

# The idiographic experience of the Lively Later Life Programme (3LP) for older people in institutional setting in Malaysia

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**Abstract**

*The purpose of this study was to identify the ideographic experience of older people who live in public funded elderly institution and who's taking part in an occupation-based lifestyle redesign programme known as the Lively Later Life Programme (3LP). The 3LP was inspired by two successful lifestyle redesign programme and the programme involves engaging older people in meaningful and valued occupations for six months.*

*The ideographic experience was collected through focus groups. Twenty three participants who participated in the 3LP consented to take part in the focus groups. Data was analysed using the six steps of Interpretative Phenomenological Analysis.*

*One superordinate theme and six interrelated master themes emerged from the focus groups which described the ideographic experience as 'being able to' that indicates the benefits obtained and changes that occurred in their life as a result of participating in 3LP which contributed to an increase in quality of life.*

**Key words**

Lifestyle; aged; occupation; institutionalization; self efficacy; quality of life

**1.0 Introduction**

It is predicted that by the year 2020, Malaysia will become an ageing country (Department of Statistics, Malaysia, 2008). The development of economic circumstances, advancements in health care coupled with a declining birth rate and longer life expectancy has brought about some less positive consequences. Many young people have moved from the rural areas to urban areas to seek a better life, opportunity and standard of living. The increased participation of women in the work force has changed the traditional role of women which was previously perceived as a carer for their older parents (Selvaratnem and Tin 2007, Sim 2007). Consequently, many ageing parents find themselves living on their own, with a lack of social support, financial resources and deteriorating health conditions, thus many older people are sent to or seek alternative care in elderly institutions.

Living in an institution is often associated with reduced wellbeing, including deterioration in physical, mental and social functioning as a result of negative issues in older institutions, such as occupational deprivation, loss of meaningful social relationships and loss of autonomy and individuality. Subsequently, these deteriorations have an impact on several important domains of life such as future orientation towards life, general self efficacy and quality of life (QoL).

Previous studies indicate that there is occupational deprivation in institutions for older people (Wenborn 2005, Hancock et al 2006, O'Sullivan and Hocking 2006, Haslam 2008, Morgan-Brown et al 2011). Wenborn (2005) describes the occupational deprivation in older people institutions as '*unacceptably high*' (p. 337) and Perrin (1997) describes older institutions as a '*picture of marked occupational poverty*' (p. 337). Although there are activities organised by the institutes, these however, are often infrequent, incidental types of activities, unnecessary or conducted by a non-professional and generally used to occupy the older person's time (Kolanowski and Litaker 2006)

Lack of opportunity to engage in meaningful occupation is often expressed by institutionalised older people (Ice 2002, Hancock et al 2006, Harmer and Orrell, 2008, Haslam 2008, Chuang and Abbey 2009, Cook and Stanley, 2009). For example, the study by Mozley et al (2007) found that 80% of 30 care homes in north-west England provided less than six minutes of activities' staff time for each resident. Nolan et al (1995) describes the daily life of older people as being inactive and '*busy doing nothing*' (p.532). This

phenomenon has not change much over the years. For example, Ice (2002) investigated the daily life of older people in a nursing home to identify whether there was any differences in the daily life of older people by comparing their study with a study that had been conducted in 1974 by Gottesman and Bourestom who found that the resident spend 56% of their time doing nothing. The later study, which was conducted through 13 hours observation of 27 older people, revealed that there was no significant difference in daily life as compared with study conducted 25 years previously. They found that the residents spent 65% of their time doing little or nothing, and only 12% of their time in social activities. The majority of them spent their time in their room, sitting alone. Chung (2004) found institutionalised older people with dementia spent 90% of their time engaged in passive activities and 10% of their time engaged in leisure activities. The older people stated that they lacked occupation and commented '*everyday is the same*' (Chuang and Abbey 2009: p.1644), whilst participants in the Cook and Stanley (2009) study felt that '*time stands still*' (p. 397).

Furthermore, studies indicate that meaningful social relationships seldom exist in institutions for the elderly. The relationship with other residents is often for adjustment to living in the institution (Choi et al 2008, Chuang and Abbey 2009) it is often a compromise relationship to ensure harmony (Lee 2010), infrequent, non-intimate and fragile (McKee 1999, Kolanowski and Litaker 2006, Hauge and Heggen, 2008). The relationships between staff and residents are often formal in manner as a result of the forced routine or the daily tasks imposed on the nursing staff (Wadensten 2005, Berglund and Kirkvold 2007, Wilson and Davies 2009, Wadensten 2010, Morgan-Brown et al 2011). Meaningful social relationships through visits from family members and friends often decline over time (Gaugler 2005, Cheng et al 2010).

