

## **Individualized activity book**

Suggestive approach for creating an individualized activity book for the residents living in long term care settings.

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DEGREE THESIS	
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<p>Abstract:</p> <p>This literature review is conducted to see the possible barriers to perform recreational activities with the elderly living in long-term care. The author further study the benefit of properly planning the activities. Ten scientifically written articles were chosen for the review. Qualitative content analysis were done on the ten articles. The activity theory by Peter Tulvitse and Personality theory by Fernando L. Gonzalez were used. The research question were</p> <ol style="list-style-type: none"> <li>1. How do recreational activities influence different aspects of life of elderly in long term care settings?</li> <li>2. What are the barriers and challenges for carrying out meaningful activities with elderly residents?</li> <li>3. How are individualized recreational activities more effective for elderly living in long-term care?</li> </ol> <p>The findings suggest that apathy and agitation, risk of fall, antipsychotic drug, physical and cognitive impairment and the organizational issues were the barriers. Improved sleep, social, physical and cognitive improvement were results of individually tailored activities</p>	
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## FOREWORD

It was great learning opportunity during my study time in Arcada. Many good experiences and memories from the school that I will always cherish.

First of all I would like to thank my mother and father for bringing me to this world and making so much effort in making me a person who I am now. Special thanks to my twin brother Luv Upadhyaya for always being there and supporting me in my good and bad.

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# 1 INTRODUCTION

It is well-known fact that the world's population is increasing day by day. The rapid growth of the world population is a recent phenomenon. According to statistic Finland the percentage of population above 65 was 15.0 % during 2000 AD and in 2012 it was 18.8%, which by 2050 will be 26.9 %.

With the increase in elderly population, the need of long term care and sheltered housing has also increased. Though all the elderly does not need assistance and long term care, with the rise in overall population, there will be rise in the need of care. The main reason why there is the need of the long term care is when the elderly cannot cope themselves alone at home, when the caregiver, normally spouse or children, are unable to take care due to the disease or condition that needs more assistance and more care. According to Sosiaalihuollon ja asumispalvelut 2011, there were less than 30,000 older people living in residential homes and sheltered housing with 24 hour assistance in Finland during 2000 which escalated to 46,292 by the end of 2011.

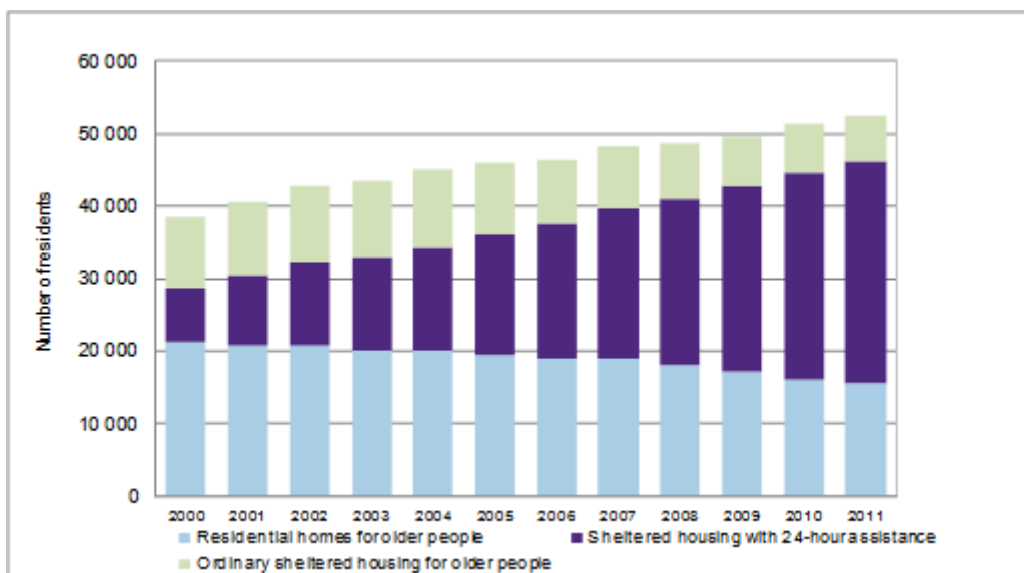


Figure 1. Rise in number of elderly living in long term care from 2000 to 2011 Institutional care and housing services in social care 2011



## 1.1 Motivation

The author was motivated with the recreational activities when he was doing his first work placement in day care center. At the same time he was voluntarily working in one of the long-term care in Helsinki. The environment and the differences between the quality of living and life were so big that the author was inspired to bring the fun part of daycare centers for elderly to the long-term care for elderly. In day care center the clients were occupied and were treated as individuals. The activities were based on clients' interest and capacity. Most importantly there was very good social interaction between the clients and nurses and among clients themselves. Whereas in the long-term care institutions, though the activities were performed there were very few active participation. The reason behind this was mostly because the residents were fragile and there was a risk of fall while performing the activities. The other reason might be for example, cognitive decline of elderly related to dementia and very less time for the activities from the staff.. The author was motivated to look for the reason of these differences and purpose how to increase the amount of participation in the activities and bring maximum satisfaction and happiness to residents living in long term care settings and staff.

A long-term care is the place where the elderly clients are likely to spend quite lot of time. Though the institutions are like their home, the activities for the residents are very less and basically generalized. A long term care basically runs in a fixed schedule, so there is time for eating, bathing, activities, if any. A long term care basically takes away many of the individual choices making them feel like they lose control over themselves. (Silin 2001 p.112).

The primary goal of an institution for elderly people should be to maintain interest in life, not just maintaining life. (Heumann et al p.158). The care in the long-term care cannot be generalized as the individual needs vary differently from one client to another. There are various reasons for the admission in long-term care such as stroke, dementia and other age related diseases. The demand for every disease and causes are quite different than each other. For some only instructions may be enough but for some complete assistance may be required. Other than that, the individual again are different from each other and the way they wanted to be cared of is different from each other. The aim of this thesis is to explore the benefits of activities and the importance of individualiza-

tion and providing choices by all available means to create a meaningful activity book that helps to improve the well-being of the elderly.

## **1.2 Definitions of Concepts**

Older people or elderly: Older people or elderly refers to a people above 65 unless something else is mentioned.

Long term care\ Long term care: A long term care or long term care refers to in client care for older people where care is provided 24 hours a day throughout the year. A long-term care is the place where the elderly clients are likely to spend quite lot of time. Though the institutions are like their home, the activities for the residents are very less and basically generalized. A long term care basically runs in a fixed schedule, so there is time for eating, bathing, activities, if any. A long term care basically takes away many of the individual choices making them feel like they lose control over themselves. (Silin 2001 p.112).

Guideline: Guideline refers to a set of suggestions and recommendations that includes detailed steps for the staff to prepare the activity book for the client. The guideline focuses on individualization of recreational activities rather than generalization. It includes suggestions on how to make sure the used recreational activities are performed in the best way to get maximum benefit from it. Guideline gives oversight on preparation of the recreational activity and post-performance analysis.

## **2 BACKGROUND**

Though the basic need of care is fulfilled most of the time, there is very little time for recreational activity that can fulfill the demand of physical, psychological and social well-being of the client. Wilson et al suggest that the rate of decrease in level of cognitive function and increase in rate of cognitive decline is observed after nursing home placement in Alzheimer's client.

## **Recreational Activities**

Recreation or fun is the expenditure of the time in a manner designed for therapeutic refreshment of one's body or mind. Importance of recreational activities for the elderly living in long term care is tried to explain in following sub headings.

### **2.1 Activity for quality of life and Happiness**

Alzheimer's clients continue to spend their time doing nothing, with a little social interaction, which causes much more sadness and loneliness (Schreiner et al., 2000). Schreiner further points out that there is a significant relation between depression and decreased social engagement and recreational activities help to foster the quality of life. Participation in recreational groups has already shown to reduce stress, anxiety and depression and reduce symptoms of Alzheimer's disease (Vichealth 1998). It has been also noticed that participation in-group recreation provides sense of value, belonging and attachment (Berkman et al, 2000).

Implementation of effective recreational activities include three components, understanding the evidence for this approach, acknowledging the need to reduce medication that are potential to effect activity and individualizing the activities so that maximum benefit is gained. Not all the activities are therapeutic and one recreational activity does not fit all. In order to provide best activity the practitioner must accesses each client's cognitive functioning and physical limitations that determine the skill levels. Analyzing activity to find the demand or challenges of activity and consider with clients limitations and remove difficult steps and modify them to make it easy for client. While planning try to find the common interest between care giver and client so both enjoy and the practitioner also enjoy. Making a guideline for individualize activity book may help carers to manage the activities in institutional care.

Schreiner et al. review the influence of recreational activities for nursing home residents who are depressed and lack the ability to pursue happiness. The authors use two structured- observational instruments with demonstrated reliability and validity, to measure the happiness during the recreational time and normal time to try to find out the difference of happiness felt by the residents during recreational time. The research focuses to

measure the difference in the positive effect during the recreational time and ordinary time. The study highlights the importance of recreation activities to pursue happiness in nursing home residents with Alzheimer's disease. The research help to find out that the recreational activity not only increase the happiness but also helps to reduce the behavioral symptoms of dementia

## **2.2 Activity to Control the BPSD**

The behavioral symptoms which include aggression, wandering, screaming and apathy that accompany dementia account for many poor health outcomes such as decline in physical functioning, use of restrains, social isolation and increase rate of abuse (Galynker et.al., 1995) . Kolanowski et al. review the importance of theory based recreational activities to reduce the behavioral symptoms in the nursing home residents with dementia. The authors started three weeks of activities provided twice daily in nine community based long term care in USA and measure the agitation, passivity, engagement, effect and mood assessed from the video recordings. The research focuses in the change in behavior of the residents during and after the activities to figure out the benefits of theory based recreational activities. According to the author recreational activities were the first line of treatment for behavioral symptoms of dementia because they were safe and equally efficacious as Pharmacological treatment.

