Transitions in the Elder Changes When Entering a Long-term Care Setting

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Learning Objectives

• Understand what is known about the relationship between quality of life and roles and routines in the transition to long-term care
• Better justify the need for occupational therapy to support increased quality of life during the transition into long-term care
• Develop and defend future research studies surrounding transitions, given a better understanding of the research tools used (OCAIRS and Hyland Global Assessment of Quality of Life)

Introduction

By the year 2030, there will be over 71 million persons aged 65 and older in the United States (United States Census Bureau, 2005)

Elder vs. Older adult

Where is the "right place" for an elder?

Transitions may bring changes in:
  • Roles
  • Routines
  • Locus of Control over both

Effect on quality of life

 Gerontic OT today: 35.9% of practitioners (American Occupational Therapy Association, 2010, p. 26)
Definitions

- “Elder”: “an older influential member of a family, tribe or community” (freedictionary.com)
- One with the “historical, being-rich (as opposed to doing-rich) responsibilities of making peace, giving wisdom, and creating a legacy” (Thomas, p. 226)
- Routine: a structure through which occupation is organized (Clark, F.A., 2000, p.1275)
- “Habits of Routine: “help us locate effectively within the stream of time...they create the overall pattern by which we go about our various occupations” (Kielhofner, 2008, p. 56)
- Roles: “Incorporation of a socially and/or personally defined status and a related cluster of attitudes and behaviors” (Kielhofner, 2008, p. 19)

Background: QOL of Elders

- Quality of Life
- Depressed mood correlated with low life satisfaction (Gueldner, Loeb, Morris, Penrod, Bramlett, Johnston, & Schlotzhauer, 2001, p. 238)
- Locus of control (Berg, Hausing, McClearn, & Johansson, 2006, p. 264)
- Socialization/Social relationships (Berg, Hausing, McClearn, & Johansson, 2006, p. 266; Crist, 1999, p. 109)
- Activity level (Lawton, Winter, Kleban, & Ruckdeschel, 1999, p. 191)
- Meaningful occupation (Jackson, Carlson, Mandel, Zemke, & Clark, 1999)
- Living environment

Background: Routine

- Model of Human Occupation (Kielhofner, 2008)
- Character differences: Disliking disruption and maladaptive routine in older adults (routinization factors) (Busch, & Zautra, 1991)
- Routine and quality of life
- Studies of specific routines
  - Care assistants did not adhere to bedtime rituals from before residents moved to the nursing home (Warner, 1997, p. 36)
  - 99%: “I don’t know” response of CNAs to self-care routines of residents prior to residential living (Jensen & Cohen-Mansfield, 2006, p. 249)
  - “45% overall concordance between previous and current self-care practices” (Jensen & Cohen-Mansfield, 2006, p. 246)
- Florence A. Clarke: “routine and habit may play an important role in the construction of the self” (Clark, 2000, p. 152-1535)

Background: Roles

- Model of Human Occupation (Kielhofner, 2008)
- Role loss:
  - Role participation and life-satisfaction correlation (McKenna, Brossen, & Zuck, 2007)
  - Average of 2 roles fewer
  - 80% of roles “very valuable” (p. 280)
- The “sick” or “residential” role
  - “The individual’s sense of self was subsumed by the culture of the home; whereas older adults living at home adopted active and varied roles that were self-directed and expressed their individual identities.” (Bourc, Pinto, & Rees, 2005, p. 29)
  - “They don’t know the meaning of me!” (Heliker, & Scholler-Jaquish, 2006, p. 38).
  - “You don’t know what it’s like...you lose your identity for being able to do what you want to do when you want to do it.” (Heliker & Scholler-Jaquish, 2006, p. 38)
- Social and family relationships (Crist, 1999; Skitpine, 2009)
Background: Environmental Transition

- Transition Theory (Young, Sikma, Trippett, Shannon, & Blachly, 2006)
- Continuity Theory (Atchley, 1989)
- In people independent in activities of daily living, meaning of home activity aspects had a significant association with life satisfaction (Iwarsson, Horstmann, & Slaug, 2007, p. 9).
- In a study of older women in residential relocation: “Fewer than 50% of the women experienced a healthy, successful, fully integrated” relocation transition style (Rossen, & Knaff, 2003, p. 29).
- "Nursing home residents scored higher on the Depression-Depression, Tension-Anxiety, and Confusion-Bewilderment subscales of the Profile of Mood States' and lower on a Vigor-Activity subscale as compared with their community-dwelling counterparts (Gueldner, et al., 2001, p. 238)."

