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Facilitating Environmental Enrichment in Senior Care Activities with Professional Development

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This is to certify that the doctoral dissertation by

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2016

Abstract

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by

Celia M. Ross

MS, West Chester University, 1996

BS, West Chester University, 1989

Dissertation Submitted as Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

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Abstract

There is little known about the current state of professional development and continuing education practices for empowering activity professionals to better enhance environmental enrichment in long term care. The purpose of this qualitative study was to explore the activity professional's perceived role and best strategies for professional development to enrich the long-term care environment. The study used social cognitive theory as its theoretical framework to develop research questions focused on the views of activity professionals concerning professional development and continuing education to support care for long-term care residents. Using a narrative approach, 9 activity professionals were recruited through networking at the 2015 NAAP Education Summit in Kentucky, LinkedIn, and snowball sampling. Eligible participants who provided informed consent were interviewed by phone from August 2015 to February 2016. Data were analyzed using both hand coding and NVivo 10.0 software. Results showed the value of relevant certifications and the importance of training in a range of topics, especially dementia care. Connection to others and the environment emerged as key themes. This study is significant because it explores professional development in the long-term care environment, which can facilitate positive social change to provide the elderly, especially those in cognitive decline, with a comforting environment for special needs. This study contributes to the knowledgebase to inform the development of educational and training opportunities for activities professionals, especially those caring for individuals with severe / end-stage dementia.

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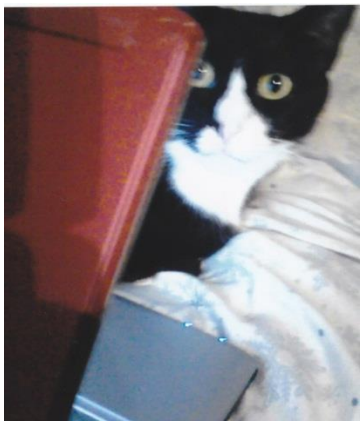
Dedication

This dissertation is dedicated to my parents Sophie E. Ross and William D. Ross who encouraged me to excel. My father was had a life-long love of science and became a Research Fellow at DuPont. I would also like to dedicate this dissertation to my muse in my doctoral studies, my cat Cleo, and to all my pets. “And G-d made the beast of the earth… and G-d saw that it was good.” (Genesis 1:25)



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Chapter 1: Introduction to the Study

Introduction

Activity professionals can benefit from professional development and continuing education in learning to better care for residents. This study provides a detailed look at activity professionals providing therapy for long-term care residents through a narrative qualitative approach, collecting narrative stories of activity professionals across the United States. The elderly, especially those with cognitive decline, face special challenges and difficulties. The social change implication of this study is contributing to the knowledgebase to help improve professional development and continuing education opportunities for activity professionals to promote an enriched long-term care environment.

Dementia creates vulnerability in the aged who see diminishing power over their lives placing them at a special disadvantage. Activity professionals promote positive social change by aiming to create a more comforting environment for those facing the confusion and distress often seen in dementia; however, research has highlighted areas where this care could be done better with better training of activity professionals. In 1995, Voelkl, Fries, and Galecki found that residents with very severe cognitive loss were often left out of activities. This study explored this issue to better promote positive social change.

Research establishes the importance of enriched environments (Rosenzweig, & Bennett, 1996). The therapeutic value of enriched environments highlights the value of activity professionals as being part of the interdisciplinary healthcare team (Ashida, 2000; Bradshaw, 2015; Ridder, Stige, Qvale, & Gold, 2013; Shouse, 2016; Sung, Chang, & Lee, 2010). In the

current knowledge society, healthcare professionals must engage in continual professional development to increase their knowledge base for their professional duties (Bradshaw, 2015; Cohen-Mansfield, Thein, Marx, & Dakheel-Ali, 2012). This study will present narrative stories about the role of professional development in the practice of activities. The qualitative narrative stories collected in this study were viewed through the theoretical lens of social cognitive theory (SCT), considering the concepts of environmental enrichment and the knowledge society. Activity professionals from across the nation were contacted and phone interviews arranged. They were asked about their career to confirm that they have work experience as activity professionals. This qualitative narrative study presents stories of activity professionals and the narrative approach will provide rich details about aspects of professional development -- including various types of continuing education.

Background

Animal models show the importance of environmental enrichment (Fahnestock, Marchese, Head, Pop, Michalski, Milgram, & Cotman, 2012; Jha, Dong, & Sakata, 2011; Rosenzweig, & Bennett, 1996). Environmental enrichment is also critical for human well-being. The literature reveals environmental enrichments that activity professionals provide, such as music, can have therapeutic value (Ashida, 2000; McDermott, Orrell, & Ridder, 2014; McGreevy, 2016; Ridder, Stige, Qvale, & Gold, 2013; Rylatt, 2012; Shouse, 2016; Sung, Chang, & Lee, 2010). Joyce Simard (2013), founder of Namaste Care, created a program to nurture and comfort individuals with end-stage dementia, which is consistent with research indicating that sensory and perceptual awareness is seen in people with very severe or end-stage dementia (Clare, 2010). Since activity professionals help to create a comforting environment for residents with therapeutic value, this finding reinforces the value of activities as being part of the

interdisciplinary healthcare team in a nursing home setting. Renowned business theorist, Peter Drucker (2001), pointed to the need of professionals in a knowledge society to engage in continual life-long learning to better perform their jobs. According to Drucker and Maciariello (2004), professionals need to take the responsibility to strive for excellence in their career through professional development. They must take the initiative to keep abreast of knowledge relevant to their work. Schwab (2016) points to the need for continuing education that prepares professionals to adapt continuously with new skills and approaches for rapidly changing times and advances in society. Forsyth (1990) and Bradshaw (2015) argue for education for activity professionals to optimize the therapeutic intent of activities programs. Education for activity professionals needs to be continuously updated to meet the evolving healthcare industry (Bradshaw, 2015). Jackson, Pelone, Reeves, et al. (2016) point to need for further research on inter-professional education in dementia care.

The gap in the literature that this study addresses is how activity professionals view current professional development and continuing education opportunities. This includes the modality of professional development and continuing education related to the preference and expected utility among activity professionals. This study provides narrative stories to explore professional development of activity professionals and how this development can improve therapeutic intent of activities' programs. This study can guide future enhancement of activity programs through professional development and continuing education of activity professionals and thus to create a better more positive environment for the elderly.

Problem Statement

Elderly living in nursing homes face decline in functional competence, loss of personal autonomy, inescapable confrontation with the process of death and dying, and sometimes abandonment when children seldom visit (Clare, Rowlands, Bruce, Surr, & Downs, 2008; Graham, 2011). These factors, in combination with biological/pathological processes, can lead to feelings of loss, isolation, uncertainty, fear, a sense of worthlessness, anxiety, agitation, and / or depression (Clare, Rowlands, Bruce, Surr, & Downs, 2008; Fuh, 2006; Johnson, 2014; Reese, Thiel, & Cocker, 2016). The Omnibus Budget Reconciliation Act of 1987 supported decreasing the use of pharmacologic agents in nursing homes with the goal of partially replacing them with nonpharmacologic interventions (Cody, Beck, & Svarstad, 2002). Research has confirmed that nonpharmacologic approaches should be the first line of care (Reese, Thiel, & Cocker, 2016). One of the nursing home departments of the interdisciplinary care team involved in nonpharmacologic interventions is the activities department (Bradshaw, 2015; Forsyth, 1990; Johnson, 2014; Hickman, Frake, & Asante, 2014; Lipe, 1987; McGreevy, 2016; Moyle & O'Dwyer, 2012). Kolanowski, Fick, Frazer, and Penrod (2010) found that successful use of nonpharmacologic interventions requires education of the nursing home healthcare professionals to better understand residents with dementia. Cohen-Mansfield, Thein, Marx, and Dakheel-Ali (2012) found that greater education of nursing home staff is needed to more effectively implement nonpharmacologic interventions in nursing homes.

This study builds upon these recommendations by exploring the benefits of professional development and education among activity staff for environmental enrichment. The research problem that this study addresses is the current gap in the knowledge related to professional development and continuing education practices to empower activity professionals and enhance

the long-term care environment. The literature reveals the importance of professional development and continuing education in other career fields (Drucker, 2001). For example, according to Gill (2007), nurses report that they are able to deliver improved patient care after completing a continuing education module; however, the topic of professional development and continuing education for activity professionals is a neglected area leaving a gap in the literature. In 1990, Forsyth called for more training of activity professionals to ensure therapeutic benefits of activities programs. Bradshaw (2015) pointed to the NCCAP's efforts to encourage more activity professionals to become certified. There are new tools, such as social media, for professional development in activities (Hommel, 2015). However, there has not been follow-up in the research literature about how activity professionals currently utilize these tools for professional development, resulting in the existing research literature gap.

According to Drucker (2001), professionals must engage in continual life-long learning in specialized knowledge that they can apply to their occupation in order to better perform their jobs. Professionals should seek out one major learning experience per quarter not only to stay current in their business but to also to become innovators in their fields (DeMaio, 2009; Mehregany, 2013; Schwab, 2016). Individual healthcare workers are responsible for taking the initiative to learn from others about professional development opportunities in their field so that they can provide the best possible care to patients (Pilcher, 2012; Saunders, 2013a). This study will build upon these recommendations by revealing effective professional development opportunities through interviews with activity professionals which other activity professionals can profit from.

Various researchers and healthcare professionals have looked the benefits of assorted environmental enrichments – such as music therapy and arts programs – on the nursing home

population (Ashida, 2000; Chancellor, Duncan, & Chatterjee, 2014; Hannemann, 2006; Hickman, Frake, & Asante, 2014; McDermott, Orrell, & Ridder, 2014; McGreevy, 2016; Rentz, 2002; Ridder, Stige, Qvale, & Gold, 2013; Rylatt, 2012; Shouse, 2016). This study addressed the need to learn more about empowering activity professionals through professional development. This study helps fill a gap in the literature by building upon previous research to reveal current examples of how life-long learning by activity professionals can support environmental enrichment.

Purpose of the Study

The purpose of this study was to explore the role of professional development and the best strategies for professional development among activity professionals to enrich the long-term care environment. This study is significant because it explored professional development in the long-term care environment which addresses a societal challenge and thus facilitate positive social change. This study generated important exploratory data and helped fill a gap in the research literature. The exploratory data can also help to inform the need for professional development on caring for those with severe / end-stage dementia.

Research Questions

1. What is the role of professional development for activity professionals in enriching the environment of long-term care nursing home residents?
2. How does the modality of professional development relate to the preference and expected utility among activity professionals in long-term care environments to enrich the environment for residents?

3. How does continuing education relate to professional development among activity professionals in long-term nursing home facilities to best enrich the environment of residents?

Theoretical Framework

Bandura's social cognitive theory (SCT) includes the social facet of motivation in human actions (Bandura, 1977; Bandura, 1986). The interpersonal aspects of SCT are relevant when investigating a person-centered field like activities as well as many educational offerings for activities staff such as conferences. In a residential therapeutic care setting, a sense of community is learned via nurturing social connections (Bell, 1994). SCT also looks at interpersonal aspects of learning relevant to professional development (Bandura, 1977; Bandura, 1986; Stewart, DiClemente, & Ross, 1999). Bandura's SCT maintains that humans learn most of their behaviors by observing the actions of others and modeling what they see others do (Bandura, 1986). From SCT emerged social cognitive neuroscience, supporting the notion that human connections are an essential biological need and motivator (Lieberman, 2013). This study used a SCT framework to look at the activities environment and how activity staff learn and engage in professional development.

Cognitions are also a facet of motivators in SCT (Bandura, 1977). SCT holds that individuals can influence their life course through the selection of their environment, such as educational opportunities, and through observing their peers and mentors (Bandura, 1986; Bandura, 1989). Bandura (1977) points to cognitive processes playing a role in the development of new behaviors. Cognitive processes utilize many sources of information and shape perceived self-efficiency (Bandura, 1977). Efficiency expectations engender active effort in the face of obstacles such as might be seen in a nursing home work environment (Bandura, 1977). In SCT

self-efficacy beliefs interact with the environment to regulate to influence human motivation and behavior (Bandura, 2004). Self-efficacy beliefs influence how one approaches educational opportunities (Vakani, Sheerani, Afzal, & Amin, 2012). This study looked at how activity staff approach professional development opportunities..

Conceptual Frameworks

Concept one. Both animal models and human studies show the brain health and psychological benefits of environmental enrichment. (Ashida, 2000; El Haj, Fasotti, & Allain, 2012; Hannemann, 2006; Jha, Dong, & Sakata, 2011; Lipe, 1987; McGreevy, 2016; Rentz, 2002; Shouse, 2016; Thomas, 1996; Veena, Srikumar, Raju, & Shankaranaryana, 2009; Wade, 1987). Activity professionals offer a variety of types of environmental enrichment in nursing homes including music therapy, art therapy, movement therapy, reminiscing, natural world environmental enrichment, and cognitive environmental enrichment (Ashida, 2000; El Haj, Fasotti, & Allain, 2012; Hannemann, 2006; Hickman, Frake, & Asante, 2014; Lipe, 1987; McGreevy, 2016; Rentz, 2002; Thomas, 1996; Wade, 1987). The enriched environment concept relates to this study because this study provides narrative stories of how activity professionals enrich the environment of residents. This study was viewed through the lens of activities as being a form of environmental enrichment. This theory provides a conceptual framework for this study since this study looked at examples of best practices of professional development of activity professionals that translated into more enriched environments for long term care residents.

Concept two. According to prominent business theorist Drucker (2001), at the center of the knowledge society is the concept of the educated person and the need for individuals to continue to learn so that they remain current with their discipline. Activity professionals need to

continue to develop their knowledge base throughout their careers to better serve the nursing home residents. The knowledge society concept relates to this study because this study provides narrative stories of how professional development of activity professionals leads to better care for the residents.

Nature of the Study

This qualitative narrative study allowed the researcher to understand the views and personal perceptions of the participants (Pope & Mays, 1995). The value of the story from the narrative approach is its richness to explore the concepts of the importance of professional development and continuing education in a long-term care setting (Cohen-Mansfield, Thein, Marx, & Dakheel-Ali, 2012; Greenhalgh, Russell, & Swinglehurst, 2005). Data was gathered via open-ended in-depth telephone interviews of activity professionals (both activity directors and activity assistants) working in the United States which were audio recorded. Participants were asked to tell their story in narrative interviews about their experiences in using something they have learned to better enrich the long-term care environment for a resident (Greenhalgh, Russell, & Swinglehurst, 2005). Prompts were used to encourage more detail in the flow of the story. Using narrative interviews revealed a richness and depth of information concerning activity professional bettering the lives of residents.

The narrative stories were analyzed by the holistic–form approach (Lieblich, Tuval-Mashiach, & Zilber, 1998). Each story was taken as a whole and sections of the text were interpreted in context of the rest of the narrative. The structure of the plot was examined along with the feelings of the activity professional about the narrative and key themes were identified. Vignettes were written for each participant. These were synthesized to create a vignette of an

archetypal career path in activities. Word clouds of codes and themes were created with NVivo 10.

Definitions

Activity professionals – are the key to actualizing environmental enrichment in long-term care (Forsyth, 1990). Activity professionals provide enrichment opportunities such as music therapy, art therapy, movement therapy, cognitive activities, and social activities (Buettner, Fitzsimmons, Atav, & Sink, 2011; Hannemann, 2006; Lewallan, 1987; Lipe, 1987; McGreevy, 2016; Rentz, 2002; Wade, 1987)

Ageism – stigmatization of aging (Dobbs, Eckert, Rubinstein, et al., 2008; Nelson, 2016).

Continuing education - enables professionals to continue to learn after they graduate from school or college (Lewis, 1998).

Culture change movement – moves nursing homes away from the health care institutions model to a model that focuses on "person-centered homes offering long-term care services" (Koren, 2010, p.1).

Dementia – "a deterioration of previously acquired intellectual abilities, with memory impairment, and evidence of an underlying organic cause" (Sawa, 1981, p. 138).

Environmental enrichment – traditionally defined in animal research as "altering the living environment of captive animals in order to provide them with opportunities to express their natural behavioral repertoire" (Froberg-Fejko & Lecker, 2103, para. 1). In this study the definition will be extended to environments that allow humans to express themselves.

Holistic–form approach – narrative stories are taken as a whole and sections of the text are interpreted in context of the rest of the narrative (Lieblich, Tuval-Mashiach, & Zilber, 1998).

Hypercognitivism – secular western psychological theory ties personhood to cognitive ability (Kitwood & Bredin, 1992).

Judaic-Christian ethics – view a just God as a defender of the powerless (Harris, 2008).

Knowledge society – when workers' investments in knowledge - not the physical tools - are key (Drucker, 2010).

Knowledge technologists – use knowledge as a foundation for their skilled manual work (Drucker & Maciariello, 2004). Knowledge technologists must continue to learn to remain current and develop professionally. This study will consider activity professionals to be knowledge technologists.

Long-term care facility – Crystal (1968) defines a long-term care facility as "an institution licensed by the State as a nursing home or related facility, or one organized and staffed to provide services of a prolonged nature for persons who do not require the specialized service of hospitals, or both. This definition covers not only general nursing homes, but also homes for the aged…." (p. 373).

Long-term care residents – Weissert (1985) states that this "population must be defined in terms of dependency on human assistance in daily functioning…. four categories of dependency are personal care, mobility, household activities, and home-administered health care services." (para. 1)

NAAP – The National Association of Activity Professionals (NAAP, n.d.)

NAAPCC – The National Association of Activity Professionals Credentialing Center (NAAPCC, n.d.)

Narrative – a research approach where the participant tells his/her story and is analyzed as a connected succession of events (Lieblich, Tuval-Mashiach, & Zilber, 1998).

NCCAP – The National Certification Council for Activity Professionals (NCCAP, 1998-2010).

NCCDP – National Council of Certified Dementia Practitioners (NCCDP, 2001).

Nonpharmacologic interventions -- the Nursing Home Reform Act, part of the Omnibus Budget Reconciliation Act of 1987, said that nursing homes should use nonpharmacologic interventions before resorting to pharmacologic agents for problem behaviors observed in residents (Cody, Beck, & Svarstad, 2002). Nonpharmacologic interventions include structured activities, environmental interventions, and staff training (Cody, Beck, & Svarstad, 2002; Trahan, Kuo, Carlson, & Gitlin, 2014).

Professional development – according to Saunders (2013b), professional development involves "creative growth assignments" in the employee's profession (para. 2).

Social change – according to Walden University (n.d.), "positive social change results in the improvement of human and social conditions" (para. 5).

Social cognitive theory (SCT) – holds that individuals can influence their life course through the selection of their environment (Bandura, 1989). In this study SCT provides a lens to view activity professionals' selection of a continuing education and professional development environments.

Vocare – is a calling from God to fulfill a special purpose and has been traditionally been a Christian view of healthcare (Grypma & Jamison, 2003).

Assumptions

It was assumed that the participants have some type of training for and have work experience as activity professionals. This assumption was necessary since they talked about their professional development aiding their work. It was assumed that participants had worked with the elderly including those affected by dementia. It was assumed that participants had psychologically and/or spiritually rewarding experiences working with residents which they wanted to share stories about. This assumption was important in gathering stories about countering ageism and hypercognitivism with activities.

Scope and Delimitations

Participants in this study were activity professionals who agree to be interviewed. This study revealed a set of stories about how professional development and continuing education led to environmental enrichment in long-term care. Transferability in qualitative research can be viewed as the degree to which the results of a research project can apply or transfer beyond the bounds of the project. Although qualitative studies are not fully transferable, the richness of the data could inform future studies without complete transferability and generalizability. Narrative stories have the potential to enrich our understanding of the benefits of professional development in long-term care (Maynes, Pierce, & Laslett, 2008). This study was limited to and focus on the activity profession.

Limitations

Biases inherent to this narrative approach place limits on transferability and dependability. The narrative approach has the limitation in the large amount of time required to collect, transcribe, and analyze data necessitating a small sample size; however, this study provided rich detail on the small sample and therefore can inform future studies (Overcash, 2003). There was the danger of volunteer bias if only a non-representative few participate (Simundić, 2013). This concern was address by casting a wide net through a LinkedIn post and obtaining saturation. It is recognized that there might have been selection bias in that participants who had stories that they wanted to tell self-select. It is also recognized that there may be respondent bias in that the effectiveness of activity interventions is self-reported. Respondent bias was moderated through prompting for detailed description. There was also the danger of researcher bias since this field is an area where the researcher worked for many years and thus has preconceptions. The interpretivist perspective holds that researcher subjectivity is part of the research process and was handled through reflective journal-keeping with reflections on by the researcher on her career in activities (Cohen & Crabtree, 2008).

Significance

Albert Einstein stated "…not everything that counts can be counted" (Schultz, 2013). Drucker (2001) stressed the importance of professional development and continual life-long learning among professionals so that they can better perform their missions. The mission of activity professionals is to improve the quality of life for a population that experiences factors that interfere with their quality of life (Abrams, Teresi, & Butin, 1992; Forsyth, 1990; Hickman, Frake, & Asante, 2014; Johnson, 2014; Koren, 2010; Thomas, 1996). This qualitative narrative

study contributes to the body of literature through the collection of stories of activity professionals who used information that they learned to help residents. This study advances the practice of activities by allowing activity professionals to share their stories of successful interventions. By looking at examples of best practices in the professional development of activity professionals, healthcare educators can learn how to better train activity professionals so that they can more effectively enrich the environment of long term care residents, a population in need of social change. This study might also motivate activity professionals to take more continuing education when they learn about how it has been successfully used to enhance the long-term care environment.

Ageism in modern society is an issue that needs to be focused on for social change (Butler, 1982; Nelson, 2016). There has been stigmatization of the elderly by both the public and healthcare workers (Goodman, 1983; Riley, Burgener, & Buckwalter, 2014). Western psychological theory has suffered from "hypercognitivism," tying personhood to cognitive ability which marginalizes elderly who suffer from cognitive decline (Kitwood & Bredin, 1992). This marginalization may explain why there are insufficiencies in the literature relating to topics concerning creating a more enriched for this population and a gap in the literature about best practices in professional development and continuing education of activity staff. This study promotes social change by providing information that can be used to help those working against ageism learn more about successful therapeutic interventions in nursing homes by activity professionals. Post (2000) detailed the hypercognitive nature of modern western philosophy that denies personhood to those with dementia. According to Post (2000), Descarte's cogito sum ("I think, therefore I am") should be replaced with "I… feel… therefore I am" (p.5). Post (2000) asserts that modern western, secular, hypercognitive, utilitarian, rationalist, abstract, biomedical

ethics philosophy is a break with traditional religious values of caring for the neediest as a moral duty. Post (2000) points to the needs of those with dementia as including nurturing that draws upon the individual's remaining emotional, relational, and creative capacities. In long-term care part of this nurturing is provided by activity professionals with activities ranging from hand massage to art therapy and thus activity professionals are on the front lines of the positive social change called for by Post (Bradshaw, 2015; Forsyth, 1990; Goodman, 1983; Hannemann, 2006; Hickman, Frake, & Asante, 2014; Johnson, 2014; Simard, 2013). For activity professionals to work toward this positive social change in the most informed and effective manner, education and professional development is important (Bradshaw, 2015; Goodman, 1983; Simard, 2013). Thus, this study looked at best practices of professional development for activity professionals that translate into an enriched environment for long-term care residents, supporting the positive social change called for by Butler (1982), Kitwood and Bredin, (1992), Nelson (2016) and Post (2000), among others fighting against ageism and hypercogitivism.

Summary

This study uncovered narrative stories of how professional development enables activity professionals to enrich the environment of long-term care residents. Enriched environments are important for mental health both in animal models and in humans (Ashida, 2000; Gold, 2013; McGreevy, 2016; Veena, Srikumar, Raju, & Shankaranarayana Rao, 2009). Narrative stories of how activity professionals enrich the long-term care environment put a human face on the therapeutic value of activities departments. These narratives contribute to the literature on how professional development enhances the ability of activity professionals to enrich the environments of residents. This research builds upon a body of literature on topics including

social change, environmental enrichment, and professional development. Chapter 2 focuses on the background literature for this narrative study.

Chapter 2: Review of the Literature

Introduction

Seniors often see nursing homes as a terrifying purgatory between society and the cemetery (Goodman, 1983; Lynwood, 2013). This sentiment may explain why Hoover et al. (2010) found that 54.4% of long-term elderly nursing home residents suffer from depression during their first year of living in a nursing home. There is a movement to find nonpharmacologic interventions to help handle this problem (Cody, Beck, & Svarstad, 2002; McGreevy, 2016; Shouse, 2016; Trahan, Kuo, Carlson, & Gitlin, 2014). The culture change movement moves nursing homes away from the health care institutions model to a model that focuses on "person-centered homes offering long-term care services" (Koren, 2010, p.1). Culture change programs have included the Eden Alternative model and the Namaste Care model (Thomas, 1996; Simard, 2013). These models focus on enriching the environment of the residents to address their person-centered, human needs.

The activity departments of senior care facilities are the key to actualizing environmental enrichment (Bradshaw, 2015; Forsyth, 1990; Hickman, Frake, & Asante, 2014; Johnson, 2014). Goodman (1983) criticized traditional activity calendars as being filled with make-merry activities rather than meaningful ones that are sensitive to the latent needs of and with an understanding of the individual seniors. Activities should be meaningful to facilitate cognitive stimulation, thus innovators in the field are researching ways to develop more meaningful activities (Mansbach, Mace, Clark, & Firth, 2016). Downey (2013) calls for a paradigm shift in dementia care with activities being a form of therapeutic psychosocial intervention through genuine human connection. Today, activity professionals strive to provide therapeutic enrichment opportunities such as music therapy, art therapy, movement therapy, cognitive

activities, and social activities (Buettner, Fitzsimmons, Atav, & Sink, 2011; Hannemann, 2006; Hickman, Frake, & Asante, 2014; Johnson, 2014; Lewallan, 1987; Lipe, 1987; Rentz, 2002; Vincent, 2015; Wade, 1987). Activities such as art and music are ideal forms of environmental enrichment in that they both therapeutic, promoting brain health, and are also highly enjoyable, facilitating participation (Vincent, 2015). Activity professionals need detailed knowledge of the problems particular to nursing home residents so that they can develop activities that are therapeutic (Bradshaw, 2015; Goodman, 1983). The research problem that this study addressed is the gap in knowledge about professional development and continuing education practices to empower activity professionals and enhance the long-term care environment. The purpose of this study was to understand how to better train activity professionals through professional development so that they can create enriched environments for long-term elderly nursing home residents (Bradshaw, 2015; Carter, 1984; Forsyth, 1990; Hommel, 2015).

