

5-2016

# Therapeutic Recreation Interventions and Multidisciplinary Teams in Long-Term Care Settings

Elizabeth Falk

*St. Catherine University*, [falk8953@stthomas.edu](mailto:falk8953@stthomas.edu)

---

## Recommended Citation

Falk, Elizabeth. (2016). Therapeutic Recreation Interventions and Multidisciplinary Teams in Long-Term Care Settings. Retrieved from Sophia, the St. Catherine University repository website: [https://sophia.stkate.edu/msw\\_papers/576](https://sophia.stkate.edu/msw_papers/576)

This Clinical research paper is brought to you for free and open access by the School of Social Work at SOPHIA. It has been accepted for inclusion in Master of Social Work Clinical Research Papers by an authorized administrator of SOPHIA. For more information, please contact [amshaw@stkate.edu](mailto:amshaw@stkate.edu).

Running Head: Therapeutic Recreation and Multidisciplinary Teams

# Therapeutic Recreation Interventions and Multidisciplinary Teams in Long-Term

Care Settings

by

Elizabeth Falk, B.S.

MSW Clinical Research Project

Presented to the Faculty of the School of Social Work

St. Thomas and the University of St. Catherine

St. Paul, Minnesota

Committee Members

Renee Hepperlen, LICSW, Ph. D. (Chair)

Cindy Guddal, LISW

Caroline Wikman, LGSW

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 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 the findings of the study. This project is neither a Master's thesis nor a dissertation.

### **Abstract**

There has been significant research on the benefits of Therapeutic Recreation Interventions when working with the elderly population. However, research concerning how Therapeutic Recreation fits in the multidisciplinary team is lacking. The purpose of this study was to examine how Therapeutic Recreation fits within a multidisciplinary team when working with older adults, particularly in long-term care settings. To gain an understanding of this qualitative interviews were conducted with four respondents. Qualitative analysis was completed and three main themes were identified with four subthemes. The three main themes included Person-Centered Care, Quality of Life and Professional Differences. Some of the themes reinforced previous research, however new themes were also developed. The implications of this study are also discussed such as policy reform within Nursing Homes.

### **Acknowledgments**

I would like to take this opportunity to thank several people who have not only supported my research project but also made these last few years of graduate school possible.

First, I would like to thank my research chair Renee Hepperlen. Thank you so much for your constant support, feedback and encouragement during this process. To my committee members, Cindy Guddal and Caroline Wikman, thank you so much for your time and guidance during this project. Your ideas for areas to expand this project and topic were greatly appreciated. In addition, I would like to thank Caroline and Renee for their guidance and connections during the recruitment process. Caroline, your understanding and knowledge of nursing homes were valuable to this research. Cindy, since my foundational internship you've been a great mentor and support.

I would also like to take this opportunity to thank my 681 professor, Lance Peterson, for preparing his students so well during the 2015 spring semester for their upcoming 682 projects. If it wasn't for his thoughtful guidance a year ago I would have been so far behind in my research process this year.

I would also like to thank my friends and family for their kindness, support and constant cheerleading these past few years of graduate school. I would not be here today without it.

And finally, I want to thank my parents for not only supporting me these last few years. I want to thank them for their constant feedback and guidance, not only as I conceptualized this research project but also as I went through graduate school. And, lastly, for always believing I could do this even when I doubted it myself. For, that I am truly grateful.

**Table of Contents**

Acknowledgments	p.3
Introduction	p. 5
Literature Review	p. 9
Purpose Statement	p. 15
Conceptual Framework	p. 16
Methods	p. 19
Findings	p. 22
Discussion	p. 29
Conclusion	p. 36
References	p. 37
Appendices	
Appendix A: Interview Questions	p. 42
Appendix B: Consent Form	p. 43

As of 2009, there were 39.6 million older adults, those over the age of 65, in the United States (McInnis-Dittrich, 2014). Older adults represent 12.9% of the U.S. population. By 2030, it is predicted that this number will double to 72.1 million older adults, particularly with the aging baby boomer generation (those born between 1946 and 1964) (Administration on Aging, 2010). By 2030 older adults are expected to represent 19% of the U.S. population (Administration on Aging, 2010). In Minnesota alone, specifically the metro-area, it is estimated the aging population will double from 307,000 in 2010 to 783,000 in 2040 (Walsh, 2015). One in five residents in the Twin Cities will be an older adult by 2040 (Walsh, 2015).

With the increasing aging population, attention needs to be paid to not only the older adult's health but also to their overall well-being or "state of being happy, healthy or successful" (Merriam-Webster, 2015). There are 16,100 nursing homes in the United States and a total of 1.7 million beds within these nursing homes (Jones, Dwyer, Bercovitz, & Strahan, 2009). Nursing homes provided service to 1.5 million people in 2004 (Jones, Dwyer, Bercovitz, & Strahan, 2009). Several studies have been conducted which focus on the daily lives of older adults in nursing homes and other care centers.

### **Life in Long-Term Care**

Researchers studied the ways in which residents of nursing homes spend their time. Cohen-Mansfield, Marx, and Werner (1992) found that residents were not engaged in structured activities or social activities. In addition, the results revealed that agitated behaviors increased during times in which participants were unoccupied and fewer agitated behaviors occurred when participants were involved in structured activities or social activities (Cohen-Mansfield, Marx, & Werner, 1992). Another study confirmed similar results. After observing residents in a care facility for 13 hours, at five minute intervals data was recorded on the following-location,

position, mood and activity of the participants. It was found that 65% of the observed time residents were unoccupied or doing little to nothing, while 12% of the observed time was spent in structured activities (Harper-Ice, 2002). These two studies revealed similar findings that older adults living in nursing homes spend a majority of their time unoccupied.

So, how do we combat these numbers? One facet of an older adult's well-being, particularly an older-adult living in a care center (e.g. nursing homes or assisted living facilities), are activities, otherwise known as Therapeutic Recreation in the health care field. According to the American Therapeutic Recreation Association (2015), Recreation Therapy is defined as “a treatment service designed to restore, remediate and rehabilitate a person's level of functioning and independence in life activities, to promote health and wellness as well as reduce or eliminate activity limitations and restrictions to participation in life situations caused by an illness or disabling condition” (n.p.).

### **Multidisciplinary Teams**

Working in the modern day healthcare setting, at some point a person will work on a multidisciplinary team. Jessup (2007) describes multidisciplinary teams as those that “utilize the skills and experience of individuals from different disciplines, with each discipline approaching the patient from their own perspective” (p. 1).

Researchers conducted several studies which have examined the many characteristics of an effective team, including communication style, competences, and decision-making. For instance, Bokhour (2006) examined communication practices amongst providers in long-term care facilities which serve patients with a diagnosis of Alzheimer's. The study identified three forms of communication: “giving report, writing report and collaborative discussion” (p. 349).