Kolanowski et al. review the reasons why the recreational activity, which is the first line of treatment for behavioral and psychological symptoms of dementia, is not used in the long term care. Thirty five staff members were included and focus group methodology was used to capture the discussions and was tape recorded to analyze them. The research focuses in identifying the reason behind the use of medication than the recreational activities. Time constraints and lack of resources were considered the barriers for the nurses to perform recreational activity with the clients.

## **3 RESEARCH TOPIC**

The topic of this thesis is to give suggestion on how to create a guideline for individualized activity book. From the previous studies, it is clear that recreational activities help to foster the several dimensions of quality of life and hence improving the well-being of

the client. Though the importance of the activities have been understood and acknowledged, there has been little implementation in practical life. Because of some reason there is very few recreational activities are used and very less for purpose. The author wants to explore the reason behind the challenges of institution in planning and performing recreational activities and what could be the benefits of planned activities that fulfill the physical, psychological and social demand of the residents living in long term care.

### **3.1 Objective**

The aim of the research is to create a sufficient support for benefits of activities and client-centered activities. Then creating a final product that act as a guideline for making individualized, person centered activity book for every client. The book will take in consideration the physical and cognitive state of client and the demand of the activities and then by requirement changing and modifying the steps, thus matching the clients' ability with the activity demands. Furthermore it will tend to guide the management to develop new strategies to engage more resident in activities maximizing the benefits. It will include do and don'ts' as well as how and why.

1. How do recreational activities influence different aspects of life of elderly?
2. What are the barriers and challenges of carrying out meaningful activities with elderly residents?
3. How client centered recreational activities are more effective for elderly living in long-term care?

### **3.2 Demarcation**

When talking about individualizing the activity, this thesis will focus mainly in recreational activity that will concentrate in social, psychological and spiritual needs and not the basic physical care, cleanliness and nutrition. The basic care and nutritional needs are basically covered in the individual care plan and that is included in the daily work schedules of the nurses taking care of the elderly. Most of the nursing home residents'

have their own nurses, who are responsible for taking care of the basic things like bathing, grooming, shaving mustaches, showering, cutting nails and keeping them clean. The fact that every clients have different diseases and illness that accompany different kind of food allergies and restriction, sometimes which might be lethal, nutritional requirement and restrictions are individualized carefully. This is to prevent any kind of injuries that may cause by the allergies of food.

#### **4 THEORETICAL FRAMEWORK**

There was a little confusion in the beginning, on how to find the relevant theory that will help to relate the research and give vision to what was expected to achieve. Curiosity about individual differences leads to look for the theory that will best define why individuals were different from each other and what the factors that contribute to the changes are. Since the final goal was to create an effective guideline for preparing the individualized activity book, it was necessary to know why people are different any why they need various stimulants for the expression of satisfaction. Moreover it was also of interest, that why one activity or event had clear positive effect on one individual but not to the other. How interest and choices of people changes with the time was another question that needed to be answered before any further research.

After looking for some time and reading the existing theories for some time, personality theory and activity theory was chosen and the answers of the mentioned questions were attempted to achieve. For this purpose the book; “Activity Theory and Social Practice” by S. Chaiklin and M. Hedgaaard and U.J. Jensen used which included activity theory and personality theory elaborated by B. Fichtner, P. Tuluviste and F.L. Gonzalez Rey.

## **4.1 Activity theory explained by Peter Tulviste.**

In Peter point of view, activities are the main reason behind the way of thinking of the person. What he thinks, or what he is now is the result of series of activities he was grown up performing or observing. (Tulviste Peeter 1999). According to him;

*“people involved in different kind of activities, and therefore solving different kind of tasks, will have different semiotic means or tools provided by the society, and by using different tools, they would think in different way”.* (Tulviste Peeter 1999).

How we grow up defines who we are now. The culture of our society, the activities we perform to fit in the society determine the kind of person we are going to be. According to Bernd Fichtner who quoted Leontiev (1971) cp (Tulviste Peeter 1999). *“ the fundamental “unit” of life process is the activity of organism.”* According to Leontiev, activity is not what organism does but it is what the organism’s individuality rely on. The cultural differences and historical changes in the society are related to thinking that are found in some cultures but not in other. Peter (Tulviste Peeter 1999). Further elaborating, Peter argues that adult activities in the society are what their cultures train their children for by providing them necessary tools. (Tulviste Peeter 1999).

## **4.2 Personality defined by Fernando L. Gonzalez Rey;**

Personality does not define the internal psychological process of the individual made of social network in which individual lives. It is historically made in the course of human development through the development process that the social becomes historical, defining the personality of the individual. Again personality is deeply individual, as no other person has same social trajectory as one another. Personality is considered as individual subjectivity. Subjectivity, being different from experience, is the complicated relation-

ship between meaning and senses which are constructed in various ways throughout human development. (L. Fernando 1999). The author further stresses that personality is knotted with the individual recent interaction throughout the human development. (L. Fernando 1999) He also added emotions as a subjective matter, which defines the individual personality related to the activities he grew up with. There is relation between emotions and personality, as emotions only appear after symbolic processes have been encoded somehow in individual experiences. (L. Fernando 1999) Some activities that happened in past which carries some meanings for that individual, if happen again it triggers the emotion. The expression of an individual's personality through his activities gives an idea of the processes of reformation of personality pattern in various situation faced by the individual in different part of life.(L. Fernando 1999)

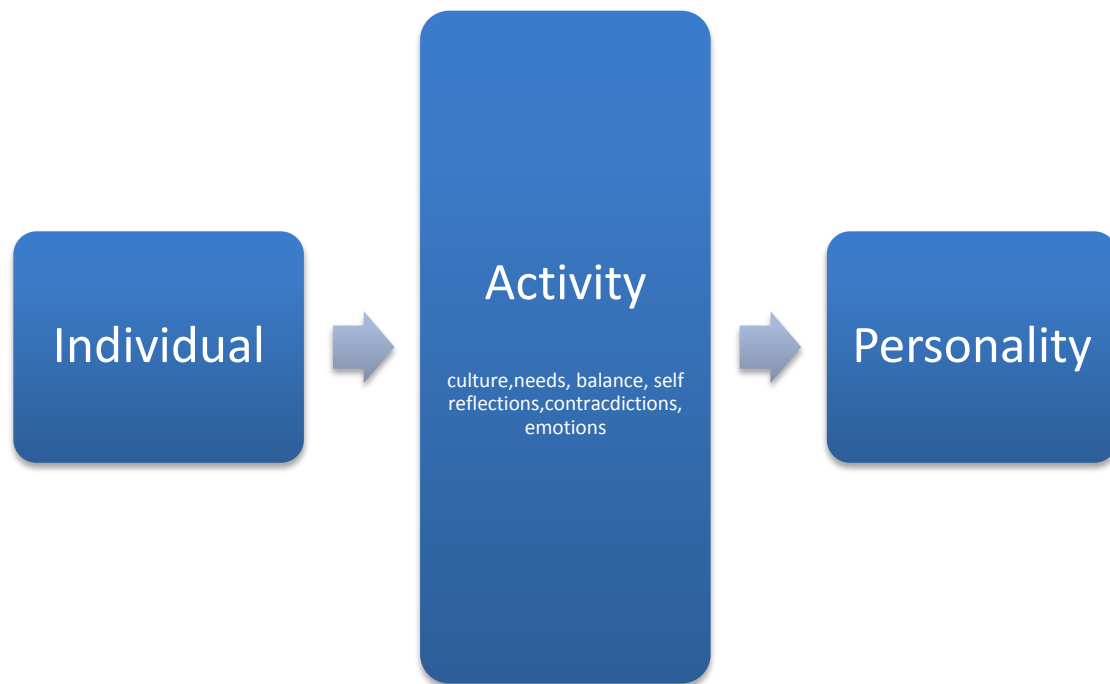
Gonzalez added 'need' as another corner stone of personality. According to him, needs are a complex blend of existing requirements of human actions and the necessity of self organizing psychological functions, most of which are already defined during the process of their personality development. (L. Fernando 1999) An individual acts differently in different contexts and these actions are defined by the development of their personality. (L. Fernando 1999)

“A subject is constituted psychologically by personality, but the subject is not reduced to personality” (L. Fernando 1999). This means throughout the life an individual is obtaining new emotions and experiences that continuously influence, shape and develop his or her personality.(L. Fernando 1999) Recent social interactions are important sources of emotions that are influencing the personality continuously.(L. Fernando 1999) Gonzalez further stresses that throughout the daily life an individual performs many important functions and play different role, which also have an influence in his personality development. The individual's decision making processes, construction of projects and facing contradictions show his or her personality. Again these instances play vital role in developing and restructuring the personality. Gonzalez quoted Wallon's view that personality development does not chase any rules that lead to ordinary transition from one stage to another regarding age or any other criteria. The dissimilarity in development process gives uniqueness to every individual.(L. Fernando 1999) Individual's current situations and meaningful past experiences shape his personality. Additionally the balance between emotions, feelings and reflections of the individual towards



himself is closely associated with the development of personal identity.(L. Fernando 1999).