Ideally, activity professionals, as a part of an interdisciplinary care team, provide therapeutic recreation with a clinical knowledge of the patient's condition and goals (Bradshaw, 2015; Forsyth, 1990). In a 1990 viewpoint article, Forsyth asserted that many activity staff members do not have near the level of training needed to move activities from patient diversion to a part of interdisciplinary care with therapeutic intent. Today, activities organizations are working to increase the level of professional training of activity staff (Bradshaw, 2015). Activities that can have therapeutic value include music therapy, movement therapy, art therapy, and sensory therapy (Ashida, 2000; Mavrovouniotis, Argiriadou & Papaioannou, 2010; Hickman, Frake, & Asante, 2014; Johnson, 2014; McDermott, Orrell, & Ridder, 2014; McGreevy, 2016; Oka, et al., 2008; Reese, Thiel, & Cocker, 2016; Rentz, 2002; Rylatt, 2012; Shouse, 2016; Vincent, 2015).

Activity professionals need professional development to learn how to effectively adapt activities to individuals with various ability challenges. Activity professionals often assist individuals with dementia. About half of elderly individuals entering nursing homes have dementia upon admission (Magaziner, et al., 2000). Activity professionals need to be trained in how to adapt their programming to individuals with different levels of dementia (Johnson, 2014; Mayfield, 2013). There is a need for greater focus and professional development concerning severe / end-stage dementia among healthcare staff (Clare, Woods, Whitaker, Wilson, & Downs, 2010; Johnson, 2014; Kimzey, Mastel-Smith, & Alfred, 2016; Quinn, Clare, Jelley, Bruce, & Woods, 2013; Simard, 2013). This study uncovered stories that may aid activity professionals in better caring for those with dementia. This helps fill a gap in the literature by adding narrative stories to the literature on what works in therapeutic activities for dementia and how activity professionals can be trained for these therapeutic activities.

The literature was searched for information on the therapeutic value of enriched environments, how activity professionals can enrich the nursing home environment, and the importance of professional development. This investigation was qualitative study to get the narratives of activity professionals on how they translated their professional development into enriching the environment for the residents. This study provides stories of how professional development of activity professionals enriches the environment of residents.

This qualitative narrative study examined this issue through the lens of social cognitive theory (SCT) with consideration of the evidence concerning the importance of environmental enrichment and the importance of professional development. SCT is ideal for examining both various facets of professional development and for looking at how activity professionals apply what they have learned to implement environmental enrichment. Bandura's SCT sheds light on

the interpersonal aspects of learning, such as provided by conferences and workshops (Bandura, 1977; Bandura, 1986; Stewart, DiClemente, & Ross, 1999). SCT and its offshoot, social cognitive neuroscience (SCN), provide a lens to consider the effects of environmental enrichment through (Lieberman, 2013). This study collected narratives from nine activity professionals. SCT and SCN was used to analyze the data and derive interpretations.

Literature Search Strategy

The PubMed database was used extensively for this literature review. Key search terms were *enriched environment*, environmental enrichment, BDNF, nursing home activities, recreational therapy, nursing home education, recreational therapy education, therapeutic recreation nursing hom*, professional development, continuing education, music therapy, art therapy, nursing homes, nursing hom* 1800's, nursing hom* history, historical nursing hom*, dementia, Kitwood dementia, Alzheime*, MOOCs, aroma therapy, Bandura social cognitive theory, narrative healthcare methods, and green odor.* In addition, the find "related citations" feature on PubMed was used. Articles and abstracts saved on the computer from previous projects were used. The Harvard Business Review online and Amazon.com was used to find more on professional development in general since there was limited literature on professional development for activities staff. Related texts were found on Amazon.com. The University of North Carolina at Chapel Hill library system was used. The interlibrary loan system at the Brandywine Hundred Library in Wilmington Delaware was used.

Theoretical Foundation

Bandura's social cognitive theory (SCT) holds that individuals can influence their life course through the selection of their environment (Bandura, 1986; Bandura, 1989). This theory

has implications for career development (Bandura, 1989). People can influence their career development through the pursuit of educational opportunities. This study will examine examples of activity professionals using career development opportunities to environmental enrichment in long-term care.

SCT maintains that people learn by observing others and modeling their behavior (Bandura, 1986). This theory could have implications in the professional development of activity professionals. Activity professionals might learn how to better perform their duties from observing the successful performances of mentors or through reading books by others in the field describing successful interventions. SCT has been used to improve professional development for healthcare professionals (Burke & Mancuso, 2012; Stewart, DiClemente, & Ross, 1999). According to Young, Schumacker, Moreno, et al (2012), SCT can be used to understand development of medical student self-efficacy fostered by observing role models, having mastery experiences, and receiving feedback. The value of SCT for looking at educational opportunities and mentoring provides a rationale for the use of a SCT lens in this study. This study adds to the body of literature on SCT and professional development among health workers. This study analyzed examples of successful professional development of activity staff and consider how these modalities of professional development compare to previous studies that used a SCT framework to investigate the education of healthcare workers.

Conceptual Frameworks

Conceptual framework 1. The environment impacts one's wellbeing (Rosenzweig, & Bennett, 1996). Animal models of depression show that an enriched environment influences brain biochemistry and holds promise as a nonpharmacologic intervention for depression

(Angelucci, et al., 2007; Jha, Dong, & Sakata, 2011; Veena, Srikumar, Raju, & Shankaranaryana, 2009). Human studies demonstrate the importance of environmental enrichment, even when the specific term "environmental enrichment" is not used. Forms of environmental enrichment that have positive effects on the mental wellbeing of humans include: music, spiritual expression, physical activity, opportunities for creative / innovative expression, and the natural world (Ashida, 2000; Hickman, Frake, & Asante, 2014; Johnson, 2014; Khouzam, Ghafoori, & Nichols, 2005; McGreevy, 2016; Mavrovouniotis, Argiriadou, & Papaioannou, 2010; Rentz, 2002; Ulrich, 1984). It could be construed that the job of activity professionals is to create an enriched environment for therapeutic effect in nursing homes. This study benefits from this framework by providing a foundation as to why activities can have therapeutic effect. This study helps fill a gap in the literature by extending environmental enrichment theory to the importance of well-trained activities staff in long-term care facilities, especially in helping individuals with dementia.

Conceptual framework 2. Drucker points to the importance of relevant knowledge and professional development in performing one's work in today's society (Drucker, 2001; Drucker, 2010). In a knowledge society, knowledge technologists use knowledge as a foundation for their skilled manual work (Drucker & Maciariello, 2004). Knowledge technologists must continue to learn to remain current and develop professionally. This study considers activity professionals to be knowledge technologists. This study benefits from this framework by highlighting the importance of professional development in helping activity professionals to enrich the long-term care environment. This study fills a gap in the literature by extending Drucker's understanding of knowledge technologists in a knowledge society to apply to activity staff in long-term care.

Review of Literature

History of Caring for the Needs of the Elderly and Nursing Homes

Activity professionals, as a part of a multi-disciplinary healthcare team, abide by a timeless tenet which holds that the needs of the frail elderly are a clear priority in a just society. Since ancient times the Judaic-Christian tradition speaks to dementia and disability care. According to the Talmud (a Jewish book of religious writings), the broken Decalogue tablets were placed in the Holy Ark along with the new ones to symbolize the importance of honoring elders, including those broken with dementia (Jotkowitz, Clarfield, & Glick, 2005). In His parables Jesus demonstrated special sympathy for the plight of widows (Harris, 2008). Early Christians, following the teachings of Jesus, were passionate about helping those in need including the aged (Brandeis & Oates, 2007). By the third century, Emperor Constantine the Great, in cooperation with the Church, established nursing homes (gerocomeia) which spread throughout the empire during the Byzantine Period (324-1453) (Brandeis & Oates, 2007; Lascaratos, Kalantzis, & Poulakou-Rebelakou, 2004). The gerocomeia were placed mostly in or near monasteries (Brandeis & Oates, 2007; Lascaratos, Kalantzis, & Poulakou-Rebelakou, 2004).

In the 19th century immigrant groups formed nursing homes with religious and / or national origin focus in America (Brandeis & Oates, 2007). In the 19th century and 20th century, various orders of Catholic sisters founded nursing homes for the elderly and were leaders in the early nursing home work in America (Brandeis & Oates, 2007; Farren, 1997). Jewish immigrants formed Moshave Z'kenim as homes for the elderly who did not have families. There is a Judaic-Christian heritage that places a high value on healthcare work. Nursing has historically been considered a vocare – or a calling from God – by Christians and according to Jewish law,

medicine is a great and noble occupation (Grypma & Jamison, 2003; Jotkowitz, Clarfield, & Glick, 2005).

In the 1960s, the establishment of Medicare and Medicaid funding and regulations promoted the rapid expansion of the secular commercial nursing home industry (Brandeis & Oates, 2007; Fleming, Evans, & Chutka, 2003). In contrast to Judaic-Christian ethics of a just God as a defender of the powerless, secular western psychological theory has suffered from "hypercognitivism" tying personhood to cognitive ability (Harris, 2008; Kitwood & Bredin, 1992). The Omnibus Reconciliation Act of 1987 promoted higher standards for nursing homes (Kelly, 1989). Kitwood and Bredin (1992) brought an understanding of personhood in dementia to the psychological community. This insight has helped inform better care for dementia patients in nursing homes. Models of culture change in nursing homes emerged where well-trained activity professionals play a key role (Weiner & Ronch, 2012).

Enriched Environments are a Basic Need: From Animal Models to Nursing Home Activities

A History of Animal Models of Enriched Environments

There has been research on animal models of the impact of environmental enrichment on the brains of animal models since the late 1700s; however, this concept remained controversial for a long time (Renner & Rosenweig, 1987). With a more advanced understanding of neurology, the Rosenzweig lab began to study of environmental enrichment and plasticity of the nervous system in the 1960s (Rosenzweig, & Bennett, 1996). This line of research was continued by other teams, looking into the biochemical, physiological, and behavioral effects of environmental enrichment using animal models (Fahnestock, Marchese, Head, Pop, Michalski,

Milgram, & Cotman, 2012; Greenberg, Xu, Lu, & Hempstead, 2009; Karatsoreos, & McEwen, 2013; Veena, Srikumar, Raju, & Shankaranarayana Rao, 2009). Researchers found that enriched environments promote resiliency (Veena, Srikumar, Raju, & Shankaranarayana Rao, 2009).

Much was learned about enriched environments through animal models, but the research was incomplete until supporting human studies were done. The strengths of animal research is that it enables certain types of brain research to be conducted, however, clinical research is important to reveal human face of the need for an enriched environment.

Music as Environmental Enrichment

Activity professionals provide music programming for long-term care residents. Research on both animal models and clinical studies demonstrates that music is an important environmental enrichment (Angelucci, et al, 2007; Ashida, 2000; Chaudhury & Wadhwa, 2009; Li, et al., 2010; McDermott, Orrell, & Ridder, 2014; McGreevy, 2016; Reese, Thiel, & Cocker, 2016; Rylatt, 2012). A number of studies, using animal models, have examined the effect of music on brain biochemistry and behavior. (Angelucci, et al, 2007; Chaudhury & Wadhwa, 2009; Li, et al., 2010). Research looking at nursing home residents confirms the beneficial effects of music for humans. Personalized music can improve mood in residents with dementia (McDermott, Orrell, & Ridder, 2014). Ashida (2000) found that reminiscence-focused music therapy reduces depressive symptoms in residents with dementia. Guétin et al. (2009) found enabling residents, with mild to moderate Alzheimer's disease to listen to music of their own choice, reduces the resident's level of anxiety and depression. Likewise, Sung, Chang, and Lee (2010) found that a six week program of preferred music reduced the level of anxiety in residents

with dementia. Ridder, Stige, Qvale, and Gold (2013) found that individual music therapy for nursing home residents with moderate/severe dementia decreased agitation disruptiveness.

Music and reminiscence activities are a natural combination (Shouse, 2016; McDermott, Orrell, & Ridder, 2014; Vincent, 2015). Music stimulates the brain so as to enhance verbal memory retrieval (Ferreri, Aucouturier, Muthalib, & Bigand, 2013). Even for some individuals with moderate to severe Alzheimer disease there is considerable sparing of memory of old-time tunes (Shouse, 2016; McDermott, Orrell, & Ridder, 2014; Vanstone & Cuddy, 2010; Vincent, 2015). Another aspect of music is that memories are often linked in the brain to various melodies. Music that the residents heard when they were young is closely associated with autobiographical memories and their sense of self. Autobiographical memories evoked by music are "more specific, accompanied by more emotional content and impact on mood, and retrieved faster" then memories retrieved in silence (El Haj, Fasotti, & Allain, 2012, para. 1). Basaglia-Pappas et al (2013) found that individuals with mild Alzheimer disease had similar levels of autobiographical recall from music as did the controls. Basaglia-Pappas, et al. (2013) conclude that "popular songs can be excellent stimuli for reminiscence" (para.4). McDermott, Orrell, and Ridder (2014) recommend music that is linked to the individual's life history.

Music and movement therapy are a natural combination (Shouse, 2016; Wade, 1987). These syntheses can include ball-tossing, ribbon waving, stretch bands, parachutes, rhythm instruments, assisted dance, and wheelchair dance (Shouse, 2016; Wade, 1987). Dance is the most natural form of exercise and that familiar tunes from early adulthood can trigger memories which make the elder want to dance (Shouse, 2016; Wade, 1987). Mavrovouniotis, Argiriadou and Papaioannou (2010) found that traditional Greek dance lowers anxiety and increases feelings of well-being. Music and movement therapy might also be a natural combination in regulating

BDNF levels. There is some evidence that physical activity promotes healthy BDNF expression in both animal models and humans (Fang, et al., 2013; Intlekofer, & Cotman, 2013; Pareja-Galeano, et al., 2013)

Music therapy and spiritual care might also be a natural combination (McDermott, Orrell, & Ridder, 2014). For example, for a resident for whom religion has been important to her, listening to hymns can have significant meaning (McDermott, Orrell, & Ridder, 2014). Research by McClean, Bunt, and Daylin, (2012) shows the spiritual side of music therapy revealing that music therapy offers cancer patients connectedness, meaning, faith and hope. Khouzam, Ghafoori, and Nichols (2005) reported a case study of a veteran who found help dealing with anxiety by listening to the hymn “Be Still My Soul."

Music is also used in palliative care. In a survey by Van Hyfte, Kozak, and Lepore (2013), 61.3% of palliative care organizations in Illinois report use of music therapy. A study by Kurita, et al. (2010) supports the practice of bed-side music at the end of life. Live music with a music therapist can be effective in lowering pain in palliative care patients (Gutgsell, et al., 2013). Personalized music can be linked to life history (McDermott, Orrell, & Ridder, 2014). It can bring back pleasant memories in individuals with dementia (McDermott, Orrell, & Ridder, 2014).

Music activities are an important part of activity programming in nursing homes. Activity professionals would benefit from basic training in music therapy. Activities professionals also need to more fully understand the therapeutic nature of music activities so that they can communicate the therapeutic value to other healthcare professionals who might see activities as simply diversionary (Bradshaw, 2015; Lipe, 1987; Shouse, 2016). Research has shown the value

of music therapy; however, more research is needed related the value of music therapy training for activity professionals. This study shed light on activity professionals making use of their training in music.

Opportunities for Creativity and Problem Solving as Environmental Enrichment

Animal models can provide insights on the basic biological need for environmental enrichment. Environmental enrichment has been defined as "altering the living environment of captive animals in order to provide them with opportunities to express their natural behavioral repertoire" (Froberg-Fejko & Lecker, 2013, para. 1). Both humans and other animals demonstrate the ability to be creative / innovative as part of their behavioral repertoire; however, because other animals experience life differently than we do, human researchers often find it difficult to recognize creative / innovative behavior in nonhuman animals (Bates & Byrne, 2007; Benson-Amram & Holekamp, 2012; Bird & Emery, 2009; Russon, Kuncoro, Ferisa, & Handayani, 2010; Schusterman & Reichmuth, 2008). Still researchers found that enriched environments promote behavioral flexibility and increase spontaneous alternation in behavior in animal models (Campbell, Dallaire, & Mason, 2013; Salvanes, et al, 2013). It could be asserted that opportunities for that creative / innovative behavior should be part of environmental enrichment for both animals and humans. Therapeutic arts programs are opportunities for creativity that enrich the nursing home environment (Hannemann, 2006; Hickman, Frake, & Asante, 2014; Johnson, 2014; McGreevy, 2016; Rentz, 2002; Rylatt, 2012; Shouse, 2016; Vincent, 2015).

McFadden and Basting (2010) assert that creative engagement promotes resilience in older persons. Such creative activities can involve music such as rhythm band (participants play

maracas and tambourines) and creative dance (including wheelchair dance) (Lewallan, 1987; Shouse, 2016; Wade, 1987). Art therapy is another nursing home activity that engages creativity and has therapeutic value (Hannemann, 2006; Hazzan, Humphrey, Kilgour-Walsh, et al., 2016; Hickman, Frake, & Asante, 2014; Johnson, 2014; McGreevy, 2016; Rentz, 2002; Rylatt, 2012; Shouse, 2016; Vincent, 2015). Research shows the importance of creative engagement for the elderly; however, more research is needed focusing on the training of activity professionals to provide creative engagement.

Activity professionals can learn from professional development to better understand the importance of creative arts therapy for the geriatric population (Hazzan, Humphrey, Kilgour-Walsh, et al.,2016). For example, they need to understand how Alzheimer's disease influences the creative process. According to Cummings, Miller, Christensen, and Cherry (2008), Alzheimer's disease "attacks the right posterior part of the brain, which enables people to retrieve internal imagery and copy images…. however, people with Alzheimer's disease can continue to produce art by using their remaining strengths, such as color or composition instead of shapes or realism" (para. 1).

The Natural World as Environmental Enrichment

The rhythms of the natural world were part of the daily life of our ancestors (Thomas, 1996). Life was full of the views, sounds, and smells of nature. Many people gardened. Companion animals and wildlife were part of daily life. There are indications that including the natural world in our lives is a form of environmental enrichment (Hendriks, van Vliet, Gerritsen, & Dröes, 2016; Morgenthaler & Joulié Morand, 2016; Shouse, 2016; Thomas, 1996). It stimulates the senses while giving a sense of peace (Morgenthaler & Joulié Morand, 2016).

Some of the benefits that individuals with dementia see in experiencing nature include: pleasure, enjoying the beauty of nature, relaxing, and "connecting to the past by recollecting and sharing memories" (Hendriks, van Vliet, Gerritsen, & Dröes, 2016). Ulrich (1984) found that surgical patients who were assigned to rooms with windows with a view of a natural scene had shorter postoperative hospital stays than those assigned to rooms with a view of a brick wall. Thomas (1996) in developing the Eden Alternative program for nursing homes recommends planting gardens outside of the facility so that residents have a pleasant view out of their windows.

The natural world outdoors is health-promoting. The Japanese have a tradition of "Shinrin-yoku" "(taking in the forest atmosphere or forest bathing)" – going for a walk in the forest (Park, Tsunetsugu, Kasetani, Kagawa, & Miyazaki, 2010, p. 18). Shinrin-yoku has been found to lower levels of salivary cortisol, lower pulse rate, and lower blood pressure (Park, Tsunetsugu, Kasetani, Kagawa, & Miyazaki, 2010). "Taking in the forest atmosphere" might include taking in green odor. The chloroplast membrane in green leaves synthesizes eight volatile compounds which act as plant-to-plant messengers among other functions (Oka, et al., 2008). Researchers have studied the effect on animals of a combination of two of these compounds (3Z-hexenol and 2*E*-hexenal) which they term "green odor" (Oka, et al., 2008). Green odor has been found to attenuate stress responses in mice, rats, steers, and humans (Kim, et al., 2005; Ito, et al., 2009; Nakatomi, et al, 2008; Oka, et al., 2008; Sutoh, Ito, Kasuya, & Yayou, 2013). Green odor influences brain biochemistry and reduces depressive-like state in a rat model of stress (Watanabe, et al., 2011). McCaffrey, Liehr, Gregersen, and Nishioka (2011) found that garden walks help improve the mood of older adults. Thomas (1996) reminds readers that nursing home gardens should be wheelchair accessible and that raised beds will allow some residents to garden.

Activities departments of nursing homes can also bring the natural world indoors. Thomas (1996) recommends plants, song birds, and other companion animals. Research by Stasi, et al. (2004) showed that a six-week nursing home pet (cat) therapy program of three one-hour session per week decreased depressive symptoms in the frail elderly residents. Joyce Simard (2013) recommends aroma therapy with lavender scent. Activities professionals might benefit from training in the practice, philosophy and science behind the Thomas' (1996) Eden Alternative and related systems. Understanding the science and philosophy behind bring the natural world to the residents might help when seeking co-operation from the administration.

Environmental Enrichment Programs in Nursing Homes: The Eden Alternative

Thomas (1996) enriched the nursing home environment by creating one of the earliest culture-change programs called "The Eden Alternative" model (Koren, 2010; Thomas, 1996). Thomas (1996) wanted to move away from the "watered-down hospital" model to fashion a more home-like environment. In part this change meant allowing the elderly to be closer to the rhythms of the natural world. Biological diversity is part of the natural world and the Eden Alternative prescribes that nursing home include potted plants and companion animals. Many residents help care for the plants and animals and find a purpose in life and reason for living in doing so. Outside gardens provide beautiful seasonal views from the residents' windows. Thomas (1996) reported that this program has yielded positive results in terms of the well-being of the residents. For example, one resident found that caring for the parakeets to be so soothing that she was able to go off of haloperidol.

Environmental Enrichment Programs in Nursing Homes: The Wellspring Model

The Wellspring model of culture-change includes placing a strong emphasis on appropriate staff education and support (Kehoe & Heesch, 2012). This emphasis leads to a higher quality care and quality of life for the residents. Healthcare workers in all departments want to make a difference and the Wellspring model focuses on empowering them to do so. Staff members learn new skills and greater staff education leads to higher resident satisfaction. Kehoe and Heesch (2012) offer the example of a technique called "walking the beat" created by a life enrichment coordinator (activities) of helping restorative staff members help residents walk further by incorporating music to increase the distance walked by the residents. Such interdisciplinary work in improving care springs forth from staff empowerment.

Environmental Enrichment Programs in Nursing Homes: Namaste Care

Another culture-change model is Namaste Care. Joyce Simard (2013), founder of Namaste Care, states that end-stage dementia needs to receive greater focus from both healthcare professionals and researchers. In too many activities programs in nursing homes are not geared for this population. This issue is a serious concern because research shows that sensory and perceptual awareness is seen in people with very severe or end-stage dementia (Clare, 2010). Thus Simard (2013) created Namaste Care. Namaste means to "honor the spirit within" and Simard's (2013) Namaste Care programs nurtures and comforts individuals with end-stage dementia. Namaste Care is suitable for individuals who cannot participate in usual nursing home activities programs such as Bingo or crafts. A soothing environment is created with calming music, scents, tastes, appropriate lighting, comfortable chairs, loving touch, sensory items, and religious items. Residents are told that this room is a "spa." Namaste care involves not only

activities professionals but also other healthcare professionals who work as care partners for those with end-stage dementia.

Long-term Care Residents are Need of Better Environmental Enrichment:

Epidemic of Depression and Anxiety are Issues in Nursing Homes

Depression is an important issue in nursing homes due to both social variables and biological factors (Fuh, 2006; Hoover et al., 2010; von Bohlen und Halbach, 2010). Clare, Rowlands, Bruce, Surr, and Downs (2008) found in a phenomenological analysis of unstructured conversations with individuals living in residential care that they experienced feelings of loss, isolation, uncertainty, fear, and a sense of worthlessness. Nursing home residents are less active, experience a decline in functional competence, loss of personal autonomy, and inescapable confrontation with the process of death and dying (Abrams, Teresi, & Butin, 1992). Elderly living in nursing homes feel resentment of their loss of independence and feel loneliness and abandonment, especially when children seldom visit (Graham, 2011). Scott, Jackson, and Bergeman (2011) and Nelson (2016) point to ageism among other factors for high stress levels in the later years. Ageism is the stigmatization of aging and can even be found in long-term care facilities. Dobbs, Eckert, Rubinstein, et al. (2008) point to childish activities programming as being a source of ageism in nursing homes. This problem might indicate that activity professionals could benefit from professional development and continuing education to enhance activity programming.

Professional Development and Continuing Education Theory

The Need for Professional Development in the 21st Century

According to Drucker (2001), at the center of the knowledge society is the concept of the educated person. Professionals must engage in continual life-long learning in specialized knowledge that they can apply to their jobs. A person's knowledge is valuable in that it helps them contribute to the organization and to more fully realize the potential value that their job holds. The knowledge society needs specialists in the various disciplines. According to Drucker & Maciariello (2004), knowledge technologists use knowledge as a foundation for their skilled manual work. They do a combination of knowledge and manual work. Unlike skilled workers of the past who learned a trade that carried them through their careers, knowledge technologists must continue to learn so that they remain current with their discipline. According to Drucker and Maciariello (2004), it is the individual's responsibility to strive for excellence in their career through professional development. Professionals must figure out how to keep abreast of knowledge relevant to their work. Continuous learning is a must. The strength of Drucker's work is his ability to understand societal changes; however, more research is needed to specifically apply this theory. This study extends the concept of knowledge technologists to studying activity professionals. In the interviews, participants were asked about their professional development and continuing education interests.

