

A Systemic Literature Review Exploring the Effects of Occupational Therapy Rehabilitation and Motivation on Geriatric Patients

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A SYSTEMATIC LITERATURE REVIEW EXPLORING THE EFFECTS OF
OCCUPATIONAL THERAPY REHABILITATION AND MOTIVATION ON
GERIATRIC PATIENTS

by

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A thesis submitted in partial fulfillment of the requirements
for the Honors in the Major Program in Sport and Exercise Science
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ABSTRACT

The purpose of this thesis was to examine the effects of occupational therapy rehabilitation on geriatric patients by reviewing studies conducted on motivation in occupational therapy. In occupational therapy it is important that you set goals for your patients (Creek & Lougher, 2008). It is also important to understand what motivates a patient to achieve those goals because goals and valued activities are intimately connected to motivation. Motivation deals with why we perform certain behaviors. It can predict physical performance and how well a person might recover from an illness and has been suggested to be predictive for rehabilitation success (Carlson, 1997). Because the geriatric population has more longevity, it is important to ensure that they receive the appropriate care necessary to improve and maintain their quality of life (Mason, 1994). After reviewing multiple studies the results reinforced the importance of motivation in occupational therapy treatment. Self-efficacy was found to highly influence a person's motivation and was a recurring theme throughout this review (Peralta-Catipon & Hwang, 2011). One key to understanding and studying motivation in older adults was to identify what occupations matter to them (Teitelman, Raber, & Watts, 2010). It is important that occupational therapists understand how occupations become meaningful for the geriatric population as participation in those occupations plays an important role in promoting productive aging. When the occupational therapist was able to understand how occupations became meaningful to the patient, they were more equipped to help motivate the patient to participate in their rehabilitation (Janssen & Stube, 2013).

DEDICATION

I dedicate this thesis to my family.

Mom and dad, thank you for showing me what selflessness and sacrifice truly are. It is because of you that I have the opportunity to follow my dreams and pursue my passions. I love you.

Aunt Carrie, thank you for always being there to support me and for always believing in me. I am blessed to have you in my life.

Uncle George, you may no longer be on this earth, but the lessons you instilled in my life are still teaching me every day. You were the first person to teach me the most important duties in our lives are to help and serve others. You always taught me my education is the most valuable investment I could ever make and that it must be taken seriously. Thank you for showing me what it means to leave a legacy to be proud of. Though you may not be here, this thesis would not have been possible without you. I love you and look forward to seeing you again some day.

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CHAPTER ONE: INTRODUCTION

Baby boomers will place a huge burden on healthcare by 2030 (American Hospital Association, n.d.). Baby boomers are defined as people born between the years 1946 and 1964, giving the age range of 50 through 69 as of 2015 (U.S. Census Bureau, 2011). As the baby boomers age, the geriatric population, people 65 years and older, are now living longer than ever before (Hobbs & Damon, 1996). Because the elder population has more longevity, it is important to ensure that the geriatric population in the United States receives the appropriate care necessary to improve and maintain their quality of life (Mason, 1994). This is the focus of occupational therapists working with geriatric populations. The American Occupational Therapy Association (n.d.b) describes occupational therapy as a practice that helps people across the lifespan participate in activities through the therapeutic use of everyday activities of daily living (ADL). They help older adults experiencing physical and cognitive changes to adapt to those changes (American Occupational Therapy Association, n.d.a). Evidence has suggested that a person's age affects their willingness to participate in their occupational therapy treatment. With patient-centered practice, younger and more educated patients are usually more involved in their treatment (Trentham & Dunal, 2009).

Purpose of the Study

The purpose of this thesis was to examine the effects of occupational therapy rehabilitation on geriatric patients by reviewing studies conducted on motivation in occupational therapy. The sociological and psychological factors in patient treatment cannot be ignored in terms of how they impact the attitudes and patient-centered practices of therapy (Arnetz, 1985). To gain an insight into the role motivation plays in treatment, I reviewed a study conducted by

Teitelman, Raber, and Watts (2010), who emphasized the importance of motivation and the social environment. Their study used a qualitative approach to explore the role of occupational therapy with a focus on the impact motivation has in everyday occupations. All patients were geriatric patients aged 83-102 years old. What they found was more attention needed to be paid to the subtle ways in which patients demonstrate their volition (motivation) to participate in occupational preferences and interests. Once you find what they are interested in, it is important to give them validation. By being validated they are more likely to be motivated and receptive to treatment (Teitelman, Raber, & Watts, 2010).