Moreover, Gonzalez precedes further to find the other factors that contribute to personality development. Contradiction and communications were crucial in the process of human development.(L. Fernando 1999) Initially, a person may have encountered a situation which led him/her to certain conclusion. This refers to the prior personality formation process. However, then the same person may experience something different later and led to new perception contradicting his/her prior one. This contradiction assists in personality development. Although these processes will occur in conscious or unconscious involvement of the individual, the unconscious involvement may be the source of anxiety and distress.(L. Fernando 1999) Communication on the other hand plays continuous personality development. Most of the process mentioned already takes place during communication. Communications is an essential basis for developing new emotions and meanings, and sometimes even simple and short conversation may have significant effect in personality development.(L. Fernando 1999)



*Figure 2 Activities that determine the personality according to the Fernando*

### **4.3 Relation of chosen theories with the thesis**

The analysis of researches were able to match the proposed theory as residents current interest were based on activities of their past.(Buettner, Fitzsimmons 2003, Huijben-Schoenmakers, Gamel & Hafsteinsdóttir 2009, Cruz et al. 2013). While the current day activities were the determinants of residents changing personality and behavior. The present personality of the resident was built by his lifetime activities and his current preferences and interests were the reason for his attitude towards the life. Since the focus of the study was how the individuality affect the result of performed activity, it was important to shed light on how individual and person develop. The proposed theories help to elaborate the ideas of what effects the personality of the person and how the activities can help build the personality.



## 5 RESEARCH METHODOLOGY

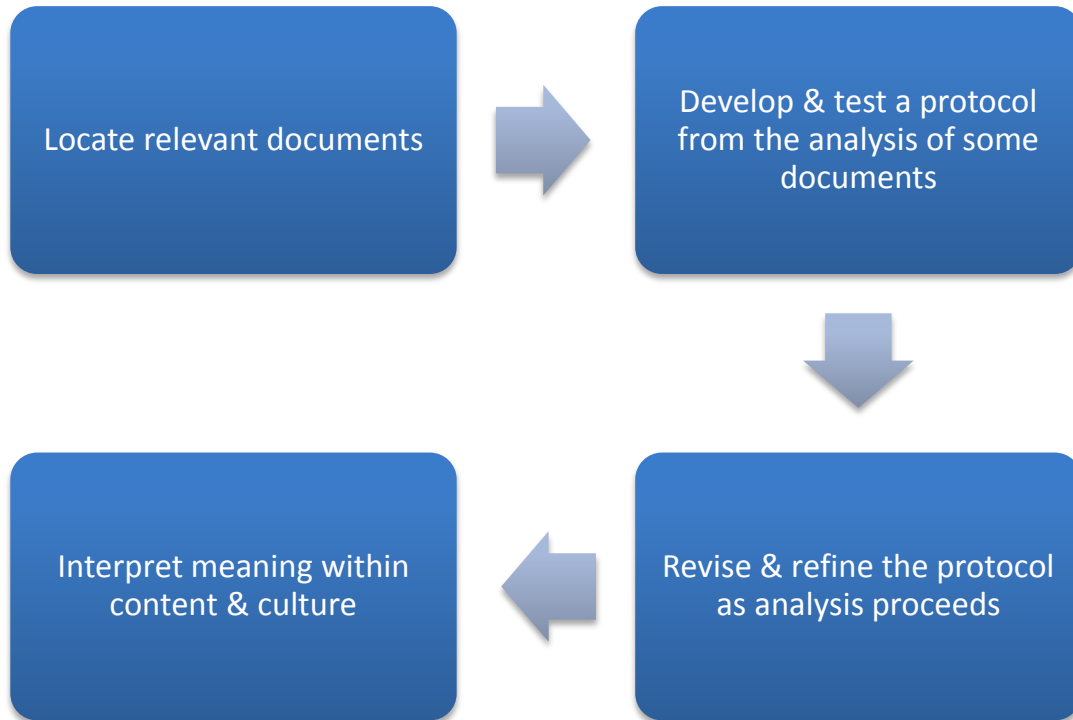
For the purpose of the research, it is necessary to establish a proper evidence for the importance of recreational activity prior to suggestion of the guideline. The author used literature review and content analysis of the existing scientific journals for the research.

As an analytic approach for existing document, content analysis of texts serves to guide individualized activity planning. (Grbich, 2013). Elo & Kyngäs (2008) suggest that content analysis is needed when the analysis is based on previous research and knowledge. Content analysis depends on earlier theories, models and literature reviews. (Hsieh & Shannon 2005). Since it provides evidence base for practice, content analysis is the efficient way to do qualitative research. (Hsieh & Shannon 2005).

Literature review actually is the combination of existing qualitative studies to form a whole new research. Literature review shall be comprehensive and shall contain all the pertinent and valid papers. Details of method used and final result of studies should be presented in critical manner (Bowling 2002). In the literature review only reliable, scientific, and relevant research should be included. The process should be documented carefully step by step to deduce the errors and form a reliable base for reconstructing the research process. (Alderson et al. 2009)

Meaning to support analyzing the significance and meaning of large sets of written documents, content analysis has two major forms: enumerative version and ethnographic content analysis. While enumerative approach is number-oriented, ethnographic method can be more comprehensive, giving both numerical and thematic overview with in-depth details of the given contexts. Since the latter fits the nature of this research, it was chosen to be used in the thesis. An advantage of ethnographic content analysis is that it “can identify intentions, attitudes and emotions as well as reveal lines of propaganda, inequality and power”. (Grbich, 2013)

In general, there are 10 selected articles, each of which portrays certain aspects according to the thesis writer's particular viewpoint. Out of these aspects, the common ones are then identified and studied.



*Figure 3 basic steps in content analysis*

## **5.1 Locate relevant documents**

Arcada's Nelli's portal was used to research articles. Under the social services category, there were many internet databases like CINHALL, PubMed, Google scholar, EBSCO host, SAGE journal and many more. The search terms used were recreational activity, activity, depression, social relation, nursing home and elderly. Many documents were found but to narrow the search and to find the appropriate and reliable sources of information, only scientific journals that were peer reviewed were selected. Furthermore the articles which have full text available were selected. Appendix 1 contains the inclusion and exclusion criteria. From all the articles available only 10 of the articles were selected. Appendix 2 explains the types and result of the chosen articles.

## **5.2 Develop & test a protocol from the analysis of some documents**

Developing a protocol means to have a draft of what was being searched for in the research articles and to check if there are any relevant information. Although all the selected articles were read carefully, summaries of first five articles were drafted and benchmark against each other. The comparison resulted in several common aspects in these articles, shaping the theme. While comparing the articles, the author has always the research questions in mind. Since the author was looking for the barriers and challenges for performing the recreational activity in the long term care unit, it was necessary to take in consideration the importance of activities as well. The author look for the terms that fits to answer the research questions; that were challenges, opportunity, benefits, barriers, recreational activities, activities, client centered, individual etc.

The author then marked those terms in the article and counted the appearances of those articles in the literature and then searching for the links.

## **5.3 Revise & refine the protocol as analysis proceeds**

The remaining five articles were summarized and common aspects were drafted according to the theme set earlier. Relating all articles with each other and searching for more common aspects led to establishment of more categories. The existing themes were modified and refined to create a suitable theme for all the ten research articles. The themes were barriers and challenges for performing the recreational activity and what are the benefits of recreational activity.

## **5.4 Interpret meaning within content & culture**

When all the themes were set, the interpretation of these themes regarding the research questions was carried out. The relations were established and linked which provide deeper understanding giving the answer of the research questions.

Table 1. Theme and categories after content analysis

<b>Themes</b>	<b>Categories</b>
Barriers of Recreational Activity	Apathy and Agitation
	Risk of Fall
	Antipsychotic Drugs
	Functional and Cognitive Decline
	Organizational Issues
Benefits of recreational activity	Physical and cognitive improvement
	Improved sleep
	Autonomy
	Maintenance of self esteem and identity