The Need for Professional Development in Long-term Care: Dementia Care

Dementia is a major healthcare issue in nursing homes thus nursing home professionals need professional development and continuing education to learn to better serve this population. Approximately half of elderly individuals entering nursing homes already have dementia upon admission (Magaziner, et al 2000). Nursing home professionals, including activity staff, need to

learn how to better serve the particular needs of this significant segment of the nursing home population (Clare, et al., 2010; Johnson, 2014; Kimzey, Mastel-Smith, & Alfred, 2016). Clare, et al. (2010) point to the necessity for staff development training concerning severe / end-stage dementia because there is an urgent demand for improving the care of this segment of the nursing home population. There is a critical need for staff development aimed at informing nursing home personnel of the ability of those with end-stage dementia to be aware of their environment even though they are unable to verbalize it. This type of professional development will give staff greater empathy for those with end-stage dementia and encourage person-centered care. Healthcare professionals are in need of greater training to better identify awareness in individuals with severe dementia and to provide suitable activities for them (Johnson, 2014; Quinn, Clare, Jelley, Bruce, & Woods, 2013). Healthcare professionals also need to learn to be aware of their nonverbal communication with residents; according to Guaita et al. (2009), individuals with severe dementia respond the same way to pictures of different facial expressions as do individuals without dementia

In-service education is vital to starting and managing a Namaste Care program for individuals with end-stage dementia (Simard, 2013). Care partners learn how non-verbal residents with end-stage dementia communicate with their eyes, body language, and sounds. Care partners learn to create a soothing environment with calming music, scents, tastes, appropriate lighting, comfortable chairs, loving touch, sensory items, and religious items. Namaste Care in-services reinforce the need to nurture the spirit in each person regardless of their physical and cognitive limitations.

Professional Development and Continuing Education Methods in Healthcare

There are a variety of modalities by which healthcare workers including activity professionals can enhance their skills. These range from reading books and literature on healthcare topics to informal learning of mentoring from more experienced team members to workshops and in-service education to cutting edge online learning. A variety of relevant certifications are available for activities professionals (Bradshaw, 2015; NAAPCC, n.d.; NCCAP, 1998-2010; NCCDP, 2001). These require continuing education credits (CEUs) to obtain and renew.

Healthcare workers can gain insights about healthcare topics through reading. Metcalf (2006) described how students learned about the "perceptions of reality between a group of psychiatric patients and the institutional staff" through reading *One Flew Over the Cuckoo's Nest*. Masters (2012) recommends medical memoirs as texts in healthcare / medical education. Relevant literature might instill a greater understanding of the needs of long-term care residents. The stories of healthcare professionals might also inspire those entering the field.

Healthcare professionals can learn from others on their team. van de Wiel, et al. (2011) found that physicians in the Netherlands obtain a significant portion of their professional development informally by not hesitating to ask colleagues for advice which leads to learning how to better care for patients. According to Kathy E. Kram, the Shipley Professor in Management at the Boston University School of Management, people benefit from having a "developmental network" of knowledgeable coworkers that the professional can turn to for advice (Gallo, 2011). McCormick (2014) points out that mentoring helps employees to development career-wise, become more confident in handling increased responsibilities, and

learn and grow in their profession; thus it is not surprising that three-quarters of Millennials want a mentor. According to Bandura (1986), social cognitive theory (SCT) maintains that people often learn by modeling the actions of others. This concept could have implications in the professional development of activity professionals. SCT has been used to improve professional development for healthcare professionals (Burke & Mancuso, 2012; Stewart, DiClemente, & Ross, 1999).

Healthcare facilities often offer in-service education for employees. The current economic realities of the healthcare field often preclude sponsoring full-day workshops for long-term care staff; however, Tryssenaar and Gray (2004) looked at 30 minute in-services. These in-services involve problem-based learning where a particular issue is addressed. They use a story format which reinforces the personhood of the patient. The patient-centered story approach enhances empathy and makes the topic more concrete. Including staff from all disciplines provides a variety of perspectives about an issue.

Massively open online classes (MOOCs) offer opportunities for continuing education in healthcare among other career fields. Hellweg (2013) states "advent of massively open online classes (MOOCs) is the single most important technological development of the millennium so far" (para. 1) Hellweg (2013) quotes Daphne Koller, founder of Coursera, a MOOC organization, as saying that they have 2.4 million students thus far. Bill Gates says of MOOC that "over the next five years this transformation will be phenomenal…." (Hellweg, 2013, para. 9). According to McNutt (2013), "…MOOCs can be effective vehicles for providing lifelong learning opportunities to keep the current workforce up to date…." (para. 3).

Promoting awareness and empathy might lead to enhanced care. However, the experience of young, able-bodied workers entering the field is contrasts with the population that they serve. Professional development that builds empathy for the situation of the residents can be of benefit. Deichman and Jones (1979) report on the use of various materials to simulate disabilities during a course for activity directors so that the activity directors gain a better understanding of the point of view of the residents. This can be used to foster empathy.

With the recent findings concerning enriched environments and with the expanding methods of professional development and continuing education, the question needs to be asked: how have activity professionals use professional development to better enrich the environments of residents? The research problem that this study addressed is that there is little known about the current state of professional development and continuing education practices for empowering activity professionals to better enhance environmental enrichment in long term care. The qualitative approach revealed the personal perceptions of activity professionals (Pope & Mays, 1995).

The Need for Professional Development for Activity Professionals to Learn How to Create Better Environmental Enrichment

According to Goodman (1983), "recreational activities become therapeutic only when they have evolved from a detailed knowledge of the problems germane to a given population." Professional development can be geared to adding to the activity professional's knowledge base concerning nursing home population (Bradshaw, 2015; McGreevy, 2016). This can help activity professionals become better informed agents of positive social change. According to Ward (1981 – 1982), there is a need for agents of social change to focus on the needs of the elderly since

modern society has given a lowered status for the aged. Of particular need for social change is care for those with end stage dementia. Voelkl, Fries, and Galecki (1995) found that residents with very severe cognitive loss were often left out of activities. They recommend that activities educators should give instruction on the design and implementation of activities for this group of residents.

Activity professionals need training so that activities is more about therapeutic values rather than simply diversionary. Forsyth (1990) pointed to the issue of nursing home administrators hiring inadequately trained individuals for activities departments. Bradshaw (2015) wrote about the NCCAP striving to correct this. Activities staff need to be an integral part of the interdisciplinary care team and understand how disease processes should be taken into consideration in developing individualized patient activities that have a therapeutic intent. Activities is a healthcare career that should require years of specific, specialized college education, field training, and continuing education (Bradshaw, 2015; Forsyth, 1990; Hickman, Frake, & Asante, 2014). Forsyth (1990) and Bradshaw (2015) expressed the need to communicate with Administrators the importance of employing qualified, trained activities professionals, which, unfortunately, has not always been the case.

There are now a variety of certifications available to activity professionals (Bradshaw, 2015; NCCDP, 2001; NCCAP, 1998-2010; NAAPCC, n.d.). These include: “Certified Dementia Practitioner” (CDP), “Activity Assistant Certified” (AAC), “Activity Director Certified” (ADC), “Activity Director Provisionally Certified” (ADPC), “Activity Consultant Certified” (ACC), “Activity Professional – Board Certified” (AP-BC), and “Activity Consultant – Board Certified” (AC-BC) (NCCDP, 2001; NCCAP, 1998-2010; NAAPCC, n.d.). A certification can be earned through a combination of education, experience, and continuing education (Bradshaw, 2015;

NCCDP, 2001; NCCAP, 1998-2010; NAAPCC, n.d.). Certification is maintained with continuing education. The requirement for continuing education for maintaining certifications helps to ensure that activity professionals remain current (Bradshaw, 2015; NCCDP, 2001; NCCAP, 1998-2010; NAAPCC, n.d.).

Thomas (1996) points to the problem of a high employee turnover rate in nursing homes which goes against the concept of the nursing home being a community or tribe. Activity professionals are an important part of that community. According to Perez (2014), since employee want to learn new skills, they will more likely remain with employers who offer exceptional training and development programs. Bennington and Laffoley (2012) asserts "learning opportunities result in higher levels of employee promotion, retention, satisfaction, skills and knowledge, and this [sic] translates to better organizational performance" (p. 2). This observation provides a reason for continuing education for activity professionals beyond maintaining a formal certification.

Reductions in Medicare reimbursement are constantly on the horizon (Dorsey, George, Leff, & Willis, 2013). This issue affects nursing home budgets. Department directors need to justify their expenditures. It might behoove activity professionals to be able to explain that activities is of therapeutic value rather than just a diversionary offering. Training in the science behind the therapeutic value of activities would allow activity professionals to express the value of their department. This study sheds light on significance of activities departments and the value of continuing education for activity professionals.

Synthesis of studies and rationale for the selection of concepts and study approach

The research on environmental enrichment can be synthesized to conclude the enriched environments are a basic biological and psychological need that must be addressed in social change including social change applied to the elderly population. Research on long term care reveals that activities departments are a source of environmental enrichment for elderly residents. The review of the literature on professional development can be synthesized to reveal a view that life-long learning for healthcare workers informs them in serving their patients and promotes social change in healthcare. A synthesis of the literature points to the need for more study in how to prepare activity professionals to better develop activities as something of therapeutic value rather than just a diversionary offering.

The body of literature of the topics of environmental enrichment and the importance of professional development provide a rationale for looking at professional development and continuing education of activity staff leading to enrichment of the long term care environment. This study looked at how current professional development opportunities for activity staff effects long term care residents. The richness of narrative research made this approach meaningful for the research question (Greenhalgh, Russell, & Swinglehurst, 2005).

Summary

The literature points to the importance of activity professionals creating an enriched environment for long-term care residents to ensure quality care. The importance of quality care for the disabled elderly is recognized from traditional Judaic-Christian ethics to recent calls for culture change in nursing homes (Harris, 2008; Weiner & Ronch, 2012). Environmental enrichment is crucial for mental health and thus quality long-term care (Angelucci, et al., 2007;

Jha, Dong, & Sakata, 2011; McGreevy, 2016; Rosenzweig, & Bennett, 1996). Activity professionals work to enrich the nursing home environment (Ashida, 2000; El Haj, Fasotti, & Allain, 2012; Hannemann, 2006; Johnson, 2014; Lipe, 1987; Rentz, 2002; Thomas, 1996; Wade, 1987).

The literature also points to the importance of professional development for job performance in a knowledge society (Drucker, 2001; Drucker & Maciariello, 2004; Schwab, 2016). While there is a large body of literature supporting professional development in general, there is a little research literature on current professional development and continuing education practices of activity staff. This study extends the knowledge in the discipline by investigating current practices professional development of activity staff and how these systems enrich the environment of long term care residents.

Thus this qualitative, narrative study builds upon previous literature by looking at research questions concerning the role of professional development of activity staff in environmental enrichment in long-term care. This narrative study investigated modalities of professional development and continuing education for activity professionals. Chapter 3 will look at the methods for this narrative study.

Chapter 3: Methods

Introduction

The purpose of this study was to explore the role of professional development and the best strategies for professional development among activity professionals to enrich the long-term care environment. This study is significant because it explored professional development in the long-term care environment which addressed a societal challenge and thus will help facilitate positive social change. This narrative study will inform the healthcare field and future studies on professional development for healthcare workers. According to Maynes, Pierce, and Laslett (2008), personal narrative analysis offers insights from the point of view of the participants and reveals their lived experiences. Participants connected their story with their own personal growth (Maynes, Pierce, & Laslett, 2008). This feature made the narrative form ideal for studying professional development in healthcare.

The rationale for the study of personal narratives is that they can promote progressive social change (Riessman, 2008). The researcher recruited participants from LinkedIn, the 2015 NAAP Education Summit, and snowballing and used email to gain informed consent and arrange phone interviews. (Appendix A to H) The researcher worked with the participant enabling him / her to build a narrative story (McNair, Taft, & Hegarty, 2008). Since interviews were conducted over the phone this allowed a nationwide participant pool. Data was summarized in vignettes. Data was also displayed on matrix tables (Whiffin, Bailey, Ellis-Hill, & Jarrett, 2014).

Research Design and Rationale

The research questions that were examined in this study are:

1. What is the role of professional development for activity professionals in enriching the environment of long-term care nursing home residents?
2. How does the modality of professional development relate to the preference and expected utility among activity professionals in long-term care environments to enrich the environment for residents?
3. How does continuing education relate to professional development among activity professionals in long-term nursing home facilities to best enrich the environment of residents?

Concepts central to this study are enriched environments, professional development, and the concept of the knowledge society. According to Fratiglioni, Paillard-Borg, and Winblad (2004), an environment enriched in social, mental, and physical domains is important for brain health. Drucker (2010) pointed to this era as being a knowledge society where workers' investments in professional development aimed at performing their functions better is central. Knowledge technologists, who use knowledge as a foundation for their skilled work, must continue to learn to remain current and develop professionally (Drucker & Maciariello, 2004).

The research tradition which this study utilized is narrative research. According to Riessman (2008), the narrative in the human sciences was borne out of twentieth century movements such as civil rights and feminism to challenge discrimination. The goal of promoting social change provides a rationale of the choice of the narrative tradition. Riessman (2008) points to the ability of personal narrative to stimulate others to mobilize and act to promote progressive

social change. This study may promote social change by inspiring others to enhance their skills to better enrich the long-term care environment and thus counter the societal ills of ageism and hypercognitivism. This aspect is in also line with Bleakley (2005) who asserts that the narrative approach provides insight in the socially marginalized. Both activity professionals and individuals with dementia might be considered to be marginalized. Activity professionals are marginalized within the healthcare community in that they are perceived by some to simply offer diversionary entertainment rather than being part of a therapeutic team while the residents that they work with are marginalized by society through hypercognitivism and ageism (Kitwood & Bredin, 1992; Lipe, 1987; Post, 2000). According to Overcash (2003), narrative stories provide insight into human interaction. This study provided insight into how professional development helps guide the interactions between activity professionals and residents. While nursing stories are a means of understanding nursing practice, this narrative research will be a means of understanding activities practice (Kelly & Howie, 2007).

This qualitative, narrative study analyzed stories concerning the value of professional development for activity professionals in helping to enrich the environment of long-term care residents. According to an Indian Proverb, "Tell me a fact, and I'll learn. Tell me a truth, and I'll believe. But tell me a story and it will live in my heart forever" (Schultz, 2013). Qualitative research reveals the stories of the participants. Audrey Lincoff, Vice President of Global Brand Communications at Starbucks explained, "We have always tried to use storytelling to put a human face to things and share experiences" (Schultz, 2013). Qualitative research puts tells stories that put a human face to an area of research. Albert Einstein stated "Not everything that can be counted counts, and not everything that counts can be counted" (Schultz, 2013). This

qualitative study revealed what counts as participants tell their stories about professional development for activities (Greenhalgh, Russell, & Swinglehurst, 2005).

Role of the Researcher

Through the use of reflexivity the observer-participant researcher worked with the participant enabling him / her to build a narrative story (McNair, Taft, & Hegarty, 2008). The researcher asked probing questions facilitating the process by which the participant developed his / her narrative. In narrative research the participant and the researcher are partners in empowering the participant to reveal his / her story (Townsend, Cox, & Li, 2010). The researcher and the participants work together to interpret the meanings of the stories.

In this study the researcher was an insider in that she has many years of experience working in a nursing home activities department. The researcher highlighted her separate role as researcher (Asselin, 2003). Still, it is important to form a rapport to create feelings of trust. (Fragale, 2014; Maynes, Pierce, & Laslett, 2008). The researcher introduced herself in her correspondence as a health care professional and student researcher. Nine participants were recruited via an LinkedIn post which was posted four times (Appendix A), networking at the 2015 4th Annual National Association of Activity Professionals (NAAP) Fall Education Summit held in Louisville Kentucky on November 17th, and by snowballing.

Participants self-selected by contacting the researcher via email. The researcher does not have anyone who reports to her at work so there could not be a power differential where the researcher would have authority over the participant. If any co-worker or former co-worker were to see the LinkedIn and want to participate, the researcher would highlight her separate role as researcher.

The researcher aimed to recognize any researcher biases that she may have due to her experience in the field by keeping a reflective journal (Cohen & Crabtree, 2008). The interpretivist perspective holds that researcher subjectivity is part of the research process (Cohen & Crabtree, 2008). According to Kelly and Howie (2007), prior to conducting interviews, the interviewer should write her own narrative relevant to the topic to acknowledge her similarity to the participants. The researcher's narrative was written in the reflective journal.

Methodology

Nine participants were recruited via LinkedIn Posting (Appendix A), networking at the 2015 4th Annual National Association of Activity Professionals (NAAP) Fall Education Summit held in Louisville Kentucky on November 17th, and by snowballing. This method allowed a large number of activity professionals to be contacted to enable recruiting for a sample size that has saturation. This action targeted activity professionals. In addition to ensure that participants meet the criteria of being an activity professional, they were asked about their activities career. This study had nine participants which provided a variety of perspectives by activity professionals while still allowing in depth analysis of each. The topic was stated in the LinkedIn Post so they could prepare for the interview. Consent was granted through email. (Appendix B, C) Through email correspondence, times were arranged with participants for a phone interview. The speaker phone allowed interviews to be recorded. In addition to recording the conversation, the researcher took hand-written notes during the interview. If the narrative was missing information, the researcher prompted the participant to fill in that part of the story.

The researcher first transcribed the narratives from tape recordings and then condensed the narratives into vignette form for holistic analysis of the role of professional development and

continuing education for activity professionals in enriching the environment of long-term care nursing home residents. Then the researcher delved into detail with analysis of sections of the stories that inform the research questions concerning modalities of professional development and continuing education and enrichment of the environment (Maynes, Pierce, & Laslett, 2008). Data was displayed in matrix tables. According to Overcash (2003), researchers using the narrative approach should also be open to identifying additional aspects of life revealed by the narrative stories.

Instrumentation

Participants were asked questions and answers which were tape recorded. (Appendix G) The basis of the development of this instrument is based on Squire's (2008) recommendation for collecting stories from interviewees by asking for an example. This type of questioning elicited narrative stories about how learning experiences informed the activity professional in regards to the care of residents. There were questions about preferred future learning experiences, both professional development and formal continuing education. There was also the need for thick description and background in formation (Mishler, 1986; Polit & Beck, 2010). Questions aimed at revealing thick description and that are also relevant to the research topic will be asked. Thick description confirmed that the participant is an activity professional and that they have worked in long-term care. Notes were taken during the interview to insure that all parts of the narrative story were covered.

Procedures

Prior to the interview, consent was established by email. (Appendix B, C) The interview questions were read to the participants by the researcher, Celia Ross. (Appendix G) In addition,

non-directional probes were used to obtain more details. Notes were taken during the interviews in addition to the interviews being tape recorded. The notes ensured that all sections of the story are revealed. Prompts were used if sections needed to be recounted. Interviews were also recorded. The recordings were transcribed. The transcriptions were thoroughly read for meaning. Vignettes were written. The duration each interview was about half an hour. At the end of the study, participants will be sent a summary of the research findings as a debriefing procedure. The researcher aims to present the findings at research conference(s). The findings might also be discussed in Amazon Kindle e-article(s) or books available for purchase to the general public.

Content validity and sufficiency were aided by note-taking during the interviews to make sure that all components of the narrative were covered. Consistency in how the interviews were conducted assured validity (Overcash, 2003).

The researcher established a LinkedIn network focusing on activity professionals. A LinkedIn Post was used to recruit. (Appendix A) Networking was done at the 2015 NAAP Fall Education Summit in Kentucky. Interviews were tape recorded and transcribed. Informed consent was established by email prior to the interview. (Appendix B, C) Transcripts were read to develop a deeper understanding of their meanings. Vignettes were created. (Appendix H) Data was arranged on matrix tables (Whiffin, Bailey, Ellis-Hill, & Jarrett, 2014).

In the event of discrepant cases, the researcher probed and refocused the participant so as to obtain a narrative story that meets the guidelines. Note taking aided the researcher in helping to refocus the participant so that the narrative was sufficient.

This study revealed a rich diversity of ways that activity professionals realize professional development and how they use what they have learned. Different perspectives were

reviewed in the discussion of the results and the researcher synthesized these facets to consider how various points contribute to the multifaceted whole.

Data Analysis Plan

In addition to recording the interviews, notes were taken during the interviews as a means of checking that all components of the narrative stories were covered. Discrepant cases were handled by probing and refocusing during the interview.

Transcripts were repeatedly read. Vignettes were written. Repeated rereading allowed codes to be identified. Codes were arranged in themes in matrix tables focusing on each research question. NVivo was used to create word clouds of themes (QSR International, 2014). Through this coding process, data was condensed and prepared for analysis (Miles, Huberman, & Saldaña, 2014). According to Atenstaedt (2012), "a 'word cloud' is a visual representation of word frequency. The more commonly the term appears within the text being analyzed, the larger the word appears in the image generated. Word clouds are increasingly being employed as a simple tool to identify the focus of written material." The word clouds were used to visualize themes pertaining to the research questions. Interpretive reflections of the meanings were understood in context of the rest of the narrative (Lieblich, Tuval-Mashiach, & Zilber, 1998).

Issues of Trustworthiness

Trustworthiness of a narrative study can be increased through the use of verbatim extracts, thick description and the researcher's reflective diaries recording ideas about the meaning of the data as an audit trail of the origins of interpretations (Whiffin, Bailey, Ellis-Hill, & Jarrett, 2014). This procedure aided in intra-coder reliability. Intra-coder reliability was aided

through repeatedly listening to the interview recordings and repeated readings of text. Notes were taken during the interview. Recordings were repeatedly listened to for further examination.

Credibility (internal validity) was established through repeated listening to the interview recordings (Mishler, 1986). Repeatedly listening to the recordings helped ensure that the transcripts are accurate (Mishler, 1986). Credibility was also be established by a form of peer review where the researcher reviewed the literature to see consistency with previous work. Member checking was done at the end of the interview where the researcher summarized the narrative and asked for clarification.

Transferability (external validity) in qualitative research can be viewed as the degree to which the results of a research project can apply or transfer beyond the bounds of the project. Although qualitative studies are not fully transferable, the richness of the data could inform future studies without complete transferability and generalizability. Narrative stories have the potential to enrich our understanding of the benefits of professional development in long-term care (Maynes, Pierce, & Laslett, 2008). According to Black, Palombaro, and Dole, (2013, p. 641), transferability in a qualitative study "is enhanced by thick description to allow readers to evaluate relatedness to their individual contexts." Information about the participants and their long-term care settings added to the thickness of the description. Narrative stories have the potential to enrich our understanding of the long-term care environment (Maynes, Pierce, & Laslett, 2008).

Dependability was established through triangulation of sources, that is comparing the transcripts of different participants (Patton, 1999). Participants were activity professionals from different facilities in a nationwide participant pool. There was perspective triangulation by

analyzing the data with multiple perspectives (Patton, 1999). Perspectives will include enriched environments, knowledge society, SCT, and social change.

Confirmability was established through reflexivity (McNair, Taft, & Hegarty, 2008). In addition to asking interview question exactly as stated, nondirective probes helped create a clearer picture (Mishler, 1986). Rigor of the research was enhanced with the use of reflexivity which enabled the interviewer better understand the narrative story through the use of delving questions (McNair, Taft, & Hegarty, 2008). According to Asselin (2003), when doing insider research it is important for the interviewer to remember to delve deeper and ask for clarification instead of the researcher assuming that she knows what the participant is talking about. McNair, Taft, and Hegarty (2008) also suggest the use of reflexive reciprocity to enhance rapport. This connection was accomplished when the interviewer identifies herself as a fellow activity professional and a CDP (certified dementia practitioner) with several years of experience in activities.

Ethical Procedures

Participants were recruited from LinkedIn, networking, and snowballing. Activity professionals who did not wish to participant could ignore the LinkedIn Post. A time was arranged for the phone interview (Appendix E). An informed consent letter was sent via email, which identified the researcher, the sponsoring university, the purpose of the research, the benefits for participating, and the nature of the study (Appendix B, C). Early withdrawal was respected. A short summary of the results will be emailed to the participants. These procedures were reviewed before the start of the study by the IRB upon submission of the IRB application.

The IRB and consent processes assisted in protecting the human subjects. Walden University's approval number for this study is 08-12-15-0132847.

The participant pool was nationwide. The researcher did not directly ask individuals who have worked with her to be participants; however, a former or current coworker might have seen the LinkedIn Post and contacted the researcher requesting to participate. The researcher did not have anyone who reports to her at work; however, if a peer, former coworker, or manager were to see the ad and contact the researcher, the researcher would emphasize her role as researcher, separate from her work.

Participants selected their own pseudonyms as well as pseudonyms of residents whom they discuss (McNair, Taft, & Hegarty, 2008). Recordings of the interviews will be destroyed.

According to Townsend, Cox, and Li (2010), reflexivity helps build ethical narrative research since it fosters consideration of the participants' priorities. Reflexive active listening encourages respect for the participants' autonomy by allowing the participants to address issues that are important to them (Townsend, Cox, & Li, 2010).

Summary

A narrative study of the professional development of activity professionals revealed stories that can inform the field. This study revealed a diversity of routes to professional development employed by activity staff. According to Sools (2012), narrative analysis lends itself to identifying what is "morally and emotionally 'at stake'" (p. 93). This feature makes the narrative approach well suited for looking at a topic which aims at promoting social change by striving against hypercognitivism and ageism. Chapter four will highlight the results of the interviews.

Chapter 4: Results

Introduction

The purpose of this study was to explore the role of professional development and the best strategies for professional development among activity professionals to enrich the long-term care environment. This study is significant because it explored professional development in the long-term care environment which addresses a societal challenge and thus facilitate positive social change. The narrative approach was chosen because it offers insights from the point of view of the participants and reveals their lived experiences (Maynes, Pierce, & Laslett, 2008). Participants shared their stories of learning how to better connect with Residents in long term care settings and learning how to better acknowledge the personhood of individuals with dementia. The research questions that this study addressed are:

Research Questions

1. What is the role of professional development for activity professionals in enriching the environment of long-term care nursing home residents?
2. How does the modality of professional development relate to the preference and expected utility among activity professionals in long-term care environments to enrich the environment for residents?
3. How does continuing education relate to professional development among activity professionals in long-term nursing home facilities to best enrich the environment of residents?

In Chapter 4, the setting is explored, demographics of the participants are laid out, data collection process is explained, data analysis methods are discussed, evidence of trustworthiness is shown, and the results are reported.