Impetus for Research and Action

- Despite theory and research to support the importance of habits, roles, and routines...not used in Gerontic Occupational Therapy
- Focus on self-care
- Not working outside of self-care occupations, not addressing performance patterns (or not documenting it through research)
- Not enough understanding of roles and routines or transitions BUT we're leaving other disciplines to do the research

Research Questions

- Does transition in living environment affect quality of life in elders moving into nursing homes?
- Do elders maintain roles when transitioning between living environments?
- Do elders maintain routines when transitioning between living environments?
- Do changes in roles correlate with changes in quality of life in this population?
- Do changes in routines correlate with changes in quality of life in this population?

Hypothesis

Elders transitioning into a nursing home living environment will experience a decrease in quality of life, correlated with changes in roles and routines.
Methodology: Subjects

- Population
  - Elders who have recently transitioned into a nursing home setting (within 1 year)
  - 60+
  - Cognitively able to remember life prior to entering long term care (as reported by staff)
  - Not there for rehabilitation only
  - Must be able to communicate verbally or through written communication
  - Drawn from 2 SNFs in NY state

Instruments: Quality of Life

- Hyland rating scale of Global Quality of Life
- Rating scale for global QOL
- End labels, with 8 quantifiers placed by the averages of 197 participants, including 19 elderly residents

"easiest to use" and "most accurate representation"

(Hyland & Sodergren, 1996)

Instruments: OCAIRS

- OCAIRS (Roles)
  - What do you do? What are your major responsibilities?
  - Do you belong to any groups?
  - How important is ____ to you? Do you enjoy ____?
  - How well are you able to ____?
  - What else do you do? What other roles do you fill?

- OCAIRS (Habits)
  - Describe a typical weekday/weekend day (before).
  - Does your daily schedule let you do the things you need and want to do?
  - Has your daily routine changed? How?
  - Are you satisfied with your current daily routine?
Data Analysis

- Completed with PASW-18
- Descriptives and Frequencies
- Bivariate Correlations (Spearman’s rho and Kendall’s tau_b)
- Wilcoxon Signed Ranks Test
- Qualitative Data Analysis via Phenomenological Research Methods
  - Transcription
  - Horizontalization
  - Clustering
  - Textural description

Demographics

- Ages 61-93, Mean: 80.92
- Days since admission:
  - 9-309 days
  - Mean: 172.42 days
  - Median:
- Male/Female: 58% vs. 42%

Demographics Continued

| Martial Status | Single | Married | Divorced | Separated | Widow
|----------------|--------|---------|----------|-----------|------|
| Single         | 20%    | 30%     | 15%      | 10%       | 35%
| Married        | 40%    | 35%     | 10%      | 5%        | 15%
| Divorced       | 10%    | 25%     | 5%       | 30%       | 20%
| Separated      | 5%     | 5%      | 25%      | 15%       | 30%
| Widow          | 5%     | 5%      | 5%       | 25%       | 30%

Religious/Spiritual Involvement

- None: 30%
- Some: 40%
- High: 20%
- Very High: 10%

Demographics

<table>
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<tr>
<th>Financial Status</th>
<th>I do not have enough money</th>
<th>I have enough money</th>
<th>I have more than enough money</th>
</tr>
</thead>
<tbody>
<tr>
<td>I do not have enough money</td>
<td>20%</td>
<td>30%</td>
<td>50%</td>
</tr>
<tr>
<td>I have enough money</td>
<td>40%</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>I have more than enough money</td>
<td>10%</td>
<td>30%</td>
<td>60%</td>
</tr>
</tbody>
</table>
Where were you living prior to entering LTC?

Living Environment

Living Environment
Results: QOL

Does transition in living environment affect quality of life in elders moving into nursing homes?
Yes

Mean 75.42
Mean 62.92

OCAIRS Score
Participant Number

Results: Significant Effects on QOL

Do changes in roles correlate with changes in quality of life in this population?

Do changes in routines correlate with changes in quality of life in this population?

