Perceived Competencies for Seniors Care in Long Term Care Homes: An Examination in
Therapeutic Recreation Undergraduate Curricula

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Abstract

Therapeutic recreation (TR) is an important contributor to the health and well-being of residents living in long term care (LTC). In order to enhance quality of life of residents, it is essential that Therapeutic Recreationists have gerontological competencies and knowledge relevant to LTC. The confidence levels of Therapeutic Recreationists (n = 130) and recreation staff (n = 357) in performing gerontological competencies in long term care, Therapeutic Recreationists' perceived gaps in their gerontological competencies and TR educators' perceptions on graduates' competencies were examined. A quantitative descriptive study was conducted. A survey was distributed to long term care homes in Ontario. Results indicated that recreation staff (1) have the least amount of confidence in writing care plans and assessing spirituality; (2) they have the most confidence in implementing programs for residents with dementia and physical disabilities, and recognizing that resident behaviour is communication based on need; and (3) have higher confidence if they took in-service training and continuing education courses. TR graduates have the least amount of confidence in completing RAI-MDS, assessing spirituality, and assessing physical health and illness conditions. The recent TR graduates revealed that learning about aging topics in courses is associated with confidence levels in gerontological competencies and that internship/placement experience was not associated with confidence levels in gerontological competencies. Further research should examine gerontological competencies and gerontological content in TR curricula including practitioner perspectives of required competencies and gaps in the LTC setting. This study can assist educators in designing programs for TR candidates that may better prepare them for working with residents in LTC.

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Chapter 1: Introduction

This chapter introduces the thesis topic and research questions. The main purpose of the thesis research is to investigate how recreation therapists and recreation staff working in Ontario long term care homes (LTC) perceive their level of confidence in their competencies for providing seniors care. Long term care homes "provide a variety of services, both medical and personal care, to people who are unable to manage independently in the community" (Centers for Disease Control and Prevention, 2015, p. 1). This is examined from the perspectives of recreation therapists, recreation staff and Therapeutic Recreation (TR) educators. Recreation staff in long-term care homes includes recreation therapists and other staff who may not have been educated in therapeutic recreation. Recreation therapists are educated in community colleges or universities. Other recreation staff may include persons with other experience in long term care who transferred to the recreation department or persons with education such as social service worker, social work, or gerontology. The thesis examines experiences of recreation staff with and without TR education, with separate analyses of recreation therapists who graduated less than five years ago. Individuals who teach TR education at either a college or university are also included in this study. These perspectives assist in exploring the adequacy of preparedness for recreation therapists and recreation staff in providing seniors care.   The study aims to answer the following three primary research questions:

1. Do recreation staff perceive that they have competencies needed to work with residents in LTC homes?

2. Do recreation staff perceive that they possessed competencies needed to work with residents in LTC homes when they graduated from post-secondary school?

3. Do faculty in college and university therapeutic recreation programs perceive that graduates of their programs have the competencies needed to work with residents in LTC homes?

There are three secondary questions about factors that may influence current and future recreation staff perceptions about their competencies and perceptions of faculty about graduates' competencies:

4. To what extent is past education, recreation staff category, work experience, and continuing education associated with staff perceptions about their current competencies?

5. Among recent recreation therapy graduates, to what extent are type of entry to practice education, inclusion of gerontological courses and practice experience beliefs about their competencies on graduation?

6. What do recreation staff think would improve the competencies of the current workforce of recreation staff and future graduates of therapeutic recreation programs?

1.1 An Aging Population

The population is aging at a rapid pace (Carter, Van Andel & Robb, 2003). "The segment of society over the age of 65 constituted less than 5% of the total North American population in 1990, yet it is expected to grow 20% of the total population by the middle of the twenty first century" (Carter, Van Andel & Robb, 2003, p.482).

Dosman and Cranswick (2008) estimate that by 2056 the proportion of Canadians 65 and over will double to 1 in 4 and the proportion of seniors over 80 will triple to 1 in 10 in comparison to 1 in 30 recorded in 2005. According to Statistics Canada (2014a) "the number of seniors aged 65 and over increased 14.1% between 2006 and 2011 to nearly 5 million. This rate of growth was higher than that of children aged 14 and under (0.5%) and people aged 15 to 64 (5.7%)" (p. 1). In addition, in 2011 seniors in Canada had a record high of 14.8% of the population in comparison to the 13.7% five years earlier (Statistics Canada, 2014a). In Ontario, 2,643,980 individuals are over 60 years of age, which is 20.6% of the Ontario population (Statistics Canada, 2014a).

Overall, in 2011 there were 200,771 Canadian residents living in institutions diagnosed with a degenerative neurocognitive disorder, such as Parkinson's with 12,514 residents, Huntington's with 639 residents, Lou Gehrig's disease with 247 residents, and stroke with 39,795 residents (Statistics Canada, 2014b). There were 29,533 residents diagnosed with other neurocognitive disorders such as brain injury, spinal cord or brain tumour, multiple sclerosis, and dystonia (Statistics Canada, 2014b). In 2011, 118,043 Canadians living in long-term residential care facilities were diagnosed with Alzheimer's disease or another type of dementia (Statistics Canada, 2014b).

The Ministry of Health and Long Term Care Ontario (2014) reports that there are over 75,000 people living in LTC homes. These residents are in a position where they require interdisciplinary care services. One of these interdisciplinary services includes therapeutic recreation (Government of Ontario, 2007).

1.2 What is Therapeutic Recreation and why is it needed in Long Term Care

Settings?

TR is the "systematic and planned use of recreation and other activity

interventions and a helping relationship in an environment of support with the intent of

effecting change in a client's attitudes, beliefs, behaviours and skills necessary for

psychosocial adaptation, health, and well-being" (Shank & Coyle, 2002, p. 54).

Murray and Coyle (as cited in Witman et al., 2009) identified issues that TR

professionals need to consider for educational trends: (1) The aging population is an

opportunity for expanded service delivery, and (2) Modeling professional identity and

behaviours relevant to competent practice. Areas of concern are practice duties and

responsibilities beyond traditional scope of TR practice, including competencies required

for other disciplines, such as geriatric competencies.

TR is implemented in a variety of locations, but currently the most prominent

locations are hospitals and long term care homes (National Council of Therapeutic

Recreation Certification [NCTRC], 2009). The NCTRC is an international accreditation

body for the field of TR. According to NCTRC (2009)'s Certified Therapeutic Recreation

Specialist Profile, 58% of Certified Therapeutic Recreation Specialists are working with

older adults. Additionally, 65% of Certified Therapeutic Recreation Specialists are

working in healthcare settings. Five percent are working in outpatient/day hospitals, 19%

are working in skilled nursing facilities and 38% are working in hospitals (NCTRC,

2009). According to Carter, Van Andel and Robb (2003), TR in LTC is designed to

facilitate medical stabilization, prevent further decline of body functioning, stimulate

sensory awareness, enhance the living environment, improve social involvement, and to help residents and caregivers cope with death.

In LTC, TR professionals or Recreation Therapists use leisure as a means to build friendships, promote inclusion, and maintain health. Some of the programs include treatment modalities such as reminiscence (remembering past events, hobbies they used to enjoy), reality orientation (day, time, year, current events), and socialization (musical entertainment shows, knitting clubs, book clubs, bridge clubs, tea socials) (Carter, Van Andel & Robb, 2003). For residents who have dementia, some recreation staff provide behavioural interventions such as verbal and physical prompting, visual demonstration, and feedback (Carter, Van Andel & Robb, 2003). TR professionals are valuable assets to the LTC team in assisting to improve the quality of life for the residents. It is essential to ensure that the recreation staff attain the proper education, training, continuing education and experience required to practice TR in LTC settings (Kaempfer, Wellman & Himburg, 2002).

Although some TR professionals work in LTC homes, not all staff working the recreation department in LTC homes are Recreation Therapists or TR professionals. The Government of Ontario (2007) requires that recreation staff who work in LTC have a diploma or degree in TR or a diploma or degree in a related health field such as gerontology, social work, activation or physiotherapy assistance. Individuals who were hired in a recreation department before July 1st, 2010 could have any other type of education (Government of Ontario, 2007). Different types of education could be problematic in their inconsistency for attaining the necessary competencies for working in LTC.

1.3 Implications of TR Programs for Residents Living in Long Term Care Homes

TR activities can make important contributions to the achievement of maintaining health and rehabilitation goals of residents living in LTC (Sullivan & Sharpe, 2005). Recreation therapists working in LTC should provide their residents with the opportunity to self-explore, increase their life satisfaction, and alleviate depression (Sullivan & Sharpe, 2005). In a study conducted by Thomas, O'Connell and Gaskin (2013), residents' social and activity needs were not being addressed in the home. This was concerning due to the benefits associated with social programs in LTC. According to Street et al., as cited in Thomas, O'Connell and Gaskin (2013), forming new social relationships when moving into LTC facilities has a more positive effect on well-being than continuing old relationships. Additionally, understanding the experiences and perceptions of social interaction and leisure activity of residents in LTC homes is a prerequisite for developing programs that have the potential for improving quality of life through social and leisure activities (Thomas, O'Connell & Gaskin, 2013).

Social programs assist in reducing feelings of isolation and promote feelings of belonging (Sullivan & Sharpe, 2005). Residents deserve the maximum benefits of TR in their home, implying the importance of recreation staff possessing adequate competencies to work in LTC homes. Recreation staff working in LTC who have a TR background and possess gerontological competencies will be able to provide better programs for residents. The ability for recreation staff to understand the needs and wants of the resident and to understand the benefits that these activities can have on residents will assist in better planning, implementing and evaluation of resident programs in LTC homes.

1.4 Introduction to Therapeutic Recreation Education

There are Therapeutic Recreation education programs for individuals interested in pursuing the profession of TR. Skalko and West (2010) discuss the challenges presented to the profession and TR degree programs. Some schools offer Recreation and Leisure programs, but do not include a TR stream. An example of this approach is Humber College in Ontario and at Lethbridge College in Alberta (Ontario Colleges, 2014). Universities such as Brock University and the University of Waterloo offer three different streams of recreation programs; outdoor recreation, community recreation and TR (Association of Universities and Colleges in Canada, 2014). Further, Skalko and West (2010) stress the importance of differentiation of the recreation and parks profession and the TR profession; that the professions should acknowledge their independence. TR should acknowledge its role in the health care system. Parks and recreation are part of a multifaceted delivery system, including public recreation (offered by the government), non-profit recreation organizations (such as Boys and Girls club), commercial recreation and tourism (such as theme parks).

TR has different themes than other sectors of recreation. TR uses recreation as a goal or an outcome for the client, enhances functioning through recreation participation, focuses on the client in a holistic manner, and has long term improvements in health and quality of life (Daly & Kunstler, 2006). Thus, TR belongs in LTC because recreation therapists offer therapeutic outcome based programs in one-to-one sessions or small groups for older adults with physical and cognitive disabilities (Buettner, 2001). In my opinion, accreditation is an opportunity for TR professionals and educators to develop a

standardized set of TR competencies for specific populations such as geriatrics in order to assist in advancing the profession of TR.

1.5 Gerontological Competencies in Therapeutic Recreation Education

Research has been conducted in both the U.S. and Canada on the importance of improving and standardizing TR curricula, in addition to the need for academic accreditation (Beland & Kapes, 2003; Dupuis, 2002; Genoe et al., 2013; Krout et al., 2010; Ridgeway, 2013; Rod-Welch, 2010; Skalko & West, 2010; Stumbo et al., 2013; Van Puymbroeck, Austin & McCormick, 2010). However, there is little research about gerontological competencies included in TR curricula and the adequacy of preparation of recreation staff to work in LTC settings. This thesis is designed to contribute evidence about adequacy of preparation of recreation staff working in LTC, and expert opinions about how to enhance TR curriculum.

1.6 Problem Statement

LTC settings require a certain set of competencies and knowledge among their staff in order to meet the needs of the residents and facility. According to McCleary et al. (2014b), employees of LTC, including recreation staff, show gaps in this required knowledge. In my experience and through observation, there are inconsistencies and inadequacies in preparation of TR students to work in LTC. There is existing evidence that TR education may not be sufficient. This will be further discussed in the literature review. I decided to conduct this study because I thought I was unprepared to work with residents living in LTC.

I entered my job in LTC with knowledge in TR theory, models and frameworks. I had a 100 hour experience in retirement living and a 560 hour internship on the palliative

and complex care unit in a hospital. However, with this knowledge and experience, I did not feel prepared to be working with residents. This is because I did not know enough about possible health conditions, symptoms and behaviours of residents in order to effectively apply my knowledge and experience to my practice to truly benefit the residents' through TR programming. I was inspired to conduct this study to discover if any other recreation staff working in LTC felt that their knowledge and experience was inadequate to effectively provide programs for residents living in LTC.

1.7 Research Approach

In order to answer the research questions, a descriptive quantitative study was conducted. The researcher surveyed recreation staff working in Ontario LTC homes and TR program educators in Ontario.

Chapter 2: Literature Review

The purpose of this chapter is to examine literature to provide evidence for the need for research in recreation staff's preparation to work in LTC and to locate existing literature for this thesis proposal. Through this chapter, there are several topics covered including: (1) background information about the TR profession and education; (2) information regarding TR curricula and the hidden curriculum; (3) intergenerational service learning; as an example of integration of gerontology content in TR curriculum; (4) aging content in leisure textbooks and journals; and, finally, (5) adequacy of preparedness of TR graduates and professionals to work with residents.

2.1 Background

2.1.1 TR Education

TR education is an essential component to providing quality TR professionals in the workplace, such as LTC homes. According to Crompton (2010), the TR profession has "attempted to create a learning climate that embraces a dimension of life (recreation, play, and leisure) considered central to all members of society, yet essential to those who have been marginalized, hospitalized, or otherwise excluded" (p. 158). Educating clients about the importance of leisure engagement, use of discretionary time, and strategies for self- improvement has been an integral component of the TR profession (Crompton, 2010). Additionally, Crompton (2010) suggests that little effort has been dedicated to creating an educational framework to achieve these TR services, including learning competencies and working with a variety of populations, such as older adults and residents of LTC homes. Crompton (2010) makes an excellent argument for the importance of rigorous education.

Crompton (2010) states:

the challenge is to insure that our learning system is steeped in rigor, science, theory, techniques, and yet applied knowledge that affords a student the flexibility to sell their competencies to an array of bidders who are committed to increasing the capacity of every human being, regardless of their abilities, to experience leisure in a positive manner, fully engage in society, express themselves as an individual, and create an active lifestyle that is sustainable over the course of their life (p. 159).

In order to successfully teach TR students about the TR profession, technical skills, and theoretical concepts and principles related to a variety of disciplines must be taught (Stumbo, 2009). According to Stumbo (2009), there should be outcome standards for TR education. The National Council of Therapeutic Recreation Certification (NCTRC) Job Analysis is a document of learning outcomes for TR certification that could provide the basis for these standards (Stumbo, 2009).

TR curricula designs have been limited in theoretical and methodological constructs required to define a knowledge base. The lack of consistency and quality in delivery of TR education puts the TR profession jeopardizes ability to provide viable higher education and TR professionals (Stumbo, 2009). According to Folkerth (2009), many TR programs are using support coursework to create emphasis areas within the TR major. Support courses enable students to further their knowledge of a specific topic, for example, taking a psychology of aging course in addition to recreation courses to prepare the student for working in LTC. These courses could be elective or required courses. In some programs, students interested in working with older adults or in gerontological settings such as LTC homes can take coursework in death and dying, physical activity and aging, and other gerontology related classes.

According to Folkerth (2009), support courses could assist students in learning special skills and knowledge they could use with a wide variety of populations. Many students have not taken courses outside of the professional coursework that will support their future practice. This lack of emphasis or inclusion of coursework could be because most did not count towards Therapeutic Recreation Specialist certification. The focus of the curricula was on what was needed for certification rather than what was needed for practice (Folkerth, 2009). The curricula was designed to meet the competencies needed for a TR professional to practice TR to a general population, but did not emphasize on the skills and knowledge required to work with specific populations.

As previously defined by NCTRC, supportive coursework must support the practice of TR. It is through supportive coursework that students gain knowledge related to healthcare practices. The support courses can provide information that enables a student to successfully transition into a career (Folkerth, 2009).

According to Carter and Zabriskie (2009), TR curricula are being driven by requirements for certification in both the United States and Canada. A majority of curricula are providing the minimum number of courses necessary for a person to meet the requirements for certification. It can be said that curricula are at least meeting the structural requirements for certification. Carter and Zabriskie (2009) note that it must be questioned whether all curricula are actually preparing students for practice in hospitals with patients who are severely injured or seriously ill. Similarly, Folkerth (2009) suggests that TR professionals need to be able to work with individuals who are seriously injured and ill. Much of the practice will be with individuals who have a mental illness, are

physically injured, have cancer or are physically and cognitively impacted as a result of Alzheimer's disease.

Entry level practitioners need to be prepared to work with older adults. The use of supportive coursework would provide students with a better understanding of competencies required to work with individuals in healthcare settings, such as residents in LTC (Folkerth, 2009). Courses in psychology, sociology and gerontology can provide much needed information regarding the cognitive and emotional needs of people. The introductory courses are required by most curricula but higher level courses can provide more insight and understanding into the behaviour and thought processes of people who have mental diseases or cognitive/behaviour disorders (Folkerth, 2009). The requirement or encouragement for students to take courses such as psychology of aging and the aging process can only enhance the future professionals' ability to provide appropriate treatment programs while on internship or working.

At this point, it is not appropriate to encourage students to "specialize" in a specific area or with a specific population because it is not known which population they will be working. This reveals the importance of support courses; to assist students in gaining more information regarding the physical, cognitive, social and emotional domains to further enhance the students' ability to provide TR services (Folkerth, 2009).

In comparison to other healthcare disciplines such as Occupational Therapy and Physical Therapy, TR students do not have to take courses in health care (Folkerth, 2009). This is interesting when, according to the NCTRC's Job Analysis, healthcare is the most common environment where TR professionals work (NCTRC, 2014). Healthcare environments are different from leisure service environments. TR students

should be introduced to healthcare environments through interdisciplinary courses with other healthcare students such as Occupational Therapy or Physical Therapy (Folkerth, 2009). The experience of working with other disciplines also offers the TR students the opportunity to build teamwork skills (Folkerth, 2009).

Fieldwork prior to internship is often neglected in TR education. All students must participate in 100 hour experience prior to the internship (Folkerth, 2009). Field work is the experience students attain in their TR program prior to completing their final internship. The National Council for Therapeutic Recreation Certification requires applicants to complete a minimum of 560 hours at an internship for 14 consecutive weeks at the conclusion of their TR program (National Council for Therapeutic Recreation, 2014). The internship is the last field work experience prior to commencing employment in the TR profession. Brasile (as cited in Folkerth, 2009) says fieldwork is one of the most important components of the professional preparation program. Brasile (cited in Folkerth, 2009) also suggests that there should be no fewer than three full-time fieldwork opportunities in the curricula. The more experience TR students have with multiple populations, such as older adults, including residents of LTC homes, the better prepared the student will be for future practice (Folkerth, 2009). Most graduates do not have the opportunity to choose their preferred population and setting as a job preference after graduation (Folkerth, 2009).

According to Witman et al. (2009), one of the critical courses that should be included in TR curricula is a disabling conditions course that focusses on physical abilities, mental health, developmental disabilities and aging. Other recommended

courses for TR curricula are: TR and Mental Health, TR and Older Adults, and a senior seminar (Witman et al., 2009).

Research conducted by Connolly and Riley (as cited in Witman et al., 2009) found very little commonality across curricula of the graduates sitting for the NCTRC exam. The question remains, why hasn't TR curricula been standardized? According to Witman et al. (2009), philosophical debate and diversity of schools and programs offering curricula have made it difficult to standardize. Furthermore, there have been arguments for greater standardization versus arguments for academic freedom and diversity. Some have voiced the hope that the distinctiveness of TR can best be realized by not bowing to healthcare trends that encourage standardization (Witman et al., 2009).

There have been profession-wide concerns on the topic of TR education standards. These concerns led to the first TR Education Conference held in 2005 and the second TR Education Conference held in 2009 (Autry, Anderson & Sklar, 2010). The result of the two conferences was to establish a new accreditation system in the U.S. (Autry, Anderson & Sklar, 2010). Anderson (2013) suggested that one of the key principles for accreditation was the responsibility of colleges and universities to achieve excellence in their education. The TR profession has not had an accepted education accreditation system that could influence TR curricula (Skalko, 2013). The demand still exists for an independent accreditation system for TR education to separate TR programs from parks and recreation program accreditation (Skalko, 2013).

According to Stumbo et al. (2013), 45 (62.5%) American TR program directors that were asked about the accreditation status of their program reported that they had accreditation from the Council on Accreditation of Parks, Recreation, Tourism and

Related Professions. Seven (9.7%) reported being accredited by the Committee on

Accreditation of Recreational Therapy Education and 21 (29.2%) were not accredited

(Stumbo et al., 2013). In terms of TR programs interested in seeking accreditation in the

future, the majority were interested in seeking Council on Accreditation of Parks,

Recreation, Tourism and Related Professions and many were either unsure or not

interested in seeking accreditation from the Committee on Accreditation of Recreational

Therapy Education in the future.

The TR program directors were asked the reasons for seeking or not seeking

accreditation in the future (Stumbo et al., 2013). For those seeking accreditation, the top

three answers were (Stumbo et al., 2013, p. 188-189):

    (a) Indication of quality of department, faculty and curriculum

    (b) Supporting mission of improving curriculum across university

    (c) Improving curriculum across country

For those not seeking accreditation, these were the top four answers (Stumbo et al., 2013,

p. 189):

    (a) Not valued by college or university

    (b) Quality can be improved without accreditation

    (c) Department/program does not meet standards

    (d) Faculty do not have the time or resources to complete self-study required for

       accreditation

2.1.2 Academic Accreditation of the TR Education Programs

According to Greiner and Knebel (as cited in Committee on Accreditation of

Recreational Therapy Education, 2010), accreditation of academic programs evaluates the

university curricula with standards and guidelines in order to adequately prepare students for acquiring professional credentials and entering into practice. The standards and guidelines influence the development of university curricula, such as student outcomes, competencies attained; number of hours of subject or content areas, such as gerontological competencies; and types of learning experiences used, such as placements or classroom learning (Committee on Accreditation of Recreational Therapy Education, 2010).

Skalko and West (2010) discuss the need for accreditation in order for TR to develop as an allied health profession. They argue that academic accreditation would ensure that TR professionals graduate possessing the necessary competence and engage in safe and effective practice. Another purpose of accreditation would be to protect the public (Skalko & West, 2010).

Accreditation of education programs for TR is occurring for some educational institutions in the US (Skalko & West, 2010) but not in Canada. There is limited momentum on the development of accreditation in Canada (C. Whyte, personal communication, July 2, 2014). Additionally, accreditation is optional in the United States and not all schools decide to participate (Skalko & West, 2010).

Riley and Connelly (as cited in Skalko & West, 2010) found inconsistencies between educational institutions regarding curricula structure (course titles, credit hours and content). This could potentially influence the quality of TR education. For example, some TR students would learn more about gerontological competencies than other students, thus acquiring more competencies to better prepare them for working in LTC

settings. Accreditation can lead to the consistency of gerontological competencies taught in TR programs once they are included in the TR curricula.

Ridgeway (2013) suggests that examining what the students are being taught could help current TR professionals develop strategies for enhancing the TR profession and move it towards regulation. The examination of curricula content could reveal competencies and knowledge that students are learning, and if the content is similar to other TR curricula. This examination of the similarities and differences between TR curricula could assist in developing one common curriculum. Each school offering a TR program could offer this TR curriculum to ensure all their TR graduates have the same competencies as other TR professionals. The profession is enhanced by collaborating programs ideas and discussing the most essential content to provide in each TR program.

Accreditation of educational programs is linked with professional certification and regulation in the U.S. (Skalko & West, 2010). Certification and regulation ensures that each individual possesses the same knowledge, skills and abilities to perform as a TR professional. There is an ethical obligation to prepare TR practitioners for practice in health and rehab settings that they are most likely to be employed in, to ensure quality preparation and consumer service delivery (Skalko & West, 2010). Similarly gerontology competencies should be incorporated in TR education in order to assist the development of quality education for TR students most likely to work in LTC settings.

2.1.3 Standards of Practice in Canada

Although TR is not a regulated health profession in Canada, in Canada, there are provincial TR organizations and one national TR organization; Canadian Therapeutic Recreation Association. These organizations publish standards of practice that

theoretically would be linked to competencies. For the purpose of this thesis, only

Ontario's provincial organization, Therapeutic Recreation Ontario, and the national

organization, the Canadian Therapeutic Recreation Association, will be discussed.

Therapeutic Recreation Ontario's standards of practice discuss the organization's

core values such as; client confidentiality; incorporating client goals in programs;

understanding and respecting beliefs and values of clients; and applying standards of

practice (Therapeutic Recreation Ontario, 2004). The standards of practice for

Therapeutic Recreation Ontario include assessment, intervention plan, program

development, program delivery, documentation, evaluation of programs and goals,

research, professional development, and community practice (Therapeutic Recreation

Ontario, 2004). These standards are comparable to the Canadian Therapeutic Recreation

Association (2006) standards of practice.

The Canadian Therapeutic Recreation Association's (2006) standards of practice

are similar to Therapeutic Recreation Ontario's (2004) standards of practice, however

there are some differences. The Canadian Therapeutic Recreation Association's (2006)

standards of practice include interdisciplinary collaboration, ethics, sensitivity to

diversity, and risk management. Community practice is a standard of practice that is

included in Therapeutic Recreation Ontario's (2004) standards of practice but not in the

Canadian Therapeutic Recreation Association's standards of practice. Community

practice provides opportunities for community involvement for clients in different service

delivery settings. The differences in these standards of practice reveal the lack of

consistency in expected competencies. Although Therapeutic Recreation Ontario does

incorporate most of the same competencies as Canadian Therapeutic Recreation

Association, they are missing four valuable standards of practice. Standards of practice related to ethics, risk management and interdisciplinary collaboration could influence TR professionals' practice working with residents living in LTC.

There is a need for adjustment and improvement of standards of practice and advocating for implementation of these standards in the curriculum. This will assist the TR profession in protecting the public, providing safe and effective practice and sharing similar competencies such as gerontological competencies. The University of Nebraska-Lincoln (2016) defines competency as the "combination of observable and measurable knowledge, skills, abilities and personal attributes that contribute to enhanced employee performance and ultimately result in organizational success" (p.1). There will need to be a consistency in TR education programs if the TR profession is to become a regulated health profession. Academic accreditation and regulation could influence curriculum and lead to better preparing students to work with residents in the LTC setting.

2.2 Relevant Research

2.2.1 Purpose of Literature Search

The purpose of the search was threefold: 1) to determine the level of information available regarding aging content included in TR curricula in North America; 2) to identify any research on the perspectives of TR professionals working in long term care on TR curriculum; and 3) to find literature on TR programs that had integrated any gerontological competencies into their curriculum. This literature review consists of ten in depth annotated bibliographies. This is due to limited research on gerontological competencies in TR education.

The search for literature was executed using Brock University's online databases and consulting the Brock University Health Sciences Liaison Librarian. Databases searched included: CINAHL, Academic Search Complete, PsychINFO, Google Scholar, and MEDLINE using the keywords (or subject headings, as appropriate to the database) 'therapeutic recreation', 'education' 'gerontology', 'curriculum', 'leisure' and 'long term care'. These keywords were used in combination with each other to narrow the focus of the search. Some articles were found using indexed subject headings such as 'education', 'trends', and 'psychosocial factors'. In addition to the databases, some of the articles were found through reference lists of articles.

In order to select articles for the literature review, the citations needed to meet the following criteria:

1) Discussion of therapeutic recreation curriculum

2) Discussion of gerontology content in therapeutic recreation curriculum or courses or reports of discussion about required competencies and educational preparation of therapeutic recreation professionals working in long term care

3) English language

4) The research had to use samples from North America

Forty-six citations were identified as being potentially relevant. However, only 10 were used in the literature review. The other 36 citations were potentially relevant but did not fully meet the inclusion criteria. One article by Stumbo et al. (2013) was included but it did not fully meet the inclusion criteria (it did not discuss gerontology courses), however, the article was included because it discussed "other" courses that could have potentially included population courses. There were five articles (Beland & Kapes, 2003;

Dupuis, 2002; Genoe et al., 2013; Krout et al., 2010; Van Puymbroeck, Austin &

McCormick, 2010), two needs assessments (McCleary et al., 2014a & b) and two

master's theses (Ridegway, 2013; Rod-Welch, 2010) that fully met the inclusion criteria.

In the 10 sources selected, nine were reports of research (Beland & Kapes, 2003;

Dupuis, 2002; Genoe et al., 2013; Krout et al., 2010; McCleary et al., 2014a & b;

Ridgeway, 2013; Rod-Welch, 2010; Stumbo et al., 2012) and one was a conceptual paper

(Van Puymbroeck, Austin & McCormick, 2010). The reports of research used surveys,

interviews, analysis of data in a curriculum catalogue, and content analysis of journals

and textbooks.

Stumbo et al. (2013) and Ridgeway (2010) discuss the content of TR curricula;

providing information on what types of courses are being offered at educational

institutions that have TR programs and what types of courses they may be missing. Van

Puymbroeck, Austin and McCormick (2010) discuss the hidden curriculum in relation to

TR programs. The concept of hidden curriculum was relevant to this thesis because of the

influence faculty and institution can have on students' education in TR, such as teaching

poor quality lessons on aging. Dupuis (2002), Genoe et al. (2013) and Krout et al. (2010)

discuss intergenerational service learning as a tool for TR education in promoting careers

in working with older adults. Rod-Welch (2010) discusses aging content in leisure

textbooks and journal articles; providing insight into resources that are available to

educators in order to better educate students on leisure and aging. Beland and Kapes

(2003) discuss the adequacy of preparation for students working with older adults based

on courses in gerontology offered at schools in the United States. Lastly, McCleary et al.

(2014a & b) discuss the education of health professionals for seniors care in Ontario.

The following sections of the literature review summarize findings from these 10 sources in the following categories: TR curricula, the hidden curriculum, intergenerational service learning, aging content in leisure textbooks and journal articles, and adequacy of preparedness to work with older adults and residents in LTC homes.

2.2.2 TR Curricula

This section discusses the current state of TR curriculum in the literature (Ridgeway, 2013; Stumbo et al., 2013; Van Puymbroeck, Austin & McCormick, 2010). Ridgeway (2013)'s study discusses Canadian educational institutions offering TR programs, Stumbo et al. (2013)'s study discusses TR curricula across the U.S. and Canada. Van Puymbroeck, Austin and McCormick (2010) discuss the hidden curriculum within TR. In this section, the important findings relevant to this thesis are revealed. Additionally, the studies' results potential relevance to the preparation for future TR professionals looking to work in LTC is addressed.

