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Doctoral Project

**OTOPIA PROGRAM:
AMPLIFYING THE IMPACT OF OCCUPATIONAL THERAPY
IN OLDER ADULT RESIDENTIAL CARE THROUGH
OCCUPATIONAL JUSTICE**

by

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DEDICATION

I would like to dedicate this work to my parents, Nick and May.

Thank you for always believing in me.

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I would like to thank my academic mentor, Dr. Amy Lamb, for her enduring support and for being a great role model.

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ABSTRACT

The concept of occupational justice in occupational therapy is a priority and a call for urgent attention. This doctoral project focuses on occupational injustices that older adult residents experience in residential facilities. Literature showed that the problem emerged when the older adult residents encountered decreased occupational engagement in residential settings, which may negatively affect their quality of life or well-being. In response, occupational therapy practitioners must use distinct skills to take action and strengthen their significant contributions to the older adult practice. The "OTopia Program: Amplifying the Impact of Occupational Therapy in Older Adult Residential Care Through Occupational Justice" is a certificate training program for occupational therapy practitioners working with older adults. The program combines different components: training, community of practice, promotion of occupation-based practice, and advocacy. The planned program desires to produce competent Occupational Justice-informed (OJ-informed) occupational therapy practitioners who will apply occupation-based practice, promote person-centered care, practice inclusive occupational therapy,

value the empowerment of the residents, participate in a community of practice, and engage in staff development programs in the facilities in promoting occupational participation.

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LIST OF ABBREVIATIONS

ALF	Assisted Living Facility
AOTA	American Occupational Therapy Association
OI	Occupational Injustice
OJ	Occupational Justice
OT	Occupational Therapy
OTP	Occupational Therapy Practitioner
SNF	Skilled Nursing Facility

GLOSSARY

Community of Practice: A gathering of a group of people with a common interests, goals, or challenges come together to interact, share knowledge, and learn from one another to improve their practices or manage common concerns (Wenger, 1999).

Occupational Injustice: is when society, culture, or organizational policies prevent certain people or groups from doing everyday occupations (Durocher et al., 2014; Nilsson and Townsend, 2010)

Occupational Justice: "Equitable opportunity and resources to enable people's engagement in meaningful occupations" (Wilcock and Townsend, 2000, p. 85).

Occupational Justice-informed Practice: An occupational therapy practice that promotes occupation-based application, advances person-centered care, utilizes inclusive occupational therapy, values the empowerment of the residents, participates in a community of practice, and promotes staff development programs in the facilities to enable occupational participation.

Occupation-based Practice: Deliberate use of occupation as the fundamental element in therapeutic approaches to reach occupational goals (Fisher, 2013).

Person-centered care: Acknowledging each person's uniqueness, integrating their strengths, aspirations, and rights within their environment while emphasizing understanding the person with their reasoning abilities, emotions, and necessities (Grabowski et al., 2014)

CHAPTER ONE – Introduction

Introduction

In the United States (US), older adults living in residential facilities encounter different types of occupational injustices (OI) that notably impact their quality of life (QoL). Some injustices include occupational deprivation, alienation, imbalance, and marginalization, as Gupta (2016) described. The Occupational Therapy Practice Framework, 4th edition, (American Occupational Therapy Association, [AOTA], 2020), underscores the importance of occupational justice (OJ) in enabling individuals to fully engage in meaningful and valuable tasks.

This doctoral project addresses the decreased QoL experienced by older adult residents in residential facilities. It recognizes that these individuals may encounter challenges and barriers that limit their ability to participate in occupations that contribute to their overall well-being and satisfaction. By focusing on the QoL of older adult residents, this project will identify the factors contributing to occupational injustices and present mitigation strategies that occupational therapy practitioners (OTP) can apply in clinical settings.

Through theoretical grounding and evidence-based literature, this project aims to shed light on the occupational injustice older adult residents face in residential facilities. It aspires to produce competent occupational justice-informed (OJ-informed) OTPs through online training, the clinical application of occupation-based care plans, ongoing support with a Community of Practice, and advocacy tools.

The Nature and Significance of the Problem

The residential care setting for older adults is common in the US. According to the report by Sengupta et al. (2022), in 2018, there were a total of 15,600 registered nursing homes and 31,400 assisted living or comparable residential care communities, with approximately 1,321,200 individuals residing in skilled nursing facilities (SNFs) and 918,700 residents living in residential care communities. Further, the older adult population is growing. According to Caplan (2023), in 2020, the older population in the United States reached 55.8 million, representing 16.8% of the total population, with 1 in 6 people in the United States being 65 and over. Thus, investigating the quality of life of older adult residents has been of interest. The study by Wren (2016) reported that older adult residents within nursing homes demonstrate a notable decrease in their quality of life compared to their counterparts residing in the community. Another study noted that 73% of the older adult resident participants considered their quality of life inferior or unfair (Garnett et al., 2022). Some causes may be decreased participation in leisure tasks (Vitorino et al. 2013), inactivity (Morgan-Brown et al. (2011), and diminished autonomy (Wikström & Emilsson, 2014). As stated by Vitorino et al. (2013), only 48.7% of individuals in residential settings participate in leisure activities, contrasting sharply with the significantly higher rate of 92% observed among older adults residing in community settings. Additionally, in the study reported by Morgan-Brown et al. (2011) conducted in SNF settings, older adults spend up to 69% of their day in an inactive state, such as moments with closed eyes.