	Reduced Behavioral Symptoms
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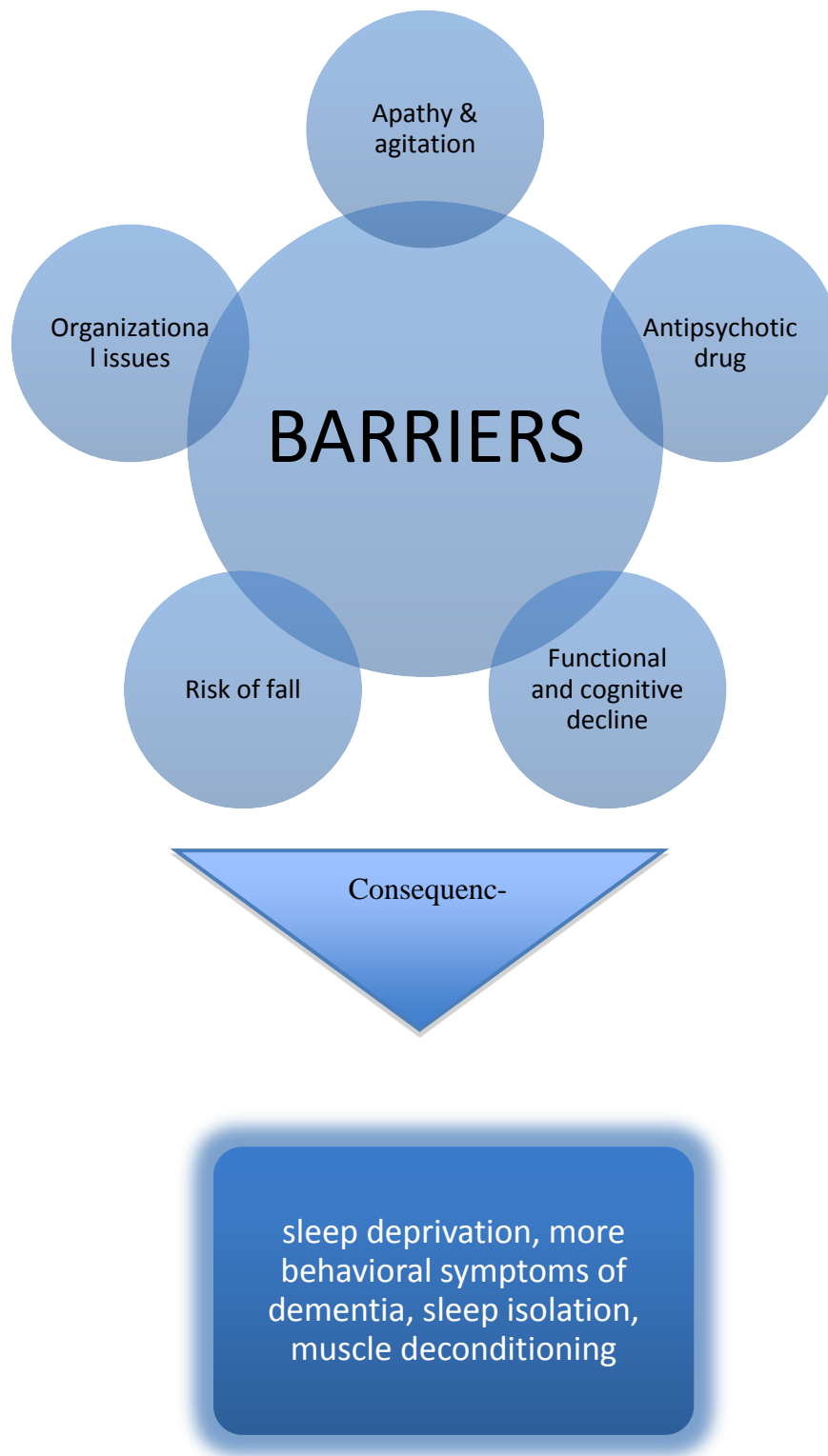
## **6 RESULT**

From the content analysis of the articles, the author was able to answer first research question and from literature review the other two research questions those were developed during the initial stage of the research.

### **6.1 Barriers and challenges for carrying out meaningful activities with elderly residents.**

Though being completely aware that carefully and technically developed recreational activities are helpful to residents in long-term care, implementing it still seems to be more challenging. By analyzing the contents of scientifically chosen articles and journals, the attempt has been made to point out the barriers and challenges to perform the meaningful recreational activity. The barriers and challenges includes; exclusion criteria, ineffective individual and group activities and organizational deficit.





*Figure 4 Barriers and challenges opposing the meaningful activity*



### **6.1.1 Apathy and agitation**

Apathy and agitation were found to be the prime reason for excluding residents from group or individual activity. (Kolanowski et al. 2006),(Putman, Wang 2007)The symptoms of agitation and apathy were wandering, kicking, screaming, moaning, repeating words and phrases, physical and verbal sexual advances, extreme weeping and fearful. (Kolanowski et al. 2006, Putman, Wang 2007, Chen et al. 2000, Buettner, Fitzsimmons 2003).The causes of agitation were divided into environmental, biological and psychological. (Putman, Wang 2007). Environmental causes of agitation refer to over stimulating and over demanding environment as during late afternoon or when shifts are ending and the nurses are in rush to complete the work. Fading lights, sun downing were other factors.(Putman, Wang 2007) [. For biological cause, it was lack of exercise, fatigue, hunger, pain, sleep and less physical and cognitive skills. (Kolanowski et al. 2006, Putman, Wang 2007, Chen et al. 2000, Huijben-Schoenmakers, Gamel & Hafsteinsdóttir 2009, Carpenter 2002, GARMS-HOMOLOVÀ, FLICK & RÖHNSCH 2010). Lack of stimulation, inability to express feelings, feeling of confusion, lack of autonomy and less productivity were the psychological causes. [(Putman, Wang 2007, Buettner, Fitzsimmons 2003, Huijben-Schoenmakers, Gamel & Hafsteinsdóttir 2009, Cruz et al. 2013). Apathy accompanies lack of interest and initiation. (Buettner, Fitzsimmons 2003)

### **6.1.2 Risk of fall**

Cognitive impaired residents were vulnerable to fall and this was the reason for excluding them from group and individual activities. (Williams, Tappen 2007)

### **6.1.3 Antipsychotic drugs**

The existing illness and ongoing medication were influential in participation of recreational activities. (Putman, Wang 2007, Williams, Tappen 2007). The antipsychotic drugs used for sedation, orthostatic, hypotension; ant cholinergic had most impact in cognitive skills which affect the participation in activity.(Putman, Wang 2007). Though

one research does not support the evidence of effect of medication in the activity and kept medication independent of participation level.(Kolanowski et al. 2006)

#### **6.1.4 Functional and cognitive impairment**

Functional and cognitive impairment were the main reasons behind excluding the residents or creating more challenges while performing recreational activities or any other activities. (Kolanowski et al. 2006, Putman, Wang 2007, Chen et al. 2000, Buettner, Fitzsimmons 2003, Carpenter 2002, Cruz et al. 2013, Williams, Tappen 2007, Andresen et al. 2009). Decreased functional capacity lead to social isolation and depression(Cruz et al. 2013) while engaging cognitively impaired frail residents were challenging and resulting ineffective program or even exclusion.(Williams, Tappen 2007). Lack of vision and hearing were other physical impairments effecting the participation.(Putman, Wang 2007). Functional and cognitive impairments may initiate the feeling of demoralization, which may keep away the residents from social support.(Carpenter 2002). Functional decline companioned with dementia faces more challenge in keeping the resident active. (Buettner, Fitzsimmons 2003).

#### **6.1.5 Organizational issue**

Importance of recreational activities were clearly lacking in the staff and misunderstanding between attendance and participation was precisely noticeable.(Kolanowski et al. 2006, Buettner, Fitzsimmons 2003, Huijben-Schoenmakers, Gamel & Hafsteinsdóttir 2009, Cruz et al. 2013, Andresen et al. 2009).

Making residents sit in place were the activities were ongoing was considered as participation and staffs were keen to fill up the activity calendar than to achieve a noticeable benefit from it. (Buettner, Fitzsimmons 2003). Limited staff familiarity because of bed and body focus care was other barrier for effective recreational activity. (Carpenter 2002). Insufficient communications between therapist, nurses, resident and resident's families leads to very few activity matching the interest of the resident. (Buettner, Fitzsimmons 2003).

## **6.2 What aspects of life are affected by recreational activities and how does it make them better?**

From the analysis of journals which were chosen scientifically and to explore the benefits of recreational activities and activities shows that there is bi-directional impact of activities with other aspects of life. (Kolanowski et al. 2006, Putman, Wang 2007, Chen et al. 2000, Buettner, Fitzsimmons 2003, Carpenter 2002, GARMS-HOMOLOVÀ, FLICK & RÖHNSCH 2010, Cruz et al. 2013, Williams, Tappen 2007). Recreational activities improves the certain aspects of life, which when improved, improve the participation in activities.(Putman, Wang 2007, Carpenter 2002, GARMS-HOMOLOVÀ, FLICK & RÖHNSCH 2010). Furthermore when these aspects are benefited they help to improve other aspects of life, thus improving the overall quality of life.

Through the chart, the relationship between activity and other aspects of life have been tried to summarize. Yet the further explanation has also been provided for further understanding and consideration.

The chart has been divided into two sub charts to simplify the complexity of the chart.