The purpose of Ridgeway's (2013) master's thesis was to explore the similarities and differences between Canadian educational institutions offering TR education. These institutions were analyzed to determine the extent to which the curriculum appeared to align with or offer opportunity to achieve core competencies and standards of practice for TR (Ridgeway, 2013). Ridgeway (2013) used mixed methods for the study, including open and closed-ended questions in a survey of TR curricula across Canada and conducted a document analysis of course syllabi. Canadian colleges (n = 15) whose TR graduates receive a diploma and university programs (n = 5) that offered TR graduates a degree were included in the sample which was obtained through the "Canadian Post-Secondary Institutions with TR and Related Offerings" list provided on the Canadian

Therapeutic Recreation Association (CTRA) website. Twenty institutions were contacted. An email letter of invitation, informed consent, survey and request for TR course syllabi for each TR course offered was sent to the program coordinator of each institution. Fourteen schools agreed to participate in the study; 4 universities and 10 colleges.

To develop items about competencies for the survey, Ridgeway (2013) conducted a convenience sample study of six TR practitioners currently practicing in the field. The purpose was to develop a list of core competencies thought to be the most important for a TR professional to be able to achieve prior to working in the field. This was based on their analysis of the NCTRC job tasks, the Therapeutic Recreation Ontario (TRO) roles and competencies, and CTRA's standards of practice. The result was 15 core competencies, some of which are relevant to practicing TR with older adults. The competencies in Ridgeway's (2013) list are assessment, intervention plan, implementation, evaluation, documentation, interdisciplinary work, program development, research, advocacy and community, foundational knowledge, risk management, diversity, community, and ethics.

The survey was designed using the list of 15 competencies, questions that address the Health Professions Regulatory Advisory Council's education requirement on application for regulation, using information from Stumbo et al.'s TR curricula study (1999, 2000 and 2004a), as well as input from her advisory committee. The survey consisted of 20 questions in the subcategories of program information, competencies of the profession, and application of competencies. Participants answered questions relating to the TR curriculum in their institution:

a) Program information (TR courses offered, department name, number of TR courses mandatory to complete TR program).

b) Competencies of the profession (their definition of an entry level professional, core competencies necessary for entry level professional, how they become aware of competencies, and their opinion on the relationship between core competencies and standards of practice.)

c) Application of competencies (role of internship in professional preparation program, length requirements and expectations of the experiences, do students have an option to be supervised under a Certified Therapeutic Recreation Specialist, and is the curriculum designed so that students are eligible to write the NCTRC exam). Participants were also required to provide copies of their course syllabi). Reliability was maintained by comparing survey responses to document analysis of the course syllabi.

According to Ridgeway's (2013) results, six of the 10 colleges and all four universities that participated in the study incorporated all 15 core competencies into their TR courses. Two colleges stated that they did not cover the research competency. One college did not cover the community competency. One college did not cover interdisciplinary work, professional development, diversity, or ethics. Ridgeway's (2013) results reveal the variability between TR programs.

The universities and colleges offered a similar number of TR courses (m= 7.5 and 8.5, respectively), with colleges having slightly more required courses on average than universities (m= 8.0 and 6.3, respectively). This is relevant to this study because the

number of courses could be an indicator of related to preparedness for graduates to work in LTC.

Findings of relevance to this thesis are: variability between programs, opinions about definition of an entry-level professional, and opinions about certification of graduates. With respect to variability, there was variability in terms of competencies addressed and number of required courses. Ridgeway found that there was some variation between institutions in core competencies covered by courses with the same course name. Top three answers to the question "how would you define an entry-level professional?" were:

i)   Individual can perform basic TR skills such as Assessment, Planning, Implementation, and Evaluation (7 respondents)

ii)   Individual adheres to professional standards (5 respondents)

iii)   Individual meets NCTRC criteria (2 respondents)

Three participants thought that TR graduates should be required to write the NCTRC exam. Three participants thought that regulation was important but did not endorse the NCTRC exam. There were varied opinions about whether core competencies should be achieved at entry to practice or achieved through professional growth. Ridgeway (2013) suggested there were differences between the educational 'gatekeepers' of knowledge and the professional standards of practice, such as the inconsistencies of core competencies in educational institutions. Thus, it is evident that educational institutions offering TR curricula in North America would need to continue establishing core competencies in courses in order to reach standardization of TR curricula. Ridgeway (2013) suggested that TR educators need to better structure curricula to more closely

follow the TR standards of practice. This should include TR competencies for specific populations, such as aging.

The purpose of Stumbo, Carter, Wilder and Greenwood's (2013) study was to describe compare, and re-examine therapeutic recreation programs across the United States and Canada. The sample of education programs was developed by compiling a list of education institutions in the United States and Canada offering TR degrees. This was based on lists provided by three relevant professional, accrediting, and certification organizations. The authors were able to recruit 91 U.S. and eight Canadian institutions reporting to have TR degree programs (Stumbo et al., 2013). The method used in the study was an online survey adapted from previous surveys. Data were collected about the following characteristics; unit, faculty, students, curriculum and course offerings, internship requirements, and graduation and placement rates. According to Stumbo et al. (2013), out of 54 respondents, 23 offer one internship to TR students (42.6%) and 20 offer two internships to TR students (37% of respondents). The internship hours ranged from 480 to 600 hours (Stumbo et al., 2013). Additionally, 51 (94.4%) of the schools required the students to complete the senior internship under an agency supervisor who is certified by the NCTRC. Forty-five (83.3%) required that the university internship supervisor be certified (Stumbo et al., 2013).

The authors revealed that 100% of respondents had at least one course in each of the content areas required by the NCTRC[1]. In addition, 56% of respondents said they had at least one course in the "Other" section. This might include a course on aging but details about courses in this category were not provided. In addition, 32.7% of

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[1] These content areas for the National Council of Therapeutic Recreation Certification include 2Introduction/Foundation/Orientation to TR/RT, Principles/Processes/Techniques/Methods/Procedures, Assessment/Programming/Evaluation and Disability Areas

respondents reported they plan to add more TR courses to their program within the next five years, which could potentially include aging courses. Stumbo et al. (2013) noted that a limitation of the study was that data were based on course titles and little is known about the content of the courses. It is unknown how much aging content is included in each course. The authors suggest that further research should be conducted on the content of coursework beyond the course titles (Stumbo et al., 2013). The thesis will contribute to this research by asking TR educators if they believe the content of the coursework related to aging topics is satisfactory for preparing TR graduates to work in LTC settings.

2.2.3 The Hidden Curriculum

This section defines hidden curriculum and reveals the impact the hidden curriculum can have on students' learning about aging. This section explains structural and cultural influence in TR programs and the effect it could have on students. Lastly, this section explains the relevance of the hidden curriculum and the influence on preparing future TR professionals for working in LTC.

Van Puymbroeck, Austin and McCormick's (2010) literature review and discussion of hidden curriculum is relevant to understanding factors that might influence aging in the curriculum. In their paper, the authors describe the impact that behaviours of faculty members in TR programs have on their students, referring to these influential behaviours of the faculty as the hidden curriculum. Van Puymbroeck, Austin and McCormick (2010) define hidden curriculum as the transference of teachers' beliefs onto the students. The authors suggest that cultural and structural influences of the school impact what is learned by the TR students (Van Puymbroeck, Austin & McCormick 2010). For example, cultural influence could be how the faculty teach or how they choose

what courses to include. These decisions would be influenced by their knowledge, values and expertise. The amount and quality of aging content taught could depend on the faculty's attitudes towards aging.

This researcher asked TR educators if they had an interest and experience in aging and TR. This information may provide insight that aging content may be limited in courses due to lack of interest of TR faculty in teaching aging concepts. Faculty that have little interest in aging would most likely focus their course on a topic other than aging, which could impact students' knowledge of aging content required for working in LTC settings. An example of a structural influence is the location of TR education. The emphasis of TR being its own profession rather than a specialization is embedded with the structure of the program. TR programs can be a section of a recreation, parks and tourism department creating a message that TR is not its own entity but simply a part of recreation (Van Puymbroeck, Austin & McCormick, 2010). This could potentially lead to the lack of aging content taught, especially if there are not enough faculty in the TR stream that have an interest in teaching aging content. Thus the influence of the hidden curriculum can contribute to the preparedness of TR professionals working in LTC.

2.2.4 Research About Gerontological Education in Therapeutic Recreation

This section discusses three studies that described intergenerational service learning in TR education; two with TR students (Dupuis, 2002;Genoe et al., 2013) and one with multiple professions, including TR (Krout et al., 2010). No other research about gerontological education in TR was identified. Thus, this research indicates a trend for using intergenerational service learning to achieve gerontology related competencies.

Findings from this research also reveal perspectives of TR students working with older adults.

The purpose of Genoe and colleagues' (2013) research was to understand the experiences of the students enrolled in the therapeutic recreation aging class and the experiences of seniors who volunteered to participate in the students' class seminars. The seniors and students participated in 12 weeks of one hour seminars for their course. The senior volunteers participated in the seminars by answering questions on topics regarding aging and leisure. Seminars were facilitated by the students enrolled in the course. The researchers examined both the students' and seminar volunteers' thoughts on the strengths and weaknesses of the seminars and what they learned from the experience.

Phenomenology was the method used in this study. The experiences were examined through recorded semi-structured interviews, conducted using an interview guide. The student interviews took 10-60 minutes and the volunteer interviews took 20-60 minutes. Seminar volunteers were recruited through email. Six seniors (seminar volunteers) and 30 students were invited to participate in the research. Six seminar volunteers and six students participated in the interviews. The data analytic approach of thematic analysis was rigorous. The overarching finding was that intergenerational interactions developed new meaning for the participants. The subthemes were learning about each other, changing perspectives, connecting and contributing, being engaged in learning, and limited meaningful interactions. The students shared their experience of working with seniors by reporting that the students and seminar volunteers shared each other's views and challenged each other's perspectives.

The students began to see later life in a more positive light; that it was a time for personal growth and continued learning. The students recognized the relevance of the course to their lives and potential future professions in TR. Additionally, the students began to understand the importance of understanding later life in the context of the growing aging population. The volunteers discussed their appreciation of the opportunity to connect with the students and develop a meaningful relationship with them.

The purpose of Dupuis' (2002) qualitative research was to analyze the experience of both older adults and students in an intergenerational learning program offered in a university TR course. The qualitative descriptive methods were appropriate to this purpose. The learning program involved the recruitment of eight older adult volunteers to participate in student seminars as part of a Leisure and Aging course. The seminars occurred once a week for 12 weeks. The researchers were interested in the experiences of students and older adults, including benefits and possible negative experiences.

Data were collected through semi-structured interviews for the older adults and open-ended written questionnaires for the students. All eight volunteers agreed to be interviewed about their history of volunteering and their experience in the seminars. Fifty two of the 65 students (80%) enrolled in the course completed the post course questionnaire. A constant comparative method was used to analyze the data.

The volunteers appreciated the social aspect of the seminars and the opportunity to continue to grow and learn from their interactions with students. The volunteers also reported they were able to contribute something worthwhile by sharing their experiences with the students. The older adults thought the seminars gave the students opportunity to see older adults in a different light; as active and useful individuals. The older adults

found it challenging to contribute meaningful conversation to the seminars due to the lack of knowledge about the topics that were being discussed. In the questionnaires, the students also noted this, noting that the older adults' lack of knowledge regarding some of the topics in the seminars was frustrating. However, other positive themes related to student experiences included: innovative learning experience, opportunity for sharing different perspectives, reduction of stereotypes, and effective learning tool. Overall, both the students and older adults found the experience rewarding and an excellent opportunity for learning.

The third study about intergenerational learning was a pre-test/post-test study conducted by Krout et al. (2010). A three year multidisciplinary intergenerational service learning project for students in undergraduate gerontology, occupational therapy, psychology, health promotion, and health professional education programs, and one clinical intervention for stroke patients for students in speech language pathology, TR and occupational therapy was evaluated. The goal of this service learning initiative was to assist students in learning how to identify, plan, and implement activities for seniors in the community.

The service learning included students spending time with older adults in a group setting participating in activities in the community. There were 225 students working with 148 older adults. The activities were grouped into four categories of courses including: Introduction to Aging Studies, Center for Life Skills clinic, Occupational Therapy classes, and service-learning activities. The service learning activities took place in 12 courses; two of which focused on therapeutic recreation (Therapeutic Recreation Process I - offered three times, and Therapeutic Recreation Process II - offered once).

One of the service learning activities in the TR courses involved students assisting older adults who had suffered a stroke collect donations of needed supplies for the local Society for Prevention of Cruelty to Animals. Service learning activities were incorporated throughout the curriculum and involved semester long activities in groups as well as one-on-one discussions between older adults and students.

A survey method was used in this study including pre and post-test questionnaires that were completed before and after each course. Students completed civic engagement and attitudes towards aging questionnaires. Students and seniors completed post-test satisfaction questionnaires. Pre and post-test attitudes towards aging questionnaires were completed by 131 of the 225 students (58.2 %) who participated in the service learning activities. The student pre/post-test of attitudes towards the seniors showed that there was a statistically significant increase from the beginning to the end of the activities. Satisfaction surveys were completed by 129 (57.3%) students and 90 (60.8%) older adults. The results did not differentiate between therapeutic recreation students and students from other disciplines.

Almost all students (95-99.2%) agreed or strongly agreed that their service learning increased their understanding of and ability to work and communicate with elders; increased their understanding about service learning; increased their understanding of the relevance of the service learning to their course; and increased their understanding of the value service learning had on their education. Almost 90% of students said they had more positive attitudes towards older adults and 92% were pleased with their service learning overall. The majority of older adults,(90%), said they agreed or strongly agreed with items regarding enjoyment of the service learning, time spent

well, and organization of the project (Krout et al., 2010). Unfortunately, 11% of older adults reported to have more negative attitudes towards the students after the service learning and 18% felt more uncomfortable around the students. According to the authors, this could be due to miscomprehension of the questions. However, 96% of the older adults found the experience personally valuable and 99% were overall pleased with the activities (Krout et al., 2010).

In the tables displayed in the article, there were no differentiations between therapeutic recreation students and students from other disciplines. This made it difficult to understand the TR students' change of attitudes towards the older adults. Additionally, there was no discussion regarding aging content in the TR curricula. Results from the four educational departments were reported together. There was limited information about the amount of aging content included in the courses.

Overall, the findings of this study are similar to the other two studies (Dupuis, 2002; Genoe et al., 2013) that reported intergenerational learning was a positive experience for both students and seniors. After analyzing Genoe et al. (2013) and Dupuis' (2002) research on pedagogy of aging and TR, it appears that intergenerational learning provides students the opportunity to practice TR skills through experience with an aging population and program implementation. Genoe et al. (2013), Krout et al. (2010) and Dupuis' (2002) conclude that intergenerational learning is an important way to promote gerontology as a possible career path for TR students and an effective teaching tool to relate theory to practical and lived experiences. However, it is not likely that a four to eight month intergenerational learning class would fully prepare students for working in a LTC setting.

There seems to be a trend to incorporate intergenerational service learning in TR education which may have positive effects on learning outcomes for students. It is not known the extent to which this approach is being adopted. There is more than one article on intergenerational service learning and the involvement of TR (Genoe et al., 2013; Dupuis, 2002; Krout, et al., 2010). This reveals that gerontological content is being taught in some TR programs. In order to verify if intergenerational service learning is a trend, this researcher asked if the schools offered intergenerational service learning courses. The incorporation of more placements in LTC could further assist students in learning LTC competencies. This study asked recreation staff if they had the opportunity to complete their placements or internships in LTC.

2.2.5 Aging Content in Leisure Textbooks and Journal Articles

The literature search located a thesis that examined aging content in leisure literature. The purpose of Rod-Welch's (2010) master's thesis research was to determine the extent to which aging content is present in leisure studies textbooks and journals, including the extent to which textbooks address the learning outcomes of the National Recreation and Parks Association's accreditation standards. The author analyzed content of 54 leisure textbooks and 79 leisure journals between 1994 and 2008. In order to obtain the sample, the textbooks were chosen from six major publishing companies of leisure textbooks. Among all of the textbooks, Rod-Welch selected books that were about leisure but not about leisure and aging. Ten out of the 238 textbooks were eliminated due to their specialty in leisure and aging.

After reviewing three leisure and gerontology textbooks, the author developed a list of 19 important topics that would indicate aging content was present (e.g.,

aging/concepts/definitions; theories of aging; and stereotypes/terminology/social image of old age). To determine whether or not aging content was present in textbooks, Rod-Welch searched the title, table of contents, and index for any of the 19 topics. She also documented the amount of content (number of pages) devoted to aging content. If there was an index available, words such as 'adulthood (later)', 'age' and 'aging' were used to identify if the text fit the study. Rod-Welch did not categorize textbooks or journal articles within a stream of recreation, such as outdoor recreation or therapeutic recreation. The findings for the textbook review showed that:

- 20 out of 54 books did not address aging at all

- 27 discussed aging in relation to jobs and retirement

- 25 discussed activity, meaningful activity, exercise, recreation, outdoor recreation, decline of health and health promotion, and

- 23 discussed aging concepts such as aging in the lifespan, increase of life expectancy and other definitions of aging.

Topics such as older adults with disabilities, depression, and a desire to feel needed, inclusion/exclusion, individual differences, stress and volunteerism were presented the least in textbooks. A total of 204 pages were dedicated to the topics of aging among 54 textbooks, accounting for 1.209% of the content in these books. After the elimination of 20 textbooks that did not address aging at all, 1.787% of the remaining content addressed issues of aging. Rod-Welch reported there were only a few sentences or a single paragraph addressing some issues of leisure and aging in most books.

Four major leisure journals, Therapeutic Recreation Journal, Journal of Leisure Research, Leisure Sciences, and Journal of Park and Recreation Administration were

examined to locate journal articles about aging. In order to select the journal articles, 245 issues were printed from the last 15 years and were evaluated to see if any articles addressed leisure and aging. The entire articles were read for the words elderly or aging. If participants in studies were younger than 60 years of age, the article was excluded from the study.

During the examination of the journal articles, Rod-Welch discovered that 79 (32.2%) articles in the Therapeutic Recreation Journal, Journal of Leisure Research, Leisure Sciences and Journal of Park and Recreation Administration discussed aging. The most frequent topics by journal were:

- living arrangements, activity, and health and older adults with disabilities (Therapeutic Recreation Journal)

- activity, role of leisure and living arrangements (Journal of Leisure Research in addition to Leisure Sciences), and health, activity, aging and role of socioeconomic factors, and living arrangements and role of leisure (Journal of Park and Recreation Administration).

Thus, there is very little information on leisure in aging in both textbooks and journal articles. Rod-Welch (2010) stresses the implications of not providing enough material on leisure and aging, such as imbalance of information in textbooks may cause faculty to ignore topics on aging when teaching courses. This relates to the concept of the hidden curriculum in TR education. The lack of aging content in textbooks and journal articles and a lack of interest and value towards teaching aging could lead to limited aging concepts being taught in TR courses. Lack of teaching material and relevant research publications could potentially contribute to the unpreparedness of TR

professionals in working with older adults. This researcher will ask TR educators about the number of faculty who have an interest in aging, which will provide a better idea of the proportion of faculty members who have an interest in teaching aging and if the hidden curriculum could possibly play a role in the lack of teaching of aging concepts.

2.2.6 Adequacy of Preparedness to Work with Older Adults

The literature search identified an article discussing adequacy of preparedness of TRs to work with older adults; similar to this thesis study. As well, the supervisor for this thesis conducted two needs assessments in Ontario that provided relevant information (McCleary et al., 2014a; McCleary et al., 2014b).

The purpose of Beland and Kapes' (2003) research was to discover whether recreation professionals' level of education in gerontology was adequate to serve older adults in the United States. The term recreation professional is not defined in the study, however it is assumed that recreation professional encompasses all aspects of the recreation field rather than solely focusing on TR. This study examined the National Recreation and Parks Association's Society of Park and Recreation Educators curriculum catalogue from 2000. There were 112 out of 115 schools listed in the catalogue selected for the study (three Canadian schools were excluded from the study).

Content analysis was used to search for indicators of gerontological content in curricula presented in the catalogue. The researchers focussed on courses with content in relation to older adults, courses focused on and leisure, courses that included assignments or lectures related to aging, and faculty that indicated an interest in aging. Additionally, the researchers searched the websites of the institutions chosen for the study to identify whether the schools in the catalogue offered recreation and leisure programs with minors

in gerontology. It was assumed that the presence of faculty with interests in aging, programs with an emphasis in TR, and the National Recreation and Parks Association accreditation status might affect the education students receive in regards to aging studies.

The findings revealed that 58 schools (51.8 %) offered undergraduate aging courses. Accreditation status was not associated with offering aging courses. Out of 721 faculty members, 158 listed TR as an interest (21.9%). Among these 158, 31 also listed aging as an interest (19.6%). The authors discovered that 67% of schools offer an aging minor or a certificate in gerontology, and that 55 out of 75 (73.3%) schools offering the aging minor or certificate in gerontology had an emphasis in TR.

Beland and Kapes (2003) identified that schools that had a TR emphasis were more likely than those that did not have a TR emphasis to offer an aging course (49.1% and 17.8%, respectively). There was no differentiation between electives and required courses and the extent to which elective courses were taken by the students could not be determined in this study.

Two needs assessments about education of health professionals for seniors care were recently conducted in Ontario (McCleary et al., 2014a & b). One, about curriculum for health and social care workers, surveyed Ontario educational administrators and teaching faculty representing entry to practice education programs for 23 categories of health and social care workers, including TR (McCleary et al., 2014a). There were three TR educators in the sample of 56 educational administrators and 100 teaching faculty. Most faculty and administrators thought Ontario's entry to practice programs were adequately preparing graduates for senior's care. Additionally, most faculty and

administrators thought that improvements were needed and that gerontology content should be improved in their own programs (McCleary et al., 2014a). The findings were not reported separately for TR.

This reveals the importance in continuing to develop curricula to incorporate gerontological competencies. McCleary et al. (2014a) noted that there are a large number of inter-professional and discipline specific senior's care competency frameworks for entry to practice health and social care workers from Canadian and American sources. Ontario educators could use them to enhance health and social work curricula, including TR. In the TR educators' survey for this thesis, the respondents will be asked if they teach certain gerontology competencies in their courses.

The other needs assessment about expected competencies and gaps in competencies in the current workforce surveyed supervisors and consultants in four health sectors (McCleary et al., 2014b).   Respondents indicated that common gaps in competency for seniors' care, across professions and sectors, in the current workforce were (McCleary et al., 2014b):

- How residents differ from the rest of the population

- Normal versus abnormal aging

- The 3 D's (dementia, delirium, depression) types, what they look like in practice, how they differ, prevention, effective interventions

- Mental health and concurrent disorders

- Communicating with seniors (p.15-16)

Gaps identified in the LTC sector were:

- Knowledge about dementia and dementia care

- Depression

- Understanding how the client's personal history contributes to their behaviour

Specifically, for TR in LTC, informants indicated that they thought that TRs with college education were better prepared to work in LTC. An informant commented on the inability of TR graduates to develop a goal for a client and to identify the interventions necessary to meet that goal (McCleary et al., 2014b). Gaps were noted for:

- Assessment skills

- Setting client goals and planning necessary interventions to meet these goals

- Dementia specific approaches

- Understanding documentation software, care plans and coding relevant to LTC

- Lacking needed knowledge of Montessori methods for dementia

According to McCleary and colleagues (2014b) there are several gaps in gerontological competencies for staff working in LTC homes. This thesis intends to contribute to the limited literature on the preparedness of recreation staff working in LTC. It is unknown if TR graduates are learning the competencies to work with residents in LTC. This researcher will ask recreation staff about aging content learned in school and if they felt prepared once they began working in LTC. It would be beneficial to determine if TR graduates also learned adequate TR competencies that are said to be lacking in the LTC setting, such as assessment skills, setting client goals and planning necessary interventions to meet these goals. This thesis will be examining the perceptions of preparedness of recreation staff from educators from TR programs and recreation staff currently working in LTC.

In 2003 about half of US baccalaureate recreation programs offered courses about aging. Educational institutions with a TR stream/specialty were more likely to offer courses about aging with approximately 20% of TR faculty having an interest in aging. Accreditation status did not seem to influence the probability of offering courses about aging. This information does not provide information about Canadian programs or the US equivalent of community college programs. There might be an increase in aging courses in TR curricula now as compared to 2003. There is some evidence in Ontario of need to improve curriculum for TR but this is based on a small sample of faculty and does not include opinions of TR professionals.

2.3 Conclusion

Therapeutic Recreation in LTC is important and has been researched to some extent. However, more research conducted on TR in LTC and the amount of aging content provided in TR curricula across the U.S. and Canada is required. In addition, there is a need to examine the perspectives of TR professionals working in LTC to better understand their perspectives of being prepared to work with residents.

Although these articles were interesting to read, they were only somewhat helpful in answering the questions for this literature review. There were no articles that discussed the content of aging in TR curricula. Stumbo et al. (2013) discussed TR curricula and asked several institutions about additional courses they plan on incorporating into the curriculum. The idea of courses for specific populations was addressed; however, there was not any information on the addition of aging content or courses into the TR curricula (Stumbo et al., 2013). There was no research about the perspectives of TR professionals working in LTC. The articles that discussed educational programs such as

intergenerational learning did not discuss gerontological competencies or their application to the TR curriculum. Overall, there is limited literature about this topic within the TR literature.

There are several studies focusing on gerontological competencies in other health professions such as medicine, nursing, and social work. These studies also focus on the gaps in gerontological competencies in allied health professions in LTC. The next chapter will describe the methods that were used for examining the perceptions of educators of TR programs and recreation staff working in LTC of the preparedness of recreation staff to work with residents living in LTC.

Chapter 3: Methodology

This chapter will define and describe the methods used for this study, including the research design, the measures and analytic approach. The aim of this study was to investigate perceived competencies for seniors' care among recreation therapists and recreation staff working in Ontario long term care homes. Recreation staff refers to recreation therapists and other staff who provide recreation or activity programming in long term care homes. There were three primary research questions:

1. Do recreation staff perceive that they have competencies needed to work with residents in long term care homes?

2. Do recreation staff perceive that they possessed competencies needed to work with residents in long term care homes when they graduated from post-secondary school?

3. Do faculty in college and university therapeutic recreation programs perceive that graduates of their programs have the competencies needed to work with residents in long term care homes?

There were three secondary research questions about factors that influence perceptions about competencies and about ways to improve the competencies for seniors' care among recreation therapists and recreation staff.

4. To what extent are type of education, work experience, and continuing education, associated with perceptions about current gerontological competencies?

5. Among recent recreation therapy graduates, to what extent are type of entry to practice education, inclusion of gerontological courses, and practice experience associated with perceptions about their competencies on graduation?

6. What do recreation staff and educators think would improve the competencies of

    the current workforce of recreation staff and future graduates of therapeutic

    recreation programs?

3.1 Overview of Methods

This thesis used a descriptive cross-sectional survey. A survey was used for this

study because it was appropriate to answer the research questions for this thesis.

According to Rubin and Babbie (2001), surveys are the best method to use when

collecting original data in order to describe a population too large to observe.

Additionally, surveys are a good method for measuring attitudes in large populations

(Rubin & Babbie, 2001). There were two populations (recreation staff and TR educators)

involved in this study with a different questionnaire for each.

This study used questionnaires based on Dillman (2007)'s survey design for data

collection. Dillman (2007) suggests using the Tailored Design for developing a survey.

These procedures include instilling trust in the respondent by providing the respondent

with perceptions of increased rewards and lowered costs for participating in the survey.

The Tailored Design is based on the social exchange theory, applied to understanding

why people do or do not respond to surveys (Dillman, 2007). The social exchange theory

is a theory of human behaviour about what makes humans continue interacting with one

another (Dillman, 2007). The Tailored Design influences the writing of the

questionnaires, recruiting participants and reducing potential survey error (Dillman,

2007).

An electronic self-administered survey was used for rapid delivery and low costs

(Dillman, 2007). Dillman (2007) suggests that self-administered questionnaires are

beneficial to use with internet-based surveys to ensure there is no loss of quality data. According to Dillman (2007), using online surveys provides easy access for individuals with email addresses and provides a dynamic interaction between the respondent and their survey that is more difficult to achieve with paper surveys. Dillman (2007) suggests that internet surveys are convenient for their low costs and have multiple advantages compared to paper or interview questionnaires.

One advantage of web surveys is having skip patterns for questions that are invisible to a respondent (Dillman, 2007). The skip patterns are visible on paper questionnaires indicating the questions respondents should be answering and can cause confusion for respondents. The skip patterns on an online survey are invisible to the respondent as it is part of the survey program to provide the correct questions for respondents based on their answers. Another advantage is having pop up instructions for questions (Dillman, 2007). These techniques are useful for creating easy to use web surveys. Dillman (2007) also suggests tips when designing web surveys such as restraining use of colour to maintain readability and considering wording and ordering of questions.

3.2 Sample and Sampling

3.2.1 Population

Recreation staff. The recreation staff included recreation therapists and others who provide recreation services in long term care homes (please refer to the first page in Chapter 1 for further description). This study included recreation managers as part of the recreation staff because they either directly provided recreation services or they were responsible for designing the services.

Therapeutic recreation educators. Educators included in this study were in TR streams of recreation and leisure education programs in community colleges and universities in Ontario.

According to Dillman (2007), using a three mail contact method plus financial incentive or telephone follow up achieved a response rate of 84% for a business survey. In a study of LTC homes conducted by Tassonyi (2013), 55 out of 86 possible respondents were enrolled in a telephone survey, which is a 63.9% response rate. A telephone survey for quality improvement networks in nursing homes in the United States were able to recruit 6 out of 49 nursing homes to participate, a 12.2% response rate (Bakerjian et al., 2011). It was expected that using different modes of contact would assist in collecting data but a high response rate was not expected as suggested by Dillman's (2007) research. A realistic range for the possible sample size based on the studies conducted by Bakerjian et al., 2011; McCleary et al., 2014b; and Tassonyi, 2013 was between a 10-65% response rate. A response rate was not calculated for this study because it was not possible to know how many recreation staff were working in LTC homes in Ontario.

3.2.2 Sampling Frame and Method

The sampling method for the two samples (recreation staff and faculty) is described below:

1. Recreation Staff

Since there is no existing list of recreation staff working in Ontario LTC homes, we identified three possible sampling frames: (1) the list of LTC homes on the Ministry of Health and Long Term Care's website; (2) membership list of Therapeutic Recreation

Ontario (although not all therapeutic recreation professionals who work in LTC homes belong to this organization); and (3) membership list of Activity Professionals of Ontario (although the purpose of recruiting participants from different places was to ensure that all recreation staff were provided with the opportunity to participate in this study).

