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Therapeutic Activities among Residents with Dementia at a Nursing Home

by

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Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social work research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present their findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

The researcher conducted this study through analyzed data from qualitative, semi-structured interviews with an interdisciplinary team at a nursing home. All participants had experience working with residents with dementia that participated in therapeutic activities at the nursing home. The major themes that emerged from the data analysis include: a) staff perspective of meaningful therapeutic activities for residents with dementia, b) therapeutic activities contribute to mood improvement, c) therapeutic activities stimulate the mind, d) therapeutic activities impact stress and anxiety, e) room for improvement of therapeutic activities, f) therapeutic activities allow residents with dementia to grow, g) motivation of residents to participate and engage and, h) improved quality of life. The findings provided beneficial information through staff members' perspective about how therapeutic activities can contribute to the well-being of residents with dementia which assisted the researcher in examining ways that these findings can assist in implications for additional social work research.

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Introduction

Dementia

There are more than fifty conditions that involve dementia including Alzheimer's disease, vascular dementia, Pick's disease, Creutzfeldt-Jakob disease, Huntington's disease, Parkinson's dementia, and Lewy body disease (Wayne, White, Smith, 2011). For the purpose of the literature review, I will be focusing on Alzheimer's disease which is the most common type of dementia. Although symptoms may vary, all dementias encompass cognitive decline which affects the everyday life of the person diagnosed. For the purpose of my research, I will examine nursing home staff perspectives through qualitative interviews on how therapeutic activities contribute to the well-being of residents diagnosed with dementia.

Therapeutic Activities

There are a great number of therapeutic activities at a nursing home for residents to participate in under the categories of physical activities, social activities, and crafts. Therapeutic activities may also fit under more than one specific category (Roper, 2012). Examples of physical activities include pet therapy, walking club, and gardening. Examples of social activities include bingo, story-time, and music events. Finally, examples of craft activities that nursing home residents may participate include painting, crocheting, and sewing (Roper, 2012).

Literature Review

Alzheimer's Disease: Effects on Patients

Research studies conducted have demonstrated that patients with Alzheimer's disease develop memory impairment in the earliest stages meaning they have difficulty learning new information and retaining it. Patients have difficulty planning their meals, managing finances, keeping track of their medications, and tasks such as using the telephone. As the disease progresses, the patient reaches a point where it would no longer be safe to live at home and living at a nursing home is imperative (Small, Rabins, Barry, Buckholtz, DeKosky, Ferris, et al., 1997). A patient with Alzheimer's disease will work through stages associated with being terminally ill: denial and isolation; anger and resentment; bargaining; depression; and finally, acceptance. During these stages of adjustment, it is essential that patients lean on the support of their family and friends, as well as professionals such as physicians and social workers. Activity and therapists can provide guidance on appropriate levels of physical and group activity while offering strategies to maximize functioning (Small, Rabins, Barry, Buckholtz, DeKosky, Ferris, et al., 1997). It is also beneficial to talk to others with the disease in support groups. Those who have come to terms of their disease normally find a sense of peace and a greater sense of perspective. They are able to prepare themselves and their families and live their life to fullest despite being terminally ill. Significant changes in mood and behavior occur including personality alterations, irritability, anxiety, and depression. In the middle to later stages of the disease, delusions, hallucinations, aggression, and wandering often occur (Small, Rabins, Barry, Buckholtz, DeKosky, Ferris, et al., 1997).

Importance of Research

It is important to study this topic because therapeutic recreational activities have been shown to help nursing home residents affected by Alzheimer's disease with a more positive mood, increased cognition, improved physical health and less agitation. Overall, the literature offered valuable information in regards to the effects of Alzheimer's disease on patients. The research thoroughly supported the benefits of therapeutic activities in improving the mood, cognition, and behaviors of those living in a nursing home with a diagnosis of Alzheimer's disease. The question that will be the purpose of this research is what more can be done by the social worker to benefit resident's quality of life. This will be conducted by further researching through staff perspective of what and how therapeutic activities improve their mood and cognition then examine how to build upon these strengths through qualitative interviews.