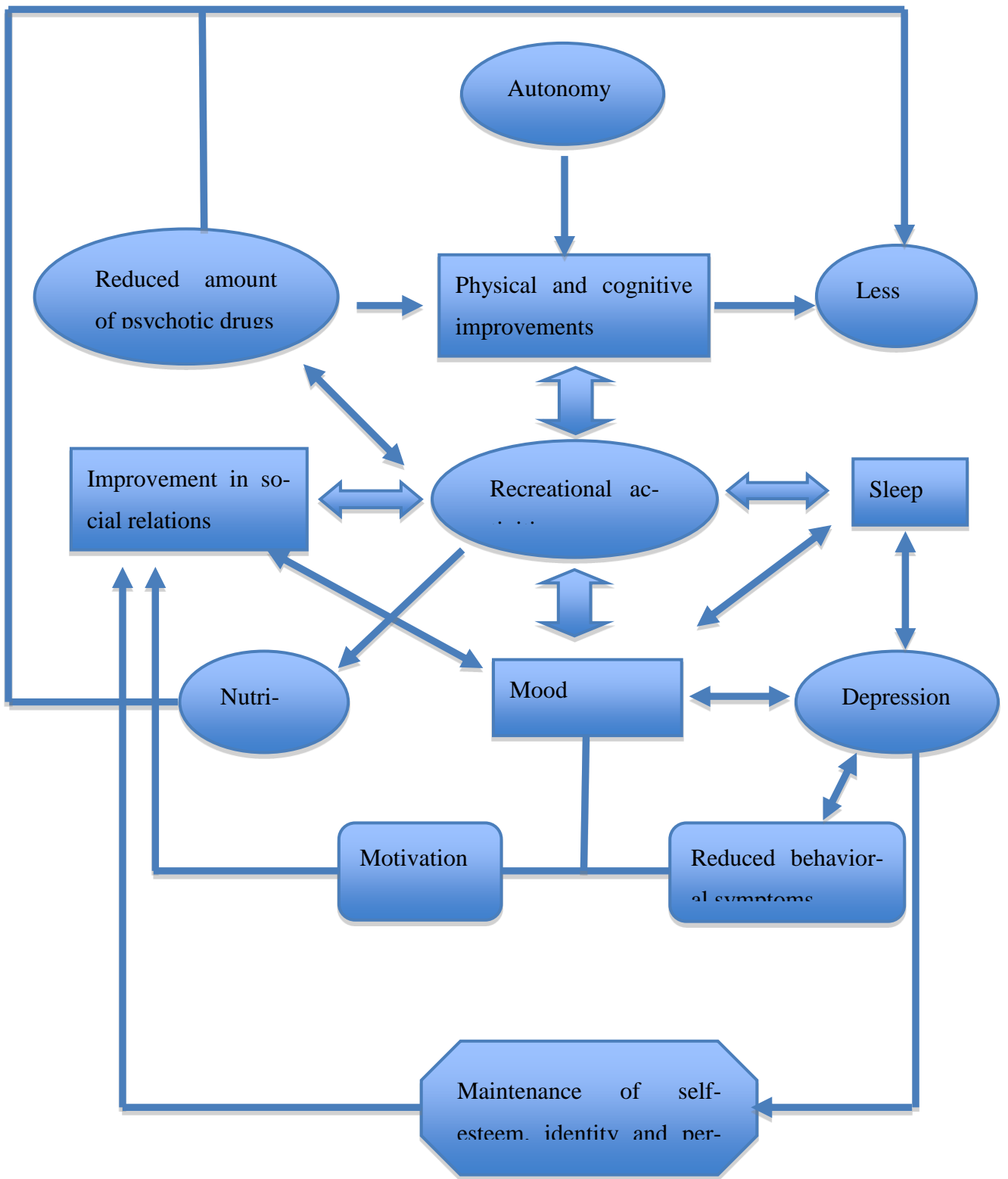


Figure 5. Relationship between activity and physical and cognitive functioning and social aspects.

### **6.2.1 Recreational activities, physical and cognitive improvement, and other aspects.**

Properly planned recreational activities that are integrated with specific exercises helps to improve strength, balance, and flexibility and endurance and delay functional and cognitive decline.(Kolanowski et al. 2006, Cruz et al. 2013). The increased functional capacity encourages autonomy thereby creating more opportunities for participation. (Putman, Wang 2007, Andresen et al. 2009). Reduced physical activity kept residents in increasing risk of depression, whereas, few weeks of strength and resistance exercises incorporated with other recreational activities shows improved physical performance, high motivation and low level of depression.(Putman, Wang 2007, Williams, Tappen 2007). Comprehensive exercises like dance routine which includes balance and flexibility work was better than individual exercises like walking, resulting less amount of fall and better nutrition intake.(Putman, Wang 2007, Williams, Tappen 2007). Task-oriented training integrated with activities helped to improve walking speed, muscle strength, balance, self-efficacy and arm function.(Huijben-Schoenmakers, Gamel & Hafsteinsdóttir 2009). Furthermore tailored activities were beneficial improving mobility and delaying functional decline. (Cruz et al. 2013). Decreased social isolation, and improvement in social relations were observed.(Carpenter 2002). The recreational activities help to increase the physical and cognitive functioning, which in turn, helps in more participation in recreational activities. Thus, creating a bi- directional relationship between each other. Better nutritional intake was also observed. (Putman, Wang 2007)

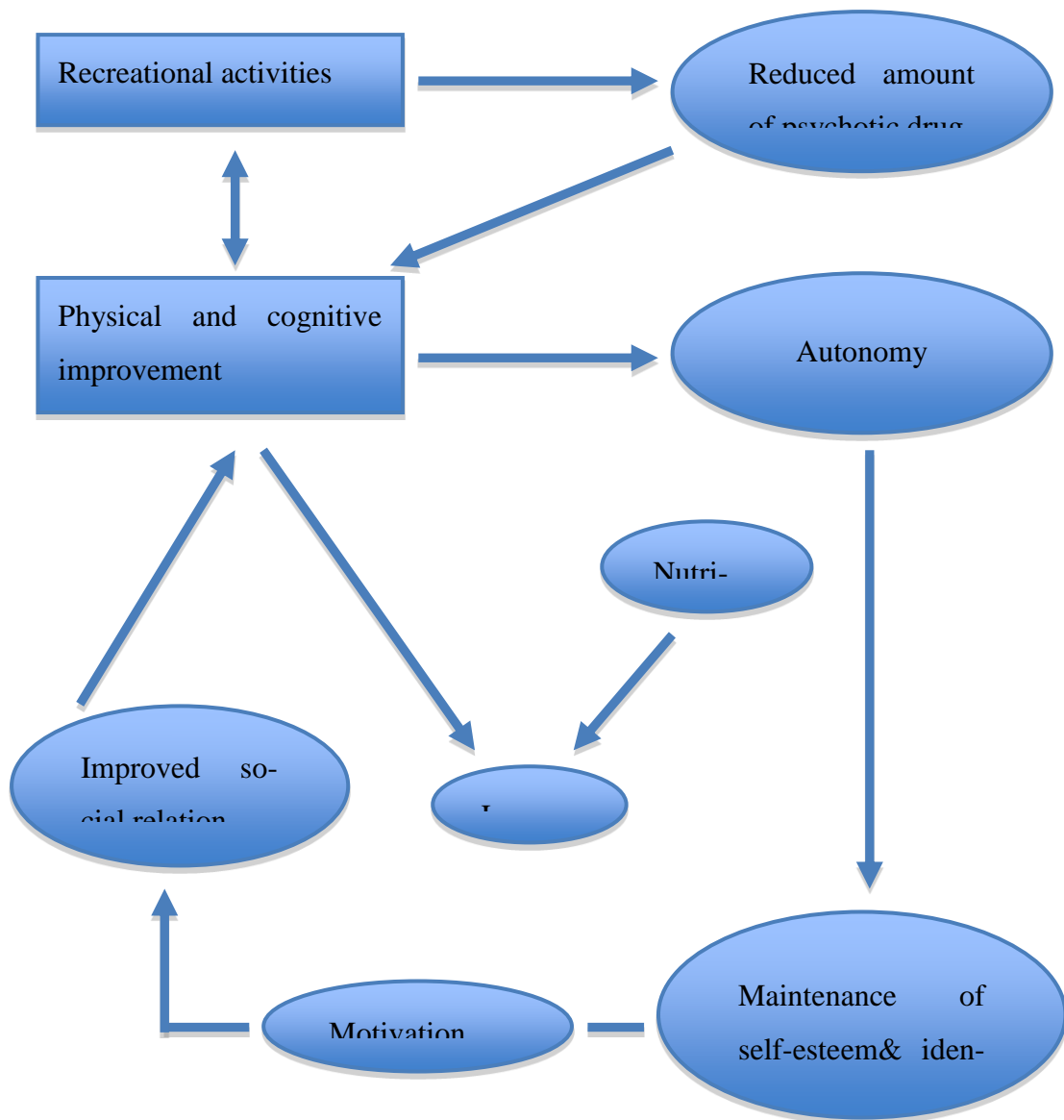


Figure 6. Recreational activities and their relationship with physical and cognitive improvement



### **6.2.2 Recreational activity and social relations, and other aspects**

Group activities were essential to promote social environment, which creates opportunities for residents to feel valued and included. (Cruz et al. 2013). Since meaningful activities were found to reduce behavioral symptoms of dementia (Kolanowski et al.), that increase positive mood which helps to improve relations between residents and staff and among each other. (Carpenter 2002). Improved social contacts helped to maintain self-esteem, identity and personhood. (Chen et al. 2000). Staying active and keeping satisfactory social contacts were preventive measures of sleep disorders. Sleep, social relation and activity were related to each other bi-directionally. While activity and social relations helps to improve sleep, sleep deprivations and insomnia reduces the individual activity level ability to be a part of group activity. (Garms–homolova, Flick and Röhnsch 2010). Furthermore, less amount of sleep was related with higher level of conflicts at long term care.((Garms–homolova, Flick and Röhnsch 2010). The absence of challenging recreational activities impact the behavior triggering BSPD which in return causes social isolation and affect the environment of whole nursing home. (Buettner, Fitzsimmons 2003, Garms–homolova, Flick and Röhnsch 2010).

