspects of spirituality among residents newly admitted to LTCFs</p> | <p>Phenomenology Q2</p> | <p>N = 6 Incl: 60+ y/o, in last 6mo relocated to LTCF, English speaking, score of 5 or less on Short Portable Mental Status Questionnaire</p> | <p>Triangulation (with quantitative data) Supported by SWBS scores Interviews were audio taped, transcribed verbatim, & use of qualitative software NVivo for data analysis Coding scheme—reviewed, compared, redefined</p> | <p>Hope/hopelessness for the future Some experienced a sense of hope and others thought the future did not look promising Sense of belonging in LTCF LTCF did not feel like home, but daily necessities met Contentment/discontentment w/ life Closely linked to pride in children's accomplishments, being able to take care of family, indulging in pleasurable life activities, being thankful for the gift of life Helped them find meaning and purpose in desired roles</p> | <p>Small number of participants Underrepresentation of ethnic groups Use of spiritual well-being scale limited understanding and definition of spirituality</p> |

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| | | | | | <p>Personal religious beliefs Prepared to accept death graciously; relationship with God was a primary motivator</p> <p>Overall, perceived spirituality in different ways</p> | |
| <p>Polacsek & Woolford 2022 BMC Geriatrics Australia</p> | <p>The main purpose of this research was to explore resident, relative, and staff experiences of the transition into residential aged care in order to identify strategies to reduce “relocation stress” and support the mental health of older adults at this time</p> | <p>Qualitative Q2 of research pyramid Phenomenology study Face to face semi-structured interviews</p> | <p>35 interviews were conducted, including 14 residents, 19 staff, one relative and one volunteer. Residents’ age ranged from 70 to 92 years</p> <p>Participants were taken from four residential homes in Victoria, Australia—two in cities and two in regional areas.</p> <p>Purposive sampling used to recruit residents and staff who (i) were currently living or working in one of the four homes and (ii) could provide informed consent.</p> | <p>Researchers undertook ‘member checking’ by summarizing, repeating participants’ words or actions in order to confirm participant understanding and avoid misinterpretation.</p> <p>Observations undertaken at residential homes recorded in detailed field notes.</p> <p>Both researchers read and re-read the transcripts and interview notes.</p> <p>Researchers worked independently to identify ‘meaning units’, before coming together to transform</p> | <p>3 Themes: 1. Overall transition experience 2. Recognizing and responding to resident’s mental health needs 3. Tailoring support to individuals needs</p> <p>Residents involved in the transitional process reported a better transition experience</p> <p>Staff reports knowing a resident’s hx prior to arrival allowed for better support of individuals.</p> <p>Residents having a sense of being recognised and treated</p> | <p>Participants were taken from one large multi-centre aged care provider so the findings may not represent the views of residents, relatives and employees in different settings.</p> <p>COVID-19 restrictions in place at the time affected recruitment of relatives and volunteers</p> <p>Residents with moderate to severe dementia were not included in this research so results are less generalizable.</p> |

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| | | | Excl: those unable to provide informed consent, moderate to severe cognitive impairment and those who were currently in respite care; or had transferred from an acute setting. | the meaning units into common themes. | as an individual was important. Participants had a more positive experience if they could set their own routines and pursue their own interests. | |
| Walker & McNamara 2013 Australian Occupational Therapy Journal Australia | This study aimed to identify issues older adults face when relocating to retirement living, what strategies they used during this process, how they maintained a sense of home, and the potential for occupational therapy involvement. | Qualitative Q2 Semi-structured, in-depth interviews | 16 adults, 65+ years of age Purposive and snowball sampling was used to recruit participants from six different retirement living facilities in the Perth metropolitan area. Incl: 'relatively healthy' older adults or older adults with medical conditions often associated with aging Excl: individuals who 'are older and frail and having difficulty with everyday tasks' | All interviews were recorded with the participants' permission and later transcribed verbatim. Member checking occurred during each interview and afterwards via follow-up phone calls Data analysis was conducted using a three stage approach: open coding, theoretical coding and selective coding. This began during the transcription process. | Four themes emerged - Timing of decision making - New beginnings - Continuity - Strategies for change Timing of relocation was critical to how individuals adjusted - Proactive relocation resulted in a more positive transition Individuals who were proactive in the relocation process engaged in new routines and occupations and created a new identity within the environment. | This study was reliant on participants self-selecting involvement. Results were dependent on those who had something to say, whether it was positive or negative so there is potential that those most dissatisfied did not choose to participate or vice versa. Interviews included only 16 individuals which is a limited number that cannot be generalized easily. |

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| | | | | | <p>The ability to continue previous lifestyles was very important to some residents.</p> <p>Having a role in making decisions, either about the relocation process or around modifying the physical space, was essential in order for the participants to be happy and content in their new homes.</p> | |
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Meta-Analyses/Meta-Syntheses/Systematic Review Evidence

| Author Year Journal Country | Study Objectives | Study Design/ Level of Evidence, AOTA, Pyramid | Number of Papers Included, Incl/ Excl Criteria | Interventions & Outcome Measures | Summary of Results | Study Limitations |
|---|--|---|---|--|--|---|
| Durocher et al. 2021 Canadian Journal of Occupational Therapy Canada | Scoping review of how art is used in LTC | Level 1A E1/O1 | 14 papers Incl=visual and material activities Excl=use of movement, musical art, commercial purpose art | I: Group art activities most prominent Varied types of art O: Mood, ↑, better understand and express one's feelings Better mood, in turn contributes to ↑ QoL Overall QoL and well-being ↑ Promoting communication and reminiscence | Use of art activities = ↑mood, QoL and well-being, enhanced communication and reminiscence and social relationships Which overall contribute to enhanced well-being and QoL where art activities are incorporated into LTCF | Possibility of having excluded relevant papers Limit articles Only if accessible in English |

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| | | | | Opportunities for more and deeper relationships with others | | |
| Sullivan & Williams 2017 Journal of Gerontological Nursing USA | To provide an appraisal of older adults' transition experiences to LTC | Meta-Synthesis Level IA Q1 | 33 papers of original 181 eligible for study Incl: recent qualitative studies (published between 2005-2015) in the US/Canada published in English with a focus on adults 65+ transitioning to LTC (nursing home, SNF, ALF) | Themes/theoretical frameworks/domains listed under MMRTT's guide to current study: transition properties, transition conditions and/or transition pattern of response | Painful loss requires mourning process Stability sought through gaining autonomy to sustain a new sense of self Acceptance occurs when a unique inner balance is reached | Small sample Settings generalizable in US and Canada Quantitative study may help examine predictors or healthy transitions |
| Cipriani et al. 2013 Physical and Occupational Therapy in Geriatrics USA | To determine whether residents of LTC facilities who received dog-assisted therapy achieved outcomes that can positively influence QoL, as compared to individuals who did not receive dog-assisted therapy | Evidence-based review Level IA E1/O1 | 19 studies included: 3 RCTs, 11 cohort studies, 4 before and after studies, and one single-case study design Incl = studies between 1990-2010 if they involved older adults, dogs, LTC facilities, measurable therapeutic outcomes, and information on sample size. Excl = studies doesn't involve use of dogs or if they | Txs involved at least one live dog - brushing, petting, talking to, playing catch with, holding, providing treats or food, verbalizing commands or tricks, playing catch, holding a leash or walking the dog, or reminiscing about dogs or animals in general. Outcomes examined: emotional regulation, ADL, communication/social cognitive, sensory-perceptual, and motor/praxis skills | 12 of 19 studies reported significant results ($p \leq 0.05$) supporting the effectiveness of the implemented AAT interventions. | Evaluation tools need to be considered Possibility of co-interventions affecting results Small sample size |

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| | | | unintentionally excluded participants with cognitive impairments | | | |
| Stern et al. 2020 JBI Evidence Synthesis USA | To synthesize and integrate the best available evidence on the impact of canine-assisted interventions on the health and well-being of older people residing in long-term care. | Systematic Review: will consider quantitative, qualitative and mixed methods studies. Quantitative and Qualitative Level 1A O1 | 10 bibliographic databases with 2 previous systematic reviews performed 2011 - 2020 Incl = 60 years and older who reside in LTR facilities and receive CAIs. Excl= No exclusions based on medical conditions or comorbidities. | Quantitative portion will consider studies that evaluate CAIs. Interventions will be grouped as either canine-assisted activities or canine-assisted therapies. | Quantitative portion will consider studies that include outcomes related to health and well-being. Where possible, review outcomes will be grouped under the biopsychosocial model as follows: Biological Psychological Social Reviews indicate some small benefit in outcomes | The lack of methodological rigor in studies impacts on the results. |
| Cipriani 2007 Physical & Occupational Therapy In Geriatrics United States | This study had multiple purposes one was to review the research literature on altruistic activities of older adults living in (LTC) facilities and the other was to explore the implications of this research for the practice of | Systematic Review Level 4A D1 | 6 studies conducted by occupational therapists or reported in the occupational therapy literature ranging from 1987-2002 | One study looked at whether altruism was a factor in choice of task participation by the elderly Another examined the effect of altruistic activity on the self-esteem of a group of elderly depressed persons. Another study examined effect of different types of activity (altruistic and | 6 key points were highlighted from this review: 1. Do not assume all LTC residents need to be altruistic 2. Having the choice to engage in the activity or not is important 3. Who they are serving plays a big role, intergenerational help appears particularly satisfying. 4. Altruistic activities can benefit | Limited generalizability because most of the research was conducted on Caucasian women. Only 6 studies were reviewed, that is a small sample size. Articles were from 1987-2002, they might be a little outdated when compared to recent research. |

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| | occupational therapy. | | | <p>non-altruistic) on the morale of older adults in LTC facilities</p> <p>One study examined the impact of engaging in an altruistic activity on life satisfaction</p> <p>Another study looked at the use of a program (the Elders Drum Project) on QoL for LTC residents.</p> <p>The last study aimed to discover patterns of altruistic activities by 11 nursing home residents.</p> | <p>community or even their peers</p> <p>5. Residents can be active planners of the type of activities they are engaged in.</p> <p>6. Social engagement and the opportunity for social engagement is critically important</p> <p>The enjoyment residents may feel from participation in altruistic activities may be underappreciated or overlooked by the OT profession.</p> <p>There is a need for OTs to learn a lot more about the need for and performance of altruistic activities and their role in planning interventions.</p> | |
| Vrkljan et al. 2019 International Psychogeriatrics; Cambridge | This study aimed to examine the effectiveness of interventions that target the three most common transitions in later life; | Systematic review Level 1A D1 | 11 articles from Jan 2004-April 2016 9 were RCTs and 2 were of quasi-experimental Articles from 5 databases: MEDLINE (via | 6 group interventions, 3 individual interventions and 2 combinations of group and individual Types of interventions included: cognitive narrative intervention, | Results indicate that interventions that support the mental health of older adults during times of major transition are critically important, however, there is limited evidence on specific | Not every study provided details regarding administration of intervention (timing, supervision and training) The qualifications of the individuals administering the interventions varied. |

