

This is the submitted manuscript of an article published by Taylor & Francis in Journal of Gerontological Social Work on 22 Dec 2020, available online: <http://www.tandfonline.com/10.1080/01634372.2020.1864543>.

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Meaningful Engagement in the Nursing Home

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Key Words: Age-friendly nursing homes; Quality of life; Meaningful engagement; Person-centered care

Disclosures: The authors declare there are no conflicts

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Abstract

Throughout her career, Rosalie Kane made a major impact in her efforts to improve quality of life for persons living in nursing homes. Near the end of her career, she suggested that it was time to “re-imagine long term care and to produce livable age-friendly nursing homes.” This brief review focuses on the role of meaningful engagement and person-centered care as the next step in enhancing nursing home care. The importance of activities that strengthen cognitive and/or physical function is stressed, as well as improving socialization to reduce loneliness.

Meaningful Engagement in the Nursing Home

COVID-19 has accentuated the substantial ageism that exists throughout the world (Cesari & Proietti, 2020; Morley & Vellas, 2020) as evidenced by how older adults have been treated in hospitals and nursing homes. In some cases, older adults have been denied appropriate access to ventilators. In other cases, nursing homes were required to accept persons with COVID-19 exposing older persons who were at the highest risk for death from COVID-19 to the disease. In the nursing homes themselves, there was an ongoing lack of Personal Protective Equipment available for staff and residents, a failure to provide testing for COVID-19 for staff, residents and visitors and, most importantly, a “lockdown” which led to physical and social isolation of the residents and a major decline in meaningful activities (Berg-Weger & Morley, 2020a, b; Rolland et al., 2020). This failure to provide quality care in nursing homes has led to nearly 40% of COVID-19 deaths occurring in nursing homes (New York Times, 2020). The COVID-19 pandemic has shone a light on the limited resources available in nursing homes and the ageist attitudes of politicians and those health professionals not working in nursing homes.

This review, written in honor of Rosalie Kane who spent over 50 years working to improve quality of life for nursing home residents (Kane, 1975), will focus on meaningful social engagement in nursing homes. We will stress the importance of high quality interprofessional care, which was the subject of Rosalie’s doctoral thesis in 1965 (Kane, 1975).

The Beginnings

Institutional care for older persons has existed in the United States since the 19th century when widows who could not provide for themselves ended up in poorhouses (Katz, 1984). The Hill-Burton Act in 1946 provided funds for the construction of hospitals and nursing homes as long as they cared for indigent patients, cementing the relationship between nursing homes and

medical care (Health Resources and Services Administration [HRSA], 2019). In 1965, the introduction of Medicare and Medicaid infused new funding into nursing homes and continued the shift toward medicalization. During the 1970s, the Veterans Administration (VA) developed high quality long term care with physician involvement (Kane & Kane, 2015). The VA's success led to the U.S. adopting a "physician-led model of care (p. 460)," as compared to the rest of the world, where physicians regularly visit nursing homes in only 37% of countries (Tolson, et al., 2013). Social workers or nurses are most often the leaders in nursing homes in countries that use a social or nurse-led model of care (Tolson, et al., 2013).

Through the 1970s and 1980s, the U.S. government, concerned with costs and quality in long term care, implemented a variety of policies and programs including home and community based (HCBS) waivers, the Program of All Inclusive Care for the Elderly (PACE), and Cash and Counseling (Kane & Kane, 2015). In 1986, the Institute of Medicine (IOM) issued a report highlighting the problems in nursing homes (Gebhardt, 1986). Rosalie Kane served on the interprofessional IOM commission (Institute of Medicine, 1986). This report led Congress to issue a number of nursing home reforms as part of the Omnibus Budget Reconciliation Act (OBRA) of 1987 (GovTrack.us, 2020). The OBRA (1987) law required that nursing facilities assess their residents using a standardized Minimum Data Set (MDS) which was used to derive quality indicators for nursing homes (Kane et al., 2003). This medically centered instrument excluded the role of quality of life so the Centers for Medicare and Medicaid Services (CMS) contracted the Kanes and their colleagues to develop quality of life measures (Kane et al., 2004; Kane et al., 2003). Among the domains of their quality of life measure were dignity, autonomy, meaningful activity, and relationships.

Restraints

OBRA (1987) severely restricted the use of physical and chemical restraints in nursing homes. Use of restraints had been in direct opposition to Rosalie Kane's beliefs about the importance of quality of life and the dignity of nursing home residents. Prior to 1987 nursing home regulation allowed "physical and chemical restraints...as authorized...by a physician...or when necessary to protect the person from injury to himself or to others (Institute of Medicine, 1986, p 261)." Persons who are physically restrained cannot take part in meaningful activities. In older persons, physical restraints are virtually always inappropriate and abusive (Tolson & Morley, 2012). Antipsychotics have numerous negative side effects and are ineffective when used to manage behavioral changes in persons with dementia (Morley, 2012). When one of the authors moved to St. Louis in the late 1980s and became medical director of a nursing home, over 50% of the residents were physically restrained. Rosalie Kane (2001) saw this drastic reduction in restraints as a positive stride in quality of care, and an aspect of quality of life (Kane et al., 2004), but since it could be measured objectively, it was not included in the quality of life measures developed by the Kanes and their interprofessional research team (Kane et al., 2003).