In occupational therapy it is important that you set goals for your patients (Creek & Lougher, 2008). It is important to understand what motivates a patient to achieve those goals because goals and valued activities are intimately connected to motivation. Motivation deals with why we perform certain behaviors. It can predict physical performance and how well a person might recover from an illness and has been suggested to be predictive for rehabilitation success (Carlson, 1997). To go further into the role motivation plays in treatment, Gage and Polatajko (1994) outlined studies that described a positive correlation between self-efficacy, an aspect of motivation, and physical disability rehabilitation. They explored whether or not occupational therapists in physical disability settings evaluate their patient's motivation, the methods that were used to evaluate their motivation, and how evaluating motivation influenced treatment methods and outcomes. A study they reviewed involved 150 questionnaires mailed to occupational therapists. It was found that the majority who reported evaluating patient motivation also reported that their evaluation of their patient's motivation influences their approaches to or methods of treatment, and usually improves their treatment outcomes. Based on their findings it

is possible for therapists to improve their treatments by evaluating patient motivation at the initial evaluation rather than evaluating it once treatment has begun. It will give them a better insight into what drives their patient's behavior (Carlson, 1996).

CHAPTER 2: LITERATURE REVIEW

In this literature review, I intend to explore the effects occupational therapy and motivation have on geriatric patients. Although there have been studies completed where motivation is only a small element of treatment, many of these studies have not given full consideration to the fact that motivation is one of the most important factors of treatment for the patient in both their sociological and psychological domains (Sharrott & Cooper-Fraps, 1986). As such, this literature review will provide additional insight into not only motivation itself, but also the impact of the social environment and psychological factors that impact geriatric patients. The analytical focus on both sociology and psychology based theories will provide the additional insight. Although numerous studies have been conducted on occupational therapy in different phases of human development, little analytical attention has been paid the pivotal role motivation has in successful treatment and advancement in therapy for patients of the geriatric population and those nearing their end of life (Sharrott & Cooper-Fraps, 1986).

Based on the research compiled in this literature review, it is my goal to explore the effect of motivation on geriatric patients in their occupational therapy treatment. It is important to educate staff and family members on how to create a social environment for the patient that is conducive for progress in their rehabilitation (Teitelman, Raber, & Watts, 2010). It is imperative to help the patient maintain a positive attitude, to know they are valued, and to help them feel validated. Through recognizing the impact of sociological and psychological factors, it is more likely for the patient to have a positive view of themselves and be more susceptible to receiving treatment and continuing to perform activities and occupations that are meaningful to them (Teitelman, Raber, & Watts, 2010).

Review of Psychological Theories

The preliminary review of literature revealed a connection between psychological theories and the treatment of geriatric patients. They were as follows: self-determination theory, occupational therapy theories, social cognitive theory, transtheoretical model of intentional change, motivational interviewing, and the intentional relationship model. Each theory provides insight into what factors impact a patient's motivation to participate in occupational therapy.

Self-Determination Theory

Self-determination theory is a theory of motivation that was introduced in 1985 by Robert Ryan and Edward Deci and is built on the foundation of three innate psychological needs; competence, autonomy, and relatedness (Ryan & Deci, 2000). It focuses on the importance of creating positive conditions that foster the development of enhanced intrinsic motivation, self-regulation, and well-being. (Ryan & Deci, 2000).

Social Cognitive Theory

Social cognitive theory is one of the most popular theoretical frameworks for understanding physical activity adoption (Lewis & Schuver, 2014). This theory emphasizes reciprocal determinisms, which is the interaction between individuals and their environments. The three main factors that influence behavior and behavioral choices are: the environment, individual personality characteristics and/or experience, and behavioral factors. Behavior is the product of the interplay between these three factors (Liguori, 2014). A component of social cognitive theory is self-efficacy, a person's confidence in their ability to successfully engage in and perform a specific behavior. Self-efficacy claims that the more confident a person is in their

capabilities and ability to success, the more likely they are to engage in that behavior (Lewis & Schuver, 2014). Social cognitive theory relates to occupational therapy with its relevance to self-care tasks including activities of daily living (Filiatrault & Richard, 2005). According to social cognitive theory, a person's perceived self-efficacy regarding their behaviors have an influence on the likelihood of whether or not they partake in certain behaviors. Thus a person with low perceived self-efficacy is less likely to engage in behaviors recommended to them by the therapist (Fugl-Meyer, Hellström, Lindmark, & Wahlberg, 2003).