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| United Kingdom | bereavement, retirement, and relocation. | | <p>PubMed), EMBASE, CINAHL, the Cochrane Library, and PsycINFO.</p> <p>Incl: written in English at any publication date; evaluated an intervention designed to ease transition in later life; RCTs non-RCTs, and systematic reviews; evaluated an intervention that targets individuals; and focused on persons aged >50 years.</p> <p>Excl: did not have a control group or used qualitative research; and studies only available in abstract format.</p> | <p>visiting services, counseling programs, self-esteem workshops</p> <p>Outcome measures for depression anxiety, affect or psychiatric symptoms were used.</p> <p>Integrating analysis approach: A narrative synthesis of the results was conducted, which enabled a more detailed examination of the type of interventions used and their associated outcomes.</p> | <p>interventions that target the three most common events of bereavement, retirement, and relocation.</p> <p>Adults participating in group interventions should limit group size to 8-10 people to allow for active learning.</p> | <p>More studies are needed for sufficient evidence to identify interventions that prevent negative consequences.</p> |
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Abbreviations Key

AAT= Animal Assisted Therapy
ADL = activities of daily living
ALF = Assisted living facility
ATS = American Thoracic Society
BLG=Blended Workshop Group

cap = capacity
CAI=canine-assisted intervention
CES-D =Center for Epidemiologic Studies Depression Scale
cog = cognitive
convo=conversation
COPD = chronic obstructive pulmonary disease

ctrl = control
 CRQ = chronic respiratory disease questionnaire
 D1= descriptives one
 dx = diagnosis
 E1= experimental 1
 E2= experiential 2
 EQ5D= European Quality of Life Five Dimension
 ESL=English as a Second Language
 Excl= exclusion criteria
 FES-I= Short Falls Efficacy Scale-International
 FFG=Face to Face Workshop Group
 FSQ = Functional Status Questionnaire
 Grp = Group
 HRQL = health-related quality of life
 hx= history
 ICT = Information and Communication
 Technologies
 Incl= inclusion criteria
 LELQ= Lived Environment Life Quality
 LSI-Z = Life Satisfaction Index-Z
 LTC= long term care
 LTCF= long term care facility
 MMRTT = Meleis's et al.'s middle range theory of transition
 mod= moderate
 MOS = Medical Outcomes Study Health Perception Scale
 MU= meaning units
 MSPSS = Multidimensional scale of perceived
 social support
 O1= outcome 1
 O4= outcome 4
 OT= occupational therapy
 PA= Pennsylvania
 PA₁= physically aggressive

PNA= physically non-aggressive
 pps = participants
 Q2= Qualitative 1
 QoL=quality of life
 RAND SF-36 = RAND 36-item Short Form Health Survey
 RCT= randomized control trials
 sig. = significant
 SGRQ-HKC = St. George's Respiratory
 Questionnaire - Hong Kong Chinese
 SNF = skilled nursing facility
 SWBS=Spiritual Well Being Scale
 TCQ = Tai chi Qigong
 tx = treatment
 wk= week

Summary of Key Findings

Summary of Experimental Studies

Three of the experimental studies focused on physical activity interventions, some with positive outcomes and others with no outcomes. Both a Tai Chi (Chan et al., 2010) and a therapeutic biking program (Bickmore et al., 2019) had positive outcomes and improved QoL when used as interventions for individuals within LTC facilities. However, one goal setting and individualized functional ADL activity program (Kerse et al, 2008) examining the effectiveness of improving function, QoL and falls, appeared to have minimal impact on individuals with normal cognition and no effect on those with poor cognition. A group occupation-based writing intervention focused on a life review had positive effects on expressed depressive symptoms (Chippendale & Bear-Lehman, 2012). Story sharing group interventions may be beneficial to provide individuals a different avenue to express their emotions and interests, therefore providing the practitioner with more insight on meaningful occupations. Creating meaning by story sharing could lead to well-being and a healthy transition end.(Sullivan et al., 2019). The effectiveness of an occupation-based cultural heritage intervention to facilitate adaptation to relocation into LTC showed an improvement in QoL (Hersch et al., 2012). Overall, most experimental studies appeared beneficial in creating meaningful relationships, increasing social participation, facilitating adaptation to relocation and therefore, resulted in improved QoL.

Summary of Outcome Studies

Outcome studies included in our research focused not only on increasing QoL scores in assessments pre/post, but also providing information regarding how these activities affected the participants after the intervention and long term. Scores in QoL may not have increased enough to show significance in all literature, but studies provided

benefits for improving mood, promoting communication, reminiscence, and supporting the development and deepening of social relationships. Interventions included individualized leisure type activities involving music (Burack et al., 2008), art (Durocher et al., 2022), and integrating dogs in physical activities (Stern et al., 2020). These interventions show promise for use in the field specifically for the population and location our collaborator works with and in.

Summary of Qualitative Studies

Qualitative studies examined in our research provided a wide range of activities to consider when choosing appropriate interventions for increasing QoL. Interventions that included decision-making about the relocation process or physical space modification, especially in the transitional process, facilitated positive reported QoL and a positive transition experience from home to LTC facility (Walker & McNamara, 2013). Decision-making, even perceived small ones, allow opportunities to promote autonomy. By promoting autonomy, individuals can find their new sense of self and find balance in accepting their new roles (Sullivan & Williams, 2017). Fostering this sense of self and having an active role in the transitional process, through setting their own routines and the ability to pursue their interests, contribute to improved QoL (Polacsek & Woolford, 2022). To maintain a sense of self during transition, it was found that individuals stayed connected to their faith and spirituality. Individuals that choose to stay connected to their faith reported that they were provided purpose, comfort, hope, and a sense of belonging (Tsai et al., 2022; Schwarz & Fleming Cottrell, 2007). Another intervention that provided a sense of belonging was through participation in altruistic activities. Specifically, the Elders Drum Project (Cottrell & Gallant, 2004) was found to improve life satisfaction and gave clients

the opportunity to do something out of their normal routine, such as drumming and singing within their new community. Cipriani et al (2010) also used altruistic activities and catered to physical, psychological, and social needs which facilitated engagement among residents. Altruistic activities connect residents to their past and create association to their current status. Overall, providing a variety of autonomous and purposeful interventions for residents transitioning into a LTC facility best supports improved QoL.

Summary of Descriptive Studies

Before implementing interventions to address QoL it is important for OTPs to be knowledgeable on differences that may be present within the transitional experience. One of the descriptive studies reported gender differences that exist in transitional experiences, stating that mortality rates are higher for men after relocating to long-term care and that men struggle more than women with low mood and a lack of purpose after major life transition (Vrklijan et al., 2019). The descriptive studies explored OT interventions that target bereavement, retirement and relocation (Vrklijan et al., 2019) and altruistic activities (Cipriani, 2007). These two themes address the importance of understanding in the transition process into a LTC facility and the individual roles and identities important to clients. Insight on the size of group activities were also taken into account which may be useful for our collaborator in her LTC setting. For example, one of the articles discussed that group interventions are most successful with no more than 8-10 adults (Vrklijan et al., 2019). Although group interventions showed limited evidence targeting specific life events, the evidence found still supports the importance of addressing the mental health of older adults during a major transition period. Similarly, not all residents benefit from altruistic activities, however social participation and engagement is critically important and

must be taken into consideration by OT practitioners. Altruistic activities created opportunities for social engagement and enjoyment that other clients may experience as well.

Implications for Practice

Implications for Consumers

Clients who would benefit most from our findings are older adults transitioning into a long term care facility. Transitions can be from home, short term care, or acute care to a LTC facility. These transitions are often a time of high stress and negative emotions due to the disruption in roles, routines and aspects of everyday life. This disruption of daily life can have impacts on physical health, mental health as well as spirituality resulting in a decrease in overall QoL. Our research highlights different interventions that can be used to address not only physical health, but mental health and spirituality as well. Our research mainly focuses on older adult populations who have a diagnosis of stroke, TBI, COPD, diabetes, and CVD or comorbidities of dementia and Alzheimer's, so those individuals will have more information specific to their diagnosis. Literature found also supports populations of older adults who may also have potential for, but not limited to, mental health diagnoses of bipolar disorder, depression and anxiety, in hopes of increasing overall life satisfaction. Interventions focus on addressing ways to increase autonomy as independence may be decreased after a significant change in lifestyle or transition which will be significant in regaining roles or responsibilities prior to the change. Individuals whose roles and practices of spirituality have been altered due to a transition can also benefit from interventions giving them more freedom and the ability to engage in their preferred occupations.

Implications for Practitioners

Not all clinicians will utilize or respond to information the same way. Our research is specifically tailored to the older adult population transitioning to LTC facilities so information may not be as beneficial to younger populations or those in short term care. Our research also focuses on diagnoses that are specific to what our collaborator regularly sees within the aforementioned population. Outside of our inclusion criteria, our information may be beneficial for practitioners interested in interventions that affect QoL. Although it was in a specific environmental context, activities and recommendations may have potential to translate to similar populations. For example, our results may benefit clients already living in LTC facilities that are past the point of “transitioning” or potentially older adults living within a specific independent living community. We also included articles with minimal or no impact on QoL in individuals transitioning to LTC facilities, like an intervention using functional mobility programs to address ADLs. This was important for us to include in order to keep our practitioner and other practitioners informed of what interventions might not work with their clients.

Implications for Researchers

Limitations of the research reveal gaps of knowledge concerning the topic of QoL in the older adult population. The opportunities to fill these gaps of knowledge allow for research in this topic area to be more reliable, generalizable, and in-depth. Due to the controlled timeframe, our collaborator provided the most common diagnoses of individuals she works with for more convenient literature searches, however in the future it may be beneficial for researchers to examine how QoL is impacted in other older adults with different diagnoses, or no diagnoses. Although we included literature addressing

multiple points of view, researchers should consider viewpoints not included in our search including diagnoses in our exclusion criteria. This may aid in understanding the breadth of interventions that may increase an individual's QoL for older adults in LTC facilities. For example, articles that discussed the QoL in "healthy" individuals or individuals residing in independent living or community dwellings were excluded and it might be useful in the future to include articles regarding this population. This future research might provide the opportunity for researchers to examine the generalizability of OT interventions aimed at QoL across varying populations.