The inclusion criterion for the recreation staff sample was being employed as a recreation or activity staff member in an Ontario long term care home (Recreation Therapists and activity staff have the same job responsibilities in the LTC homes). The first sampling frame for the survey of recreation staff was the list of all LTC homes on the Ontario Ministry of Health and Long Term Care website (http://publicreporting.ltchomes.net/en-ca/HomeName_Select.aspx), where homes can be searched for by name, postal code or location. There were 646 LTC homes listed on the website. The 500 stand-alone homes were contacted. The researcher contacted stand-alone LTC homes to avoid recruiting recreation staff that may have had split job responsibilities in areas other than LTC such as retirement homes or hospitals. This was to ensure that all recreation staff completing the questionnaire would be using their knowledge and experience from LTC and no other populations they could potentially be working with.

The compiled list was classified by geographic area (LHIN)[2] and included the address and phone number. While the exact number of potential respondents is not known, there could be approximately 1,500 recreation staff (if there was at least three recreation staff per LTC home), to equal a total of 2000 potential respondents.

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[2] There are 14 different geographic areas of Ontario, known as Local Health Integration Networks (LHINs). LHINs are not-for-profit corporations that plan, implement and fund local health services in the 14 different geographic areas of the province (Ministry of Health and Long Term Care, 2014).

a) The first sampling method involved contacting recreation staff through the
    managers of recreation programs in LTC homes. According to Dillman (2007) a
    pre-letter notice and several modes of communication are best for high response
    in surveys. Dillman (2007) found that a pre-letter notice added 4-6% to response
    rates for census questionnaires. A pre-letter notice was sent to the recreation
    managers in the long term care homes by mail in an attempt to increase response
    rate (the pre-letter notice is attached in Appendix A). A week after the pre-letter
    notice was sent, the researcher phoned each LTC home on the compiled list. The
    researcher asked for the phone extension of the recreation manager or followed
    instructions from an automated voice machine to find the correct extension for the
    recreation manager. The researcher made three attempts to reach the recreation
    manager. If the recreation manager did not reply after the three calls, the LTC
    home was removed from the list. If the recreation manager did reply, the
    researcher explained the study to the manager and asked them to fill out the
    questionnaire and pass the letter of invitation on to recreation staff in their
    department (the script for this conversation is attached in Appendix B). The
    phone conversation was informative but direct. The recreation manager was
    informed of the identification of the researcher, the affiliation with Brock
    University, what the study was about, their potential role in the study, and how
    much time it would take to complete the survey.

    There were 290 managers who agreed to pass on the questionnaire. There
    were two managers who did not want to pass on the questionnaire. The researcher
    was unable to contact the rest of the homes (n = 210). Thus the contact rate for

LTC homes was 58.4% and the response rate of LTC homes was 58%. There were recreation staff from at least one LTC home from all 14 LHINS that participated in this study.

b) The second sampling method involved reaching recreation staff via the Therapeutic Recreation Ontario membership list by publicizing on Facebook and the blog of the organization and by contacting members by email. This was done with permission from the executive director. The executive director requested that members in the directory list only be contacted by email if they indicated that they worked in LTC. The researcher advertised the study in the Therapeutic Recreation Ontario Facebook page and blog. The information posted on the blog and Facebook page was the same as what was included in the invitations. The information was brief, included what the study was about and why participation would be useful and important. The information assured participants that answers on the questionnaire were confidential, completing the questionnaire was voluntary, and who they should contact with questions. The researcher emailed the 125 members who indicated that they worked in LTC with an invitation to participate in the study. A second email was two weeks later, followed by a third final email, as recommended for increasing participation rates (Dillman, 2007). The three stage invitation letter is attached in Appendices C, D and E.

c) The third planned sampling method involved reaching recreation staff who are members of Activity Professionals of Ontario. The researcher attempted to contact the president of Activity Professionals Ontario by telephone and email, but there was no response.

There was overlap and redundancy of invitations sent to individuals working in LTC homes, some potential participants received invitations from their workplace and some because of their membership in TRO. According to Dillman (as cited in Sills & Song, 2002) the ideal survey controls for error by ensuring that everyone in the population has an equal chance of being included in the sample and that respondents are selected in large enough numbers to be representative of the population. The overlap in invitations was necessary to be able to reach every recreation staff member in the eventuality that invitations were not successfully passed on to recreation staff by managers.

2. Educators (faculty) in community college and university therapeutic recreation programs

In order to recruit faculty for this study, a list of program coordinators from education program websites was developed. The 17 colleges and universities were identified from Therapeutic Recreation Ontario's list of TR programs on their website (https://trontario.org/tr-post-secondary-programs-ontario). Colleges and universities with TR programs were reviewed online and the name of the program coordinator was provided on each website. First, a pre-letter notice was emailed to university and college program coordinators (Appendix F). Second, a phone call was made to each program coordinator explaining the study and answering any questions the coordinator may have pertaining to the study (script found in Appendix G). The coordinator of each program was asked to forward the survey by email to each faculty member in the department who taught TR students. The program coordinator was familiar with the courses offered, the classes the TR students take and the faculty teaching the courses. The researcher

attempted to contact 17 program coordinators by phone but only 6 answered the phone

and agreed to send the email. Thus, the response rate by program was 35.3%. The

researcher emailed the six program coordinators asking them to forward the email with a

link to the survey to faculty members who taught TR students (Appendix H). The email

contained the letter of invitation for TR educators (Appendix I). Two weeks later, a

reminder email was sent for the program coordinator to forward to the educators

(Appendix J). Two weeks later a third, final reminder email was sent to the program

coordinator to send to the faculty members (Appendix K).

According to Dillman (2007), it is important to include the following information

in an email: date, salutations, the request of the respondent and why their participation is

useful and important, that answers are confidential, voluntary participation, who to

contact with questions, include a real signature and a postscript thanking the participant

again. Due to feasibility, a real signature was not included in the email. Additionally, due

to the situation of not having a list of individuals' names, the emails sent to all potential

participants were not personalized, another factor that assists in high response rates

(Dillman, 2007). Personalized emails were sent to recreation managers, Therapeutic

Recreation Ontario members and faculty members. It was hoped that with encouragement

by each recreation manager, recreation staff members working in LTC would respond to

the survey to increase confidence in sample size and reduce overall survey error

(Dillman, 2007).

The email also included a promise of shared results at the conclusion of the study

for respondents who were interested. This would reveal concrete evidence of contribution

to participants (Polit & Tatano Beck, 2008).The email was to be forwarded to the email

addresses of the recreation staff in the department. If they agreed, the researcher sent an email (Appendix L) with the letter of invitation (Appendix M), and link to the survey. A second email was sent out two weeks later (Appendix N) and a third final email was sent two weeks after the reminder email (Appendix O).

If the respondents had any questions or concerns they could email the researcher at her Brock University email address. There were five respondents who contacted the researcher ahead of time to obtain the questionnaire before it was distributed through FluidSurveys. There were two respondents who had questions regarding the questionnaire. A thank you email was sent to those who informed the researcher that they had either forwarded or completed the survey, as a token of appreciation (Dillman, 2007).

A draw for a fifty dollar gift certificate to Starbucks coffee shop was used as an incentive for the study. Two names were drawn; one recreation staff and one TR educator. The gift certificates were mailed to the winning respondents. The incentive was used as a token of appreciation for respondents who completed the survey. At the end of the survey, each respondent had the option to participate in the draw. The respondent had the option to provide his/her name and email address to enter the draw. The respondents who wished to participate in the draw were assured that their personal information was not connected to their survey. This was achieved through a selection process used in SPSS. The researcher ensured names were not attached to data selected for analysis.

3.2.3 Ethics

This study was approved by Brock University's Research Ethics Board. In order to maintain anonymity of respondents in this voluntary study, the web survey collected the surveys and provided access for the researcher. Anonymity is most important to

provide potential respondents with a sense of trust and incentive to complete the questionnaire (Dillman, 2007). The participants were reassured in the letter of invitation (see Appendices I & M) that their name and LTC home would remain anonymous in the study. The survey requested the location of the respondents' place of work, and no other identifying information. The recreation staff and educators' questionnaire responses were downloaded into Microsoft Excel and then transferred into a SPSS file. This file was kept on a USB key and was securely stored in a locked cabinet in the nursing research assistant office. There was no to minimal harm to respondents who submitted their questionnaires. There was minimal risk to respondents and the probability of harm or discomfort anticipated in the research was not greater than anything experienced ordinarily in everyday life.

3.3 Measurement

This section describes the process of questionnaire design and testing, the content of the two questionnaires (recreation staff and faculty) and the online format of the survey. As described below, items were selected for the questionnaires that would describe the samples and that operationalize key concepts or variables in the research questions.

3.3.1 Questionnaire Design

Dillman (2007)'s Tailored Design was used to construct and test the questionnaires.

3.3.2 Pre-Testing Survey

Dillman (2007) recommends four stages of pre-testing the survey to ensure the quality of the questionnaire; (1) review of knowledge by colleagues; (2) interviews to

evaluate cognitive and motivational qualities; (3) a small pilot study; (4) a final check. To ensure a quality survey, Dillman (2007)'s four stages of recommendation for survey pretesting was followed.

After the survey was written, it was sent to committee members for content review. The committee members read the questions and determined if there were sufficient questions and if each question was necessary. The committee members provided feedback verbally and on paper. The feedback provided by committee members assisted in changing the competencies used in the questionnaire.

The researcher then conducted cognitive interviews with individuals who would be appropriate respondents for the survey. The interviewees were three recreation staff members working in LTC, two educators, and two recreation managers. The three recreation staff at the LTC home had college degrees; one had a TR diploma, another took TR courses in a social work/gerontology diploma, and the other had a degree in TR. One of the recreation managers had a diploma in TR and the other had a degree in gerontology. The difference in education among the participants may have assisted in providing a variety of feedback regarding the questionnaires. The interviews consisted of the interviewer reading the questions from the survey aloud and the respondent saying what they were thinking when they were asked the question. This enabled the interviewer to understand how the respondents were interpreting the questions and if the intent of the question was being realized (Dillman, 2007).

Third, a convenience sample was used to pilot the questionnaire. The convenience sample consisted of the same three recreation staff who worked in LTC and the same two educators working in university and the two recreation managers who worked in LTC and

had participated in the cognitive interviews. The researcher met with each individual and provided him/her with the sample questionnaire. The researcher was with each participant while he/she answered the sample questionnaire, in case she/he had any questions or feedback.

The researcher used information from the pilot study to enhance the questionnaire by revising and the simplifying wording of questions and changing the order of questions. The data provided by the respondents was not used in the results.

The questionnaire was put into online format by the researcher and her supervisor. The online version of the questionnaire was proofread by another person and adapted based on feedback. Additionally, the link to the survey on email was tested to ensure there were no electronic issues. This was the final check (Dillman, 2007). Although there appeared to be no errors at first, there was an error that occurred with the first set of surveys sent. The respondents wrote over already completed questionnaires, causing incorrect data within FluidSurveys. This happened within the first week the survey was sent out. Once the problem was discovered, the researcher fixed the problem. The researcher sent out an apology email to those who had already received the survey and asked if they would fill it out again. The corrupted surveys were deleted. There were no more survey issues after this.

The questions were designed based on the criteria for assessing questions suggested by Dillman (2007). The questions were designed so that each respondent in their cohort would be able to interpret the questions in the same way, respond accurately and be willing to answer. The types of questions used in the survey included both open-ended and closed-ended questions.

The closed-ended questions had response options consisting of unordered categories, ranking of categories, open-ended responses and Likert scales numbered 1 to 5. The open-ended response options were used to answer questions with an "other" category so that respondents could write down their answer if it was not listed in the categories provided. There was one open-ended question at the end of the questionnaire which allowed respondents to share their opinion on improvements in preparing recreation staff to work with residents in LTC.

The questionnaire length differed for TR educators and recreation staff and, among recreation staff, depending on time since graduation. The TR educators and recreation staff who had not graduated within the last five years needed approximately 10 minutes to complete their questionnaire. The recreation staff with a TR education and who graduated within the last five years needed approximately 10-15 minutes to complete their questionnaire. This was because there were more questions for respondents who had a TR background and had graduated within the last five years in order to obtain information about perceived competency at graduation.

3.4 Questionnaire Content

3.4.1 Variables used in the Recreation Staff Questionnaire

As previously mentioned in Chapter 2, competencies are defined as "a determination of an individual's skill, knowledge and capability to meet defined expectations" (Joint Commission on Accreditation of Healthcare Organizations as cited in Axley, 2008, p. 215). The researcher used the perceived competencies in the questionnaire to answer research questions 1 and 2. In order to answer research questions 4 and 5, in addition to measuring perceived competencies of recreation staff, the

questionnaire included items about each of the following variables that could contribute to the preparedness of recreation staff working in LTC setting:

- In-service Training Sessions

- Continuing Education Courses

- Experience

- Type of education

- Inclusion of aging topics in courses from curriculum

In-service training sessions. This variable is defined as receiving information about seniors in sessions prior to or during employment in LTC. In the Long Term Care Act (Government of Ontario, 2007), it is specified that LTC staff providing direct care attend annual retraining on infection control. In addition, staff providing direct care must be trained in interventions for responsive behaviours of residents. The Act does not specify other types of training related to other gerontological competencies as a requirement to work in LTC but such training may be obtained by some recreation staff. For analysis, responses were divided into five categories: 'None', '1-5', '6 to 10', '11 to 30', and '31+'. These categories were created because the question on the survey was open-ended and respondents provided a variety of non-numeric responses. Some of the responses included words such as 'too many', 'many', and 'can't remember' which were treated as missing data. Other respondents would group their number of in-service training session to '1-2', '3-5', and '10-25'. These responses were not a consistent numerical value, thus the researcher decided to make categorizations. If the respondent provided a range of in-service training sessions, such as '3-5' then the researcher used the middle number for the categorizations, such as 4.

Continuing education courses. This variable is defined as the extra courses, sessions or conferences regarding geriatrics that recreation professionals have attended prior to or during their time working in LTC. Recreation staff who attended continuing education courses may have had more knowledge and competencies regarding geriatrics and LTC than other recreation staff. For analysis, responses divided into five categories: 'None', '1-2', '3 to 5', '6 to 10', and '11 to 20' continuing education courses. These categories were created because the question on the survey was open-ended and, like the in-service question, respondents filled out a variety of responses. The same rules for categorizing responses were used for this variable.

Experience working in LTC. This variable is defined as either field placements, internship, volunteer or previous employment in another department in a LTC facility. Recreation staff who had experience in LTC prior to becoming employed as a recreation staff member may have possessed more competencies for LTC in comparison to other recreation staff members. Some experience is required to work as a recreation staff member in LTC, depending on the facility's policies. Respondents were asked to select the number of hours that they spent in their placement. The response options were: 'Less than 100 hours', '100-200', '201-300', '301-400', '401-500', and '501+'.

Type of education. This variable is defined as the degree, diploma or certificate that the recreation professional attained prior to working in LTC. According to the Long Term Care Act (Government of Ontario, 2007), staff who work in the recreation department require a degree or diploma in recreation and leisure studies or other health related field. It was assumed that the education would vary among the recreation staff

respondents and that this varied education may contribute to the preparedness and competencies to work in LTC.

Inclusion of aging topics in courses from curriculum. This variable is defined as the topics covered in courses that may contribute to the knowledge of residents living in LTC. The researcher asked respondents to indicate whether the aging topics listed in the questionnaire were included in their TR education. These aging topics were dementia, delirium, depression, physical aging, MDS and care planning.

3.4.2 Recreation Staff Questionnaire

The questionnaire for recreation staff is appended (Appendix P). The first section of the questionnaire (items 1 to 5, and 36 in Appendix P) contained demographic items that were used to describe the sample and some variables that were used to compare the sample according to perceived competencies (i.e., years of experience working in LTC; location of current place of employment; number of years working in current LTC home; whether the LTC home was privately or publicly owned; and number of years since graduation).

Competencies. The next section of the questionnaire (items 6-35, 37-66 in Appendix P) contained items about perceived competencies to work with residents in LTC homes. The questionnaire included items regarding specific competencies from the National Initiative of Care for the Elderly (NICE) interprofessional core competencies and from findings of a needs assessment (National Initiative for the Care of the Elderly, n.d; McCleary et al., 2014b). These are credible relevant sources. Some competencies used in the questionnaire were also based on expert knowledge of TR in LTC. The two sets of competencies used in the questionnaire are labeled LTC TR competencies (items

based on the needs assessment and expert knowledge) and NICE competencies (NICE, n.d).

There are copious amounts of gerontological competencies available, however, in order to reduce respondent burden, the number of gerontological competencies used in the survey needed to be minimal (Dillman, 2007). The LTC TR competencies consisted of three of four main components of the TR process paired with clinical issues that recreation staff have to work with in LTC such as individuals with dementia, physical disabilities and responsive behaviours. The TR process consists of assessment, planning, implementation and evaluation. However, developing programs, implementing programs and evaluating programs were chosen because the researcher thought they were the most important of the TR process. The researcher chose three out of four components of the TR process in the survey design to maintain minimal respondent burden. The three components of the TR process that were used in the competency section of the survey were developing programs, implementing programs, and evaluating programs. In McCleary et al.'s (2014b) needs assessment, participants indicated that recreation staff were lacking in some competencies such as assessment skills, planning interventions, using dementia specific approaches, understanding how to write care plans, how to use MDS, and knowledge of Montessori methods. These indicators were incorporated into the LTC TR competencies because some of the skills listed were components of the TR process including assessments, planning interventions, and documentation. Respondents were asked to rate their level of confidence in regards to knowing or performing the competencies. The scale was from one to five; one being "Not confident at all" and five being "Very confident". The scale consisted of the numbers one through five with no

definitions of intermediate points on the scale. The higher values indicated more confidence in the recreation staffs' ability to perform the competencies.

There were 13 LTC TR competencies adapted from McCleary et al. (2014b) and expert knowledge of TR in LTC (items 6-18, Appendix P) and 17 competencies from NICE (items 19-35, Appendix P). Summary scores were calculated for each set of competencies (LTC TR and NICE). Each summary score is the mean of the individual's responses to items in the set of competencies.

Survey items to answer the second research question used the same competencies as the first research question, but the respondents were asked to indicate their level of confidence in these competencies when they first graduated from their post-secondary education. In order to answer research questions about recent graduate perceptions of their competencies at the time of graduation, a second set of summary scores were produced from questions about recollection of the same 13 and 17 competencies at the time of graduation (items 37-49 and items 50-66, Appendix P). These items were asked of respondents who indicated that it was five years or less since they graduated from college or university.

The four scales that were used in the survey were current LTC TR competencies, current NICE competencies, recalled LTC TR competencies and recalled NICE competencies. A reliability test was conducted on itemized competencies for current and recalled LTC TR and NICE competencies. The current LTC TR competencies subscale had a Cronbach's alpha of .93 ($n = 487$). The current NICE competencies subscale had a Cronbach's alpha of .94 ($n = 487$). The recall LTC TR competencies subscale had a

Cronbach's alpha of .96 (n = 76). The recall NICE competencies subscale had a

Cronbach's alpha of .97 (n = 76).

The researcher was unable to find evidence in regard to the amount of years

lapsed before an individual begins to forget details of their curriculum, thus five years

was chosen as a reasonable amount of time. There was a good possibility that curriculum

had not changed a great deal in five years. The researcher attempted to minimize the

recall bias by asking questions in the survey that assisted the respondent in remembering

details of their past education.

The instructions for these items in the questionnaire were "Please indicate how

confident you felt about performing these competencies when you graduated from your

community college or university recreation program." The following statement appeared

prior to these items "We'd like to know about your confidence related to seniors' care

when you graduated. Please answer the following questions, thinking about the time

immediately after your graduation from your college or university recreation program."

Factors possibly associated with perceived competence. The next section of the

questionnaire contained items about factors that may have be associated with perceived

competence, as described below. This questionnaire was designed to focus on two

different perspectives. One perspective was asking the respondents to focus on what

impacted their preparation since working in LTC, and the second perspective was how

education prepared the respondent when they graduated from university or college.

In order to answer the research questions from these two perspectives, the

recreation staff questionnaire focused on four different areas. The first perspective areas

included type of education, in-service training sessions, continuing education courses and

experience working in LTC. The second perspective areas included type of education, number of aging courses taken in program, and practice experience. The purpose was for the recreation staff to think of all the possible factors that contributed to their preparation to work in LTC, and if these factors either adequately or inadequately prepared the recreation staff to work in LTC.

In order to answer research question four, the following items were included in the questionnaire (Appendix P):

1. Type of education:

    a. Highest level of education related to practicing TR (Item 73)

    b. TR education or other (Item 74)

    c. Years since graduation (Item 36)

2. Work experience:

    a. Years working in LTC (Item 1)

    b. Years working in current LTC home (Item 3)

3. In-service Training sessions (item 68):

    a. Number of in-service training sessions since working in LTC

4. Continuing education (item 69):

    a. Number of continuing education courses since working in LTC

Perceived competence may have been associated with experience working in LTC. This item asked all recreation staff how many years they have been working in LTC.

The other areas focused on the in-service training sessions they received both inside and outside their LTC home, continuous education courses they attended since working in LTC and other efforts they have put forth to acquire and maintain LTC and gerontological competencies. Items included number of in-service training sessions they have had since working in LTC and topics covered in training and continued education courses attended (items 68-72, Appendix P).

Perceived competence may have been associated with the level of education of the respondent. This was measured by items 73 to 83 in Appendix P. Items 73-75 were to be answered by recreation staff with TR education and recreation staff without TR education. They focused on the respondent's educational background, their academic program and the institution they attended for their education. Items 76-83 were completed solely by recreation staff with TR education who graduated within the last five years. The items focused on whether the respondent had a college or university TR education, clinical experience in college or university, inclusion of aging topics covered in courses, the number of aging courses taken, and types of aging courses taken. The number of aging courses taken outside of primary education and number of aging and TR courses taken were included in the questionnaire to assist in answering research question five but were not analyzed due to response error.

In order to answer research question five, the following items were included in the questionnaire (Appendix P):

1. Type of entry to practice education (Item 73):

    a. College, university, or certificate

2. Number of aging topics in entry-to-practice education (Item 76)

3. Aging topics that were covered in educational institution (Item 79):

    Yes or No to:

    a. Dementia

    b. Delirium

    c. Depression

    d. Physical aging

    e. MDS

    f. Care planning

4. Practice Experience:

    a. Did you complete a placement in LTC? (Item 80)

    b. Number of hours in LTC placement? (Item 82)

The last section of the questionnaire addressed items that respondents thought best prepared them to work in LTC (items 84-88, Appendix P). One item asked the respondents to rank the five items of what best prepared respondents to work with residents. Another item asked the respondent how many hours of field placement they think is required to be prepared to work in LTC, providing options from 0 hours to 601+ hours (item 85, Appendix P). This item was categorized to assist in reducing recall bias.

In order to answer research question six, respondents were asked a close-ended question about need for improvement in preparing recreation staff for working in LTC (item 86, Appendix P). If the respondent answered "no" then the questionnaire ended. If the respondent answered "yes" then another question popped up asking them to rank factors that needed the most improvement. Choices included: education, training, continued education and experience (item 87, Appendix P). The respondents were also

asked what they wished they had learned prior to working in LTC (item 88, Appendix P). It was hoped that this information could further assist in determining what can be done to better prepare recreation staff for working in LTC homes.

3.4.3 Therapeutic Recreation Educators Questionnaire

The questionnaire for TR educators is appended (Appendix Q). The questionnaire was designed to answer the third research question, "Do faculty in college and university therapeutic recreation programs perceive that graduates of their programs have the competencies needed to work with residents in long term care homes?" and the sixth question "What do recreation staff and educators think would improve the competencies of the current workforce of recreation staff and future graduates of therapeutic recreation programs?"

The first section of the questionnaire (items 1 to 6 in Appendix Q) contains demographic items that were used to describe the sample (i.e., college or university workplace, experience working in LTC, education, years of experience teaching TR or gerontology, courses taught, and interest in TR and gerontology). The second section of the questionnaire (items 7-14 in Appendix Q) focused on the content of the curriculum. Items about courses included:

- the number of required courses that focus on aging and TR

- electives that were offered in the program relating to aging and TR

- if there were plans to add more courses to curriculum

- if the NICE competencies and LTC TR competencies were included in courses.

The items about fieldwork (items 11-14, Appendix Q) included:

- required number of fieldwork hours (separate from final internship)

- if all students had practicum with older adults

- number of the placements that are in LTC, and if so, approximately how many.

Lastly, the questionnaire asked the TR educators about their opinions on the adequacy of their curriculum for preparing graduates to work in LTC (items 15, 16 and 17, Appendix B). The TR educators were also asked if they think the current curriculum needs to be improved (item 18, Appendix Q).

In order to answer research question six, respondents were asked an open-ended question asking what needed to be improved in the curriculum to better prepare students for working in LTC settings or why they think the current curriculum is adequate (item 18, Appendix Q).

3.5 Data Analysis

This section describes the data analysis process. Data were imported into IBM SPSS software (SPSS) from the online program used for data collection. Most of the analyses are descriptive statistics, with some bivariate analyses employed to answer research questions 4 and 5.

3.5.1 Data Cleaning

The data were imported into SPSS from FluidSurveys. The database was edited to create meaningful variable names, variable labels, and value labels. The data were examined for missing values. Newman (2009) suggests that there are three levels of missing data; (i) item level non-response, such as leaving items blank; (ii) scale level non-response, such as leaving unanswered items for an entire scale or construct; and (iii) survey level non-response, the respondent fails to return the survey. According to Newman (2009), data analysts should resolve each level of non-response with different

missing data techniques. Further, Newman (2009) suggests using mean imputation for item level non-response, multiple imputation for scale level non-response and systematic non-response parameters for survey level non-response. Systematic non-response parameters use all the available data, including data from previous studies to address response rate issues (Newman, 2009). However, this research was exploratory and there was minimal data available to use in order to address survey level non-response.

According to Aday and Cornelius, when 25-50 percent of values are missing from the data then the case should be deleted (as cited in Blain, 2013). If the researcher found questions that were skipped was necessary information for answering the research questions, then the case was deleted or the incomplete data was directly analyzed using case mean substitution. Although deleting cases decreased sample size and statistical power, analyzing incomplete data would have threatened the study's validity (McCleary, 2002). In addition to Newman's (2009) suggestion for mean imputation for item level non-response, Fox-Wasylynshyn and El-Masri suggested that case mean substitution is an appropriate technique to use for self-report measures (as cited in Blain, 2013). In Polit and Tatano-Beck's study (as cited in Blain, 2013) the use of case mean substitution for items increased sample size and variable means remained unaffected.

In this study, respondents were not forced to respond to all items, thus, there were items that were intentionally or unintentionally left blank. The survey was designed to minimize unintentionally missing an item (Dillman, 2007). The researcher analyzed missingness by examining system missing values in SPSS. The data were examined by examining the number of missing responses by item and by case (respondent) to help determine patterns of missingness. Items may have been missing because questions were

poorly worded or a respondent answered so few questions that the respondent needed to be deleted. The researcher conducted frequency tests on each variable to ensure that there were no missing data. The researcher also deleted cases that were missing at least half of the data. There was one case that was deleted. The other 27 cases that were missing data for competencies were recoded with imputed means of other respondents' answers from each competency item.

3.5.2 Data Analysis

Sample description. Descriptive statistics were used for demographic items. The recreation staff sample demographics were calculated for the entire sample and for subsamples of those with TR education and those with other education (1 to 7 in Appendix P). The TR educator sample demographics were calculated for the entire sample (1-6, Appendix Q).

Research question 1. The first research question was "Do recreation staff who work in long term care homes perceive that they have competencies needed to work with residents in long term care homes?" This question was answered through descriptive statistics. Means and standard deviations were calculated for the two current competency summary scores. Frequencies, means, and standard deviations of competency items were also calculated and displayed in tables (see Tables 4.2 and 4.4). Comparing frequencies of responses to individual competency items enables the reader to identify which competencies respondents were most and least confident in. The researcher tested differences in means for competency items used repeated measures ANOVAs.

Research question 2. The second research question was "Do recreation staff who work in long term care homes perceive that they possessed competencies needed to work

with residents in LTC homes when they graduated?" This question was answered through descriptive statistics. Means and standard deviations were calculated for the two recall competency summary scores. Frequencies, means, and standard deviations of competency items were also calculated. These results are displayed in tables (see Tables 4.6 and 4.8). Comparing frequencies of responses to individual items enables the reader to identify which competencies respondents were most and least confident in. The researcher tested the differences in means of competency items used repeated measures ANOVAs. The researcher also conducted two paired samples t-tests to test the differences in level of confidence between current and recalled gerontological competencies.

Research question 3. The third research question was "Do faculty in college and university TR programs perceive that graduates of their programs have the competencies needed to work with residents in LTC homes?" This question was answered by calculating frequencies of responses to items about LTC TR and NICE competencies being included in the curriculum and items about perception of preparation of graduates to work in LTC. Frequencies of responses to items about their perception of preparation of graduates for work in LTC are displayed in a bar chart (Figure 4.9). Other frequencies are reported in text. There were not enough respondents to compare college educators to university educators' responses.

Research question 4. The fourth research question was "To what extent is type of education, work experience, and continuing education, associated with perceptions about current gerontological competencies?" This question was answered by analyzing data from recreation staff respondents. A sub group analysis of the 130 recreation staff

respondents with TR education was also conducted. This group was defined by their education. If the respondent selected their education program as 'Therapeutic Recreation' then they were selected for the subgroup analyses. All of the analyses for this research question were repeated with the sub-group.

Association between education and current perceived gerontological competencies. The association between type of education and beliefs about current gerontological competencies was tested by conducting t-tests of differences in mean current competency scores between respondents with TR education and those with other education. T-tests were conducted for each LTC TR and NICE competency summary score.

Association between years of experience and current perceived gerontological competencies. The association between number of years' experience working in the recreation department of LTC and current gerontological competencies was tested by calculating Pearson correlation coefficients. One correlation was conducted for each of current LTC TR and NICE competency summary scores. Correlation was used as the analysis for this question because both variables are continuous.

Association between in-service training sessions and level of confidence in competencies. The association between number of in-service training sessions and beliefs about current gerontological competencies was tested by conducting one way ANOVAs of differences in mean competency scores between groups defined by number of in-service training sessions attended. A one way ANOVA was conducted for each of the current LTC TR and current NICE competencies. The use of ANOVA instead of multiple t-tests decreases the risk of making a Type I Error.

Association between continuing education courses and level of confidence in

competencies. The association between number of continuing education courses and

beliefs about current gerontological competencies was tested by conducting one way

ANOVAs of differences in mean competency scores between groups defined by number

of continuing education courses attended. A one way ANOVA was conducted for each of

the current LTC TR and current NICE competencies.

Research question 5. The fifth research question "Among recent recreation

therapy graduates, to what extent are type of entry to practice education, inclusion of

gerontological courses, and practice experience associated with beliefs about their

competencies on graduation?" This question was answered with a subsample of

recreation staff respondents who indicated that their education was TR education and

they had graduated five or less years ago. The recall competencies were analyzed using

two sets of summary scores; one for recall LTC TR competencies and the other for recall

NICE competencies. This question was answered using t-tests and ANOVAs.