The study found that collaborative discussion was the only practice which team members felt they could make joint decisions and solve problems collaboratively in order to bring about the best patient care (Bokhour. 2006).

An additional study identified several competencies for effective teamwork which included “leadership, knowledge of organizational goals and strategies, respect for others and commitment to working collaboratively and to achieving a high quality outcome” (Leggat, 2007. n.p.).

Cott (1998) examined the structure and meaning behind multidisciplinary long-term care team members. After conducting semi-structured interviews, it was found that staff in different structural positions held separate meaning behind work and teamwork. For instance, multidisciplinary professionals such as social workers have complex roles and more involvement in team decision making. This study also suggested that a lack of shared meaning could lead to alienation from work and teamwork for staff in lower structural position, such as direct care nurses. The same study then suggested this could in turn, have severe implications for the functioning of the team as a whole, and therefore the overall best care for the patients (Cott, 1998).

### **Purpose of Research**

Researchers conducted multiple studies which examined the benefits of therapeutic recreation interventions when working with the elderly population. And, there are multiple studies which examined the importance of effective multidisciplinary teams in healthcare. However, there is no research on how therapeutic recreation is part of the multidisciplinary team.



The purpose of this study is to examine how healthcare professionals perceive the role of therapeutic recreation interventions when working with the elderly population.

## **Literature Review**

A review of the literature will consist of an explanation of Therapeutic Recreation, including what it is, an overview of the variety of types of Therapeutic Recreation Interventions and the benefits of Therapeutic Recreation Interventions when working with the elderly population. The literature review will explore the dynamics of working on a multidisciplinary team particularly in the health care field.

## **Therapeutic Recreation**

Therapeutic Recreation is a distinct professional field that focuses on ways to incorporate physical and intellectual activities into a structured program to improve cognitive and emotional functioning and well-being (McInnis-Dittrich, 2014). Therapeutic Recreation is defined as “a treatment service designed to restore, remediate and rehabilitate a person’s level of functioning and independence in life activities, to promote health and wellness as well as reduce or eliminate activity limitations and restrictions to participation in life situations caused by an illness or disabling condition” according to the website American Therapeutic Recreation Association (2015. n.p.). This website also states that recreational therapists work in a wide range of settings which include health care agencies, traditional inpatient or outpatient settings, mental health centers, adult day centers, hospice centers, long-term care centers, nursing homes and assisted living facilities.

According to the Bureau of Labor Statistics (2014), recreational therapist’s responsibilities and duties can include the following:

- Assess the patient’s needs through observation, medical records, or talking to the patient, family members and other staff members

- Create treatment plans and interventions which meet the individual needs and interests of the patient
- Plan and implement interventions which prevent harm to the patient
- Engage patients in therapeutic activities
- Record and analyze patient's progress
- Evaluate interventions for effectiveness

Recreational therapists can also assist clients and patients with reduction of symptoms of anxiety, depression or stress, recover basic physical and mental abilities, build confidence and socialize effectively. Recreational therapist can also assist in teaching an individual to use adaptive equipment in order to fully engage and enjoy leisure activities. For example according to the Bureau of Labor Statistics (2014), “a recreational therapist may help an individual paralyzed on one side of their body by teaching them to use adaptive equipment such as helping the patient learn to use video game controllers with their functional side” (n.p).

### **Types of Therapeutic Recreation**

Recreational Therapists utilize a variety of activities and interventions which promote physical, cognitive, social, emotional and leisure needs of their clients (ATRA, 2015).

Recreational therapists use a variety of modalities such as arts and crafts, drama, music, dance, sports, games and outings into the community to enhance an individual's psychosocial well-being (ATRA, 2015). Therapeutic Recreation interventions or activities can include such things as physical games, cognitive games such as cards, trivia, social events, reminisce activities such as life review, arts/crafts, sensory groups such as hand massage or even one-on-one activities.

An additional type of Therapeutic Recreation Intervention includes animal-assisted therapy or bringing in a therapy dog to interact with residents. For example, Richeson (2003) conducted a study to determine the effects of animal-assisted therapy interventions on the agitated behaviors of 15 residents with a diagnosis of dementia. The study examined the resident's social interactions and if the need for PRN medications existed. Methodologically, the study used a quasi-experimental time-series design with three phases (baseline, after the three week intervention and three weeks post intervention). This study found that participant's agitated behaviors decreased immediately following the intervention of the therapy dogs and increased during the follow-up phase. It also found social interactions of the residents gradually increased from the first week of the study to the final week. However, the results did not show any decrease in PRN medications during the animal-assisted therapy intervention phase of the study (Richeson, 2003).

### **Benefits of Therapeutic Recreation**

Several studies exist which demonstrate the health benefits of Therapeutic Recreation Interventions, particularly when working with the elderly population. For instance, a study of 36 older adults in the late stages of dementia participated in therapeutic recreation interventions which consisted of hand massages, games and music for a period of 8 weeks. This crossover design study found the individual's showed significant improvement in grip strength, flexibility and demonstrated a decline in overall agitated behaviors (Buettner, Farrell, Lago, Lundegren, & Smith, 1996).

An additional study conducted by Buettner and Ferrario (1998) examined the impact of Therapeutic Recreation Interventions on residents of a nursing home with a diagnosis of

dementia found significant results within the first 20 weeks of the 30-week study. The study revealed the participants in the experimental group or those who received activities established by a certified therapeutic recreation specialist and the unit's nurse manager, showed improvements on mental status, level of depression, right and left grip strength, flexibility and levels of agitated behavior (Buettner & Ferrario, 1998).

A study conducted by Atav, Buettner, and Fitzsimmons (2006) looked at the benefits of therapeutic recreation interventions. They examined 107 participants with a diagnosis of dementia and identified with either passive or agitated behaviors. This same study examined the effects of individually prescribed therapeutic recreation interventions by measuring each participant's heart rate and blood volume pulse. Atav and colleagues sought out to find whether the interventions would produce either a calming effect on agitated behaviors or an alerting effect on passive behaviors. The study found that therapeutic recreation interventions alerted participants 79-91% of the time, depending on the specific intervention. The researchers also found agitated behaviors were decreased 92-100% of the time, again depending on the specific intervention (Atav, Buettner, & Fitzsimmons, 2006).

Studies have not only been completed which examine the effects of certain Therapeutic Recreation Interventions on behaviors of elderly but also on the cognitive functioning of the older adults. For instance, one study conducted by Chan, Chang, and Yu (2006) considered the effects of older adults participating in games of mahjong on the participant's cognitive functioning. The researchers examined 62 older adult participants who met the DSM-IV criteria for any dementia condition and were able to play mahjong. Chang et al. randomly assigned participants to play either two times or four times a week for a period of 16 weeks. Regardless of the number of times participants played mahjong, the researchers found consistent results across

all four cognitive functioning measures. The results of this study found significant improvement in the participant's overall cognitive functioning, measured through MMSE score (global measure of cognitive impairment), digit forward span improved, and a moderate effect on the participant's verbal memory (Chan, Cheng, & Yu, 2006).