As we progressed through our research, we noticed there was no standard for measuring QoL. While some research relied on interviews or family reports, other's used global questionnaires, standardized QoL measures or adapted standardized QoL assessments. Further research to examine these different measures of QoL to compare reliability and validity will be beneficial. One of the limitations of our research is the inability to adequately compare different interventions or research articles because of the differences in their QoL measures. More information regarding different QoL measures and their respective reliability or validity would be beneficial to allow a more successful comparison.

Bottom Line for Occupational Therapy Practice/ Recommendations for Best Practice

The wide range of OT interventions that can aid older adults in improving their quality of life helps occupational therapists to facilitate this population's transition to LTC. When the OT interventions allow older adults to maintain their individual identity and engage in meaningful occupations that they engaged in outside of the LTC, they are provided with the best opportunities to have a healthy transition into LTC. This is reflected in older adults

maintaining their autonomy, having opportunities to participate in activities outside their normal routine, and creating a sense of belonging in their new home. Social participation, such as group activities or story-sharing, are a large part of improving quality of life for individuals as it creates a sense of community for them. It is recommended that occupational therapists are cognizant of the interventions they use, as some interventions have been seen to have no impact on the overall QoL. OTPs need to be cognizant of interventions used, as some have shown no significant impact on the overall QoL. For example, one intervention of listening to music and a functional activity program did not show significant changes in QoL but improved client reports of mood. Although these interventions did not show significant improvements on the overall QoL they were shown to make small gains in perceptions of happiness, increased autonomy, and feelings of being worthy and valued. Other interventions, although not targeted at improving QoL, were found to improve mood, deepening social relationships within the LTC, which impacts QoL. Overall, incorporating OT interventions that are meaningful to older adults and supporting their physical, social, and emotional health will facilitate the transition to and life in their LTC in a healthy way that supports improving their QoL.

Involvement Plan

Introduction

Our research began with the question *What occupational therapy practices and interventions can be used to improve overall quality of life (QoL) for older adult long-term care residents?* In partnership with our collaborator, Lauren Gilliland, OTR/L, we aimed to find current as well as new interventions to improve QoL for individuals in a skilled nursing facility

in the Villages community in Florida. Our collaborator was the only full-time OT at the time, and worked with clients in both short term and long term care facilities, but a majority of her time was spent in long term care. Understanding our collaborator's focus led us to the question of, *What occupational therapy interventions are shown to be effective for improving overall QoL in older adults transitioning into long-term care?*

Our collaborator was recently promoted to a director position and now focuses primarily on short-term care residents. Our research focused on her long-term care facility's demographic, however due to her role change, she will no longer utilize this research for her own implementation, but instead it would be shared with her fellow OT colleagues and certified occupational therapy assistants (COTAs) in the long term facilities she oversees. Our research aimed to provide a guide to implementing various interventions including key provisions, considerations, and precautions.

Needs Assessment

The topic of improving the QoL for individuals transitioning to LTC was brought to our research team directly by the collaborating practitioner. She expressed a lack of available research on the topic of occupational therapy interventions aimed specifically at improving QoL during this major life transition. As reiterated by a 2013 article, "relocations can be stressful and these environmental transitions can cause significant disruption to the person-environment and occupational fit, thus influencing health, well-being and quality of life" (Walker & McNamara, 2013). Over 80% of the client's seen at this facility are those transitioning to LTC, thus it is important for the entire care team, especially the OTs, to keep this disruption and major life transition in mind when providing care. These individuals are not only adjusting to their new or worsening diagnoses, but they are learning to adjust to their new living situations as well. This

loss of daily roles, habits, routines, and independence can generate increased amounts of stress for individuals making their daily life feel less meaningful and impacting their overall QoL. Our collaborating practitioner was eager for us to generate a knowledge translation product that gave her and her care team specific interventions that can be used in their everyday practice to improve the overall quality of life of their clients.

Life as a practicing OT or COTA can be very fast-paced with a heavy caseload in a LTC. When working in such an environment, conducting research often becomes less of a priority because the majority of time is spent with clients. We wanted to present our research in a way that is easily accessible for therapists in a fast-paced environment. It was also brought to our attention that the COTA's at her facility have not experienced research in as much depth as she has, so she requested that our knowledge translation product be written in layman's terms without requiring extra time to read and sift through many articles of research.

The overall goal of our knowledge translation product was to provide our collaborator with specific interventions, in a clear and concise way for her and her care team to implement in their everyday practice. We also wanted to provide a list of considerations for the OTPs to keep in mind when planning interventions to address QoL. Considerations were a recurring concept through our research efforts and were important to include. We planned to only provide interventions that had positive impacts on QoL in our knowledge translation product, however, after conversations with both our chair and our collaborator, we decided it was just as important to include interventions that were unsuccessful or had no impact as well. This not only helped to eliminate any bias in our research, but it also will be beneficial in the future for anyone implementing this research to know what interventions to avoid as well as which ones to implement. It was originally planned to provide a more in-depth binder consisting of all the

different interventions researched and to provide the articles that accompanied this information as well. However, after further clarification from our collaborator, it was decided that this would not be the most functional way to provide this information for their setting. The COTA's and our collaborator are very busy throughout the day and sifting through a binder of research would be rather difficult for them. For this reason, we planned to create a spiral-bound notebook and coinciding pamphlets for each intervention. Creating this type of knowledge translation product was a way for us to not only provide easy access for OTPs to implement specific interventions, but also to provide a more detailed reference with information for anyone who has the time or curiosity to view it.

Knowledge Translation Activity

Our plan was to create a final product that featured two components; a spiral-bound notebook and coinciding pamphlets for each intervention. The notebook was arranged to include various interventions and peer-reviewed literature with a list of benefits, precautions and considerations. The idea was that OTPs will have the notebook as a more detailed clinic guide, and the pamphlets would give the OTPs quick access to key considerations for each intervention. Understanding the fast paced nature of our collaborator's practice setting, we thought it might be helpful to include the pamphlets for quick facts to reference on the go. We planned to store these pamphlets in the notebook but also allowed for them to be distributed separately as needed. References were also planned to be included to help aid in the further understanding of how QoL may be impacted for clients.

Context

Time, caseload, and practitioner productivity acted as barriers throughout the duration of this process and were taken into consideration when we created the knowledge translation

product. The large sized skilled nursing facility provides different levels of care for clients and holds approximately 145 beds. When at full capacity, the OT's and COTA's have a very heavy workload. Our collaborator's facility is a fast-paced environment and therefore, it was important for us as researchers to quantify an approximate amount of time spent on interventions during an average client treatment session. This information was insightful to us as the research team because it will allowed us to tailor the knowledge translation product to prioritize and include the most time-efficient interventions.

Our collaborators' recent role transition to rehabilitation director, will enable her to convey and facilitate the importance of the value of the knowledge translation efforts through clear and effective communication. It can be impactful when the healthcare team shares a common vision, values, and understands the effectiveness of the interventions in improving QoL and are eager to implement it into their practice. Since our collaborator's facility included several COTA's, their scope of practice was taken into consideration. This was beneficial in identifying strengths and weaknesses of the interventions and therefore provided insight on what should be included within the knowledge translation product. It may take some time for our collaborator and other practitioners to adjust to the new change in directorship and our knowledge translation efforts may not be the highest priority. The OTs and COTAs may take some time to familiarize themselves and become comfortable implementing these QoL interventions through repetition and practice.

Knowledge Translation Effort

Our knowledge translation notebook was a compilation of various interventions based on groups of articles with a similar theme. Initially, our idea was to include pamphlets per our collaborator's request for an additional and more detailed product for COTAs. Due to time

constraints of needing to finish our product with enough time to send our collaborator and other OTs copies, we created a product with enough information useful for all of its consumers.

The 20 articles included in our research were reviewed and grouped into seven themes for the notebook. The themes included healthy transitions to long term care, culture and art, activities promoting altruism, music, spirituality, exercise-based interventions, and animal assisted therapies. This proved to be the longest part of this process because a few interventions could have fallen under multiple themes. The deciding factor for each article was the type of intervention implemented in that particular study and the overall results for how an intervention could impact an individual transitioning into a long term care facility. Once each article was grouped into a theme, we divided up the themes for each researcher to report on possible interventions, overall benefits, important considerations and precautions/limitations. The most difficult part of this process was organizing the information in a legible and easy layout for OTPs interested in an intervention within that theme. It was important for our product to be utilized as a reference for the benefits and considerations of each intervention and not chosen solely based on the interventions. We recognized that individuals are unique and interventions need to be client-centered. We also wanted to include details such as materials used for each intervention, but decided to exclude these for organization purposes to keep each theme to one or two full pages for brevity. Benefits, considerations, and precautions were important to include for safety and best practice, therefore listing the interventions was the most efficient way to condense all of this information to one page.

Having seven themes worked, as each of the four researchers were responsible for two to four articles within each of their themes. One researcher had one theme with five articles but the work was still split evenly. We decided that each researcher would write a short explanation of

the theme and its impact on an individual transitioning into LTC. Main benefits and important considerations when choosing one of the specified interventions were included. This would help therapists of any specialty to consider specific details of their client or the overall benefit of the intervention displayed. We also thought limitations would be important to report as some studies were limited by things such as specific population, which may be a factor when choosing those interventions. Including these inform OTPs to know the limitations of an intervention and how the interventions could impact the client.

In terms of organization, we wanted our information to be clear, easy to read with resources to show evidence-based practice. This process was somewhat challenging as we wanted to include more information than what we had in our final product. Utilizing a shared document helped us to focus and narrow the information and remain consistent throughout the notebook. Each researcher was able to see the progress of the other researcher's work. If one researcher had difficulties with simplifying the information to fit the page, or organizing the information on the page, another researcher would look over the information and/or organization of the page and make suggestions. The two remaining researchers would look over the updated information and organization and make comments, even if it was to say we agreed with the changes. We all shared our opinions and finalized each page in the final product to make sure it was up to all of our expectations (see Appendix C).

For our outcomes questionnaire (see Appendix D), we initially had to think of our purpose. It was not to see if the interventions were effective or not, but to see if the information included in our notebook could potentially provide a new perspective or new outlook on current interventions used, or if new interventions introduced for this specific population could be implemented. We also wanted to see if the organization was clear, concise, and easy to navigate

with appropriate language for not only OTPs, but the rest of the rehabilitation team that might be interested in using our product. These goals made it easy to create questions for specific anticipated answers. Our collaborator informed us that the notebook should be something that could be referenced quickly so we wanted to include questions addressing her concern. Focusing on the ease and efficiency of the layout and organization of information was a primary focus. Compiling the questions and putting it into a Google form was another easy way for us to organize responses from multiple therapists and analyze data.