In addition to occupational deprivation and lack of meaningful relationships, there is also the issue of loss of autonomy as a result of institutional policy, rigidity of the general routine and the hierarchical structure of the institution (Berglund 2007, Brooker 2008, Choi et al 2008). Elderly residents who lack autonomy often have feelings of powerlessness, lack an internal locus of control and have low self efficacy and low self esteem (Berglund 2007). Lack of autonomy in elderly institutions causes a lack of opportunity for elderly people to perform meaningful occupations. As a result, elderly people feel depressed, isolated and lonely and unable to thrive in the institution (Pot et al 2006, Choi et al 2008, Kim et al 2009).

Depression also has an impact on physical and psychosocial functions including increased mortality as a result of disease, decreased physical and interpersonal relationships (Achterberg et al 2003, Garssen 2004, van Beek et al 2011), cognitive impairment (Chi and Chau 2000, Paterniti et al 2002, Winningham and Pike 2007) and low self-efficacy (Gurung et al 2003). Depression, in combination with its negative consequences, will eventually lead to lack of purpose in life and low life satisfaction while living in the institute (Berglund 2007, Dwyer et al 2008, Hedberg et al 2010).

There are various occupational therapy programmes that have been conducted to prevent the deteriorations identified, for example programmes that redesign a lifestyle through reengagement in individualised, meaningful, valued and self directed occupations. However, such programmes have only been conducted in developed countries and were designed for older people who live in community settings (Clark et al 1997, Matuska et al 2003, Horowitz and Chang 2004, Mountain et al 2008). There is no substantial work exploring the applicability and the effectiveness of such programmes for institutionalised older people with different of culture sets, values and beliefs, such as in Malaysia.

Thus, this study will provide an opportunity for an exchange of information and knowledge regarding the similarity and the differences in occupation, as well as cultural appropriateness of a lifestyle redesign programme to a different country, with different values and beliefs.

## 2.0 Methodology and design of the study

### 2.1 Aim of the study

The aim of this study was to identify the benefits of the 3LP through the examination of the idiographic experience of older people who live in an institution and who had participated in the 3LP. The study was conducted at a public funded institution in Malaysia. The institution provides care and support including daily basic needs, shelter and medical services for elderly people 60 years old and above.

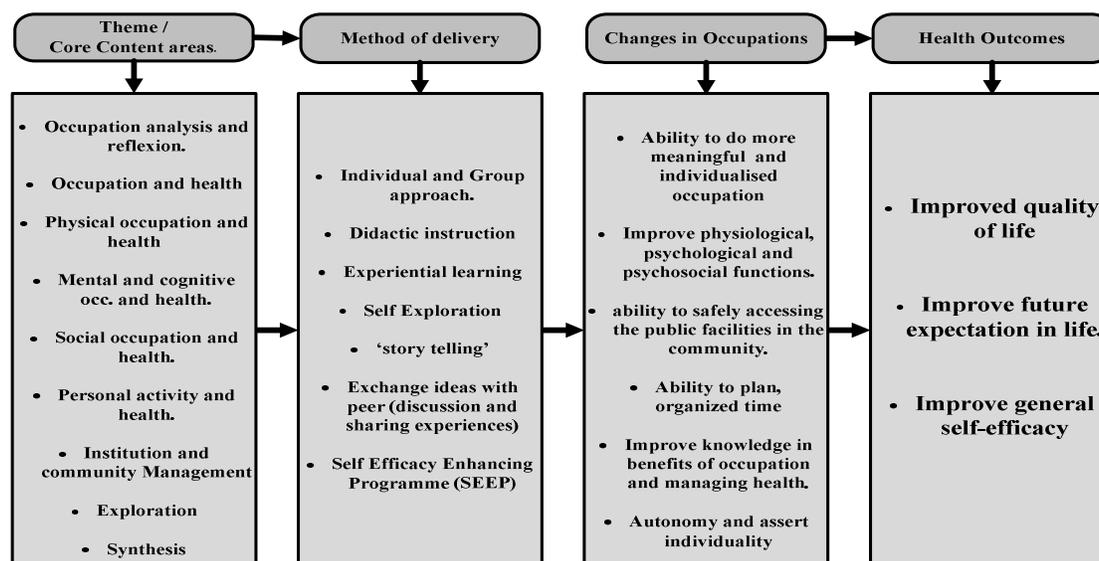
The inclusion criteria for the study are elderly people aged 60 and above, who are independent in basic self-care skills, able to speak in either in Bahasa (the local language) or English and who have achieved scores of 22 and above in the Mini Mental State Examination (MMSE) (Folstein et al 1975) and scores below seven in the Geriatric Depression Scale (GDS) (Yesavage et al 1983).

