

The Recreation/Activity Professional's Role in Quality of Life

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Quality of Life is tied to perception of meaning. The quest for meaning is central to the human condition, and we are brought in touch with a sense of meaning when we reflect on that which we have created, loved, believed in or left as a legacy - Viktor E. Frankl, 1963, *Man's Search for Meaning*, New York, Pocket Books.

Frankl's quote captures and highlights the thesis of this paper. Hopefully, when each of us was hired as Recreation/Activity Professionals, we became both familiar and acquainted with the term Quality of Life; QOL. Some, more than others, were fortunate to become immersed with great training and learning opportunities, specifically dealing with QOL measures, essential experiences and understandings. These individuals started their professional journeys on the right foot and were headed in the correct direction. For many; however, we have not yet received or been introduced to trainings, guidance and mentoring that is critically needed as we serve our residents in a variety of adult communities. I wish to refer to this group as 'Proud Professionals in Training.'

It is essential that all Recreation/Activity Professionals become well versed in understanding and implementing key elements that directly impact and effect QOL standards for each resident. In addition, staff members serving on Inter-disciplinary Teams need to work in sync with one another creating and establishing relevant and practical strategies that benefit residents' personal interests and desires. Indeed, working toward the happiness of our residents and focusing our attention on these strategies requires our full attention.

The Centers for Medicare and Medicaid Services (CMS) clearly outlines specific federal policies and procedures dealing with Quality of Life; 483.15. F240 states, "A facility must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's Quality of Life." The phrase 'maintenance or enhancement' carries significant weight, as we continually work the process of creating recreational programming for our residents at all cognitive levels. Additionally, the Interpretive Guideline for F240, 483.15, cites "...facilities responsibility toward creating and sustaining an environment that humanizes and individualizes each resident." Here again, we must highlight and accentuate the phrase 'humanizes and individualizes' as powerfully mandated words that our federal government, families and residents expect from us all the time.

Lynne Hughs Jensen, CTRS and Activities Consultant, provides a poignant example of the above-stated CMS Quality of Life standard. "We had a recent admission to our facility, "Bob" who was trying to comprehend how he was going to carry on with life, now that he had to live in a LTC setting, following a severe stroke. He had been a very active volunteer in our community, a member of the weekly bible study at his church and very active in the bridge club at the retirement facility he and his wife were living in, prior to his stroke and admission to our facility. The Activity Department and Interdisciplinary Team sprang into action working with

his wife, their church and their retirement community. Within two weeks, he was hosting his weekly bible study and bridge club, right from his new living environment. We arranged for his church family to come and have their weekly bible Study in our chapel (with refreshments provided), which made him very prideful. We did the same thing with his bridge club, from their retirement community, having their Activity Director drop off and pick up the residents each week. His volunteer work was with the local Cub Packs and Boy Scout troops in our community. We worked with the pack and troop leaders to not only coordinate having their monthly meetings in our facilities (one pack or troop meeting each week), each pack/troop committing to assisting with an activity group each week, but also earning some of their badges, by completing projects right there at our facility, with “Bob” helping oversee the projects to their completion. I cannot tell you what appreciation and gratitude he and his wife express to us, multiple times every week. His wife has credited our Interdisciplinary Team with her husband having a life worth living; since they have become part of our facility family...it’s what we do: Improving the Quality of Life, of each of our residents, every day they are with us! Treating and respecting them as INDIVIDUALS!”

While working as an Activity Therapist at both an adult and gero-psychiatric behavioral hospital, QOL standards became not only vividly apparent, but absolutely ‘present’ in the development and delivery of every treatment plan written. I was always thinking about patients’ meaningful engagement throughout the day. It was not only necessary for me to know specific personal preferences, current diagnoses, behavioral triggers and the social and communal settings that promoted continued patient success, but to deliver these Quality of Life standards on a consistent basis. Recreation/Activity Professionals working in Residential and Assisted Living, Adult Day Centers, Memory Care Neighborhoods, and Long-Term Care Centers each possess their own unique set of skills needed for resident success. Furthermore, the following F Tags: F241 (Dignity) F242 (Self-Determination and Participation) F243 (Participation in Resident and Family Groups) and F245 (Participation in Other Activities) are required elements for each professional’s Quality of Life working toolbox.

A recent study from the University of Toronto’s Quality of Life Research Unit cites, “Quality of Life is often regarded in terms of how it is negatively affected, on an individual level, a debilitating weakness that is not life-threatening, life-threatening illness that is not terminal, terminal illness, the predictable, natural decline in the health of an elder, an unforeseen mental/physical decline of a loved one, chronic, end-stage disease processes.” Researchers of this study continue by stating their definition and finding of Quality of Life as, “The degree to which a person enjoys the important possibilities of his or her life.” When we think about these important possibilities, what comes to mind? Another important section of the Toronto Research Study’s Quality of Life Model is the distinction of three unique and distinct categories; “Being”, “Belonging”, and “Becoming.” Each category includes goals and objectives that recognize the resident as an individual, how the resident is/isn’t interacting in the community, and whether the resident is moving toward success and accomplishment of his/her personal interests and desires. It is time for all Recreation/Activity Professionals to take a strong proactive approach with regards to QOL measures and services.