Workflow

| Tasks | Date |
|---|--------------------|
| Dividing similar articles into 7 themes: <ul style="list-style-type: none"> ● Healthy Transitions to LTC ● Culture and Art ● Altruistic Activities ● Music ● Spirituality ● Exercised-based Intervention ● Animal Assisted Therapy | Late January |
| Each researcher was given one or two themes to create a page for the notebook. Each page included: interventions, benefits, considerations and precautions/limitations | Early February |
| Researchers talked with the collaborator and gave her a general idea of what the notebook would look like to receive her initial feedback. Collaborator had positive feedback and told the team she was eager to see the finished product. | Late February |
| Each researcher created their intervention page or pages, and were compiled into a notebook form to reflect the collaborator's suggestions. | Early to mid March |
| First draft sent out to the project chair for review and feedback. | Mid March |

| | |
|---|-----------------------------------|
| Revisions were made based on the project chair's recommendations. | Mid March |
| An electronic version of the final KT product was sent out to the collaborator for initial review. She was notified that hard copies would be coming in the mail. | Late March |
| Three hard copies were printed and spiral bound through UPS Printing and Copy Services | Late March |
| The hard copies were sent out to the collaborator via USPS. | Late March - received early April |
| A draft of the post-knowledge translation questionnaire (via Google form) was sent to the project chair for review and feedback before sending out to collaborator. | Early April |
| Feedback received and changes made. | Mid April |
| Final draft of post-knowledge translation questionnaire sent to collaborator. | Mid April |

Outcomes Monitoring

To monitor the effectiveness of our knowledge translation efforts, an electronic copy of the notebook was sent to the collaborator. Upon emailing the electronic copy to the collaborator, the research team communicated that hard copies would be sent in the mail, but requested initial feedback from the collaborator on the notebook. The collaborator provided positive feedback regarding how the information was well-organized in easy to read bullet points with a simple layout that appeared effective in drawing attention to the information. She also expressed her excitement to receive the hard copies in the mail.

Once the hard copies of the notebook were mailed and received by the collaborator, a post-knowledge translation Google-form questionnaire (see Appendix D) was provided. This questionnaire was created not only for our collaborator to fill out, but also any other OTPs on her

team who may use the knowledge translation notebook. The survey included six questions with two or three multiple choice options to increase ease of answering questions quickly. These questions were included to understand the following: language and readability, layout and design, current interventions implemented, new evidence-based interventions and future use of notebook. Four questions required written responses and examined interventions already implemented in the practice setting, new interventions and which ones practitioners are interested in implementing and suggestions to make the notebook more clear or better organized. These open ended questions were used to analyze possible changes that can be enacted to the notebook to increase effectiveness and usefulness of this resource for OTPs.

Evaluation of Outcomes

The post-knowledge translation questionnaire (see Appendix D) permitted the research team to determine the effectiveness of language and readability, layout and design, and usefulness of the resource notebook. The OTPs were given three weeks to navigate the notebook and respond to the survey. Three responses, one from an OTR/L and two from COTAs, were collected from the questionnaire. The questionnaire results indicated that the language in the notebook was clear and concise, and the layout was easy to navigate and locate information. The respondents did suggest more continuity between different intervention pages and the COTA's specifically requested more detail on the implementation of interventions. For utilizing interventions found in the notebook, all OTPs stated that the information provided by the notebook will be helpful in choosing an intervention for their client.

Questions were provided to have a better understanding of what interventions were already implemented in their practice and which ones they intend to implement. We discovered one of the OTPs implements altruistic and animal therapy interventions in their current practice,

while other respondents expressed that none of the interventions in the notebook have been implemented in their practice. Interventions that were new to OTPs at this setting included spirituality, altruism and music. Tai chi, music, and altruistic were found to be the interventions that OTPs were most interested in implementing to improve QoL in the transitioning older adult population. When asked about the use of evidence-based interventions in their current practice, the OTR/L answered yes while the two COTAs were unsure about their evidence-based practice use.

Researchers were hoping to receive more questionnaire responses because this small sample size (N=3) limits the researchers' understanding of the effectiveness of the notebook. In the future, it may be beneficial for the collaborator to designate time during a staff meeting for OTPs to fill out the questionnaire to ensure more responses and provide a larger data set for analysis. The notebook was generated to be a general resource to help brainstorm different interventions that improve QoL in older adults transitioning to LTC, however, the COTA's suggested more detail regarding the implementation of interventions. In order to address the suggestions made by the COTA's, it may have been beneficial for the notebook to contain more structure on each intervention and specific instructions on implementing them within this practice setting, but due to time constraints with the evidence-based project, this was not feasible for the researchers. Overall, the OTPs reported that they plan to use this notebook in the future and the results of the questionnaire were positive.

Recommendations

The specific population of older adults transitioning to LTC was an area with major gaps in the research. The research focused on diagnoses within the collaborator's scope of practice, but did not incorporate diagnoses such as dementia and Alzheimer's. Therefore, we recommend

future research to be conducted that focuses on QoL in older adults with dementia and Alzheimer's. In addition, the majority of the literature included a more generalized scope regarding QoL for older adults within LTCs. However, there was a lack of information on how these interventions may translate across specific diagnoses within this population, so it is also recommended that future research should focus on the benefits and possible contradictions of certain QoL interventions within specific diagnoses.

None of the research found looked at the specific time period of transitioning to LTC while also looking at QoL interventions. This time period of older adults can be especially difficult because of large role change, routine change, and a significant change of independence and possibly identity. Future research could measure QoL during transition to long term care, such as measuring QoL at the start of their stay in LTC and after implementation of QoL interventions for 3 to 6 months. This would give a more focused picture of how to support older adults and their QoL during this transition period.

Additionally, there was no consistent or standardized tool to measure QoL that was found throughout the research. Much of the research was based on qualitative research, and QoL-related themes were created based on the interviews or family reports. There was a range of global questionnaires, standardized QoL measures, or adapted QoL assessments. There were no specific QoL measures used that reflect the occupational therapy framework. Further research could be focused on the creation or implementation of a QoL measure reflective of the OT framework. Another direction could be examining the different measures of QoL, comparing reliability and validity. This would support and strengthen the rigor of the research with a consistent standard of QoL measures.

Due to the variety in types of interventions, as they range from music to animal-assisted therapy to altruistic activities, it may be beneficial to explore how these interventions may or may not work together. This informs the ability to use QoL interventions together. Future research could be conducted on programming that incorporates various interventions and how that affects QoL in older adults transitioning. Similarly, addressing QoL in LTC residents should go beyond the interventions within the scope of occupational therapy. It is important for caregivers to be educated and trained on the ability to address the QoL of their family members outside of their OT sessions. Creating a continuum of care centered around promoting and maintaining QoL for clients would generate a positive transitional experience and improve the overall QoL in their new residence.

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- Cipriani, J., Cooper, M., DiGiovanni, N. M., Litchkofski, A., Nichols, A. L., & Ramsey, A. (2013). Dog-assisted therapy for residents of long-term care facilities: An evidence-based review with implications for occupational therapy. *Physical & Occupational Therapy in Geriatrics*, 31(3), 214–240. <https://doi-org.ezproxy.ups.edu:2443/10.3109/02703181.2013.816404>
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<https://doi-org.ezproxy.ups.edu:2443/10.4276/030802210X12759925468989>.

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https://doi.org/10.1080/J148v22n02_05

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<https://doi-org.ezproxy.ups.edu:2443/10.1177/00084174211064497>

Hersch, G., Hutchinson, S., Davidson, H., Wilson, C., Maharaj, T., & Watson, K. B. (2012). Effect of an occupation-based cultural heritage intervention in long-term geriatric care: A two-group control study. *American Journal of Occupational Therapy*, 66(2), 224–232.

<https://doi.org/10.5014/ajot.2012.002394>

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https://doi.org/10.1080/J148v26n01_04

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https://doi.org/10.1300/j016v30n01_04

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<https://doi.org/10.11124/JBISRIR-D-19-00224>

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<https://doi.org/10.3928/00989134-20161109-07>

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Vrkljan, B., Montpetit, A., Naglie, G., Rapoport, M., & Mazer, B. (2018). Interventions that support major life transitions in older adulthood: A systematic review. *International Psychogeriatrics*, 31(3), 393–415. <https://doi.org/10.1017/s1041610218000972>

Walker, E., & McNamara, B. (2013). Relocating to retirement living: An occupational perspective on successful transitions. *Australian Occupational Therapy Journal*, 60(6), 445–453. <https://doi-org.ezproxy.ups.edu:2443/10.1111/1440-1630.12038>

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https://doi.org/10.1080/J148v20n03_08

Appendix A

Master Citation Table

| Citation | Include (from abstract) | Maybe (Explain) (from abstract) | Final decision Y/N (from paper) | If No, reason to exclude | Reviewer |
|--|---|--|---------------------------------------|---|----------|
| Kumar, P., Tiwari, S. C., Goel, A., Sreenivas, V., Kumar, N., Tripathi, R. K., Gupta, V., & Dey, A. B. (2014). Novel occupational therapy interventions may improve quality of life in older adults with dementia. <i>International Archives of Medicine</i> , 7, 26. https://doi.org/10.1186/1755-7682-7-26 | -use of QoL assessment -experiment | | N | main condition: dementia | KS/SB |
| Szanton, S. L., Thorpe, R. J., Boyd, C., Tanner, E. K., Leff, B., Agree, E., Xue, Q. L., Allen, J. K., Seplaki, C. L., Weiss, C. O., Guralnik, J. M., & Gitlin, L. N. (2011). Community aging in place, advancing better living for elders: a bio-behavioral-environmental intervention to improve function and health-related quality of life in disabled older adults. <i>Journal of the American Geriatrics Society</i> , 59(12), 2314–2320. https://doi.org/10.1111/j.1532-5415.2011.03698.x | -increase of QoL -shows use of team that with OT primary | -coordinated OT w/ RN and handyman -QoL is 2ndary measure -general OT provided, no specific intervention -results: better QoL | N | -no real intervention, gen. tx (specific to client) | KS/LV |
| Clark, F., Azen, S. P., Carlson, M., Mandel, D., LaBree, L., Hay, J., Zemke, R., Jackson, J., & Lipson, L. (2001). Embedding | -Well Elderly Study -preventive OT | -does not use a direct QoL assessment | Y | | KS |