Association between type of education and recalled post-graduation level of

confidence in competencies. The association between type of education (university

degree, college diploma, or certificate in TR) and perceptions about current

gerontological competencies was tested by conducting one way ANOVAs of differences

in mean competency scores between groups defined by type of education. One ANOVA

was conducted for each of recall LTC TR and recall NICE competencies scores.

Association between inclusion of aging topics in courses in curriculum and

levels of confidence in competencies. The association between aging topics in programs

and perceptions about current gerontological competencies was tested by conducting t-

tests of differences in mean competency scores between groups defined by whether or not they recalled each of 6 topics from their courses (dementia, delirium, depression, physical aging, MDS and care planning). One t-test was conducted for each of LTC TR and NICE competencies for each of the six topics. Additionally, Pearson correlation coefficients were calculated between each of the recall LTC TR and recall NICE competency score and number of aging topics covered.

Association between practice experience during entry to practice education and level of confidence in competencies. The association between practice experience and perceptions about current gerontological competencies was tested by conducting one way ANOVAs of differences in mean recall competency scores between groups defined by number of hours in LTC placements during entry to practice education. One ANOVA was conducted for each of LTC TR and NICE competencies.

Research question 6. The sixth research question was "What do recreation staff and educators think would improve the competencies of the current workforce of recreation staff and future graduates of the TR program?" This question was answered by analyzing data from recreation staff and TR educators separately. For recreation staff respondents, this question was answered by calculating frequencies of reports of:

- What factors helped them prepare to work with residents in LTC

- How many hours of experience should be required prior to working in recreation services with residents in LTC

- Where or not improvements are needed in preparing recreation staff to work in LTC

- Ranking of factors that better prepared them to work in LTC

- Ranking factors that they indicated as most important in better preparing recreation staff to work in LTC

Finally, the open ended questions (item 89, Appendix P; item 18, Appendix Q) were analyzed using frequencies. The researcher copied the answers into a Microsoft Word document and used the different highlighter colours to code the respondents' answers into categorizations. The researcher used these categories based on responses and presented frequencies of these categories in a table. The findings are presented with a description of each category of suggestion with frequencies for each category. The findings are presented in tables and text. The TR educators' responses to this question were analysed using frequencies as well. There were not enough responses from TR educators to present frequencies in a table. The TR educators' responses are presented in text.

3.6 Summary

This chapter presented the methods that were used for this thesis research. The next two chapters will report and discuss the findings.

Chapter 4: Findings

This chapter will report the survey findings from the online Fluid Surveys questionnaire. The sample is described first, and then findings are presented in order of the research questions.

4.1 Sample Description of Recreation Staff

In this study, 487 recreation staff respondents completed the survey. There were 473 (97.3%) respondents who indicated they attended post-secondary school. There were 130 (26.7%) TR graduates and 357 (73.3%) respondents with other education. The sample description information is provided for these two subsamples (see Tables 4.1, 4.2, 4.3 and 4.4).

The mean years of experience working in LTC for the total sample was 12.18 (*SD* = 9.61). The TR graduates had less experience 8.14 (*SD* = 8.30) than those with other education 13.63 (*SD* = 9.64), (*t*(482) = -5.73, *p* = .001). The mean years of experience working in the current LTC home for the total sample was 8.53 (*SD* = 8.6). Most respondents indicated the location of their current LTC home (see Figure 1). The TR graduates had less experience (*M* = 4.67, *SD* = 6.30) than those with other education (*M* = 9.93, *SD* = 8.90, *t*(484) = -6.237, p = .001).

The next section reveals descriptive statistics regarding respondents' education. Figure 2 shows the years since recreation staff graduation from post-secondary education. Figure 3 shows the number of aging topics that were covered in TR courses in post-secondary education and the number of respondents who answered the question. Fifty six (47.1%) respondents who graduated from a TR program said that a LTC placement was required in their university or college education. There were 106 respondents who

indicated their hours of LTC placement. The TR graduates indicated their amount of

placement hours in the following categories: Less than 100 hours (12, 11.3%), 100-200

(15, 14.2%), 201-300 (19, 17.9%), 301-400 (12, 11.3%), 401-500 (23, 21.7%), 501+ (25,

23.6%).

TR graduates' LTC related experience prior to employment in LTC ($n = 130$)

included working in a different department in LTC (22, 16.9%), volunteering in LTC (47,

36.2%), having a family member living in LTC (26, 20.0%), having a field placement or

internship in LTC (79, 60.8%), and other experience (32, 24.6%). Some respondents

indicated having more than one type of relevant experience. Some examples of other

experiences listed by respondents with a TR education were:

- Thesis research in LTC

- Worked in retirement homes

- Worked in mental health

- Homecare palliative volunteer

- Worked with seniors in the hospital setting

- Worked in respite care

- Worked at a community day center for seniors

Respondents with other educations' LTC related experience prior to employment

in LTC ($n = 357$) included working in a different department in LTC (115, 32.2%),

volunteering in LTC (119, 33.3%), having a family member living in LTC (65, 18.2%),

field placement or internship in LTC (200, 56.0%), and other experience (54, 15.1%).

Respondents with other education also indicated more than one type of relevant

experience.

4.2 Sample Description for TR Educators

Four of the eight TR Educator respondents said their educational background was TR. All eight respondents reported having an interest in aging and working at a college. None of the respondents reported working in university. The number of faculty members in each respondents' department with an interest in aging ranges from 1 to 8; three (37.5%) being most frequently reported.

The years which respondents taught TR ranged from 4 to 18 years, the mean number of years teaching TR was 7.88 ($SD = 4.58$). One respondent indicated that their clinical experience included working in LTC. The seven other respondents indicated that they have worked with older adults in workplaces other than LTC (i.e., hospital, retirement home, community center).

The number of courses that TR students in respondent's programs are required to take that focus on aging and TR ranged from 1 to 12. None of the respondents indicated that their programs have electives that focus on TR and aging. When asked if they plan on adding more aging-related courses to the curriculum, two respondents said no, two respondents said yes, and four respondents were unsure.

When asked if field placements are required for the TR program, excluding the final internship, one respondent indicated that there are no required hours for students to complete. Of the seven other respondents, four indicated that students are required to complete 100-200 hours of field work, one indicated 201-300 hours of fieldwork, and two indicated 501-600 hours of fieldwork. No respondents indicated that all of their students have a practicum with older adults. The eight respondents indicated that some of their placements are in LTC. Two respondents indicated that 10 of their placements are in

LTC, and another indicated that 15 placements are in LTC. Two respondents indicated

that 50% of their students complete a placement in LTC. One respondent indicated that

70% of their students complete a placement in LTC.

4.3 Research Question 1: "Do recreation staff who work in long term care homes

perceive that they have competencies needed to work with residents in long term

care homes?"

The LTC TR summary scores ranged from 1 to 5 ($M = 4.39$, $SD = .57$). The NICE

Competency summary scores ranged from 1 to 5 ($M = 4.19$, $SD =.59$). The means were

not statistically significantly different. Two frequency tables (Table 4.5 and Table 4.7)

display the frequencies of responses to items about the level of confidence in LTC TR

competencies (questions 7-19) and the NICE competencies (questions 20-36) among

recipients. The NICE competency score had a high positive correlation with the LTC TR

competencies score ($r(485) = .78$, $p < .001$) with a medium effect size.

Comparison between individual current LTC TR competencies. A repeated

measures ANOVA with a Greenhouse-Geisser correction determined that mean LTC TR

competencies were statistically significantly different ($F(12, 5832) = 18.387$, $p < 0.001$).

Post hoc tests using the Bonferroni correction revealed that all competency items had

significant differences at least one other competency items (see Table 4.6). Figure 4

displays the means of LTC TR competencies.

Comparison between individual current NICE competencies. The items were

examined to see which competencies were most likely to be rated by respondents as

having low confidence (either 1 "Not at all" or 2) or high confidence (either 4 or 5

"Very") (see table 4.7). A small portion of the sample had low confidence in their ability

to 'perform and refine assessment of the older adult in the domain of spirituality' ($n = 46$, 9.4%). A large portion of the sample had high confidence in their ability to 'recognize that all behaviour has meaning and view challenging behaviour of older adults as an attempt at communication based on need' ($n = 457$, 93.8%).

A repeated measures ANOVA with a Greenhouse-Geisser correction determined that mean NICE competencies differed statistically significantly ($F(16, 2064) = 32.828$, $p < 0.001$). Post hoc tests using the Bonferroni correction revealed that all competency items had significant differences with at least seven other competency items (see Table 4.8). Figure 5 is the visual representation of the means for NICE competencies.

4.4 Research Question 2: "Do recreation staff who work in long term care homes perceive that they possessed competencies needed to work with residents in LTC homes when they graduated?"

Two frequency charts (Tables 4.9 and 4.11) display the frequencies of items for recalled LTC TR and NICE competencies. The recall LTC TR competency summary scores ranged from 1.77 to 5.0 ($M = 3.59$, $SD = .75$). The recall NICE competency summary scores ranged from 2.12 to 5.0 ($M = 3.64$, $SD = .71$). The data revealed that the recall NICE competencies were highly positively correlated with recall LTC TR competencies ($r(74) = .795$, $p < .001$).

Comparison between individual recalled LTC TR competencies. The items were examined to see which competencies were most likely to be rated by respondents as having low recalled confidence (either 1 "Not at all" or 2) or high recalled confidence (either 4 or 5 "Very") (See table 4.9). A large portion of the sample had low recalled confidence in their ability to 'understand the purpose of RAI-MDS' ($n = 32$, 42.1%). A

large portion of the sample had high recalled confidence in their ability to "implement

programs for residents with dementia" ($n = 56$, 73.7%). A small portion of the sample

had high recalled confidence in their ability to 'understand the purpose of RAI-MDS' (n

$= 26$, 34.2%).

A repeated measures ANOVA with a Greenhouse-Geisser correction determined

that mean recalled LTC TR competencies differed statistically ($F(12, 900) = 14.520$, $p <$

0.001). Post hoc tests using the Bonferroni correction revealed that all competency items

had significant differences with at least 2 other competency items (see Table 4.10).

Figure 6 is a visual representation of the means for recalled LTC TR competencies.

Comparison between individual recalled NICE competencies. The items were

examined to see which recalled NICE competencies were most likely to be rated by

respondents as having low recalled confidence (either 1 "Not at all" or 2) or high recalled

confidence (either 4 or 5 "Very") (See Table 4.11). A large portion of the sample had low

recalled confidence in their ability to 'perform and refine assessment of the older adult in

the domain of spirituality' ($n = 20$, 26.3%). A small portion of the sample had low

recalled confidence in their ability to 'identify that older adults may be at risk in relation

to their right to information and privacy of information' ($n = 3$, 3.9%). A large portion of

the sample had high recalled confidence in their ability to 'identify and assess one's own

values and biases regarding aging' ($n = 58$, 76.3%). A small portion of the sample had

high recalled confidence in their ability to 'perform and refine assessment of the older

adult in the domain of spirituality ($n = 26$, 34.2%).

A repeated measures ANOVA with a Greenhouse-Geisser correction determined

that mean recalled NICE competencies differed statistically ($F(16, 1200) = 12.036$, $p <$

0.001). Post hoc tests using the Bonferroni correction revealed that all competency items had significant differences with at least 1 other competency item (see Table 4.12). Figure 7 depicts a visual representation of the means for recalled NICE competencies.

Paired samples t-tests were conducted to test the differences in level of confidence between current and recalled gerontological competencies. There were significant differences in between all pairs of the LTC TR and NICE competencies. The largest significant difference between current and recalled LTC TR competencies was "understanding the purpose of RAI-MDS" with current ($M = 4.16$, $SD = 1.01$) and recalled ($M = 2.86$, $SD = 1.45$); $t(174) = 12.48$, $p = .001$. The largest significant difference between current and recalled NICE competencies was "recognizing that all behaviour has meaning and view challenging behaviour of older adults as an attempt at communication based on need" with current ($M = 4.59$, $SD = .58$) and recalled ($M = 3.82$, $SD = 1.06$); $t(174) = 10.22$, $p = .001$.

4.5 Research Question 3: "Do faculty in college and university therapeutic recreation programs perceive that graduates of their programs have the competencies needed to work with residents in long term care homes?"

The frequency with which the LTC TR competencies and NICE competencies were endorsed as "covered" in curriculum by the faculty respondents are presented separately. Most competencies were endorsed by 5 to 8 respondents. One competency was endorsed by all participants ('Implementing programs for residents with physical disabilities').

LTC TR competencies in curricula. No respondents indicated that none of the competencies were covered at their institution. The highest reported number of LTC TR

competencies covered in curriculum was 8 and the lowest was 5. The modal number for

LTC TR competencies endorsed as covered in a respondent's program was 6. All

respondents reported that 'Implementing programs for residents with physical

disabilities' was part of their curriculum. The next most frequently reported competencies

(*n* = 7 participants) were developing and evaluating programs for residents with physical

disabilities. Most respondents (*n* = 6) reported that developing, implementing, and

evaluating programs for residents with dementia were part of their curriculum. The same

number (*n* = 6) reported that 'Know the difference between normal aging and disease

process' was covered. Five respondents reported that developing, implementing and

evaluating programs for residents with responsive behaviours were part of their

curriculum. The same number reported that 'Write effective progress notes for residents'

chart in LTC' was covered. Three respondents reported that 'Write effective care plans in

LTC' was part of their curriculum.

       NICE competencies in curricula. No participants indicated that none of the

competencies were covered at their institution. The highest reported number of NICE

competencies covered in curriculum was 7, the lowest number was 4, and the modal

number of NICE competencies covered was 5. The following competencies were

reported as covered by seven respondents:

- 'Apply evidence-based standards/best practice guidelines to promote healthy

  activities in older adults'

- 'Involve older adults and their families in developing expected outcomes'

- 'Recognizing that all behaviour has meaning and view challenging behaviour of

  older adults as an attempt at communication based on need'

- 'Identify and assess one's own values and biases regarding aging'

The following were reported as covered by six respondents:

- 'Apply ethical principles to decisions on behalf of all older adults with special attention to those with limited decision capacity'

- 'Provide care that demonstrates sensitivity to older adults' cultural and spiritual diversity'

- 'Perform and refine assessment of the older adult in the domain of functional ability'.

The following competencies were reported by five respondents as being covered in their curriculum:

- 'Perform and refine assessment of the older adult in the domain of cognitive ability and mental health'

- 'Perform and refine assessment of the older adult in the domain of spirituality'

- 'Identify that older adults may be at risk in relation to their right to information and privacy of information'

- 'Form partnerships with older adults, their families and communities, to achieve mutually agreed upon health outcomes'

- 'Inform and support older adults and their families while they are making decisions about their healthcare'

- 'Respect and promote older adults' rights to dignity and self-determination within the context of the law and safety concerns'

- 'Perform and refine assessment of the older adult in the domain of psychosocial function including social support system and life course changes'

These competencies were indicated by four respondents as being covered in their curriculum:

- 'Perform and refine assessment of the older adult in the domain of physical health and illness conditions',

- 'Perform and refine assessment of the older adult in the domain of socio-environmental situation', and

- 'Perform and refine assessment of the older adult in the domain of safety and security'

Figure 8 shows TR educators' perceptions of their graduates' ability to work with older adults in LTC by revealing their responses to three questions focusing on their graduates' skills, competencies, knowledge and preparedness to work in LTC.

4.6 Research Question 4: "To what extent are type of education, work experience, and continuing education, associated with perceptions about current gerontological competencies?"

4.6.1 Association between education and current perceived gerontological competencies. There were no statistically significant differences in current gerontological competency scores between participants with TR or other education. The t-test for LTC TR competency score of respondents with TR education ($M = 4.5$, $SD = .47$) versus Other Education ($M = 4.4$, $SD = .61$) was [$t(295.32) = 1.73$, $p = .09$]. The t-test for NICE competency score of respondents with a TR education ($M = 4.3$, $SD = .47$) versus Other Education ($M = 4.3$, $SD = .62$) was [$t(301.46) = 1.51$, $p = .13$].

4.6.2 Association between years of experience and current perceived gerontological competencies. This section presents findings about the relationship

between years of experience working in LTC and their level of confidence of recreation staff in current gerontological competencies. There was a low positive correlation (small effect size) between years working in LTC and current LTC TR Competencies ($r(483) = .16, p < .001$). There was no correlation between years working in LTC and current NICE competencies ($r(483) = .08, p = .09$).

4.6.3 Association between in-service training sessions and level of confidence in competencies. This section presents findings about the relationship between recreation staffs' in-service training sessions in LTC and their level of confidence in current gerontological competencies (see Table 4.13).

The analysis of variance (ANOVA) revealed significant differences in current perceived competencies between categories of number of in-service training sessions attended for both current LTC TR competency score ($F(4, 350) = 8.62, p < .001$) and NICE competency score ($F(4, 350) = 3.02, p = .02$). Post hoc Tukey tests were conducted due to the statistically significant ANOVA F tests. The post hoc tests were conducted on all pairwise contrasts. These findings indicate higher reported competencies among participants who reported having attended more in-service training sessions. For the LTC TR competencies, the following pairs of groups defined by category of number of in-service training sessions were statistically significantly different ($p < .05$): 'None' was significantly different than '1 to 5', '6 to 10', '11 to 30', and '31+'; '1 to 5' was significantly different than '11 to 30'. There was one statistically significant difference ($p < .05$) in pairs of means by number of in-service training sessions for current NICE competencies ('None' vs. '31+').

4.6.4 Association between continuing education courses and level of confidence in competencies. This section presents findings about the relationships between recreation staffs' continuing education courses and their level of confidence in current competencies (see Table 4.14).

The analysis of variance (ANOVA) revealed significant differences in confidence by continuing education sessions and respondents' level of confidence in competencies for current LTC TR competency score ($F(4, 421) = 4.55$, $p = .001$) and the NICE competency score ($F(4, 421) = 2.98$, $p < .02$). A post hoc Tukey test was conducted for the statistically significant ANOVA F tests. The post hoc test was conducted on all pairwise contrasts. For LTC TR competencies, the following groups of continuing education courses were found to be statistically significant ($p < .05$): 'None' with '6 to 10' and '11 to 20'. For the NICE competencies, there was no significant difference between groups. In other words, there were higher levels of confidence in LTC TR competencies for respondents who reported having taken more continuing education courses.

4.6.5 Subgroup analysis of research question 4 of respondents with TR education. This section presents findings for research question 4 for the subgroup of TR staff respondents with TR education ($n = 130$).

Association between years of experience and current perceived gerontological competencies. There was a moderate positive correlation (medium effect size) between NICE current competencies and current LTC TR competencies ($r(128) = .67$, $p < .001$). There was also a low positive correlation (small effect size) between years of experience working in LTC and LTC TR competencies ($r(126) = .20$, $p = .02$). Lastly, there was a

low positive correlation between years of experience working in LTC and NICE competencies ($r(126) = .19$, $p = .03$).

Association between in-service training sessions and level of confidence in competencies. This section reports on the findings between number of hours of in-service training sessions and beliefs about current gerontological competencies for recreation staff with a TR education (see Table 4.15).

The analysis of variance (ANOVA) revealed significant differences among number of training sessions and respondents' level of confidence in competencies for both current LTC TR competency score ($F(4, 105) = 12.10$, $p < .001$) and NICE competency score ($F(4, 105) = 7.24$, $p < .001$). Post hoc Tukey tests were conducted due to the statistically significant ANOVA F test. The post hoc tests were conducted on all pairwise contrasts.

For LTC TR competencies, the following pairs of groups of in-service training sessions were found to be statistically significant ($p < .05$): 'None' with '1 to 5', '6 to 10', '11 to 30', '31+', as well as '1 to 5' with '6 to 10', and '31+'. In other words, level of confidence in current LTC TR competencies was affected by respondents who took any number of in-service training sessions and respondents who took between '6 to 10' in-service training sessions and '31+' training sessions. For the NICE competencies, the following pairs of groups of in-service training sessions were found to be statistically significant ($p < .05$) was 'None' with '6 to 10' and '31+', as well as '1 to 5' with '6 to 10' and '31+'. Thus, the level of confidence in current NICE competencies was influenced by respondents who took '6 to 10' or '31+' in-service training sessions rather than none. Also, there were differences in level of confidence in NICE competencies for

those who took '1 to 5' in-service training sessions in comparison to those who took '6 to 10' or '31+' in-service training sessions. There were no other significant differences.

Association between continuing education courses and level of confidence in competencies. This section reports the findings of recreation staff with TR educations' continuing education courses in LTC on their level of confidence in current competencies (see Table 4.16).

The analysis of variance (ANOVA) revealed significant differences between participants according to amount of continuing education sessions for respondents' level of confidence in both competencies for current LTC TR competency score ($F(4, 118) = 2.96$, $p < .05$) and NICE competency score ($F(4, 118) = 3.18$, $p = .02$). A post hoc Tukey test was conducted for the statistically significant ANOVA F tests. The post hoc test was conducted on all pairwise contrasts. The following groups of continuing education courses effecting LTC TR competencies were found to be statistically significant ($p < .05$): 'None' with '6 to 10'. For the NICE competency score, there were no significant differences between groups. In other words, level of confidence in current LTC TR competencies was higher for respondents with TR education who took any number of continuing education courses and respondents with TR education who took more than 6 to 10 continuing education courses.

4.7 Research Question 5: "Among recent recreation therapy graduates, to what extent are type of entry to practice education, inclusion of gerontological courses, and practice experience associated with perceptions about their competencies on graduation?"

There were 76 respondents who graduated from a Therapeutic Recreation background and graduated less than five years ago. The mean recall LTC TR Competency summary score for recent TR graduates was 3.59 (*SD* = .74) and mean recall NICE competency summary score was 3.64 (*SD* =.71).

4.7.1 Association between type of education and recalled post-graduation level of confidence in competencies. This section reports tests of differences in competencies by type of entry to practice education. Table 4.17 presents means and standard deviations of recalled competencies (from the time of graduation) and type of education among recent TR graduates.

The analysis of variance (ANOVA) had no significant differences among type of education and respondents' level of confidence in competencies for both recall LTC TR competency score (*F*(2, 73) = .128, *p* = .88) and NICE competency score (*F*(2, 73) = .909, *p* = .41). Post hoc Tukey tests were not conducted due to the non-statistically significant ANOVA *F* test. Thus, there were no differences between level of confidence in recall LTC TR and NICE competencies and respondents' type of education.

4.7.2 Number of aging topics in courses in program on levels of confidence in competencies. This section reports on the number and types of aging topics in courses students took in their program and their level of confidence in gerontological competencies (see Table 4.18).

There were twelve t-tests conducted to compare the differences between mean competencies of respondents depending on whether or not they reported each of the aging topics being part of their education. There were no significant differences between groups defined by any of the topics yes/no in their education except between respondents who learned or did not learn about care planning and level of confidence in their LTC TR competencies ($t(57.94) = 2.42$, $p = .02$).

The researcher calculated the number of topics reported as covered based on responses to individual topics ($N = 76$, $M = 3.53$, $SD = 1.661$). Number of aging topics covered in undergraduate education was positively correlated with recall LTC TR competencies ($r(74) = .28$, $p = .02$). There was a low positive correlation between number of aging topics covered in undergraduate education and recall NICE competencies ($r(74) = .25$, $p = .03$).

4.7.3 Practice experience on level of confidence in competencies. This section reports on the number of placement hours that students had in LTC during their education and the association it had with the level of confidence in competencies upon graduation (see Table 4.19)

The analysis of variance (ANOVA) found no significant differences between groups among categories of number of placement hours in LTC and respondents' level of confidence in competencies for both recall LTC TR competency score ($F(5, 59) = 1.09$, $p = .38$) and recall NICE competency score ($F(5, 59) = 1.24$, $p = .31$). Post hoc Tukey tests were not conducted due to the non-statistically significant ANOVA F test. Thus, the level of confidence in recall LTC TR and NICE competencies was not associated with respondents' number of hours in LTC placements.

4.8 Research Question 6: "What do recreation staff think would improve the competencies of the current workforce of recreation staff and future graduates of the TR programs?"

This section describes the answers used from both recreation staff and TR educators on their perceptions of how recreation staff and TR graduates could be better prepared to work in LTC.

Recreation staff. Recreation staff were asked "on a scale of 1 through 5, 1 being "Not at all", and 5 being "Definitely", which of these factors helped prepare you to work with older adults in LTC?" Recreation staff had ranked experience ($M = 4.77$, $SD = .59$), training ($M = 4.39$, $SD = .80$), continued education ($M = 4.13$, $SD = .96$) and education ($M = 3.98$, $SD = .97$) as factors that helped prepare them to work in LTC. These factors were all significantly different from one another ($F(1, 444) = 22767.6$, $p = <.001$). Respondents indicated the number of hours of placement in LTC they believe should be required prior to working in LTC (see Table 4.4). The most popular response to number of hours in LTC placement prior to working was 100-200 hours (21.5%). Additionally, out of 483 respondents, 420 (87%) indicated that there needs to be improvement in preparing recreation staff to working LTC.

Recreation staff were asked to rank the factors that they thought were most important to better prepare recreation staff for working in LTC. These factors included experience, education, in-service training, continuing education courses and other. The results from the repeated measures ANOVA revealed that there were significant differences between factors ($F[4, 516] = 14.286$, $p < .001$). The post hoc test results reveal that education ($M = 3.02$, $SD = .11$), continuing education ($M = 2.93$, $SD = .09$)

and in-service training ($M = 3.14$, $SD = .09$) are statistically significantly different from experience ($M = 3.65$, $SD = .13$) and other factors ($M = 2.26$, $SD = .16$). Additionally, experience and 'other' are statistically significantly different from each other.

Recreation staff were asked "Is there anything you know now that you wished you had learned prior to working in LTC as a recreation staff member? That is, is there something you wish you had known that would have better prepared you for the LTC setting and working with residents? Please write answer below:" Out of 487 respondents, 304 answered the question; 54 (out of 76) were recent TR graduates. There were 6 different categorizations that emerged from the data provided by recreation staff respondents:

1) The need for practicum experience. This theme is defined as the need for experience prior to working as a recreation staff member in long term care. Some respondents said they wished they had had more practicum experience in long term care, or that experience was necessary to be successful working with individuals living in LTC. Sixty two recreation staff indicated the need for practicum experience. Nine of the recent TR graduates said they wished they had had more experience, while some of the recreation staff said that they had had plenty of experience and did not wish for more.

2) Knowledge of illness conditions and physical disabilities. This theme is defined as the need for knowledge about illness conditions that some residents have living in LTC. Respondents listed illness conditions such as ALS, Down's Syndrome, dementia, delirium and depression. The most popular response from respondents was that they wished they had known more about how to deal with responsive

behaviours. There were 121 recreation staff in addition to 25 recent TR graduates who indicated this need.

3) Charting and Documentation including assessments and evaluation. This theme includes comments about charting and documentation used in LTC such as RAI-MDS and Activity Pro. In this theme, respondents wished they knew more about documentation; the purpose, how it works and how to chart properly. Care plans and other forms of documentation such as progress noting were also topics they wish they had learned more about. There were 81 recreation staff and 23 recent TR graduates who indicated this as a need.

4) Courses/Topics. This theme included comments about topics or courses respondents wish they had taken while in school. These topics formed a wide range, some including Gentle Persuasive Approach, Eden Alternative, P.I.E.C.E.S, Montessori methods, more recreation techniques, models, how to cope with death and dying, how to work with family members and how to approach palliative care. There were 113 recreation staff and 17 recent TR graduates who suggested different courses and topics to be added to the curriculum.

5) The job. This theme included comments about the challenges and benefits from working as a staff member in LTC, professionalism needed to work in LTC, the wide range of diversity in residents in LTC, and the importance of ongoing education in order to continue to succeed as a recreation staff member working in LTC. There were 85 recreation staff and 15 recent TR graduates who discussed different aspects of the job as a recreation staff member.

6) The impact of programs. This theme is defined as the impact of school programs in preparing respondents to work in LTC. Most individuals who made such comments indicated that their program had successfully prepared them to work in LTC ($n = 7$). Other respondents said that they were not prepared at all. There were 11 recreation staff who discussed the impact of their program. Seven of these respondents had good reviews. There was one recent TR graduate who spoke highly of the impact of their program.

TR educators: "What could be improved or what you think is inadequate in the current curriculum?" There were six responses from the TR educator sample. The TR educators suggested different topics and ideas that could improve their program. The topics included RAI MDS, health and safety, Montessori methods as well as programming, interventions and dimensions of health and wellness for residents living in LTC. An educator suggested the need for more practical experience in the field. Some TR educators emphasized the importance of applying research such as family member roles, gender roles and culture roles as they apply to LTC. Additionally, another comment by an educator was that it is important to remain current by adjusting the curriculum.

Chapter 5: Discussion

This chapter will discuss the researcher's interpretations of the findings. Strengths and limitations of the study as well as suggestions for future research will be addressed. The section begins with discussion of methods and three important ways that bias can influence quantitative research, through sampling, measurement, and analysis.

5.1 Sampling

5.1.1 Sampling recreation staff. Overall, the researcher was able to contact and receive assurance from 290 recreation managers working in LTC homes. There were 487 completed recreation staff survey responses once the data was cleaned. This was a better response than expected[3]. If the total population was 2000 recreation staff members working in LTC, the response rate would be 24.5%, which falls in between 10-65%, the realistic range based on the studies conducted by McCleary et al., 2014b; Tassonyi, 2013 and Bakerjian et al., 2011. It is apparent that Dillman's four staged recruitment strategy for recruiting survey participants was useful for recruiting recreation managers, due to the large number of survey responses received from the recreation staff members.

Sampling recreation managers. The researcher found that the Ministry of Health and Long Term Care website was helpful for finding homes according to their LHIN. However, these homes in the list could also have retirement homes or hospitals attached. The researcher had to visit each website of the home to ensure that they were a stand-alone home. If the website did not indicate that there was a retirement home attached then the researcher assumed that it was a stand-alone LTC home.

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[3] There would be 2000 recreation staff members if there were 4 recreation staff working in each of the 500 LTC homes that were recruited to participate in the study

The researcher mailed out a pre-letter notice to each home and received emails from five homes requesting to participate in the study. The researcher found this method useful, and would recommend it for future research. When the researcher called the LTC homes two weeks after the letter had been mailed, she found that the recreation managers had already had a chance to read the letter and know a little about the study prior to the phone call. This was useful when the researcher introduced herself because the recreation manager would recall the letter that had been sent and was usually willing to listen to hear more about the study.

Some recreation managers thought that the letter had explained enough and that they were already interested in participating and wanted to give the researcher their email rather than hear more about the study. Three homes sent an email to the researcher saying they did not want to participate in the study. Two homes said they did not want to participate when they received the phone call from the researcher. One recreation manager thanked the researcher for sending a letter before calling.