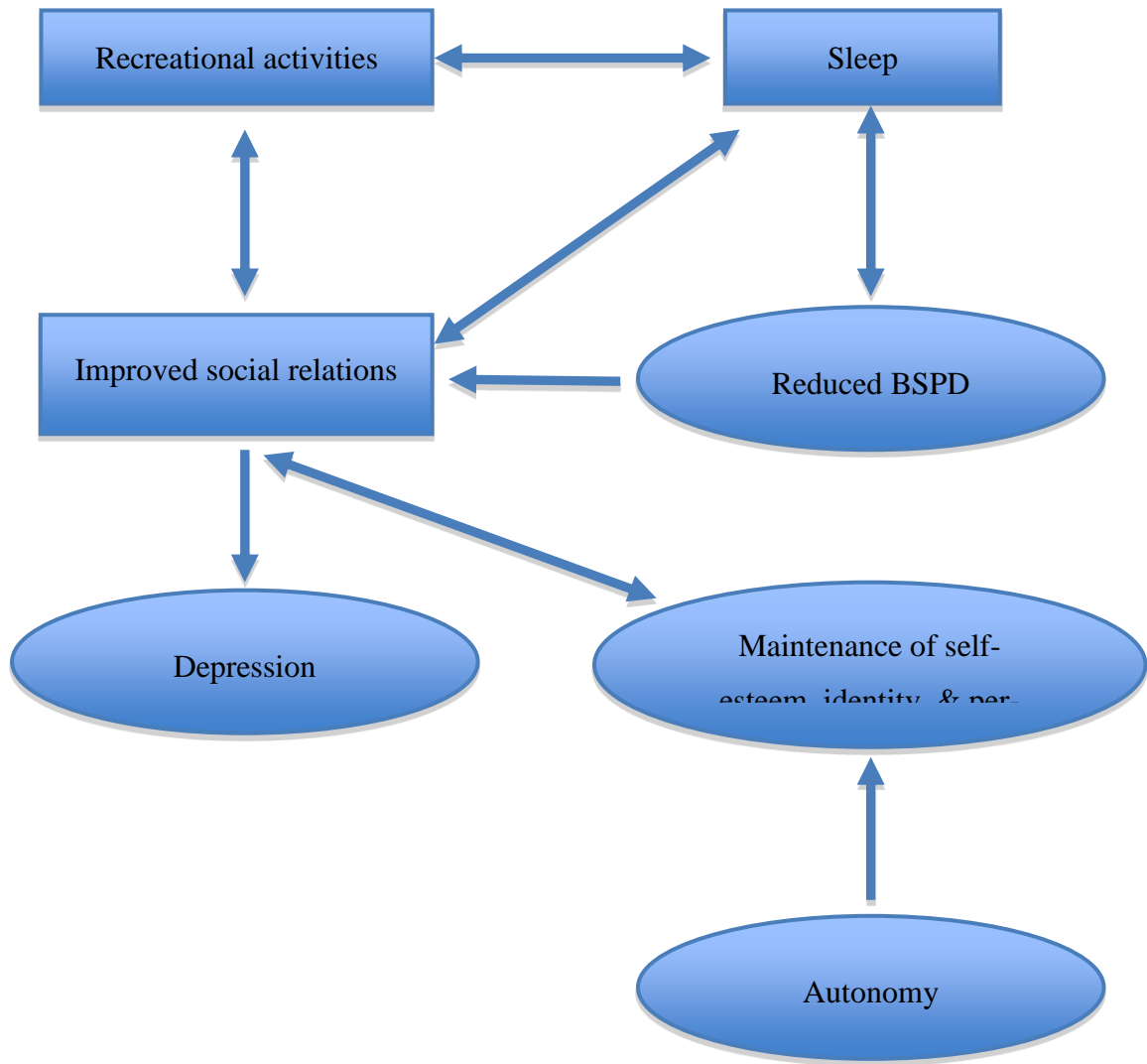


Figure 7. Recreational activities and their relationship with improved social relations

### **6.3 How are individualized recreational activities more effective for the elderly living in long term care?**

The individualized recreational activities means those activities that consider the interest and capacity of the resident already in the planning stage with the goal to bring happiness and satisfaction for the person in his/her everyday life. To describe how an activity which is not individually tailored can affect the participation in an activity group, the author have chosen the example below from one of the article from the content analysis.

*“The activity staff of the 60-bed special care unit prepared for a Halloween visit from a local elementary school. The staff lined the residents up along the wall of the emptied dining room while a volunteer played the piano. From the center of the ceiling hung a huge parachute so stuffed with balloons that it touched the floor.*

*When there was no more room along the wall, they formed an inner circle of residents, then a third row. The room became quite warm and many residents fell asleep, unable to see anything except the big yellow parachute. With barely any space to walk into the room, a staff member arrived with ice cream to hand out to all. On her heels squeezed in two volunteers with two large dogs for a pet social visit. A resident screamed as her fingers became pinched by another who was desperate to leave the room. No one heard her because at that moment, 30 pre-k students with four chaperones started to file through in costume. The balloons were released. The children tried to get the balloons, while the residents—those few who were awake or not attempting to flee—tried to touch or catch a glimpse of the children. The dogs were after the ice cream, and the piano player performed a rousing march. Within five minutes it was over as the children filed out, quickly disappearing down a hall, and staff started wheeling residents out. The harried-looking activity director turned to her aide and said, “It was hectic, but we can record all 40 of them for music group, pet therapy, ice cream social, and intergenerational program!” “(Buettner et al. 2003)*

The above mentioned fact illustrate that traditional way of recreational activity that is same for all has very less effect on the quality of life. Integrating exercises that helps to

improve strength and balance in recreational activities aides to increases balance and strength. (Kolanowski et al. 2006, Cruz et al. 2013). The activities that match the resident's functional and cognitive skills have more frequency of active participation . (Kolanowski et al. 2006). Developing meaningful activities insures the better quality of life. [2]. The recreational activities that was designed considering the residents characteristics such as his/her functioning level, helped even resident with advance dementia to actively participate in it. (Buettner, Fitzsimmons 2003, Cruz et al. 2013). The activities that were based in residents' past experiences, personal interest, preferences and expectations provides motivation to the resident. Recreational activities tailored and integrated with physical exercise were effective in reducing depression. (Williams, Tappen 2007). Comprehensive exercises, like dancing, were found more effective than walking alone to improve the mood. (Williams, Tappen 2007). Less use of restrains were observed and less BSPD when proper recreational were used.(Putman, Wang 2007, Buettner, Fitzsimmons 2003) [. Task-oriented training needed to be incorporated with activities to maintain and improve cognitive function.(Huijben-Schoenmakers, Gamel & Hafsteinsdóttir 2009, Cruz et al. 2013, Williams, Tappen 2007). Properly planned, small group recreational activity helps to increase social relation, improve strength, flexibility and reduce BPSD. (Kolanowski et al. 2006, Chen et al. 2000, Buettner, Fitzsimmons 2003). The activities offered were usually inappropriate for functioning level of residents and they rarely matched the interest of the residents, and hence these lack of meaningful activities resulted in lack of purpose life, friendships and opportunity for challenges and excitement. (Buettner, Fitzsimmons 2003). On the other hand, more participation was observed on individually tailored activities. (Cruz et al. 2013).

## **7 VALIDITY AND RELIABILITY**

Reliability of the research conducted can be evaluated by how the link was established between the result and the data demonstrated and observed. (Elo, Kyngäs, 2008). Validity on the other hand checks the process of the collection of data. Validity means checking how appropriately, accurately and with how much quality the procedure of

data collection were followed to find the answer of the research question. (Kumar, 2011)

In this thesis work the author has keep in mind all the data were peer reviewed and scientific. To keep the research more relevant the author chooses the articles from 2000. Data were collected using standard library databases.

## **8 ETHICAL CONSIDERATION**

The research was based on available scientific journals, which were peer reviewed and published in the dignified databases. While answering the research questions, the information's were used only from the chosen journals. Only in the conclusion part the author has his say.

The research strictly follows the Arcada's scientific research guideline. As the topic and sub topic suggest the individuality of the client, the suggestions from author mainly focus on the client centered activity that is created respecting his her individuality and having their say in choosing the activity. The client always need to have his\her own choice to do the activity or not. It is crucial the client only participate in the recreational activities he\she would like to do.

## **9 CONCLUSION**

Above presented research analysis were showed the need of activities and recreational activities in long term care settings. Barriers for preparing and performing meaningful recreational activities were also discussed following the importance of individualizing the activities.

The analysis of researches were able to match the proposed theory as residents current interest were based on activities of their past.(Buettner, Fitzsimmons 2003, Huijben-Schoenmakers, Gamel & Hafsteinsdóttir 2009, Cruz et al. 2013). While the current day activities were the determinants of residents changing personality and behavior. The

present personality of the resident was built by his lifetime activities and his current preferences and interests were the reason for his attitude towards the life.

The following steps were developed that were to be followed for creating activities that will be result oriented. These steps provide the insight of how the individualization of activities was done and how can it be performed to achieve the maximum benefits.