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|---|--|--|---|--|----|
| health-promoting changes into the daily lives of independent-living older adults: long-term follow-up of occupational therapy intervention. <i>The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences</i> , 56(1), P60–P63. https://doi.org/10.1093/geronb/56.1.p60 | -therapeutic gain | | | | |
| Sheffield, C., Smith, C. A., & Becker, M. (2013). Evaluation of an agency-based occupational therapy intervention to facilitate aging in place. <i>The Gerontologist</i> , 53(6), 907–918. https://doi.org/10.1093/geront/gns145 | -restorative OT, “usual care” - increase of QoL, assessment | | Y | | KS |
| Clark, F., Azen, S. P., Zemke, R., Jackson, J., Carlson, M., Mandel, D., Hay, J., Josephson, K., Cherry, B., Hessel, C., Palmer, J., & Lipson, L. (1997). Occupational therapy for independent-living older adults. A randomized controlled trial. <i>JAMA</i> , 278(16), 1321–1326. | | -randomized control trial -use of social activity as tx -QoL measures -increase QoL | N | -published before 2000 | KS |
| Wilkins, S., Jung, B., Wishart, L., Edwards, M., & Norton, S. G. (2003). The effectiveness of community-based occupational therapy education and functional training programs for older adults: a critical literature review. <i>Canadian Journal of Occupational Therapy. Revue canadienne d'ergotherapie</i> , 70(4), 214–225. https://doi.org/10.1177/000841740307000405 | -use of education, functional training programs -QoL as measure -found effective | -literature review | Y | -if cannot use specifically, can utilize articles in this lit review | KS |
| Frederick, J. T., Steinman, L. E., Prohaska, T., Satariano, W. A., Bruce, M., Bryant, L., ... & Late Life Depression Special Interest | | | N | -not specific enough to OT -broad | KS |

| | | | | | |
|---|---|-----------------|---|---|-------|
| <p>Project Panelists. (2007). Community-based treatment of late life depression: an expert panel-informed literature review. <i>American Journal of Preventive Medicine</i>, 33(3), 222-249.</p> | | | | <p>- looking at articles specifically in interventions for depression - focused too much on individuals with depression and not LTC individuals</p> | |
| <p>Tsai, K., Chang, P. J., Mathew, A. J., Richard, C., Davidson, H. A., & Hersch, G. I. (2022). Exploring Spirituality of Elders Relocating into Long-Term Care Facilities. <i>The Open Journal of Occupational Therapy</i>, 10(2), 1-11. https://doi.org/10.15453/2168-6408.1959</p> | <p>-spirituality as contributor to QoL -transition to LTC -qualitative interviews and coding → QoL -focus on int.</p> | | Y | | KS |
| <p>Durocher, E., Njelesani, J., & Crosby, E. (2022). Art Activities in Long-Term Care: A Scoping Review. <i>Canadian Journal of Occupational Therapy</i>, 89(1), 36-43. https://doi-org.ezproxy.ups.edu:2443/10.1177/00084174211064497</p> | <p>-art → improve QoL - social participation & therapeutic</p> | -scoping review | Y | | KS/SB |
| <p>Cottrell R., & Gallant K. (2003). The Elders Drum Project: enhancing quality of life for long-term care residents. <i>Physical & Occupational Therapy in Geriatrics</i>, 22(2), 57-79.</p> | <p>-specific int. -qualitative -concepts of QoL</p> | | Y | | KS |

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|--|---|---|---|---|----|
| O'Sullivan G. (2004). Leisure activity programming: promoting life satisfaction and quality of life for residents in long-term care. <i>New Zealand Journal of Occupational Therapy</i> , 51(2), 33–38. | | -speaks of planning, assumed lead into specific interventions | N | -too broad -explains OT and concept of interventions | KS |
| McPhee SD, & Johnson T. (2000). Program planning for an assisted living community. <i>Occupational Therapy in Health Care</i> , 12(2/3), 1–17. https://doi-org.ezproxy.ups.edu:2443/10.1300/J003v12n02_01 | -use of a model of wellcare -domains → QoL | | Y | | KS |
| Martínez-Alcalá C., Rosales-Lagarde A., Alonso-Lavernia M., Ramírez-Salvador J., Jiménez-Rodríguez B., Cepeda-Rebollar R., López-Noguerola J., Bautista-Díaz M., & Agis-Juárez R. (2018). Digital Inclusion in Older Adults: A Comparison Between Face-to-Face and Blended Digital Literacy Workshops. <i>Frontiers in ICT</i> , 5. https://www.frontiersin.org/articles/10.3389/fict.2018.00021 | -digital literacy -keeping up with the time → increase QoL | -measure capability to learn on diff. platforms -attitude, intention | Y | | KS |
| Cipriani J. (2007). Altruistic activities of older adults living in long term care facilities: a literature review. <i>Physical & Occupational Therapy in Geriatrics</i> , 26(1), 19–28. https://doi-org.ezproxy.ups.edu:2443/10.1080/j148v26n01_02 | -altruistic activities on QoL | -lit rev | Y | use of articles in lit rev | KS |
| Smith, H. N., & Fields, S. M. (2020). Changes in older adults' impairment, activity, participation and wellbeing as measured by the AusTOMs following participation in a Transition Care Program. | -Transition Care Program | -use of AusTOMS-OT scale, does not directly | N | In results section, speaks of inconclusive possible use of cited articles? | KS |

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|--|---|-------------------------|---|----------------------------|-------|
| <p><i>Australian Occupational Therapy Journal</i>, 67(6), 517–527. https://doi-org.ezproxy.ups.edu:2443/10.1111/1440-1630.12667</p> | | measure quality of life | | impacts on quality of life | |
| <p>Cipriani J, Haley R, Moravec E, & Young H. (2010). Experience and meaning of group altruistic activities among long-term care residents. <i>British Journal of Occupational Therapy</i>, 73(6), 269–276. https://doi-org.ezproxy.ups.edu:2443/10.4276/030802210X12759925468989</p> | <p>-altruistic activity: creation of flower arrangements and greetings cards -interviews and field notes -increase sense of connection</p> | | Y | | KS/SB |
| <p>Duncan-Myers AM, & Huebner RA. (2000). Relationship between choice and quality of life among residents in long-term-care facilities. <i>American Journal of Occupational Therapy</i>, 54(5), 504–508.</p> | <p>-association between personal control and QoL -increase of personal control ass. w/ QoL</p> | | Y | | KS/SB |
| <p>Cipriani, J., Cooper, M., DiGiovanni, N. M., Litchkofski, A., Nichols, A. L., & Ramsey, A. (2013). Dog-Assisted Therapy for Residents of Long-Term Care Facilities: An Evidence-Based Review with Implications for Occupational Therapy. <i>Physical & Occupational Therapy in Geriatrics</i>, 31(3), 214–240. https://doi-org.ezproxy.ups.edu:2443/10.3109/02703181.2013.816404</p> | <p>-dog-assisted therapy -McMaster’s Critical Review Form–Quantitative Studies -increase QoL</p> | -lit review | Y | | KS |

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|--|---|---|----------|--|-----------|
| <p>Green, S., & Acheson Cooper, B. (2000). Occupation as a Quality of Life Constituent: A Nursing Home Perspective. <i>British Journal of Occupational Therapy</i>, 63(1), 17–24. https://doi-org.ezproxy.ups.edu:2443/10.1177/030802260006300104</p> | <p>-qualitative -semi-structured interviews -flexible and creative use of resources</p> | <p>-lit review</p> | <p>Y</p> | | <p>KS</p> |
| <p>Chan, A. W., Lee, A., Suen, L. K., & Tam, W. W. (2010). Effectiveness of a tai chi qigong program in promoting health-related quality of life and perceived social support in chronic obstructive pulmonary disease clients. <i>Quality of Life Research</i>, 19(5), 653–664. https://doi.org/10.1007/s11136-010-9632-6</p> | | <p>- demographics not mentioned in abstract - not in a LTC facility but relates to a chronic/long term issue</p> | <p>Y</p> | | <p>LV</p> |
| <p>Vaapio, S., Salminen, M., Vahlberg, T. <i>et al.</i> Effects of risk-based multifactorial fall prevention on health-related quality of life among the community-dwelling aged: a randomized controlled trial. <i>Health Qual Life Outcomes</i> 5, 20 (2007). https://doi.org/10.1186/1477-7525-5-20</p> | <p>- most elderly in our inclusion age range can have high fall risk, so prevention can be helpful for our population</p> | | <p>Y</p> | | <p>LV</p> |
| <p>Boorsma, M., Frijters, D. H., Knol, D. L., Ribbe, M. E., Nijpels, G., & van Hout, H. P. (2011). Effects of multidisciplinary integrated care on quality of care in residential care facilities for elderly people: A cluster randomized trial. <i>Canadian Medical Association Journal</i>, 183(11). https://doi.org/10.1503/cmaj.101498</p> | <p>- gives insight on what types of care impact the quality of life for those in residential care facilities</p> | | <p>Y</p> | | <p>LV</p> |

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|--|---|---|----------|--|-----------|
| <p>Tsang, T., Orr, R., Lam, P., Comino, E. J., & Singh, M. F. (2007). Health benefits of Tai Chi for older patients with type 2 diabetes: the "Move It For Diabetes study"--a randomized controlled trial. <i>Clinical interventions in aging</i>, 2(3), 429–439.</p> | <p>-potential fun, alternative intervention</p> | | <p>Y</p> | | <p>LV</p> |
| <p>Kerse, N., Peri, K., Robinson, E., Wilkinson, T., Randow, M. v., Kiata, L., Parsons, J., Latham, N., Parsons, M., Willingale, J., Brown, P., & Arroll, B. (2008). Does a functional activity programme improve function, quality of life, and falls for residents in long term care? cluster randomised controlled trial. <i>BMJ</i>, 337(oct09 3). https://doi.org/10.1136/bmj.a1445</p> | <p>- functional activity programs may not be for everyone but can be considered for some dx's</p> | | <p>Y</p> | | <p>LV</p> |
| <p>Sun, C., Ding, Y., Cui, Y., Zhu, S., Li, X., Chen, S., Zhou, R., & Yu, Y. (2021). The adaptation of older adults' transition to residential care facilities and cultural factors: A meta-synthesis. <i>BMC Geriatrics</i>, 21(1). https://doi.org/10.1186/s12877-020-01987-w</p> | <p>- background info for adapting to residential care facilities</p> | <p>some cultural factors may not apply to resident population</p> | <p>Y</p> | | <p>LV</p> |
| <p>Petrucha, R. R. A., Hansen, E. G., Ironside, L. D., Lafrance, O. J. M., Bryce, R. D. T., Jacobson, N. A., & Ramsden, V. R. (2022). Addressing the long-term care crisis: Identifying opportunities for improvement using rapid reviews. <i>Canadian Geriatrics Journal</i>, 25(1), 79–87. https://doi.org/10.5770/cgj.25.535</p> | <p>- more recent and related factors of COVID - looks at strengths/ opportunities</p> | | <p>Y</p> | | <p>LV</p> |