Setting

The desire for activities to be recognized as a full-fledged healthcare profession on par with nursing may have motivated the participants to discuss their professional development. At the 2015 NAAP Conference in Daytona Florida, it was discussed how activities is a relatively new healthcare profession in need of greater recognition. It was developed from "bingo, Bible study, and birthday ladies" in the 1960's to an emerging – though sometimes undervalued – part of the multidisciplinary healthcare team today. Activities is a very low wage healthcare profession. At the 2015 NAAP Education Summit it was discussed that activity directors desire to someday be paid on par with Directors of Nursing. To accomplish this, activities needs to grow in recognition as a skilled healthcare field rather than just the bingo, Bible study, and birthday ladies. This may have motivated participation in the study.

Demographics

Participants were adults (defined as age 18 yrs. and over) currently employed activity professionals in a U.S. sample that included the states of New York, Pennsylvania, California, and Kentucky. They spoke about their professional development and how it aided them in caring for the elderly Residents. The participants had various types of education and training such as graduate school education, training the arts and music, certifications, and experience in writing and journalism. Eight of the nine participants are women. One is a man.

Table 1. The demographics of the participants

Participant Pseudonym	**Gender**	**State**	**Holds Activity and/or Dementia Care Certification(s)**	**Special Features**
Artimus	Female	NY	Yes	Trained in music
Ann	Female	PA	Yes	Previously worked for physician father
Jim	Male	CA	No	Master's degree in Fine Arts
Ginger	Female	KY	Yes	Life experience of having a grandmother with dementia
Nicole	Female	PA	Yes	Currently taking graduate coursework in healthcare informatics She would like to continue her education for a PhD in gerontology
Marie	Female	PA	Yes	Degree in journalism, minor in music, writes articles for an activity magazine Graduate coursework in the sciences

Denise	Female	NY	Yes	Bachelor's degree in Recreation therapy
Mary	Female	PA	Yes	In activities for 30 years
Kerry	Female	PA	Yes	Recreation degree, minor in gerontology

Data Collection

Nine participants were eligible, recruited, and participated. They were recruited via LinkedIn Post (see Appendix A), networking at the 2015 NAAP Education Summit in Kentucky, and snowballing. Participants were sent an informed consent (see Appendix B, C) by email which they responded to by email. The interviews were scheduled through email contact and conducted through phone calls. Each interview lasted between 16 minutes and 45 minutes and was conducted over a cell phone (Samsung Stratosphere with speaker feature) from Delaware. Interviews were tape recorded with a Sony TCM-200DV standard cassette voice recorder and Maxwell cassette audio tape, 90 minute, normal bias. See Appendix G for the data collection instrument. Written notes were also taken in a notebook during the interview, which was later placed in a PNC safe deposit box. The interview tapes were transcribed into Word documents on a Dell Inspiron computer which is password protected. At a few spots the transcripts say [unclear] where the tapes were inaudible. Copies of the transcripts were placed in a PNC safe deposit box.

Table 2. Aspects of data collection

Participant Pseudonym	Date of Informed Consent	Date of Interview	Start Time of Interview (Eastern Time Zone)	Length of Interview (Minutes)
Artimus	August 22, 2015	August 25, 2015	9:00 pm	34
Ann	November 28, 2015	December 2, 2015	8:00 pm	27
Jim	December 2, 2015	December 8, 2015	2:00 pm	42
Ginger	December 5, 2015	December 15, 2015	1:00 pm	16
Nicole	December 2, 2015	December 23, 2015	12 noon	16
Marie	January 6, 2016	January 9, 2016	2:00 pm	27
Denise	January 6, 2016	January 13, 2016	8:00 pm	45
Mary	February 4, 2016	February 13, 2016	10:00 am	20
Kerry	February 2, 2016	February 16, 2016	7:30 pm	30

Data Analysis

Tape recordings were transcribed. Repeated readings of the transcript were used to create vignettes of each participant. A collective vignette was created to summarize the archetypal career path an activities professional may follow. Data analysis was done by a combination of hand coding and utilization of the NVivo 10 program. Repeated readings of transcripts were also used to identify codes and themes related to the research questions. Repeated readings, over weeks, allowed the researcher to take in the meaning, the essence, of the narratives and this was used to identify codes and themes. It is recognized that the researcher's familiarity with the field, through a decade of work experience, may have been both a source of strength and weakness in determining coding. Codes and themes related to each research question were charted (Appendix I). Environmental enrichment themes included: connection/communication,

accomplishment/meaning, accessible for individuals with dementia, emotional wellness, bring culture to Residents, reminiscing, personhood, fine motor skills, and understanding: neuroscience. Themes for professional development included: workshops/conferences, online/internet/distance learning, music/art training, books/journals, certification, innate/general skills/experience, mentors, college, giving lectures / teaching, and writing articles. NVivo 10 was used to create word clouds to better visualize data. Word clouds allow the visualization of the prominence that a code or theme in a data set via the size that the word in the word cloud. In this study, word clouds reflected the number of participants that a particular theme or code applied to.

Evidence of Trustworthiness

The researcher recorded her reflections on her own career in activities to become aware of her own vantage point that she brought to the study. Prior to her career in activities, the researcher had been raised in a very cerebral, scholarly home. (See figure 1) Since early childhood, dinner conversations were scientific lectures by her father. It was assumed that she would have a career in research science. However, at a critical point in her career, many years prior to her joining the activities field, she ran into an unfortunate, theater-of-the-absurd, office (biology lab) politics situation, which derailed her ambitions for a biomedical research career. She found that the scientific community is very pitiless of those that have fallen off track and her efforts to get back into biomedical research failed. Still, she continued to have a strong interest in biomedical science. Her interest in science had an influence on the development of this project since she had previously read about enriched environments and realized that it connected with her current career field. The researcher had started her activities career, part-time as an activity Assistant, while taking graduate Biology courses through Continuing Education at the University

of Delaware and through her graduate coursework in Public Health at Walden University. Looking back her career, activities allowed her to grow professionally, personally, and spiritually. It was a new setting for the introverted bookworm and challenged her to grow. She learned to communicate and connect with individuals who were at different cognitive levels. She got to see clinical presentations of conditions, such as Alzheimer's disease, rather than just text book descriptions. She developed a deep love and understanding for the Residents. She grew spiritually in service and the joy of doing the Lord's work. It also gave her a dissertation topic. Because of her love for the Residents, intellectual curiosity about the medical conditions, spiritual awareness, and use of activities as a dissertation topic, she did more than punch the clock. Since funding is scare in activities, she donated many items, such as wooden puzzles, coloring pencils, and later photo books she had designed, to activities. She took MOOCs on dementia care and neurology. She got certifications. She attended conferences. She is currently looking at various options for the next stage in her career, post-graduation. These include entrepreneurship developing products for elders and/or a return to research and/or healthcare administration.

Figure 1. The researcher with her father on an eclipse trip with a telescope that the researcher's father had built as a child.

Interviews were taped and notes were taken during the interviews. Trustworthiness of a narrative study can be increased through the use of verbatim extracts, thick description and the researcher's reflective diaries (Whiffin, Bailey, Ellis-Hill, & Jarrett, 2014). The researcher listened to the tapes of the interview and transcribed verbatim. These transcripts were repeatedly read by the researcher and summarized in more reader-friendly vignettes.

Credibility (internal validity) was established through repeated listening to the interview recordings (Mishler, 1986). Repeated listening to the recordings helped ensure that the transcripts are accurate (Mishler, 1986). Credibility was also be established by a form of peer review where the researcher reviewed the literature to see consistency with previous work. Member checking was done at the end of the interview where the researcher summarized the narrative and asked for clarification.

The interviews produced rich data including stories, perceptions, and career paths taken. Although qualitative studies are not fully transferable, the richness of this data could inform future studies without complete transferability and generalizability.

Nine participants were interviewed from a nationwide sample. Dependability was bolstered through triangulation of sources, that is, comparing the narratives of different participants (Patton, 1999). These were also compared through the lens of different perspectives from the literature.

Confirmability was established through reflexivity, in which after asking interview question exactly as stated, nondirective follow-up questions were used to probe and better understand the account (McNair, Taft, & Hegarty, 2008; Mishler, 1986).

Results

Overview

The participants were trained professionals in the field of activities who were deeply concerned with the well-being of the communities they served and sought out professional development to learn how to better care for the Residents. Figure 2 shows a summary of the topics that emerged from the interviews.

Figure 2. Composite word cloud of professional development for activities and environmental enhancement.

Research questions

One. What is the role of professional development for activity professionals in enriching the environment of long-term care nursing home residents?

Examining the word cloud of types of professional development that participants have chosen (Figure 3 and Appendix I), we see workshops / conferences, innate / experience, certification, internet, college, mentors, books / journals, writing, teaching, and music / art training. This shows the wide range of learning and growth activities that these professionals engage in. Workshops / conferences emerge as being highly important to this group. Additionally, talents – gained through innate abilities and experience – was often alluded to. Eight of the nine participants had one or more certifications in healthcare and/or activities.

Figure 3. Forms of professional development utilized by activity professionals

Examining the word cloud of themes in Figure 4 and the table in Appendix I, the two related themes of environmental enrichment enhanced by professional development that emerge to the largest extent are connection (/ communication) and personhood. Connection / communication was enhanced by training in music to connect with Residents, innate talent, experience, general skills, relationships, and programming learned at a workshop. Personhood was enhanced by getting to know the individual Resident, innate abilities, general skills, experience, and workshops. Getting to know the Residents is an important first step, for example, Mary stated "I've had so many wonderful experiences with the people I served over the past 30 years. Inspirational clients… people that had incredible careers, creating patents… a minister, or a salary person like you or I who just shares the all of life." Nicole stated "I read something on Facebook that said once you live in a nursing home all you are your past occupation and religion [laugh] it kind of annoyed me because I work hard I work very hard at learning about a resident and what the social service worker and I work a full profile and what we want is past interests and really incorporating that so if the resident has dementia so they figure out what to

incorporate now is a fishing hunting [unclear] in the past that's so important [unclear] individualizing activities." Techniques learned at workshops can also honor personhood, for example, Ginger has gone to national conferences where she has learned some techniques – such as getting down low and talking face to face with someone in a wheelchair instead of talking down to them.

Combined, the themes of connection / communication and personhood are most enhanced by innate talent, augmented by experience, relationships, and workshops. Activities professionals use professional development to honor the personhood and connect with Residents, many of whom have dementia.

Other themes that emerge are: accomplishment / meaning, accessibility, emotional wellness, culture, and reminiscing. Activity professionals learn to bring accessible programming to Residents that boosts their emotional wellness with culture, a sense of accomplishment and meaning, and permits them to reminisce about treasured memories.

Figure 4. Word cloud of themes related to how the professional development is translated into environmental enrichment for the elderly

Two. How does the modality of professional development relate to the preference and expected utility among activity professionals in long-term care environments to enrich the environment for residents?

Workshops and conferences were common sources of professional development for activity professionals. (Figure 5, Appendix I) There are both local and national conferences. Dementia care and accessible programming were a major utility of workshops and conferences. (Figure 6) Workshops were also utilized and sought for professional development opportunities including: receiving continuing education (CEUs) to maintain certification and management training. Additional preferences in workshops included: stress management training, inspiration, hands-on practice, learning more about neuroscience, learning public speaking techniques, and learning about state mandates. For example, when Mary goes to workshops, she chooses ones that are more challenging for her; she said that the goal "is to really keep stretching and reaching." One of the workshops that Mary attended was a Teepa Snow workshop on sensory changes that occur in dementia and how to care for someone with these changes. Workshops and conferences thus help activities professionals enrich long-term care environments by learning about accessible dementia programming from the neuroscience to the hands-on levels;

developing capable activities departments with inspired, trained staff through professional development opportunities; and by providing training in how to spread this knowledge to other activities professionals through skillful communication.

Figure 5. Workshops, internet, and books emerge as some of the major areas of professional development in research question two, with workshops and internet contributing to the certification area.

Figure 6. Word cloud of codes for workshops with dementia care / programming and professional development emerging as major themes.

Online / internet learning was cited as a growing trend because it is a convenient method of receiving CEUs for maintaining certification. (Figure 7) Additional information on the internet was sought for: dementia care training, neuroscience, activities ideas and programs, and business skills which would lead to enhancement of activities programming and departments. Online learning is an option for activities staff that lack the time or resources to attend as many workshops and conferences as they otherwise would. Denise said about the trends in continuing education, “Continuing education will be more available online than going to conventions….”

Figure 7. Word cloud of codes for online / Internet learning for research question two

Books are a source of learning for activity professionals, providing information about: dementia care and dementia-friendly activities, neuroscience, and professional development. Many activity professionals are college educated and books provide familiar resource for expanding their knowledge about topics pertaining to their field which they could use at their jobs enriching the long term care environment. Marie stated, "I love to read and I am very curious I'm always looking into ways I can improve life for the residents. I've read some fascinating books, there's a great book on music called 'This is your brain on music' written by a rock star turned neuroscientist about how [unclear] brain works."

Figure 8. Word cloud of codes for books for research question two

Passing down wisdom is important in activities. Activities professionals often learn from mentors and later in their careers teach others. Giving lectures and writing can not only impart wisdom on others new to the field but also can be a way for the experienced professional to gain important CEUs for maintaining her certifications. For example, Mary is currently self-employed teaching activity professionals as a certified instructor for the modular education program for activity professionals and sharing her 30 years of experience.

Three. How does continuing education relate to professional development among activity professionals in long-term nursing home facilities to best enrich the environment of residents?

Certifications are required or preferred for many positions in activities and thus eight out of nine participants had some form of certification(s). (Appendix I) activities certifying bodies include the NAAPCC and the NCCAP. Dementia practitioner certification can be gained through the NCCDP. There are other additional certificates and certifications that activity professionals can acquire. Attending workshops contributes to professional development both through what is learned and through obtaining CEUs for maintaining certification. CEUs can also be gained through online continuing education, giving lectures, and writing articles about activities. Certification is seen as a credential demonstrating proficient level of knowledge. Denise said of the certification process “they explain why you’re doing what you’re doing and give you information that you might not know coming in off the street.” Certification is seen as improving the standing of activities as part of a multidisciplinary healthcare team.

Figure 9. Word cloud of continuing education activities for research question three

Summary

The research reveals a strong interest in dementia care and programming among activity professionals. Professional development aids activity professionals in enriching the environment of long-term care nursing home residents, especially in terms of connection and regarding personhood. Participants utilize a diverse array of professional development methods, both formal continuing education and informal learning. Chapter 5 will compare these findings with previously published information on professional development in the healthcare field.

Chapter 5: Discussion

Introduction

The purpose of this qualitative, narrative study was to explore the role of professional development among activity professionals to enrich the long-term care environment of Residents. The participants engaged in a diverse array of professional development methods to learn the art and science of running an activities department that honors the personhood of Residents and allows them to live a life of meaning.

Interpretation of Findings

Innate Talents of Caring / Compassionate / Connection and having Experience Can Lead to an Activities Career

An innately compassionate nature is a good foundation for a healthcare career. Previous writers have noted that emotional intelligence, a caring presence, and the sensitivity to feel the hurt of patients are key talents in a healthcare career (Carson & Murphy, 1992; O'Brien, 2001; Rankin, 2013). In this study, innate talents – especially compassion – were evident in the interviews with the participants. This was expressed by Ann who said "I find that I am truly accepted by my residents because I feel that I am a very honest caring loving person…." (Appendix H)

Experience combined with innate compassion can point the way to a healthcare career. It has been previously observed that serendipitous encounters such as in volunteering can lead the way to a healthcare career (Brownstein, 2012). Participants in this study gave stories of experiences guided them toward a career in activities. Such experiences include caring for older

relatives, previous jobs that involve helping the elderly, having skills in the arts that were transferable to activities, volunteering, and inspirational mentors. (Appendix H)

There is a need for a gerontology program focused on preparing students for a career in activities

Well-designed education enhances innate talents. As the needs of health field develop, college curriculum must also develop. An example cited in the literature is the need for business training for public health students who wish to enter the emergent, sustainable field of public health entrepreneurship (Smith, Calancie, & Ammerman, 2015; Hernández, Carrión, Perotte, & Fullilove, 2014). Gerber (2014) at the Harvard Business Review pointed to the need for colleges to include the principles of value creation in coursework to prepare students for a changing economy where entrepreneurship is becoming an increasingly valuable skill. Similarly, this study, this study found an unmet need for college programs that focus more on work in activities and in activities entrepreneurship, such as writing and consulting about activities. (Appendix H)

While innate talents and life experience is valuable in preparing for a career in activities, additional, specific knowledge is important to be sufficiently attuned to how to best care for someone with dementia. (Kitwood, 1993; Kitwood, 1994). Participants in this study came from a various educational backgrounds. This study found an unmet need to develop college programs that specifically prepare future activities professionals to work with the dementia population. Data from this study provided insights in what college program developers should consider including in a degree program.

First due to the high prevalence of dementia in long term care, students should learn about various aspects of dementia. These include: a basic grasp of the neuroscience of dementia,

understanding behaviors seen in dementia, how to communicate with someone with dementia, and how to adapt activities for someone with dementia.

Secondly, students should have a choice of courses in music ranging from the neuroscience of music to music performance on instruments such as guitar. This study supports the value of music and singing for individuals with dementia. Benefits include connection, emotions / calming, and reminiscing. While some participates had training in music performance, others were able to use recordings or sing to provide some of the benefits of music. (Appendix H)

Third, this study showed that activities professionals work as part of an interdisciplinary healthcare team. Thus students should have an introduction to the healthcare system and management. Participants in this study found value in training in professional development / business skills (Appendix H)

Fourth, classes such as literature could incorporate healthcare themes. The use of healthcare stories, such as *One Flew Over the Cuckoo's Nest*, and healthcare memoirs have been previously suggested for the education of healthcare professionals (Masters, 2012; Metcalf, 2006). Such literature communicates the human side of healthcare. In this study, participants were avid readers of books related to their field. An introduction to a range of relevant literature could also be used in preparing students for working with individuals with dementia and other aging issues.

Life-long Learning from a Variety of Sources

The foundational building blocks of our knowledge society are educated individuals who engage in life-long learning that they can apply to their jobs (Drucker, 2001). Health

professionals need life-long learning built on a strong educational foundation to stay at the top of their game while working in a complex environment (Proserpio, Piccinelle, & Clerici, 2011; Stecker, 2016). Building on varied educational backgrounds, participants in this study expressed how life-long learning bolstered their healthcare work, especially in caring for those with dementia. (Appendix H)

Our evolved instincts are not sufficiently attuned to caring for someone with dementia, thus the need for instruction (Kitwood, 1993; Kitwood, 1994). Since more is learned over time about the field of gerontology and dementia care, activity professionals need to remain current in the field. They do this from a blend of educational sources. Activity professionals learn more about dementia-related and other topics through a variety of life-long learning methods including insights from mentors, reading, workshops, and computerized learning. This is similar to the many sources of life-long learning in other healthcare fields (Brownstein, 2012; Carson & Murphy, 1990; Carson & Murphy, 1992; Durkin, 2011; Hasan, Meara, Bhowmick, & Woodhouse, 1997; MacWalter, McKay, & Bowie, 2016; Masters, 2012; Roelofs, 2010; Walsh, 2014).

Conference / Workshops

Activity professionals attend conferences for inspiration, for CEUs for maintain certification, and to update their knowledge and skill set. Conferences have been recognized as a way for professionals be inspired and to connect for a common cause of action (O'Brien, 2009). This study confirmed that well-presented workshops can be very inspirational. Participants in this study cited features of fruitful, inspirational workshops as including: good speakers (rather than being lectured to in a monotone), rooms full of people learning from each other, active

workshops where participants get to practice techniques, and that provide the CEUs required to maintain certifications for professional development. Preferred topics include: dementia care / accessible programming, stress management, professional development / management, neuroscience, state mandates, and public speaking. However, the common cause of action is to cultivate the profession "so we as a very small profession can be even stronger than we are," (Mary) to more effectively contribute to the interdisciplinary healthcare team in caring for the Residents, especially those with dementia. (Appendix H)

E-learning

E-learning is an evolving tool in healthcare education (Walsh, 2014). Participants in this study related that although workshops are very inspirational, time constraints sometimes make online education, from home, more practical. Although some credentialing programs require some face-to-face CEUs, opportunities for online learning are expanding; "Continuing education will be more available online than going to conventions…." (Denise). Online professional development includes both courses for CEUs and information for activity planning. This study found a need for more ready-to-use activities programming websites. General business webinars, such as computer skills and management, are also sought for professional growth as an activities director. (Appendix H)

Reading

Reading professional literature and books then reflecting on what you read is another way for healthcare professionals to learn about their field (Carson & Murphy, 1992, pp. 180-182, 217 - 218). Participants in this study included avid readers of topics such as dementia care / activities, neuroscience, and professional development. For example, Marie stated, "I love to read and I am

very curious I'm always looking into ways I can improve life for the Residents. I've read some fascinating books, there's a great book on music called 'This is your brain on music' written by a rock star turned neuroscientist about how [unclear] brain works." This study found a continual need for books on the latest information about dementia care / neuroscience targeted for activity professionals. (Appendix H)

Activity Professionals Need Life-long Learning to Stay Current on a Number of Topics

With the rapid growth of knowledge in our society, including the healthcare field, individuals need life-long learning so that they remain current with their discipline (Drucker, 2001; Schwab, 2016). This study found that activity professionals are dedicated to remaining current and upgrading their skill sets in a variety of areas.

Learning Bench to Bedside Neuroscience for Scientific Dementia Care Programming

O'Brien (2001, p. 6) states that nursing is both a science and an art. So too is activities. Activity professionals must adapt activities to the abilities of the Residents, which requires an appreciation of what the Residents are experiencing. Knowledge about dementia is helpful since about half of nursing home new admissions, who are elderly, have dementia (Magaziner, German, Zimmerman, et al., 2000). In this study, a scientific understanding of dementia was cited as being an area of interest. For example, Kerry stated, "I would like to see more into working with the brain with dementia right side versus left side and how things are developing with dementia." Other areas neuroscience that participants were interested include music and the brain – how music is a powerful tool when working with those with dementia, the writings of Oliver Sacks, the neurological effects of dementia, how to care for someone with dementia, and behavioral issues with dementia. This study indicates that more educational opportunities in this

area would be welcomed by the activities community. An understanding of the neuroscience of dementia provides a foundation for activities programming and knowing how to connect with Residents where they are with respect to the person.

Learning Dementia Care Programming for Personhood and Connection

Knowing and honoring the individuality of the patient is vital for healthcare professionals (Carson & Murphy, 1992, pp. 72-73). This study reveals how activity professionals work hard at learning about a resident, their past accomplishments and their current abilities, to enable staff to tailor activities to the individual person. The topic of personhood in dementia is gaining attention. While traditional western philosophy has held that reason is the mark of personhood, Kitwood (1997) and Post (2000) point to a higher moral tenet with emphases on emotion and relationships, which are often highly preserved in dementia. The literature reveals a train of enlightened spiritual thought which holds that although Alzheimer's patients lose their memory, they retain their humanity and soul and thus their worth and personhood (O'Brien, 2001, p. 61). Engaging individuals with dementia in activities facilitates a shared sense of connection (Shouse, 2016). This study found that activities professionals see the elders as equals and thus play a key role in honoring the personhoods of Residents, their emotional wellbeing, and form relationships / connections with them.

Social cognitive neuroscience research reveals evidence that our brains are wired to be social and connect with other people (Lieberman, 2013). Thus being socially connected is a lifelong need, promotes empathy, and motivates us to help others. This has implications both in looking at the actions of the activity professionals and the needs of the Residents. Connections

and relationships flow both ways. This study revealed stories of Residents connecting with activity professionals, a therapy animal, and their environment (Appendix H).

Human Connection: The Activity Professional

The literature reveals how healthcare professionals benefit from developing connections with patients, how caring for patients "teaches valuable lessons about life" (Carson & Murphy, 1992, p. 110). Those lessons bring joy. Our brains are wired to reward us with joy when we help others and assisting the disabled enables us to connect with the essence of being human (Post (2011, pp 31, 59). Thus healthcare professions can be spiritually rewarding (Chick & Wong, 2014, p. 80; Roelofs, 2010, p. 85). This is consistent with ancient wisdom. The Jewish concept of *tikkun olam* ("repairing the world") brings blessings to the giver (Post, 2011, p. 52). Participants in this study spoke about the spiritually / emotionally rewarding connections formed from helping the elderly. Ann stated "It's unconditional love. I really believe that the job I had in the beginning saved my life. The true love that I get from these residents is more than I could ever give them…." This is a motivation to remain in activities and grow professionally in the field.

Human Connection: The Resident

Connection is a human need throughout the lifespan (Lieberman, 2013; O'Brien, 2001, p.11). Individuals with dementia need to connect with others (Han, Radel, McDowd, & Sabata, 2015). This study found stories of individuals with mild to advanced dementia connecting with activity professionals. (Appendix H) For example, connecting through singing. Previous research has found that caregiver singing can foster positive interaction (Hammer, Emami, Götell, & Engström, 2011; Raglio, Filippi, Bellandi, & Stramba-Badiale, 2014). This study revealed that

activity professionals have studied about the importance of music programming and have found that music / singing helps them to connect with Residents. For example, this study revealed a story of a Resident "Charlotte," who had dementia, was lonely, in need a lot of attention, and was calling out quite a bit. The activity professional, Ann, found that Charlotte loved music. Ann found that Charlotte was calmed by wheeling her around the facility and singing together. (Appendix H)

Touch also provides a sense of interconnectedness and environmental awareness for those with advanced dementia (Nicholls, Chang, Johnson, & Edenborough, 2013). Sensory stimulation, including therapeutic touch, is a continuing education dementia care topic for activity professionals; for example, at the 2016 NAAP Conference in Dallas, Joyce Simard held a workshop where she described her research into therapeutic touch. This study showed that activity professionals put this theory into practice when connecting with those with advanced dementia. For example, this study revealed that hand massages and back rubs are being used to provide human contact. Sometimes what is needed can be "sitting and holding that person's hand." (Appendix H)

While other healthcare professionals have written about connecting with patients, it is often extremely difficult for a nurse to find the time to sit and listen to patients and be the presence that they need (O'Brien, 2001, pp. 11, 23). This study revealed that in long-term care, activity professionals are at the forefront of fulfilling this need. For example, Mary talked about doing sensory one-on-one with a Resident with advanced dementia; Mary said, "I was able to be with her until she was able to quietly respond to me and a brief moment of eye contact. That was very powerful." (Appendix H)

Animal Therapy Connections

Activities departments can help Residents connect with therapy animals. Denise told the story of a Resident who was very withdrawn. She learned that he was a former police dog trainer. The pet therapists found someone who had a pet therapy German Shepard. The Resident not only bonded with the dog and the family who brought the dog around. The Resident became more outgoing and participated in activities.