Furthermore, residing in a residential care facility unveils a tension between

experiencing a sense of belonging and contending with a sense of alienation, as stated by Ericson-Lidman (2019). Feelings of alienation are characterized by loneliness, where the physical care environment is unpleasant, daily life lacks stimulation, and residents feel insecure or encounter disrespect (Ericson-Lidman, 2019).

Based on the reviewed literature, exploring the concept of occupational justice and injustice for older adult residents is compelling. Wilcock and Townsend (2000) define occupational justice as "equitable opportunity and resources to enable people's engagement in meaningful occupations" (p. 85). Another definition is "a justice that recognizes occupational rights to an inclusive participation in everyday occupations for all persons in society, regardless of age, ability, gender, social class, or other differences" (Nilsson & Townsend, 2010, p. 58). In contrast, occupational injustice is defined as "an outcome of social policies and other forms of governance that structure how power is exerted to restrict participation in everyday occupations of populations and individuals" (Nilsson & Townsend, 2010, p. 58). As occupational injustices occur, individuals may experience adverse outcomes in their overall health, QoL, and functioning capacity (Lewis & Lemieux, 2021).

Access to occupations is a socially determined right, and occupational inequalities associated with a lack of occupational justice can harm patients and practitioners (Hocking, 2017). The insufficiency of choice and opportunities for engagement in valued and meaningful occupations represents a violation of occupational rights, which could affect well-being and overall quality of life (Hammell & Iwama, 2012). In den Ouden et al.'s (2015) observational study encompassing 723 home residents across seven nursing

homes, totaling 3282 observations, findings revealed residents were inactive at 45% to 77%. Furthermore, residents were observed sedentarily, with frequency ranging between 89% and 92% during awake times (den Ouden et al. 2015). As an outcome, older adult residents are at significant risk of experiencing deterioration of health when occupational needs are unmet (Hammell, 2020). Other adverse outcomes related to occupational injustice include the inability to pursue occupational opportunities that enable them to develop themselves and cater to their health needs, limited autonomy, independence, limited ability to experience meaning, and worsening functional abilities (Fox et al., 2017; Hocking, 2017). Also, negative outcomes associated with occupational injustice include limited opportunities for personal development, inadequate provision for health needs, restricted autonomy and independence, diminished ability to experience meaning in life, and worsening functional abilities (Fox et al., 2017; Hocking, 2017). In light of this, there is a strong necessity for OTPs to take action to harness their distinct skill sets and amplify their significant contributions in the field of older adult practice.

Contributing Factors

Multiple factors contribute to occupational injustices in residential facilities, such as the facility's culture, staff awareness, motivation, and environmental and personal factors specific to the individual residents (Mondaca, 2021). One example is that environmental factors can lead to a decline in a resident's motivation to pursue certain occupations (Du Toit et al., 2019). Occupational marginalization can occur when higher authorities, like government or managerial policies, are based on norms or an environment that excludes a person from decision-making processes related to their

chosen activities, such as social or leisure pursuits (Durocher et al., 2014).

Consequently, older adult residents may be less inclined to engage in meaningful occupations due to various occupational injustices, leading to a decline in overall functioning. Occupational deprivation results from a lack of resources and opportunities for residents to experience enrichment through occupations. Insufficient opportunities restrict residents' ability to engage in meaningful occupations that enhance their quality of life (Du Toit et al., 2019). When residents are precluded from participating in meaningful activities, subsequently encountering occupational deprivation (Whiteford et al., 2020), they may undergo a spectrum of emotions, including feelings of inadequacy, loneliness, and isolation that are linked to the emergence of depressive symptoms among affected individuals (Wren, 2016). Moreover, occupational imbalance is when individuals are excessively occupied or severely under-occupied (Hocking, 2017). Thus, it occurs in residential settings due to a lack of choices and opportunities to participate in occupations (Kearns Murphy & Shiel, 2019). On the other hand, occupational alienation is when the person experiences disconnection and participation in tasks that are meaningless (Townsend & Wilcock, 2004). These issues may be managed by implementing a justice-informed practice at the micro, meso, and macro levels of occupational therapy delivery (Bailliard et al., 2020). In the context of residential older adult care settings, a pressing need arises to shift attention towards a collective approach aimed at fostering occupational justice (Du Toit et al., 2019).