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|---|---|--|---|--|----|
| | for change within LTC - current evidence for provider strategies to improve pt-centered care - adv care directives meaningful to individuals in LTC | | | | |
| Grady, K.L., de Leon, C.F.M., Kozak, A.T. <i>et al.</i> Does self-management counseling in patients with heart failure improve quality of life? Findings from the Heart Failure Adherence and Retention Trial (HART). <i>Qual Life Res</i> 23, 31–38 (2014). https://doi.org/10.1007/s11136-013-0432-7 | | - not in LTC facility but deals with long term issue | Y | | LV |
| Van Malderen, L., Mets, T., & Gorus, E. (2013). Interventions to enhance the Quality of Life of older people in residential long-term care: a systematic review. <i>Ageing research reviews</i> , 12(1), 141–150. https://doi.org/10.1016/j.arr.2012.03.007 | - article matches our focus exactly | | Y | | LV |
| Sullivan, G. J., & Williams, C. (2017). Older adult transitions into long-term care: A meta-synthesis. <i>Journal of Gerontological Nursing</i> , 43(3), 41–49. https://doi.org/10.3928/00989134-20161109-07 | - themes of 1. painful loss requiring mourning, 2. seeking stability through gaining autonomy, 3. | - meta-synthesis | Y | | LV |

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|--|---|--|---|--|----|
| | acceptance of inner balance | | | | |
| Polacsek, M., & Woolford, M. (2022). Strategies to support older adults' mental health during the transition into residential aged care: A qualitative study of multiple stakeholder perspectives. https://doi.org/10.21203/rs.3.rs-1215115/v1 | | - "Relocation stress" is a risk factor for anxiety/depression - unclear if article was for clients dx'd with a mood disorder - looks at factors affecting stress - good for potential preventative measures that can be used | Y | | LV |
| Vrkljan, B., Montpetit, A., Naglie, G., Rapoport, M., & Mazer, B. (2018). Interventions that support major life transitions in older adulthood: A systematic review. <i>International Psychogeriatrics</i> , 31(3), 393–415. https://doi.org/10.1017/s1041610218000972 | | - systematic review - population in included articles were mostly 60+ yrs with some including 55+ yr individuals | Y | | LV |
| Wareing, S., & Sethares, K. A. (2021). Personal, social and cultural factors affecting elders' transitions to long term care: Certified nursing assistant perspectives. <i>Applied Nursing Research</i> , 59, | - personality, social and cultural factors play a role in | - CNAs provided valuable insight on factors | Y | | LV |

| | | | | | |
|--|--|---|---|--|----|
| 151419. https://doi.org/10.1016/j.apnr.2021.151419 | transition process | affecting adaptation to LTC | | | |
| Tracy, J. P., & DeYoung, S. (2004). Moving to an assisted living facility: Exploring the transitional experience of elderly individuals. <i>Journal of Gerontological Nursing</i> , 30(10), 26–33. https://doi.org/10.3928/0098-9134-20041001-09 | - good background info for looking at the transition experience for elderly | | Y | | LV |
| Freeman, S., Bishop, K., Spirgiene, L., Koopmans, E., Botelho, F. C., Fyfe, T., Xiong, B., Patchett, S., & MacLeod, M. (2017). Factors affecting residents transition from long term care facilities to the community: A scoping review. <i>BMC Health Services Research</i> , 17(1). https://doi.org/10.1186/s12913-017-2571-y | - good for background info - 65+ age population | - practices to support the discharge and transition process | Y | | LV |
| White-Chu, E. F., Graves, W. J., Godfrey, S. M., Bonner, A., & Sloane, P. (2009). Beyond the medical model: The culture change revolution in long-term care. <i>Journal of the American Medical Directors Association</i> , 10(6), 370–378. https://doi.org/10.1016/j.jamda.2009.04.004 | - POV to change philosophy from emphasis on safety, uniformity and medical issues toward resident-directed, consumer driven health promotion and quality of life | | Y | | LV |

| | | | | | |
|---|--|--|----------|--|-----------|
| <p>Yoshida, I., Hirao, K., & Nonaka, T. (2018). Adjusting Challenge-Skill Balance to Improve Quality of Life in Older Adults: A Randomized Controlled Trial. <i>The American journal of occupational therapy : official publication of the American Occupational Therapy Association</i>, 72(1), 7201205030p1–7201205030p8. https://doi.org/10.5014/ajot.2018.020982</p> | <p>-RCT on 56 older adults receiving OT sessions</p> | <p>-speaks to using skill balance to improve quality of life in older adults -is unclear whether these are LTC older adults or not</p> | <p>Y</p> | | <p>MM</p> |
| <p>Walker, E., & McNamara, B. (2013). Relocating to retirement living: An occupational perspective on successful transitions. <i>Australian Occupational Therapy Journal</i>, 60(6), 445–453. https://doi-org.ezproxy.ups.edu:2443/10.1111/1440-1630.12038</p> | <p>-looks specifically at adults who have transitioned into LTC's and how to improve quality of life -seems like a great article !</p> | | <p>Y</p> | | <p>MM</p> |
| <p>Burack, O. R., Jefferson, P., & Libow, L. S. (2002). Individualized music: A route to improving the quality of life for long-term care residents. <i>Activities, Adaptation & Aging</i>, 27(1), 63–76. https://doi-org.ezproxy.ups.edu:2443/10.1300/J016v27n01_05</p> | <p>-looks at how music of choice can be used to improve QoL in LTC residents</p> | <p>-might not focus enough on transitioning but still might be useful</p> | <p>Y</p> | | <p>MM</p> |
| <p>Cordes, T., Bischoff, L. L., Schoene, D., Schott, N., Voelcker-Rehage, C., Meixner, C., Appelles, L. M., Bebenek, M., Berwinkel, A., Hildebrand, C., Jöllenbeck, T., Johnen, B., Kemmler, W., Klotzbier, T., Korbus, H., Rudisch, J., Vogt, L., Weigelt, M., Wittelsberger, R., Zwingmann, K., ...</p> | <p>-exercise intervention aimed at improving wellbeing in nursing home residents</p> | | <p>Y</p> | | <p>MM</p> |

| | | | | | |
|---|---|--|---|--|----|
| <p>Wollesen, B. (2019). A multicomponent exercise intervention to improve physical functioning, cognition and psychosocial well-being in elderly nursing home residents: a study protocol of a randomized controlled trial in the PROCARE (prevention and occupational health in long-term care) project. <i>BMC Geriatrics</i>, 19(1), 369. https://doi.org/10.1186/s12877-019-1386-6</p> | | | | | |
| <p>McGuire, F. A. (1984). Improving the quality of life for residents of long term care facilities through video games. <i>Activities, Adaptation & Aging</i>, 6(1), 1–7. https://doi-org.ezproxy.ups.edu:2443/10.1300/J016v06n01_01</p> | | | N | -published in 1984, before our 2002 cutoff | MM |
| <p>Shryock, S. K., & Meeks, S. (2020). Activity, activity personalization, and well-being in nursing home residents with and without cognitive impairment: An integrative review. <i>Clinical Gerontologist: The Journal of Aging and Mental Health</i>. https://doi-org.ezproxy.ups.edu:2443/10.1080/07317115.2020.1844356</p> | -good article on personalized and meaningful activities improving the QoL | | Y | | MM |
| <p>Koponen, T., Honkasalo, M.-L., & Rautava, P. (2018). Cultural plan model: Integrating cultural and creative activities into care units for the elderly. <i>Arts & Health: An International Journal of Research, Policy and Practice</i>, 10(1), 65–71. https://doi-org.ezproxy.ups.edu:2443/10.1080/17533015.2017.1315436</p> | -good article on the importance of incorporating cultural aspects into OT interventions | | Y | | MM |

| | | | | | |
|---|--|---|----------|--|-----------|
| <p>McQueen, A. E. (2013). Humor-related social exchanges and mental health in assisted living residents [ProQuest Information & Learning]. In <i>Dissertation Abstracts International Section A: Humanities and Social Sciences</i> (Vol. 73, Issue 12–A(E)).</p> | <p>-using humor to improve QoL in LTC or assisted living facilities</p> | | <p>Y</p> | | <p>MM</p> |
| <p>Stern, C., Lizarondo, L., Carrier, J., Godfrey, C., Rieger, K., Salmond, S., Apóstolo, J., Kirkpatrick, P., & Loveday, H. (2020). Impact of canine-assisted interventions on the health and well-being of older people residing in long-term care: a mixed methods systematic review protocol. <i>JBIR evidence synthesis</i>, 18(10), 2140–2147. https://doi.org/10.11124/JBISRIR-D-19-00224</p> | <p>-the use of dog assisted interventions on well-being of LTC residents</p> | <p>-does not explicitly talk about transitioning LTC residents, but still might be useful to touch upon</p> | <p>Y</p> | | <p>MM</p> |
| <p>Sullivan, G. J., Hain, D. J., Williams, C., & Newman, D. (2019). Story-Sharing Intervention to Improve Depression and Well-Being in Older Adults Transitioning to Long-Term Care. <i>Research in gerontological nursing</i>, 12(2), 81–90. https://www.proquest.com/docview/2194242721?pq-origsite=primo&parentSessionId=1AvSKgW8M5113XvvKHy3OGpBUz6%2B%2F6%2Fww4zJUBYgJ84%3D</p> | <p>-highlights transitioning to LTC facility -short story sharing to improve QoL</p> | | <p>Y</p> | | <p>MM</p> |
| <p>Hersch, G., Hutchinson, S., Davidson, H., Wilson, C., Maharaj, T., & Watson, K. B. (2012). Effect of an occupation-based cultural heritage intervention in long-term</p> | <p>-intervention to facilitate adaptation to</p> | <p>-understanding occupational based cultural</p> | <p>Y</p> | | <p>SB</p> |