Connecting with the Environment

A suitably enriched environment is a basic physiological need (Renner & Rosenweig, 1987; Rosenzweig, & Bennett, 1996). Individuals with dementia need to connect with their environment (Han, Radel, McDowd, & Sabata, 2015). Environmental enrichment has been recommended for anxiety and repetitive behaviors seen in neurodegenerative conditions (Bechard, Cacodcar, King, & Lewis, 2016; Sampedro-Piquero, & Begega, 2016). This study revealed ways activity professionals facilitate connection with the environment. For example, activities can bring culture to the Residents. One participant (Jim) pointed out that Residents with dementia can't go out and pursue cultural activities on their own, so it is the job of activity professionals to bring culture and the arts to the residents.

Activity professionals can encourage Residents to interact with their environment. In an activity for advanced dementia called "table games," items are placed in front of Residents with advanced dementia. The Residents are encouraged to manipulate and play with the objects. Encouragement helps overcome the apathy and inertia of some individuals with advanced dementia. . Jim said "To me the baseline is just sitting there doing nothing which is what will happen if you don't give someone something to do…."

Sensory stimulation for dementia focuses on soothing environmental enrichment (Simard, 2013). In this study, Mary was currently focusing on learning about "essential oils and aromas – things that connect with people… really calm them down." Activity professionals develop professionally as they learn more about environmental enrichment and apply it to helping Residents connect with the world around them.

Learning Business / Professional Development Skills

Activity Directors manage a department and coordinate care with other departments in long term care. Thus participants worked at developing professional skills. Some activity professionals take an entrepreneurial route of training others in the field; this also benefits from professional development. This study uncovered some relevant professional development topics including: computer skills, management, business, teamwork skills, communication skills, public speaking, leadership, state mandates, and stress reduction.

Wisdom Gained

1. We are all equally human and need human connection no matter what cognitive level we have.
2. Get to know the individual whom you are caring for; their past accomplishments and their current abilities and needs.
3. Music feeds everyone's soul no matter how cognitive you are.
4. Helping others is emotionally / spiritually rewarding.
5. Continually develop your talents in caregiving through life-long learning.
6. Take care of yourself so you can better care for others.
7. Pass on what you have learned.

Limitations of Study

Biases inherent to this narrative approach place limits on transferability and dependability of this study. The narrative approach has the limitation in the large amount of time required to collect, transcribe, and analyze data necessitating a small sample size; however, this study provided information that can inform future studies (Overcash, 2003). The researcher recommends that additional studies on the activities profession be conducted and data from various studies be synthesized.

The danger of volunteer bias was addressed by casting a wide net through a LinkedIn post and achieving sufficient sample size to reach saturation. It is recognized that there may be selection bias in that participants who have stories that they want to tell self-select. It was also recognized that there could be respondent bias in that the effectiveness of activity interventions is self-reported. Respondent bias was moderated through prompting for detailed description.

Silberberg (2016, May), in a lecture at the Wilmington Delaware campus of Nemours, said “we are all prone to bias” and that there is a human tendency to view the findings of a study as supporting a preconceived notion. Researcher bias was a concern because this field is an area where the researcher worked for many years and thus has preconceptions. In addition other aspects of her career and personal journey, including an extensive academic background in bioscience and an interest in spiritual wisdom, may have influenced her perception. This was addressed in two ways. First, it handled through the technique suggested by Cohen and Crabtree (2008) where the researcher reflected on her career in activities in a journal. Second, it was

addressed by a member check at the end of each interview where the researcher summarized the data and asked for clarification.

Recommendations

Participants indicated a desire to learn more about the brain and dementia. A future study should be done to determine the best way to present this type of information. Activity professionals have different educational backgrounds so it would need to be determined how to make the information accessible to an audience with varying degrees of familiarity with the principles and terminology of neuroscience. An article or letter should be written in a medical journal calling on writers of neuroscience texts to develop some books geared to the activity profession. Books should cover topics ranging from the neuroscience aspects of dementia to how the neurological changes in dementia translate the needs of Residents in activities programs.

Entrepreneurs provide professional development materials such as books for activity professionals. A variety of entrepreneurial businesses, providing products ranging from books to items for individuals with dementia, set up tables at conferences. This sector of the activity profession needs to be explored through research. Areas that need to be studied include what brings individuals to start these entrepreneurial ventures, how products are developed, and what makes for a successful company. This could guide future entrepreneurs in starting companies that contribute to positive social change.

Participants in this study indicated that they want other healthcare professionals and the public to learn more about activities, that it is more than bingo. This researcher will make efforts to publish research data and write opinion articles in healthcare journals. This may increase awareness among healthcare administrators for the need to support vibrant activities

Departments thus empowering activities professionals to better foster positive social change. Effective activities departments help stage more enriched environments for the Residents.

Implications

Positive Social Change

There is a market for learning materials that provide bench-to-bedside knowledge about dementia targeted to activity professionals. Activity professionals want both foundational knowledge to better understand dementia and information on how to better care for someone with the condition. Social entrepreneurship could help fill this need for positive social change. According to Wilson, Whitaker, and Whitford (2012) Social entrepreneurship is an approach that uses innovative ideas to achieve positive social change but also includes making a profit to be sustainable.

This study revealed a need for a new college programs that more specifically prepare future students to be activity professionals. The literature and analysis of the interviews indicates that such programs should have a number of facets, including: background on the health issues of the elderly and pathophysiology, how to adapt activities to individuals with conditions such as dementia, and should include in a health literature class memoirs of healthcare professionals who have worked with the elderly and memoirs of individuals with early stage dementia and other disabilities. Activity professionals need to understand how to make programs accessible to individuals with many different health challenges, especially dementia. Empathy, as well as a technical comprehension, is important in this process. Metcalf (2006) and Masters (2012) wrote about students reading literature to gain a better understanding of issues in healthcare. Literature

can show the human side of healthcare. The proposed college program would give both a technical and humanistic / spiritual understanding of the needs of the long-term care population.

Activity professionals are dedicated but sometimes underappreciated healthcare professionals. More needs to be written about activities in research journals where other healthcare professionals can learn more about activities and grow to better appreciate the field. Activity professionals, activity educators, and activity entrepreneurs can also give presentations at healthcare conferences and post on the internet information about the benefits of activities. Presentations at activity conferences can help teach attendees about how to spread the word.

Conclusion

The participants in this study are dedicated professionals who seek professional development and continuing education. As was discussed at the 2016 NAAP conference in Dallas Texas, nurses help keep the residents alive but activities help them live. The efforts of activity professionals could be supported by social entrepreneurship developing more products, targeted education, and more research about activities.

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Appendix A LinkedIn Post

Do you have wisdom about Activities that you would like to share? I am a graduate student conducting research about Activities and I am collecting stories about Activity professionals working with residents. I would like to hear about things you have learned and used in caring for residents. I am looking for currently employed activity professionals age 18 and over, living and working in the United States, fluent in English, who would like to contribute to the scholarly study of Activities.

Please contact me to set up an appointment for a phone interview:

Celia.Ross@WaldenU.edu

Celia Ross, M.S., CDP, AP-BC, AAC

approval # is 08-12-15-0132847

Appendix B Screening email

Hello,

Thank you for your interest in participating in my research project. I am a graduate student at Walden University majoring in Public Health Epidemiology. This dissertation research project will explore professional development and continuing education among activity professionals related to their care of residents in long term care settings. You will be asked to discuss your experiences as an Activity professional. This interview will be audio recorded and you will be asked to provide pseudonyms for yourself and any resident(s) to ensure privacy.

Please read the attached informed consent. If you wish to participate, reply to this email and state: "I consent"

Thank you,

Celia Ross, M.S., CDP, AP-BC, AAC

Appendix C IRB Form and Informed Consent

RESEARCH ETHICS REVIEW APPLICATION

TO THE WALDEN UNIVERSITY INSTITUTIONAL REVIEW BOARD

REQUESTING APPROVAL TO CONDUCT RESEARCH

VERSION 2010A

All shaded areas of this IRB application need to be completed by the researcher. Text in the unshaded areas may not be modified. **Enter researcher's electronic signature (email address) here after reading the statement to the right: celia.ross@waldenu.edu**	By entering an email address in the box to the left, the submitter of this application is providing a digital signature confirming that she or he A. will read all of the instructions throughout this application; B. understands that neither participant recruitment nor data collection (including pilot data) may begin until explicit IRB approval has been received from IRB@waldenu.edu; C. understands that noncompliance with IRB instructions and policies can result in consequences including but not limited to invalidation of data, revocation of IRB approval, and dismissal from Walden University; and D. is responsible for submitting a

	current version of this form which can be found here.

IMPORTANT NOTE FOR STUDENT RESEARCHERS

It is the student's responsibility to make sure that the faculty-approved IRB application and all supporting materials are submitted to IRB@waldenu.edu. The IRB staff always confirms receipt of IRB materials. Data collection that is begun prior to receiving explicit IRB approval from IRB@waldenu.edu does not qualify for academic credit toward degree requirements.

WHAT IS IRB APPROVAL?

The Institutional Review Board (IRB) consists of staff and faculty members from each of Walden's major research areas and is responsible for ensuring that all Walden University research complies with the university's ethical standards as well as U.S. federal regulations and any applicable international guidelines. IRB approval indicates the institution's official assessment that the potential risks of the study are outweighed by the potential benefits.

IRB approval lasts for 1 year and may be renewed. Outside of the explicit dates and terms of IRB approval, researchers are not entitled to any protections, recognition, funding, or other support provide by Walden University or its affiliates. More detail about the IRB review process can be found at Walden's IRB Web site or by sending a specific request to IRB@waldenu.edu.

WHO SHOULD USE THIS IRB APPLICATION FORM?

This application should be completed by all students and faculty members who are conducting research projects of any scope involving collection or analysis of data from living persons (whether from surveys, interviews, observation, student work, or records of any type). The only categories of research that do not need to be submitted for IRB approval are literature reviews, hypothetical research designs, and faculty projects that are completely independent of Walden affiliation, resources, participants, and funding. IRB approval for course-based research projects should be obtained by the faculty member who designs the course. Research projects conducted by fulltime employees of Walden or related organizations are also under the purview of the Walden IRB. Instead of completing this form, staff researchers should send an email inquiry to IRB@waldenu.edu to initiate the IRB approval process for staff research.

WHEN SHOULD I WORK ON AND SUBMIT MY IRB APPLICATION?

Questions about the IRB application and related materials may be submitted to IRB@waldenu.edu at any time. Non-doctoral IRB applications will be reviewed as soon as the application is complete.

For doctoral students, an IRB review cannot occur until the proposal oral conference has been held and the student has received formal proposal approval notification from the Office of Student Research Support.

It is expected that doctoral students will review IRB requirements as they are writing the proposal and to that end, this IRB application can be used as a worksheet to help think through the ethical issues of data collection. However, the student would need to complete the IRB application after proposal approval in order to address the details of the final, approved research design.

HOW LONG DOES IRB REVIEW TAKE?

Researchers should allow a minimum of 4-6 weeks for IRB review (4 weeks for minimal risk studies and 6 weeks for studies involving vulnerable populations). This form takes 1-2 hours to complete, depending on the complexity of the study. Once the IRB staff confirms that the IRB application is complete, the IRB application will be scheduled for review at the next available IRB meeting (typically within 10 business days). Feedback from the board will be returned within 5 business days (amounting to a total of 15 business days for the initial review). Note that when a study is "approved with revisions," the researcher should allow an additional 10-15 business days for those revisions to be reviewed and approved. If the revisions do not adequately address the ethical concerns, then an additional round of revisions and review might be necessary. The IRB members make every effort to make the revision requirements as clear as possible.

Students should consult program guidelines and documents such as the dissertation guidebook in order to understand how long the proposal and IRB review steps will take and plan their study's timeline accordingly. Exceptions to approval procedures cannot be made in order to accommodate personal or external deadlines (e.g., limited access to participants).

CAN I CONTACT MY RESEARCH PARTICIPANTS BEFORE IRB APPROVAL?

Note that researchers may NOT begin recruiting participants (i.e., obtaining consent form signatures) prior to IRB approval. The only documents that may be signed before IRB approval are Data Use Agreements or Letters of Cooperation from community partners and Confidentiality Agreements that are signed by transcribers, statisticians, and research assistants who might have access to the raw data. If you have questions about who should sign what, please email IRB@waldenu.edu for help.

WHAT IF I NEED TO CHANGE MY RESEARCH PROCEDURES AFTER IRB APPROVAL?

Researchers must resubmit any IRB materials relevant to the change, along with a Request for Change in Procedures form, which can be found on the Walden IRB Web site. As long as the proposed changes do not increase the level of risk, the request will be treated as an expedited review.

WHAT ARE THE CRITERIA FOR IRB APPROVAL?

The purpose of this IRB application is to collect enough specific information to document that the study's benefits outweigh the costs and that the procedures are in compliance with federal regulations and university policies. To those ends, the board will evaluate the IRB application based on how well the following ethical principles are upheld:

Beneficence = maximize possible benefits and minimize possible harms

Justice = fairly distribute benefits and burdens of research

Respect for Persons = acknowledge participants' autonomy and protect those with diminished autonomy

More detail on the criteria for IRB approval is provided in this online module. The IRB application will ask the researcher to do the following:

General Description of the Proposed Research

- Demonstrate the ethical rationale for each component of data collection by describing how each will be analyzed to address the research question(s).

- Provide specific descriptions of the tasks the participants will be asked to complete.

Community Research Stakeholders and Partners

- Submit a signed Letter of Cooperation from any community partner who will be involved in identifying potential participants or collecting data.

- Submit a signed Data Use Agreement from any organization that will be providing records to the researcher.

- Describe the plan for sharing research results with relevant stakeholders.

Potential Risks and Benefits

- Describe anticipated risks and benefits of study participation.

- Make provisions to minimize risks to research participants and document those procedures.

Data Integrity and Confidentiality

- Describe procedures to maintain data confidentiality and integrity.

- If data includes personal identifiers, submit signed certificates of confidentiality for everyone who has access to the data (except faculty members).

- If applicable, complete extra sections relevant to protected health information.

Potential Conflicts of Interest

- Disclose and manage potential conflicts of interest.

Data Collection Tools

- Describe all tools (surveys, interview questions, etc.) and authorizations related to data collection including evidence of compliance with copyright holder's terms of usage, permission to reproduce the instrument in the dissertation, or confirmation that the tool is public domain (as applicable).

Description of the Research Participants

- Describe the study population, particularly inclusion and exclusion criteria, to demonstrate that those who shoulder the burden of the research will actually benefit from it.

- Describe how any vulnerable populations will be protected from safety/privacy risks and pressure to participate.

Informed Consent

- Make provisions to obtain and document informed consent from all study participants and the appropriate parents, guardians, or caregivers.

-Submit **unsigned** copies of any relevant consent documents.

Final Checklist and Electronic Signatures

-Students must obtain faculty approval (via electronic signature) before submitting this form to IRB@waldenu.edu.

This form must be completed and submitted via email. If you have questions as you are completing the form, please contact IRB@waldenu.edu.

PROJECT INFORMATION

1. Enter Researcher's name in blue space below:	
Celia Mary Ross	
2. If the researcher is a student, provide student ID number:	
A00132847	
3. Every researcher must submit a copy of a Human Research Protections training completion certificate with this application. Walden accepts Human Research Protections training certificates from either NIH, NCI, or CITI. The NIH module is most strongly recommended and takes 1-2 hours. A completion certificate is good for 5 years. Enter an X in the appropriate blue box below to indicate which training module was completed:	
x	National Institutes of Health (NIH): http://phrp.nihtraining.com Date of completion: 06/26/2011
	Collaborative Institutional Training Initiative (CITI): http://www.citiprogram.org
	National Cancer Institute (NCI)
	Other research ethics training:
4. Researcher's email address:	
Celia.Ross@waldenu.edu	

5. Names of research collaborators and roles (if researcher is a **student**, please provide the name of the faculty member supervising this research, such as the committee chair):
Committee Chair: Dr. Cynthia Tworek, Committee member: Dr. Janice Williams
6. Email address(es) of the supervising faculty member(s) and any other co-researcher collaborators:
cynthia.tworek@waldenu.edu janice.williams4@waldenu.edu
7. Provide the researcher's program affiliation at Walden (e.g., Ed.D.; Ph.D. in Clinical Psychology, etc.)
Ph.D. in Public Health: Epidemiology
8. Project Title:
Facilitating Environmental Enrichment in Senior Care Activities with Professional Development
9. Enter an X in the blue box next to the study type that best describes the IRB approval requested:

x	ssertation (may include a pilot if pilot steps are described in item 12's procedures chart)
	ctoral Study (may include a pilot if pilot steps are described in item 12's procedures chart)
	Doctoral pilot study prior to proposal approval (provide the rationale for why a pilot study is necessary prior to proposal approval here: (_____)
	Master's thesis
	M study
	Research for a course (specify course number: _____ and course enddate: _____)
	culty Research
	her: _____

I. GENERAL DESCRIPTION OF THE PROPOSED RESEARCH

10. Enter X's in the appropriate blue boxes to indicate all the data collection methods that are part of this study.	
x	Interview
	Focus group
	Survey or assessment that is initiated by the researcher
	Survey or assessment that is routinely collected by the site

	Analysis of student test scores or work products (when this is the only analysis, items 37-51 of this application can be left blank)
	Analysis of existing public records or documents (when this is the only analysis, items 37-51 of this application can be left blank)
	Analysis of existing privately held records (such as business records) or documents (when this is the only analysis, items 37-51 of this application can be left blank)
	Observation of people in public places
	Observation of people in school, workplace, or other non-public location
	Collection of physical specimens (e.g. blood, saliva)
x	Other (please specify) **Brief screening survey to identify eligible participants**

11. The IRB is obligated to factor the rigor of the research design into the overall assessment of the potential risks and benefits of this study. Please complete the chart below to ethically justify each component of data collection.

Research Question List each research question (RQ) in a separate row below. **This section must reflect the FINAL research design. Doctoral researchers should not complete item 11 until after the oral proposal defense.**	**Data Collection Tools** List which instrument(s) are used to collect the data that will address each RQ.	**Datapoints Yielded** List which specific questions/variables/scales of the instrument will address each RQ.	**Data Source** List which persons/artifacts/records will provide the data.	**Data Analysis** Briefly describe the specific statistical or qualitative analyses that will address each RQ.
RQ 1: What is the role of professional development for activity professionals in enriching the environment of long-term care nursing home residents?	**Recorded interviews conducted by Celia Ross**	What has inspired you in Activities on an informal learning level? What topics did this cover? Can you tell me a story about an informal learning experience and how it helped to inform your care for a resident? Use a pseudonym of your choice for the resident's name.	**Activity professionals**	**Qualitative thematic analysis conducted using NVivo software.**

		How does continuing education relate to your professional development? What topics has this covered? Can you tell me a story about how something you have learned from a continuing education experience and how it has informed your care for a resident? Use a pseudonym of your choice for the resident's name.		
RQ 2: How does the modality of professional development relate to the preference and expected utility among activity professionals in long-term care environments to enrich the environment for residents?	**Recorded interviews conducted by Celia Ross**	What are your preferences for future informal learning activities in terms of modality and topic? How might you utilize this type of professional development? What are your preferences for future continuing	**Activity professionals**	**Quotes and word cloud analysis**

		education activities in terms of modality and topic? How might you utilize this type of continuing education?		
RQ 3:	**Recorded interviews conducted by Celia Ross**	How does continuing education relate to your professional development? What topics has this covered? Can you tell me a story about how something you have learned from a continuing education experience and how it has informed your care for a resident? Use a pseudonym of your choice for the resident's name.	**Activity professionals**	**Quotes and word cloud analysis**

12. In the chart below, describe th that privacy and safety risks can be invalidation of the data and dismis a doctoral study. You must describe any of the follo -How existing data or contact infor -Initial contact with potential parti -Informed consent procedures -Any pilot activities (if changes nee Change in Procedures form, which -Data collection (surveys, intervie -Any intervention/treatment activi -Follow-up meetings with participa (confirming validity of researcher's -Dissemination of study's results to					
	Participant recruitment a **It is a student researcher'** **ensure that the procedur** **100% aligned with the fir** **approved by committee** **defense. Failure to fully a** **approved proposal can re** **data and rejection of the**				
Step 1	**Post information about t** **page to recruit participar**				
Step 2	Post a comment on Linke recruit participants from				

Step 3	**If need be, contact Linke about the study**				
Step 4	**Screening Email with Infc**				
Step 5	**Setting a date email or nc be**				
Step6	**Confirm date email**				
Step 7	**Interview**				
Step 8	**Transcribe interviews**				
Step 9	**Erase tape of interview**				
Step 10	**Analyze data**				
Step 11	**Place transcripts in safe c**				
Step 12	**If I need help with NVivo, tutoring**				
Step 13	**Place a summary of resul and as a comment to my**				

Step 14	**Chapter 4 of Dissertation**				
Step 15	**Chapter 5 of Dissertation**				
Step 16	**Look for opportunities to**				
How does continuing education relate to professional development among activity professionals in long-term nursing home facilities to best enrich the environment of residents? **(add more rows as needed)**					

II. COMMUNITY RESEARCH STAKEHOLDERS AND PARTNERS

Research participants are individuals who provide private data through any type of interaction, whether verbal, observed, typed, recorded, written, or otherwise assessed. Research participants' understanding of the study and willingness to engage in research must be documented with **CONSENT FORMS**, after IRB approval. For example, an educator comparing two instructional strategies by interviewing adult students in his classes would need to have each participant student sign a consent form.

Community partners include any schools, clinics, businesses, non-profits, government entities, residential facilities, or other organizations who are involved in your research project. Community partners' understanding of the study and willingness to engage in research must be documented with a **LETTER OF COOPERATION**. To continue with the same example, the educator comparing two instructional strategies would need a Letter of Cooperation from the school confirming (a) that the school approves the teacher's implementation of two different instructional strategies and (b) that the school approves the interview activities. In some cases a community partner will only provide a letter of cooperation after Walden has "officially" approved the research proposal. If this is the case, then enter a brief explanation of your planned steps in item 12. If you have questions about whether an individual or an organization should provide permission for some aspect of the research, please email IRB@waldenu.edu.

If a community partner's engagement in the research involves providing any type of non-public records, the terms of sharing those records must be documented in a **DATA USE AGREEMENT**, before IRB approval. Again using the same example, the educator comparing two instructional strategies will need a Data Use Agreement if he wants to analyze these students' past academic records or work products as part of the study. Data Use Agreements must be FERPA-compliant and HIPAA-compliant, as applicable to the setting.

A sample letter of cooperation and sample data use agreement can be downloaded from the IRB Web site. This IRB application's final checklist will direct you to email or fax your community partners' Letters of Cooperation and any applicable Data Use Agreements at the same time you submit this IRB form.

Stakeholders include the informal networks of individuals who would potentially be impacted by the research activities or results (such as parents, community leaders, etc). Walden students are required to disseminate their research results in a responsible, respectful manner and are encouraged to develop this dissemination plan in consultation with the relevant community partners. Sometimes it is appropriate to provide a debriefing session/handout to individual participants immediately after data collection in addition to a general stakeholders' debriefing after data analysis.

13. Please identify all community stakeholders who should hear about your research results and indicate your specific plan for disseminating your results in an appropriate format.	
Stakeholders include the research participants and also the healthcare community in general. The research participants may review a summary of the research on my LinkedIn page. The healthcare community may be informed by one or more of the following: poster presentation(s) at conference(s), research article(s), newsletter article(s), Amazon Kindle publication(s).	
14. Enter an X next to the description that best describes the community research partner's role in data collection. Mark all that apply.	
x	I am relying solely on public records and/or means to recruit participants and collect data, and thus, I have no community research partner.
	My community research partner has already agreed to assist in participant recruitment and/or data collection and I am submitting their letter of cooperation with this IRB approval.
	I am required to provide a copy of Walden's IRB approval to a funder or community partner before they can provide me with their formal approval. I seek Walden's conditional IRB approval at this time (which can be finalized once the Walden IRB receives the community partner's letter of cooperation).
	I would like to use the Walden Participant Pool to identify potential research participants (note that the IRB will seek participant pool approval for this study, on the researcher's behalf).
	Other:
15a. Name the organization(s) at which you intend to recruit participants and/or collect data as well as any funders involved in the study:	
None.	
15b. Name the individual who is authorized to approve research within each of the community partner organizations:	
15c. Please briefly describe how you chose each of the partners listed above:	

III. POTENTIAL RISKS AND BENEFITS

16. For each of the categories A-J below, carefully estimate risk level, enter an X to indicate the risk level, and describe the circumstances that could contribute to that type of negative outcome for **participants or stakeholders** in the space provided to the far right of each section. Minimal risk is acceptable but must be identified upfront. Minimal risk is defined as follows in U.S. federal regulations: "that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests." Substantial risk is acceptable as long as adequate preventive protections are in place (which you will describe in item 17).