OCAIRS Correlates with QOL

Roles

Identified Roles
- Self-care
- Family
- Spouse/Partner
- Daughter
- Son
- Parent
- Grandparent
- Great grandparent
- Step-mother
- Step-grandparent
- Pet caretaker
- Musician
- Friend
- Sick "role"
- Building/carpentry

Responsibilities Identified
- Crossword puzzles
- Reading
- Writing letters
- Relaying messages
- Helping others
- Walking
- Paying bills
- Rehabilitation

Groups
- Religious groups
- Cooperative Extension
- Senior Citizens
- College alumni groups
- Architectural historians
- Coin collectors
### Family roles

<table>
<thead>
<tr>
<th>Role</th>
<th>Complete role loss</th>
<th>Some role loss</th>
<th>No role loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daughter/Son</td>
<td>1</td>
<td>0</td>
<td>(despite deceased parents)</td>
</tr>
<tr>
<td>Sibling</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sibling</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Parent</td>
<td>1</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Grandparent</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Great Grandparent</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Step-roles not coded separately, included in this data

### Role trends

- Self-care identified primary for 8/12 individuals
  - Getting myself up, maintaining myself
  - “Survival”
  - “Get my ass back into life—involved in life!”
- Role change: “My roles have completely changed from the stroke, obviously.”
- Limiting statements (6/7)
  - “That’s it!”
  - “Just…”
  - “I’m nothin’ now.”

Do elders maintain roles when transitioning between living environments? **No.**

### Habits of Routine

Do elders maintain routines when transitioning between living environments? **No.**
Habits of Routine

Losing Choice and Control of Habits

"I mean... mostly... I would go out and do it. When my wife was still alive, we used to just come and go, wherever we wanted to."

"Don't do much here, no. Not like home. It doesn't allow me."

"When I wake up early now, I have to wait. Because they're busy! And so I run more patience than I have!"

Regulation of Habits

"It's kind-of... regulated. I get up at a certain time and get myself dressed, and wheel myself to meals, and wheel myself to anything I want to attend, wheel out to the TV room and watch the news."

"I get up early. But I'm not supposed to."

"If it's a nice day I'll go outside sometimes and sit outside here. They don't like me doin' that neither. They watch me like a hawk. When I go out there, they figure I'm gonna take off."

Trends in Routine

8-9am was the most typical wake-up time for before entering Long Term Care (LTC)
- Wake at 5:30am for medication
- Return to sleep until breakfast at 8am
- Early risers may wake at 5:30/6am as they did previous to entering LTC
  - Wait for breakfast
  - Wait for assistance with dressing and grooming
- Whose QOL has not gone down? (4/12 people)
  - % individuals have maintained or gained a routine schedule
  - 2 came from Assisted Living care
  - % depression from losing wife addressed in LTC
The interaction between role and habits of routine

- Two married individuals returned to a pre-existing time of co-habitation with a spouse, despite years having passed since the spouse died.
- One participant at times described current living environment as her previous environment in an independent living community (where she lived with two cats)
- Is there a tendency to return to a time of a primary role that is identifiable? A time that perhaps held more meaning? Or more control and choice?
- Volition as part of the role of being an "adult"

Limitations

- Challenges of using the OCAIRS with elders
- Challenges of self-report measures
- Recruitment: subject to bias of staff
- STR vs. LTC: The reimbursement issue
- Limited population, not representative sample

Implications for Future Research

- Use a simpler measure for roles and routines, or narrative interview analyzed by therapist
- Choose a measure that is more visual
- And shorter
- Consider a cognitive evaluation to rule out
- Consider using caregiver/family to report roles and routines (cognition)
- Ask how the decision for the transition occurred
- Ask about current Occupational Therapy services
- More research on roles, routines, and transitions needed in this population

Possible Cognitive Screens

- Pfeiffer’s Short Portable Mental Status Questionnaire (SPMSQ)
  - 10-item measure of intellectual impairment
  - Looks at orientation and memory
- Mini-Mental Status Examination (MMSE)
  - Tasks are more complex and some involve physical functioning
  - Less specific and less appropriate for the population
Tools to Measure Quality of Life

- WHOQOL-BREF
- WHOQOL-OLD
- Assessment of Quality of Life (AQoL)
- Visual Analogue Scales (VASs)
- Flanagan Quality of Life Scale (QOLS)
- Life satisfaction index A (LSIA)
- Life satisfaction index Z (LSIZ)
- Satisfaction with Life Scale (SWLS)
- Psychological distress
- HRQOL: SF-36
- Nottingham Health Profile
- Medical Outcome Study’s SF-8