Some of the phone numbers did not work when called. The phone would ring and the automated voice would begin listing numbers for the researcher to dial to reach the recreation manager, but then when the numbers were entered, the automated voice would continue to talk and the numbers entered were not recognized. It may have been helpful to leave messages for the homes that were not able to answer the phone, but it was not feasible. There was no phone where the potential respondents could call to leave confidential messages. It is because of the large number of responses from the recreation managers that the researcher recommends this procedure of sending a pre-letter for future research.

Sampling organizations. In addition to Dillman (2007)'s methods, the researcher used Therapeutic Recreation Ontario (TRO) to help recruit participants to complete the survey. The researcher contacted the executive director of the organization who said that the researcher could email TRO members in the membership directory if they indicated they worked in LTC. The researcher attempted to contact each TRO member who indicated that they worked in LTC, but the researcher did not have any way of knowing if the TRO member worked in a stand-alone LTC home. Although in the email there was criteria included about the home, respondents who did not work in a stand-alone home had access to complete the survey. Additionally, the researcher was given permission to post the survey on the Facebook page and in the blog. This may have assisted in getting extra participants for the study.

The researcher attempted to contact Activity Professionals of Ontario (APO) but had difficulty getting in touch with the president. The president worked as a recreation manager in a LTC home that was successfully contacted, but it is unknown of whether the emails were sent to other members of APO. If the researcher had to redo this study she would contact the organizations with a pre-letter notice ahead of time, and followed the same steps used to contact the recreation managers as suggested by Dillman. This could have also aided in recruiting more participants to complete the survey.

5.1.2 Sampling TR educators. The TR educator survey yielded 8 completed responses, a smaller sample size than expected. This may have been due to no pre-letter notice being mailed out ahead of time. It was difficult to reach college faculty directly because there was no personal information provided online. In order to be consistent, the researcher contacted colleges and universities in the same manner – by contacting the

program coordinator of each educational institution by phone and email. The researcher

thought that this contact method would be satisfactory for recruiting participants.

Contacting the program coordinators was challenging because some of the

program coordinators were on vacation or did not answer the phone. Emails were sent to

the program coordinators who did not pick up their phone but this did not guarantee that

they had read the email or completed the survey. If the researcher had to redo this study,

she would send a pre-letter notice to each educational institution in order to increase TR

educator participation. The researcher could have also made a phone call to TR educators

working in universities. This may have been more personal than an email forwarded to

their email address. The researcher did not call TR educators working in universities

because she wanted to be consistent with methods used to contact all TR educators. Not

all TR educators' information was available online.

It is unknown if the sample is truly representative of the TR staff due to the fact

that this was a non-random sample and there was no list of how many recreation staff

were located in each LTC home in Ontario. However, there are indicators both that the

sample is not biased and that it may not be geographically representative. Generalizability

can be described as the "validity of a theory in a setting different from where it was

empirically tested and confirmed" (Lee & Baskerville, 2003, p. 221). An increase in

sample size leads to greater generalizability and reliability because the sample is more

likely to represent the population (Lee & Baskerville, 2003).

The researcher was able to estimate the representation of the population based on

the sample characteristics. For example, according to Ontario Long Term care

Association (2015), 57% of Ontario LTC homes are privately owned and 42% are public.

There were 485 respondents who answered if they worked in a private or public LTC home and 47.6% indicated that they worked in a private home. These sample numbers are close to the population number, indicating representativeness of the population. Findings from analyses of recent TR graduates would be generalizable to recent or current TR curricula because this subgroup had their education within the past five years. However, it is possible that curricula have changed since their graduation.

Additionally, it is evident that the recent TR graduates are not geographically representative of the population. There were 127 TR graduates who indicated the location of their LTC home. One LHIN had two TR graduates complete the survey. These sample characteristics show that TR graduates, specifically recent TR graduates were not geographically representative of the population.

5.2 Measurement

5.2.1 Survey. According to Dillman (2007), self-administered questionnaires are beneficial to use with internet-based surveys and there is no loss of quality data. This appeared to be true, as 487 respondents chose to take time out of their day to complete the survey. The internet based survey was easy for respondents to complete, maintain anonymity and submit electronically.

As convenient as it was to use an internet based survey, there was at least one disadvantage of using the electronic survey. The skip pattern designed for the survey did not work well with FluidSurveys. This led to more work at the analytic stage. The researcher had arranged for questions to be placed in locations where respondents would click answers that either led them to the next question or the next section. For example, the question asking what program they took in school included several answers, one

being Therapeutic Recreation. If the respondent answered "therapeutic recreation" then she/he was sent to the next question, designed for TR graduates to fill out. If the respondent answered anything other than therapeutic recreation, she/he was sent to the next section designed for everyone to fill out. The flaw of the skip pattern was that the person could not be skipped to a particular question. She/he could only be skipped to a different page. This was a limitation of using FluidSurveys, but the researcher was able to overcome the issue by using data organizing features in SPSS.

One of the limitations of using a self-report measure was the risk of social desirability bias and recall bias. Social desirability is the tendency of respondents to respond to test items in a way that is socially acceptable in order to gain approval from others (King & Bruner, 2000). According to King and Bruner (2000), "socially desirable responses in self-report data may lead to spurious correlations between variables as well as the suppression or moderation of relationships between the constructs of interest" (p. 80). Because of this, validity may be compromised (King & Bruner, 2000). The answers to the questions may have not been a true representation of what recreation staff think regarding competencies in LTC and factors that prepare them to work in LTC. These questions could have made respondents feel insecure about their answers and thus caused them not to answer or guess an answer that the researcher would want to hear. This could provide inaccurate results of the study.

The results of the study most likely to be affected by social desirability bias are the level of confidence in competencies in LTC. It is impossible to develop a self-response survey that eliminates all chances of social desirability bias but the researcher made an attempt to decrease the chances of social desirability bias. The researcher

attempted to limit this bias by providing respondents with a choice of opting out of questions. The respondent could choose not to answer questions and they would be able to proceed with the questionnaire. This was also a problem because there was a chance the respondent would not answer some of the level of confidence in competencies questions.

5.2.2 Measuring competencies. The competencies were measured by a level of confidence self-reported by recreation staff. All competencies were measured using the same scale. No other measures were used to test their level of confidence in competencies. The researcher was able to use expert knowledge from McCleary and colleague's (2014b) research and professional competencies from the NICE organization. These competencies were adequate for this study. After analyzing the data, the researcher could have asked about competencies focusing on charting and documentation, as that was one of the themes respondents indicated they were lacking as a competency. This would assist the researcher to know what competencies from charting and documentation respondents perceive are lacking.

5.2.3 Defining competencies. As described in the literature review, a competency can be defined as "a determination of an individual's skill, knowledge and capability to meet defined expectations" (Joint Commission on Accreditation of Healthcare Organizations as cited in Axley, 2008, p. 215). This means the ability of an individual to successfully achieve an expected outcome. The three elements of this definition "skill", "knowledge" and "capability" are found within each competency. The competency questions ask for respondents' "ability to do the following" implying ability to perform skill, apply knowledge and capability to complete a task. This was applied to the

recreations staffs' application of gerontological competencies in LTC. The respondents'

confidence in their ability to perform gerontological competencies was self-measured.

The researcher was not able to measure skill, knowledge and capability to meet the

defined expectations; but to explore the perceived competencies of the recreation staff

working in LTC.

There may have also been recall bias from all participants. Recall bias is defined

as the respondent's overestimation of facts or outcomes of events that occurred

beforehand (Groβ & Bayen, 2015). This may have impeded the recreation staff

respondents from answering the questions because they did not know the true answers or

they could have guessed the answer to satisfy the researcher. This could have also caused

inaccurate results. The researcher attempted to decrease this bias by reducing the number

of questions that could have caused respondent burden in addition to asking questions in

ranged categories that might assist with an accurate estimate.

The findings that were most likely affected by recall bias were the questions that

required specific answers such as "How many courses did you take on aging?" and "How

many in-service training sessions have you attended?" These specific questions were

asked because the researcher did not think that respondents would have taken many aging

courses outside their education as well as inside, thus a ranged category was not created

for this question. In future research, questions asking respondents to remember would

probably stay the same as it would be difficult to avoid recall bias in its entirety.

Regardless of whether questions use a ranged answer versus asking for a specific answer,

if the respondent does not know the exact answer to the question, the response will be an

estimate.

5.3 Statistical Analysis

The appropriate tests for levels of measurement were used in this study. A potential downfall was the large amount of statistical tests used for some questions. There was a chance of a Type I error because multiple t-tests were conducted. Additionally, the researcher kept the p value at 0.05. This was reasonable for an exploratory study.

5.4 Findings: Research Questions Discussion

5.4.1 Research question one discussion. The first research question was: "Do recreation staff who work in long term care homes perceive that they have competencies needed to work with residents in long term care homes?" In the LTC TR competencies, respondents indicated that the competency they are least confident in performing is "writing care plans". This is similar to the results from McCleary et al.'s (2014b) needs assessment, where respondents indicated that recreation staff working in LTC were lacking the ability to write care plans.

Writing care plans is a necessary competency for recreation staff to possess. According to Cook, Dover, Dickson and Colton (2012), care plans are used to document and communicate the plan of care to members of the health team. The competency that respondents were most confident in their ability to perform was implementing programs for residents with physical disabilities and dementia. This result differs from McCleary et al. (2014b) who reported that recreation staff working in LTC lacked the ability to incorporate dementia specific approaches into their practice. Stumbo et al.'s (2012) survey of TR curricula in the United States and Canada found that all respondents said they covered at least one of the following NCTRC content areas:

- Introduction/Foundations/Orientation to TR/RT

- Principles/processes/techniques/methods/procedures

- Assessment

- Programming

- Evaluation

- Disability areas

Perhaps learning how to implement programs for individuals with disabilities was more common in the curriculum. In this thesis research, 312 respondents had been working at least 6 years in LTC which may account for their confidence in competency because of experience, in-service training sessions or continuing education.

With regard to the current NICE competencies, respondents indicated that they were least confident in "performing and refining assessment of the older adult in the domain of spirituality". Spirituality is not typically part of curriculum, nor is it included in the dimensions of professional competence (Lyons & Lopez, 2015), but it could be included in the scope of practice. According to Stumbo (2009), some of the dimensions of professional competence include relationships (communication skills, dealing with conflict, teamwork and teaching others) and affective/moral (tolerance of ambiguity and anxiety, emotional intelligence, respect for patients, responsiveness to patients and society as well as caring). Additionally, spirituality was not included in any of Ridgeway's (2013) core competencies. Ridgeway's (2013) core competencies included: assessment, intervention plan, implementation, evaluation, documentation, interdisciplinary work, program development, research, advocacy and community, foundational knowledge, risk management, diversity, community, and ethics.

Spirituality is a concept that needs to be translated and understood within diverse leisure practices and TR settings (Lyons & Lopez, 2015). Additionally, Lyons and Lopez (2015) suggest that the biomedical approaches in education define mental and physical dimensions of the self but emotional and spiritual realms are not clearly defined. Recreation staff who learn about spirituality would be able to add a sense of meaning making for residents (Nichols, 2013). In a study conducted by Nichols (2013), a LTC home increased resident participation and satisfaction with spiritual care and support through training staff in spiritual care, addressing issues of grief and loss, and how to process the stresses of care fatigue. Additionally, research indicates that spirituality is correlated with increased quality of life and hope for residents; thus this study inferred that the quality of life of their residents increased as there was an increase in spiritual satisfaction (Nichols, 2013). Perhaps long term care homes in Ontario need to incorporate in-service training on topics of spirituality in order to be confident in their ability to assess residents in the domain of spirituality. It would be beneficial for both residents and staff if all LTC staff members are knowledgeable in the domain of spirituality.

Spirituality could be broadly covered in TR education; as it is relevant to all populations participating in TR. There could be content covered in TR curriculum on grieving, loss and spirituality. More in-depth information could be covered on grieving, loss and spirituality during in-service training in LTC. Nichols (2013) created a brochure for their spirituality programs in addition to in-service training and educational workshops on supporting individuals with grief and loss. These are other options to consider for increasing confidence in the ability to assess the domain of spirituality for residents living in LTC. This would also be interesting to investigate in future studies.

Respondents also indicated that they were most confident in "recognizing that all behaviour has meaning and view challenging behaviour of older adults as an attempt at communication based on need". This finding differs from what participants indicated in McCleary et al.'s (2014b) needs assessment where participants indicated that recreation staff working in LTC lacked knowledge of Montessori methods and dementia specific approaches for dementia. The competency 'recognizing that all behaviour has meaning and view challenging behaviour of older adults as an attempt at communication based on need' developed by NICE indicates that the person should understand that residents are exhibiting behaviours because their needs are not being met. However, McCleary et al.'s (2014b) needs assessment was taken from the perspectives of allied health care professionals instead of self-reported measures that were used in this current study. This could influence the differences in findings. Further research will need to be conducted in order to determine recreation staffs' perception and understanding of responsive behaviours.

The frequencies presented in the findings indicate that all recreation staff working in LTC need to have more confidence in writing care plans and, performing and refining assessment in spirituality for individuals living in LTC. This is a reasonable expectation for current recreation staff because assessment of spirituality and writing care plans may not have been covered in some curricula. Recreation staff who are currently working in LTC can learn more about assessing spirituality and writing care plans through continuing education courses and in-service training sessions. The findings also indicate that there is sufficient confidence in ability to implement programs for individuals with physical disabilities and dementia, and recognizing that behaviour is a form of

communication based on need. Based on this finding, it is possible that these competencies are already covered in education and in-service training sessions.

5.4.2 Research question two discussion. The second research question was "Do recreation staff who work in long term care homes perceive that they possessed competencies needed to work with residents in LTC homes when they graduated?" This section discusses the frequencies of the recalled competencies. Recreation staff who graduated from a TR program were analyzed for this question. There may have been recall bias in these competencies. Recall bias was minimized by enabling respondents to reflect on how confident they felt performing competencies at the time they graduated from their TR program. A total of 76 out of the 130 TR graduates had graduated within the last 5 years. These recent graduates would have better recollection of their confidence in competencies when they graduated.

In the recall LTC TR competencies, a large number of respondents recalled having low confidence in their ability to understand the purpose of RAI-MDS. Recreation staff who completed the current LTC TR competencies section in their questionnaire had higher confidence in their ability to understand the purpose of RAI-MDS ($M = 4.3$). According to participants in McCleary et al.'s (2014b) needs assessment, recreation staff working in LTC had gaps in understanding documentation software, care plans and coding relevant to LTC.

According to the Ministry of Health and Long Term Care (2007), the "Resident Assessment Instrument Minimum Data Set (RAI-MDS) is the standardized assessment tool for admission, quarterly, significant change in health status and annual assessments for each resident" (p. 1). The RAI-MDS was initiated in the province of Ontario in June

2005 in order to improve resident care in LTC homes (Ministry of Health and Long Term Care, 2007). This means that recent TR grads would have had the opportunity to learn about the assessment tool. RAI-MDS contains information entered by the care team in order to develop a specific care plan for the resident. The care plan is evaluated using the outputs of MDS assessments (Interior Health, 2015). The RAI-MDS 2.0 consists of the assessment form (MDS), other assessments, outcome scales as well as other outputs used for administrative support (Interior Health, 2015). There are 20 Care Area Assessments in MDS. TRs are trained to complete the psychosocial well-being and activities Care Area Assessments. TRs can also contribute to other sections if they have information available.

According to Buettner and Legg (2011), the RAI user's manual for MDS 3.0 acknowledges that TRs "treat and help maintain the physical, mental and emotional well-being of their clients by seeking to reduce depression, stress and anxiety; recover basic motor functioning and reasoning abilities; build confidence and socialize effectively."(p. 38). If this is the role of recreational therapists working in LTC, why is confidence to understand RAI-MDS is so low? According to Ridgeway (2013), TR documentation is a core competency under the National Therapeutic Recreation Certification Job Tasks, Canadian Therapeutic Recreation Association's standards of practice and Therapeutic Recreation Ontario's standards of practice. Essentially, this means that TR graduates who are now working in LTC should feel confident in performing this competency.

A large proportion of the sample had recalled having high confidence in their ability to implement programs for residents with dementia upon graduation. However, there may have been a case of social desirability bias in this finding. Respondents could

have been afraid that they would look incompetent if they had low confidence in implementing programs for residents with dementia because most LTC homes have residents with dementia. It is an expectation that recreation staff know how to implement the programs for residents with dementia upon graduation.

The respondents were confident in other dementia competencies as well, such as developing and evaluating programs for individuals with dementia. This is interesting considering McCleary et al.'s (2014b) needs assessment, where participants indicated that current recreation staff working in LTC were lacking the ability to use dementia specific approaches, such as implementing programs for residents with dementia. This could be because this current study measured perceptions and not actual competence. The respondents know their own perceptions. McCleary and colleagues (2014b) needs assessment used perceptions from other allied health professionals other than recreation staff. This could be a reason for the difference.

In the recall NICE competencies, a large number of the sample recalled having low confidence in their ability to 'perform and refine assessment of the older adult in the domain of spirituality'. This is consistent with the current competencies. Lyons and Lopez (2015) suggest that there is a need for current TR practitioners to consider diverse notions of spirituality and appreciate the value of spirituality in daily leisure practice. Perhaps spirituality content should be implemented in TR curricula in order to expose students to the value of spirituality in TR practice.

Another competency that was rated with low recalled confidence that was surprising was 'perform and refine assessment of the older adult in the domain of physical health and illness conditions'. This was interesting because physical health is an

important component of the health care field. That is, 65% percent of TR professionals

work in health care settings (NCTRC, 2009). Carter and Zabriskie (2009) note that it

must be questioned whether all curricula are actually preparing students for practice in

hospitals with patients who are severely injured or seriously ill. This could include LTC

homes.

Recreation professionals working in LTC should feel confident about being

knowledgeable in physical health and illness conditions of residents, especially if they are

contributing to care plans about how to improve the residents' quality of life. How can

they accurately contribute to assisting the resident when they do not understand physical

conditions and symptoms that the resident may have? According to Stumbo et al., (2013),

nearly 100% of the respondents completing the 2012 Therapeutic Recreation Curriculum

Survey had identified at least one course being offered in 'disability areas'. Perhaps the

content in TR curricula focuses on implementing TR programs for individuals with

physical disabilities rather than providing knowledge on physical health and illness

conditions. This could impact the extent to which TR graduates are prepared to work in

health care settings such as LTC. This could be explored further in future research.

Many of the respondents were confident in their recalled ability to 'identify that

older adults may be at risk in relation to their right to information and privacy of

information'. This indicates that respondents were comfortable with providing residents

with information and protecting their personal health information. Confidentiality is most

likely part of the TR curricula because ethics is one of the core competencies listed under

National Therapeutic Recreation Certification Job Tasks, Canadian Therapeutic

Recreation Association's standards of practice and Therapeutic Recreation Ontario's

standards of practice (Ridgeway, 2013). A large number of respondents had high

confidence in their ability to 'identify and assess one's own values and biases regarding

aging'. If included in TR education, this competency would include content such as

personal values and diversity in populations. This competency would be classified as

"sensitivity to diversity" listed under National Therapeutic Recreation Certification Job

Tasks and Canadian Therapeutic Recreation Association's standards of practice

(Ridgeway, 2013). This reveals that respondents could be very self-aware of their values

and biases towards aging. This would be a strength in current TR programs.

The paired samples t-tests comparing the level of confidence in competencies

between current and recalled competencies revealed that recreation staff have a higher

confidence level now than they did when they first graduated. The two competencies that

had the largest significant difference were "understanding the purpose of RAI-MDS" and

"recognizing that all behaviour has meaning and view challenging behaviour of older

adults as an attempt at communication based on need". These results emphasize that

recreation staff may have not learned these competencies within their post-secondary

education but gained confidence in the competencies while working in LTC.

5.4.3 Research question three discussion. The third research question was "do

faculty in college and university therapeutic recreation programs perceive that graduates

of their programs have the competencies needed to work with residents in long term care

homes?" The sample for this question was small and not representative of the population.

Although there is limited confidence in the findings, it is interesting to see the similarities

between the recreation staff and TR educators' reports of competencies. The similarities

listed between recreation staff reports of competencies and TR educator reports of

competencies could begin the foundation for future research to further explore the possibility of comparability.

LTC TR Competencies. The least frequently endorsed competency among educators describing their curricula was 'writing effective care plans in LTC'. This is consistent with the recreation staff indicating low confidence in ability to write care plans. Almost every TR educator reported that their program had the competency 'develop programs for residents with physical disabilities' and 'evaluate programs for residents with physical disabilities' in their curriculum. This is consistent with recreation staff indicating that they had a high level of confidence in implementing programs for residents with physical disabilities. This indicates that these competencies are being met through education.

NICE Competencies. The least frequently reported competencies in curricula included the following;

- perform and refine assessment of the older adult in the domain of physical health and illness conditions
- perform and refine assessment of the older adult in the domain of socio-environmental situation
- perform and refine assessment of the older adult in the domain of safety and security

Perhaps the above competencies are lacking from courses in the curriculum. Although researchers such as Beland and Kapes (2003) argue the need for gerontological courses to be included in TR education, the topics that need to be covered are not fully discussed. The topics of physical health and illness conditions, socio-environmental

situation and safety and security were not discussed in the literature but could be examined in greater detail in future research. These competencies may be missing from theory courses and may not be learned during practical experiences.

The most frequently reported competencies were:

- apply evidence-based standards/best practice guidelines to promote healthy activities in older adults

- involve older adults and their families in developing expected outcomes

- recognizing that all behaviour has meaning and view challenging behaviour of older adults as an attempt at communication based on need

- identify and assess one's own values and biases regarding aging

Two of these competencies were also rated as high confidence by recreation staff.

These two competencies were 'recognizing that all behaviour has meaning and view challenging behaviour of older adults as an attempt at communication based on need' (all recreation staff), and 'identifying and assessing one's own values and biases regarding aging' (recent TR graduates). This indicates that the recreation staff working in LTC feel confident in their ability to tell if a resident is attempting to communicate if they are exhibiting responsive behaviours. However, 121 recreation staff wished they had learned more about responsive behaviours. Further research will have to be conducted to further explore the potential need for courses on responsive behaviours.

The high frequencies of competencies presented in the findings reveal that the TR educators in this small sample offer a significant number of competencies in their curriculum. Further research needs to be conducted to determine if other TR curricula offer the same number of competencies in their program. A replication study with a larger

sample of TR educators could compare the results of newly graduated recreation staffs' confidence in competencies with the competencies covered in their TR curriculum to see what competencies could be added or changed.

5.4.4 Research question four discussion. The fourth research question was "to what extent are type of education, work experience, and continuing education, associated with perceptions about current gerontological competencies?"

There were no significant differences in current perceived gerontological competencies by type of education. This potentially implies that the individual's type of education does not contribute to their perceived ability to perform gerontological competencies. However, experience, in-service training and continuing education could have been other factors contributing to their current competencies. Most of these respondents (64%) had six or more years' experience working in LTC. Additionally, most respondents (79%) had at least 1 to 2 continuing education courses since starting work in LTC. Perhaps the other factors, (experience, in-service training and continued education) could have eliminated the effects of the type of education that would have been present when they graduated.

There was a positive correlation between years working in LTC and current LTC TR competencies. This reveals that experience is a contributing factor in perceived ability to perform gerontological competencies. According to Ericsson (2006), extensive experience in an activity is necessary to achieve high levels of performance. When individuals are introduced to a profession after completing training and education, they are supervised by more-experienced professionals as they learn to complete their work-

related responsibilities (Ericsson, 2006). It is through this experience that recreation professionals gain expertise in their job, including gerontological competencies.

There were associations between in-service training sessions and current perceived gerontological competencies. These associations were more likely to be with LTC TR competencies than NICE competencies. The associations were present when comparing respondents who recalled having attended many sessions and those who reported not having had any in-service training. There is currently no literature discussing in-service training for recreation professionals.

There was a literature review conducted on the effectiveness of continuing education in LTC by Aylward, Stolee, Keat and Johncox (2003). The term 'continuing education' is used instead of 'in-service training' in this article, but the authors are discussing training sessions that take place inside LTC homes. They concluded that little research is being conducted on educational initiatives in LTC (Aylward, Stolee, Keat & Johncox, 2003). In a study conducted by Stolee et al. (2005), management support was considered essential to the success of implementing learned care strategies in LTC. Additionally, organizational support is most important in affecting the success of continuing education (Stolee et al., 2005). Perhaps some homes had more organizational support, thus more recreation staff had in-service training sessions than others leading to increased knowledge regarding gerontological competencies and thus more confidence in gerontological competencies. Further research will need to be conducted to further understand how in-service training impacts recreation professionals' confidence in gerontological competencies in LTC.

There were also associations between continuing education courses and current perceived gerontological competencies. The association was between continuing education and LTC TR competencies. Mean scores were lower for participants who had not taken any continuing education than for participants who reported having taken six or more continuing education courses. There were no associations with NICE competencies. According to Stone and Harahan (2010), incentives such as matching workforce development grants to long term care providers will be imperative to motivating professionals in LTC to obtain additional training in geriatrics, management and cultural competency. Although this article did not include recreation staff, they also provide direct care to residents and could benefit from continued education in gerontological competencies. Further research is required to understand how continuing education courses impacts recreation professionals' confidence in gerontological competencies in LTC.

5.4.4.1 Subgroup analysis. The subgroup analysis consisted of TR graduates. The findings of the larger sample are consistent with that of the smaller sample. It shows that regardless of type of education, both samples found having continuing education courses and in-service training sessions helpful in boosting level of confidence to perform gerontological competencies.

5.4.5 Research question five discussion. The fifth research question was "among recent recreation therapy graduates, to what extent are type of entry to practice education, inclusion of gerontological courses, and practice experience associated with perceptions about their competencies on graduation?"

Type of education was not significantly associated with recalled post-graduation competencies. The difference in mean competencies between those educated at college and those educated in university had a small to medium effect size ($d = 0.4$). It does not indicate differences between college educated and university educated graduates.

The inclusion of aging topics in courses in the curriculum was significantly associated with levels of confidence in competencies. The effect size was small to medium ($d = 0.44$). This is not a large difference but it was the largest difference of all the topics covered in aging courses.

Care planning was an aging topic that several respondents did not take. This could reveal that care planning is an aging topic that affected the level of confidence of the TR graduates if they did not learn about it in their education. There were no other significant differences between groups.

Practice experience during entry to practice education was not significantly associated with level of confidence in competencies. There was a small effect size for recall LTC competencies ($d = -0.99$). They do not indicate differences between hours of placement in LTC and level of confidence in competencies. This is interesting, as experience was rated as one of the most important factors contributing to higher levels of competence to work with residents in LTC. Although there are articles discussing intergenerational learning among TR students, there are no articles discussing how the experience increased students' confidence in performing competencies. At most the students said the intergenerational learning program was an innovative learning experience, an opportunity for sharing different perspectives, reduction of stereotypes and

an effective learning tool (Dupuis, 2002). These are very broad descriptions that do not specify what skills students have learned by completing the program.

5.4.6 Research question six discussion. The sixth research question was "what do recreation staff think would improve the competencies of the current workforce of recreation staff and future graduates of the TR programs?"

Experience was listed as the top factor that helped prepare respondents to work with residents in LTC. Education was listed as the least helpful factor to prepare to work with residents in LTC. It was evident from the results that respondents found their experiences in LTC to be more helpful in building confidence to perform gerontological competencies than their education. According to Stumbo (2013), over half of respondents from Canadian and U.S. institutions with TR programs indicated that they had at least one other course in the 'other' category which could have included a population course. This may have included an aging course in their curriculum. If respondents only took one or two aging courses, perhaps that is why they indicated that experience was a superior factor in preparing them to work in LTC. It was anticipated that the more placement hours in LTC would result in more experience in LTC, thus more confidence in performing gerontological competencies. However, 21.5% of the respondents said that 100-200 hours should be required for placement in LTC prior to working with residents. This is interesting because experience was ranked as the most important factor in preparing individuals to work with residents in LTC. Perhaps the recreation staff are suggesting that practicum experience is not as beneficial as working experience.

Eighty seven percent of the respondents indicated that there needs to be improvement in preparing recreation staff to work in LTC. The responses indicated a

need for practicum experience, knowledge of illness conditions and physical disabilities, charting and documentation, courses/topics, descriptions of the job and the impact of programs. These responses reveal that there are gaps in the preparation of recreation staff to work in LTC.

The respondents indicated that recreation staff need more experience in the LTC settings prior to employment. They need to be exposed to the environment and know how to respond to situations that are experienced in LTC. Recreation staff need to be knowledgeable of the illness conditions and physical disabilities that their residents may have so that they can conduct accurate assessments, plan, implement and evaluate appropriate programs for their residents. This contrasts with the finding that recreation staff were most confident in their ability to implement programs for residents with physical disabilities. Perhaps this is because recreation staff felt confident in implementing programs for residents with physical disabilities but not assessing, planning or evaluating programs accurately. Recreation staff could also be suggesting that implementing programs for residents with illness conditions and physical disabilities is adequate but there could be improvement.

Additionally, they need to know how to chart progress notes and accurately document in RAI-MDS. This is important not only to the residents' health and safety, but also for communication with other health care providers (Martin, Hinds & Felix, 1999). Documentation protects the LTC home and reveals compliance with care plans (Brooke, 2000). When a resident claims injury as a result of care, documentation will be the only defense for the recreation staff member (Brooke, 2000). The respondents also suggested that more courses or topics need to be explored in depth; through in-service training,

continuing education or during the recreation staffs' education. This could assist in further preparing recreation staff to work in LTC. These courses could aid in developing the recreation staffs' knowledge of illness conditions, how to respond to situations in LTC and how to document resident information accurately.

TR educators. In order to improve the current curriculum, the educators suggested topics such as RAI-MDS, health and safety, Montessori methods, programming, interventions and dimensions of health and wellness for residents living in LTC. Some of these topics overlap with what recreation staff listed as needed to be discussed to better prepare recreation staff to work in LTC. One educator also discussed more practical experience, as indicated by recreation staff as one of the most important factors in LTC. Topics that were suggested by educators but not by recreation staff were: family member roles, gender roles and culture roles as they applied to LTC. These comments should be interpreted with caution because there were only six educators who responded to this question.

5.5 Implications for TR practitioners, TR educators and LTC managers

This research has implications for the TR profession in LTC and TR education, specifically; TR practitioners, TR educators, and LTC managers. Overall, most respondents agreed that there needs to be improvement in preparing recreation staff to work in LTC. This study reveals confidence levels from recreation professionals from LTC homes across Ontario. The data shows competencies with high confidence and low confidence. In essence, TR practitioners have low confidence in writing care plans, using RAI-MDS and assessing spirituality. They will need to learn more about these topics

through education, continuing education and in-service training. TR practitioners have

high confidence in:

- Implementing programs for residents with dementia and physical

  disabilities

- Recognizing that all behaviour has meaning and view challenging

  behaviour of older adults as an attempt at communication based on need

- Identifying that older adults may be at risk in relation to their right to

  information and privacy of information

- Identifying and assessing one's own values and biases regarding aging.