	Level of risk: check one		**Description of risk: List the circumstances that could cause this outcome**
Unintended disclosure of confidential information (such as educational or medical records)		Not applicable	**Participants will speak of working with Residents (patients). Participants will be asked to use a pseudonym for Resident (patient) names when discussing case(s). For additional protection of the patients discussed during the interview, tapes will be erased after transcription.**
	x	Minimal risk	
		Substantial risk	
Psychological stress greater than what one would experience in daily life (e.g., materials or topics that could be considered sensitive, offensive, threatening,		Not applicable	**Participants will be telling potentially emotional stories of working with**

degrading)	x	Minimal risk	**Residents (patients).**
		Substantial risk	
Attention to personal information that is irrelevant to the study (i.e., related to sexual practices, family history, substance use, illegal behavior, medical or mental health)		Not applicable	**Participants will be telling narratives of their work.**
	x	Minimal risk	
		Substantial risk	
Unwanted solicitation, intrusion, or observation in public places		Not applicable	**I will post comment(s) on LinkedIn to recruit participants.**
	x	Minimal risk	
		Substantial risk	
Unwanted intrusion of privacy of others not involved in study (e.g. participant's family).	x	Not applicable	
		Minimal risk	
		Substantial risk	
Social or economic loss (i.e., collecting data that could be damaging to any participants' or stakeholders' financial standing, employability or reputation)		Not applicable	**If the participant talks about abusing a Resident (patient) there is a professional duty to report the abuse; however, the participants will be warned about consequences to revealing illegal activity at**
	x	Minimal risk	

		Substantial risk	**the beginning of the interview as I am legally obligated to report abuse.**
Perceived coercion to participate due to any existing or expected relationship between the participant and the researcher (or any entity that the researcher might be perceived to represent)	x	Not applicable	**I do not have subordinates and thus I would not be interviewing any subordinates.**
		Minimal risk	
		Substantial risk	
Misunderstanding as a result of experimental deception (such as placebo treatment or use of confederate research assistants posing as someone else)	x	Not applicable	
		Minimal risk	
		Substantial risk	
Minor negative effects on participants' or stakeholders' health (no risk of serious injury)		Not applicable	**The stories that the participants reveal may be emotional. They may take breaks or end the interview at anytime.**
	x	Minimal risk	
		Substantial risk	
Major negative effects on participants' or stakeholders' health (risk of serious injury)	x	Not applicable	
		Minimal risk	
		Substantial risk	

17. Explain what steps will be taken to minimize risks and to protect participants' and stakeholders' welfare.
Participants will self-select by sending me an email stating that they are interested in participating in the study. Participants can take breaks during the interview if need be. Participants will select their own pseudonyms as well as pseudonyms of residents (patients) whom they discuss. Recordings of the interviews will be erased after transcription since medical conditions of patients might be discussed.
18. Describe the anticipated benefits of this research, if any, for individual participants.
The summary report may be informative for participants. Participants may gain the sense that they are contributing to the Activities profession.
19. Describe the anticipated benefits of this research for society.
This study will inform the healthcare community and healthcare educators about aspects of the Activities profession. The gap in the literature that this study will address is how activity professionals view current professional development and continuing education opportunities. This study will provide narrative stories to explore professional development of activity professionals and how this development can improve therapeutic intent of activities' programs. The purpose of this study is to explore the role of professional development and the best strategies for professional development among activity professionals to enrich the long-term care environment. This study is needed to guide future enhancement of activity programs through professional development and continuing education of activity professionals and thus to create a better more positive environment for the elderly. Post (2000) points to the needs of those with dementia as including nurturing that draws upon the individual's remaining emotional, relational, and creative capacities. In long-term care part of this nurturing is provided by activity professionals with activities ranging from hand massage to art therapy and thus activity professionals are on the front lines of the positive social change called for by Post. Post, S.G. (2000). *The moral challenge of Alzheimer Disease: Ethical issues from diagnosis to dying.* (2nd ed). Baltimore, Maryland: The John Hopkins University Press.

IV. DATA INTEGRITY AND CONFIDENTIALITY

20a. In what format(s) will you obtain and subsequently store the data? (e.g., paper, electronic media, video, audio)
Audio of interview. Email trails. Computer media using the pseudonyms of the participants.
20b. Where will you store the data?
Will erase the audio recordings of interviews after transcription since they may contain sensitive medical information.

Typed transcripts in my home office and computers will use the pseudonyms that the participants provide. Copies of transcripts will be stored in a safe deposit box.	
21. Describe what security provisions will be taken to protect this data during initial data collection, data transfer, and archiving (e.g., privacy envelopes, password protection, locks).	
My email is password protected. Pseudonyms will be used on transcripts and analysis of data. Typed transcripts in my home office and computers will use the pseudonyms that the participants provide. Recordings of the interviews will be destroyed. Copies of transcripts will be store in a safe deposit box.	
22. Describe what types of checks are in place to facilitate accuracy of data collection. Please note that the university's Office of Research Integrity and Compliance can audit the complete set of raw data at any time after IRB approval.	
Member checking will be done at the end of the interview where the researcher will summarize the narrative and ask for clarification. **Listening to the audio recordings repeatedly during transcription will allow for more accurate transcription.**	
23. Explain exactly when and how the data disposal will occur. (Keeping raw data for five years is the minimum requirement).	
Tapes will be erased after transcription.	
24. Describe the specific plans for handling adverse events involving research participants that might require immediate referral, stopping data collection, management of a new conflict of interest, re-assessment of risks and benefits, or responding to breached confidentiality. These plans must be tailored by the researcher for the specific research context and population.	
The researcher will not directly ask individuals who have worked will her to be participants; however, a former or current coworker might see the LinkedIn post and ask to participate. The researcher does not have anyone who reports to her at work; however, if a peer, former coworker, or manager were to see the LinkedIn post and contact the researcher, the researcher would emphasize her role as researcher, separate from her work. **The consent form includes the** Dr. Leilani Endicott's phone number and the researcher's (Celia Ross) email address in case the participants have any questions. **Participants will be told that they can take breaks at any time during interview. Participants will be cautioned to use pseudonyms.**	
25. Understanding the difference between confidentiality and anonymity: <u>Anonymous</u> data contains absolutely zero identifiers and makes it impossible to determine who participated and who did not. <u>Confidential</u> data contains one or more identifiers, but identifiers are kept private by the researcher. In order to protect participant privacy and assure that study participation is truly voluntary, anonymous data collection is preferred, whenever possible.	
Is it possible to collect your data anonymously?	
x	No, my communications with potential participants and/or consent procedures require one or more of their identifiers (such as name, email address, or phone number) to be shared with me. But I confirm that I will provide complete confidentiality.
	Yes, I have designed my anonymous consent and data collection procedures so that identities are completely protected even from me, the researcher.
26. Will you retain a link between study code numbers and direct identifiers after the data collection is complete?	

x	No.
	Yes, but only to identify those participants who indicate that they want their data withdrawn.
	Yes, it is otherwise necessary because (provide explanation here)

27. Will you provide an identifier or potentially identifying link to anyone else besides yourself?

x	No.
	Yes, it is necessary because (provide explanation here).

28. Explain who will approach potential participants to take part in the research study and what will be done to protect individuals' privacy in this process.

I will post information about the study to recruit participants on my LinkedIn page and send posts to my connections. During the interview participants will choose pseudonyms for the transcripts.

29. List all individuals who will have access to the data (including research assistants, transcribers, statisticians, etc.). If you are a student, the IRB assumes that your supervising faculty members will have access to the data, so you do not need to list them.

I, Celia Ross, will be the only one who has access to the raw data that includes names. Transcripts will use pseudonyms. The dissertation committee might ask for transcripts which don't include names. If I have difficulty with NVivo I might get tutoring but the tutor would only have access to transcripts which doesn't include names.

30. To ensure data confidentiality among your research colleagues, you will either need to obtain a signed Confidentiality Agreement for each person you listed for Question 29 or de-identify the data (by removing all identifying links) before anyone else has access to it. Please visit the IRB Web site to download a sample Confidentiality Agreement. This application's final checklist will direct you to send the IRB your signed Confidentiality Agreement(s) at the same time you submit this IRB form.

Place an X next to each blue box that is applicable:

	I will be emailing the signed confidentiality agreement(s) to IRB@waldenu.edu.
	I will be faxing the signed confidentiality agreement(s) to (626) 605-0472.
x	Not applicable because I am the only one who will have access to the raw data.
	Not applicable because the accessible data is anonymous or de-identified.

31. This IRB application is designed to collect enough information to ensure compliance with USA federal research regulations. However, state and international laws might also be relevant. Please confirm in the blue area below that you are aware of any applicable state or international regulations and describe your plan for ensuring compliance.

Researchers recruiting participants and collecting data in USA only: Please confirm that you have made yourself aware of any state laws that might be relevant to this study's data collection activities (e.g., mandated reporting, privacy, protection of minors or other vulnerable populations) and explain what procedures are in place to comply with those state laws. State-level professional organizations and licensing entities for your field are a good source of this information.

Researchers recruiting participants or collecting data in countries other than the USA: Each international researcher is responsible for making themselves aware of the relevant human subjects protection laws and entities overseeing research for those other countries. International researchers must confirm that they have consulted the available guidance for the countries relevant to their research activities and provide a plan for complying with the relevant laws and oversight entities there. An international compilation of human subjects policies can be found at this link: http://www.hhs.gov/ohrp/international/intlcompilation/intlcompilation.html
I, Celia Ross, am aware that laws in the United States will influence what can be done. Participants will be informed that they will be recorded during the phone interview. Participants will be asked to use pseudonyms for patient privacy when they discuss their healthcare work. Participants will be employed adults, not minors. Participants will be informed that, as a healthcare professional, if elder abuse is discussed, the interviewer must report it.

ADDITIONAL ISSUES TO ADDRESS WHEN THE RESEARCH INVOLVES

PROTECTED HEALTH INFORMATION

32. As part of this study, the researcher(s) will	
	Collect protected health information* from participants → Please complete question 33.
	Have access to protected health information* in the participants' records → Please complete question 33.
X	None of the above → Please skip to question 34.

***Protected Health Information (PHI)** is defined under HIPAA (Health Insurance Portability and Accountability Act of 1996) as health information transmitted or maintained in any form or medium that:

A. identifies or could be used to identify an individual;

B. is created or received by a healthcare provider, health plan, employer or healthcare clearinghouse; and

C. relates to the past, present or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of healthcare to an individual.

33. To use PHI in research you must have approval through one of the following methods: A. An authorization signed by the research participant that meets HIPAA requirements; or B. Use of a limited data set under a data use agreement. Place an X next to the corresponding blue box below to indicate which method of approval you will use.	
	A. Research participants in this study will sign an *Authorization to Use or Disclose PHI for Research Purposes* form. If the study includes multiple activities (e.g., clinical trial or collection and storage of PHI in a central repository), then two authorization forms must be submitted for review. You may download a sample authorization form at the IRB Web site, fill in the required information, and fax to (626) 605-0472.
	B. I will access a limited data set by signing a Data Use Agreement with the party that releases the PHI. A limited data set must have all possible identifiers removed from the data. It is the responsibility of the researcher and the party releasing the PHI to have in place and maintain a copy of a Data Use Agreement which meets HIPAA requirements. Use the template Data Use Agreement and fill in the required information. A copy of the signed Data Use Agreement must be submitted for IRB review.

V. POTENTIAL CONFLICTS OF INTEREST

34. This item asks you to disclose information relevant to separating your multiple roles as clearly as possible, with the goal of ensuring authentically voluntary participation in your study. Doctoral research directly benefits the student (allowing him or her to obtain a degree), and so the researcher should minimize the potential for either (a) conflict of interest or (b) perceived coercion to participate. Researchers who are in positions of authority must take extra precautions to ensure that potential participants are not pressured to take part in their study. Data collection should be as detached as possible from the researcher's authority. Examples: -a professor researcher may recruit students AFTER grades have been assigned -a psychologist researcher may recruit clients from ANOTHER psychologist's practice -a manager researcher may conduct ANONYMOUS data collection so that subordinates do not perceive their responses or [non]participation as being associated with their job standing At the time of study recruitment, are the potential study participants aware of any of the researchers' other professional or public roles? (Such as teacher, business owner, community leader, supervisor, etc.?)	
	No.
x	Yes, the participants will be aware of the researcher's (Celia Ross) roles as a Walden University student and healthcare professional (Certified Dementia Practitioner – CDP; Activity Professional – Board Certified).
35. This item asks you to disclose information related to possible financial conflicts of interest, with the goal of maintaining research integrity. Is it possible that the financial situations or professional positions (to include promotions, contracts, clients, and reviews) of the researchers or their families could be directly impacted by the design, conduct, or results of this research?	
x	No.
	Yes, and the conflict of interest is being managed by the following disclosures/measures: **(insert explanation here).**
36. Will the researcher give participants or stakeholders any gifts, payments, compensation, reimbursement, free services, or extra credit? It is acceptable to compensate your participants as long as the compensation cannot be interpreted as coercive among the participant population. For example, a $5 gift card to a coffee house is fine as a thank you gift, but an Ipod would not be, especially if the participants are teenagers. It is often better to eliminate compensation all together or make sure that 100% of your sample gets the same compensation (as opposed to only compensating those in your experimental group).	
x	No.
	Yes. More information is provided below.

VI. DATA COLLECTION TOOLS

In order to approve your study, the IRB needs to review the full text of each data collection tool (e.g., surveys, interview questions, etc.). This application's final checklist will direct you to send your data collection tools and evidence of compliance with the copyright holder's usage

terms at the same time you submit this IRB form. If any further changes are made to the data collection tools after they have been IRB-approved, you must submit those changes for IRB approval.

READ THIS IF YOU ARE USING A PUBLISHED INSTRUMENT:

Many assessment instruments published in journals can be used in research as long as commercial gain is not sought and proper credit is given to the original source (United States Code, 17USC107). However, publication of an assessment tool's results in a journal does not necessarily indicate that the tool is in the public domain.

The copyright holder of each assessment determines whether permission and payment are necessary for use of that assessment tool. Note that the copyright holder could be either the publisher or the author or another entity (such as the Myers and Briggs Foundation, which holds the copyright to the popular Myers-Briggs personality assessment). The researcher is responsible for identifying and contacting the copyright holder to determine which of the following are required for legal usage of the instrument: purchasing legal copies, purchasing a manual, purchasing scoring tools, obtaining written permission, obtaining explicit permission to reproduce the instrument in my dissertation, or simply confirming that the tool is public domain.

Even for public domain instruments, Walden University requires students to provide the professional courtesy of notifying the primary author of your plan to use that tool in your own research. Sometimes this is not possible, but at least three attempts should be made to contact the author at his or her most recently listed institution across a reasonable time period (such as 2 weeks). The author typically provides helpful updates or usage tips and asks to receive a copy of the results.

Many psychological assessments are restricted for use only by suitably qualified individuals. Researchers must check with the test's publisher to make sure that they are qualified to administer and interpret any particular assessments that they wish to use.

READ THIS IF YOU ARE CREATING YOUR OWN INSTRUMENT OR MODIFYING AN EXISTING INSTRUMENT:

It is not acceptable to modify assessment tools without explicitly citing the original work and detailing the precise nature of the revisions. Note that even slight modifications to items or instructions threaten the reliability and validity of the tool and make comparisons to other research findings difficult, if not impossible. Therefore, unless a purpose of the study is to compare the validity and reliability of a revised measure with that of one that has already been validated, changes should not be made to existing measures. If the study is being conducted for the purpose of assessing the validity/reliability of a modified version of an existing measure, the original measure must also be administered to participants.

37. Are any of your data collection tools published or based upon a published instrument?	
	Yes → Complete #38 a-c.
x	No → Skip to #39 if you are only using tools you created yourself.
38a. Name the copyright holder for each published instrument.	
38b. Place an X next to each of the following legal usage terms that applies to the instrument. If you are using multiple published instruments, please enter the acronym for each measure (instead of an X) next to the usage terms that apply to that instrument.	
	I have obtained legal copies of the instrument.
	I have obtained a legal copy of the manual or scoring kit.
	I have obtained written permission to use the instrument in my research (submitted with this application).
	I have obtained explicit permission to reproduce the instrument in my dissertation (submitted with this application).
	I have confirmed that the tool is public domain: **(Insert citation here).**
	Other: _____
38c. If you are making any modifications to the existing tool, please describe the modifications and explain why they are necessary.	
39a. List the titles of all self-designed interview guides, coding protocols, surveys, document review protocols, etc. here:	
LinkedIn summary of research, LinkedIn posts for recruitment, screening email, informed consent, set a date email, confirm a date email, not eligible email, interview guide, summary posted to LinkedIn.	
39b. Did an expert panel outside of the faculty committee review the self-designed tool(s)? Expert panel review is not required but increases validity of a student-designed tool and thus, factors into the ratio of benefits to risks.	
x	No
	Yes
39c. Did you pilot any of these tools already in a previous IRB-approved study? Piloting is not required but factors into benefits/risks assessment.	
x	No
	Yes. The Walden IRB approval number was **(insert IRB approval number here)**

39d. Do you plan to pilot any of these tools or procedures?	
x	No.
	Yes.

VII. DESCRIPTION OF THE RESEARCH PARTICIPANTS

40a. Provide the target number of participants**,** including numbers per group if your study involves multiple groups or a separate pilot sample:
About 20 participants; however, the final sample size will be based on saturation.
40b. Provide a brief rationale for this sample size:
The study will provide a diverse but manageable group. This should provide a variety of perspectives by activity professionals while still allowing in depth analysis of each; however, if it is determined that more are needed to reach saturation, more will be interviewed.
40c. Describe how potential participants will be found:
Planned recruitment methods include the following: information posted on my LinkedIn page and post(s) for my LinkedIn connections.
40d. Describe the sampling strategy and provide a brief rationale for why that strategy was selected (e.g., random sampling, maximum variation sampling, snowball sampling, criterion sampling, stratified purposeful sampling, convenience sampling, etc):
I will use criterion sampling of Activity professionals. The sample may include individuals who hold different levels and types of positions in the Activity profession. It is anticipated that this study may reveal a diversity of routes to professional development employed by activity staff.
41. Please list all criteria for inclusion and exclusion of participants in this study (such as relevant experiences, age range, etc). Your inclusion criteria should define the sample's critical characteristics, based on the scope of the research question. Once you've defined inclusion criteria, if you have no further limitations on who can participate, just indicate "none" under exclusion criteria.
Inclusion criteria:
Having experience as an activity professional. Being age 18 or older. Currently employed. Fluent in English. Work in the United States.
Describe how you will identify individuals who meet the inclusion criteria:
Recruit from LinkedIn asking for participants who are Activity professionals in the United States. Will have inclusion criteria on informed consent. Will check that their phone number is a United States phone number.
Exclusion criteria:
No experience as an activity professional. Not currently employed. Under the age of 18. Not Fluent in English. Not agree to informed consent.
Describe how you will identify which individuals must be excluded:

Individuals who do not agree to the informed consent. Their phone number is not a United States phone number.
42. Aside from the inclusion/exclusion criteria listed in #41 above, describe how potential participants' demographic variables will be relevant to obtaining an appropriate sample. (Quantitative researchers need to explain how a representative sample will be obtained in terms of gender, ethnicity, or any other relevant demographics. Qualitative researchers need to explain what demographic factors will be considered in selecting participants.)
This will be a convenience sample of Activity professionals. I will be including people based on inclusion criteria.

43. The checklist of vulnerable groups below will help you check your responses to questions 40-42 for potential ethical problems. The ethical challenge is to achieve the goal of equitable sampling that is appropriate to the research question while excluding vulnerable individuals whom the research procedures cannot adequately protect. At the same time, exclusion of any group reduces potential benefits to that group. So the IRB will separately weigh potential risks and benefits for each vulnerable group in this section.

The potentially vulnerable populations listed below may only be specifically recruited when (a) the vulnerability status is directly related to the research question and (b) adequate measures are taken to ensure safety and voluntary participation.

For each of the vulnerable groups below, indicate whether your procedures are designed to recruit any of the following as participants. **You need to place an X in one of the four blue boxes for each lettered category of vulnerable participants and add description of the protections to the right as indicated.**

A. Minors (17 and under)

	Yes: I will be specifically recruiting minors as participants. Protections are described to the right→	Describe protections from pressure to participate:	
		Describe protections from safety and privacy risks:	
	Possible: My participants might be minors but I may not know if they are. Protections are described to the right →	Describe protections from pressure to participate:	
		Describe protections from safety and privacy risks:	
x	No: I will screen age so I can exclude minors. Exclusion procedures are described to the right →	Explain which screening procedure will enable exclusion of minors:	**Informed consent**
	No: My recruitment methods automatically exclude minors.		

B. Residents of any facility (prison, treatment facility, nursing home, assisted living, group home for minors)

	Yes: I will be specifically recruiting facility residents as participants. Protections are described to the right→	Describe protections from pressure to participate:	
		Describe protections from safety and privacy risks:	
	Possible: My participants might be facility residents but I may not know if they are. Protections are described to the right→	Describe protections from pressure to participate:	
		Describe protections from safety and privacy risks:	
	No: I will screen facility resident status so I can exclude them. Exclusion procedures are described to the right →	Explain which screening procedure will enable exclusion:	
X	ent methods automatically exclude facility residents. Participants are currently employed.		

C. Mentally disabled individuals

	Yes: I will be specifically recruiting mentally disabled persons as participants. Protections are described to the right→	Describe protections from pressure to participate:	
		Describe protections from safety and privacy risks:	
	Possible: My participants might be	Describe protections from	

	mentally disabled but I may not know if they are. Protections are described to the right→	pressure to participate:	
		Describe protections from safety and privacy risks:	
	No: I will screen mental disability status so I can exclude them. Exclusion procedures are described to the right →	Explain which screening procedure will enable exclusion:	
X	No: My recruitment methods automatically exclude mentally disabled individuals. My participants are Activity professionals.		
D. Emotionally disabled individuals			
	Yes: I will be specifically recruiting emotionally disabled persons as participants. Protections are described to the right→	Describe protections from pressure to participate:	
		Describe protections from safety and privacy risks:	
	Possible: My participants might be emotionally disabled but I may not know if they are. Protections are described to the right→	Describe protections from pressure to participate:	
		Describe protections from safety and privacy risks:	
	No: I will screen emotional disability status so I can exclude them. Exclusion procedures are described to the right →	Explain which screening procedure will enable exclusion:	
X	No: My recruitment methods automatically exclude emotionally disabled individuals. My participants are currently employed.		
E. Pregnant women			
	Yes: I will be specifically recruiting pregnant women as participants. Protections are described to the right→	Describe protections from pressure to participate:	
		Describe protections from safety and privacy risks:	
X	Possible: My participants might be pregnant but I may not know if they are. Protections are described to the right→	Describe protections from pressure to participate:	**Participants will be choosing whether they wish to contact me to participate.**
		Describe protections from safety and privacy risks:	**In my dissertation, participants will be referred to by pseudonyms**

			Participants can take breaks during the interview
	No: I will screen pregnancy status so I can exclude them from my sample. Exclusion procedures are described to the right →	Explain which screening procedure will enable exclusion:	
	No: My recruitment methods automatically exclude pregnant women.		
F. Subordinates of the researcher			
	Yes: I will be specifically recruiting my subordinates as participants. Protections are described to the right→	Describe protections from pressure to participate:	
		Describe protections from safety and privacy risks:	
	Possible: My participants might be my subordinates but I may not know if they are. Protections are described to the right→	Describe protections from pressure to participate:	
		Describe protections from safety and privacy risks:	
	No: I will screen subordinate status so I can exclude them. Exclusion procedures are described to the right →	Explain which screening procedure will enable exclusion of subordinates:	
X	No: My recruitment methods automatically exclude my subordinates. I do not have subordinates.		
G. Students of the researcher			
	Yes: I will be specifically recruiting my students as participants. Protections are described to the right→	Describe protections from pressure to participate:	
		Describe protections from safety and privacy risks:	
	Possible: My participants might be my students but I may not know if they are. Protections are described to the right→	Describe protections from pressure to participate:	
		Describe protections from safety and privacy risks:	
	No: I will screen student status so I can exclude my students. Exclusion procedures are described to the right →	Explain which screening procedure will enable exclusion of students:	
X	No: My recruitment methods automatically exclude my students. I do not have students.		
H. Clients or potential clients of the researcher			
	Yes: I will be specifically recruiting my clients as participants. Protections are	Describe protections from pressure to participate:	

	described to the right→	Describe protections from safety and privacy risks:	
	Possible: My participants might be my clients but I may not know if they are. Protections are described to the right→	Describe protections from pressure to participate:	
		Describe protections from safety and privacy risks:	
	No: I will screen client status so I can exclude them. Exclusion procedures are described to the right →	Explain which screening procedure will enable exclusion:	
X	No: My recruitment methods automatically exclude my clients. I do not have clients.		
I. Individuals who might be less than fluent in English			
	Yes: I will be specifically recruiting non-English speakers as participants. Protections are described to the right→	Describe protections from pressure to participate:	
		Describe protections from safety and privacy risks:	
	Possible: My participants might be less than fluent in English but I may not know if they are. Protections are described to the right→	Describe protections from pressure to participate:	
		Describe protections from safety and privacy risks:	
	No: I will screen non-English speakers so I can exclude them. Exclusion procedures are described to the right →	Explain which screening procedure will enable exclusion:	
X	ent methods automatically exclude non-English speakers. Asked in the screening email.		
J. Individuals who are in crisis (such as natural disaster victims or persons with an acute illness)			
	Yes: I will be specifically recruiting individuals in crisis as participants. Protections are described to the right→	Describe protections from pressure to participate:	
		Describe protections from safety and privacy risks:	
X	Possible: My participants might be in crisis but I may not know if they are. Protections are described to the right→	Describe protections from pressure to participate:	**Participants will be choosing whether they wish to contact me to participate.**
		Describe protections from safety and privacy risks:	**In my dissertation, participants will be referred to by**

			pseudonyms **Participants can take breaks anytime they wish to.**
	No: I will screen crisis status so I can exclude them. Exclusion procedures are described to the right →	Explain which screening procedure will enable exclusion:	
	No: My recruitment methods automatically exclude individuals in crisis.		
K. Economically disadvantaged individuals			
	Yes: I will be specifically recruiting economically disadvantaged individuals as participants. Protections are described to the right→	Describe protections from pressure to participate:	
		Describe protections from safety and privacy risks:	
X	Possible: My participants might be economically disadvantaged but I may not know if they are. Protections are described to the right→	Describe protections from pressure to participate:	**Participants will be contacting me if they want to participant.**
		Describe protections from safety and privacy risks:	**In my dissertation, participants will be referred to by pseudonyms**
	No: I will screen economic status. Exclusion procedures are described to the right →	Explain which screening procedure will enable exclusion:	
	No: My recruitment methods automatically exclude economically disadvantaged individuals.		
L. Elderly individuals (65+)			
	Yes: I will be specifically recruiting elderly individuals as participants. Protections are described to the right→	Describe protections from pressure to participate:	
		Describe protections from safety and privacy risks:	
X	Possible: My participants might be elderly but I may not know if they are. Protections are described to the right→	Describe protections from pressure to participate:	**My participants will be currently employed professionals.**

			I will not be screening due to perceptions of ageism against active older adults. Participants will be contacting me if they want to participant.
		Describe protections from safety and privacy risks:	**In my dissertation, participants will be referred to by pseudonyms.** **Participants can take breaks anytime they wish to.**
	No: I will screen age so I can exclude elderly individuals. Exclusion procedures are described to the right →	Explain which screening procedure will enable exclusion:	
	No: My recruitment methods automatically exclude elderly individuals.		