Meaningful Activities

Restraints may not have been part of the Kanes' quality of life measures, but meaningful activities definitely were (Kane et al., 2003). Meaningful activities are both enjoyable and also involve cognitive and/or physical activity (Morley, et al., 2014). Two studies in nursing homes suggest that residents spend less than 15% of their time performing meaningful activities (Ballard et al., 2001; Brooker, 2008). Meaningful activities were one of the reasons Rosalie Kane advocated for small house nursing homes, where residents can participate in naturally occurring activities of daily life. Kane et al (2007) found that while small house residents were less likely

to participate in organized activities than those in traditional nursing home settings the activities were meaningful and residents felt they enhanced quality of life. The Minimum Data Set 3.0 offers an opportunity for nursing homes to improve meaningful activities by providing a list of activities preferred by the resident. These can be incorporated into a resident's care plan to provide individual resident-centered care. Physical activity can also be incorporated into regular activity to improve physical outcomes as well.

Most nursing home residents have some degree of frailty and/or sarcopenia. Exercise can be a meaningful activity that also decreases the progression of disability in nursing home residents; but physical exercises must be individualized to each resident's abilities. For physically and cognitively able residents, an effective program can be as simple as having the residents walk between units and obtain a signature in a logbook. Residents can earn prizes for reaching certain numbers of signatures. This program increases both movement and social interaction with staff and other residents. Physical exercise has also been shown to reduce challenging behaviors in nursing homes (Aman & Thomas, 2009). Technology can be incorporated- pedometers and Wii® games have been used to enhance walking in nursing home residents (Snyder, et al., 2011; Clark & Kraemer, 2009).

Exercises beyond walking can be an interprofessional endeavor facilitated by an exercise therapist, activities staff member, and/or volunteer. Examples of exercise can be found at www.aging.slu.edu or, alternatively, the exercises developed by the Vivifrail group are excellent and have various sets for different levels of ability (Izquierdo, Rodriguez-Marias, & Sinclair, 2016). Innovative exercise programs include fencing, Tai chi, horseshoes, bowling, and dancing. Dancing can be particularly helpful as it combines the stimulation of motor memories of old dances with social interaction. Resistance exercises also were shown to improve quality of life in

an older population who are living with sarcopenic obesity in the long term care setting (Chang & Chiu, 2020).

Brain stimulating meaningful activities can also enhance quality of life, and a variety of brain stimulating activities are available for delivery by various professionals. Of these, the intervention with the strongest evidence base is Cognitive Stimulating Therapy (Aguirre et al., 2013; Loraine et al., 2014). Reminiscence therapy can also be useful and for those who were sporting enthusiasts, focusing on a sport, such as soccer or baseball, has been particularly effective (Tolson & Schofield, 2012; Wingbermuehle et al., 2014). Cohen-Mansfield and colleagues have been leaders in creating events that provide an interaction for the resident about their life and current events (Cohen-Mansfield et al., 2007; Cohen-Mansfield et al., 2012). One particularly useful activity is to ask the resident to tell their life story which can then be turned into a booklet with photographs. The activity can further enhance social engagement by including students as part of a school project. The students can engage with the resident to elicit, document, and share their life story. A variation on this theme which can also involve students is to have them help the resident develop a postcard to God, focusing on their life's highlight and thanking God for the experience (Morley & Sanford, 2014).

With all these group approaches, two issues are important: ensuring participation by all residents in the activity and utilizing an interprofessional approach. To promote participation by all residents, facilitators can enhance the group experience by acknowledging that wrong answers are equally appropriate as are right answers. Like exercise programs, many of these events reduce agitation and other behavioral problems and enhance cognition and social engagement. While more work is needed to adequately fulfill the Kane's legacy to enhance nursing home quality of life, progress is being made. A 2015 task force on nursing home care

held in Toulouse, France strongly advised that nursing homes should make extra effort to develop meaningful activities to enhance quality of life for all residents (De Mazieres et al., 2017). Secondly, facilitation of meaningful activities is not solely the purview of the activities staff. In keeping with Rosalie Kane's philosophy of an interprofessional approach, she would advocate for creating a culture within the facility where all professionals are responsible for engaging with the residents in meaningful ways.