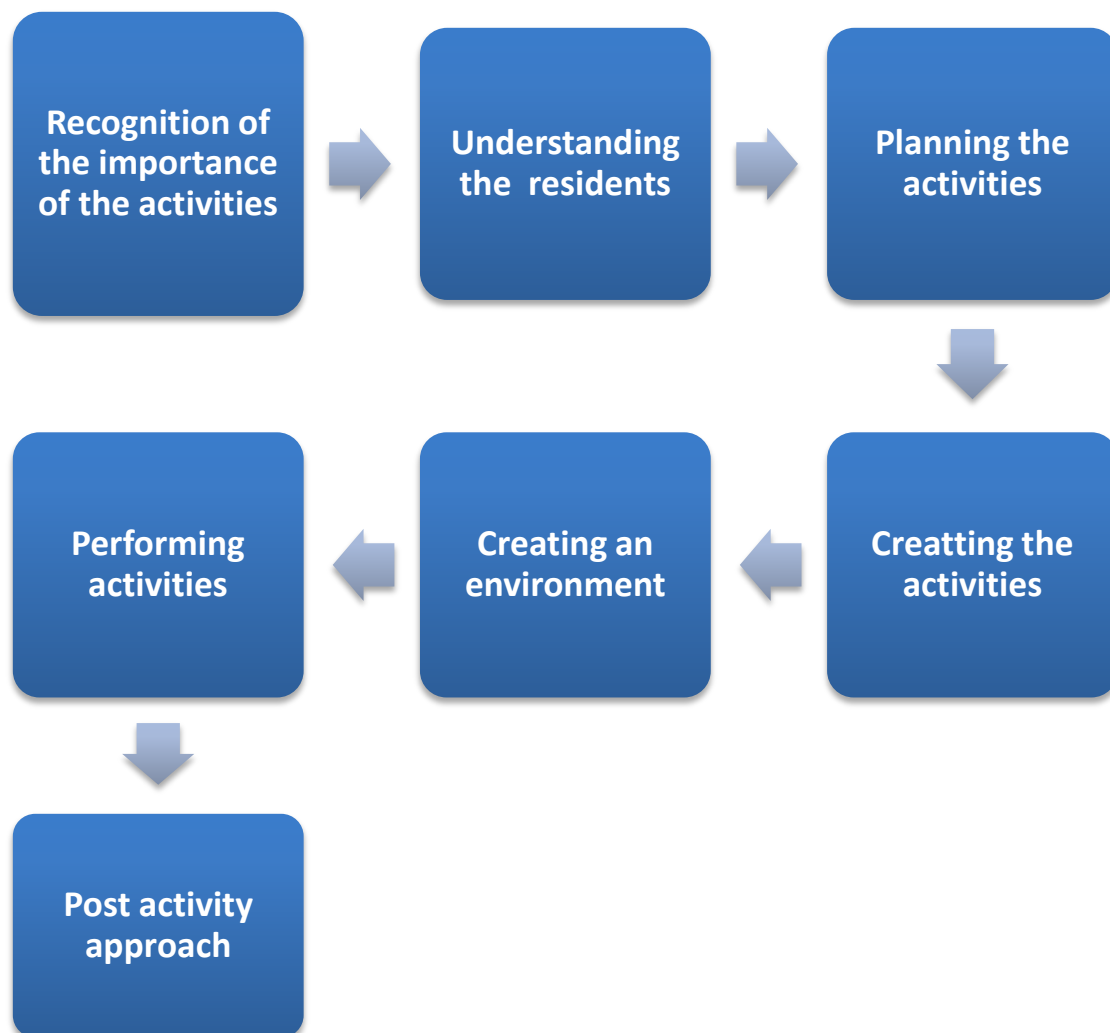


Figure 8. Process of creating result-oriented activities

## **9.1 Recognition of importance of the activities**

Self-actualization of staff members, cares, family and organizational unit as a whole is one of the most basic requirements for any recreational activities to achieve its goal. If the person does not believe in what he does or has any idea on what he is doing, he normally does not succeed. Staffs and organizational issues have always been the major setback for obtaining gains from the activities.

Lack of understanding between participation and attendance, lack of familiarity of client because of bed and body focus and insufficient teamwork hinders the activity. (Kolanowski et al. 2006, Buettner, Fitzsimmons 2003, Huijben-Schoenmakers, Gamel & Hafsteinsdóttir 2009, Carpenter 2002, Cruz et al. 2013, Andresen et al. 2009). Negative attitude and staff deficit are reason for discontinuation in performing activities even after observing better results from ongoing researches.(Buettner 1999). Financial issues on the other hand stops recreational staff to create proper therapeutic environment for the activity. (Cohen-Mansfield et al. 2010a).

Proper knowledge of staff and doable environment were responsible for proper successful activity. Appropriate approaches by nurses to residents increase activity participation and social interactions.(Eckroth-Bucher, Siberski 2009, Polenick, Flora 2013). It was really important for the staff members, organizational heads and families to work together for creating meaningful activities and achieve its goal.

## **9.2 Understanding the resident**

A meaningful, goal oriented activity is only created if it succeeded in matching the resident's interest, hobbies, skills and capacities. There are many factors included when we are trying to get to know the person. That includes his past (his occupation, where he was born, major incidents in life, interest and hobbies), and the present situations (diseases, functional and cognitive situations, medications) and these factors effected significantly in activity development. (Kolanowski et al. 2006, Putman, Wang 2007, Williams, Tappen 2007).

Considering a person with dementia as unique individual and giving importance in learning about the history, over-learned patterns, past coping skills and his value helps to provide proper activity.(Gigliotti, Jarrott & Yorgason 2004a). Giving priorities to the resident's voice is very important as most of them, even in the late stage of dementia can express their likes and dislikes, feelings and preferences with accuracy.(Cohen-Mansfield et al. 2010b). Information on the resident's present and past preferences and situations can be obtained from spouses, nurse relatives and visitors.(Silvers, Wilson & Westgate 2010). These information are crucial in developing the effective activity.(Cohen-Mansfield et al. 2010b). Vision, hearing functional capacity should be taken account of too, as this are important factors while performing activities.(Putman, Wang 2007).



### 9.3 Planning the activities

Planning activities is as much of importance as succeeding in the performing the activity. The better the planning better is the attendance, participation and results. (Cohen-Mansfield et al. 2010b, Nolan et al. 2002a)[13,15]. The planning (activity) should be encouraging, interacting (interactions among residents with each other and nurses) and engaging (residents) at the same time providing entertainment to nurses and relatives. (Pulsford 1997)[11]. Planning the activity includes identifying the residents interests, hobbies, cognitive skills and physical skills and giving them certain categories based on these. Then grouping the residents together based on their hobbies, capacity and preferences. Then training the staffs, volunteers and family members about the activity and need and demand of the resident.

The precisely planned activity that matches resident's interest; cognitive and physical conditions improve the quality of sleep and hence improving the quality of life.(Silvers, Wilson & Westgate 2010, Buettner, Fitzsimmons 2002, Nolan et al. 2002b) [16,19,23]. While planning an activity it is important to ask oneself that will it ever meet its purpose.(Pulsford 1997) [11]. If unable to meet the demand of the resident and incapable of engaging him, then the activity will have no meaning. Person centered approach help to plan suitably (Gigliotti, Jarrott & Yorgason 2004a)[24]. Proper planning is crucial for the residents with any kind of conditions. Precisely planned activities according to interest helps in memory retrieval of the residents with early to severe dementia. (Cohen-Mansfield et al. 2010b)[15]. While planning, identifying appropriate stimulus (18 identified) and collaborating them with each other is important. (Cohen-Mansfield et al. 2010a)[17]. Activities planned according to stimulus like past occupations and preferences helped to increase social activity and participation.(Silvers, Wilson & Westgate 2010) [16]. Proper planning and training guides not only staff but the volunteers who are willing to help but have no ideas of any activities. (Buettner 1999)[18].

## 9.4 Creating the activities

Creating the activity basically refers to developing the activities after the planning. It focuses on introducing different stimuli to the residents according to their preferences and levels of cognition. It is really important to realize that one activity will not do all and have to keep trying to change the activities until the resident's interest is gained. Once able to break the ice get the resident involved actively in the activity, his participation in the other activities increases significantly.(Buettner, Fitzsimmons 2002) [19].

The stimulus for activity can be categorized into eight parts and

<i>Live social</i>	<i>-real baby, real dolls, dogs etc</i>
<i>Task</i>	<i>-flower arrangements, coloring, horticulture, gardening</i>
<i>Reading</i>	<i>-large print magazines, newspaper</i>
<i>Self-identity</i>	<i>-individual stimuli matching personal interests</i>
<i>Music</i>	<i>-listening to music or take part in it</i>
<i>Work</i>	<i>-stamping the cards, folding towels, preparing tables</i>
<i>Stimulated social</i>	<i>-life like dolls, robots</i>
<i>Manipulative</i>	<i>-squeeze balls, expanding spheres, activity pillow etc. (Cohen-Mansfield et al. 2010a, Eckroth-Bucher, Siberski 2009).</i>

When creating the activities the interest of clients and his cognition and functional level should be considered. Stimulus effectiveness depends on the functional level and cognition of the residents. It was found that self-identity stimuli were better than social, work related and manipulative though combining work related stimuli to the self-identity stimulus were more effective.(Cohen-Mansfield et al. 2010a) [17] While creating an activity, modifying them is as much important as finding the suitable one for the resident. (Buettner 1999)[18].

## **9.5 Creating an environment**

Carefully planned and scientifically designed recreational activities may not give the expected results if the environment is not suitable for the activity. That is why it is essential to consider the environmental factors that easily influence the attention of the residents like number of people in group, temperature, noise level, lighting, time of the day etc.(Cohen-Mansfield et al. 2010b) [15]. Proper communication between staff members, nurses and family members helps to create positive environment. (Silvers, Wilson & Westgate 2010)[16].

Finding the common factor of interest between resident, nurses and family and using them in activities creates social and promotional environment. These are the ways of providing opportunities for residents to achieve happiness, purpose and quality of life. (Buettner, Fitzsimmons 2002)[19]. Nurses plays an important role. Approaching appropriately before 20-30minutes of activity and reminding the time and nature of activity with the anticipated fun helps to increase the participation. (Polenick, Flora 2013)[30]. Another approach of creating appropriate environment is to give them choices and promote autonomy. Giving priorities to choices and interests helps to increase resident's sense of self. (Gigliotti, Jarrott & Yorgason 2004a)[23]. Giving choices between activities, between the time helps to increase participation. (Cohen-Mansfield et al. 2010b)[15]. Using the flowers, themes and scents of resident's choice increases the participation.(Gigliotti, Jarrott & Yorgason 2004a) [23]

## **9.6 Performing the activities**

Success of the activities depends not only on the mentioned steps but also during the performance. The approach and the procedure of the activities determine the achievement of goals. Residents should be motivated and assisted. Assistance should only be given when required. Verbal instructions and motivating dialogue should be maintained. Talking about resident's choices, hobbies, past experience during the activities helps to increase the performance.(Silvers, Wilson & Westgate 2010) [16]. Offering refresh-

ments like tea, coffee and other beverages during the activities helps to improve attention and participation. (Polenick, Flora 2013)[30]. Giving role identities is possible during the activity to residents even with dementia.(Gigliotti, Jarrott & Yorgason 2004b) [26]. The activity should not only focus on the final products but priorities should be given to the process of performance. (Gigliotti, Jarrott & Yorgason 2004a)[24].