Therapeutic Activity and Mental Health

A positive relationship has been consistently demonstrated between therapeutic activity and the mental health of patients at a nursing home that have been diagnosed with Alzheimer's disease. Research demonstrates that residents with Alzheimer's disease that are not engaging in meaningful therapeutic activities are more likely to develop depression and experience agitation due to social isolation (Manepalli, Desai & Sharma, 2009).

Therapeutic Activity and Behaviors

Residents with dementia tend to be more likely to display behaviors such as wandering, calling out, and physical aggression when they are not engaged in any type of activity or there is a lack of stimulation (Cohen-Mansfield et al., 1992). Negative

behaviors can also be influenced by overstimulation. However, engaging residents at the nursing home with therapeutic activities that appeal to their interest can greatly reverse negative behavior according to research. (Cohen-Mansfield, Libin, & Marx, 2007). A research study (Buettner, Lundegren, Lago, Farrell, & Smith, 1996) was conducted on nursing home residents that had a diagnosis of dementia and displayed behavioral signs of agitation. The thirty-six long term care residents were split into two groups with one group participating in four weeks of the regular routine of nursing home activities while the other group participated in a sensorimotor activity program. The groups reversed after four weeks and joined the opposite activity program for an additional four weeks. The results of the study indicated that the participants made substantial progress in reducing the behavior of agitation while they were involved in the four weeks of sensorimotor activities. However, some limitations to the research results were that they did not demonstrate any improvement in the participant's agitation level or cognition status when they were no longer participating in the sensorimotor activity program or while the residents were participating in the regular routine of activities at the nursing home.

Therapeutic Activity and Cognition

A recent study (Woods, Aguirre, Spectorm, & Orrell, 2012) evaluated how cognitive stimulation activities impacted 718 participants who were diagnosed with mild to moderate dementia during 15 trials of research. The activities included reminiscing the past, socializing about current interests, putting together puzzles, playing word games, listening to music, baking food, and more. The results of the research study demonstrated that the cognitive stimulation activities improved overall participant cognition, quality of life, and communication skills during the study as well as one to three months after the

research was conducted. It was beneficial that the research study included participants from various settings. The limitations of the research study included the small sample sizes used in the trials and also more information would have been obtained if the research was conducted over a longer period of time.

Therapeutic Activity and Physical Health

Many research studies have been completed in nursing home settings and have demonstrated that patients with Alzheimer's disease can benefit physically from therapeutic activities. Patients who participate in therapeutic activities can stimulate their senses of sight, smell, hearing, and touch through dancing, singing storytelling, walking, playing bingo, painting or playing with a pet (Russell, Benedictis, & Saisan, 2012).

A research study was conducted by Rolland, van Kan, & Vellas (2010) involving 134 nursing home residents to determine the impact of physical activity on those who had been diagnosed with Alzheimer's disease. The intervention for the study included two groups participating in usual care or collective exercise for sixty minutes twice a week over a time frame of twelve months. The results demonstrated that the benefits of physical activities in those who participated included a decrease in overall disability decline and an improvement in gait speed. The limitations of the study included biased and unreliable results about the overall participant improvement in physical health due to the dependence on epidemiological research. The literature presented valuable findings about the link between therapeutic activities and the mood, cognition, and behaviors of those living in a nursing home with a diagnosis of Alzheimer's disease.

Conceptual Framework

The strengths-base perspective will be utilized for the purpose of illuminating the experiences of nursing home residents with dementia through the perspectives of the staff working with them about how therapeutic activities impact their quality of life. The researcher chose the strengths-based framework because it will acknowledge how important is for social workers and other nursing home staff through their perspective on how therapeutic activities improve the quality of life for residents with dementia.