The studies discussed above not only examine the health benefits of Therapeutic Recreation Interventions with the elderly population while other studies also revealed the importance of maintaining quality of life in the lives of the elderly population. For instance Fisher and colleagues (2006 as cited in Harmer & Orrell, 2008) found the experience of being listened to was an important facet of quality of life. A study by Atal, Davies and Owen (2003 as cited in Harmer & Orrell, 2008) found that residents valued activities which made them feel capable, gave them choices and provided them with personal autonomy.

### **Culture of the Nursing Home**

In 1987 the Nursing Home Reform Act (NHRA), part of the Omnibus Budget Reconciliation Act, was passed into law. The main objective of the NHRA was to ensure residents receive the highest quality of care that results in achieving or maintain the "highest practicable" physical, mental and psychosocial well-being. Nursing homes receive funding from Medicare and Medicaid if they are certified by the state and are in compliance with the Nursing Home Reform Act of 1987 (Klauber & Wright, 2001). After the Centers for Medicare and Medicaid implemented NHR, it created a culture of change within the nursing home setting. The culture of change purpose was to shift the thinking of nursing homes as one of person-centered homes offering long-term care services rather than health institutions (Koren, 2010).

Minnesota's Nursing Home Regulations require, nursing homes to provide a quality recreational or activity program. The program must be based on each individual resident's interests and strengths determined by the comprehensive resident assessment and comprehensive care plan (NH Regulations Plus, 2011).

### **Purpose Statement**

This study aims to answer the proposed question: “How does Therapeutic Recreation Interventions fit within a multidisciplinary when working with older adults?” The purpose of this study is to examine how healthcare professionals perceive the role of therapeutic recreation interventions when working with the elderly.



## Conceptual Framework

### Multidisciplinary Teams in Health Care

As mentioned earlier if an individual works in a health care field it is likely they will work as a part of a multidisciplinary team. A systematic review conducted in 1999 found several advantages of the team approach such as improved access to care for patients, reduction in length of hospitalization and premature admissions and an increase in different team members to meet the patient's various needs (Hutchens, 1994 as cited in Amodeo & Schoefield, 1999). In recent years there has been an emphasis of the multidisciplinary team approach especially when it comes to the best practices when working in the health care field. For instance one study found that 5,000 patients in 13 intensive care settings found that there were significant reductions in patient mortality rates in hospitals where physician and nurses collaborated together (Draper, Knaus, & Wagner, 1986 as found in Cassel, Ek, Fairchild et al. 2002).

Since teamwork is an integral part of any health care setting, there has been an abundance of research on multidisciplinary or interdisciplinary practices. For instance Ariss, Booth, Enderby, Nancarrow, Smith and Roots examined principles, which make up an effective interdisciplinary team and communication was found to be one of those principles (2013). An additional study video recorded interdisciplinary team meetings in a hospice setting. The purpose of this study was to examine the backstage communication messages (backstage because the meetings take place from the patients and their families or away from the direct service) and the extent to which the team members participated in the interdisciplinary meeting. The results of this particular study revealed formal reporting accounted for 34.5% of the backstage communication messages, followed by offering impressions of patients and families (16.5%) and

requesting clarification of information (14.7%). This same study also found nurses did the majority of the talking during the meetings, accounting for 63% of all talking turns, followed by medical directors while chaplains had the least active communication role during the interdisciplinary meeting (Demiries, Gee, Oliver, & Wittenberg-Lyles, 2009).

There have been numerous studies examining how effective collaboration brings about positive outcomes when working with the elderly, however much of the research focuses on hospital settings or relationships between medical professionals such as doctors and nurses or nurses and social workers. For instance, an empirical study based on 57 interviews with managers and other professionals of a community-based, multiprofessional team. This particular study examined the recent policy reforms that were implemented on three levels—institutional, organizational, and professional—for integrating health and social services in an area of Italy. In addition, this study examined the effects of the integration on the traditional dominant role of medical profession, relationships between professionals, and interprofessional strains. The study found at the micro-level of practice there are many contributors to the end result such as social workers and other professionals beside physicians. As one participant stated “The final decision is always a joint decision. All contributions are important for a collegial decision” (Tousijn, 2012, p. 525-526).

### **Importance to Social Work**

As evidenced from the above articles on the benefits of Therapeutic Recreation, it is important for social work, particularly those working with older adults, to better understand ways in which to increase an older adults' quality of life. For instance Bowling and Gabriel (2004) completed a qualitative study assessing contributing factors to an older adult's quality of life.

The respondents reported engaging in mentally stimulating activities as important. The pursuit of social or leisure activities were important to people to retain an interest in life and to keep busy. For the reasons discussed in the earlier section of the literature review, entitled *Benefits of Therapeutic Recreation*, Therapeutic Recreation Interventions play an important role in the lives of older adults residing in nursing homes, particularly on their quality of life. It is beneficial for social workers to have a better understanding of the positive effects of structured activities on the wellbeing of their elderly clients. Nursing homes can do more than provide a safe environment and administer medication but also offer therapeutic interventions which can be used to treat the disuse, boredom, agitation and other behaviors which could possibly affect their residents. And, because social workers work on multidisciplinary teams on a regular basis, they could come into contact with or collaborate with Therapeutic Recreation staff. Therefore, it is necessary for social workers to be aware of what Therapeutic Recreation staff does and the benefits of Therapeutic Recreation.

## **Methods**

### **Research Design**

This research aimed to answer the question: “How does Therapeutic Recreation Interventions fit within a multidisciplinary team when working with older adults?” The purpose of this study was to examine how healthcare professionals perceive the role of therapeutic recreation when working with the elderly. To answer this question qualitative semi-structured interviews were conducted (see Appendix A). A qualitative research design was chosen so healthcare professionals could describe the skills necessary to being on a multidisciplinary team within healthcare and the chronicle the impact of Therapeutic Recreation Interventions in long-term care settings.

### **Recruitment Process**

This researcher used the Care Options Network website in order to recruit healthcare professionals willing to participate in this study. The Care Options Network website is a public resource which lists services available for older adults in addition to providing a list of nursing homes in the metro area (Care Options Network, 2015). Social workers or administrators of nursing homes, specifically long-term care settings received an email inviting them to participate in this study. The email consisted of the research question, a brief description of the purpose of the study, the length of time it would take to conduct the interview. The email also contained an attachment of the recruitment flyer consisting of the same information mentioned above. In addition, the researcher utilized one of her committee members as a means to recruit participants. The committee member sent an email with a PDF attachment of the researcher’s recruitment

flyer to some of her fellow social work contacts. The researcher also utilized phone calls as means to contact potential participants.