### 2.2 The Lively Later Life Programme (3LP)

The aim of the 3LP is to promote health awareness and facilitate enhancement in health and wellbeing amongst older people in residential settings through the redesign of lifestyle and by reengaging residents with meaningful and individualised occupations.

The 3LP was inspired by two successful lifestyle redesign programmes, the Lifestyle Redesign programme (Clark et al 1997) and the Lifestyle Matters programme (Mountain and Craig 2008). However, the 3LP was customised to fit the settings and cultural background of older people in Malaysia.

The redesign process in 3LP involves the use and application of various theories in occupational therapy, research, health promotion and education and involves engagement in individualised and meaningful occupations. There are three unique characteristics of the 3LP, i.e. the occupations to be engaged in are meaningful, individualised occupations and the inclusion of seven inter-related components. The inter-related components are (1) individual and group sessions, (2) nine inter related core themes that focus on the benefits of engagement in occupations, (3) facilitation of engagement by addressing internal and external barriers, (4) facilitation of empowerment (autonomy), (5) the use of occupational analysis and reflection to provide insight, (6) the provision of knowledge and opportunity to practice, and (7) the provision of motivational components for engagement through the Self Efficacy Enhancing Programme (SEEP). The programme model is illustrated in **Figure 1**. Further information about the 3LP is in the 3LP website (Dahlan, 2011).



**Figure 1: 3LP Model**

The 3LP was conducted over six months through didactic presentation, the process of exchange and sharing of information, problem solving, and experimentation through direct experience and was delivered by occupational therapists. Every participant received one hour of individual sessions per month and two hours per week of group sessions.

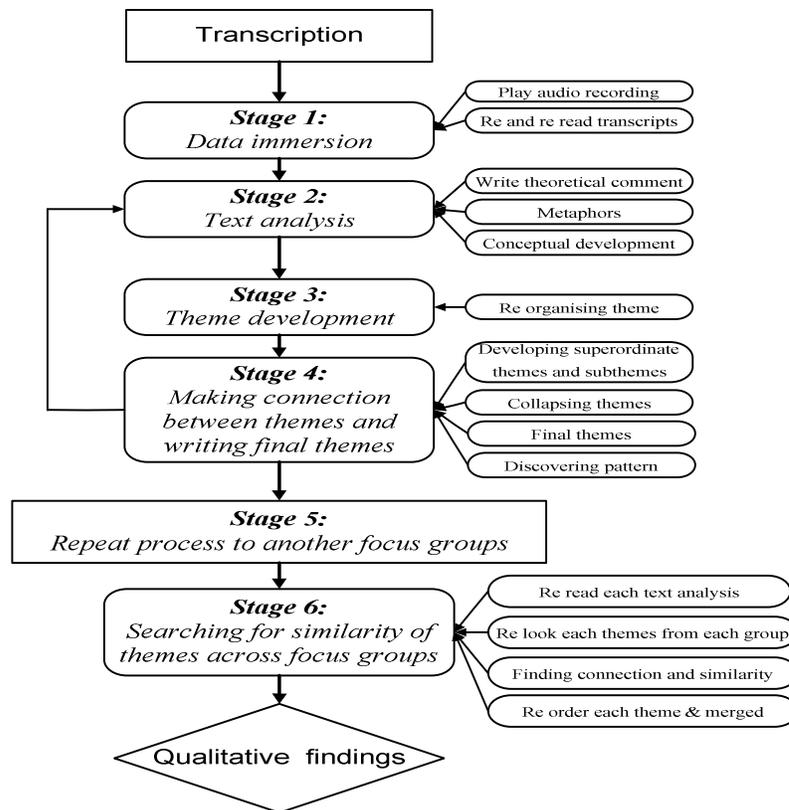
### **2.3 Data collection and analysis**

Phenomenology and Interpretative Phenomenological Analysis (IPA) was taken as the qualitative theoretical perspective aligned with the research focus which was to understand the experience and how the participants made sense of the experience of participating in the 3LP.