Self-efficacy is a product of enactive mastery experience, vicarious experience, verbal persuasion, and physiological or affective states. The social cognitive theory has substantial evidence supporting it as an effective way to influence human behavior (Liguori, 2014). Monitoring an individual's behavior and performance based on task mastery and skill development may also have a positive influence on self-efficacy (Liguori, 2014). The focused interventions should be on what the individual can do to achieve the desired behavior change (Gage, 1992). Techniques for building self-efficacy that can also be applied to occupational therapy are verbal persuasion to reinforce task mastery, provide exposure to positive vicarious experiences, encourage patient to recall a previous successful behavior change, encourage short-term goals, and encourage perseverance and praise efforts to achieve goals and not just the goals themselves (Gage, 1992).

Transtheoretical Model of Intentional Change

The Transtheoretical Model of intentional change (TTM) is one of the most common motivational theories used in occupational therapy because it has been well developed (Helfrich, 2013). The focus of TTM is to assess the individuals' readiness to change and measures the

individual's progress towards meeting their goals during the process of occupational therapy intervention (Helfrich, 2013). The theory has five stages of behavior change: precontemplation, contemplation, preparation, action, and maintenance (Helfrich, 2013). Effective occupational therapy interventions address which of the five stages the individual is in. Self-efficacy is crucial in effecting change and increasing skills to build up the patient's self-efficacy is critical for the TTM (Helfrich, 2013).

Motivational Interviewing

A technique used in clinical settings to encourage patients to consider and employ change is motivational interviewing (Helfrich, 2013). The principles of motivational interviewing involve expressing empathy about the change being considered, developing discrepancy between present behavior and important personal goals or values, rolling with resistance by avoiding arguing for change and inviting new perspectives, and supporting self-efficacy through the person's belief in the possibility of change (Helfrich, 2013). There are four skills necessary for the occupational therapist to conduct motivational interviewing. The skills are asking open questions, reflective listening, affirming, and summarizing (Helfrich, 2013).

Intentional Relationship Model

The intentional relationship model (IRM) involves the occupational therapist being able to maneuver a patient's interpersonal challenges while furthering participation in occupations (Taylor, 2013). The IRM provides an interpersonal reasoning approach to the communication between the therapist and patient. The four main components of the IRM are the client, the interpersonal events that occur during therapy, the therapist's use of self, and the occupation

(Taylor, 2013). Individuals react to their chronic conditions and illnesses differently and it is important for the occupational therapist to be able to recognize these events taking place in order to encourage and motivate their patients. The basis of the intentional relationship model demonstrates the importance of the therapist recognizing the interpersonal events that occur and know how to adapt treatment accordingly to promote progress and successful completion of goals (Taylor, 2013).

When exploring motivation's role in occupational therapy treatment self-determination theory, social cognitive theory, the transtheoretical model of intentional change, motivational interviewing, and the intentional relationship model all were found to relate to the purpose of this thesis. Social cognitive theory addresses a person's self-efficacy which can play a substantial role in motivating the patient to participate in the activities they need to do and enjoy doing in their lives (Gage, Noh, Polatajko, & Kaspar, 1994). These theories provide an insight into the effects of occupational therapy rehabilitation and motivation on geriatric patients.

Self-determination theory relates to motivation and rehabilitation because it fosters the development of intrinsic motivation, self-regulation, and well-being; all of which have an impact on occupational therapy treatment by creating positive conditions that foster the development of enhanced intrinsic motivation, self-regulation, and well-being (Ryan & Deci, 2000). Social cognitive theory's component of self-efficacy has a direct impact on a patient's motivation to participate in occupational therapy treatment because a person is more likely to be engaged if they are confident in their abilities (Lewis & Schuver, 2014). The Transtheoretical Model of intentional change (TTM) is one of the most common motivational theories used in occupational therapy and

assesses if the individual is ready to change their behaviors and measures their progress throughout treatment (Helfrich, 2013).