In addition, CMS has also provided us with Quality Assurance Performance Improvement, QAPI, specifically addressing the role that we, as health care professionals should follow and be held accountable for; 1). Identify areas of improvement; 2). Address gaps; 3). Develop and implement an Improvement Plan; and 4). Monitor for effectiveness. Person-directed care and performance improvement is a perfect pairing as we work toward QOL excellence in all areas of our professional discipline. And, along with knowing each F Tag that specifically addresses a resident's Quality of Life, we are charged with modeling, teaching and reinforcing these policies and procedures to our team members.

The overall theme of this paper would be incomplete, if personal reflections from a sample group of seniors and Activity Professionals working in the field was not included. The resident sample survey was conducted with both male and female seniors from different living communities including Independent/Residential, Assisted, Skilled Nursing and Adult Day Centers. This interviewer took into account talking with residents from a variety of ethnicities, religious and cultural backgrounds, and gained permission to record and publish their thoughts.

Independent/Residential Living Resident: "You are asking what Quality of Life means to me. Quality of Life is my ability to do things when I want, how I want, and where I want. I enjoy my life and I enjoy doing things my way. That's what Quality of Life means to me."

Assisted Living Resident: "I'm not sure. I think that I am treated well, but there are times that I like silence and really do want to just be left alone and have some peace and quiet. They mean well. I just like my alone time. My alone time is one of my favorite times. Did I answer your question?"

Skilled Nursing Resident: "Well, being in here certainly doesn't fit my definition of Quality of Life. I am a slave to their schedule and their agenda. I just wish I could have my coffee, my own newspaper, my own rocking chair, and my own sunporch. This is what makes me happy!"

Adult Day Center: "I enjoy coming here to spend my days. It adds to my enjoyment and I feel that is what Quality of Life is all about; enjoyment!"

What a pleasure it was listening and sharing conversation and life experiences with people who were absolutely vibrant, social and full of life! Each one of these residents continues to seek purpose and meaning in life and this is what we strive to do for our residents; provide immeasurable Quality of Life experiences. I am humbled and wonderfully challenged by this awesome responsibility.

Members from NAAP's Regulations Committee, were also asked the exact same question posed to the senior group: "What does Quality of Life mean to you?" Their responses follow:

Amy Laughlin, Activity Professional from South Carolina shares, "Quality of Life is entirely personal – the individual likes and dislikes and things that create those "moments of joy" for me are likely to be completely different to someone else. As humans, we all have physical needs that have to be met in order for us to survive, and then the psycho-social needs that, once met, allow us to feel loved, accomplished and happy. As Activity Professionals, our job is unique in

that we have the opportunity to put our knowledge and education to use and try to encourage and enable those we serve to become self-actualized individuals. Activity Professionals are privileged to be in the position of learning about residents' personal histories, their greatest achievements, passions, the people they love and those who love them. Then we get to use our own talents of creativity, resourcefulness and compassion to develop and offer activity programming that is tailored to a person's individual needs and desires. What a gift we have been given! What a blessing it is to be able to provide opportunities for personal growth, relaxation, stimulation and fun for people who have already given so much of themselves to serve their families, employers and communities."

"During my 32+ years as an Activity Professional I have made some observations about Quality of Life in long- term care," states Ingrid Constalie from Wisconsin. "For me, Quality of Life is far more than seeing basic needs being met. It could be explained as being very intricate, but I prefer to keep it simple. All any of us have is the moment we're in. I see Quality of Life as what brings pleasure, meaning, joy, satisfaction, success or a sense of purpose to any given moment of the day. It is feeling life is good just as it is right now. Experiencing Quality of Life is something everyone is capable of no matter what age, diagnosis, or level of function. It can be as basic as sipping a good cup of coffee while reading the paper, enjoying a breath of fresh air or seeing a smile from a friendly face. It can be extended, cumulative or fleeting, but its overall effect is positive and long lasting. It can spring from the past, present or even an altered reality. For a few people it only happens once in a while, but when it does its impact is far-reaching. It's all about making someone's day."

In conclusion, I want to share an interesting and quite amusing conversation that my wife and her best girlfriend had recently regarding a daughter's wedding reception. The mother of the bride insisted that the wedding reception, which was being held outdoors, have chairs for some of the 'more mature' guests during the reception hour. The daughter replied, "Absolutely no chairs! Chairs are for old people!" As I reflect on the bride's comment, this is what Quality of Life services certainly is not! Making accommodations, however small, for our residents is something that we do willingly; all the time! Our job demands that we provide the opportunities cited from the University of Toronto's Research Unit; 'Being, Belonging and Becoming,' so that residents feel that sense of worth, value, meaning and dignity that they so rightfully deserve.

Ashok Rajamani cites a perfect example of a Quality of Life desire and need after experiencing the ordeal of an extensive craniotomy; "I felt air – genuine, outside air – flowing into my body. I felt the clouds and blue sky hug me. I saw the sun and felt its heat. I had just been released from the black sphere within my head into the world, a world of brightness, a world of freedom, and a world of light. The sun symbolized everything that was active and breathing. And I was finally aglow with it. I had truly re-entered the land of the living." – Rajamani, 2013: 97, *The Day My Brain Exploded*, Algonquin Books of Chapel Hill.

The health and safety of our residents are of the utmost importance; however, so are the Quality of Life standards of individuality, meaningful activity programming, recreational and leisure enjoyment and dignity. Now is the time to process and blend Quality of Care and Life standards and measures together. As I began this paper with Frankl's statement, "Quality of Life is tied to

the perception of meaning,” let us all continue working toward this worthwhile goal.