The strengths perspective framework which incorporates self-determination as well as empowerment of the resident will be explored further with thorough research. This framework will serve as a beneficial guide for social workers about nursing home residents which is important because social workers should hold themselves accountable for maximizing opportunities for self-determination and growth on behalf of the client (Kirst-Ashman & Hull, 2006). Social workers should acknowledge what staff perspectives are in regards to therapeutic activities and their benefits to each resident as an individual. The social worker could also incorporate this into the care plan of the resident.

The strengths-based framework illuminates the resident's strengths and emphasizing strengths may improve mood. The social worker can help the resident by building upon the resident's perspective of their strengths and improvement. The strengths perspective is beneficial because it will increase the residents' motivation to be engaged in therapeutic activities especially with social workers working with them to focus on encouraging and acknowledging their strengths.

The perspectives of the staff about nursing home residents with dementia can be analyzed by social workers to determine the influences of therapeutic activities which will help promote their optimal mental health and well-being. This framework will provide meaning and support to behind these opinions, values, and beliefs. The strengths-based framework is important because it advocates that the power resides in the people, which, in turn, will give them a sense of hope and self-determination that nursing home residents may have not felt before (Kirst-Ashman & Hull, 2006, p. 370).

This researcher will also utilize the activity theory of aging for the purpose of studying nursing home residents with dementia through the perspectives of the nursing home staff members. The activity theory of aging was developed by Robert J. Havighurst as a response against the disengagement theory to argue that aging adults should remain engaged in activities rather than withdrawing which the disengagement theory suggests is natural. Participating in activities that they received pleasure from and were engaged in the past help older people to stay stimulated and engaged. Within this particular theory, there is a prediction that aging adults experience role loss and will substitute these former roles with alternatives. The activity theory of aging illuminates the functionalist perspective which supports the idea that the equilibrium that one develops mid-life should be maintained as they grow older (Schulz, 2006).

This particular theory can be applied by a social worker that is working with aging adults and assist them in better understanding how stimulating the aging mind improves quality of life. The activity theory of aging was chosen because it explores the positive relationship between engaging in activities and quality of life in aging adults. This theory supports that the quality of life for an aging adult improves when their mood

and mind are stimulated by pursuing activities of interest regardless of the fact that they are growing older. The activity theory of aging suggests that older adults tend to be more content when they stay active and continue to be socially involved (Schulz, 2006).

Research Methodology

The research was led by exploring how therapeutic activities contribute to the well-being of nursing home residents diagnosed with dementia. This was conducted through qualitative interviews of the staff to collect data on their perspective of how therapeutic activities contribute to residents' quality of life. The data was collected by conducting qualitative interviews with respondents at the nursing home in the privacy of their office. The data collecting method was a semi-structured interview that was audio recorded using the researcher's laptop audio recorder for the purpose of transcribing later. The writer interviewed 8 staff members at the same nursing home based off their experience of working with residents who have a diagnosis of dementia. The same 8 open-ended questions were asked to all interviewees. Prior to the interview, the questions were reviewed by Institutional Review Board of the St. Catherine University to assure that they meet the guidelines. The researcher set up the appointments with the participants via email for the qualitative interviews that took place in a private office at the nursing home. The participants were prepared to have a 30 minute interview that was audio-taped and consisted of 8 open-ended questions with the goal to address how therapeutic activities contribute to the well-being of residents diagnosed with dementia (See Appendix B).

Upon completion of the audio recorded interview, this writer transcribed all interviews in the privacy of her home. The researcher then coded the transcription and

identified the themes. There was no identifying information on the transcriptions. Only the researcher was able to identify the respondents' information by a number on the de-identified transcription.

Sampling

The participants for this study were 8 nursing home staff members chosen based on their experience and knowledge relating to residents with dementia participating in therapeutic activities. The participants included a nursing home administrator with experience working in therapeutic activities, social services staff, therapeutic recreational activities coordinators, and nursing staff. The number of years that the participants have worked with residents with a diagnosis of dementia ranged from three to over thirty years. The researcher interviewed all 8 nursing home staff members in two days in the privacy of an office at the nursing home. The social services director served as the researcher's main contact and assisted the researcher in scheduling the interviews for the potential participants. The researcher met all of the participants for the first time at the time of their interview.