Perhaps these competencies can be reviewed during continuing education and in-

service training sessions to sustain high levels of confidence in performing these

competencies. Additionally, years of experience was positively correlated with

confidence in competencies. Recent TR graduates should keep in mind that their

confidence will increase as they continue to perform the competencies consistently

through experience. TR graduates' confidence could also be increased through

mentorship. Older TR graduates that have been working in LTC and have high

confidence in their ability to perform competencies could train the TR graduates who are

new to working in LTC. The expertise and knowledge of the older TR graduates could

assist in increasing the confidence of new TR graduates.

5.5.1 Implications for TR educators. The implications for TR educators in this

research involve enhancing the curriculum to better suit TR students who wish to work

with residents in LTC homes. TR educators can include courses or content in their

curriculum that may be relevant to working specifically in LTC; such as care planning,

RAI-MDS and charting. Additionally, TR educators can add more content on assessing and cultivating spirituality within their practice. There could be more placements in LTC added to the curriculum or other health care settings with older adults. Education was ranked as least helpful in preparing recreation staff to work in LTC. TR educators can further explore how they can be more helpful in preparing students to work in LTC settings. This will also assist TR educators in improving the TR curriculum for TR students who wish to work with residents in LTC homes.

5.5.2 Implications for LTC managers. TR practitioners that took in-service training sessions and continuing education courses revealed higher levels of confidence in competencies than those who did not take any. This will be helpful for LTC managers to know that in-service training and continuing education sessions are beneficial in increasing confidence levels of gerontological competencies in their staff. Additionally, the type of education in TR shows no difference in levels of confidence in competencies. This will be helpful to LTC managers when hiring new recreation staff. Respondents' lack of confidence in writing care plans, using RAI-MDS and assessing spirituality will also assist LTC homes in developing in-service training and continuing education for recreation staff.

5.6 Conclusions

In conclusion, this study focused on recreation professionals' perceived confidence in ability to perform gerontological competencies. This was an important study to conduct because there have not been any other studies that focus on gerontological competencies for recreation staff working in LTC. The important findings of the study were that recreation professionals:

- Have the least amount of confidence in writing care plans and assessing spirituality

- They have the most confidence in implementing programs for residents with dementia and physical disabilities and recognizing that all behaviour has meaning and view challenging behaviour of older adults as an attempt at communication based on need

- There were no significant differences in perceived competencies of the recreation staff by type of education

- There was a positive correlation between years working and current LTC TR competencies

- There were associations between in-service training and competencies as well as continuing education courses and competencies. The subgroup showed similar result to the larger sample.

Important findings from TR graduates:

- TR graduates have low confidence in RAI-MDS, assessing spirituality and performing and refining assessment of the older adult in the domain of physical health and illness conditions.

- TR graduates have high confidence in their ability to identify that older adults may be at risk in relation to their right to information and privacy of information.

- The recent TR graduates revealed that aging topics are associated with competencies and that practice experience was not associated with competencies.

An important finding from TR educators, although there is limited confidence in the TR educator findings, is that the least frequently endorsed competency among educators was writing effective care plans. Most TR educators indicated that they have included developing and evaluating programs for residents with physical disabilities as competencies included in their TR curriculum. TR educators offer a significant number of competencies in their curriculum but there is more research needed to understand if these competencies are included in other TR curricula.

When recreation staff were asked about preparedness to work with residents in LTC, experience was indicated as the most important factor to prepare respondents to work with residents in LTC. Education was indicated at the least important factor. Eighty seven percent of recreation professionals indicated that there needs to be improvement in preparing staff to work in LTC. TR educators suggested adding topics such as RAI-MDS, health and safety, Montessori methods, programming, interventions and dimensions of health and wellness for residents living in LTC into their courses.

Overall, this research is relevant to recreation staff, recreation managers and TR educators. It is the intent that this exploratory research will raise awareness to recreation managers and TR educators of recreation staff's current confidence in their ability to perform gerontological competencies needed to practice TR in LTC homes. Additionally, it is the hope that this study will assist in improving current education and training that focus on gerontological competencies needed for LTC.

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Appendix A: Pre-letter Notice for LTC Homes

Dear Recreation Manager,

My name is Kristin Prentice and I am a master's student at Brock University. I am conducting my thesis research on preparation of recreation staff working in long term care.

Within two weeks I plan on contacting each long term care home in Ontario in order to reach out to recreation staff to complete my survey. I will be calling to speak to you in order to provide further information about this study and extend an invitation to participate. I am writing in advance because we have found many people like to know ahead of time that they will be contacted.

The study is being designed to assist in understanding what recreation staff think best prepares them to work in long term care homes. This will help long term care homes and educators in colleges and universities understand the gerontological competencies that recreation therapists in LTC possess; continuing education and training needs in the recreation therapy workforce and priorities for college and university education programs for effectively providing services for residents.

If your recreation staff have questions about participating in the study, please have them contact me at kp08tu@brocku.ca.

Thank you for your time and consideration.

Sincerely,

Kristin Prentice, BRLS, CTRS
MA Candidate
Brock University

P.S. All respondents will be provided with the opportunity to participate in a draw for a $50 gift certificate to Starbucks as a way of saying thank you.

Appendix B: Telephone Script for Reaching Recreation Managers at LTC Homes in Ontario

1. *Call each LTC home from research assistant office at the Department of Nursing*
2. *If secretary answers phone:*
   Hello, may I please be connected to the recreation manager or whoever is in charge of recreation for the residents in the home?
   If the secretary asks who I am:
   Hello, my name is Kristin Prentice and I am a graduate student completing research with Lynn McCleary at Brock University. I am calling to invite the recreation department at your home to participate in a short survey about preparedness to work in long term care. May I please have the extension of the recreation manager?
   If the recreation manager is not available: away at a meeting, on vacation, sick, in between hiring a new manager:
   Leave a message on their machine. Plan to call back on a different day. If there is no manager for a period of time, ask secretary if there is someone else they can contact, or how they can get in contact with the recreation aides in the department.
3. *Call recreation manager:*
   Hello, my name is Kristin Prentice and I am a graduate student completing research with Lynn McCleary at Brock University. I am calling to invite you and the recreation department at your home to participate in a short email online survey about preparedness of recreation staff to work in long term care. Do you have a moment for me to tell you what would be involved?
   If the participant indicates that they do not have time right now:
   Ask them if there is a better time that they can be contacted. Thank them. Call them back at their preferred time or indicate their declined participation on calling schedule.
   If the participant indicates that they do have time:
   I am interested in finding out if recreation staff are prepared to work in long term care from the opinions of recreation staff, recreation managers and Therapeutic Recreation educators. I am especially interested in the factors that influence preparation of recreation staff. This research is being completed as a requirement for my masters' degree in the Faculty of Applied Health Sciences at Brock University. It has received ethics clearance through the Research Ethics Board at Brock University. If you have any questions about the ethics of this study, you can contact the Brock Research Ethics Board. I can give you their contact information (Research Ethics Office at (905) 688-5550 ext. 3035, reb@brocku.ca).

It will be voluntary participation. All of the survey responses are anonymous. We will not collect information such as names of participants or names of the long term care homes where they work. There are no known risks to participating in the survey. The direct benefits of this study include receiving an email with the results of the study which will provide information about factors that influence preparation for recreation staff entering and currently working in LTC. This provided information can assist with hiring new recreation staff and providing adequate training or continuing education sessions for current recreation staff. Results will be reported at conferences and submitted for journal publication. Questionnaires will be collected within the FluidSurveys database and will be transferred to a university computer for data analysis. The questionnaires will be deleted at the termination of the study.

People who complete the survey are eligible to enter a draw for a $50 Starbucks card.

I would like to have your email address to send you the link to the questionnaire, and your staffs' email addresses so that I may send the questionnaire to your staff to complete. If this isn't possible, would it be possible for you to forward the email to your staff?

If manager says "No":
Okay, thank you for your time

If manager says "Yes"
Okay great. May I please have the email addresses? Thank you.

Appendix C: Email One – Organizations

Dear [insert name],

My name is Kristin Prentice and I am a graduate student completing research with Lynn McCleary at Brock University. My research involves understanding the preparedness of recreation staff who work in long term care. I will be contacting recreation staff from each long term care home in Ontario, excluding homes that have retirement homes attached.

I was wondering if you would be able to forward this email to members who you know are employed in the recreation department of a long term care home?

Your assistance would be greatly appreciated.

Thank you,

Regards,

Kristin Prentice, CTRS
MA Candidate

I am inviting you to participate in a short survey about preparedness of recreation staff to work in long term care.

I am interested in finding out if, in the opinions of recreation staff and Therapeutic Recreation educators, recreation staff are prepared to work in long term care. I am especially interested in the factors that influence preparation of recreation staff. This research is being completed as a requirement for my Masters' degree in the Faculty of Applied Health Sciences at Brock University. It has received ethics clearance through the Research Ethics Board at Brock University. If you have any questions about the ethics of this study, you can contact the Brock Research Ethics Board (Research Ethics Office at (905) 688-5550 ext. 3035, reb@brocku.ca).

You are eligible to participate because you are a recreation staff member working in long term care. I am contacting all recreation staff working in long term care homes in Ontario to assist in understanding whether recreation staff are prepared to work in long term care.

Results from the survey will be used to help determine whether the current Therapeutic Recreation curricula needs improvement in incorporating gerontological content to meet the needs of long term care homes that are seeking therapeutic recreation graduates for employment.

It will be voluntary participation. All of the survey responses are anonymous. There are no known risks to participating in the survey. The direct benefits of this study include receiving an email with the results of the study which will provide information about factors that influence preparation for recreation staff entering and currently working in LTC. This provided information can assist with hiring new recreation staff and providing adequate training or continuing education sessions for current recreation staff. Results will be reported at conferences and submitted for journal publication.

Questionnaires will be kept within the FluidSurveys database and will be transferred to a university computer for data analysis. The questionnaires will be deleted at the termination of the study.

Below is the link to the questionnaire

http://fluidsurveys.com/surveys/kprentice08tu/recreation-staff-survey/

Thank you for your time and consideration,
Sincerely,

Kristin Prentice

Kristin Prentice, CTRS

P.S. Respondents who complete the survey are eligible to enter a draw for a $50 Starbucks card.

Appendix D: Email Two – Organizations

Dear [insert name],

I am following up with an email I sent two weeks ago regarding members from your organization to participate in my survey.

I was wondering if you could please send your members this reminder email to complete the questionnaire if they have not already done so and are interested in participating.

Thank you very much.

As always, your assistance is greatly appreciated.

Sincerely,

Kristin Prentice, CTRS
MA Candidate
Brock University

Below is information for respondents:

My name is Kristin Prentice and I am a graduate student completing research with Lynn McCleary at Brock University. I am inviting you to participate in a short survey about preparedness of recreation staff to work in long term care.

I am interested in finding out if, in the opinions of recreation staff and Therapeutic Recreation educators, recreation staff are prepared to work in long term care. I am especially interested in the factors that influence preparation of recreation staff. This research is being completed as a requirement for my Masters' degree in the Faculty of Applied Health Sciences at Brock University. It has received ethics clearance through the Research Ethics Board at Brock University. If you have any questions about the ethics of this study, you can contact the Brock Research Ethics Board (Research Ethics Office at (905) 688-5550 ext. 3035, reb@brocku.ca).

You are eligible to participate because you are a recreation staff member working in long term care. I am contacting all recreation staff working in long term care homes in Ontario to assist in understanding whether recreation staff are prepared to work in long term care.

Results from the survey will be used to help determine whether the current Therapeutic Recreation curricula needs improvement in incorporating gerontological content to meet the needs of long term care homes that are seeking therapeutic recreation graduates for employment.

It will be voluntary participation. All of the survey responses are anonymous. There are no known risks to participating in the survey. The direct benefits of this study include receiving an email with the results of the study which will provide information about factors that influence preparation for recreation staff entering and currently working in LTC. This provided information can assist with hiring new recreation staff and providing adequate training or continuing education sessions for current recreation staff. Results will be reported at conferences and submitted for journal publication.

Questionnaires will be kept within the FluidSurveys database and will be transferred to a university computer for data analysis. The data will be terminated at the conclusion of the study.

Below is the link to the questionnaire

http://fluidsurveys.com/surveys/kprentice08tu/recreation-staff-survey/

Thank you for your time and consideration,
Sincerely,

Kristin Prentice

Kristin Prentice, CTRS

P.S. Respondents who complete the survey are eligible to enter a draw for a $50 Starbucks card.

Appendix E: Email Three – Organizations

Dear [insert name],

This is a final email I am sending following up with an email I sent two weeks ago regarding members from your organization to participate in my survey.

I was wondering if you could please send your members this reminder email to complete the questionnaire if they have not already done so and are interested in participating.

Thank you very much.

As always, your assistance is greatly appreciated.

Sincerely,

Kristin Prentice, CTRS
MA Candidate
Brock University

Below is information for respondents:

My name is Kristin Prentice and I am a graduate student completing research with Lynn McCleary at Brock University. I am inviting you to participate in a short survey about preparedness of recreation staff to work in long term care.

I am interested in finding out if, in the opinions of recreation staff and Therapeutic Recreation educators, recreation staff are prepared to work in long term care. I am especially interested in the factors that influence preparation of recreation staff. This research is being completed as a requirement for my Masters' degree in the Faculty of Applied Health Sciences at Brock University. It has received ethics clearance through the Research Ethics Board at Brock University. If you have any questions about the ethics of this study, you can contact the Brock Research Ethics Board (Research Ethics Office at (905) 688-5550 ext. 3035, reb@brocku.ca).

You are eligible to participate because you are a recreation staff member working in long term care. I am contacting all recreation staff working in long term care homes in Ontario to assist in understanding whether recreation staff are prepared to work in long term care.

Results from the survey will be used to help determine whether the current Therapeutic Recreation curricula needs improvement in incorporating gerontological content to meet the needs of long term care homes that are seeking therapeutic recreation graduates for employment.

It will be voluntary participation. All of the survey responses are anonymous. There are no known risks to participating in the survey. The direct benefits of this study include receiving an email with the results of the study which will provide information about factors that influence preparation for recreation staff entering and currently working in LTC. This provided information can assist with hiring new recreation staff and providing adequate training or continuing education sessions for current recreation staff. Results will be reported at conferences and submitted for journal publication.

Questionnaires will be kept within the FluidSurveys database and will be transferred to a university computer for data analysis. The data will be terminated at the conclusion of the study.

Below is the link to the questionnaire

http://fluidsurveys.com/surveys/kprentice08tu/recreation-staff-survey/

Thank you for your time and consideration,
Sincerely,

Kristin Prentice

Kristin Prentice, CTRS

P.S. Respondents who complete the survey are eligible to enter a draw for a $50 Starbucks card.

Appendix F: Pre-letter Notice for Universities and Colleges

[Date]
[Educator's Name]
[Address of institution]

Dear [Insert Name],

My name is Kristin Prentice and I am a master's student at Brock University. I am conducting my thesis research on preparation of recreation staff working in long term care.

Within two weeks I plan on contacting each educational institution that offers a therapeutic recreation program in Ontario in order to reach out to therapeutic recreation educators to complete my survey. I will be calling to speak to you in order to provide further information about this study and extend an invitation to participate. I am writing in advance because we have found many people like to know ahead of time that they will be contacted.

The study is being designed to assist in understanding how gerontological competencies are achieved by recreation therapists who work in long term care homes. The study seeks information from recreation staff practicing in long term care and all therapeutic recreation educators in Ontario colleges and universities. The study will help therapeutic recreation educators better understand the competencies their students need to possess in order to effectively provide services for residents living in long term care homes. It will also help identify strengths and gaps in current therapeutic recreation education related to aging and long term care.

If you have questions about the study, please contact me at kp08tu@brocku.ca.

Thank you for your time and consideration.

Sincerely,

Kristin Prentice, BRLS, CTRS
MA Candidate
Brock University

Appendix G: Telephone Script for Reaching College and University Faculty

1. **Call each educational institution from research assistant office at the Department of Nursing**
2. **If the course coordinator does not answer the phone:**
   Plan to call back later or on a different day. Do not call more than three times.
3. **If course coordinator answers phone:**
   Hello, my name is Kristin Prentice and I am a graduate student completing research with Lynn McCleary at Brock University. I am calling to invite the therapeutic recreation faculty at your institution to participate in a short survey about graduates' preparedness to work in long term care. Would it be okay if you forwarded the email of invitation to the faculty who teach TR students?
   - If "yes": Thank you, I will send you the letter of invitation and survey now.
   - If "no": Thank you for your time

Appendix H: Email One – Educational Institutions

Dear [insert name],

My name is Kristin Prentice and I am a graduate student completing research with Lynn McCleary at Brock University. I am inviting you to participate in a short survey about preparedness of recreation staff to work in long term care.

I am interested in finding out if, in the opinions of recreation staff and Therapeutic Recreation educators, recreation staff are prepared to work in long term care. I am especially interested in the factors that influence preparation of recreation staff. This research is being completed as a requirement for my Masters' degree in the Faculty of Applied Health Sciences at Brock University. It has received ethics clearance through the Research Ethics Board at Brock University. If you have any questions about the ethics of this study, you can contact the Brock Research Ethics Board (Research Ethics Office at (905) 688-5550 ext. 3035, reb@brocku.ca).

You are eligible to participate because you are an educator of therapeutic recreation. I am contacting all therapeutic recreation educators in Ontario to assist in understanding whether therapeutic recreation graduates are prepared to work in long term care.

Results from the survey will be used to help determine whether there is a need for improvement in gerontological content in TR curricula to meet the needs of long term care homes that are seeking therapeutic recreation graduates for employment.

It will be voluntary participation. All of the survey responses are anonymous. There are no known risks to participating in the survey. The direct benefits of this study include receiving an email with the results of the study which will contribute evidence from the perspective of recreation staff and entry-to-practice educators about gaps and opportunities for enhancing achievement of needed competencies. Results will be reported at conferences and submitted for journal publication.

Questionnaires will be kept within the FluidSurveys database and will be transferred over to a university computer for data analysis. The data will be deleted at the termination of the study.

Below is the link to the questionnaire

http://fluidsurveys.com/surveys/kprentice08tu/therapeutic-recreation-educators-survey

Thank you for your time and consideration,

Sincerely,
Kristin Prentice, CTRS

P.S. Respondents who complete the survey are eligible to enter a draw for a $50 Starbucks card.

Appendix I: Letter of Invitation for TR Educators

January 2015

I, Kristin Prentice, Principal Student Investigator, from the Faculty of Applied Health Sciences, Brock University, invite you to participate in a research project entitled "Are recreation staff prepared to work in Long Term Care?".

The purpose of this thesis research project is to examine whether recreation staff are prepared to work in long term care (LTC) settings. This will be examined from the perspectives of recreation staff and Therapeutic Recreation educators. The study aims to answer the following three primary questions; (1) Do recreation staff who work in long term care homes perceive that they have competencies needed to work with residents in long term care homes? (2) Do recreation staff who work in long term care homes perceive that they possessed competencies needed to work with residents in long term care homes when they graduated? (3) Do faculty in college and university therapeutic recreation programs perceive that graduates of their programs have the competencies needed to work with residents in long term care homes?

Should you choose to participate, you will be asked to complete a questionnaire regarding the preparedness of TR graduates working in LTC. The expected duration is 5-10 minutes to complete the questionnaire.

This research should benefit TR educators in better understanding how education influences the preparation of TR graduates for LTC settings. The recreation staff will describe influences that assisted in preparing them to work in LTC, such as specialty courses and field placements in their education. Faculty will describe aging related curriculum.

If you have any pertinent questions about your rights as a research participant, please contact the Brock University Research Ethics Officer (905 688-5550 ext 3035, reb@brocku.ca)

If you have any questions, please feel free to contact me (see below for contact information).

Thank you,

Kristin Prentice

Principal Student Investigator: Kristin Prentice
MA Student in the Faculty of Applied Health Sciences
Brock University
kp08tu@brocku.ca

Principal Investigator (PI) and Faculty Supervisor: Lynn McCleary
Department of Nursing
Brock University
(905) 688-5550 ext. 5160
lmccleary@brocku.ca

This study has been reviewed and received ethics clearance through Brock University's Research Ethics Board **[file #14-172].**

Appendix J: Email Two – Educational Institutions

Dear [insert name],

This is a reminder email following up with the first email sent two weeks ago.

My name is Kristin Prentice and I am a graduate student completing research with Lynn McCleary at Brock University. I am inviting you to participate in a short survey about preparedness of recreation staff to work in long term care.

I am interested in finding out if, in the opinions of recreation staff and Therapeutic Recreation educators, recreation staff are prepared to work in long term care. I am especially interested in the factors that influence preparation of recreation staff. This research is being completed as a requirement for my Masters' degree in the Faculty of Applied Health Sciences at Brock University. It has received ethics clearance through the Research Ethics Board at Brock University. If you have any questions about the ethics of this study, you can contact the Brock Research Ethics Board (Research Ethics Office at (905) 688-5550 ext. 3035, reb@brocku.ca).

You are eligible to participate because you are an educator of therapeutic recreation. I am contacting all therapeutic recreation educators in Ontario to assist in understanding whether therapeutic recreation graduates are prepared to work in long term care.

Results from the survey will be used to help determine whether the current TR curricula needs improvement in incorporating gerontological content to meet the needs of long term care homes that are seeking therapeutic recreation graduates for employment.

It will be voluntary participation. All of the survey responses are anonymous. There are no known risks to participating in the survey. The direct benefits of this study include receiving an email with the results of the study which will contribute evidence from the perspective of recreation staff and entry-to-practice educators about gaps and opportunities for enhancing achievement of needed competencies. Results will be reported at conferences and submitted for journal publication.

Questionnaires will be kept within the FluidSurveys database and will be transferred over to a university computer for data analysis. The data will be deleted at the termination of the study.

Below is the link to the questionnaire
http://fluidsurveys.com/surveys/kprentice08tu/therapeutic-recreation-educators-survey/

Thank you for your time and consideration,
Sincerely,
Kristin Prentice, CTRS
MA Candidate

Appendix K: Email Three – Educational Institutions

Dear [insert name],

This is a final reminder email following up with another email sent two weeks ago.

My name is Kristin Prentice and I am a graduate student completing research with Lynn McCleary at Brock University. I am inviting you to participate in a short survey about preparedness of recreation staff to work in long term care.

I am interested in finding out if, in the opinions of recreation staff and Therapeutic Recreation educators, recreation staff are prepared to work in long term care. I am especially interested in the factors that influence preparation of recreation staff. This research is being completed as a requirement for my Masters' degree in the Faculty of Applied Health Sciences at Brock University. It has received ethics clearance through the Research Ethics Board at Brock University. If you have any questions about the ethics of this study, you can contact the Brock Research Ethics Board (Research Ethics Office at (905) 688-5550 ext. 3035, reb@brocku.ca).

You are eligible to participate because you are an educator of therapeutic recreation. I am contacting all therapeutic recreation educators in Ontario to assist in understanding whether therapeutic recreation graduates are prepared to work in long term care.

Results from the survey will be used to help determine whether the current Therapeutic Recreation curricula needs improvement in incorporating gerontological content to meet the needs of long term care homes that are seeking therapeutic recreation graduates for employment.

It will be voluntary participation. All of the survey responses are anonymous. There are no known risks to participating in the survey. The direct benefits of this study include receiving an email with the results of the study which will contribute evidence from the perspective of recreation staff and entry-to-practice educators about gaps and opportunities for enhancing achievement of needed competencies. Results will be reported at conferences and submitted for journal publication.

Questionnaires will be kept within the FluidSurveys database and will be transferred over to a university computer for data analysis. The data will be deleted at the termination of the study.

Below is the link to the questionnaire

http://fluidsurveys.com/surveys/kprentice08tu/therapeutic-recreation-educators-survey/

Thank you for your time and consideration,

Sincerely,
Kristin Prentice, CTRS
MA Candidate

Appendix L: Email One – Recreation Managers

Dear [insert name],

I am following up with the phone call we had recently of your interest to participate in my study regarding the preparation of recreation staff working in long term care. Could you please forward this email to your recreation staff?

Thank you for your assistance,

Sincerely,

Kristin Prentice, CTRS
MA Candidate
Faculty of Applied Health Sciences
Brock University

I am interested in finding out if, in the opinions of recreation staff and educators, recreation staff are prepared to work in long term care. I am especially interested in the factors that influence preparation of recreation staff. This research is being completed as a requirement for my Masters' degree in the Faculty of Applied Health Sciences at Brock University. It has received ethics clearance through the Research Ethics Board at Brock University. If you have any questions about the ethics of this study, you can contact the Brock Research Ethics Board (Research Ethics Office at (905) 688-5550 ext. 3035, reb@brocku.ca).

You are eligible to participate because you are a recreation staff member working in long term care. I am contacting all recreation staff working in long term care homes in Ontario to assist in understanding whether recreation staff are prepared to work in long term care.

Results from the survey will be used to help determine whether the current Therapeutic Recreation curricula needs improvement in incorporating gerontological content to meet the needs of long term care homes that are seeking therapeutic recreation graduates for employment.

It will be voluntary participation. All of the survey responses are anonymous. There are no known risks to participating in the survey. The direct benefits of this study include receiving an email with the results of the study which will provide information about factors that influence preparation for recreation staff entering and currently working in LTC. This provided information can assist with hiring new recreation staff and providing adequate training or continuing education sessions for current recreation staff. Results will be reported at conferences and submitted for journal publication.

Questionnaires will be kept within the FluidSurveys database and will be transferred over to a university computer for data analysis. The data will be deleted at the termination of the study.

Below is the link to the questionnaire

http://fluidsurveys.com/surveys/kprentice08tu/recreation-staff-survey/

Thank you for your time and consideration,
Sincerely,
Kristin Prentice, CTRS
MA Candidate
Faculty of Applied Health Sciences
Brock University

P.S. Respondents who complete the survey are eligible to enter a draw for a $50 Starbucks card.

Appendix M: Letter of Invitation for Recreation Staff

March 2015

I, Kristin Prentice, Principal Student Investigator, from the Faculty of Applied Health Sciences, Brock University, invite you to participate in a research project entitled "Are recreation staff prepared to work in long term care?"
The purpose of this thesis research project is to examine the extent to which recreation staff are prepared to work in long term care (LTC) settings. This will be examined from the perspectives of recreation staff and Therapeutic Recreation educators. The study aims to answer the following three primary questions: (1) Do recreation staff who work in long term care homes perceive that they have competencies needed to work with residents in long term care homes?
(2) Do recreation staff who work in long term care homes perceive that they possessed competencies needed to work with residents in long term care homes when they graduated?
(3) Do faculty in college and university therapeutic recreation programs perceive that graduates of their programs have the competencies needed to work with residents in long term care homes?

Should you choose to participate, you will be asked to complete a questionnaire regarding the preparedness of recreation staff working in long term care. It will take you 10-15 minutes to complete the questionnaire.

This research will provide recreation staff and educators with information that can be used to improve education and identify needs for continuing education and training.

If you have any questions about your rights as a research participant, please contact the Brock University Research Ethics Officer (905 688-5550 ext 3035, reb@brocku.ca)

If you have any other questions, please feel free to contact me (see below for contact information).

Thank you,

Principal Student Investigator: Kristin Prentice, BRLS, CTRS
MA Student in the Faculty of Applied Health Sciences
Brock University
kp08tu@brocku.ca

Principal Investigator and Faculty Supervisor: Lynn McCleary, RN PhD
Department of Nursing
Brock University
(905) 688-5550 ext. 5160
lmccleary@brocku.ca

This study has been reviewed and received ethics clearance through Brock University's Research Ethics Board **[file #14-172].**

Appendix N: Email Two – Recreation Managers

Dear [insert name],

This is a reminder email following up with the first email sent two weeks ago about participation in my study regarding recreation staff preparedness in long term care homes. Could please forward this email to your recreation staff?

Thank you, your assistance is greatly appreciated.

Sincerely,

Kristin Prentice, CTRS
MA Candidate
Brock University

Below is information for participants:

My name is Kristin Prentice and I am a graduate student completing research with Lynn McCleary at Brock University. I am inviting you to participate in a short survey about preparedness of recreation staff to work in long term care.

I am interested in finding out if, in the opinions of recreation staff and educators, recreation staff are prepared to work in long term care. I am especially interested in the factors that influence preparation of recreation staff. This research is being completed as a requirement for my Masters' degree in the Faculty of Applied Health Sciences at Brock University. It has received ethics clearance through the Research Ethics Board at Brock University. If you have any questions about the ethics of this study, you can contact the Brock Research Ethics Board (Research Ethics Office at (905) 688-5550 ext. 3035, reb@brocku.ca).

You are eligible to participate because you are a recreation staff member working in long term care. I am contacting all recreation staff working in long term care homes in Ontario to assist in understanding whether recreation staff are prepared to work in long term care.

Results from the survey will be used to help determine whether the current TR curricula needs improvement in incorporating gerontological content to meet the needs of long term care homes that are seeking therapeutic recreation graduates for employment.

Participation is voluntary. All of the survey responses are anonymous. There are no known risks to participating in the survey. The direct benefits of this study include receiving an email with the results of the study which will provide information about factors that influence preparation for recreation staff entering and currently working in

LTC. This provided information can assist with hiring new recreation staff and providing adequate training or continuing education sessions for current recreation staff. Results will be reported at conferences and submitted for journal publication.

Questionnaires will be kept within the FluidSurveys database and will be transferred to a university computer for data analysis. The data will be deleted at the termination of the study.

Below is the link to the questionnaire

http://fluidsurveys.com/surveys/kprentice08tu/recreation-staff-survey/

Thank you for your time and consideration,
Sincerely,

Kristin Prentice

Kristin Prentice, CTRS
MA Candidate

Appendix O: Email Three – Recreation Managers

Dear [insert name],

This is a final reminder email following up with another email sent two weeks ago. Could please forward the email to your staff if you have not already done so?

Thank you for your time and consideration,

Sincerely,

Kristin Prentice, CTRS
MA Candidate
Brock University

Below is information for participants:

My name is Kristin Prentice and I am a graduate student completing research with Lynn McCleary at Brock University. I am inviting you to participate in a short survey about preparedness of recreation staff to work in long term care.

I am interested in finding out if, in the opinions of recreation staff and educators, recreation staff are prepared to work in long term care. I am especially interested in the factors that influence preparation of recreation staff. This research is being completed as a requirement for my Masters' degree in the Faculty of Applied Health Sciences at Brock University. It has received ethics clearance through the Research Ethics Board at Brock University. If you have any questions about the ethics of this study, you can contact the Brock Research Ethics Board (Research Ethics Office at (905) 688-5550 ext. 3035, reb@brocku.ca).

You are eligible to participate because you are a recreation staff member working in long term care. I am contacting all recreation staff working in long term care homes in Ontario to assist in understanding whether recreation staff are prepared to work in long term care.

Results from the survey will be used to help determine whether the current Therapeutic Recreation curricula needs improvement in incorporating gerontological content to meet the needs of long term care homes that are seeking therapeutic recreation graduates for employment.