| | | | | | |
|---|--|---|----------|--|-----------|
| <p>geriatric care: A two-group control study. <i>The American Journal of Occupational Therapy</i>, 66(2), 224–232. https://doi.org/10.5014/ajot.2012.002394</p> | <p>relocation into LTC facilities -measures QoL, activity engagement, and social participation.</p> | <p>heritage intervention</p> | | | |
| <p>Yuen, H. K., Huang, P., Burik, J. K., & Smith, T. G. (2008). Impact of participating in volunteer activities for residents living in long-term-care facilities. <i>The American Journal of Occupational Therapy</i>, 62(1), 71–76. https://doi.org/10.5014/ajot.62.1.71</p> | <p>-effect of a volunteer activity on the perceived well-being of long-term-care (LTC) residents.</p> | <p>LTC resident volunteering for an activity can it be considered an intervention</p> | <p>Y</p> | | <p>SB</p> |
| <p>Hersch, G., Chang, P.-F., & Pettit, A. (2018). Deriving an occupational profile from older adults' reflections. <i>The American Journal of Occupational Therapy</i>, 72(4_Supplement_1). https://doi.org/10.5014/ajot.2018.72s1-po2023</p> | <p>-perspectives of older adults transitioning to LTC settings -deriving occupational profiles and applying client narratives to interventions</p> | | <p>Y</p> | | <p>SB</p> |
| <p>De Vriendt, P., Cornelis, E., Vanbosseghem, R., Desmet, V., & Van de Velde, D. (2018). Enabling meaningful activities and quality of life in long-term care facilities: The stepwise development of a participatory client-centred approach in Flanders. <i>British</i></p> | <p>-meaningful activities promote QoL of LTC facilities -Flanders, Belgium</p> | | <p>Y</p> | | <p>SB</p> |

| | | | | | |
|---|---|---|---|--|----|
| <p><i>Journal of Occupational Therapy</i>, 82(1), 15–26. https://doi.org/10.1177/0308022618775880</p> | | | | | |
| <p>Chippendale, T., & Bear-Lehman, J. (2012). Effect of life review writing on depressive symptoms in older adults: A randomized controlled trial. <i>The American Journal of Occupational Therapy</i>, 66(4), 438–446. https://doi.org/10.5014/ajot.2012.004291</p> | <p>-effects of engaging in the occupation based intervention of life review through writing</p> | <p>-senior residences range from independent living to dependence on others for basic self care in a nursing home</p> | Y | | SB |
| <p>Wood, W., Fields, B., Rose, M., & McLure, M. (2017). Animal-assisted therapies and dementia: A systematic mapping review using the lived Environment Life Quality (LELQ) model. <i>The American Journal of Occupational Therapy</i>, 71(5). https://doi.org/10.5014/ajot.2017.027219</p> | <p>-animal-assisted therapies in nursing homes, assisted living facilities and LTC -dementia clients at risk or poor QoL</p> | <p>-specifically focuses on dementia only -this intervention can be helpful in improving QoL</p> | Y | | SB |
| <p>Bickmore, T., Viti, N., & Hunt, A. (2019). Therapeutic biking and the effects on depression in long-term-care residents: A pilot study. <i>The American Journal of Occupational Therapy</i>, 73(4_Supplement_1). https://doi.org/10.5014/ajot.2019.73s1-po4032</p> | <p>-older adults in SNF participate in therapeutic biking program outside in a social context</p> | | Y | | SB |

| | | | | | |
|---|---|--|---|--|----|
| | | | | | |
| Chang, P.-F., Birch-Evans, A., Davidson, H., Hersch, G., & Tsai, K.-L. (2017). Testing an occupation-based cultural group intervention for residents in long-term care settings. <i>The American Journal of Occupational Therapy</i> , 71(4_Supplement_1). https://doi.org/10.5014/ajot.2017.71s1-po3161 | -practitioners working in LTC can incorporate occupation based cultural group intervention -client recent relocation | | Y | | SB |
| Robichaud, L., Durand, P. J., Bédard, R., & Ouellet, J.-P. (2006). Quality of life indicators in long term care: Opinions of elderly residents and their families. <i>Canadian Journal of Occupational Therapy</i> , 73(4), 245–251. https://doi.org/10.2182/cjot.06.003 | -opinions of LTC residents and families -developing valid outcome measures of QoL -qualitative study and semi-structured interviews | | Y | | SB |

Appendix B
Search Tracking Table

| Initials | Search Terms or Strategies (note Limits, MeSH, etc) <i>MeSH = medical Subject Headlines?</i> | Date Searched | Resource Used (database, search engine) | # Hits | # Excluded | # Kept |
|-----------------|--|----------------------|---|---------------|-------------------|---------------|
| LV | quality of life | 06/15/2022 | OTSeeker | 21 | 16 | 4 |
| LV | quality of life AND long term care | 06/15/2022 | OTSeeker | 0 | | |
| LV | long term care facility and quality of life | 06/15/2022 | OTSeeker | 2 | 1 | 1 |
| LV | quality of life and aging adults | 06/15/2022 | OTSeeker | 9 | 6 | 3 |
| LV | residential care AND quality of life AND [age group] Gerontology | 06/15/2022 | OTSeeker | 13 | 10 | 3 |
| KS | occupational therapy for transitioning long term care | 6/25/22 | PEDro, simple search | 0 | 0 | |
| KS | occupational therapy interventions for quality of life in transitioning older adults | 6/25/22 | PEDro, simple search | 0 | 0 | |
| MM | quality of life in older adults for occupational therapy | 6/25/2022 | PyschINFO | 3 | 1 | 2 |
| MM | quality of life for transitioning older adults | 6/25/2022 | PyschINFO | 0 | 0 | 0 |
| MM | improving quality of life in long term care | 6/25/2022 | PyschINFO | 22 | 17 | 5 |
| MM | quality of life AND long term care | 6/25/2022 | PyschINFO | 0 | | |
| SB | quality of life) AND (older adults OR geriatric) AND (long term care or nursing facility) | 6/27/2022 | American Journal of Occupational Therapy (AJOT) | 142 | 138 | 4 |
| SB | (quality of life)AND (long-term care) and (intervention) AND (older adults or geriatrics) AND (transition) | 6/29/2022 | AJOT | 77 | 75 | 2 |
| MM | Geriatric long term care daily life interventions occupational therapy | 7/8/2022 | PubMed | 14 | 11 | 3 |
| MM | Improving quality of life in older adults transitioning to LTC | 7/8/2022 | PubMed | 8 | 5 | 3 |
| MM | quality of life transitioning to LTC | 7/8/2022 | PubMed | 0 | | |
| MM | occupational therapy interventions to improve quality of life in older adults | 7/8/2022 | PubMed | 1 | 1 | 0 |


| | | | | | | |
|----|--|------------|---|---------------------------------------|-----|-----|
| SB | (quality of life) AND (older adults OR geriatric) AND (long-term care or nursing facility) AND (transition) | 7/13/2022 | AJOT | 49 | 45 | 4 |
| LV | quality of life, “transitions into long term care”, 2000-2022 | 0717//2022 | Google Scholar | 79 | 70 | 9 |
| SB | (quality of life)AND (long-term care) and (intervention) AND (older adults or geriatrics) AND (transition) | 7/23/2022 | Canadian Journal of Occupational Therapy (CJOT) British Journal of Occupational Therapy (BJOT) | 29 | 26 | 3 |
| LV | quality of life when transitioning to LTC | 07/24/2022 | Google Scholar | 12, 600 *increase search terms | n/a | n/a |
| LV | quality of life interventions, OR transitioning, OR long OR term OR care | 07/24/2022 | Google Scholar | 15 | 10 | 5 |
| KS | occupational therapy intervention or occupational therapy or occupational therapy treatment AND quality of life or well being or well-being or health-related quality of life AND long-term care or nursing home or residential care or assisted living AND relocation or transition or move | 7/27/22 | CINAHL | 8 | 4 | 4 |
| KS | Hand Searched Article | 9/22/22 | “Altruistic Activities of Older Adults Living in Long Term Care Facilities: A Literature Review” from <i>Physical &</i> | 22 | 20 | 2 |

| | | | | | | |
|----|-----------------------|---------|--|----|----|---|
| | | | <i>Occupational Therapy In Geriatrics</i> | | | |
| KS | Hand Searched Article | 9/22/22 | “Exploring Spirituality of Elders Relocating into Long-Term Care Facilities. <i>The Open Journal of Occupational Therapy</i> , 10(2), 1-11. https://doi.org/10.15453/2168-6408.1959 | 32 | 30 | 2 |

Appendix C

Knowledge Translation Product

Interventions that Address Quality of Life for those Transitioning to Long Term Care



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School of Occupational Therapy

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- 02** Culture and Art
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Healthy Transitions to Long Term Care

INTERVENTIONS

Major life transitions can negatively impact the emotional well-being of older adults and unfortunately, these transitions cannot always be avoided. Interventions that address individuals mental health, independence and role disruptions are critically important to create a positive transitioning experience. Different intervention ideas include:

- Counseling**
 - Cognitive Narrative Psychotherapy
 - Integrative Reminiscence therapy
 - Community Based Interventions
 - "Share Your Life" Writing Workshops



BENEFITS

- Helps to improve depressive symptoms among individuals transitioning to long term care
- Group Treatment Sessions provide the opportunity for older adults engage in social participation which helps to avoid isolation.



IMPORTANT CONSIDERATIONS

- There may be gender differences in transitional experiences between men and women
 - Mortality rates are higher for men after relocating to long-term care
 - Men struggle more than women with low mood and a lack of purpose after major life transition
- It is important for caregivers to be educated and trained on how to support older adults during their major life transitions. (Vrijliden et al., 2018)
- Choice is very important for individuals transitioning to long term care
 - Most individuals who reported positive post-relocation adjustments had the ability to facilitate optimal person-environment fit during the relocation process
 - Those who felt restriction in their choices, or felt pushed into relocation, had a harder time adjusting
- Maintaining familiar routines and occupations or engagement in new occupations helps to facilitate adjustment and minimize anxiety. (Walker & McNamara, 2013)
- Staff, caregiver and relative education on each resident is important for making them feel heard and valued (Potlaczek and Woolford, 2022)

Culture & Art

INTERVENTIONS:

Sharing stories about their past, present, or future goals, feelings, food, and/or experiences etc. through various preferred mediums and experiences to promote social connections in LTC facilities.