Protection of Human Subjects

The protection of human subjects was assured by the submitting this research proposal to Institutional Review Board of the St. Catherine University for full review. The researcher explained the consent form to the respondent prior to the interview and obtained their signature consenting in agreement before the interview began. The consent form explained the purpose of the study, the procedures, confidentiality, that there was no risk or direct benefits, and that participation was voluntary. The researcher assured that the participant understood what they were being asked to do by asking them key

questions about the study to clarify their understanding. All records of this study were kept confidential with respondent's name omitted from all findings. The audiotape and transcript will be destroyed following the completion of the final project.

Findings

Staff Perspective of Meaningful Therapeutic Activities for Residents with Dementia

The participants were first asked about their perspective on what therapeutic activities are the most meaningful to residents with dementia. The themes that emerged from the first question included the popular discussion of therapeutic activities involving sensory stimulation and reminiscing. Half of the staff members interviewed reported that sensory activities that involve the use of all five senses are the most meaningful to residents. One staff member stated:

“I would say therapeutic activities that involve sensory, touch, and stimulation are the most meaningful. For example, if they are baking bread because of the smells that stimulate the senses. The residents are able to see, touch, smell, and taste the bread. To me, that is very important and meaningful to those who have dementia”.

Seven out of the eight staff members that I interviewed discussed therapeutic activities that involved reminiscing as meaningful to residents with dementia.

One of the staff members stated: *“I think that reminiscing therapeutic activities are very important because their long term memory is generally still intact. I think it is meaningful because we can help residents especially those who have dementia to focus as they are reminiscing about positive memories”.*

Majority of the staff members emphasized on how much it meant to residents with dementia to be able reminisce and discuss memories that are important to them while taking pride in sharing their stories with others.

Therapeutic Activities Contribute to Mood Improvement

All of the staff members interviewed believed that therapeutic activities help improve the mood of participating residents with dementia. A theme was also found in the importance of learning about each resident and their history by speaking to them as well as their family in order to find out what therapeutic activities best improve their mood. The following respondent quotes support these themes. One staff member commented:

“They can remember songs with their long term memory and you can tell that that they are visibly enjoying the music that they are listening to which is important. You can see that they remember the lyrics and will sing along to it”.

Another staff member stated:

“Reminiscing and exercise groups best improve their mood. Many enjoy the exercise groups like balloon volleyball especially with sixties music playing. The residents will be dancing along to the tunes with a lot of laughter going on which I think is very positive”.

Others staff members discussed how each resident is different and how it important to look at each person as an individual. A staff member commented:

“Some do really well with reminiscing while others do better with more active therapeutic activities such as exercising. Some prefer the activities that require

using the brain such as trivia bingo. We as caregivers must look for things that are individualized.”

It was emphasized that staff learn the most about what therapeutic activities contribute to mood improvement by talking to the resident as well as the family to learn about their personal interests and what they enjoyed doing in their past. One respondent discussed:

“A family member had once said that Uncle Joe really enjoyed ice fishing so we did an ice fishing stimulation activity. We brought in a round pool and the resident rolled his wheel chair right up and he was interested in the jig stick to use as his fishing rod. He really got into it. You could tell that it was meaningful to him and that it brought joy to him. He was smiling and even wore the ice fishing gloves. This resident did have dementia and this experience was meaningful to him because he was able to experience something that we had discovered from his loved ones that he enjoyed in the past. I feel that I have had experiences where loved ones, family members, and neighbors are very helpful in learning about what our residents with dementia like to do”.

A staff member explained how therapeutic activities have a huge impact on mood improvement and how they are a part of the interdisciplinary approach. The staff member stated:

“They are significant and each care team plans the activities so that they are individualized to an extent so they better fit the interests of each resident with dementia. The way that the therapeutic activities are projected to the residents and family members is important”.