### **Confidentiality**

Prior to recruitment, the research obtained consent to conduct the study from the UST IRB. This study incorporated a number of methods to protect the participant's confidentiality. These included: using a password-protected phone to record the interviews; transcription onto a password-protected laptop; and removing identifying information from the data. The recordings were transcribed on the researcher's password protected laptop. The only identifying information collected as part of the data were the participant's job title because the focus of the study is on multidisciplinary teams.

Prior to the interviews, a consent form was developed using the St. Catherine University/University of St. Thomas School of Social Work format guided by the IRB (see Appendix B). The interviewer explained to the respondents the interview would be recorded on the researcher's password protected cell phone. The respondents were then informed the researcher would be transcribing their responses on her password protected laptop. The researcher explained the responses and results could be shared with her research professor. And, finally the results would be shared with the public during the St. Catherine University/University of St. Thomas School of Social Work Clinical Research Presentation Day in May of 2016 and would be submitted in the researcher's final paper. The respondents agreed to participate in the interview by signing the consent forms.

### **Data Analysis**

The data for this research was analyzed using the grounded theory approach. According to Padgett, grounded theory involves “inductive coding from the data...weaving in theoretical ideas and concepts without permitting them to drive or constrain the study’s emergent findings” (Padgett, D.K, 2008,pp. 32). After data collection, this researcher transcribed the recorded interviews. This researcher coded these transcribed interviews and identified themes. The researcher’s data analysis process included identifying common statements or elements in each interview question, then identifying prevalent quotes from each question from all four interviews and finally identifying codes and themes from these quotes.

### **Respondents**

The data consists of four qualitative interviews which took place from January 2016 to March 2016. All four participants have experience working in long-term care settings with older adults. The participants included two Therapeutic Recreation (TR) professionals and two participants working in other healthcare professions. All participants had various years of experience working in long-term care settings. For instance, one participant had worked in long-term care for more than 15 years and another participant had just two years experience working in long-term care.

### **Setting**

The interviews took place in a private, quiet area of the participants choosing at a time that was convenient for them. Two interviews took place in quiet study room of two various libraries in the Metro area. One interview took place in a quiet area of a café. And, one interview at the participant’s request took place in the subject’s office. The interviews ranged in time from a minimum of fifteen minutes to a maximum of 28 minutes.

## Findings

After analyzing the data the researcher identified three main themes and four sub-themes that comprised the principal themes. The three main themes were Person-Centered Care, Quality of Life and Professional Differences. Within two of these primary themes, subthemes were also identified. Within the central theme of Person-Centered Care, three subthemes included: (a) appreciating the personal needs of the residents, (b) working as a team to accomplish goals, and (c) creating individualized goals and care plans. Quality of Life was an additional theme with a subtheme of Engagement. It was also found that there seemed to be differences in responses between those professionals working in TR and those professionals not working in TR. Due to this the quotes will be divided by TR professionals responses and Non-TR professionals.

### Person-Centered Care

One theme that ran throughout all of the interviews was the theme of person-centered care. There are many definitions of person-centered care found in the literature however, for the purpose of this study Person-Centered Care is defined as “holistic (bio-psychosocial-spiritual) approach to delivering care that is respectful and individualized, allowing negotiation of care, and offering choice through a therapeutic relationship where persons are empowered to be involved in health decisions at whatever level is desired by that individual who is receiving the care” (Morgan & Yoder, 2011., p. 3). Three sub-themes emerged within this category, all of which were mentioned in various ways by all of the participants. These elements included such things as appreciating the personal needs of the residents, the importance of creating individualized goals and care plans and working as a team to accomplish goals.

***Appreciating the personal needs of the residents.*** A subtheme which emerged within the Person-Centered Care theme was appreciating the personal needs of the residents. The professionals that worked in TR mentioned this theme within the context of helping to benefit the lives of the residents and helping them succeed. For example, one TR staff member stated,

“People depend on us to be part of the process of making people successful”.

While another TR staff emphasized the importance of recognizing the individual needs;

“Our insight is one that is very personal to the resident’s needs and the families needs”.

While non-TR staff stressed the connection between an resident’s reason for placement and the importance of recognizing them as unique.

“-so it more of who I am as a resident beyond the I have dementia or that I had a hip done. Because so often, the hip down there, well no that’s a person. We try to have them see the individual as a person. That is something we work on together”.

***Working as a team to accomplish goals.*** An additional subtheme found in the main theme of person-centered care was the theme of working as a team to accomplish goals.

“We all kind of come together, work as a team to really help and benefit the lives of the residents to create person-centered care”.

Many respondents discussed the importance of working as a team in order to benefit the lives of the residents they serve which is demonstrated by the following quote.

“Working alongside professionals to enrich the lives of our residents. To help them function at the highest level possible-to engage them and challenge them”.



*Creating Individualized Goals and Care Plans.* When considering individualized goals, TR and Non-TR participants noted the positive influences of getting to know residents to identify potentially motivating activities. All participants mentioned the importance of creating individualized goals to fit the needs and preferences of the residents they serve. One of the participants even mentioned the importance of communicating with families to create individualized care in order to better meet the needs of the residents.

“You know sometimes it is talking to the families and really honing in and saying what can I do to get through to your loved one? Is there anything that has worked for you prior to them moving in?”

This same participant discussed the importance of ensuring activities appeal to every resident in the long-term care setting. This is demonstrated by the following quote.

“I do assessments to make sure their preferences align with the activities”

### **Quality-of-Life**

Another theme which emerged throughout the interviews was quality-of-life. All of the participants discussed in numerous ways how therapeutic recreation interventions are beneficial to the residents they work with particularly as a means to add to their quality of life. One participant discussed how therapeutic recreation adds to a resident’s life and can make their current situation more bearable or livable. This is demonstrated by the following quote,

“I think therapeutic recreation enables people to live in situations they don’t want to live in.”

Another participant discussed how therapeutic recreation can enhance the lives of the residents and provides them with opportunities to continue to live as individuals in a nursing home setting.

“...So, therapeutic recreation enhances their lives and enables them to continue to live as an individual”.

NonTR professionals:

“And, I think it’s important to keep people’s social wellbeing up while they’re healing or even in a long-term care setting”.

“Lots of music, we bring in a lot of music because people of that generation love music. So it’s social, emotional mental and physical”.

**Engagement.** A subtheme to quality of life that emerged throughout the interviews was engagement. According to Merriam Webster’s Dictionary, engagement is defined as the act of engaging or a further explanation is tending to draw favorable attention or interest (Merriam Webster Dictionary). Each participant, no matter their profession, mentioned how engagement was an important part of the resident’s lives in one way or another. The participants with experiencing working in TR spoke of how therapeutic recreation interventions benefit the lives of the residents. Touching on such things as creating pleasant days for the residents or enriching their lives.