44. Please briefly justify the inclusion of each vulnerable group for whom you answered "Yes" or "Possible" above in item 43. Ensure that this response provides a rationale for why it is impossible or unethical to conduct the research without including the protected population.
Pregnant – They will be eligible participants. Screening email does not exclude participants based on pregnancy. **Crisis – They will be eligible participants. Screening email does not exclude participants based on crisis.** **Economic – They will be eligible participants. Screening email does not exclude participants based on economic circumstances.** **Elderly -- They will be eligible participants. Screening email does not exclude participants based on older age groups.**
45. If competency to provide consent could possibly be an issue for any participants, describe

how competency will be determined and your plan for obtaining consent. If not applicable, please indicate NA.
NA

ADDITIONAL ISSUES TO ADDRESS WHEN PARTICIPANTS INCLUDE CHILDREN (AS PER FEDERAL REGULATIONS)

46. Will your sample include individuals less than 18 years of age?	
	Yes → Please complete questions 47-48.
X	No → Please skip ahead to question 49.
47. If this study proposes to include minors, this inclusion must meet one of the following criteria for risk/benefit assessment, according to the federal regulations. Place an X in the appropriate blue box to indicate the level of risk.	
	Minimal risk
	Greater than minimal risk, but holds prospect of direct benefit to participants.

	Greater than minimal risk, no prospect of direct benefit to participants, but likely to yield generalizable knowledge about the participant's disorder or condition.

48. Please explain how the criterion in question 47 is met for this study.

ADDITIONAL ISSUES TO ADDRESS WHEN PARTICIPANTS INCLUDE PRISONERS
(AS PER FEDERAL REGULATIONS)

	49. Is it possible that your sample will include prisoners? Place an X in the appropriate blue box below.
	Yes → Please complete question 50 a-e.
X	No → Please skip ahead to question 51.

50. Enrollment of prisoners requires that the IRB is able to document that the seven conditions under federal regulations 45 CFR 46 Subpart C are met. If you plan to recruit individuals who are at high risk of becoming incarcerated in a penal institution during the research (e.g., participants with substance abuse history, repeat offenders, etc.), it is best that the IRB can address the Subpart C requirements at the time of initial review. Otherwise, if a participant becomes incarcerated during the course of the research and the IRB has not previously reviewed and approved your research for enrollment of prisoners, all research activity must immediately cease for that individual until review and application of Subpart C regulations occurs by the IRB.	
a. Will this study examine the possible causes, effects, or processes of incarceration?	
	Yes
	No
b. Will this study examine the facility as an institutional structure?	
	Yes
	No
c. Will this study specifically examine the experience of being incarcerated?	
	Yes
	No
d. Will this study examine a condition(s) particularly affecting these prisoners?	
	Yes
	No
e. Will this study examine a procedure, innovative or accepted, that will have the intent or reasonable probability of improving the health or well being of the participants?	
	Yes, and residents will be assigned to groups by (provide explanation as to how groups will be formed here).
	No

VIII. OBTAINING INFORMED CONSENT

This application's final checklist will direct you to email unsigned drafts of your consent/assent forms to IRB@waldenu.edu at the same time you submit this IRB form. Your application is not considered complete until they are received.

51. Federal regulations require that the informed consent procedures disclose each of the elements in the checklist below and that consent be documented (usually by asking the participants to sign the consent form listing all of the disclosures but there are some other arrangements that are acceptable, depending on the privacy issues and logistics of the data collection).

Anonymous surveys rely on implicit endorsement rather than obtaining a signed endorsement. In other words, instead of collecting a signature the researcher might instruct the participant to complete the survey if they agree to participate in the study as described on the cover page, which would need to include all the elements of informed consent below.

When participants are 6 and under, researchers must obtain parental consent in addition to reading a script that asks the children for their verbal assent to participate. When participants are between 7 and 17, researchers must obtain parental consent in addition to reviewing an age-appropriate assent form with the child and asking the child to sign if they want to participate.

Templates for consent and assent forms can be downloaded from the IRB Web site. Note that the consent and assent forms on the IRB Web site are only templates and will likely need a great deal of tailoring for your study. Pay particular attention to making the reading level appropriate for your targeted participant population.

Please affirm, by placing an X in each of the corresponding blue boxes, that your consent/assent form(s) contain each of the following required elements.	**YES**	**N/A**
Statement that the study involves research	**x**	
Statement of why subject was selected	**x**	
Disclosure of the identity and all relevant roles of researcher (e.g., doctoral.student, part-time faculty member, facility owner)	**x**	
An understandable explanation of research purpose	**x**	

An understandable description of procedures	x	
Expected duration of subject's participation	x	
Statement that participation is voluntary	x	
Statement that refusing or discontinuing participation involves no penalty	x	
Description of reasonably foreseeable risks or discomforts	x	
Description of anticipated benefits to subjects or others	x	
Information on compensation for participation		X
Description of how confidentiality will be maintained	x	
Whom to contact with questions about the research (i.e. researcher's contact information)	x	
Whom to contact with questions about their rights as participants (Walden University representative)	x	
Statement that subject may keep a copy of the informed consent form	X	
All potential conflicts of interest are disclosed		X
Consent process and documentation are in language understandable to the participant	x	
There is no language that asks the subject to waive his/her legal rights	x	
If appropriate, indicates that a procedure is experimental (i.e., not a standard Rx)		X
If appropriate, disclosure of alternative procedures/treatment		X
If appropriate, additional costs to subject resulting from research participation		x

FINAL IRB CHECKLIST

52. Please indicate below, by placing an X in the corresponding blue boxes, which method you are using to send each of your supporting documents. We ask that you send these supporting documents to the IRB at the same time you submit this application.

Students must obtain their supervising faculty member's approval in question #55 before submitting any materials to the IRB.

	Emailed to IRB@walden u.edu	**Faxed to (626) 605-0472**	**Not applicable to my study**
Human Research Protections training completion certificate	**x**		
Data collection tools (e.g., surveys, interviews, assessments, etc.)	**x**		
All of the following that apply to any assessments' copyright holders: written/emailed permission to use the instrument, permission to reproduce the instrument in the dissertation, confirmation that the tool is public domain, proof of the researcher's qualifications to administer the instrument			**x**
Letters of Cooperation from community partner organizations (e.g., school) or individuals (e.g. cooperating teacher) who are assisting with participant recruitment or data collection			**x**
Data Use Agreement from any community partners that will be sharing their non-public records			**x**
Invitation to participate in research (e.g., letter, flier, phone script, ad, etc.)	**x**		
Signed Confidentiality Agreements for transcribers, statisticians, research assistant, etc.			**x**
Consent/assent forms	**x**		
Federal certificate of confidentiality (to shield data from subpoena)			**x**

Please maintain a copy of this completed application for your records. Once the IRB application and all supporting documents have been received, the IRB staff will email the researcher and any relevant faculty supervisors to confirm that the IRB application is complete. At this time, the IRB staff will also notify the researcher of the expected IRB review date for the proposal.

The review date will be scheduled no later than 15 business days after your completion of this application. In the case of doctoral students, the review date will be scheduled no later than 15 business days after both A) the application is complete and B) the proposal is fully approved.

Notice of outcome of the IRB review will be emailed to the researcher and any supervising faculty members within 5 business days of the review. Please be aware that the IRB committee might require revisions or additions to your application before approval can be granted.

Neither pilot nor research data may be collected before notification of IRB approval. Students collecting data without approval risk expulsion and invalidation of data. The IRB will make every effort to help researchers move forward in a timely manner. Please contact IRB@waldenu.edu if you have any questions.

FEEDBACK ON THIS IRB APPLICATION

53. The board is committed to making this IRB application as clear and specific as possible so that even novice researchers can provide all the information necessary for the board to evaluate the ethics of the proposed data collection. If you would like, please give us feedback on any questions or steps that you found unclear: You will also have an opportunity to provide anonymous feedback at the end of the IRB review process.

RESEARCHER ELECTRONIC SIGNATURE

54. By placing an X next to each of these boxes and providing my email address below as an authentication, I am providing an electronic signature certifying that each of the statements below is true.	
x	The information provided in this application form is correct, and was completed after reading all relevant instructions.
x	I agree to conduct this and all future IRB correspondence via email/fax.
x	I, the researcher, will request IRB approval before making any modification to the research procedures or forms, using the Request for Change in Procedures Form found at the Walden IRB Web site.
x	I, the researcher, will report any unexpected or otherwise significant adverse events and general problems within one week using the Adverse Event Reporting Form found at the Walden IRB Web site.
x	Neither recruitment nor data collection will be initiated until final IRB approval is received from IRB@waldenu.edu.
x	I understand that this research, once approved, is subject to continuing review and approval by the Committee Chair and the IRB.
x	I, the researcher, will maintain complete and accurate records of all research activities (including consent forms and collected data) and be prepared to submit them upon request to the IRB.
x	I understand that if any of the conditions above are not met, this research could be suspended and/or not recognized by Walden University.
Enter researcher email address (provides authentication for electronic signature and thus must match email address on file with Walden University):	

Celia.ross@waldenu.edu

IRB Policy on Electronic Signatures

Walden's IRB operates in a nearly paperless environment, which requires reliance on verifiable electronic signatures. Electronic signatures are only appropriate when the signer is either (a) the sender of the email, or (b) copied on the email containing the signed document.

Electronic signatures are regulated by the Uniform Electronic Transactions Act. Legally, an "electronic signature" can be the person's typed name, their email address, or any other identifying marker. An electronic signature is just as valid as a written signature as long as both parties have agreed to conduct the transaction electronically. University staff will verify any electronic signatures that do not originate from a password-protected source (i.e., an email address officially on file with Walden).

SUPERVISING FACULTY MEMBER ELECTRONIC SIGNATURE

55. As the faculty member supervising this research, I assume responsibility for ensuring that the student complies with University and federal regulations regarding the use of human participants in research. By placing an X in each of these boxes and providing my email address below as an authentication, I am providing an electronic signature certifying that each of the statements below is true.	
X	I affirm that the researcher has met all academic program requirements for review and approval of this research.
X	I will ensure that the researcher properly requests any protocol changes using the Request for Change in Procedures Form found at the Walden IRB Web site.
X	I will ensure that the student promptly reports any unexpected or otherwise significant adverse events and general problems within 1 week using the Adverse Event Reporting Form found at the Walden IRB Web site.
X	I will report any noncompliance on the part of the researcher by emailing notification to IRB@waldenu.edu.
Faculty member should enter their email address (provides authentication for electronic signature and thus must match email address on file with Walden University):	
Cynthia.Tworek@waldenu.edu	

Letter of Cooperation

National Association of Activity Professionals

3604 Wildon Street

Eau Claire, WI 54703

Date: October 1, 2015

Dear Celia Ross,

Based on my review of your research proposal, I give permission for you to conduct the study entitled Facilitating Environmental Enrichment in Senior Care Activities with Professional Development within the National Association of Activity Professionals. As part of this study, I authorize you to network with NAAP members at the 2015 Fall Education Summit to share information about ongoing dissertation research and how NAAP members can volunteer to participate. Individuals' participation will be voluntary and at their own discretion.

I confirm that I am authorized to approve research in this setting and that this plan complies with the organization's policies.

I understand that the data collected will remain entirely confidential and may not be provided to anyone outside of the student's supervising faculty/staff without permission from the Walden University IRB.

Sincerely,

Alisa Tagg, BA ACC/EDU AC-BC CDP

President

NAAP

Walden University policy on electronic signatures: An electronic signature is just as valid as a written signature as long as both parties have agreed to conduct the transaction electronically. Electronic signatures

are regulated by the Uniform Electronic Transactions Act. Electronic signatures are only valid when the signer is either (a) the sender of the email, or (b) copied on the email containing the signed document. Legally an "electronic signature" can be the person's typed name, their email address, or any other identifying marker. Walden University staff verify any electronic signatures that do not originate from a password-protected source (i.e., an email address officially on file with Walden).

Request for Change in Procedures Form

Please email this change request form to irb@waldenu.edu.

1. Clearly describe the requested change and indicate what prompted the request (i.e. sponsor-requested changes, researcher's assessment of need, etc.) as well as whether the change necessitates revision of the consent documents.

In different versions of my IRB documents, I made changes over time before final approval. I noted an inconsistency between the IRB form and the interview script due to this. I would like to make them consistent. In informing the participants of a summary of the results, should I inform via LinkedIn or email? Please inform me as to the best course of action. Thank you for your guidance.

Make the interview consistent with the IRB form which says "(12, step 13) "**Place a summary of results on my LinkedIn page and as a comment to my connections**" and consent form "At the conclusion of the study, you may read a summary of the study posted on my LinkedIn page. " Thus I request to change the ending of the interview from "Thank you for your time. I will email you a short summary of the results of the study after the data is analyzed" to "Thank you for your time. I will post on LinkedIn a short summary of the results of the study after the data is analyzed."

2. Please send irb@waldenu.edu a copy of all documents revised or added as a result of the proposed change (i.e. consent/assent forms, recruitment letters or ads, revised protocols, questionnaires, etc.) with changes clearly highlighted. If the change involves a request for additional subjects, indicate the number of additional subjects for which approval is requested.

3. If your request involves a change in research staff, please provide contact information for all new personnel, as well as any relevant degrees and qualifications.

Your request to change study procedures/staff will be reviewed by the same method in which the study was first reviewed, either by the full-committee or through the expedited review process, unless the change is minor and can be managed through expedited review. The IRB staff will route changes for review through the most rapid means possible and will provide an update as to the status of this request when confirming receipt of the form.

Request for Change in Procedures Form

Please email this change request form to irb@waldenu.edu.

1. Clearly describe the requested change and indicate what prompted the request (i.e. sponsor-requested changes, researcher's assessment of need, etc.) as well as whether the change necessitates revision of the consent documents.

I haven't recruited enough participants. Thus I would like to network at the NAAP Fall Summit Conference to point Activity Professionals to my LinkedIn recruiting information. Attached is a rough draft of a letter of cooperation I would like to send to the NAAP. I will attend the conference only if the NAAP signs the letter of cooperation. The change doesn't necessitate a revision of the consent documents.

2. Please send irb@waldenu.edu a copy of all documents revised or added as a result of the proposed change (i.e. consent/assent forms, recruitment letters or ads, revised protocols, questionnaires, etc.) with changes clearly highlighted. If the change involves a request for additional subjects, indicate the number of additional subjects for which approval is requested.

3. If your request involves a change in research staff, please provide contact information for all new personnel, as well as any relevant degrees and qualifications.

Your request to change study procedures/staff will be reviewed by the same method in which the study was first reviewed, either by the full-committee or through the expedited review process, unless the change is minor and can be managed through expedited review. The IRB staff will route changes for review through the most rapid means possible and will provide an update as to the status of this request when confirming receipt of the form.

Informed Consent

You are invited to take part in a narrative research study collecting stories of Activity professionals using things that they have learned to better help a resident. This will be done through recorded phone interviews. If you wish to participate, you will be interviewed by phone as part of a graduate research study. This form is part of a process called "informed consent" to allow you to better understand your participation in this study. Please keep a copy of this form for your records.
This study is being conducted by a researcher named Celia Ross who is a doctoral student at Walden University.

Background Information:

The purpose of this study is to collect narratives about Activities professionals using things that they have learned and used to inform their care of residents.

Participants

I am interviewing currently employed Activity professionals, residing and working in the United States, who are aged 18 and older, and fluent in English. If you consent to participate, you are agreeing that your meet these criteria.

Procedures:

If you agree to be in this study, you will be asked to:

 Participate in a phone interview. Your responses will be audio recorded to assist with transcription and ensure accuracy in capturing the data collected. Your participation will take less than an hour.

 Provide a pseudonym to ensure your privacy and use pseudonyms when referring to residents to ensure their privacy.

 To ensure that data is accurately captured, at the end of the interview, the interviewer will summarize what was said and ask if there are any clarifications.

Voluntary Nature of the Study:
This study is voluntary. You can choose to participate and you will not be treated differently if you decide not to participate in the study. You may refuse to answer any question and you can quit the study at any time.

Risks and Benefits of Being in the Study:
Being in this study involves only minimal discomforts encountered in daily life, such as revisiting emotional memories. This study will benefit the long-term care profession by informing the field of Activities and professional development for staff. You will also get the opportunity to reflect on your past experiences and consider what types of professional development opportunities you might like to seek in the future. At the conclusion of the study, you may read a summary of the study posted on my LinkedIn page. There will be no financial compensation for participation.

Privacy:
Any information you provide will be kept confidential; however, as a healthcare provider, I am required to report illegal activity that would endanger the safety of residents so I ask that you keep this in mind when providing narratives and responses. The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reports. Transcripts will be kept secure in a locked location for a period of at least 5 years, as required by the university. Audio recordings will be erased after transcription.

During the interview
You may take a break at any time.

Contacts and Questions:
You may ask any questions you have now. Or if you have questions later, you may contact the researcher via email at celia.ross@waldenu.edu. If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott at Walden University at the following number (612) 312-1210. Walden University's approval number for this study is 08-12-15-0132847 and it expires August 11, 2016.
You may contact the researcher at Celia.Ross@WaldenU.edu

Appendix D Not Eligible

Hello,

Thank you for your interest in participating in my dissertation research study. I regret to inform you that you are not eligible for the current study.

Thank you,

Celia Ross, M.S., CDP, AP-BC, AAC

Appendix E Setting a Date Email

Hello,

Thank you for confirming your eligibility to participate in my dissertation study for Walden University. You will be asked to discuss your experiences as an activity professional, telling related to professional development, continuing education, and resident care. This interview will be audio recorded and you will be asked to provide pseudonyms for yourself and any resident(s) to ensure privacy.

Please let me know when you would be available. Possible days and times that are currently available are:

XXXXXX

XXXXXX

What telephone number may I use to confirm your appointment and contact you for the interview?

Thank you again for your interest in participating in my research project,

Celia Ross, M.S., CDP, AP-BC, AAC

Appendix F Confirm a date email

Hello,

This email is to confirm our phone interview on (date) at (time).

Thank you for your interest in my dissertation study,

Celia Ross, M.S. CDP, AP-BC, AAC

Appendix G Interview

Hello, my name is Celia Ross and I am a graduate student at Walden University calling to interview you for my dissertation research project for which you agreed to participate. This research project will explore professional development and continuing education among activity professionals related to their care of residents in long term care settings.

May I turn on the tape recorder and begin?

As a reminder this interview will be tape recorded. You may take a break at any time. I will be asking for stories about the activities profession. For legal considerations, I ask that Residents be referred to by pseudonyms in compliance with HIPAA and I caution you to be aware that as a healthcare professional, I would have to report any cases of elder abuse.

Do you have any questions?

First I will ask some background questions.

I Thick description: Background information

A. About you

1. What pseudonym do you wish to be referred to in this study? (Ensure privacy)
2. What drew you to the activity profession and what positions have you held in activities? Use pseudonyms if facilities are mentioned. (Thick description – better understand population)
    a. *Probe 1: How many total years in activities is that?*
    b. *Probe 2: Do you hold any certifications related to activities or healthcare?*

B. About your facility

1. Can you tell me about your facility and resident population? Use a pseudonym for the facility's name.

II Narrative Study Questions

I am going to first ask you a few questions about the broad area of professional development, including informal learning and inspiration, and then a few questions about formal continuing education in particular and how you have used them to inform your care for a resident. I am interested in stories that you have.

1. What has inspired you in activities on an informal learning level? (Research question 1)
    a. *Probe as needed concerning activities that could be related to professional development such as reading books, websites, library resources, discussions with mentors, observing coworkers, or life experiences*
2. What topics did this cover? (Research question 1)
    a. *Probe as needed for: Diversity of topics such as methodology, gerontology, healthcare management, or spiritual dimensions of caregiving -- have any of these informed your care*

3. Can you tell me a story about an informal learning experience and how it helped to inform your care for a resident? Use a pseudonym of your choice for the resident's name. (Research question 1)
    a. *Probe as needed on details of the narrative story about a professional development experience. "Tell me more about – "*
    b. *Probe as needed about response of resident*

4. What are your preferences for future informal learning activities in terms of modality and topic? (Research question 2)
5. How might you utilize this type of professional development? (Research question 2)

Now let's talk about continuing education.

6. How does continuing education relate to your professional development? (Research question 1, 3)
    a. *Probe as needed about workshops, online classes, in-service, and college classes.*
7. What topics has this covered? (Research question 1, 3)
    a. *Probe as needed for: Diversity of topics such as methodology, gerontology, healthcare management, or spiritual dimensions of caregiving -- have any of these informed your care?*
8. Can you tell me a story about how something you have learned from a continuing education experience and how it has informed your care for a resident? Use a pseudonym of your choice for the resident's name. (Research question 1, 3)
    a. *Probe as needed on details of the continuing education experience. "Tell me more about – "*

   b. *Probe as needed about response of resident*

9. What are your preferences for future continuing education activities in terms of modality and topic? (Research question 2)
10. How might you utilize this type of continuing education? (Research question 2)
11. Is there anything that you would like to add?
12. Let me take a few minutes to review my notes and clarify anything if necessary…..

"Thank you for your time. I will post on LinkedIn a short summary of the results of the study after the data is analyzed."

Appendix H Participant Vignettes

Artimus

The focus of Artimus's professional development was primarily facilitating her ability to form connections with the Residents and secondarily developing the business skills to run an activities department. What drew her into activities were experiences with family. She said her experiences with her family led her to "believe that there is something that we can do with Residents of nursing homes that can get them to connect with their inner lives and connect with use through touch or through music." This led her to volunteer at a nursing home which later developed into a paid career in activities. Her training in music and singing enables her to connect with the "inner lives" of the Residents with dementia. She connects with the "audience," whether it is one-to-one or a small group of Residents as she sings and plays the accordion. As she sees it, her experiences appear to support the theory that music memory is retained better than other memories. She continued to develop her music therapy skills with a webinar. She uses professional development – including books, MOOCs, downloadable courses, webinars, a dementia care workshop – to understand, inform her of ways to relate to, and connect with Residents with dementia. She also learns about the science of dementia from the writings of Oliver Sacks online. She is a Certified Dementia Practitioner (CDP) and is working toward her activities director certification. Certification involves continuing education. Understanding the behaviors of people with dementia and developing appropriate communication skills are keys to connecting with Residents. Behaviors in Residents are often caused by stress and activity professionals need to know how to look for unmet needs and defuse these behaviors. Residents often live in the past and activity professionals have to communicate with them in their reality,

not try to bring them into your reality. For example, don't remind a Resident that her mother is dead if she has forgotten that; stay in the Resident's reality.

Artimus also helps the Residents that are able to connect with the community by doing projects for schools or the local animal shelter. It gives the Residents a connection with the outside world. Enabling volunteer work is also using her general skills to be an enabler of whatever brings meaning to the lives of Residents. She works to find ways to help Residents have a sense of accomplishment.

Artimus wants to continue to develop her skills at understanding and connecting with Residents. She stated, "There's so much to know because every person with Alzheimer's or dementia is different." Ideally she would like to take more dementia care workshops, with a good speakers and rooms full of people learning from each other, which would be very inspirational; however, getting the time off for an all day seminar is a problem. Still she hopes sometime to go to more workshops on dementia care and culture change. She would like to see activities inservices at the nursing home; it would be good for the activities department to learn something together and bounce ideas off of one another. She would also like to learn more about craft ideas, from Pinterest for example, to provide better programming for Residents. She would like to learn from the internet how to better motivate Residents for craft activities. She is working toward ADC certification by taking distance learning MEPAP (a NCCAP course for certification as an ADC) training to develop professionally in activities.

Artimus aims to develop her business skills for running an activities department. She is learning PowerPoint and other things to do on a computer through internet webinars since it wasn't something she learned in school growing up with a typewriter. She is also taking

management webinars to be better organized and be more effective as a manager and team player. She would like to take stress reduction workshops.

Ann

In her previous part-time job working in the medical office of her physician father, who had mostly geriatric patients, Ann realized that she had a natural talent at connecting with older people. Ann started her activities career as a part-time activity assistant. When the director of activities left, Ann was promoted to that position. The Board where Ann worked decided that in her new position, she should become certified in activities. Since Ann had not completed college, she had to take 2 prerequisite college courses in Psychology and English in addition to the Activities Director Certified (ADC) program. She also got Board Certification in Activities. She needs to continue to take continuing education to maintain her certifications. This involves 30 hours of CEUs every 2 years, half of which must be in person state-level workshops listening to a speaker. These workshops cover topics in dementia; activities such as games, tactile stimulation, music, and crafts. For future workshops, she would like to learn more about things to do for those with severe dementia and professional skills such as "getting along with your peers,… how not to burn out, [and] communication skills." She would like to become a certified dementia practitioner. She also does continuing education online. Her informal professional development includes books on dementia, experience as an activity director for 18 years, and empathy – "I treat people the same way I want to be treated."

Ann has found her job to be spiritually / emotionally rewarding stating about her start in activities, "It's unconditional love. I really believe that the job I had in the beginning saved my

life. The true love that I get from these residents is more than I could ever give them…. I find that I am truly accepted by my residents because I feel that I am a very honest caring loving person….” Ann told a story about connecting with a Resident which she found spiritually / emotionally rewarding. “Charlotte,” a Resident with dementia is lonely and needs a lot of attention. “Charlotte” is very repetitive and calls out quite a bit. Ann found that “Charlotte” loves music. Ann wheels “Charlotte” around the facility while they sing “You are my Sunshine.” Ann said, “…she will sing with me and she calls me her sunshine and I call her my sunshine.”