IPA has its roots in a Husserlian hermeneutic phenomenological and symbolic interactionism framework (Smith et al 2009). It involves interpretation and searching for the meaning of an experience. Thus, IPA entails the use of double hermeneutics in which the researcher is making sense of participants' experiences as they interact and respond to certain phenomena (Smith and Osborn 2003, Smith et al 2009). In this study, the researcher attempts to understand the meaning to the participants and the benefits of participating in 3LP. The experience and meaning was collected through focus groups. Focus groups were selected as the method of data collection because it is a method to investigate a central concern in a restricted population having similar characteristics (a homogeneous population) (Ivanoff and Hultberg 2006, Plummer-D'Amato 2008). In the study, the central concern is the benefits of engagement in occupations for older people in institutions.

Twenty three participants who participated in the 3LP consented to take part in the focus groups. They were stratified according to two age groups (60 to 75 years old and 75 years old and above) and gender. There were 4 to 6 participants in each group, this is in accordance with the guidelines for conducting a focus group (Plummer-D'Amato, 2008) and to maintain the ideographic nature of the experiences (Bradbury-Jones et al 2009). The duration for each focus group was about 45 minutes to one hour and the groups were conducted using a specific protocol. Semi-structured questions were asked and the questions were related to three main themes, daily occupations, expectations regarding future and quality of life after the 3LP programme.

The data was closely analysed using the six steps of IPA as outlined by Smith and Osborn (2008) and Smith et al (2009) as shown in Figure 2. Quotes that represent themes were translated into English using forward translation (WHO 2008). The translation process adopted a meaning-based interpretation rather than a word-based translation. This requires the researcher to conceptualise the meaning of the sentences prior to the translation, as suggested by Esposito (2010).



**Figure 2 : Method of data analysis (adapted from Smith et al 2009).**

#### 2.4 Ethical issues and validity.

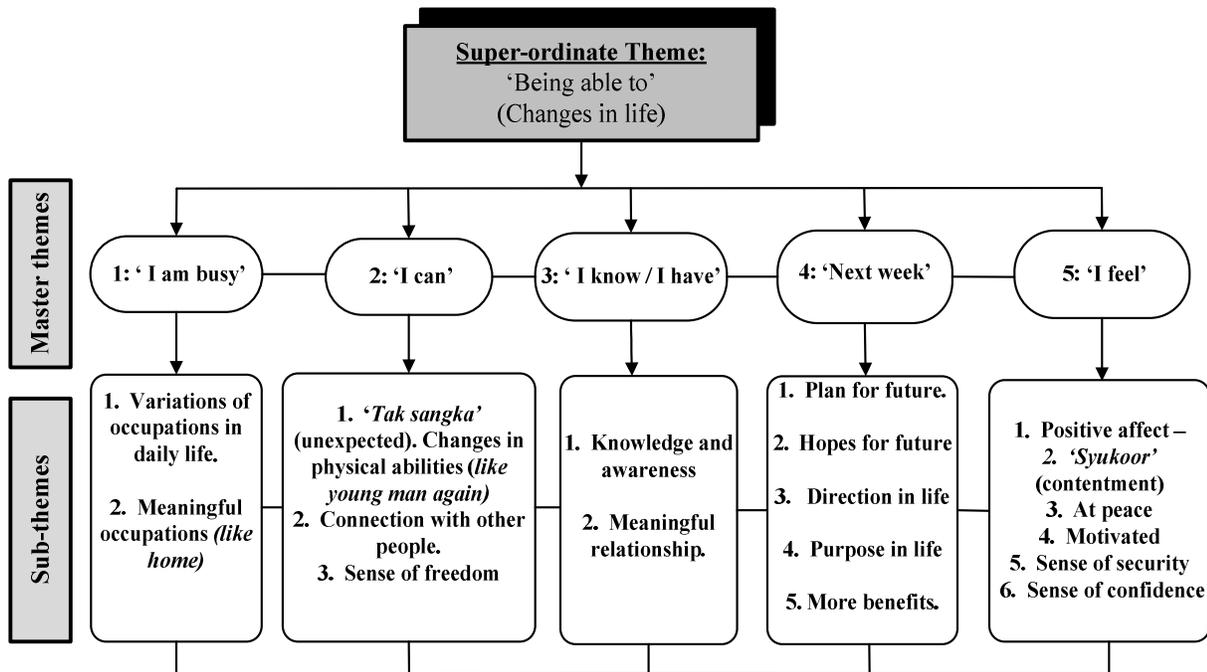
This study was approved by Queen Margaret University, Edinburgh and by the Department of Social Welfare in Malaysia. Confidentiality and anonymity were assured throughout the study. The real names of participants are not used in this report.