When assessing motivation, an important technique used in clinical settings to encourage patients to consider and employ change is motivational interviewing. Motivational interviewing helps to motivate the patient to participate in occupational therapy and provides the therapist with a better insight into the person's behavior and allows them to express empathy with their patient (Helfrich, 2013). The intentional relationship model (IRM) involves the occupational therapist being able to maneuver a patient's interpersonal challenges while helping them to participate in occupations (Taylor, 2013). The IRM has four main components. They are the client, the interpersonal events that occur during therapy, the therapist's use of self, and the occupation (Taylor, 2013). Individuals react differently to their chronic conditions and illnesses and it is important for the occupational therapist to be able to recognize these events to help encourage and motivate their patients. Chapter 3 will elaborate on the methodologies used when conducting this literature review.

CHAPTER 3: METHODOLOGY

This thesis examines empirical data in occupational therapy as it relates to motivation impacting the occupational therapy treatment in geriatric patients. The research studies collected for this thesis are organized through a systematic literature review that includes an analysis of studies conducted using data collection methods including surveys, questionnaires, interviews, and studies conducted on in occupational therapy geriatric patients with motivation as an key element in the studies. It is crucial to clearly define the term geriatrics and baby boomers for the purpose of this thesis. Therefore, for the purpose of this thesis, a press release by the U.S. Census Bureau (2011) defines baby boomers as people born between the years 1946 and 1964, giving the age range of 50 through 69 as of 2015. The geriatric population consists of individuals 65 years and older (Hobbs & Damon, 1996).

Study Selection

The consistency across these two definitions established the age demographic for the purpose of my research. Only individuals 65 years and older were considered and are included. It was also imperative to define what a purposeful activity is in relation to occupational therapy treatment. For the purpose of this thesis, purposeful activities are goal-directed behaviors or tasks that the individual considers meaningful (American Occupational Therapy Association, 1993).

Data Sources

Keyword searches for the population, context, and construct of interest for my research have been identified through the following databases and journals: SPORTDiscus, Google Scholar, The American Journal of Occupational Therapy, Canadian Journal of Occupational

Therapy, Topics in Geriatric Rehabilitation, and Physical & Occupational Therapy in Geriatrics. Keyword search terms included occupational therapy, geriatrics, baby boomers, self-efficacy motivation, intrinsic motivation, extrinsic motivation, volition, and physical therapy. In order to limit my research and remain current, only studies and peer-reviewed scholarly articles dated 2000 to current day were considered. Inclusion criteria, for the purpose of this research evolved through the study and were limited based on the subjects of each study.

Once all data was collected, research was compiled based on the psychological theories used as a framework in the studies. Distinct trends began to emerge. As previously mentioned, self-determination theory, social cognitive theory, transtheoretical model of intentional change, motivational interviewing, and the intentional relationship model were the theories and models most prevalent. The previously mentioned theories uncovered an interrelated connection between self-efficacy and motivation (Gage, Noh, Polatajko, & Kaspar, 1994). Furthermore, a connection with imagery and its role in motivating patients to perform activities was meaningful to them (Riccio, Nelson, & Bush, 1990). The purpose of this methodology was to allow volition, social environment, affirmation, and self-efficacy to emerge as key factors that impact a geriatric patient's motivation in occupational therapy.

CHAPTER 4: RESULTS

The purpose of this thesis was to examine the effects of occupational therapy rehabilitation on geriatric patients by reviewing studies conducted on motivation in occupational therapy. After reviewing eleven studies in peer reviewed journals concerning research conducted related to the effects of motivation on occupational therapy rehabilitation of geriatric patients, the studies referenced below have been included in the results and have met the criteria previously set. The research studies collected for this thesis were organized through a systematic literature review that includes an analysis of studies conducted using data collection methods including surveys, questionnaires, and studies conducted on occupational therapy geriatric patients with motivation as an key element in the studies To establish the age demographic for the purpose of this research, baby boomers and geriatric adults are people born between the years 1946 and 1964, giving the age range of 50 through 69 as of 2015 (U.S. Census Bureau, 2011). Individuals 65 years and older were considered and are included. It was also imperative to define what a purposeful activity is in relation to occupational therapy treatment. For the purpose of this thesis purposeful activities are goal-directed behaviors or tasks that the individual considers meaningful (American Occupational Therapy Association, 1993).

A study by Janssen and Stube (2013) explored older adults' perception of physical activity as it impacted their aging and occupational therapy treatment. The researchers found people are more likely to participate in activities that are meaningful and enjoyable to them. It was important to the researchers that occupational therapists understand how physical activity becomes meaningful for the geriatric population. This understanding is valuable to occupational

therapists that are promoting productive aging. The study looked to answer the questions “How does PA become a meaningful occupation in older adults?” and “How does PA become sustainable in community-dwelling older adults?” The intentional relationships model was utilized by the study (Taylor, 2013).