TR Professionals

The participants working in Therapeutic Recreation discussed how therapeutic recreation interventions create joyful moments for the residents and can add positively to their day.

“Using activities or therapeutic recreation interventions to create a better day for the residents”

Another participant discussed the importance of engagement by discussing her role as enriching the lives of the residents---in order to give the residents opportunities that not only challenge them but to reach their fullest potential, particularly where functioning is concerned. This is demonstrated by the following quote.

“Working alongside professionals to enrich the lives of our residents. To help them function at the highest level possible-to engage them and challenge them”.

Similarly, the professionals not working in therapeutic recreation spoke of engaging the residents, exciting their lives and keeping them active in life. This is demonstrated by the following quotes.

NonTR professionals

“Just giving the person another outlet and another chance to still stay engaged in life”.

Another participant discussed how therapeutic recreation professionals are depended on to not only engage the residents but to add excitement and joyful atmosphere to the nursing home facilities. This is demonstrated by the following quote,

“We depend on them to kind of excite the facility.”

This same professionals touched on the Medicare requirements of having an activity department in long-term care settings to get residents out of their rooms and active in other areas besides sitting passively watching television. This is demonstrated by the following quote.

“Fortunately, it’s a requirement that we have things. You know we have to keep people busy-we don’t want people to just be sitting. We have to document that we at least attempted to get people involved in things-Medicaid and Medicare do not want people just sitting”.

### **Professional Differences**

While analyzing the data, the researcher noticed professional differences throughout. Particularly, when it came to the themes of quality of life and the subtheme of engagement. While all the participants mentioned the benefits of therapeutic recreation, those working in TR spoke more on how their profession fits within the team while those not working in TR touched more on engaging the residents. As demonstrated above with such quotes as

“Our insight is one that is very personal to the residents and their families” or

“But people count on us to be part of the process to make people successful” or

“Creating those moments of joy, create a better life and quality for our residents. Um so being in that team really helps me to focus in and see that clinical side to help improve the recreation of the residents”.

However, those respondents not working in TR spoke more on keeping the residents engaged and active. Such quotes as the following support this:

“Fortunately, it’s a requirement that we have things. You know we have to keep people busy-we don’t want people to just be sitting. We have to document that we at least attempted to get people involved in things-Medicaid and Medicare do not want people just sitting” or

“And, I think it’s important to keep people’s social wellbeing up while they’re healing or even in a long-term care setting”.

Again, often times the non TR professionals discussed therapeutic recreation and how they improve the experience of the residents. However, those same professionals rarely discussed how the therapeutic recreation professionals contributed to the team.

The researcher noticed how those professionals working in TR discussed how often times there seems to be an overall lack of understanding of what TR is amongst other professionals. This is evidenced by such quotes from TR professionals as

“Therapeutic Recreation is kind of a growing field. ...I think more and more facilities are starting to find the benefit in it” or

“We are not just recreation. We are depended upon by every interdisciplinary team member. We are the first person that they go to see out a problem. It’s interesting.....I always joke we are the most important but the least valued”.

## **Discussion**

This section considers the various ways in which the results agree or disagree with the literature. First, the discussion section will explore ways in which Person-Centered Care has become a trending topic and focus within the healthcare field and in the literature. Secondly, the discussion section will cover quality-of-life from the perspective of older adults. Followed, by a brief discussion of benefits of engagement in older adults lives and how therapeutic recreation interventions fit within this category. Finally, this section will cover the practice and policy implications of some of the findings from this study. This discussion section will conclude with a brief discussion on the limitations of the research study.

### **Person-Centered Care**

The research supports the findings of person-centered care. Person-Centered Care has become part of the lexicon of health treatment, particularly concerning older adults living in long-term care settings. For instance, Epstein (2005) and multiple other studies demonstrate that patient-centered care improves patient satisfaction, quality of care, health outcomes in addition to reducing health care costs and disparities in health care (as found in Epstein, Fiscella, Lesser, & Strange, (2010). For many years, there has been a change in the culture of nursing homes shifting from health care institutions to true person-centered homes offering long-term care (Koren, M.J. 2010). This is known as the Culture Change movement- which focuses on creating home-like environments rather than institutionalized settings (Grubman, 2015).

The face of nursing homes changed with the Nursing Home Reform Act of 1987. At the request of Congress, the Institute of Medicine urged sweeping reform, most of which were enacted under law in an act titled Nursing Home Reform Act (NHRA), part of the Omnibus

Budget Reconciliation Act of 1987. As part of this law, the Resident's Bill of Rights were established. These rights are in place to promote and enhance quality of life for each resident, ensuring dignity, choice and the right to self-determination. The purpose of which is to not only protect the resident's dignity but also give the resident's choices in how they are cared for. Some of these rights include:

- The right to be fully informed
- Receive adequate and appropriate care
- Refuse medication and treatment
- Review one's own medical records
- Right to privacy and confidential

The theme of person-centered care was mentioned in several ways from each of the participants of this study. For instance, one participant mentioned the importance of creating and implementing activities and events which meet the resident's needs and preferences. This is supported by the quote "*I do assessments to make sure their preferences align with the activities*". Creating and respecting person-centered care once again respect's the older adult's right to self-determination by allowing them to be active participants in their own treatment plans and care.

The theme of person-centered care also aligns with the NASW code of ethics. Particularly the values of Importance of Human Relationships and Dignity and Worth of the Person (National Association of Social Workers, 2016). According to the NASW an ethical principle are social worker's recognize the central importance of human relationships. Another ethical principle includes social workers respect the inherent dignity and worth of the person. In

various ways the participants spoke on how Therapeutic Recreation Interventions help create person-centered care in the lives of residents they serve. Such quotes as “*Our insight is one that is very personal to the residents and their families*” aligns with this very principle by creating an environment which respects the residents while also building relationships with them and their families.

### **Quality of Life**

Similarly to person-centered care, quality of life (QOL) has also been a trending topic as it relates to the elderly population, particularly older adults living in long-term care settings. QOL in long-term care settings has become a priority goal. For instance, an early study conducted by Kane (2001) proposed the eleven domains of QOL older adults should value when it comes to long-term settings. They include: sense of safety, security and order; physical comfort; enjoyment; meaningful activity; relationships; functional competence; dignity; privacy; individuality; autonomy/choice and spiritual well-being (Kane, 2001).