Depression Measurements

- Duke Depression Evaluation Schedule (DDES): a satisfaction measure
- Center for Epidemiologic Studies-Depression (CES-D) Scale
  - 20 questions, scored out of 60
  - How often? 4 options/question (in last week)
- Geriatric Depression Scale
  - 15 Y/N questions, ≥5 suggests depression

Tools to Measure Roles

- Role Checklist
  - Inventory of 10 roles
  - Includes worker, student, family member, homemaker, caregiver, volunteer, and hobbyist
  - Past, present, and future
  - Value assigned by the client to each role
  - Good test-retest reliability and good validity
    - [http://www.uic.edu/depts/moho/images/assessments/Accessible%20Role%20Checklist.pdf](http://www.uic.edu/depts/moho/images/assessments/Accessible%20Role%20Checklist.pdf)
- OCAIRS (Roles)
  - What do you do? What are your major responsibilities?
  - Do you belong to any groups?
  - How important is _____ to you? Do you enjoy _____?
  - How well are you able to _____?
  - What else do you do? What other roles do you fill?

Tools to Measure Routines

- Routine Task Inventory
  - Occupational performance of tasks (observed and by report)
  - Does not sequence a typical day/routine (e.g. AM ADLs)
  - Takes 1 hour to administer
- SHAPE Questionnaire: Self-maintenance Habits and Preferences in Elderly
  - Includes the importance of each habit on a 4-point scale, from not important (1) to very important (4), closed-ended questions
  - Sleep (28), eating (35), dressing and grooming (16) and hygiene (25)
  - 73% test-retest reliability, 93% close/partial mean intraclass correlation 0.72
Tools to Measure Routines, Cont.

- Disliking Disruption Scale
  - A routinization scale with 5 T/F items
- Routinization (Reich & Zautra): 20 items
- Philadelphia Geriatric Center Multilevel Assessment Instrument (MAI)
  - "Yesterday interview"
  - Time use measure
- 24-hour occupational pie
- OCAIRS (Habits)
  - Describe a typical weekday/weekend day (before).
  - Does your daily schedule let you do the things you need and want to do?
  - Has your daily routine changed? How?
  - Are you satisfied with your current daily routine?

Routinization Factors

Factor 1—Having Order and Routine in Daily Life
1. I find that a well-ordered mode of life with regular hours is the one for me.
2. I generally stick to a certain schedule once I have started it.
3. I rather like the idea of having my meals at odd hours or whenever the mood strikes me.
4. In whatever one does, the "tried and true" ways are always the best.
5. I do not undertake any project unless I have a pretty good idea as to how it will turn out.
6. I do pretty much the same thing every day.
7. I put on and take off my clothes in the same order every day.
8. I may be "set in my ways," but for me that is the best way to live.

Factor 2—Disliking Disruption
9. I like to have everything planned for my day.
10. I rather like the idea of having friends drop in unexpectedly.
11. I must admit that it makes me angry when other people interfere with my daily activity.
12. I dislike doing anything just on the spur of the moment.
13. I do not enjoy having to adapt myself to new and unusual situations.

The Optimal Tools for future research

- It's worth analyzing both the trait of routinization AND the actual routines (2 studies?)
- Routines: Routinization factor, + MAI or Routine section of OCAIRS
- Roles: Roles checklist (adapted?) or Roles section of OCAIRS
- Quality of Life/Depression: Geriatric Depression Scale
- Inclusion/Exclusion/Recruitment: SPMSQ, therapist rule out vs. staff referral
- Procedure:
  - Multiple short visits vs. 1 long visit (attention)
  - Longitudinal for QOL aspect vs. recall
  - Hospitals + STR + LTC
  - Intake/Application QOL measure

Clinical Implications

- Occupational Therapists need to be involved in the continuity of transitions in elders, including discharge planning
- Occupational Therapists need to advocate for client-driven environments with role continuations
- Occupational Therapists need to be involved in occupation-based activities with elders in long term care, regardless of the therapy services of the individual
- We need to work more with Nursing staff to address the mental health needs of our elders
Thank You!

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References

References, continued


References, continued

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