## **9.7 Post activity approach**

Once the activity is successfully performed and the goal was able to achieve does not mean it is over. Preparation for next activity should be done wisely and the prior activity should be analyzed carefully by trying to communicate with the residents. Talking to the residents about their experiences during the activity helps to increase social interaction and their appreciation of the activity.(Buettner, Fitzsimmons 2002) [19]. It also increases the residents' confidence in expressing their selves.(Buettner, Fitzsimmons 2002) [19]. Continuation of activity and looking for opportunity to develop more effective and appropriate new activities should always be the goals of the organization.

## **10 DISCUSSIONS**

Having to live life without purpose is the worst nightmare for most of us. Living a life in the same setting following the same routine can be monotonous and lifeless. Recreational activities should be used to maintain the purpose of living for the elderly living in long term care. Every client should be considered as human being and his personhood should be given priority while planning an activity. Likes and dislikes shall be considered while offering any activities. All the ideal conditions should be considered before and after activity while planning the activity. Any thing that is planned should be able to perform by the client and should be beneficial for client's mental and physical well-being. The process should not end after creating and using it for one time.

The possibility of clients' participating with respect to his interest and ability should be thought of before making the client take part in it. This helps in avoiding the agitation and unwanted behavior from the client.

The properly planned recreational activities are very important to improve the well being of the client and help them to improve their cognitive and functional capacity. The properly tailored activities can be beneficial in short term and long-term perspective. In short term it helps to improve the social interaction of clients, improve appetite and sleep where as in long term, it helps in minimizing the cost of medication and improving the quality of care as well.

Every institution should held themselves accountable for proper planning of activities. Professional help should be sought incase needed to create an effective activity book that addresses the clients need and capacity including the interest and motivation. The focus should not be centralized in participation but should be in active participation wherever possible. This can be achieved by motivating the clients before, during and after the activities in the proper way as suggested in the conclusion part.



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## APPENDIX

### Summary of research articles

Table 2. Research articles summary

Author and Date	Title	Aim	Method Used	Result
Ann Kolanowski, Linda Buettner, Mark Litaker and Fang Yu Jan 01.2006	<b>Factors that relate to activity engagement in nursing home residents</b>	The purpose of this study was to identify characteristics of residents with dementia that predict engagement in activities when activities are implemented under ideal conditions.	Different types of quantitative analysis with video recorded analysis of activity performance of tailored activities by the residents in ideal condition	Tailored activities may have been successful in overcoming other factors reported to place residents "at risk" for low activity engagement,. The data indicate that well-designed and implemented activities may help to overcome behavioral symptoms that are frequently reported reasons for excluding residents from activity programs
Joana Cruz, Alda Marques, Ana Barbosa, Daniela Figueiredo and Liliana X. Sousa Jan 09.2013	<b>Making Sense(s) in Dementia: A Multisensory and Motor-Based Group Activity Program</b>	Develop a multisensory and motor-based activity program designed for institutionalized older people with moderate to severe dementia consisting of structured group-session activities and (ii) assess residents' behaviors during the program sessions, focused on the aspects of	Video recording was used to analyze the behavior of the residents while performing the activity by using a software Noldus, The observer XT 10.0	Structured group activity programs based on MSS and MS approaches can be a promising approach for people with advanced dementia.

		engagement.		
Author and Date	Title	Aim	Method Used	Result
Mette Andresen, Ulla Runge, Morten Hoff, and Lis Puggaard,  Nov 06.2009	<b>Perceived Autonomy and Activity Choices Among Physically Disabled Older People in Nursing Home Settings: A Randomized Trial</b>	To evaluate the effect of individually tailored programs on perceived autonomy in institutionalized physically disabled older people and to describe participants' activity wishes and content of the programs.	The blinded randomized trial with follow-up included a total of nine long term care and 50 nursing home residents who were randomized into either a control group or an intervention group. Perceived autonomy was measured at baseline (T1), after 12 weeks (T2) of intervention and after 24 weeks (T3) Wishes for daily activities was identified at T1. Weekly reports of individual programs were drawn up.	Although the correspondence between the individual wishes for activities and the concrete content of the programs was not obvious, results indicate potential for enabling the perception of autonomy among physically disabled older nursing home residents. The clinical consequences may suggest a focus on existing traditions, methods, and tools in the nursing home practice.
Christine L. Williams, and  Ruth M. Tappen,  Oct 24. 2007	<b>Effect of Exercise on Mood in Nursing Home Residents With Alzheimer's Disease</b>	To examine the effects of 3 behavioral interventions on affect and mood in nursing home residents with Alzheimer's disease.	3 interventions were applied for 30 minutes, 5 days a week for 16 weeks. Result were analyzed using Lawton observed affect scale, Alz-	The social conversation group exhibited the least positive and most negative mood and affect. Results suggest that exercise programs be emphasized in long-term care, partic-

			heimer Mood Scale and dementia mood assessment.	ularly whole-body involvement rather than walking alone.
Author and Date	Title	Aim	Method Used	Result
Laraine Putman and Jen-Ting Wang Jul 2. 2007	<b>The Closing Group: Therapeutic Recreation for Nursing Home Residents with Dementia and Accompanying Agitation and/or Anxiety</b>	The purpose of the study was to examine in 2 years, how the non pharmacological interventions to reduce the agitation and anxiety has met its goal	The therapeutic interventions were made prioritizing the residents, the behavior of the residents were observed before and after the activity using various scale and finally they were analyzed using different scales	The data suggest that the closing group interventions were effective while a further study with bigger intervention group were needed.
Marleen Huijben-Schoenmakers, Claudia Gamel and Thóra B Hafsteinsdóttir Sep 28. 2009	<b>Filling up the hours: how do stroke clients on a rehabilitation nursing home spend the day?</b>	To describe the time use of stroke clients on rehabilitation units of a nursing home focusing on the time spent on therapeutic activities, non-therapeutic activities, interactions and the location wherein these took place.	Seventeen chronic stroke clients, including 9 men, 8 women were taken. Daily activities of clients were measured using Behavioral Mapping, including therapeutic activities, non-therapeutic activities, interactions and their location. Functional status was measured with the Barthel Index.	Stroke clients normally spend only short periods of time on therapeutic activities. For the largest part of the day, the client is alone and passive.

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Author and Date	Title	Aim	Method Used	Result
Brian D. Carpenter Sep 1 2002	<b>Family, Peer, and Staff Social Support in Nursing Home Clients: Contributions to Psychological Well-Being</b>	This study aim to explore weather nursing home clients identified social support as coming from institutional peers and staff as well as family members.	32 residents were taken and interviewed.	It was found that peer and staff support contribute to the well-being of older adults and may complement family support during inclient admissions or residential stays. Clinical and programmatic interventions that facilitate peer and staff support might enhance client wellbeing and stimulate participation in self-care.
Yu-Ling Chen, Muriel B. Ryden, Karen Feldt and Kay Savik Jan 1. 2000	<b>The relationship between social interaction and characteristics of aggressive, cognitively impaired nursing home residents</b>	The aim of the study was to explore the relation between the social interaction and resident characteristics	Staff were used to rate the residents using SIS( social interaction Scale) which has two subscales. Institutional interaction and family interaction.	Marital status, degree of impairment, morale, dependency and sexual aggression were associated with social interaction but not gender and age.

Vjenka Garms-Homolová, Uwe Flick and Gundula Röhnsch  Jul 05. 2010	<b>Sleep Disorders and Activities in Long Term Care Facilities –a Vicious Cycle?</b>	The relationship between sleep and activities	2577 of German residents were taken as a sample and SEM was used to analyze the relationship between sleep disorder and activity.	Residents with sleep problems exhibited low levels of activities and social engagement and high levels of communication impairment and interpersonal conflicts. They received less activation than persons without sleep disorders.
Linda L. Buettner and Suzanne Fitzsimmons  Jul 1. 2003	<b>Activity calendars for older adults with dementia: What you see is not what you get</b>	To review the activity calendar and to see the actual performance in two weeks' time.	Two weeks observation of sample and data collection based on demographics, cognitive and physical functioning, medications, activities listed on activity calendar	45% of residents receive no or very little activity while 20 % receive occasional activity, 12% receive daily activity but not according to the interest and ability of the clients.

Inclusion and Exclusion criteria.

INCLUSION CRITERIA	EXCLUSION CRITERIA

Articles published after 2000 AD	Articles published before 2000AD
Scientific and peer reviewed	Non-scientific
Full text free to the other	Full text not free to author

*Table 3 Inclusion and exclusion criteria*

Database search keywords and results

Database	Keywords	Year range	Obtained number of articles	Derived number of articles
EBSCO	Recreational activity 'and'	2000-2013	463	3

	elderly			
EBSCO	Recreational activity 'and' elderly 'and' sleep	2000-2013	12	1
SAGE	Recreational activity 'and' dementia	2000-2013	24	2
SAGE	Recreational activity 'and' elderly	2000-2013	46	2
Pub Med	Recreational activity 'and' long term care	2000-2013	14	2

*Table 4 Databases search keywords and results*