Their study took 15 community-dwelling older adults who were over the age of 65. An experienced occupational therapist in clinical practice and qualitative research methodology conducted an initial interview with the participants and observed them in their preferred locations for one hour a week over a period of 2 months. Their main finding was older adults continue individual patterns of meaning physical activity across their lifespans when they have support to adapt to their age-related limitations (Janssen & Stube, 2013). They confirmed occupational therapists have an important role in motivating community-dwelling older adults to participate in meaningful activity. They should promote and design physical activity plans that address the person’s unique, age-associated concerns (Janssen & Stube, 2013). A blend of intrinsic and extrinsic factors were key to understanding the older adults’ participation in physical activity.

Physical activity was found to become a meaningful occupation when participants were able to attach their PA to their values such as desires for wellness, social factors, or productivity (Janssen & Stube, 2013). A fear of falling also illuminated a need for control over PA. Sustainability was possible when the older adults were able to adapt to their age-related limitations. From the results of the study, I found the social ecological model to be relevant to the study as well (Lewis & Schuver, 2014). There were intrinsic and extrinsic factors that impacted the geriatrics participation in physical activity. The study revealed older adults found

meaning in their activities based on their beliefs in wellness or based on the social factors associated with physical activity (Janssen & Stube, 2013).

Carin-Levy, Kendall, Young and Mead (2009) conducted a study to explore the findings emergent from a randomized controlled trial of exercise versus relaxation post stroke. Utilizing social cognitive theory, they developed a 12-week program with 24 participants being separated into two groups. They used a pragmatic, qualitative program evaluation to explore the participants' experiences in their group exercise classes. There were originally 66 trial participants but only 50 met the inclusion criteria. From the 50 participants they were narrowed down to 25 total participants through random selection. The participants were aged 48-85. They were randomly assigned to groups by choosing names from a list of trial participants. To gain a better understanding on the participants' perspectives on exercise, the researchers conducted in-depth, semi-structured interviews to evaluate the participants' experiences with exercise or relaxation classes post-stroke. The interviews were audiotaped. They were person-centered in design, which allowed the individual to convey their own views and concerns on their own terms.

One group participated in an exercise class and the other group participated in a relaxation class. Once the data was analyzed, they concluded that both classes had a positive effect on participants' motivation to attend class and also to partake in other purposeful activities throughout the day (Carin-Levy, Kendall, Young & Mead, 2009). Many felt that their attendance in class enabled them to venture out more frequently. In addition, the participants had an overall improvement in their self-perceived quality of life. The results of the study revealed five

recurring themes: self-perceived quality of life, empowerment, motivation, enjoyment, and the long-term effects of class participation (Carin-Levy, Kendall, Young & Mead, 2009).

All participants reported they enjoyed the class and there was no difference between the exercise and relaxation groups' statements. The classes had a positive impact on the participants as it gave them a welcome social situation that motivated them to recover from their previous strokes, improved psychosocial functioning, and more confidence (Carin-Levy, Kendall, Young & Mead, 2009). The participants' comments reflected an improvement in their self-perceived quality of life (Carin-Levy, Kendall, Young & Mead, 2009). They said the classes benefited them in their daily lives and activities with one participant saying they felt stronger and were more confident because of the classes. Their psychological well-being improved as a result of socializing in classes and being encouraged to get out of the house more. Participants said the classes began to feel like a family and the mutually supportive environment and comfort helped them to feel connected and not so alone. The findings of the study had important implications for occupational therapy practitioners. As a result, stroke patients could benefit from exercise and relaxation classes after being discharged from the hospital and cleared to exercise. It is possible that their quality of life can be improved by participating in activities (Carin-Levy, Kendall, Young & Mead, 2009).