Methods to establish the validity/trustworthiness of the study were adapted from Onwuegbuzie and Johnson (2006) and Onwuegbuzie and Leech (2007) such as unbiased questions, similar characteristics of the participants, prolong engagement. This provides theoretical transferability and internal and external generalisability (Maxwell 1992). The focus groups were conducted by 'blinded' independent assessors. Themes were developed in consultation and discussion with peers. In addition, the stronger themes and quotes were selected thus providing descriptive and interpretative validity (Maxwell 1992).

#### 2.5 Findings

Analysis of the focus group outcomes found that one super-ordinate theme emerged. Participants described their idiographic experience as 'being able to' which indicates the benefits obtained and changes that occurred in their life as a result of participating in 3LP.

Six master themes emerged from analysis and the themes are related to each other as shown in Figure 3. The findings indicated that the benefits obtained are related to an increase in future expectations in life, general self efficacy, life satisfaction and quality of life.



**Figure 3: Themes that emerged from focus groups.**

### 2.5.1 Master Theme 1: 'I am busy'

Many participants described changes in the pattern of their daily life. They reported engagement in a variety of meaningful occupations throughout the day, similar to when they were living at home, and this contributed to positive affect. For example, one female participant stated,

*'I feel good because I have many things to do every day, ... After morning tea, [pause] I go to the kitchen to help in lunch preparation, cutting, cleaning the vegetables and fish, then I help to clean up the kitchen and the dining hall [pause] I get some money, I didn't have any work before this [pause] just sat around, not doing anything [pause]'*

### 2.5.2 Master Theme 2: 'I can'

This master theme relates to the physiological, psychological and psycho-social changes which were obtained from participation in the 3LP. Changes in physical abilities were **unexpected** outcomes from participating in the programme and brought a sense self efficacy and positive affect to the participants. This indicated that participation in the 3LP facilitates changes in physiological functions which eventually resulted in increased confidence and a positive future orientation in life. A 68 year old Malay man who walks with walking sticks testified:

*'... it was unexpected that I was able to walk up to the 7 Eleven, that is quite far, I can go to the post office ... I did not imagine that I could do that too, I can stop if I am tired ... I feel that I am becoming a young (man) again (laughing).'*

Another participant described an increased ability in the performance of daily occupations which brought a sense of peace and contentment. A 76 year old lady described her ability to conduct daily occupational activities. She said:

*'Now I can kneel down when praying. I can pray properly. I do the exercises every day, in the morning and in the evening, my knees are not painful anymore. I can walk to the little mosque slowly. Nobody needs to push me in the wheelchair anymore [pause]. I can listen to the religious talks every week. I really feel at peace.'*

Enhancement of physical function is postulated to have contributed to the development of the desire to develop intimate relationships and plans for the future. This was illustrated by a 65 year old man who had previously had a stroke. He said:

*'Now I feel very healthy. This, for me, is very unexpected. I think I want to get married again [pause]. There are many women in here.'*

### **2.5.3 Master Theme 3: 'I know / I have'**

This master theme describes the benefits accruing from participation in the 3LP, this includes an increase in knowledge and an awareness regarding the importance of engagement in occupations and having meaningful social relationships. The close relations between the staff in the ward and the residents provide special meaning and life quality to the residents. This was describe by a male participant, as he stated

*The staff in here are all good, they respect us as older people, they always sit down with us and just chat with us, I feel like I am accepted here. I think there is a bond between them with us, just like family*

Opportunity to re connect with children again provided a sense of happiness amongst the participants. The relationships that were re-established in the 3LP provided them with meaningful relationships. This was described by a female participant. She said,