Since Kane’s definition of QOL, there have been many studies conducted which examine QOL for older adults. For instance, one study conducted by Horowitz and Vanner (2010) examined the relationship between life activities and QOL in older adults living in an assisted living facility. The study found there were many variables to be factored in when it came to the participant’s overall satisfaction and quality of life. For instance as mentioned in the literature review, Fisher and colleagues found the experience of being listened to was an important facet of quality of life for older adults (2006 as cited in Hammer & Orrell, 2008). This agrees the following quote by one participant in this researcher’s study: “*I think what it provides to people is a chance to maybe even just talk to someone through the day that’s not, that’s in a safe*



*environment, that's not judgmental*". An additional study conducted by Atal, Davies and Owen(2003 as cited in Hammer & Orrell, 2008) mentioned in the literature review, found residents living in a long-term care setting valued activities which made them feel capable, gave them choices and provided them with personal autonomy.

### ***Engagement***

The subtheme of engagement also agrees with the literature surrounding older adults. There have been many articles published which discuss the importance of keeping older adults active and engaged to improve their overall health such as cognitive functioning, physical health and overall emotional wellbeing. For instance, a study conducted by Bowling and Gabriel (2004) through qualitative research design assessed the contributing factor's to an older adult's quality of life. The respondents in this particular study reported engaging in mentally stimulating activities as important. This study found the pursuit of social or leisure activities were important to people to retain an interest in life and to keep busy. Rowe and Kahn(1997 as cited in Baum, Everard, Fisher & Lach, 2000) proposed three components of successful aging-one of them being active engagement in life These references are supported by the following respondent's quote "*Just giving the person another outlet and another chance to stay engaged in life*". All of the participants in the researcher's study touched on the role of therapeutic recreation interventions as benefiting the lives of the residents to keep them active and engaged in life. This particular finding is supported by multiple studies found the literature on the overall health benefits of therapeutic recreation.

### **Professional Differences**

As discussed in the literature review the research is limited in the areas of Therapeutic Recreation as part of multidisciplinary teams, which was a reason for this particular study. As already discussed the findings of the benefits of TR is supported by the vast amount of research on the role of TR in lives of older adults however, not how TR professionals contribute to a team.

### **Implications**

The findings of this study have many policy and practice implications. While these policies and practice implications were minimally touched on above, this section will delve into these implications further. Nursing homes have been the topic of policy and practice reforms for many years. There have sweeping changes and reforms to policies and practices within nursing homes to better protect the lives of the individuals who live there. As discussed earlier these reforms began in the 1980s with the Nursing Home Reform Act. The main focus of this act was to create a higher quality of life for the residents (Grabowski & Zhang, 2004). Some of the tenets of the NHRA were the Resident's Bill of Rights, which is to protect the resident's self-determination and choice. Each participant of this research echoed the theme of person-centered care. In various ways all of the participants in various ways spoke on the importance of protecting the individual's choices in their care whether through activities or other ways.

And, as evidenced by the literature review, the benefits of Therapeutic Recreation when working with the elderly population is well documented. The healthcare field fully understands the many positive outcomes of Therapeutic Recreation Interventions when working with the elderly, particularly how it affects the client. And, since the population is aging attention must be paid to ways in which to provide better care and services to older adults. Therefore, it would be

beneficial if healthcare professionals had a better understanding on all the methods and interventions available to older adults to create positive outcomes and increase their overall quality of life. Therefore, further research must be completed to fully understand how therapeutic recreation interventions fit within a multidisciplinary team in long-term care settings.

Once research is completed perhaps it could contribute to creating improved practices in long-term care settings. So all healthcare professionals and others working and serving older adults have an understanding of how all members of the team contribute to creating positive moments and better days for the residents they serve. The research could also bring about other practice implications such as more measured clinical outcomes for therapeutic recreation--- something that is currently lacking.

### **Limitations**

There were several limitations within this study which this section will discuss. The limitations are as follows: small number of participants, time in which the research was conducted and the length of the interviews themselves.

Due the low number of participants in this study it would be difficult to generalize the findings to a large population of healthcare providers working in long-term care settings. Despite the researcher's best efforts, only four people were willing to be interviewed and partake in this research. There could be many factors which influenced the small population size of this study. For instance, some people could have been dissuaded by the fact the interviews were being recorded despite the fact the researcher put in protections to ensure participant's privacy. Another factor could be a matter of busy schedules-some people may not have the time in their day to devote to being interviewed for at least half hour. Another reason could be some people

may not fully understand the topic or what Therapeutic Recreation is so they did not feel the need to participate.

A second limitation was the time in which the research had to be completed. Since this is a final graduate research project the researcher only had about nine months to fully develop her topic, hypothesis, method, recruit participants, interview individuals and analyze the results and write the final paper. Due the short window of time in which participants could be recruited and interviewed this could have impacted the overall numbers of participants and therefore, the results. If given more time perhaps the researcher could have used various methods in order to recruit more people.

The third limitation was the time of the interviews themselves-one interview was just under 30 minutes, one interview was just over 20 minutes, and two interviews were just under 15 minutes. Due to the varying times of the interviews, this could have limited the amount of substantial data. This could in part be due the researcher's error due to not further prompting some of the participants while the interviews were taking place.

## Conclusion

In conclusion, the researcher set out to examine how therapeutic recreation fits within multidisciplinary teams in long-term care settings. Through four qualitative interviews with healthcare professionals working in various long-term care settings in the Twin Cities area, the researcher identified three main themes with four subthemes. The main themes included Person-Centered Care with subthemes of appreciating personal needs, creating individualized goals and care plans and working as a team to accomplish goals. The second theme was Quality of Life with a subtheme of engagement. The researcher also identified Professional Differences as a third theme -finding that Non-TR professionals focus on the benefits of engagement and activity in the lives of the residents whereas the TR professionals not only spoke on the benefits of recreational interventions in the lives of the residents but also what the profession brings to the multidisciplinary team with such quotes as *“But people count on us to be part of the process to make people successful”*. While some of these themes can be found in the literature, due to some limitations within the study, this researcher recommends further studies need to be conducted in order to fully understand how therapeutic recreation contributes to multidisciplinary teams particularly in long-term care settings. If further research were conducted, perhaps there would be practice reform so all professionals can contribute to a multidisciplinary team.

## References

Administration on Aging. (2010). *By Age: 1900-2050. Older Population as a Percentage.*

Retrieved from

[http://www.aoa.acl.gov/Aging\\_Statistics/future\\_growth/future\\_growth.aspx#aging](http://www.aoa.acl.gov/Aging_Statistics/future_growth/future_growth.aspx#aging) on

October 2, 2015

American Association of Therapeutic Recreation. (2015). *What is RT/TR?* Retrieved from

<https://www.atra-online.com/what> on August 1, 2015

Amedeo, M., & Schofield, R.F. (1999). Interdisciplinary teams in healthcare and human service settings: are they effective? *Health & Social Work, 24* (3), 210-220. Retrieved from

<http://web.a.ebscohost.com.ezproxy.stthomas.edu/ehost/pdfviewer/pdfviewer?sid=21937>

727-b856-47d5-8fd5-51d72002c241%40sessionmgr4003&vid=4&hid=4212 on

September 29, 2015

Ariss, S., Booth, A., Enderby, P., Nancarrow, S.A., Smith, T., & Roots, A. (2013). Ten principles of good interdisciplinary team work. *Human Resources for Health, 11* (19). 1-11.