Loneliness

Living in a nursing home can place one at risk for loneliness (Theurer et al., 2014; Jansson et al., 2019; Jansson et al, 2020). Nursing home residents who are not engaged in meaningful activities are at increased risk for loneliness. In fact, Aung and colleagues (2017) report that 100% of residents reported experiencing loneliness—25% at the moderate level and 75% at the severe level. Loneliness is associated with negative effects such as stress, depression, decreased quality of life, poor sleep, worsening mentation, impaired physical function, heart disease, increased hospitalization, and increased mortality (Donovan & Blazer, 2020). While loneliness has been a longstanding problem for nursing home residents, there is a loneliness epidemic among older persons (Berg-Weger & Morley, 2020b) due to COVID-19 restrictions. While providing meaningful activities within the nursing setting has also been a challenge for staff, the pandemic has only served to heighten both the need for meaningful activities and the inability of staff to facilitate the activities. Due to the physical distancing that is necessary for safety, staffing challenges, and the inability to allow visitors and volunteers to enter facilities, virtually all group activities have been decreased or suspended. The result has been an exacerbation of an existing problem. Clearly, future research is needed to understand the impact

of loneliness overall, the exacerbation of loneliness due to COVID-19, as well as prevention and evidence-based intervention strategies

Developed in Finland, one such evidence-based group intervention, “Circle of Friends,” has proven to be an excellent method to reduce loneliness for older adults in both residential and community settings (Routasalo et al., 2009). This intervention brings small groups of participants together for goal-oriented support aimed at empowering participants and promoting friendships (Routasalo et al., 2009). For older persons and particularly for nursing home residents, maintaining contact with family and friends is a key factor in addressing loneliness. Using an electronic device or telehealth groups to maintain communication are two promising strategies but need to be individualized, especially during COVID-19 (Zubatsky et al., 2020).

While these strategies have the potential to address the issue of connectedness, they are not without challenges, including access and technology-related capabilities. Challenges can include lack of wireless access in facilities or all areas of a facility; availability of staff to facilitate the use of technology for residents unfamiliar with or unable to use the devices; and availability of devices themselves. Meaningful activities, particularly during the pandemic, require diligence and creativity. One author is currently involved in a project in which nursing home staff are being trained to use personalized 3-D printed objects to engage in reminiscence therapy with residents experiencing cognitive impairment. While visitors and researchers are not allowed into the facility, virtual training in this intervention with on-site staff has been promoted as a strategy to address loneliness through a one-on-one meaningful activity. With her commitment to meaningful activities, we believe that Rosalie Kane would be supportive of such initiatives.

Innovative Approaches to Nursing Home Care

Innovative approaches to the structure of nursing homes have the potential to improve quality of life for nursing home residents because they decrease isolation and increase activity. When Dr. Bill Thomas recognized that nursing home residents were harmed by a lack of meaningful activities in nursing homes, he developed the Eden Alternative™ (Thomas, 1998; Thomas & Stermer, 1999). This innovative approach creates an environment that includes animals and growing plants to make the facility more homelike and filled with signs of life. Beyond the physical environment, an Eden Alternative home has a culture that focuses on each resident and enables them to be responsible for decision-making.

“The Green House” model, also created by Dr. Bill Thomas, took the person-centered concepts of the Eden Alternative and created a small house model of nursing home care (Rabig et al., 2006). The concept of a small house nursing home model has been relatively popular both for persons with dementia and persons who would otherwise need nursing home care. In general, care is delivered by universal direct care workers with supervision from a nurse and availability of interprofessional team members when needed and as required by regulation. Rosalie Kane and colleagues found that this model had promising effects on quality of life and functional status (Kane et al., 2007). Ausserhofer and colleagues (2016), in a review of homelike residential care models, found mixed, but mostly positive, outcomes on mood, activities, and satisfaction. However, they concluded more evidence was needed to justify the cost effectiveness of these outcomes.

Conclusion

Overall, since Medicare and Medicaid infused funds into nursing homes in 1965, there has been a dramatic improvement in medically focused care in nursing homes. However, it is

now time to recognize that nursing homes need to move away from the medical model to a residential alternative that focuses on a more home-like environment and promotes interprofessional approaches to meaningful activities. Identifying residents who are lonely and focusing on decreasing their loneliness through meaningful activities is one key objective. The importance of this has been highlighted during the COVID-19 lockdown. Equally important is a shift of focus to include more meaningful engagement of nursing home residents to improve cognitive and physical function. These strategies, will, in turn, enhance social interaction resulting in a decrease in loneliness and dysphoria.

In 2015, Kane and Cutler suggested that it was time to re-imagine long term care services (Kane & Cutler). This reconceptualization of interprofessional care would require single occupancy in all nursing facilities. They called for a “broad reworking of the prerequisites for livable age-friendly (and dementia-friendly) communities” (2015, p. 286). We are emerging from the worst of times in nursing homes. COVID-19 has provided the opportunity to enter the best of times, but this transformation will require moving away from the negative ageist view of long term care to a positive view recognizing the rights of older persons to age with dignity and autonomy. Let us honor the Kanes’ legacy by investing in the future we would all like to have.

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