Ann is seeking to improve programing for those with severe dementia. However, Ann did describe what is already being done for those with advanced dementia; she said “We do a lot of massage and things for residents that are passive, you know, severely demented… hand massages, back rubs, things like that.” Ann is planning a program of bringing iPod music to Residents with dementia. She says, “Music calms everyone’s soul no matter how cognitive you are… I feel that it might settle some dementia residents that might be a little over stressed.” However, funding is an issue for this program.

Jim

Jim found in a previous job in social services, that he had a natural talent for assisting older folks. He said, “I’ve always had a very good repore with old folks and see them as equals…. I started to spend more time with the old folks and people with dementia and understand what the goals were…. I took it upon myself to figure out ways of communicating well with people with dementia….” This helped prepare him for a career in activities. In addition his Master’s degree in Fine Arts and experience as an artist and art instructor provided an idea

for how he could join an activities program at an adult day care center. He expanded his programing repertoire to a complete activities program. He learned from experience working with the participants. He worked on ways of communicating well with people with dementia and figuring out what they need. He learned how to provide and implement each type of program in an optimal way. He finds that it is important that programs help residents feel that they achieved something. Currently he is an activity director at a long-term care dementia unit and is developing an entrepreneurial activities consulting business.

His experience and natural talents of empathy, open mindedness, creativity, and communication serve him in working with people with dementia to help them feel validated and successful. While his natural talents and experience were key, early on he also participated in some training sessions that were "a little helpful." From these workshops he learned more about making an art program more accessible for someone with dementia. Early on he also learned from observing more experienced program providers who came through the program.

Jim gave examples of how he uses his natural talents to better put "tools" to use in performing his job.

Jim sees activities as helping to elicit emotion in Residents. He uses his vast collection of CDs to put on nostalgic music programs he call "music and dance parties," where he uses the concepts of theater to create an experience and communicate / connect with the Residents. He told the story of a woman in a nostalgic music program. The woman had dementia, and as is common with the condition, her face often had a certain flatness. However, when Jim played the emotionally stirring Kate Smith's "God Bless America," the woman began to gently weep with the nostalgia program. Jim uses a variety of nostalgic activities from beach ball games to music

to photographs to help residents feel "a little more carefree and a little less anxious about things…." Jim says activities brings culture to Residents so that they can remain stimulated; Residents can't bring culture to themselves by going out and buying opera tickets.

Jim uses his natural talent for creativity and artist's mind in figuring out how to use new materials in activities. He finds items in a warehouse store that always has something different such as shoelaces, fabric, metal, and wood. For individuals with more advanced dementia, he does something called "table games" where he puts something in front of them that they can manipulate and play with. He often initiates a little bit of play to show them how the materials can be used. Jim said "To me the baseline is just sitting there doing nothing which is what will happen if you don't give someone something to do…."

Jim is uses his experience in activities for professional development by creating an entrepreneurial activities consulting business. When asked if he would be interested in workshops to advance his business, he said he would.

Jim would like to see colleges provide activities education programs specifically for teaching the next generation of activity professionals about working with individuals with dementia. This will help those entering the field to better understand dementia, communicate with individuals with dementia, and appreciate the culture of the elder cohort.

Nicole

Nicole's grandmother had encouraged her to become an RN; however, Nicole switched her major to gerontology because she wanted to spend more one-on-one time with the Residents

and less time with paper work. Nicole has activities certification (ADC) and also CNA certification, and a certification for research. She works on a dementia unit. To maintain her certifications, she takes continuing education (workshops and computer elements) for CEUs, with a focus on dementia training. Her informal professional development includes learning from coworkers. Her coworkers and her share information about specific Residents to provide better individualized care; for example, how to better care for a Resident who is having behavior problems. She learns about the backgrounds of Residents from the Social Service Department, families, and the Residents themselves so she can incorporate past interests into individualized activities programing. Nicole stated "I read something on Facebook that said once you live in a nursing home all you are your past occupation and religion [laugh] it kind of annoyed me because I work hard I work very hard at learning about a resident and what the social service worker and I work a full profile and what we want is past interests and really incorporating that so if the resident has dementia so they figure out what to incorporate now is a fishing hunting [unclear] in the past that's so important [unclear] individualizing activities." Nicole also learns about Residents through a reminiscing art program called "Memory in the Making" which is done in conjunction with the Alzheimer's Association. The painting program leads to Residents telling stories about their past such as flower gardens they took care of before they were married.

Nicole sees her job as spiritually / emotionally rewarding, saying, "…But I do love what I do. It's a very rewarding job."

Nicole is building on her experience with graduate coursework to develop professionally beyond her current position to become a gerontology instructor. She is going for a Master's degree in healthcare informatics and would like to continue on for a PhD in gerontology. She sees her graduate work as a backup plan because she is getting older and realizes that she can't

continue to do her current job forever. She needs to have a career where she is able to provide for her family. Nicole sees her future career as using her experience and training to guide those new to the field.

Ginger

The life experience of having a grandmother with dementia whom she helped care for, made Ginger aware of the needs of those living with dementia. From her grandmother she learned the importance of patience and unconditional love in caring for those with dementia. Later she applied for a part-time activities assistant director position, which she greatly enjoyed. When she had her son, she decided to stay home to take care of him. Later, based on her enjoyment of her previous position in activities, she decided on a career in activities and got a job in another nursing home where she has been for 17 years. Her boss mentored her, answering her questions, and also encouraged her to get more education about activities. Ginger has gone to national conferences where she has learned some techniques – such as getting down low and talking face to face with someone in a wheelchair – and confirmed other things that she had already learned from experience. She shares what she learns at conferences / workshops with her peers. She would like to learn more about dementia and how to handle residents with their behaviors issues rather than having the behaviors medicated for. She also uses continuing education to maintain her activities certifications including Activity Professional – Board Certified and Certified Dementia Practitioner. Ginger likes active workshops where she gets to practice techniques, not just being lectured to in a monotone. In addition to conferences / workshops, Ginger uses the internet to find tools such as trivia websites for trivia programs. One

online trivia program is freerice.com where if the Residents get a question right, the site donates to a world hunger program. She would like to find more programming ready-to-use on websites.

Marie

Marie has a Bachelor's degree in journalism, with a minor in music, and has taken graduate courses in the sciences. She started her career as a journalist who also did extensive volunteer work, including playing in a community band. The band played for local nursing homes. Her interest in this activity plus the decline of the newspaper motivated her to transition out of journalism into nursing home activities. She has read extensively about music and the brain and how music is a powerful tool when working with those with dementia. Marie stated, "I love to read and I am very curious I'm always looking into ways I can improve life for the residents. I've read some fascinating books, there's a great book on music called 'This is your brain on music' written by a rock star turned neuroscientist about how [unclear] brain works." She talked at length about how music draws upon five areas of the brain and that the elderly are most emotionally connected with the music they heard in their teens and twenties. Thus she plays music from that timeframe. She told a story about when she led some Girl Scout volunteers around the facility singing Girl Scout songs. They sang the song "Friends." Upon hearing this song, one of the residents "Rose," who had advanced dementia and didn't speak much anymore, suddenly lifted her head and all of sudden Rose said "I was a Girl Scout leader, I was a Girl Scout leader, and I was at camp Tall Trees" and she told them all this stuff that came pouring out of her. Rose still remembered the Girl Scout visit three weeks later when her daughter visited, the song had made such a powerful connection.

In addition to college education and scientific reading (books and online), Marie has certifications in activities as an Activity Director, an Activity Consultant, and a Certified Dementia Practitioner. To maintain these certifications and to learn more new ideas to bring back to nursing home, she takes at least 40 continuing education credits every two years. She does this in a variety of ways. She goes to conventions where she both listens to lectures and gives lectures to earn credits. She also writes articles for an activity magazine which allows her to receive credits for sharing information. When she listens to lectures she chooses ones that teach her new programs for the residents and ones on leadership and organization skills. She avoids ones on how to do paperwork. Examples of what she has learned from lectures includes craft ideas to help with fine motor skills, working with a diverse population from different countries, and travel programs.

She talked about a new program for the she learned. It's called "Meet Me at the Museum." It is based on the finding that some individuals with dementia become more attuned and better at art. Marie seemed interested in this fact both from a scientific perspective and from the perspective of an activity director looking for new activities for the residents. In "Meet Me at the Museum" residents first discuss a projected image of a famous painting such as what colors are in it or what objects are in it. Then they are asked to draw, not a copy of the painting, but something that the painting reminds them of. One man, upon seeing "Starry Night" drew a boat and said that he drew a boat because starry night reminded him of when he was a little boy and he liked to stay out late at night in his row boat as long as he could. This allowed Marie to learn more about the resident. Another woman drew a mountain because "Starry Night" reminded her of the scene outside her childhood bedroom window. Marie said, "It was amazing; stories people just never knew about them before." Upon seeing a painting of a scene in London, one woman

with advanced dementia who didn't speak, drew figures rather than just scribble. When this woman's sister visited and saw the drawing she said that the place in the painting her sister was familiar with. She drew the next block up because was the next block after she saw that scene. Marie said that it was amazing stories she learned about people that she never knew before.

Marie wants to use future continuing education to learn new activities for the resident "that will brighten their day." She wants a variety of activities so that they don't have the same activities every day and also so that Residents, who come from diverse backgrounds, can find activities that meet their needs. She wants to learn to adapt activities so that residents can continue to do things that are important to them. She objects to Bingo being a main activity but should be an occasional thing.

Denise

Denise has a bachelor's degree in Recreation therapy, 29 years of experience as an activity professional, certifications, and currently works in a veterans' facility. She stated, "I think the activity profession is a wonderful field. It's a great way to be hands on in the medical community because we so enlighten our residents, give them meaningful and purposeful activities to continue to lead productive lives." An early supervisor mentored her both about activities and also about avoiding burnout. Denise said her mentor "taught that we should take care of ourselves as activity professionals because if you don't take care of yourself how are going to take care of your residents." To avoid burnout Denise has a place in the Poconos where she relaxes on weekends which she says is "very peaceful and reinvigorates me for the coming week." For the first 15 years of her career, she had no certification in the field, but then in 2003,

she took the MEPAP course to become certified as an Activity Director. She highly recommends the certification process stating “they explain why you’re doing what you’re doing and give you information that you might not know coming in off the street.” She has seen the continuing education opportunities for earning CEUs (needed for maintaining certification) expand from Chapter meetings / workshops to including internet programs that allow for home study. She said about the trends in continuing education, “Continuing education will be more available online than going to conventions….” From her continuing education she has learned about aging and dementia and how to educate Residents’ family members about dementia and Alzheimer’s disease.

Denise brings her hobby of writing to use in activities both as an activity program and writing for publications to educate other Activity professionals. As an activity program, Denise has Residents write short autobiographical anecdotes, for example, about a pet that they had. For professional writing, Denise writes about how she conducts writing activities.

Relationships, both with Residents and other healthcare professionals is important. Relationships with Residents have been very spiritually / emotionally rewarding; Denise stated “these people have made such a difference in my life as much as I have made an impact on theirs. I carry their stories with me…. In this field I’ve learned that it’s relationships that you need to build on with them….” Relationships are also important with interdisciplinary teamwork; Denise works with music therapists, pet therapists, and aroma therapists.

Knowing the Residents is key; Denise stated, “Sometimes in this field, you intuitively find a strength ….you connect with your clients and you know their strengths and you pull it out. The best thing about our field is we don’t focus on what they are not able to do, we focus on

what they are able to do." Denise told the story of a Resident who was very withdrawn. She learned that he was a former police dog trainer. The pet therapists found someone who had a pet therapy German Shepard. The Resident not only bonded with the dog but also the family who brought the dog around. The Resident became more outgoing and participated in activities. Denise encouraged another Resident who was bedbound to draw and displayed his artwork on a bulletin board. Sometimes what is needed is not a formal group activity but can be "sitting and holding that person's hand" or just going for coffee and chatting with a couple of Residents – "sharing and at the end of the day, that was all it was."

Mary

Mary found inspiration to go into activities from her life experiences; she stated "I was raised in a multigenerational household and always loved being around older people and it just became like a natural fit for me." She said of her family "I saw the way they adapted to aging and how our family responded so that really inspired me and I believe in the power of family and not to fear aging, but to go with it and change with it because that's what required of us."

When Mary went to college there weren't majors in activities available so she majored in occupational therapy but found it too restrictive. Mary has been in the field of activities for 30 years and has certifications. Mary has worked in personal care, a dementia unit program, a physical rehab unit, and as a certified instructor for the modular education program for activity professionals. She is currently self-employed teaching activity professionals. Mary stated "I've had so many wonderful experiences with the people I served over the past 30 years. Inspirational clients… people that had incredible careers, creating patents… a minister, or a

salary person like you or I who just shares the all of life. I never get tired of being around elders." She spoke of a Resident, a retired English teacher, who hesitated in participating in an art program and just watched at first. When she decided to try art she was very proud of her work when it was hung up in the facility. Mary said, "she would tell everybody, 'I did that'… she had so much pride…. she had so much pride, that self-esteem, people participate in different ways and we have to be very sensitive and flexible to that."

Mary finds her work spiritual / emotional rewarding; she stated, "It's just naturally inspirational cause I believe we receive equally as much as we give as professional or volunteer caregivers."

Mary stated that she has done sensory one-to-ones with Residents with advanced dementia; she stated, "I...[was] doing… sensory one-to-one with a woman who is very regressed and not responsive where I could sit and be at her eye level on her side and speak to her. I knew the things that she liked so I brought a particular book to show her the cover… I did something with aroma…. I approached her slowly, simple sentences, stay in the field of vision for her, and I was able to be with her until she was able to quietly respond to me and a brief moment of eye contact. That was very powerful." Mary learned about the neurological effects of dementia and how to care for someone with dementia by attending a Teepa Snow workshop.

Mary is a self-described "life-long learner." She has many books and sits in the front row of workshops. She was currently reading Amy Cuddy's book, "Presence: Bringing your boldest self to your biggest challenges" for professional development. When she goes to workshops, she chooses ones that are more challenging for her such as care planning, management, and public speaking for larger audiences. The goal "is to really keep stretching and reaching." She also

attended a Teepa Snow workshop on sensory changes that occur in dementia and how to care for someone with these changes. Mary was currently focusing on learning about "essential oils and aromas – things that connect with people… really calm them down."

Mary wants other healthcare professionals to learn about the importance of activities. She stated, "What I would like to add is that I believe we need to get out there as activity professionals and start telling people more about what we do…. that we are more than birthday parties and bingo those things have value however we are much more and I want to encourage activity professionals to tell why you selected a particular intervention for that person and what the outcome was positive or negative we tell people what we do but not necessarily why we do it and I want people to get out there and really stand on their strengths and they are the activity expert in the building and I want them to get out and write articles. Post it online. Workshops. So we as a very small profession can be even stronger than we are."

Kerry

Kerry learned about gerontology healthcare and was inspired from life experience, visiting a grandmother who was in a nursing home. She went to college and majored in recreation, minored in gerontology, and did an activities internship. Kerry was inspired by a professor who taught sociology and gerontology. Kerry now has an Activity Director certification and works in a nursing home helping lower functioning residents. Working with individuals with advanced dementia, Kerry does a lot of sensory stimulation activities. She has previously worked in independent living. During her time working in an independent living facility, she learned that relationships with Residents and communication skills are important in

handling a behavior issue. She said, “I feel I can talk to Residents. I can come to their level.” However, Kerry pointed out that one should not talk to Residents as if they were children but instead see them as adults. Kerry stated that being an activity professional is “kind of like being a social worker at the same time as facilitating activities.”

Kerry likes to go to seminars to learn about dementia, the role of the caregiver with the resident, more about the field, state mandates, professionalism, leadership, and to maintain certification. She would like to see more seminars that are neuroscience related; Kerry stated, “I would like to see more into working with the brain with dementia right side versus left side and how things are developing with dementia.” She also reads books and professional journals. However, she said the most important thing is experience and knowing your Residents.

Kerry passes on what she has learned from her experiences by giving in services where she demonstrates behaviors associated with different levels of dementia and teaches how to work with individuals at each level. Kerry stated, “.I took on the role as one of the residents, say Rose, whose doing what she would normally do. Hording. Keeping stuff in her purse collecting food at tables and taking back to her room. I played Rose as she was progressing. She was in the middle stage and she had changed walking with a walker and collecting things. Sitting and being one on one attention end stage. Not responding as well to simple directions, sensory stimulation one on one, and carrying a baby doll with her. We went through the whole process of the dementia change at each level.” Kerry would like to give more in services.

Kerry said that activities is “a great field and it’s kind of overlooked by other professions in the industry.”

Archetypal Activities Career Vignette

A providential path leads to a career in activities.

Personal, educational, and professional experiences can point the way. Experiences with family members pointed Artimus, Kerry, Mary, and Ginger towards careers in activities. Nicole switched her college major from nursing to gerontology so she could have a career that offered more time spent connecting with the elderly. Training in music helped prepare Artimus and Marie for careers in activities. Denise used her writing hobby to develop activities; she has Residents write short autobiographical anecdotes. Jim's Master's degree in Fine Arts and experience as an artist and art instructor provided an idea for how he could join an activities program at an adult day care center. Jim and Ann learned through previous careers that they have natural abilities to relate to the elderly. Volunteer work was a stepping stone towards a career in activities for Artimus and Marie. An economic downturn in a previous career field prompted Marie to seek to transition from doing some volunteer work at a nursing home to developing a career in activities.

Activities is a spiritually/emotionally rewarding field which motivates professional development.

Ann has found her job to be spiritually/emotionally rewarding stating about her start in activities, "It's unconditional love. I really believe that the job I had in the beginning saved my life. The true love that I get from these residents is more than I could ever give them…. I find that I am truly accepted by my residents…." Nicole stated "I do love what I do. It's a very rewarding job." Denise stated "these people have made such a difference in my life as much as I have made an impact on theirs. I carry their stories with me…. In this field I've learned that it's relationships that you need to build on with them…. you connect with your clients." Mary stated

"I've had so many wonderful experiences with the people I served over the past 30 years. Inspirational clients… people that had incredible careers, creating patents… a minister, or a salary person like you or I who just shares the all of life. I never get tired of being around elders." Mary added, "It's just naturally inspirational… I believe we receive equally as much as we give as professional or volunteer caregivers." In seeking to better connecting with the Residents, activity professionals pursue professional development. Activity professionals seek to learn more about the theory of activities. Marie reads extensively about music and the brain and how music is a powerful tool when working with those with dementia. Activity professionals seek to learn more about how to apply theory. Marie also wants to learn more about how to adapt activities so that residents can continue to do things that are important to them. Ann plans to use continuing education to learn how to improve programing for those with severe dementia. Mary is learning about how to care for Residents experiencing sensory changes with dementia. Marie wants to use future continuing education to learn new activities for the resident "that will brighten their day."

Professional Development informs compassionate healthcare for Residents.

Artimus and Marie have learned more about music therapy and dementia care. Artimus uses her continuing education to better understand the behaviors of people with dementia and develop appropriate communication skills that are keys to connecting with Residents. From workshops, Jim learned more about making an art program more accessible for someone with dementia. Ginger has gone to national conferences where she has learned some techniques for working with Residents. Denise highly recommends the certification process stating "they

explain why you're doing what you're doing and give you information that you might not know coming in off the street." From her continuing education Denise has learned about aging and dementia and how to educate Residents' family members about dementia. However, Denise added that sometimes what is needed is not a formal group activity but can be "sitting and holding that person's hand" or just going for coffee and chatting – "sharing and at the end of the day."

Career development and passing the baton.

Career development for activity professionals includes passing the baton. Kerry passes on what she has learned from her experiences by giving in services where she demonstrates behaviors associated with different levels of dementia and teaches how to work with individuals at each level. Jim is uses his experience in activities for professional development by creating an entrepreneurial activities consulting business. Nicole would like to continue on for a PhD in gerontology and sees her future career as using her experience and training to guide those new to the field. Marie shares her knowledge with other activity professionals by writing articles for an activity magazine, which allows her to receive credits for sharing information, and giving lectures. Denise also writes to inform other activity professionals.

In Conclusion

Kerry said that activities is “a great field and it’s kind of overlooked by other professions in the industry.” Mary stated, “What I would like to add is that I believe we need to get out there as activity professionals and start telling people more about what we do…. that we are more than birthday parties and bingo… I want to encourage activity professionals to tell why you selected a particular intervention for that person and what the outcome was… we tell people what we do but not necessarily why we do it… I want people to get out there and really stand on their strengths… they are the activity expert… I want them to get out and write articles. Post it online. Workshops. So we as a very small profession can be even stronger than we are.”

Appendix I Themes and Codes

Table 3: Themes and Codes related to Research Question one

Theme

Connection / Communication	Codes Associated (Participants)
	Training in music to connect with audience of Residents (Artimus, Marie)
	Innate talent / experience / general skills / relationships (Artimus, Jim, Ann, Ginger, Denise, Kerry, Mary, Nicole)
	Workshop learn "Meet me at the Museum" Activity enables Residents to express (Marie)
Accomplishment / Meaning	**Codes Associated (Participants)**
	Innate / General Skills / Experience (Artimus, Jim)
	Internet: freerice.com trivia (Ginger)
	Sum of professional development (Denise)
	Arts / Crafts (Mary)
Accessible for individuals with dementia	**Codes Associated (Participants)**
	Workshops (Jim, Ann, Marie, Kerry, Mary)
	Mentors (Jim)
	Innate / General Skills / Experience (Jim, Denise, Kerry)
	Internet for ready to use Activities programs (Ginger)

Emotional wellness	Codes Associated (Participants)
	Innate / General Skills / Experience
	(Jim, Ann, Denise)
	Music training and books on music and the brain
	(Marie)
	Learning about calming effects of essential oils and aromas
	(Mary)

Bring Culture to Residents	Codes Associated (Participants)
	Artist's mind
	(Jim)
	Workshop / Conference on "Meet me at the museum"
	(Marie)

Reminiscing	Codes Associated (Participants)
	Alzheimer's Association
	(Nicole)
	Innate / General Skills / Experience
	(Jim)
	Music training
	(Marie)
	Workshop / Conference – learn about Activity for Reminiscing
	(Marie)
	Experience as a writer – instruct reminiscing writing Activities
	(Denise)

Personhood	Codes Associated (Participants)
	Getting to know the Resident's past life to individualize Activities
	(Nicole, Marie, Denise, Mary)
	Innate / General Skills / Experience / One-on-one

	(Artimus, Ann, Marie, Kerry, Mary)
Innate ability to "See them as equals"	
	(Jim)
"Sharing at the end of the day"	
	(Denise)
Workshop techniques: getting down low and talking face to face	
	(Ginger)
Workshop: Diversity awareness	
	(Marie)

Table 4: Themes and codes related to Research Question Two

Themes

Workshops / Conferences	Codes Associated (Participants)
Dementia care training / Accessible programming – dementia / Techniques	
	(Artimus, Jim, Ann, Nicole, Ginger, Marie, Denise, Kerry, Mary)
Stress management	
	(Artimus, Ann)
Inspirational (i.e. learning from good speakers, learn from each other)	
	(Artimus)
Professional development / Management / Certification Requirements	
	(Jim, Ann, Nicole, Ginger, Marie, Denise, Kerry, Mary)
Prefers active workshops – practice hands on	
	(Ginger)
Neuroscience	
	(Denise, Kerry, Mary)
State Mandates	
	(Kerry)
Public Speaking	

(Mary)

Online / Internet / Distance Learning	Codes Associated (Participants)
Dementia care training	(Artimus, Nicole, Denise)
Neuroscience	(Artimus, Marie, Denise)
Activities ideas / Activities programs / Resident accomplishment (i.e. freerice.com)	(Artimus, Ginger)
Business skills	(Artimus)
Fulfilling certification requirements	(Artimus, Ann, Nicole, Denise)
Convenience compared to workshops	(Artimus, Denise)

Music / Art training	Codes Associated	(Participants)
Connect with Residents		(Artimus, Marie)
Facilitating engagement with environment		(Jim)

Books / Journals	Codes Associated	(Participants)
Dementia care training / Activities for individuals with dementia		(Artimus, Ann, Marie, Kerry)
Neuroscience		(Marie)
Professional Development		(Mary)

Certification	Codes Associated (Participants)
	Dementia care training
	(Artimus, Ann, Ginger, Marie)
	Professional Development
	(Artimus, Ann, Nicole, Ginger, Marie, Denise, Kerry, Mary)

Innate / General Skills / Experience	Codes Associated
	Enabler of what brings meaning / feelings of success / engagement with environment
	(Artimus, Jim, Denise)
	Connecting / communicating with residents
	(Artimus, Jim, Ann, Ginger, Denise, Kerry, Mary, Nicole)
	Emotional wellness
	(Jim, Ann, Denise)

Mentors	Codes Associated (Participants)
	Dementia care / adapt activities to individuals with dementia
	(Jim, Denise)
	Encouragement
	(Ginger, Kerry)
	Stress management
	(Denise)

College	Codes Associated (Participants)
	Foundation for Activities
	(Jim, Nicole, Marie, Denise, Kerry, Mary)
	Professional Development
	(Ann, Nicole)

Giving lectures / Teaching	Codes Associated (Participant)
	Continuing education credits for maintaining certification (Marie)
	In service for facility (Kerry)
	Career (Jim, Mary)

Writing articles	Codes Associated (Participant)
	Continuing education credits for maintaining certification (Marie)
	Educate others about Activities (Marie, Denise, Mary)

Table 5: Sources of continuing education used for professional development by Activities Professionals

Workshops (Artimus, Jim, Ann, Nicole, Ginger, Marie, Denise, Kerry, Mary)
Online (Artimus, Ann, Nicole, Ginger, Denise)
Certification (Artimus, Ann, Nicole, Ginger, Marie, Denise, Kerry, Mary)
Speaking – giving lectures for continuing education credit (Marie)
Writing articles which can be used to continuing education credit (Marie, Denise)