*I am glad I could contact my children. At least I know they are in good condition, my grandchildren are in good condition, I know they don't abandon me here.*

### **2.5.4 Master Theme 4: 'Next week'**

This master theme describes a sense of hope, direction, plans for the future and a purpose in life as a result of engagement in the individualised and meaningful occupations planned in the 3LP. These included personal plans related to domestic and recreational activities, plans for re-connection with family members or long term plans related to fulfilling religious obligations. This was illustrated by many of the participants when they were asked about their daily schedule. For example, an 67 year old woman described her sense of achievement and future plan thus:

*'We plan to go to the market tomorrow morning to buy materials for cooking. We want to cook 'nasi lemak' for lunch tomorrow '*

A 60 year old female expressed her future expectations in life. She said:

*'If I am healthy, Alhamdulillah [pause]. My children promise to come here from time to time. I work in the kitchen, so I don't feel very lonely. If I live a long life, I would like to go to Mecca to perform a Haj with my children, so I could die in peace [pause].'*

### **2.5.5 Master Theme 5: 'I feel'**

This master theme illustrates the feeling of participants in the 3LP and involves positive affect, a sense of contentment, being at peace, more motivated and an increased sense of confidence.

Opportunity to perform various preferred occupations contributes to sense of happiness and changes in physiological function for some female participants. A 64 year old woman stated:

*'...I am happy, I get to eat the dishes that I cooked, I can attend religious talks, watch movies once a week, I feel satisfied, I feel happy ... I did not get anything like this (living) outside.'*

Occupations engaged in also provided a sense of financial security, a sense of self esteem and acknowledgement. For example, a male participant described his self esteem as below,

*'My hobby is gardening, sometimes the clerks come and ask me whether I want to sell what I grow, I just give it to them, sometimes they give RM2 ... I feel happy to get some money, I feel proud, I feel satisfied seeing the vegetables grow.'*

Increased abilities to engage in daily occupational activities such as ADL facilitate positive affect and contentment amongst participants. Additionally, there is a sense of achievement. This can be seen through the experiences illustrated by 89 year old man. When asked about his daily occupations, he said:

*'Now I am really happy, I can walk properly, less 'mengah' (shortness of breath), I can pray with the proper technique, I can kneel down when praying [pause], unlike before, I can walk up to the food stalls and more [pause], alhamdulillah, I feel much better'*

### 3.0 Discussion

The focus groups illustrated the ideographic experience of the participants being able to engage in a variety of occupations similar to occupations prior relocation to the institution. Engagement in occupations facilitated an increased in self efficacy, future expectations and positive affect which contribute to enhancement in quality of life.

Previous studies indicated that older people in institutions are in need to engage in meaningful and valued occupations which are similar to the situation experienced by the participants in this study. In addition, the older people need to establish meaningful relationship and need to maintain integrity, autonomy and individuality (Brooker 2008, Choi et al 2008, Lee 2010). The needs were not fulfilled because of the internal barriers e.g. lack of information, deterioration in health status and external barriers e.g. regulations, lack of opportunity and resources (Kolt et al 2006, McNeil et al 2006, Kowal and Fortier, 2007, Haslam 2008, Chen 2010). All these barriers was addressed and minimised during 3LP; which enables participants to engage in meaningful and valued occupations with greater control. For example, 3LP provides knowledge regarding the benefits of engagement in occupations and methods to overcome barriers during the individual and group sessions. Knowledge increases confidence and decreases stress associated with completion of tasks related to engagement in occupations amongst older people (Gary 2006, Sanford et al 2006, Murrock and Madigan 2008, Francis et al 2009, Shin et al 2009, Chang et al 2010). Stress and distress have a negative impact on self efficacy (Wu et al 2004, Thygesen et al 2009), thus, reduction in stress and distress will facilitate a sense of confidence in engaging in the tasks, which subsequently enhances self efficacy. Furthermore, knowledge enhances coping strategies, decrease a sense of personal vulnerability and increase cognitive control efficacy and so subsequently increase self efficacy (Bandura et al 1997).