Retrieved from <http://www.biomedcentral.com/content/pdf/1478-4491-11-19.pdf>

Atav, A.S., Fitzsimmons, S., Buettner, L.L. (2006). Predicting outcomes: Therapeutic recreation for behaviors in dementia. *Therapeutic Recreation Journal, 40* (1), 12-14.

Baum, C.M., Everard, K.M., Fisher, E.B., & Lach, H.W. (2000). Relationship of activity and social support to the functional health of older adults. *Journal of Gerontology, 55* (4), 208-212. Doi: 10.1093/geronb/55.4.S208

- Bercovitz, A.R., Dwyer, L.L., Jones, A.L., & Strahan, G.W. (2009). The National Nursing Home Survey: 2004 overview. National Center for Health Statistics. *Vital Health Stats* 13(167) 1-164
- Bowling, A., & Gabriel, Z. (2004). Quality of life from the perspectives of older people. *Aging & Society*, 24. 675-691. DOI: 10.1017/S0144686X03001582
- Buettner, L., & Ferrairo, J. (1998). Therapeutic recreation-nursing team: A therapeutic intervention for nursing home residents with dementia. *Annual in Therapeutic Recreation*. Retrieved from <http://www.activitydepartment.com/articles/re-dem.htm>
- Buettner, L., Farrell, P., Lago, D. Lundedren, H., & Smith, R. (1996) Therapeutic recreation as an intervention for nursing home residents with dementia and agitation: An efficacy study. *American Journal of Alzheimer's Disease*, 11(5), 4-12.  
Doi:10.1177/153331759601100503
- Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2014-15 Edition*, Recreational Therapists. Retrieved from <http://www.bls.gov/ooh/healthcare/recreational-therapists.htm>
- Cassel, C.K., Ek, K., Fairchild, S., Howe, J.L., Hyer, K., Leipzig, R.M., Verzina, M.L., & Wallenstein, S. (2002). Attitudes toward working on interdisciplinary healthcare teams: a comparison by discipline. *American Geriatric Society*, 50(6). 1141-1148.
- Chan, A., Cheng, S., & Yu, E. (2006). An exploratory study of the effect of mahjong on the cognitive functioning of persons with dementia. *International Journal of Geriatric Psychiatry*, 21, 611-617. Doi: 10.1002/gps.1531

- Cohen-Mansfield, J., Marx, M.S., & Werner, P. (1992). Observational data on time use and behavior problems in the nursing home. *Journal of Applied Gerontology*, 11(1), 111-121. Doi: 10.1177/073346489201100109
- Cott, C. (1998). Structure and meaning in multidisciplinary teamwork. *Sociology of Health & Illness*, 20 (6), 848-873. Doi: 10.1111/1467-9566.00132
- Demiris, G., Gee, G.C., Oliver, D.P., & Wittenberg-Lyles, E.M. (2009). What patients and families don't hear: backstage communication in hospice interdisciplinary team meetings. *Journal of Housing for the Elderly*, 23, 92-105. Doi: 10.1080/02763890802665007
- Epstein, R.M., Fiscella, K., Lesser, C.S., & Strange, K.C. (2010) Why the Nation needs a policy push on patient-centered healthcare. *Health Affairs*, 29 (8), 1489-1495. Doi: 10.1377//hlthaff.2009.0888
- Grabowski, D.C., & Zhang, X. (2004). Nursing home staffing and quality under nursing home reform act. *The Gerontologist*, 44 (1), 13-23. Doi: 10.1093/geront/44.1.13
- Grubman, J.F. (2015). Methods for managing risk and promoting resident-centered care in nursing homes. *Columbia Journal of Law and Social Sciences*, 219-249.
- Harmer, B. J., & Orrell, M. (2008). What is meaningful activity for people living in care homes? A comparison of the views of older people with dementia, staff and family members. *Aging & Mental Health*, 12 (5), 548-558. Doi: 10.1080/13607860802343019
- Harper Ice, G. (2002). Daily life in a nursing home: has it changed in 25 years? *Journal of Aging Studies*, 16, 345-359. Retrieved from



<http://www.esse.ualg.pt/gerontologia/Journal%20of%20Aging%20Studies/Harper%20Ice%202002.pdf> on July 21, 2015

Horowitz, B.P., & Vanner, E. (2010). Relationships among active engagement in life activities and quality of life for assisted-living residents. *Journal of Housing for the Elderly*, 24, 130-150. Doi: 10.1080/02763891003757056

Jessup, R. L. (2007). Interdisciplinary versus multidisciplinary care teams: do we understand the difference? *Australian Health Review*, 31 (3), 330-331.

Kane, R.A. (2001). Long-term care and a good quality of life: bringing them closer together, *The Gerontologist*, 41(3), 293-304.

Klauber, M., & Wright, B. (2001). The nursing home reform act of 1987, *Public Policy Initiative*. Retrieved from [http://www.aarp.org/home-garden/livable-communities/info-2001/the\\_1987\\_nursing\\_home\\_reform\\_act.html](http://www.aarp.org/home-garden/livable-communities/info-2001/the_1987_nursing_home_reform_act.html)

Koren, M.J. (2010). Person-centered care for nursing home residents: the culture-change movement. *Health Aff*, 29 (2), 312-317. Doi: 10.1377/hlthaff.2009.0966

Leggat, S. G. (2007). Effective healthcare teams require effective team members: defining teamwork competencies. *BMC Health Services Research*, 7 (17), n.p. Doi: 10.1186/1472-6963-7-17

McInnis-Dittrich, K. (2014). Context of social work practice with older adults. In K. McInnis-Dittrich (4<sup>th</sup> Ed.), *Social Work with Older Adults* (pp. 3). New York: Pearson.