Participation is voluntary. All of the survey responses are anonymous. There are no known risks to participating in the survey. The direct benefits of this study include receiving an email with the results of the study which will provide information about factors that influence preparation for recreation staff entering and currently working in

LTC. This provided information can assist with hiring new recreation staff and providing adequate training or continuing education sessions for current recreation staff. Results will be reported at conferences and submitted for journal publication.

Questionnaires will be kept within the FluidSurveys database and will be transferred to a university computer for data analysis. The data will be deleted at the termination of the study.

Below is the link to the questionnaire

http://fluidsurveys.com/surveys/kprentice08tu/recreation-staff-survey/

Thank you for your time and consideration,
Sincerely,
Kristin Prentice, CTRS
MA Candidate

Appendix P: Recreation Staff Questionnaire

1. How many years of experience do you have working in LTC? _____
2. Where is the location (city/town/region) of your current LTC home? _____
3. How many years have you been working in this current home?_____
4. Is your home:
   - ☐ Private
   - ☐ Public
5. Did you attend post-secondary school?
   - ☐ Yes
   - ☐ No

Please indicate how confident you are in your ability to do each of the following:

1 = "Not confident at all" and 5 = "Very confident"

6. Develop programs for residents with responsive behaviours
   1___2___3___4___5

7. Implement programs for residents with responsive behaviours
   1___2___3___4___5

8. Evaluate programs for residents with responsive behaviours
   1___2___3___4___5

9. Develop programs for residents with physical disabilities
   1___2___3___4___5

10. Implement programs for residents with physical disabilities
    1___2___3___4___5

11. Evaluate programs for residents with physical disabilities
    1___2___3___4___5

12. Develop programs for residents with dementia
    1___2___3___4___5

13. Implement programs for residents with dementia
    1___2___3___4___5

14. Evaluate programs for residents with dementia
    1___2___3___4___5

15. Know the difference between normal aging and disease processes
   1___2___3___4___5

16. Understand the purpose of RAI-MDS
   1___2___3___4___5

17. Write effective care plans for residents in LTC
   1___2___3___4___5

18. Write effective progress notes for residents' chart in LTC
   1___2___3___4___5

19. Perform and refine assessment of the older adult in the domain of physical health and illness conditions
   1___2___3___4___5

20. Perform and refine assessment of the older adult in the domain of functional ability
   1___2___3___4___5

21. Perform and refine assessment of the older adult in the domain of cognitive ability and mental health
   1___2___3___4___5

22. Perform and refine assessment of the older adult in the domain of psychosocial function including social support system and life course changes
   1___2___3___4___5

23. Perform and refine assessment of the older adult in the domain of spirituality
   1___2___3___4___5

24. Perform and refine assessment of the older adult in the domain of socio-environmental situation
   1___2___3___4___5

25. Perform and refine assessment of the older adult in the domain of safety and security
   1___2___3___4___5

26. Apply evidence-based standards/best practice guidelines to promote healthy activities in older adults
   1___2___3___4___5

27. Involve older adults and their families in developing expected outcomes
   1___2___3___4___5

28. Recognize that all behaviour has meaning and views challenging behaviour of older adults as an attempt at communication based on need
   1___2___3___4___5

29. Identify that older adults may be at risk in relation to their right to information and privacy of information
   1___2___3___4___5

30. Form partnerships with older adults, their families and communities, to achieve mutually agreed upon health outcomes

    1___2___3___4___5

31. Inform and support older adults and their families while they are making decisions about their health care

    1___2___3___4___5

32. Respect and promote older adults rights to dignity and self-determination within the context of the law and safety concerns

    1___2___3___4___5

33. Apply ethical principles to decisions on behalf of all older adults with special attention to those with limited decision capacity

    1___2___3___4___5

34. Provide care that demonstrates sensitivity to older adults' cultural and spiritual diversity

    1___2___3___4___5

35. Identify and assess one's own values and biases regarding aging

    1___2___3___4___5

36. How many years has it been since you graduated?
    - ☐ 0-5
    - ☐ 6-10
    - ☐ 11-15
    - ☐ 16-20
    - ☐ Over 20

Respondents who have NOT graduated within the last 5 years skip to question 69

We would like to know about your confidence related to seniors' care when you graduated. Please answer the following questions thinking about the time immediately after your graduation from your community college or university recreation program (**the respondents who have graduated within 5 years and have a TR education will be completing this section).**

Please indicate how confident you felt about performing these competencies when you graduated from your community college or university recreation program.

1 = "Not confident at all" and 5 = "Very confident"

37. Developing programs for residents with responsive behaviours

    1___2___3___4___5

38. Implementing programs for residents with responsive behaviours

1___2___3___4___5

39. Evaluating programs for residents with responsive behaviours
   1___2___3___4___5

40. Developing programs for residents with physical disabilities
   1___2___3___4___5

41. Implementing programs for residents with physical disabilities
   1___2___3___4___5

42. Evaluating programs for residents with physical disabilities
   1___2___3___4___5

43. Developing programs for residents with dementia
   1___2___3___4___5

44. Implementing programs for residents with dementia
   1___2___3___4___5

45. Evaluating programs for residents with dementia
   1___2___3___4___5

46. Knowing the difference between normal aging and disease processes
   1___2___3___4___5

47. Understanding the purpose of RAI-MDS
   1___2___3___4___5

48. Writing effective care plans for residents in LTC
   1___2___3___4___5

49. Writing effective progress notes for residents' chart in LTC
   1___2___3___4___5

50. Performing and refining assessment of the older adult in the domain of physical health and illness conditions
   1___2___3___4___5
51. Performing and refining assessment of the older adult in the domain of functional ability
   1___2___3___4___5
52. Performing and refining assessment of the older adult in the domain of cognitive ability and mental health
   1___2___3___4___5

53. Performing and refining assessment of the older adult in the domain of psychosocial function including social support system and life course changes
1___2___3___4___5

54. Performing and refining assessment of the older adult in the domain of spirituality
1___2___3___4___5

55. Performing and refining assessment of the older adult in the domain of socio-environmental situation
1___2___3___4___5

56. Performing and refining assessment of the older adult in the domain of safety and security
1___2___3___4___5

57. Applying evidence-based standards/best practice guidelines to promote healthy activities in older adults
1___2___3___4___5

58. Involving older adults and their families in developing expected outcomes
1___2___3___4___5

59. Recognizing that all behaviour has meaning and views challenging behaviour of older adults as an attempt at communication based on need
1___2___3___4___5

60. Identifying that older adults may be at risk in relation to their right to information and privacy of information
1___2___3___4___5

61. Forming partnerships with older adults, their families and communities, to achieve mutually agreed upon health outcomes
1___2___3___4___5

62. Informing and supporting older adults and their families while they are making decisions about their health care
1___2___3___4___5

63. Respecting and promoting older adults rights to dignity and self-determination within the context of the law and safety concerns
1___2___3___4___5

64. Applying ethical principles to decisions on behalf of all older adults with special attention to those with limited decision capacity
1___2___3___4___5

65. Providing care that demonstrates sensitivity to older adults' cultural and spiritual diversity
1___2___3___4___5

66. Identifying and assessing one's own values and biases regarding aging
1___2___3___4___5

67. Please indicate where you learned any of the above competencies prior to graduating (check all that apply):

- ☐ Conference attended as a student
- ☐ Work experience as a student
- ☐ Family member living in LTC
- ☐ Field experience during school
- ☐ Coursework during school

(Everyone answering these questions below)

68. How many in-service training sessions regarding working with older adults in LTC have you experienced since you started working in LTC? : _____

69. How many courses about aging/older adults have you taken since you graduated?: _____

70. Did any of your post-graduation in-service training/continuing education cover these topics? Please click all that apply:

- ☐ *Dementia*
- ☐ *Delirium*
- ☐ *Depression*
- ☐ *Physical aging*
- ☐ *Progress Noting*
- ☐ *MDS*
- ☐ *Care Planning*

71. What aging courses have you taken outside of your post-secondary education? Please check all that apply:

- ☐ Gentle Persuasive Approach
- ☐ Montessori
- ☐ Snoezelen
- ☐ P.I.E.C.E.S
- ☐ Other: _____

72. How much experience did you have in LTC prior to working as a recreation staff in LTC? Please check all that apply:

- o I worked in a different department in LTC prior to working as a recreation staff member
- o I volunteered in LTC
- o I had a family member living in LTC
- o Field Placement/Internship
- o Other experience: _____

73. What is your highest level of education in preparation for your work in recreation services?
- ☐ University Degree
- ☐ College Diploma
- ☐ High School Diploma
- ☐ Certificate in Therapeutic Recreation
- ☐ Other: _____

74. What program? :
- ☐ Therapeutic Recreation
- ☐ General Recreation (outdoor recreation, community recreation)
- ☐ PSW
- ☐ Gerontology
- ☐ Social Work/Gerontology
- ☐ Activation
- ☐ Other:_____

75. What school?: _____

For recreation staff who have not graduated in the last 5 years or more AND/OR did NOT take Therapeutic Recreation as post-secondary education:

Skip to overall (next) section

For recreation staff who have graduated within the last 5 years and took Therapeutic Recreation as a degree, diploma or certificate, continue onto next section:

76. How many aging courses were you required to take in your program?: _____

77. How many aging and TR courses?: _____

78. Please list types of aging courses you took in school (e.g., psychology of aging, abnormal aging, etc.): _____

79. Did any of your courses in your educational institution cover these topics? Please click all that apply:
- ☐ Dementia
- ☐ Delirium
- ☐ Depression
- ☐ Physical aging
- ☐ Progress noting
- ☐ MDS
- ☐ Care planning

80. Did you complete a placement in LTC? Please select one of the checkboxes:
  - ☐ Yes
  - ☐ No (skip to question 84)

81. Was it required or optional?
  - ☐ Required
  - ☐ Optional

82. How many hours did you spend in this placement?
  - ☐ Less than 100 hours
  - ☐ 100-200
  - ☐ 201-300
  - ☐ 301-400
  - ☐ 401-500
  - ☐ 501+

83. If you did not complete a placement in LTC, please indicate one or more of the reasons of why you did not complete a placement in LTC:

  - ☐ I was not interested in working with older adults at the time
  - ☐ The choice to work in LTC was not offered
  - ☐ It was competitive to find a placement so I accepted whatever location was available
  - ☐ Other: _____

(Everyone can answer the last section below)

84. On a scale of 1 through 5, 1 being "Not at all", and 5 being "Definitely", which of these factors helped prepare you to work with older adults in LTC?
   Education
   1___2 ___ 3___ 4___ 5
   Continuing Education
   1___2___3___4___5
   Experience
   1___2___3___4___5
   In-service Training
   1___2___3___4___5

85. How many hours of experience (e.g. volunteering, placement, internship) do you think should be required prior to working in recreation services with older adults in LTC? Please check one of the boxes:

- ☐ 0
- ☐ 1 to 99
- ☐ 100-200
- ☐ 201-300
- ☐ 301-400
- ☐ 401-500
- ☐ 501-600
- ☐ 601+

86. Do you think there needs to be improvement in preparing recreation staff to work in LTC?

- ☐ Yes
- ☐ No

87. Please indicate the factors that you think are most important to better prepare recreation staff for working in LTC:

RANK

Education   1   2   3   4   5

Continuing Education   1   2   3   4   5

In-service Training   1   2   3   4   5

Experience   1   2   3   4   5

Other:_____   1   2   3   4   5

88. Is there anything you know now that you wished you had learned prior to working in LTC as a recreation staff member? That is, is there something you wish you had known that would have better prepared you for the LTC setting and working with older adults? Please write answer below:

_____

_____

Appendix Q: TR Educators' Questionnaire

1. What is your educational background?
   - ☐ Therapeutic Recreation
   - ☐ Other: _____
2. Do you have an interest in aging?
   - ☐ Yes
   - ☐ No
3. What type of educational institution do you work for?
   - ☐ College
   - ☐ University
4. How many faculty members in your department have an interest and experience in aging and TR? : _____
5. How many years have you taught TR? _____
6. What is your clinical experience working with older adults?
   - ☐ I have worked in LTC
   - ☐ I have worked with older adults in workplaces other than LTC (i.e., hospital, retirement homes, community centers)
   - ☐ I have never or almost never worked with older adults

Teaching the Current Curriculum
7. How many courses are TR students required to take that focus on aging and TR? :_____
8. How many courses are electives that TR students have the opportunity to choose from that focus on TR and aging? : _____
9. Do you plan on adding more aging-related courses to the TR curriculum?
   - ☐ Yes
   - ☐ No
   - ☐ Unsure
10. These are gerontological competencies. Please indicate which of these competencies are included in any of the courses TR students take in the program you teach in?
    - ☐ Performs and refines assessment of the older adult in the domain of physical health and illness conditions
    - ☐ Performs and refines assessment of the older adult in the domain of functional ability
    - ☐ Performs and refines assessment of the older adult in the domain of cognitive ability and mental health
    - ☐ Performs and refines assessment of the older adult in the domain of psychosocial function including social support system and life course changes

☐ Performs and refines assessment of the older adult in the domain of spirituality

☐ Performs and refines assessment of the older adult in the domain of socio-environmental situation

☐ Performs and refines assessment of the older adult in the domain of safety and security

☐ Applies evidence-based standards/best practice guidelines to promote healthy activities in older adults

☐ Involves older adults and their families in developing expected outcomes

☐ Recognizes that all behaviour has meaning and views challenging behaviour of older adults as an attempt at communication based on need

☐ Identifies that older adults may be at risk in relation to their right to information and privacy of information

☐ Forms partnerships with older adults, their families and communities, to achieve mutually agreed upon health outcomes

☐ Informs and supports older adults and their families while they are making decisions about their health care

☐ Respects and promotes older adults rights' to dignity and self-determination within the context of the law and safety concerns

☐ Applies ethical principles to decisions on behalf of all older adults with special attention to those with limited decision capacity

☐ Provides care that demonstrates sensitivity to older adults' cultural and spiritual diversity

☐ Identifies and assesses one's own values and biases regarding aging

☐ Develops programs for residents with dementia

☐ Implements programs for residents with dementia

☐ Develops programs for residents with responsive behaviours

☐ Implements programs for residents with responsive behaviours

☐ Develops programs for residents with physical disabilities

☐ Implements programs for residents with physical disabilities

☐ Evaluates programs for residents with dementia

☐ Evaluates programs for residents with responsive behaviour

☐ Evaluates programs for residents with physical disabilities

☐ Knows the difference between normal aging and disease processes

☐ Understands the purpose of MDS

☐ Writes effective care plans for residents in LTC

☐ Writes effective progress notes for resident chart in LTC

☐ None of these competencies are taught in any courses at my institution

11. How many hours of field work, not including the final internship, are required in your TR program?
  - ☐ 0
  - ☐ Under 100
  - ☐ 100-200
  - ☐ 201-300
  - ☐ 301-400
  - ☐ 401-500
  - ☐ 501-600
  - ☐ 601+
  - ☐ Not sure

12. Do all students have a practicum with older adults in your TR program?
  - ☐ Yes
  - ☐ No
  - ☐ Not sure

13. Are any of these placements in LTC?
  - ☐ Yes
  - ☐ No
  - ☐ Not sure

14. If so, approximately how many? : _____

On a scale of 1 to 5, 1 being "Not at all" and 5 being "Definitely", please answer the following questions:

15. Do you think your graduates have attained skills and competencies needed to work with older adults in LTC?
  1_____2_____3_____4_____5

16. Do you think your graduates have sufficient knowledge to practice TR in LTC?
  1____2_____3_____4_____5

17. Do you think your graduates are adequately prepared to work in LTC?
  1_____2_____3_____4_____5

Overall

18. Overall, do you think the curriculum in your program could be improved to better prepare students to work in LTC?
  - ☐ Yes
  - ☐ No

Please explain. For example, what could be improved or what you think is inadequate in the current curriculum:

_____

Appendix R: FluidSurveys Research Invitation and Conclusion

Dear Participant,

We would greatly appreciate your help in finding out the preparedness of recreation staff to work in long term care.
We would like to learn more about the factors that influence preparation of recreation staff from the perspectives of therapeutic recreation educators and recreation staff.

The survey takes only 10-15 minutes to complete. We do not anticipate any risks to participation. The only direct benefit is that this study will contribute evidence from the perspective of recreation staff and entry-to-practice educators about gaps and opportunities for enhancing achievement of needed competencies.

This study is being done as part of Kristin Prentice's thesis research for a Master of Arts in Applied Health Sciences with thesis advisor Dr. Lynn McCleary, Associate Professor, Brock University. Ethics clearance has been obtained through the Research Ethics Board at Brock University [file # 14-172]. If you have any comments or concerns about your rights as a research participant, please contact the Research Ethics Office at (905) 688-5550 Ext. 3035, reb@brocku.ca.

Your participation is voluntary. Results are anonymous and cannot be linked to individual participants. Completion of this survey indicates your consent. If you start the survey, then decide you want to withdraw from the study, you can go back and delete your responses.

The survey data will be securely stored in the FluidSurveys database and then transferred to a securely stored database at Brock University. Results will be reported at conferences and journal publications.

Enter a draw for a $50.00 Starbucks gift certificate upon completion of the questionnaire. Contact information will be separated from results of the survey and will not be used for any purpose other than the draw.

Thank you for your help!

If you have any questions regarding this survey, or would like to receive feedback regarding the results, please contact:

Kristin Prentice, CTRS, BRLS

Graduate Student, Faculty of Applied Health Sciences
C/O Dept. of Nursing, Brock University
Email: kp08tu@brocku.ca
Last page before closing out the survey:

Thank you for your participation!

Please click "yes" if you would like to receive feedback. Your personal information required for feedback will not be connected to the questionnaire you have submitted.

[Name of participant]

[Email of participant]

Please click "yes" if you would like to submit your name for the draw of $50.00 to Starbucks! Your personal information required for the draw will not be connected to the questionnaire you have submitted.

[Name of participant]

[Email of participant]

Tables

Table 4.1

Sample Description of Recreation Staff by Type of Education

	TR Graduate	**Other Education**	**Total n = 487**
Highest Level of Education	n = 129	n = 328	n = 457
Degree	53 (40.76%)	91(25.49%)	144 (29.51%)
Diploma	40 (30.76%)	221(61.73%)	261 (53.48%)
Certificate	36 (27.69%)	16(4.46%)	52 (10.66%)
Years Since Graduation	n = 130	n = 356	n = 486
0-5	76 (58.46%)	98 (27.37%)	174 (35.66%)
6-10	22 (16.92%)	80 (22.35%)	102 (20.9%)
11-15	11 (8.46%)	53 (14.8%)	64 (13.1%)
16-20	5 (3.84%)	49 (13.69%)	54 (11.07%)
Over 20	16 (12.31%)	76 (21.23%)	92 (18.85%)
Private vs Public LTC Home	*n* = 129	*n* = 356	*n* = 485
Private	59 (45.7%)	172 (48.3%)	231 (47.6%)
Public	70 (54.3%)	184 (51.7%)	254 (52.4%)
Experience in LTC Prior to Becoming a Recreation Staff Member	*n* = 130	*n* = 357	*n* = 487
	33 (25.4%)	55 (15.4%)	88 (18.1%)
In-service Training Sessions	*n* = 110	*n* = 245	*n* = 355
None	6 (5.5%)	14 (5.7%)	20 (5.6%)
1 to 5	41 (37.3%)	57 (23.3%)	98 (27.6%)
6 to 10	35 (31.8%)	55 (22.4%)	90 (25.4%)
11 to 30	18 (16.4%)	70 (28.6%)	88 (24.8%)
31+	10 (7.7%)	49 (20.0%)	59 (16.6%)
Continuing	*n* = 127	*n* = 354	*n* = 481

Education			
None	36 (28.3%)	53 (14.8%)	89 (18.5%)
1 to 2	34 (26.8%)	66 (18.5%)	100 (20.8%)
3 to 5	28 (22%)	94 (26.3%)	122 (25.4%)
6 to 10	16 (12.6%)	52 (14.6%)	68 (14.1%)
11 to 20	9 (7.1%)	38 (10.6%)	47 (9.8%)
More than 1	4 (3.1%)	51 (14.3%)	55 (11.4%)

Note. Some sample sizes are different depending on the response rate for certain questions

Table 4.2

Item Frequencies of Factors that Helped Prepare Recreation Staff to Work with Residents in LTC

Factors	Scale from 1 to 5, 1 being "Not at All", 5 being "Definitely"	Frequency (%)	M (SD)
Education (n = 475)	1	7 (1.5)	3.98 (.97)
	2	31 (6.5)	
	3	93 (19.6)	
	4	179 (37.7)	
	5	165 (34.7)	
Continuing Education (n = 456)	1	10 (2.2)	4.13 (.96)
	2	19 (4.2)	
	3	65 (14.3)	
	4	170 (37.3)	
	5	192 (42.1)	
Experience (n = 478)	1	1 (0.2)	4.77 (.59)
	2	6 (1.3)	
	3	15 (3.1)	
	4	60 (12.6)	
	5	396 (82.8)	
Training (n = 470)	1	4 (0.9)	4.39 (.80)
	2	10 (2.1)	
	3	39 (8.3)	
	4	165 (35.1)	
	5	252 (53.6)	

Table 4.3

Frequencies of Factors that Recreation Staff Indicate are Most Important to Better
Prepare Recreation Staff for Working in LTC

Factors	Scale from 1 to 5, 1 being "Not at All" and 5 being "Definitely"	Frequency (%)	M (SD)
Education (n = 277)	1	28 (10.1)	3.40 (1.28)
	2	43 (15.5)	
	3	63 (22.7)	
	4	76 (27.4)	
	5	67 (24.2)	
Continuing Education (n = 267)	1	11 (4.1)	3.21 (1.08)
	2	68 (25.5)	
	3	73 (27.3)	
	4	83 (31.1)	
	5	32 (12.0)	
Training (n = 293)	1	10 (3.4)	3.58 (1.08)
	2	43 (14.7)	
	3	70 (23.9)	
	4	107 (36.5)	
	5	63 (21.5)	
Experience (n = 378)	1	24 (6.3)	4.08 (1.29)
	2	38 (10.1)	
	3	39 (10.3)	
	4	58 (15.3)	
	5	219 (57.9)	
Other (n = 174)	1	92 (52.9)	2.51 (1.77)
	2	10 (5.7)	
	3	13 (7.5)	
	4	10 (5.7)	
	5	49 (28.2)	

Table 4.4

Number of Hours of LTC Placement that should be Required Prior to Working in LTC

Number of LTC Placement Hours	n (%)
0	2 (.4)
1-99	50 (10.4)
100-200	104 (21.5)
201-300	75 (15.5)
301-400	71 (14.7)
401-500	78 (16.1)
501-600	44 (9.1)
601+	59 (12.2)

Table 4.5

Item Frequencies and Means of LTC TR Competencies for Sample, Current Report

Item	Not at all 1 n (%)	2	3	4	Very 5	Item Mean (SD)	Total
Develop Programs for Responsive Behavior	1 (0.2)	7 (1.4)	56 (11.5)	213 (43.7)	210 (43.1)	4.28 (.74)	487
Implement Programs for Responsive Behaviours	2 (0.4)	7 (1.4)	38 (7.8)	214 (43.9)	226 (46.4)	4.34 (.72)	487
Evaluate Programs for Responsive Behaviours	2 (0.4)	13 (2.7)	47 (9.7)	208 (42.7)	217 (44.6)	4.29 (.78)	487
Develop Programs for Physical Disabilities	3 (0.6)	6 (1.2)	33 (6.8)	187 (38.4)	258 (53.0)	4.43 (.73)	487
Implement Programs for Physical Disabilities	4 (0.8)	6 (1.2)	21 (4.3)	185 (38.0)	271 (55.6)	4.47 (.71)	487
Evaluate Programs for Physical Disabilities	4 (0.8)	8 (1.6)	34 (7.0)	185 (38.0)	256 (52.6)	4.41 (.76)	487
Develop Programs for Dementia	1 (0.2)	8 (1.6)	31(6.4)	170 (34.9)	277 (56.9)	4.47 (.71)	487
Implement							

Programs for Dementia	2 (0.4)	8 (1.6)	21 (4.3)	154 (31.6)	302 (62)	4.54 (.69)	487
Evaluate Programs for Dementia	3 (0.6)	9 (1.8)	30 (6.2)	163 (33.5)	282 (57.9)	4.46 (.75)	487
Know the difference between normal aging and disease processes	2 (0.4)	9 (1.8)	37 (7.6)	206 (42.3)	233 (47.8)	4.35 (.74)	487
Understand the Purpose of RAI-MDS	4 (0.8)	22 (4.5)	48 (9.9)	161 (33.1)	252 (51.7)	4.30 (.88)	487
Write Effective Care Plans in LTC	9 (1.8)	23 (4.7)	59 (12.1)	193 (39.6)	203 (41.7)	4.15 (.94)	487
Write Effective Progress Notes for Residents' Chart in LTC	4 (0.8)	13 (2.7)	50 (10.3)	162 (33.3)	258 (53.0)	4.35 (.83)	487

Table 4.6

Post Hoc Results for Comparing LTC TR Competencies with Confidence

LTC TR Competency Item	Significant LTC TR Competency Items
1	4, 5, 6, 7, 8, 9
2	5, 7, 8, 9, 12
3	4, 5, 6, 7, 8, 9
4	1, 3, 8, 12
5	1, 2, 3, 11, 12
6	1, 3, 8, 12
7	1, 2, 3, 8, 11, 12, 13
8	1, 2, 3, 7, 9, 10, 11, 12, 13
9	1, 2, 3, 8, 11, 12, 13
10	12
11	5, 7, 8, 9, 12
12	2, 4, 5, 6, 7, 8, 9, 10, 11,13
13	7, 8, 9

Note. All pairwise comparisons have a significance level under .05.

Table 4.7

Item Frequencies and Means of NICE Competencies for Sample, Current Report

Item	Not at All n (%) 1	2	3	4	5	Item Mean (SD)	Total N
Perform and refine assessment of the older adult in the domain of:							
Physical health and illness conditions	9 (1.8)	32 (6.6)	115 (23.6)	222 (45.6)	109 (22.4)	3.80 (.92)	487
Functional ability	8 (1.6)	31 (6.4)	101 (20.7)	231 (47.4)	116 (23.8)	3.85 (.91)	487
Cognitive ability and mental health	8 (1.6)	25 (5.1)	94 (19.3)	239 (49.0)	121 (24.8)	3.90 (.89)	487
Psychosocial function including social support system and life course changes	7 (1.4)	26 (5.3)	107 (22.0)	221 (45.3)	126 (25.9)	3.89 (.90)	487
Spirituality	12 (2.5)	34 (7.0)	100 (20.5)	206 (42.3)	135 (27.7)	3.86 (.98)	487
Socio-environmental situation	9 (1.8)	19 (3.9)	89 (18.3)	234 (48.1)	136 (27.9)	3.96 (.89)	487
Safety and security	5 (1.0)	17 (3.5)	84 (17.2)	229 (47.1)	152 (31.2)	4.04 (.85)	487

Apply evidence-based standards/best practice guidelines to promote healthy activities in older adults	4 (0.8)	8 (1.6)	53 (10.9)	220 (45.2)	202 (41.5)	4.25 (.78)	487
Involve older adults and their families in developing expected outcomes	2 (0.4)	16 (3.3)	53 (10.9)	223 (45.8)	193 (39.6)	4.21 (.79)	487
Recognizing that all behaviour has meaning and view challenging behaviour of older adults as an attempt at communication based on need	2 (0.4)	2 (0.4)	26 (5.3)	163 (33.5)	294 (60.4)	4.53 (.66)	487
Identify that older adults may be at risk in relation to their right to information and privacy of information	3 (0.6)	3 (0.6)	34 (7.0)	170 (34.9)	277 (56.9)	4.47 (.71)	487
Form partnerships with older adults, their families and communities, to achieve mutually	2 (0.4)	7 (1.4)	34 (7.0)	189 (38.8)	255 (52.4)	4.42 (.72)	487

agreed upon health outcomes						
Inform and support older adults and their families while they are making decisions about their healthcare	2 (0.4)	13 (2.7)	54 (11.1)	200 (41.0)	218 (44.8)	4.27 (.79)	487
Respect and promote older adults' rights to dignity and self-determination within the context of the law and safety concerns	3 (0.6)	3 (0.6)	32 (6.6)	139 (28.5)	310 (63.7)	4.55 (.70)	487
Apply ethical principles to decisions on behalf of all older adults with special attention to those with limited decision capacity	1 (0.2)	9 (1.8)	48 (9.9)	177 (36.3)	252 (51.7)	4.38 (.75)	487
Provide care that demonstrates sensitivity to older adults' cultural and spiritual diversity	1 (0.2)	4 (0.8)	37 (7.6)	169 (34.7)	276 (56.7)	4.47 (.69)	487

Identify and assess one's own values and biases regarding aging	2 (0.4)	2 (0.4)	30 (6.2)	185 (38.0)	268 (55.0)	4.47 (.67)	487

Table 4.8

Post Hoc Results for Comparing NICE Competencies with Confidence

NICE Competency Item	Significant NICE Competency Items
1	8-17
2	8-17
3	8-17
4	8-17
5	8-17
6	8-17
7	8-17
8	1-7, 10, 14
9	1-5, 7, 10, 11, 14
10	1-9, 13
11	1-7, 9
12	1-7
13	1-7, 10
14	1-9
15	1-7
16	1-7
17	1-7

Note. All pairwise comparisons have a significance level under .05.

Table 4.9

Items Frequencies and Means of LTC TR Competencies for Sample, Recall Report

Item	Not at all 1 n (%)	2	3	4	Very 5	Item Mean (SD)	Total
Develop Programs for Residents with Responsive Behavior	0 (0)	12 (15.8)	27 (35.5)	25 (32.9)	12 (15.8)	3.50 (.94)	76
Implement Programs for Residents with Responsive Behaviours	0 (0)	11 (14.5)	27 (35.5)	24 (31.6)	14 (18.4)	3.55 (.96)	76
Evaluate Programs for Residents with Responsive Behaviours	0 (0)	12 (15.8)	23 (30.2)	29 (38.2)	12 (15.8)	3.55 (.94)	76
Develop Programs for Residents with Physical Disabilities	0 (0)	7 (9.2)	14 (18.4)	42 (55.3)	13 (17.1)	3.80 (.83)	76
Implement Programs for Residents with Physical Disabilities	0 (0)	6 (7.9)	16 (21.1)	40 (52.6)	14 (18.4)	3.82 (.83)	76

Evaluate Programs for Residents with Physical Disabilities	0 (0)	8 (10.5)	13 (17.1)	42 (55.2)	13 (17.1)	3.79 (.85)	76
Develop Programs for Residents with Dementia	1 (1.3)	9 (11.8)	15 (19.7)	29 (38.1)	22 (28.9)	3.81 (1.03)	76
Implement Programs for Residents with Dementia	1 (1.3)	5 (6.6)	14 (18.4)	34 (44.7)	22 (28.9)	3.93 (.93)	76
Evaluate Programs for Residents with Dementia	1 (1.3)	9 (11.8)	13 (17.1)	32 (42.1)	21 (27.6)	3.83 (1.01)	76
Know the difference between normal aging and disease processes	2 (2.6)	5 (6.6)	16 (21.1)	34 (44.7)	19 (25.0)	3.83 (.97)	76
Understand the Purpose of RAI-MDS	16 (21.1)	16 (21.1)	18 (23.7)	12 (15.8)	14 (18.4)	2.89 (1.40)	76

Write Effective Care Plans in LTC	10 (13.2)	18 (23.7)	16 (21.0)	21 (27.6)	11 (14.5)	3.07 (1.28)	76
Write Effective Progress Notes for Residents' Chart in LTC	8 (10.5)	15 (19.7)	13 (17.1)	27 (35.5)	13 (17.1)	3.29 (1.26)	76

Table 4.10

Post Hoc Results for Comparing Recalled LTC TR Competencies with Confidence

Recalled LTC TR Competency Item	Significant Recalled LTC TR Competency Items
1	11-13
2	4-6, 11-13
3	11-13
4	2, 11
5	2, 11
6	2, 11, 12
7	11, 12
8	11, 12
9	11, 12
10	11-13
11	1-10
12	1-3, 6-10
13	1-3, 10

Note. All pairwise comparisons have a significance level under .05.