Another relevant study recruited 253 geriatric adults to complete the Health Enhancement Lifestyle Profile (HELP), a comprehensive self-reported questionnaire that measured health-promoting behaviors (Peralta-Catipon and Hwang, 2011). Lifestyle for the purpose of the study is a complex health dimension that involves personal, environmental, behavioral, and occupational factors. A health-related lifestyle should be holistic (Peralta-Catipon & Hwang,

2011). Personal factors such as age, gender, education, socioeconomic status, marital status, living arrangements, and chronic health problems all can influence a person's health-related lifestyle (Peralta-Catipon and Hwang, 2011). The purpose of the study was to determine which personal factors might predict health-related lifestyles in community-dwelling geriatric adults. The participants in the study were over the age of 55 and consisted of 148 female and 105 male participants. The study was conducted to determine the significance of several personal factors in predicting healthy lifestyle factors. The study utilized social cognitive theory and with results showing that positive lifestyle behaviors in older adults led to fewer adverse health conditions (Lewis & Schuver, 2014).

This study was based on other studies that identified self-rating of health led to the understanding of motivation, self-efficacy, personal values, and preferences as factors that influenced health-promoting behaviors. Personal health conditions, including the amount of chronic diseases and self-perception of health status, were found to be the best predictors of lifestyle measure. A person's age, gender, employment status, race, and education were other aspects that predicted health-related lifestyles in geriatric adults (Peralta-Catipon & Hwang, 2011). The results suggested a person with more positive lifestyle behaviors may have fewer negative health conditions. Self-rating of health was found to be a possible key factor in predicting and understanding the influence of self-efficacy, motivation, personal values, and preferences on health-promoting behaviors in older adults. The findings of the study showed occupational therapy interventions to address older adults' health self-efficacy beliefs and motivation could help provide information to support and maintain healthy lifestyle choices (Peralta-Catipon & Hwang, 2011).

An understanding of all factors that effect motivation will aid rehabilitation professionals to cope with patient disengagement in occupational therapy (MacLean, Pound, Wolfe & Rudd, 2002). The following practices were found to positively affect patient motivation: clear and revisable goal setting, attempting to make the patient feel their views on their rehabilitation are valid and welcomed, accepting the patient's idiosyncrasies, and avoiding clashing with the patient's value systems (MacLean, Pound, Wolfe & Rudd, 2002). The study investigated how stroke rehabilitation professionals understand the concept of motivation and how they integrated that understanding of motivation into their practice with patients (MacLean, Pound, Wolfe & Rudd, 2002). Social cognitive theory was a factor in clinicians understanding which social and personality factors impacted their patients, and how they could modify their treatment based on their patients' unique factors affecting their motivation. The premise of their study was the suspicion that motivation plays a pivotal role in determining the outcome of therapy. Since motivation is a subjective concept, they wanted to determine the range of occupational therapy professionals' understanding of what patient motivation is.

Three broad groups were identified (MacLean, Pound, Wolfe & Rudd, 2002). Motivation was considered to be an internal "personality" trait of the individual patient and was understood as a part of someone's internal disposition. The second considered motivation to be affected by social factors and stressed understanding social factors when evaluating motivation. The third considered social factors and personality factors to both contribute to motivation. Motivation is believed to play a vital role in patient outcomes in occupational therapy (MacLean, Pound, Wolfe & Rudd, 2002). Goal setting was considered an essential component of an effective rehabilitation and offered an opportunity to motivate patients in the occupational therapy

treatment (MacLean, Pound, Wolfe & Rudd, 2002). They also identified patients were more likely to achieve goals when they understood the therapist's reasoning behind setting those goals. By involving the patient in the goal setting process and helping them understand the therapeutic reasoning behind those goals, the occupational therapist can enhance their patient's engagement (MacLean, Pound, Wolfe & Rudd, 2002). By having the therapist explain the reasoning behind their goal-setting the patient felt more support by their therapist and was more likely to be motivated to work harder during their rehabilitation (MacLean, Pound, Wolfe & Rudd, 2002).

Most "motivated" patients are believed to perform better in rehabilitation activities and make more progress in therapy compared to their less motivated counterparts (Gubrium & Buckholdt, 1982). The prevalence of that belief was noted in past research studies on the attitudes of rehabilitation professionals (Gubrium & Buckholdt, 1982). Because motivation is a highly subjective concept and is commonly used by rehabilitation professionals, the researchers sought to investigate the range of professionals' understanding of patient motivation. They did so by drawing on clinical and nonclinical research.