It was reported that valuable feedback is received at care conferences that involve the resident and their family where staff can find out about how the therapeutic activities impact the resident's quality of life such as an improvement in mood or being more alert. Gaining this type of input at care conferences is essential so that staff can help improve their quality of life by keeping residents engaged in what therapeutic activities are most meaningful to them.

Therapeutic Activities Stimulate the Mind

All of the staff members interviewed believed that therapeutic activities help stimulate the mind of participating residents with dementia. Another theme was also found in staff identifying a variety of positive indicators that demonstrate that the residents are being stimulated cognitively when they are engaged in therapeutic activities. The following respondent quotes support these themes. One respondent stated:

"You can see that they are concentrating and that the wheels are working when they are trying to coming up with an answer to the questions that are being asked. They know it's there and sometimes the light bulb goes off right after I tell them the answer but you can tell that they are being stimulated".

Another staff member discussed:

"Recall memory type therapeutic activities from what I have seen have great value. It is amazing how residents with dementia may not have the best short term memory but a male resident will be able to recall a fishing trip that occurred forty years ago. Or a female resident with dementia may recall an event that happened at church many years ago. I feel that therapeutic activities that involve exercising stimulate the brain. I think that moving their extremities helps

stimulate their mind. Indicators include that they are doing it and participating. Reminiscing and reading therapeutic activities are also good for stimulating their minds. Indicators are that they are able to pick out snippets that they can associate with their past and be able to recall long term memories”.

A staff member commented:

“I think that reminiscing and trivia groups are great therapeutic activities that stimulate the mind. You can see that they are being stimulated and that they are participating, following along, more alert, and the visible excitement on their faces when they know an answer to a trivia question”.

Another staff member shared:

“Last year, I ran a couple of groups that took place outside. We would do trivia games where we would start with A and name all the flowers that started with an “A” then continue going through the alphabet. A little bit of reminisce and stimulating their cognition while they are outside while focusing on nature. The residents had a lot of fun and would shout out the answers”.

Therapeutic Activities Impact Stress and Anxiety

The participants were asked about whether or not therapeutic activities serve as an outlet for stress and anxiety leading the majority of the staff to discuss the positive impact on residents with dementia. Majority of the staff stated that residents can feel isolated in their room at times which can cause stress so being able to socialize with others while participating in therapeutic activities helps relieve their stress. Some of the participants discussed how therapeutic activities can cause stress and anxiety in the resident if the activity is not at their level of participation or if they lose interest after the therapeutic

activity has started. Another theme that was identified was the impact of therapeutic activities on residents that experience sun downing which means they experience periods of increased confusion and agitation as the sun goes down. The following quotes by staff communicate the theme of the positive impact of therapeutic activities on those who experience sun downing. One respondent stated:

“Yes, I think they do. I know that we also have residents with dementia that experience the sun downing effect. The sun downing effect in the late afternoon or evening heightens anxiety and stress for residents but specific to the activities I would say yes. I would say yes because you are trying to stimulate them in a positive way even when their might feel frustration at times”.

Another respondent commented:

“I think that it does because keeping busy is nice but at the same time downtime is important as well. We have a group that was started called the green group with an aide that does activities each day from 3-8pm which is important because of sun downing”.

Room for Improvement of Therapeutic Activities Department at Nursing Home

Participants were asked if they had any suggestions as to how therapeutic activities could be improved to better meet the needs of the residents with dementia and all of the participants had ideas on room for improvement. The staff members expressed the need for more hours for therapeutic activities, additional therapeutic activity staff, smaller groups with more individualized therapeutic activities, additional training for all nursing home staff on therapeutic activities with residents with dementia, more one on one time with residents, a company bus to take residents on field trips, more music

focused therapeutic activities, and a full time music therapist on staff would be beneficial.

One of the participants stated:

“I think that the staff in all departments must better understand the role of those working in the therapeutic activity department. You cannot put every person with dementia in a room with an activity and just expect it to be successful for the staff and the residents. You need to have the support of all staff in whatever group or activity that is going on. Putting all types of behaviors will not be a successful group even though it may take off the load of the nurses. It important to keep up with staff training and to have the support of all staff with consideration of the population we are working with”.