Table 4.11

Item Frequencies and Means of Recall NICE Competencies for Sample

Item	Not at All n (%) 1	2	3	4	5	Item Mean (SD)	Total N
Perform and refine assessment of the older adult in the domain of:							
Physical health and illness conditions	2 (2.6)	13 (17.1)	29 (38.2)	24 (31.6)	8 (10.5)	3.30 (.97)	76
Functional ability	2 (2.6)	12 (15.8)	26 (34.2)	26 (34.2)	10 (13.2)	3.39 (.99)	76
Cognitive ability and mental health	1 (1.3)	13 (17.1)	25 (32.9)	27 (35.5)	10 (13.2)	3.43 (.97)	76
Psychosocial function including social support system and life course changes	2 (2.6)	13 (17.1)	22 (28.9)	31 (40.8)	8 (10.5)	3.39 (.98)	76
Spirituality	3 (3.9)	17 (22.4)	30 (23.1)	16 (21.1)	10 (13.2)	3.17 (1.05)	76
Socio-environmental situation	2 (2.6)	12 (15.8)	30 (39.4)	23 (30.3)	9 (11.8)	3.34 (.97)	76

Safety and security	2 (2.6)	13 (17.1)	25 (32.9)	23 (30.3)	13 (17.1)	3.42 (1.05)	76
Apply evidence-based standards/best practice guidelines to promote healthy activities in older adults	1 (1.3)	7 (9.2)	18 (23.7)	26 (34.2)	24 (31.6)	3.86 (1.02)	76
Involve older adults and their families in developing expected outcomes	1 (1.3)	8 (10.5)	22 (28.9)	29 (38.2)	16 (21.1)	3.67 (.97)	76
Recognizing that all behaviour has meaning and view challenging behaviour of older adults as an attempt at communication based on need	0 (0)	5 (6.6)	21 (27.6)	27 (35.5)	23 (30.3)	3.89 (.92)	76
Identify that older adults may be at risk in relation to their right to information and privacy of information	0 (0)	3 (3.9)	22 (28.9)	29 (38.1)	22 (28.9)	3.92 (.86)	76

Form
partnerships
with older

adults, their families and communities, to achieve mutually agreed upon health outcomes	1 (1.3)	5 (6.6)	21 (27.6)	32 (42.1)	17 (22.4)	3.78 (.92)	76
Inform and support older adults and their families while they are making decisions about their healthcare	1 (1.3)	9 (11.8)	18 (23.7)	33 (43.4)	15 (19.7)	3.68 (.97)	76
Respect and promote older adults' rights to dignity and self-determination within the context of the law and safety concerns	1 (1.3)	5 (6.6)	17 (22.4)	30 (39.5)	23 (30.3)	3.91 (.96)	76
Apply ethical principles to decisions on behalf of all older adults with special attention to those with limited decision capacity	1 (1.3)	4 (5.3)	23 (30.3)	27 (35.5)	21 (27.6)	3.83 (.94)	76
Provide care that demonstrates sensitivity to older adults'	2 (2.6)	5 (6.6)	17 (22.4)	32 (42.1)	20 (26.3)	3.83 (.99)	76

cultural and spiritual diversity							
Identify and assess one's own values and biases regarding aging	1 (1.3)	3 (3.9)	14 (18.4)	31 (40.8)	27 (35.5)	4.05 (.91)	76

Table 4.12

Post Hoc Results for Comparing Recalled NICE Competencies with Confidence

Recalled NICE Competency Item	Significant Recalled NICE Competency Items
1	8, 10-12, 14, 15, 17
2	8, 10, 11, 17
3	8, 10, 1, 17
4	8, 10, 11, 14, 15, 17
5	8-17
6	8, 10-12, 14-17
7	8-11, 17
8	1-7
9	5
10	1-7
11	1-7
12	1, 5, 6
13	5
14	1, 4-6
15	1, 4-6
16	5, 6
17	1-7

Note. All pairwise comparisons have a significance level under .05.

Table 4.13

Current Competency Scores by In-service Training Sessions

	Number of In-service Training Sessions	*n*	M	SD
Current LTC TR Competency Score	None	20	3.74	.76
	1 to 5	98	4.25	.59
	6 to 10	90	4.39	.69
	11 to 30	88	4.49	.42
	31+	59	4.50	.50
	Total	355	4.36	.60
Current NICE Competency Score	None	20	3.84	.60
	1 to 5	98	4.06	.56
	6 to 10	90	4.18	.68
	11 to 30	88	4.23	.52
	31+	59	4.26	.54
	Total	355	4.16	.59

Table 4.14

Current Competency Scores by Continuing Education Courses

	Number of Continuing Education Courses	*n*	M	SD
Current LTC TR Competency Score	None	89	4.21	.63
	1 to 2	100	4.28	.59
	3 to 5	122	4.41	.57
	6 to 10	68	4.52	.55
	11 to 20	47	4.52	.45
	Total	426	4.37	.58
Current NICE Competency Score	None	89	4.06	.57
	1 to 2	100	4.06	.58
	3 to 5	122	4.22	.59
	6 to 10	68	4.27	.61
	11 to 20	47	4.30	.52
	Total	426	4.17	.58

Table 4.15

Current Competency Scores by In-service Training Sessions of TR Staff Respondents with TR Education

	Number of In-service Training Sessions	***n***	**M**	**SD**
Current LTC TR Competency Score	None	6	3.58	.81
	1 to 5	41	4.30	.44
	6 to 10	35	4.64	.30
	11 to 30	18	4.52	.38
	31+	10	4.79	.24
	Total	110	4.45	.48
Current NICE Competency Score	None	6	3.82	.42
	1 to 5	41	4.07	.42
	6 to 10	35	4.43	.39
	11 to 30	18	4.27	.43
	31+	10	4.61	.32
	Total	110	4.25	.45

Table 4.16

Current Competency Scores by Continuing Education Courses for TR Staff Respondents with TR Education

	Number of Continuing Education Courses	n	M	SD
Current LTC TR Competency Score	None	36	4.27	.595
	1 to 2	34	4.43	.398
	3 to 5	28	4.53	.385
	6 to 10	16	4.67	.347
	11 to 20	9	4.63	.365
	Total	123	4.45	.470
Current NICE Competency Score	None	36	4.08	.499
	1 to 2	34	4.18	.498
	3 to 5	28	4.33	.389
	6 to 10	16	4.45	.381
	11 to 20	9	4.49	.321
	Total	123	4.24	.467

Table 4.17

Recall Competency Scores by Type of Education

	Type of Education	Number of Respondents in each Type of Education (n)	M	SD
Recall LTC TR Competencies	University Degree	34	3.59	.71
	College Diploma	17	3.52	.83
	Certificate in TR	25	3.64	.76
	Total	76	3.59	.75
Recall NICE Competencies	University Degree	34	3.71	.56
	College Diploma	17	3.43	.80
	Certificate in TR	25	3.68	.83
	Total	76	3.64	.71

Table 4.18

Recall Competency Scores by Topics Covered in Courses

	Topics Covered in Courses	Number of Respondents (n = 76)	M	SD
Recall LTC TR Competencies	Dementia			
	Yes	68	3.62	.72
	No	8	3.28	.90
	Delirium			
	Yes	32	3.75	.62
	No	44	3.47	.82
	Depression			
	Yes	51	3.67	.74
	No	25	3.42	.73
	Physical Aging			
	Yes	63	3.63	.76
	No	13	3.41	.66
	MDS			
	Yes	25	3.77	.73
	No	51	3.50	.74
	Care Planning			
	Yes	29	3.82	.66
	No	47	3.44	.77
Recall NICE Competencies	Dementia			
	Yes	68	3.66	.70
	No	8	3.44	.86
	Delirium			
	Yes	32	3.79	.65
	No	44	3.53	.74
	Depression			

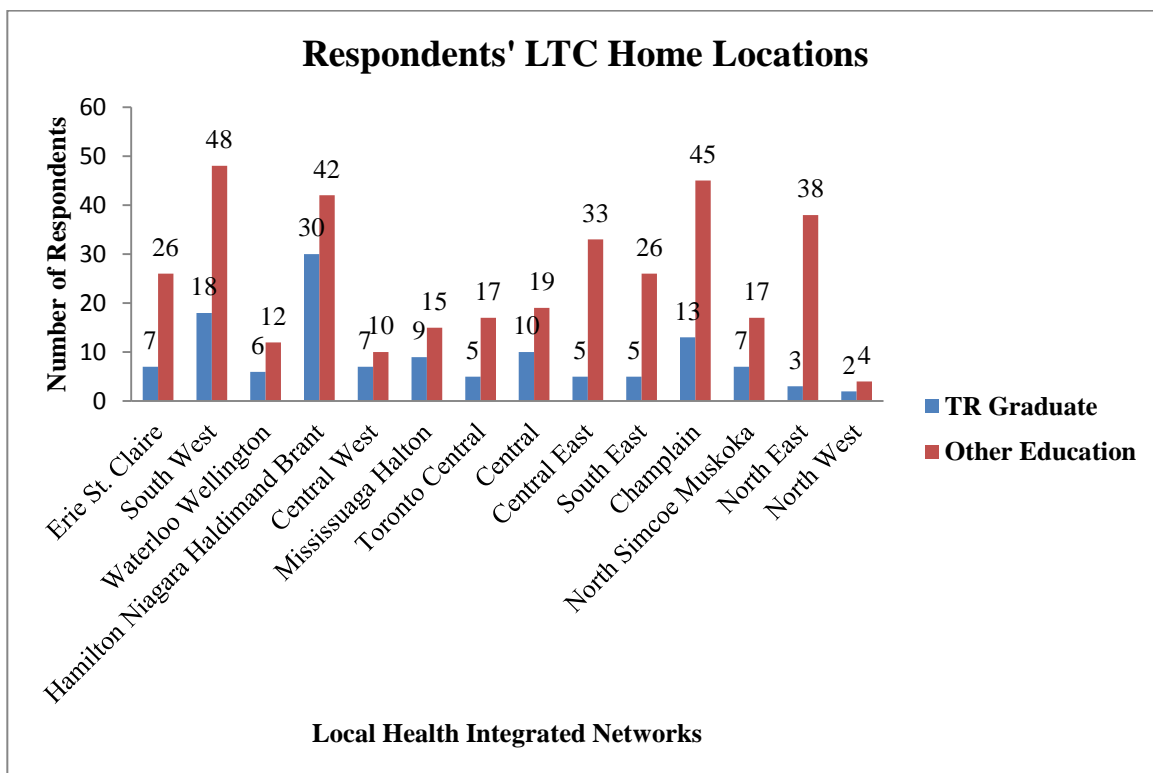|			
Yes	51	3.71	.67
No	25	3.49	.78
Physical Aging			
Yes	63	3.68	.74
No	13	3.45	.57
MDS			
Yes	25	3.79	.77
No	51	3.57	.68
Care Planning			
Yes	29	3.83	.72
No	47	3.52	.69

Table 4.19

Recall Competency Scores by Number of LTC Placement Hours

	Number of Hours in Placement	Number of Respondents (n)	M	SD
Recall LTC TR Competencies	Less than 100 hours	7	3.07	.82
	100-200	10	3.61	.79
	201-300	9	3.45	.65
	301-400	7	3.46	.84
	401-500	17	3.77	.93
	501+	15	3.77	.57
	Total	65	3.59	.78
Recall NICE Competencies	Less than 100 hours	7	3.35	.57
	100-200	10	3.31	.75
	201-300	9	3.54	.70
	301-400	7	3.77	.78
	401-500	17	3.88	.80
	501+	15	3.78	.63
	Total	65	3.65	.72

List of Figures

Figure 1. Respondents' LTC home locations by Local Health Integrated Networks (LHINs). Due to missing data, the sample sizes for each group are as follows; TR Graduates (n = 127) and Other Education (n = 352).
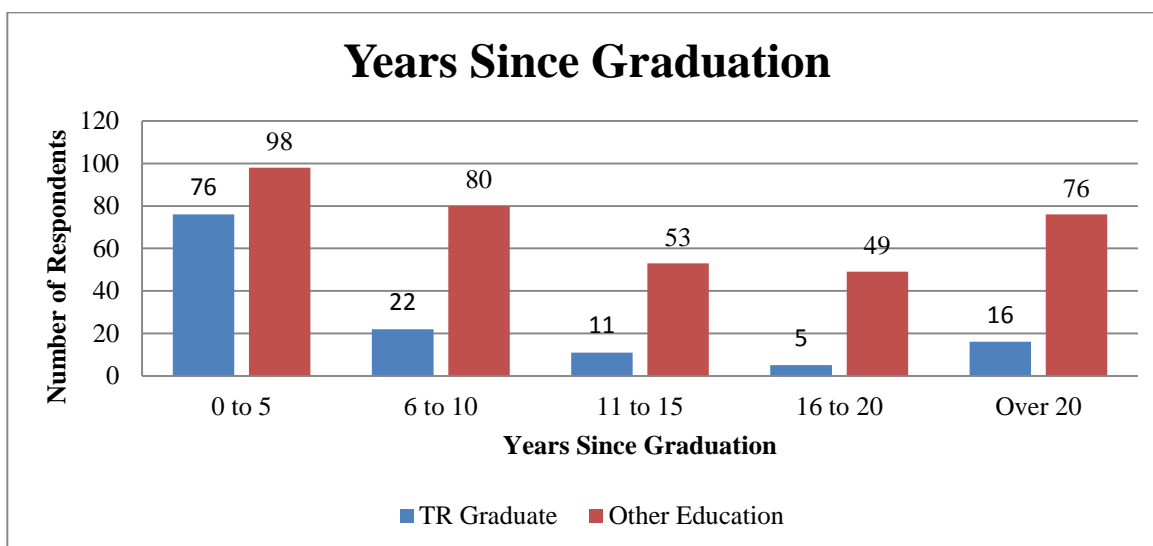
Figure 2. Bar chart depicting the years since respondents graduated from post-secondary education. There were 487 total respondents; 130 TR Graduates and 357 Other Education.
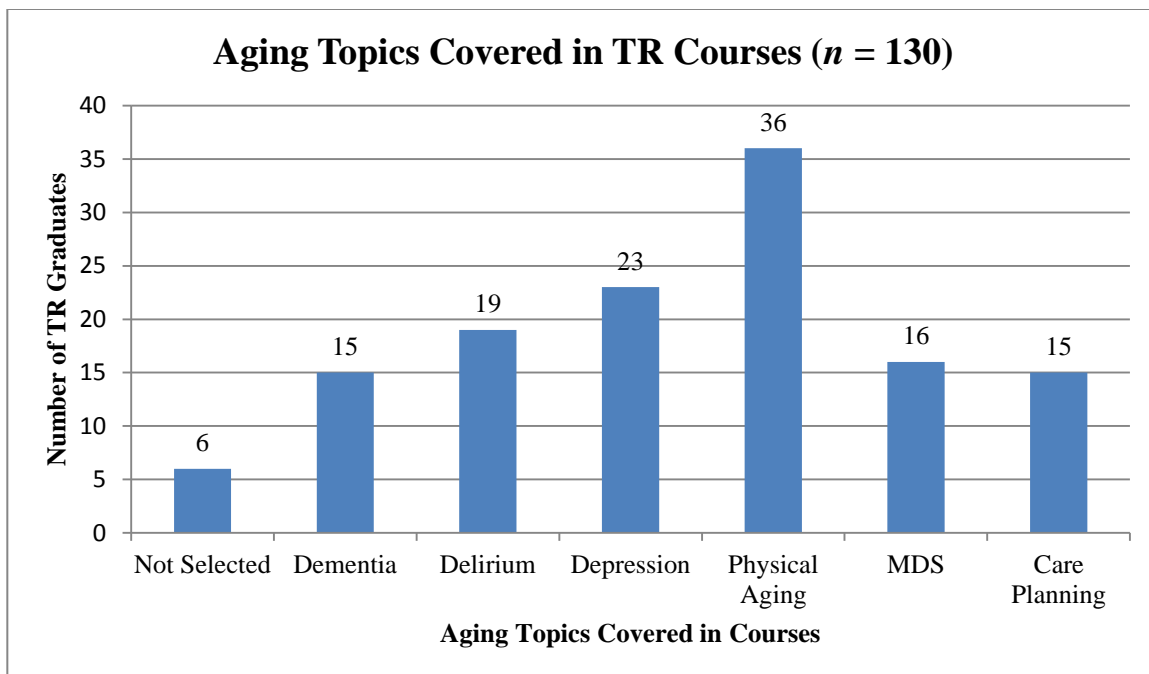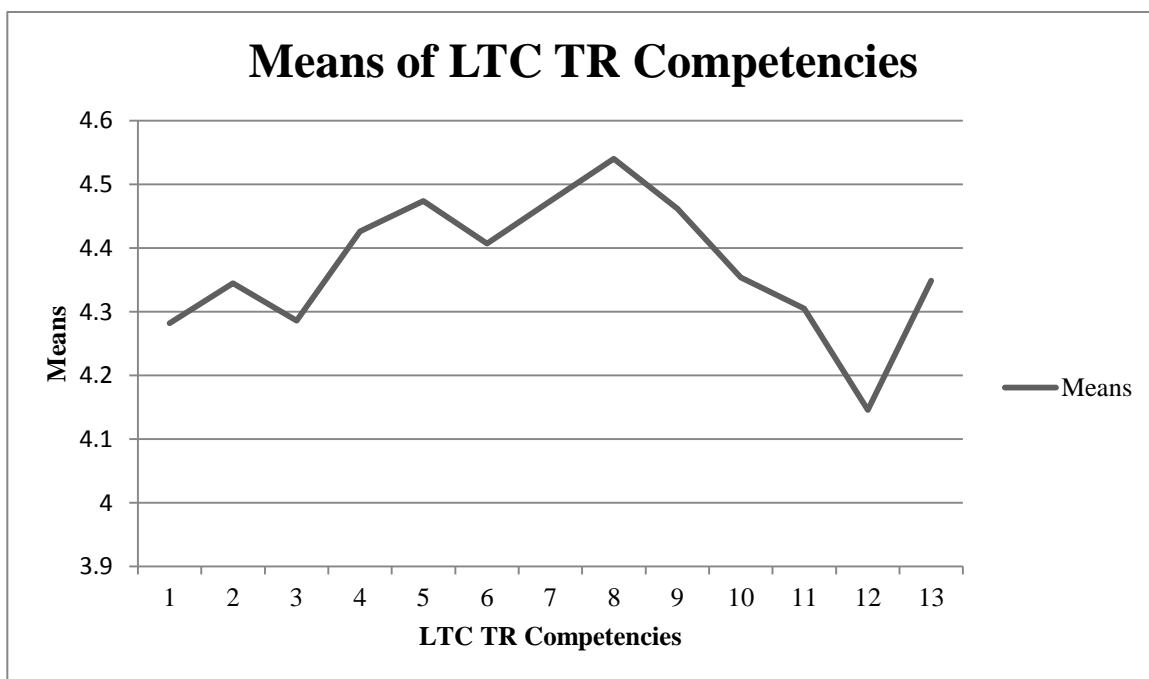
Aging Topics Covered in TR Courses (*n* = 130)

Figure 3. Bar chart displaying aging topics covered in TR courses.

Means of LTC TR Competencies

Figure 4. Line graph representing LTC TR competency means.
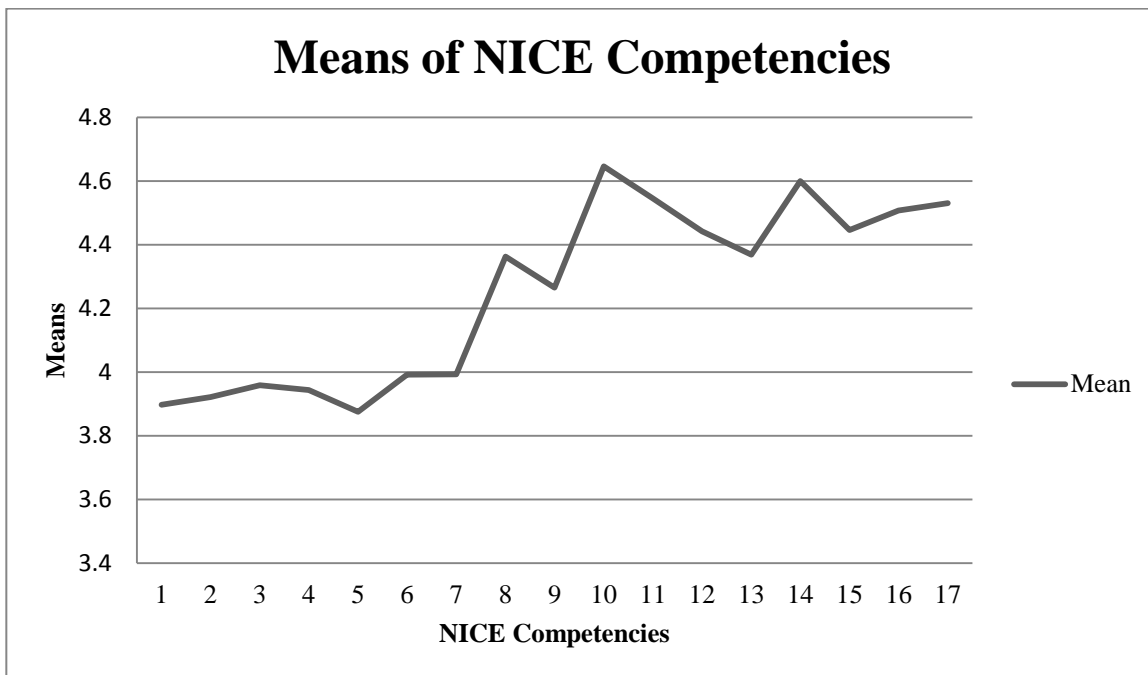
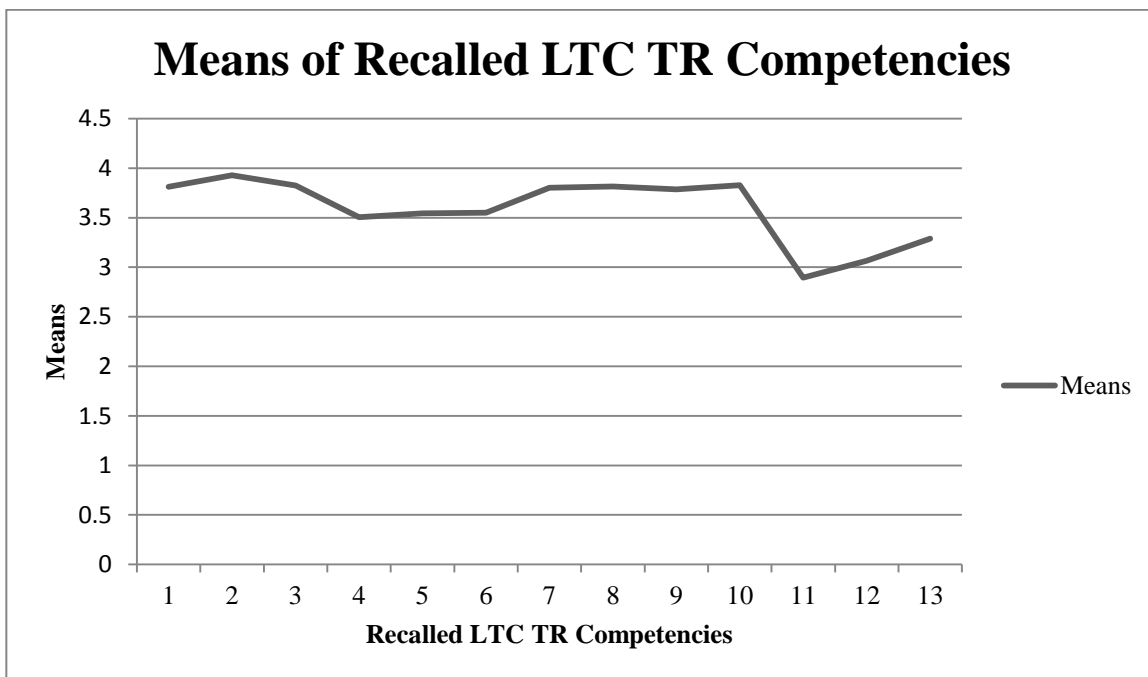*Figure 5*. Line graph representing NICE competency means.

Figure 6. Line graph representing recalled LTC TR competency means.
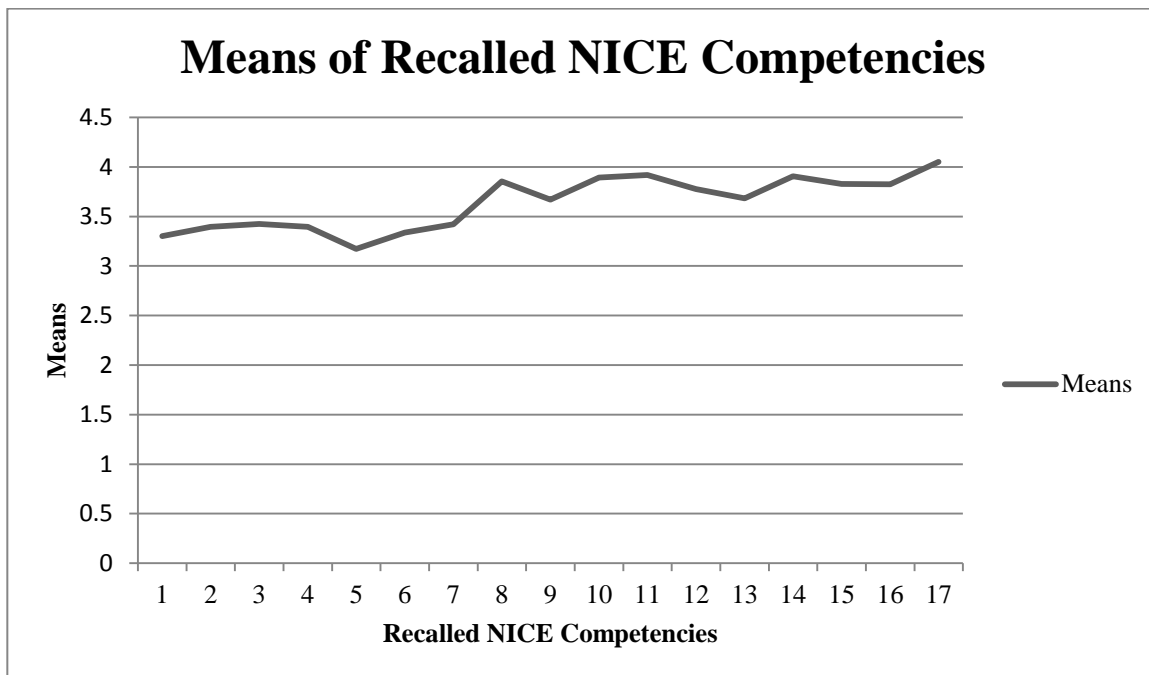

Figure 7. Line graph representing recalled NICE competency means.
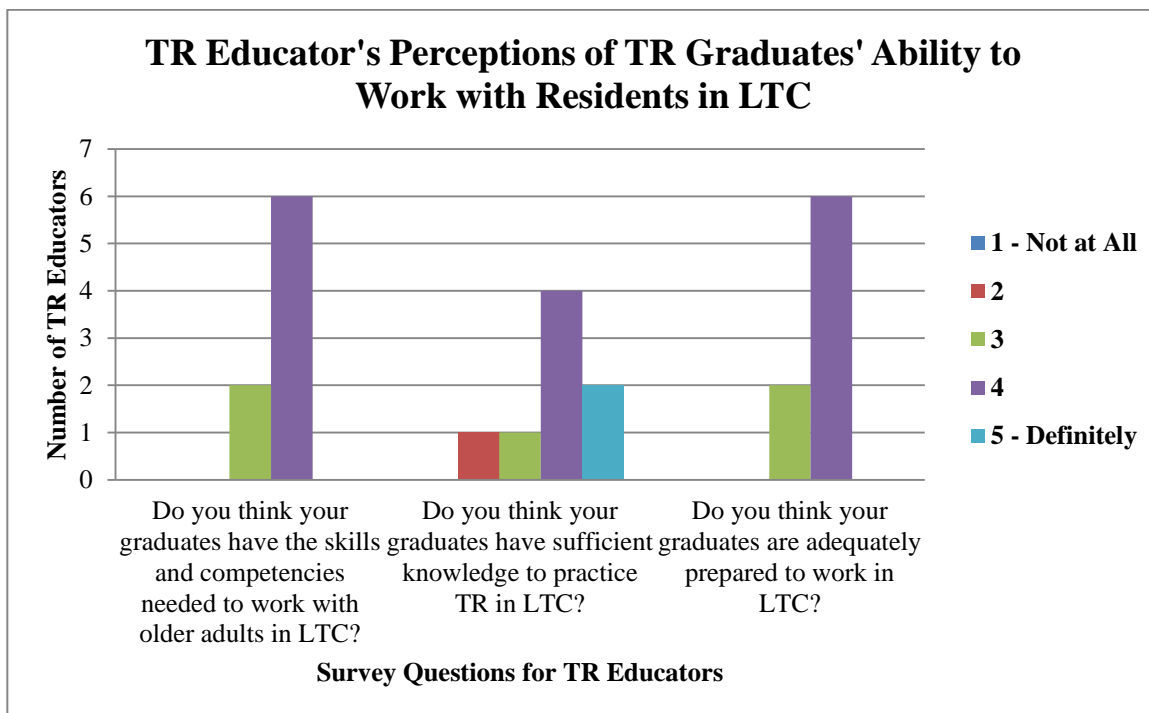

Figure 8. TR Educators' perceptions of graduates' ability to work with residents in LTC.