Peoples' experiences are socially constructed and the reactions of others can have a significant positive or negative effect on the lived experience of a person suffering from dementia (Teitelman, Raber, and Watts, 2010). There was a study conducted to understand the power of the social environment in motivating geriatric patients with dementia to engage in occupations. The key to getting a person with dementia to participate in occupations is dependent upon the social environment being supportive of participation (Teitelman, Raber, and Watts, 2010). They summarized a qualitative study of eight assisted living facility residents. The

intentional relationships model provided the framework for the study (Taylor, 2013). The environment where the eight patients were treated had positive and negative effects on their perceived self-efficacy (Teitelman, Raber, & Watts, 2010). In one environment, the staff did not understand a patient's unique needs and wrote her off as unmotivated. An occupational therapist was able to understand her unique expression of motivation and what values mattered to the patient. By doing so she affirmed the patient's unique human experience. It was found the social environment of the memory support unit was not structured to allow for the patient's unique social interaction styles that could have helped motivate her (Teitelman, Raber, & Watts, 2010). This stressed the importance of the social environment in motivation and treatment of geriatric patients in occupational therapy.

Another study regarding fear of falling in older adults examined the relationship of the fear of falling to depression, anxiety, activity level, activity restriction, and changes in activity level (Painter et al., 2012). The transtheoretical model of intentional change was found to be prevalent in the study (Helfrich, 2013). The researchers administered the Survey of Activities and Fear of Falling in the Elderly; the Geriatric Depression Scale-30, and the Hamilton Anxiety Scale, IVR Version during a one time visit to 99 community-dwelling older adults over the age of 55. They found fear of falling was one of the common limitations that affected motivation in geriatric patients. The individual's anxiety predicted their fear of falling and activity level. Both anxiety and depression predicted fear of falling (Painter et al., 2012). The information offered a new insight into the interrelationship between fear of falling and activity level. The results suggested it is important for the occupational therapist to address both anxiety and depression in relation to fear of falling and activity level when consulting with a patient (Painter et al., 2012).

Older adults who were actively engaged in their activities of daily living and who were more physically active had a lower level of fear of falling, depression, or anxiety (Painter et al., 2012).

CHAPTER 5: CONCLUSION/DISCUSSION

Aging is an inevitable part of life and is a large factor in the work of many occupational therapy practitioners. Because the elder population has more longevity, it is important to ensure that the geriatric population in the United States receives the appropriate care necessary to improve and maintain their quality of life (Mason, 1994). Occupational therapists will continue to play a unique role in helping geriatric adults continue to maintain their independence and participate in the activities that give their life meaning. Their role includes helping geriatric adults by promoting healthy lifestyles, emphasizing occupation as an important element in promoting health strategies, and providing interventions that enable maximal participation in meaningful occupations. Self-efficacy highly influences a person's perceptions of their capabilities and activity levels and was a recurring theme throughout this review (Peralta-Catipon & Hwang, 2011). It is important that the occupational therapist be supportive and encouraging throughout the treatment process. Doing so will help to affirm the patient in their own abilities and help to improve their self-efficacy. When the patient believes in himself or herself they are more likely to be motivated to participate at a higher degree in their treatment (Teitelman, Raber, & Watts, 2010).

One key to understanding and studying motivation in older adults is to identify what occupations matter to them (Teitelman, Raber, & Watts, 2010). It is important that occupational therapists understand how occupations become meaningful for the geriatric population as participation in those occupations plays an important role in promoting productive aging. When older adults were able to attach their physical activity to their values such as desires for wellness,

social factors, or productivity they found their activity to be more meaningful (Janssen & Stube, 2013).

Moving forward in the field of occupational therapy, understanding a patient's motivation to participate in the activities they need to do and enjoy doing plays a primary role in developing a treatment plan that they will be willing to participate in (Carin-Levy, Kendall, Young & Mead, 2009). To understand how to motivate the patient, it was important to understand what fears affected the geriatric population and might make them feel unmotivated to participate in occupational therapy treatment (Painter et al., 2012). Falls are the leading cause of accidental death in older adults and are the most common fear among older adults regarding whether or not they should participate in physical activity (Painter et al., 2012). It is important for the occupational therapist to address both anxiety and depression in relation to fear of falling and activity level when consulting with a patient (Painter et al., 2012). By understanding the patient's fears and anxiety, it will allow the occupational therapist a better insight on how to make the therapy person-centered. By addressing the individual fears and concerns with the patient and expressing to them the therapeutic reasoning behind setting particular goals for the patient, they will be more likely to be motivated to carry out their treatment (Painter et al., 2012).

Occupational therapy is holistic in nature and the approach to motivating each patient should be holistic in my opinion. Understanding the patient's desired outcomes from therapy, fears, and concerns will help the therapist to better understand what motivates the patient. This will allow them to create an individualized plan specific for the patient to help them achieve those goals.