Another participant discussed:

“I think that I would like to see more therapeutic activities that involve music. Music is a great enjoyment to the residents and also provides the reminiscing piece as well. We do have a music therapist that comes every Sunday afternoon for a few hours but that is not very much. It would really be nice to increase the activity staff by having a full time music therapist. Another thing that I am working on is getting a bus so that even the low functioning residents can go on a Sunday drive when it is nice out to see the sights. When you have something planned, you have something to look forward to and talk about so it is very positive”.

Therapeutic Activities Allow Residents with Dementia to Grow

All of the participants indicated that therapeutic activities build upon strengths and allow residents to grow. All of the staff communicated the common theme that they

have witnessed the residents experience a sense of accomplishment when they participate in therapeutic activities and that staff involvement is essential. The residents are building upon their strengths when their long term memory is being stimulated and even though their mind may not be what it used to be; therapeutic activities still allow them to grow.

The following quotes by staff members communicate these themes:

“They definitely have an opportunity to grow. We are building on their strengths by knowing our residents and their abilities and you can see them reach above and beyond demonstrating progress. We help them in this process by encouraging them, providing them with choices and support”.

Another staff member stated:

“We can see it in the moments of when they are participating in therapeutic activities that they are feeling better about themselves. With dementia, they do not always remember how their mood improved after the activity but it is beneficial for the moment of participation and that time is just as important”.

Another participant discussed:

“Yes, I do feel therapeutic activities allow them to grow. I am building on their strengths when I stimulate their long term memory. Also, if they have dementia but have good physical strength, their mind may not be what it used to be but they can still become physically stronger. It allows them to grow in more ways than one. I have also seen some women step out of their shell and find enjoyment in becoming more social here at the nursing home rather than isolate themselves how they did in the past”.

Motivation of Residents to Participate and Engage

A common theme was developed when the respondents were asked about what motivated the residents to participate and engage in therapeutic activities. The theme was the importance of the relationship between the staff and residents and how the residents are approached. Staff being involved to help the resident to understand and participate in therapeutic activities helps motivate them. The following quotes support this common theme:

“I believe that everything falls on the relationship that the residents have with the staff. They need to trust that they will be able to get back to their room okay or someone will not steal their coat while they are gone. If the residents have a trusting relationship with staff is what determines the success”.

Another respondent commented:

“I think that the way that the staff approaches the resident is the most important and also building a trusting relationship with them by demonstrating that you care with your actions towards them. I think that what motivates them is the attitude of the caregiver. It is definitely the approach and the attitude of the caregiver. I think that they are most motivated by us”.

Improved Quality of Life

All of the staff members interviewed believed that therapeutic activities improve the quality of life for the residents. The following respondent quotes support these themes. One respondent discussed:

“Activities help them with stress, anxiety, and frustrations that they might have. They also help with their boredom and gives them something to do giving them a sense of purpose”.

Another respondent discussed:

There are strong spiritual and religious components that are incorporated into the activities that the residents participate in. Also, community contact is meaningful to them. Choir groups come in to the nursing home and those with dementia participate in activities such as listening to hymns which is very important. There are religious and spiritual services that the residents with dementia participate in several times a week which I feel are a strong part of therapeutics activities and improve their quality of life”.

Another staff member commented:

“I think that therapeutic activities are very important because they help elevate their mood and stimulate their mind. I think that they help alleviate anxiety and depression. We try to normalize and do a lot of what they used to do which improves their quality of life”.