The characteristics of the occupations engaged contribute to an increased in self efficacy, future expectations and quality of life. The occupations engaged in by participants are individualised and meaningful occupations. Individualised occupations match the demands of the occupations with the functional abilities, personality traits, motivation and personal interests of the person. Individualised occupations also encourage development of self-regulated skills (Rejeski and Mihalko 2001) they motivate engagement (Muse 2005) and greater responsiveness in institutionalised older people (Kolanowski and Buettner 2008, Cohen-Mansfield et al 2010), they also increase adherence (Findoff et al 2009), reduce anxiety in relation to participation (Sung et al 2010) and enable the development of feelings of proficiency and success (Holthe et al 2007). Furthermore, based on systematic review, it is found individualised occupations are more effective than 'blanket' programmes or control programmes (Richards et al 2007, Suhonen et al 2008).

Another characteristic of the approach in the 3LP is that the occupations conducted are interesting and challenging, yet do not exceed the participant's ability level, they are related to previous roles in life, promote self-identity and are associated with their regular pattern of life prior to relocation. Engagement in occupations related to life roles facilitates a sense of well-being (Stevens-Ratchford 2005, McKenna et al 2007, Harmer and Orrell 2008) and provides a sense of connection between past and present (la Cour, et al.,

2005). Furthermore, participants have already mastered the skills that relate to the occupation conducted, thus they have high efficacy in completing the tasks.

Engagement in individualised occupations engender positive affect (Abu-Baden et al 2002, Sparks et al 2004, Clare et al 2008) such as feelings of happiness (Meeks et al 2007), fun and contentment with life (Harmer and Orrell 2008, Pereira and Stagnitti 2008). Positive affect facilitates a sense of satisfaction with life (Abu-Baden et al 2002, Fakouri and Lyon 2005, Clare et al 2008, Sok, 2010, Onishi et al 2010). In addition, engagement in occupations increased physical function (Resnick et al 2009, Egan and Mantes 2010), increased psychological benefits such as relief from stress, prevention of loneliness and increased social network (Tse 2010) increases self-esteem and specific self-efficacy (Gary 2006, McAuley et al., 2007, Mountain & Craig 2007; Shin et al., 2009) fosters a sense of hope and purpose in life (Low and Molzahn, 2007, Mozley, et al., 2007, Eakman et al 2010) and improves quality of life (Lobo et al 2008, Cooney et al 2009, Tse 2010).

The changes can be explained with the theory of unmet needs. The Unmet Need Model (Cohan-Mansfield 2001) explains that specific behaviours are caused by unmet needs, and the behaviour can be prevented by simply satisfying the needs. Providing for unmet need is the basis of non-pharmacological intervention and includes providing occupation, sensory stimulation and social activities (Cohan-Mansfield 2001).

Findings from this study have implications for practice in occupational therapy and the current state of knowledge in occupational therapy. To our knowledge, this is the first study, based on a lifestyle redesign programme, conducted for older people in a residential setting and in an Eastern country. Thus, this study extends the knowledge from two successful occupational therapy lifestyle redesign programme that were conducted in Western countries and for older people dwelling in the community (The lifestyle redesign programme (Clark et al 1997) and the Lifestyle matters programme (Mountain et al 2008).

The findings also indicate that lifestyle redesign programmes that were conducted in Western countries transcend cultural barriers and settings, thus can be implemented for older people in institutions and in Eastern countries. Engagement in individualised and meaningful occupations increases self efficacy, positive future orientations towards life and increased quality of life. In addition, lifestyle redesign programme should consider the integration of motivational components e.g SEEP to motivate engagement especially for sedentary older people.

One limitation of the study is regarding the long term effect of 3LP. The sustainability and the long term effect of the 3LP is unknown. The institutional environment, rules and regulations in the institution may influence engagement in meaningful and individualised occupations. Participants may have difficulty to engage in meaningful occupation thus they may have reverted back to previous lifestyle. However, previous lifestyle redesign programme that was conducted in the community, i.e. Lifestyle Redesign programme from Well Elderly Study (Clark et al. 1997) indicated the effect of the programme on health, functions and quality of life was maintained 6 months following the completion of the programme (Clark et al., 2001). Further investigation to the long term effect of 3LP is warranted in the future.

#### **4.0 Conclusion**

This study demonstrates that a lifestyle redesign programme based on occupational therapy can be successfully transferred to a different setting and across cultures with different values and philosophies in life. In addition, Lifestyle redesign programmes can be conducted for older people in institutionalised settings in a similar way to lifestyle redesign programmes conducted for older people in the community.

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