- Celebrating Cultural Traditions
 - Collages
 - Cultural Dining Nights
 - Storytelling
 - Zine
 - Painting
 - Photography
 - Poetry
 - Life Review Autobiography Writing Program





BENEFITS

- Reduced risk of depression and depressive symptoms (Chippendale & Bear-Lehman, 2012)
- Encourages health-promoting behaviors
- Enhances cognitive skills
- Reduces frailty (Durocher et al., 2020)
- Contribute to social cohesion (Durocher et al., 2020)
- Improves well-being and mental health (Durocher et al., 2020, Hersch et al., 2020, and Sullivan et al., 2019)

CONSIDERATIONS

- Helps to facilitate self-exploration and deepening understanding of their current situation
- Promotes articulation and expression of thoughts and feelings
- Non-verbal and verbal activities (Durocher et al., 2020, Sullivan et al., 2019)
- Helps residents develop a sense of identity and maintain control and continuity of lifestyle. (Hersch et al., 2012)

LIMITATIONS

- Activities may be limited per population's cognitive deficits, hospitalizations, and/or death
- Available group facilitators may not be available to assist or continue to promote a culturally sensitive context (Durocher et al., 2020, and Hersch et al., 2020)
- Most residents had minimal to moderate depressive symptoms – may not be generalized to those with more severe forms of depression (Sullivan et al., 2019)

Activities Promoting Altruism

INTERVENTIONS:

Promoting a sense of connectedness with their past, other residents, recipients of products created, or the activity itself by creating/providing a product intended to evoke positive thoughts and emotions from the recipient.

BENEFITS

- Activities serve to help maintain QoL and increase life satisfaction with continuity of familiar activities/tasks.
- Encourages resident autonomy when choosing activities to participate in
- Increased social interaction, communication, and expression of feelings (Cipriani, 2007; Cipriani et al., 2010)
- Intergenerational help from college students boosted morale, cognitive function, and physical health.
- One-on-one mentoring specifically for individuals with English as a second language increases communication skills and confidence in social settings (Yuen, 2002)



Baking for Others
Greeting Cards
Flower Arrangements
Gift or Holiday Baskets
Group or One-on-One Mentoring

CONSIDERATIONS

- Helps residents discover feelings of self-gratification and an improved self-concept
- Benefits may be from observing objects of altruistic actions and/or participating in the activity (Cipriani, 2007; and Cipriani et al., 2010)
- Not all residents have the need to be altruistic (Cipriani, 2007)
- Mentoring intent was to foster the autonomy of residents not to evaluate how well residents were mentored or how much the story (Cipriani, 2007)


LIMITATIONS:

- Limited research on the importance of altruism impacting gender, social class, and cultural.
- Limited generalizability because majority of participants female. (Cipriani, 2007)
- Variables other than mentoring may have influenced outcomes due to no random assignment (Yuen, 2002)

Music

Music is a form of expression, a way to communicate, and can have emotional ties to experiences that individuals have had.

ENGAGING IN MUSIC



(CAROL A. SEITZ, 2004)

Considerations

- Long term outcomes were not measured
- Cost of materials
- Individualized music preferences
- Possible noise sensitivities of other residents in LTC
- Accessibility with different disabilities
- Various group schedules

Elders Drum Project

incorporates singing, drumming, drum making, creative arts, activity group process, and community interactions (Cottrell & Gallant, 2004)

Benefits of Music Making:

↑ Self Concept = had an important role!
Self-efficacy = felt that they could do it!
Self-worth = Made people feel good!
Altruism = Help others get involved
↓ pain, ↑ strength, ↑ psychological outlook!

Social Support = being apart of something bigger than yourself
Freedom of Choice = ↑ sense of control
Sense of Accomplishment
Looking Forward to Tomorrow
Feeling Useful, Happy, and Created Meaning!

INCORPORATING MUSIC

Listened to 30 minutes of music of their choice with comfy headphones
Music Types/Genres: Musicals, Jazz, Rhythm and Blues, Religious, Classical, Opera, Country, Rock

Benefits

Positive Feelings
Values and Connections to Music
More opportunities to music occupations

Considerations

LTC had more sophisticated music taste
People had individualized tastes in music.
Hearing impairments limits participation


(Burack, Jefferson, & Libow, 2008)

Spirituality

Spirituality has been seen to become more important as people age, thus engaging in spirituality practices are important for older adults. Going to a physical place of worship may be difficult when in a LTC, thus it is important for us to provide space and opportunities for residents to engage in their spiritual practices.

INTERVENTIONS:

Spiritual Counseling
Weekly Faith-Based Groups
Psychotherapy Groups
Mindfulness Meditation
Prayer Groups



What Spirituality Provides for Residents

(Tsai et al., 2022; Schwarz & Fleming Cottrell, 2007)

| | | |
|---|---|---|
| <h4 style="background-color: #808080; color: white; padding: 2px;">Sense of Belonging in LTC</h4> <p>Turning to their religious beliefs helped residents to feel more satisfied with their living situation</p> | <h4 style="background-color: #808080; color: white; padding: 2px;">Meaning and Purpose</h4> <p>Spirituality helped define true meaning and purpose in life</p> | <h4 style="background-color: #808080; color: white; padding: 2px;">Comfort and Consolation</h4> <p>"God has a plan", "Going to Heaven" Find comfort in these beliefs</p> |
| <h4 style="background-color: #808080; color: white; padding: 2px;">Preparation</h4> <p>Prepared to accept death gracefully Relationship with God as primary motivator</p> | <h4 style="background-color: #808080; color: white; padding: 2px;">Contentment/Discontentment with Life</h4> <p>Closely linked to family and children How they have been able to indulge in pleasurable life activities Thankfulness for gift of life</p> | <h4 style="background-color: #808080; color: white; padding: 2px;">Coping and Positive Outlook</h4> <p>Instrumental for coping with diversity and circumstances Optimistic outlook for future Effective coping as equipped to contend with difficulties</p> |
| <h4 style="background-color: #808080; color: white; padding: 2px;">Hope/Hopelessness for the Future</h4> <p>Outlook for the future Becoming content with the circumstances that they are in</p> | <h4 style="background-color: #808080; color: white; padding: 2px;">Reliance and Dependence</h4> <p>Unyielding support to fall back on Deepened when met with illness and injury</p> | <h4 style="background-color: #808080; color: white; padding: 2px;">Therapeutic Rapport</h4> <p>Solidified relationship with OT OT seen as positive role model Holistic approach of considering multi-faceted approach</p> |

Considerations

- Spirituality looks different for each person
- Not all generalizable
- Variety of Religions and Spiritualities
- Some people may be reluctant to express their spiritual or religious preferences

Exercise-Based

INTERVENTIONS

Tai Chi

- To align and balance the body, mind, and spirit, qigong uses slow Tai chi movements and deep, diaphragmatic breathing. The breathing of Tai chi is timed with the open and closed arm movements. In Qigong, deep breathing pulls air down into the body's primary energy center, relieving strain on the lungs and expanding lung capacity.
- Combination of Tai chi and Qigong (TCQ) program consisting of two 60-min sessions each week for 3 months (Chan et al., 2010).

BENEFITS

- Improves cardiovascular functioning, balance, muscular strength, and blood pressure
- Improves psychosocial status
- Improves COPD symptoms and decreased disturbances to daily physical activities (Chan et al., 2010)

CONSIDERATIONS

- Can be practiced anywhere indoors or outdoors.
- No specific equipment required
- Clients with COPD can independently engage in TCQ or in a group setting
- Affordable and advantageous exercise program to enhance their health (Chan et al., 2010).

LIMITATIONS

- Small sample size and short duration of study
- No differences were detected in perceived social support (Chan et al., 2010).

Exercise-Based 7

INTERVENTIONS

Therapeutic Biking

A 6 week outdoor biking program helped treat depression and improve quality of life (QoL) (Bickmore et al., 2019).



BENEFITS

- Improves depression
- Improves QoL
- Improves extended mobility
- Improves enjoyment and socialization (Bickmore et al., 2019)

CONSIDERATIONS

- Ability to sit in an upright position, medically stable, predictive behavior (Bickmore et al., 2019).
- Clients presenting difficulties in balance, upper and lower extremity strength, visual scanning and low cognition should be evaluated before biking.

LIMITATIONS

- Pilot study, small sample size and further evidence-based research is necessary (Bickmore et al., 2019).

FUNCTIONAL ACTIVITY PROGRAM

The use of a functional activity program can be helpful for improving function, increasing quality of life, and reducing falls in older adults residing in long-term care facilities (Kerse et al., 2008).

Precautions: A client-centered functional activity program may not be beneficial for individuals with low cognition. Research suggested that residents with impaired cognition showed no maintenance of function and may have become more depressed (Kerse et al., 2008).

Animal-Assisted Therapies 8

INTERVENTIONS:

Dog assisted therapy Canine-assisted interventions & therapies



BENEFITS

- Improvement in emotional regulation, ADL performance, communication, social cognitive, sensory-perceptual, and motor/praxis skills (Ciprani et al., 2013).
- Some positive outcomes on health and well-being including reduced anxiety, depression, loneliness (Stern et al., 2020).
- An improvement in QoL, mood, life satisfaction, social participation and (Stern et al., 2020).

LIMITATIONS:

- Majority of studies revealed statistically significant evidence to support the effect of dog-assisted therapy on quality of life outcomes (Ciprani et al., 2013).
- Lack of published research, interventions need more rigorous designs and larger sample sizes. (Ciprani et al., 2013 and Stern et al., 2020)

CONSIDERATIONS

- Live dogs more effective therapy than pictures, which were still effective in eliciting some positive effects (Ciprani et al., 2013).
- Client comfortability with animal interactions and cultural sensitivity



[Theme photos]. Retrieved from www.canva.com

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Appendix D

Knowledge Translation Outcomes Questionnaire

QoL Interventions for Transitioning to LTC Notebook Feedback

This questionnaire was created to understand the ease and efficiency of the booklet created for various healthcare providers when working with older adults transitioning to long term care.

kserrao@pugetsound.edu [Switch account](#)

Not shared

Credentials

Your answer

How clear was the information?

- Language was not clear or concise
- Language was clear but more detail would have helped
- Language was easy enough to understand the intervention

Was the notebook easy to navigate?

- Yes, I could easily find what I was looking for
- Yes, but it was not as efficient as I would like it to be
- No, finding information took too long

What suggestions do you have for the authors to make the notebook more clear or better organized?

Your answer

Do you think the information provided will be helpful in choosing an intervention for your client?

- Yes, it gives me enough information
- Yes, but I still have questions about information not found in cited articles
- No, I need more information to make a better choice

Were any of these interventions already implemented in your current practice?

- Yes
- No
- Unsure

If so, which ones?

Your answer

Which interventions have you not used before or are NEW to you?

Your answer

Which interventions are you interested in implementing?

Your answer

Are the majority of your current intervention practices evidence-based?

- Yes
- No
- Unsure

Do you plan on using this notebook in the future?

- Yes
- No
- Maybe

Submit

Clear form

Never submit passwords through Google Forms.

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