Discussion

This section of the paper is going to discuss the results of the research, the implications for clinical practice and suggestions for future research. The themes that emerged from this research are: staff perspective on therapeutic activities that are meaningful to residents, therapeutic activities contribution to mood improvement, therapeutic activities stimulate the mind, therapeutic activities impact on stress and

anxiety, room for improvement in therapeutic activities, therapeutic activities contribution to growth, what motivates residents to participate and improved quality of life. The researcher's findings were similar and fit well with the literature that was reviewed. Findings have indicated therapeutic activities to be an effective and positive approach in improving their mood, stimulating their mind, helping them relieve stress and anxiety among residents with dementia. The data found in the researcher's literature review stressed the importance of residents leaning on the support of their family and friends, as well as professionals such as physicians and social workers. Activity and therapists can provide guidance as well as support on appropriate levels of physical and group activity while offering strategies to maximize functioning (Small, Rabins, Barry, Buckholtz, DeKosky, Ferris, et al., 1997).

An improved mood was a consistent theme in both findings and relevant literature. The researcher's findings indicated how valuable feedback is received at care conferences that involve the resident and their family where staff can find out about how the therapeutic activities impact the resident's quality of life such as an improvement in mood or being more alert. Gaining this type of input at care conferences is essential so that staff involved can help improve their quality of life by supporting the residents and keeping them engaged in what therapeutic activities are most meaningful to them. A positive relationship has been consistently demonstrated between therapeutic activity and the mental health of patients at a nursing home that have been diagnosed with dementia and Alzheimer's disease. Research from the literature review discussed how residents with Alzheimer's disease that are not engaged in meaningful therapeutic activities are more likely to develop depression and experience agitation due to social isolation

(Manepalli, Desai & Sharma, 2009). This researcher found that majority of the staff members interviewed felt that residents with dementia have a tendency to feel isolated in their room at times which can cause stress so being able to socialize with others while participating in therapeutic activities is a stress reliever.

Another similarity that was conveyed in the both the researchers findings and the relevant literature was how therapeutic activities stimulate cognition. During the interviews, all of the staff members interviewed believed that therapeutic activities help stimulate the mind of participating residents with dementia. The staff was able to identify a variety of positive indicators that demonstrate that the residents are being stimulated cognitively when they are engaged in therapeutic activities. The literature supported this with a recent study (Woods, Aguirre, Spectorm, & Orrell, 2012) that evaluated how cognitive stimulation activities impacted 718 participants who were diagnosed with mild to moderate dementia during 15 trials of research. The activities included reminiscing the past, socializing about current interests, putting together puzzles, playing word games, listening to music, baking food, and more. The results of the research study discussed in the literature review demonstrated that the cognitive stimulation activities improved overall participant cognition, quality of life, and communication skills during the study as well as one to three months after the research was conducted.

The researcher had predicted that there would be more profound information to examine during the interviews with staff about their perspective pertaining to the therapeutic activities among residents with dementia at a nursing home. The data obtained during the interviews was valuable to the researcher and related well to the data

examined in the literature. Overall, the results of the research indicated that therapeutic activities improve the quality of life for residents as indicated in the findings of the literature review as well.

The researcher was able to distinguish the implications of current research findings for social work research after examining the data obtained during the literature review and the themes developed after transcribing the interviews. The implications include more research on the benefits of therapeutic activities to maximize the functioning and quality of life of the patient with dementia. More research is essential on how to improve the quality of life of residents with dementia through therapeutic activities with additional and continuous staff training for staff in all disciplines. Also, for future research, the researcher could collect the qualitative data from multiple skilled nursing facilities rather than limiting the research to interviewing a multi-disciplinary team at just one nursing facility.

Conclusion

In conclusion, the researcher was able to complete the purpose of this research which was to explore how therapeutic activities contribute to the well-being of nursing home residents diagnosed with dementia. For the purpose of my research, I examined nursing home staff perspectives through qualitative interviews on how therapeutic activities contribute to the quality of life of residents diagnosed with dementia. The findings provided beneficial information through staff members' perspective about how therapeutic activities can contribute to the well-being of residents with dementia which assisted the researcher in examining ways that these findings can assist in implications for additional social work research.