Morgan, S., & Yoder, L.H. (2011) A concept analysis of person-centered care. *Journal of Holistic Nursing*, XX (X), 1-11. Doi: 10.1177/0898010111412189

National Association of Social Workers (2016). *Code of Ethics of the National Association of Social Workers*. Retrieved from <https://www.socialworkers.org/pubs/code/code.asp>

NH Regulations Plus (2011). *Minnesota Activity and Recreation Program*. Retrieved from [http://www.hpm.umn.edu/nhregsplus/NHRegs\\_by\\_State/Minnesota/minnesota\\_regulations.pdf](http://www.hpm.umn.edu/nhregsplus/NHRegs_by_State/Minnesota/minnesota_regulations.pdf)

Richeson, N.E. (2003). Effects of animal-assisted therapy on agitated behaviors and social interactions of older adults with dementia. *American Journal of Alzheimer's Disease and Other Dementias*, 18(6). 353-358. Doi: 10.1177/153331750301800610

The Nursing Home Reform Act of 1987. *Public Policy*. Retrieved from [http://www.aarp.org/home-garden/livable-communities/info-2001/the\\_1987\\_nursing\\_reform\\_act.html](http://www.aarp.org/home-garden/livable-communities/info-2001/the_1987_nursing_reform_act.html)

Tousijn, W. (2012). Integrating health and social care: interprofessional relations of multidisciplinary teams in Italy. *Current Sociology*, 60 (4), 522-537. Doi: 10.1177/0011392112438335

Walsh, P (2015, May 11). Surge in older adults in Twin Cities will shift housing demand, Met Council says. *The Startribune*

Appendix A.

MSW Clinical Research Qualitative Interview Questions

1. What is your professional training (for example social work, nursing, physical therapy, etc)?
2. Describe your role here.
3. Describe your role as a multidisciplinary team member.
4. Think about the most successful multidisciplinary team you've worked on. What made it successful?
5. Do you have any experience working as a therapeutic recreation provider?
6. Do you have any experience working on a team with therapeutic recreation providers?
- 6a. (follow up to 6.) Please describe this experience.
7. In your experience, to what extent do you think therapeutic recreation provides an outlet or a unique service, (both positive and negative) to the clients you serve?
8. Are you involved in the creation of treatment plans?
- 8a. (follow up to 8) If yes, in what ways do you include therapeutic recreation as a component of the treatment plan?
10. In your experience, what are some of the barriers to utilizing Therapeutic Recreation with older adults?
11. In your experience, how do you think therapeutic recreation contributes to a multidisciplinary team?

**APPENDIX B**

UNIVERSITY of ST. THOMAS  
MINNESOTA

**Consent Form*****Therapeutic Recreation Interventions and Multidisciplinary Team*****IRBNet Tracking Number 835283-1**

You are invited to participate in a research study about how therapeutic recreation interventions fit within a multidisciplinary team. I invite you to participate in this research. You were selected as a possible participant because you are a healthcare professional that has at least one year of experience working on a multidisciplinary team in a long-term care setting with older adults. The following information is provided in order to help you make an informed decision whether or not you would like to participate. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by Elizabeth Falk, MSW graduate student at the University of St. Thomas, supervised by Renee Hepperlen, Ph.D., assistant professor at the University of St. Thomas. Institutional Review Board at the University of St. Thomas approved this study.

**Background Information**

The purpose of this study is to examine how therapeutic recreation interventions or activities, fit within a multidisciplinary team when working with older adults. I will be conducting semi-structured audio-recorded interviews with 8-10 health care professionals.

**Procedures**

If you agree to participate in this study, I will ask you to do the following things: I will ask you a series of questions regarding your perceptions of therapeutic recreation and multidisciplinary

teams. I will audio-record your responses on my password-protected phone. This interview will take approximately 45 to 60 minutes and will be at a date and time of your convenience. The interviews will take place in a private area at an agreed upon quiet nonpublic place as to protect your anonymity. Your name will not in any way be connected with your responses and I will be transcribing your responses after the interview takes place. Prior to the interview I will review the consent form with you and ask you to sign it.

### **Risks and Benefits of Being in the Study**

The study has risks. Since the interviews will be audio-recorded on the researcher's cell phone, a potential risk could be if the cell phone were lost or stolen. Therefore, sensitive information could potentially be released. To minimize this risk, the researcher is utilizing her passcode-protected cell phone. The researcher will upload the audio-recordings to her password protected laptop within 24 hours of the interview being completed. The researcher is the only one who knows the passcode to the cell phone and her laptop. The audio-recordings will be deleted from the researcher's cell phone within 24 hours of the audio-recordings being uploaded to the laptop. The researcher will also be transcribing the interviews onto a Word Document on her passcode protected laptop. An additional risk could be if the laptop were stolen. To minimize this risk, the researcher will be saving the Word Document onto a password-protected file on a password protected laptop. The researcher is the only person who knows the password to the laptop and will be the only person that knows the password to the protected file.

The direct benefits you will receive for participating are: There are no direct benefits to participating in this study.

### **Compensation**

You will not be receiving any compensation for participating in this research study.

### **Privacy**

Your privacy will be protected while you participate in this study. The interviews will take place at a nonpublic location that is convenient for you.

### **Confidentiality**

The records of this study will be kept confidential. In any sort of report I publish, I will not include information that will make it possible to identify you. The types of records I will create include

audio-recordings of the interview on my passcode-protected cell phone. I will then transcribe the interviews onto a Word Document in a password-protected file on my password-protected laptop. Your professional training will be coded in the final paper and presentation in order to protect your anonymity. The audio-recordings will be deleted from my cell phone within 24 hours of the audio-recordings being uploaded to my laptop. The audio-recordings will be deleted from my laptop upon project completion, in May of 2016. All data I collect will be kept for a minimum of three years on a password-protected file on my password-protected laptop per regulations. All signed consent forms will be kept for a minimum of three years upon completion of the study. Institutional Review Board officials at the University of St. Thomas reserve the right to inspect all research records to ensure compliance.

### **Voluntary Nature of the Study**

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with your place of employment or the University of St. Thomas. There are no penalties or consequences if you choose not to participate. If you decide to participate, you are free to withdraw at any time without penalty or loss of any benefits to which you are otherwise entitled. Should you decide to withdraw, data collected about you will not be used. You can withdraw by stating at anytime during the interview that you wish to no longer participate in the study. You are also free to skip any questions I may ask by stating, "I wish to skip this question".

### **Contacts and Questions**

My name is Elizabeth Falk. You may ask any questions you have now and any time during or after the research procedures. If you have questions later, you may contact me at (612) 227-4629 or [falk8953@stthomas.edu](mailto:falk8953@stthomas.edu) or you may contact my research advisor, Renee Hepperlen at (651) 962-5802 or [hepp1989@stthomas.edu](mailto:hepp1989@stthomas.edu). You may also contact the University of St. Thomas Institutional Review Board at 651-962-6035 or [muen0526@stthomas.edu](mailto:muen0526@stthomas.edu) with any questions or concerns.

### **Statement of Consent**

I have had a conversation with the researcher about this study and have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study. I am at least 18 years of age. I give permission to be audio recorded during this study.

**You will be given a copy of this form to keep for your records.**

---

**Signature of Study Participant**

---

**Date**

---

**Print Name of Study Participant**

---

**Signature of Researcher**

---

**Date**