In a study by Janssen and Stube (2013), a fear of falling also illuminated a need for control over PA. Sustainability was possible when the older adults were able to adapt to their

age-related limitations. The study revealed older adults found meaning in their activities based on their beliefs in wellness or based on the social factors associated with physical activity (Janssen & Stube, 2013). An understanding of all intrinsic and extrinsic factors that effect motivation will aid rehabilitation professionals to cope with patient disengagement in occupational therapy (Ryan & Deci, 2000). The following practices were found to positively affect patient motivation: clear and revisable goal setting, attempting to make the patient feel their views on their rehabilitation are valid and welcomed, accepting the patient's idiosyncrasies, and avoiding clashing with the patient's value systems. (MacLean, Pound, Wolfe & Rudd, 2002).

Another important factor to be considered moving forward is understanding the patient's social environment. In one environment that was reviewed, the staff did not understand a patient's unique needs and wrote her off as unmotivated. An occupational therapist was able to understand the patient's unique expression of motivation and what values mattered to the patient. By doing so she affirmed the patient's unique human experience. It was found the social environment of the memory support unit was not structured to allow for the patient's unique social interaction styles that could have helped motivate her. This stressed the importance of the social environment in motivation and treatment of geriatric patients in occupational therapy (Teitelman, Raber, & Watts, 2010). Cultural differences on what it means to grow old influence occupational therapy treatment. Occupational therapists most maintain a unique balance among validating expectations, providing information about occupational possibilities, and mediating the different assumptions family and the patient have about the aging process (Trentham & Dunal (2009).

Limitations

The limitations on the research were the prevalence of research regarding motivation in occupational therapy. Most studies that were found were conducted in the 1980s and 1990s. Another limitation was the lack of studies focusing on motivation as a primary factor in occupational therapy treatment. Motivation was mainly found to be a facet the majority of studies and only a few that were included in this thesis primarily focused on motivation. Three studies looked at motivation specifically in the geriatric population, which limited the amount of studies used for this thesis since few explicitly addressed motivation for older adults in occupational therapy treatment.

Future Research

When conducting future research, it would be recommended to look at intrinsic and extrinsic motivations of the patient and how it pertains to them carrying out their activities of daily living, occupations, and adherence to a treatment plan. None of the studies included regarding the long-term effects of motivation on patients who are able to maintain their motivation to follow therapists' recommendations. Future research might look toward conducting a longitudinal study regarding patients' motivations to continue carrying out what the occupational therapist has taught them to help them participate independently in the activities they need to and want to do in their daily lives. Future research is needed to explore the patients', doctors' and occupational therapists' perspectives on intrinsic and extrinsic motivation on occupational therapy treatment more in depth from the patient and therapist's perspectives. Gaining more comprehensive understanding on the factors that affect motivation in occupational therapy patients may help to understand occupational therapy engagement in the geriatric

population and how to better equip rehabilitation professionals to facilitate a motivating environment and effectively provide rehabilitation services.

APPENDIX: STUDIES REVIEWED

Study Title	Authors and Date	Study Method	Behavioral Theory
Older Adults' Perceptions of Physical Activity: A Qualitative Study	Janssen and Stube (2013)	Interviews	Intentional Relationships Model
The Psychosocial Effects of Exercise and Relaxation Classes for Persons Surviving a Stroke	Carin-Levy, Kendall, Young and Mead (2009)	Interviews	Social Cognitive Theory
Personal Factors Predictive of Health-Related Lifestyles of Community-Dwelling Older Adults	Peralta-Catipon and Hwang (2011)	Self-Reported Questionnaire	Social Cognitive Theory
The Concept of Patient Motivation: A Qualitative Analysis of Stroke Professionals' Attitudes	MacLean, Pound, Wolfe & Rudd (2002)	Semi-Structured, In-depth Interviews	Social cognitive theory
The Power of the social environment in motivating persons with dementia to engage in occupation: Qualitative findings.	Teitelman, Raber, and Watts (2010)	Interviews	Intentional Relationships Model
Fear of Falling and Its Relationship With Anxiety, Depression, and Activity Engagement Among Community-Dwelling Older Adults.	Painter, Allison, Dhingra, Daughtery, Cogdill, & Trujillo. (2012)	Self-Reported Surveys	Transtheoretical Model of Intentional Change

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