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Appendix A: Agency Approval Letter

[Redacted] [Redacted] Care Center Phone: [Redacted]
[Redacted]
[Redacted]

March 04, 2013

Attn: IRB

Dear IRB Members:

I have read over Angelina Wiger's proposal for a research project to be carried out at [Redacted] Care Center. I understand that this student is conducting this project as part of their requirements for the Master of Social Work joint program at University of St. Thomas and University of St. Catherine's, and will have the opportunity to present their research findings in other venues.

I understand that the Institutional Review Board for the Use of Human Subject's in Research (IRB) at the University is concerned with protecting the confidentiality, privacy, and well-being of research participants. Further, it is my understanding that the student will additionally be advised in this project by their academic advisor and the MSW field liaison, both of whom will have regular contact with this student.

I do not have concerns about the study the student has proposed based on conversations with the student and after reviewing their research project proposal. The agency supports this student's plan and approves of the project, including recruitment of participants and data collection, through our agency.

Should you have additional questions or concerns, you may contact me [Redacted] at

[Redacted]

Sincerely,

[Redacted]
[Redacted]

Appendix B: Letter of Informed Consent

INFORMATION AND CONSENT FORM

Introduction:

You are invited to participate in a research study investigating the relationship between meaningful therapeutic activities and long term care patients on a memory care unit at a Nursing Home. This study is being conducted by Angelina Wiger, a graduate student at University of St. Thomas and St. Catherine's University under the supervision of Dr. Pa Vang, a faculty member in the Department of Social Work. You were selected as a possible participant in this research because you reside at a nursing home on a memory care unit. Please read this form and ask questions before you agree to be in the study.

Background Information:

The purpose of this study is to the relationship between meaningful therapeutic activities and long term care patients on a memory care unit at a nursing home. Approximately 8-10 people are expected to participate in this research.

Procedures:

If you decide to participate, you will be asked 8 questions about your perspective on therapeutic activities. This study will take approximately 30 minutes in a one session interview that will be audio-taped.

Risks and Benefits of being in the study:

There are no risks of being in the study.

There are no direct benefits to you for participating in this research.

Confidentiality:

Any information obtained in connection with this research study that can be identified with you will be disclosed only with your permission; your results will be kept confidential. In any written reports or publications, no one will be identified or identifiable and only group data will be presented. No one at the nursing home will know your results.

I will keep the research results in a locked file cabinet at my place of residence and only I will have access to the records while I work on this project. I will finish analyzing the data by May 20th. I will then destroy all original reports and identifying information that can be linked back to you. All records of this study will be kept confidential with respondent's name omitted from all findings and the audiotape and transcript will be destroyed following the completion of the final project on May 20th.

Voluntary nature of the study:

Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with St. Thomas University or St.

Catherine University in any way. If you decide to participate, you are free to stop at any time without affecting these relationships.

Contacts and questions:

If you have any questions, please feel free to contact me, Angelina Wiger at 507-382-8268. You may ask questions now, or if you have any additional questions later, the faculty advisor, Lisa Dalsin (651-962-5810) will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher, you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739.

You may keep a copy of this form for your records.

Statement of Consent:

You are making a decision whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study at any time.

I consent to participate in the study and I agree to be audio-taped.

Signature of Participant

Date

Signature of Researcher

Date

Appendix C: Interview Questions

- 1.) With your experience, what therapeutic activities do you feel are the most meaningful to residents with dementia? Why?
- 2.) What therapeutic activities do you feel best improve their mood? What are the indicators of this?
- 3.) What therapeutic activities best stimulate their mind? What are the indicators of this?
- 4.) Do you feel that the therapeutic activities here serve as an outlet for stress and anxiety to the residents who have dementia? How so?
- 5.) Do you have any suggestions as to how the therapeutic activities could be improved to better meet the needs of the resident?
- 6.) Do you feel that therapeutic activities build upon their strengths or allow them to grow? If so, describe.
- 7.) In your opinion, what do you feel motivates them to participate and be engaged in therapeutic activities?
- 8.) Can you describe what therapeutic activities on this unit have an impact on their quality of life?