Occupations and Occupational Therapy

By definition, "Occupational therapy is a client-centered health profession concerned with promoting health and wellbeing through occupation" (World Federation of Occupational Therapists, [WFOT], 2012 para. 1). Occupational therapy (OT) aims to promote the engagement of individuals in daily activities (WFOT, 2012). The profession acknowledges a belief that active participation in occupation fosters health (AOTA, 2020). As defined, "occupations refer to the everyday activities that people do as individuals, in families and with communities to occupy time and bring meaning and purpose to life" (WFOT, 2012 para. 2). OTPs include occupational therapists and occupational therapy assistants who work with individuals throughout their lifespans (AOTA, 2020). OTPs promote the health and well-being of all individuals, including older adults (Reitz et al., 2020).

Proposed Solution

The OTopia program is a part of the solution for OTPs to improve their understanding of occupational justice and injustice in older adult residential settings. Further, the OTopia program is rooted in the author's vision of a living community that operates on principles of equality and justice through the lens of the OT profession. It was inspired by Sir Thomas More's book, *Utopia*, written in 1516, an imaginary island society where communal living, social equality, and justice prevail (Sargent, 2010). This doctoral project combines four elements: training, the promotion of occupation-based occupational therapy, a community of practice, and advocacy tools for policy changes that support the rights and well-being of older adult residents.

The urgency lies in equipping OTPs with the knowledge, skills, and advocacy tools essential for mitigating occupational injustices. The program aims to address the issue of occupational injustices in residential facilities that older adults face. It involves empowering OTPs to become advocates for change within their clinical settings and encouraging them to participate in a collaborative community of practice. It is essential to educate OTPs about occupational injustices and their impact on residents' quality of life. The educational training will include information about the underlying elements contributing to occupational injustices, such as environmental, cultural, and policy-related factors. By increasing their understanding of these issues, OTPs can recognize occupational injustices and work towards finding appropriate solutions.

The promotion of occupation-based practice reinforces the concepts gained from the training, which can be applied in daily practice through occupation-based care plans. Networking with other OTPs working with older adults through the OTopia community of practice will be implemented. By promoting professional teamwork, different perspectives and expertise can be brought together to tackle the complex nature of occupational injustices. This online community of practice can also create a platform for opportunities to share best practices, discuss challenges, and develop innovative solutions to address occupational injustices collectively (Du Toit et al., 2019).

Advocacy efforts will be emphasized as part of the proposed solution. OTPs can play a crucial role in advocating for older adult residents and promoting policy changes at the facility level to address issues contributing to occupational injustices. By raising awareness among administrators and other stakeholders, OTPs can promote the

importance of occupational justice and advocate for changes that support residents' rights and well-being.

Components of the Program

As mentioned earlier, the OTopia program comprises four interconnected elements: training, occupation-based OT practice, a community of practice, and advocacy. The training is the program's foundation, as the OTPs will register and learn concepts about occupational justice in older adult residential settings. The community of practice will be the continuity of the training, as the OTopia-certified OTPs will participate in ongoing interaction with peers to discuss occupation-based practice and advocacy. The subsequent sections will further describe the functionality of each component.

OTopia Training

The OTopia program is grounded by its online certificate training program designed for OTPs working with older adults. The program will be delivered asynchronously, allowing participants to access the materials and complete the modules at their own pace. The program will span six weeks to cover six modules, with participants expected to dedicate one hour per week. This extensive training will cover a range of topics related to occupational justice, including the understanding of its principles, the development of justice-informed care plans, the establishment of a community of practice, and the learning of advocacy tools and strategies. A dedicated discussion forum will be provided throughout the training to encourage community and participant collaboration. This forum will serve as a platform for participants to ask

questions, share insights, and engage in meaningful conversations related to the content covered in the modules. By creating this space for interaction, participants will have the opportunity to connect with their peers, learn from other's experiences, and further enhance their understanding of the program materials. OTopia will offer OTPs a flexible and interactive learning experience, enabling them to deepen their knowledge and improve their competence in mitigating occupational injustice.

Occupation-based OT Practice

This component is the opportunity for the OTPs to apply the knowledge gained from the webinar in their clinical practice. The OTPs are encouraged to devote person-centered care and occupation-based interventions to mitigating occupational injustice. As members of the OTopia community, the OTPs can share experiences in the occupation-based application with peers.

OTopia Community of Practice

The OTPs will be invited to join an online network with peers who also completed the OTopia training. Through the community of practice, the OTPs can exchange information regarding the application of occupation-based practice in their settings, ask questions, and support colleagues through ongoing interactions. Further, the OTPs can discuss advocacy efforts regarding older adult residents.

Advocacy

The OTopia program's website will serve as an advocacy platform. The OTPs will be urged to regularly utilize the website to gain updates on the current OT advocacy efforts, and advancements focused on older adults. The OTPs can advance their

understanding through continuous participation in the OTopia Community of Practice. Finally, the author will send all the OTopia program members a quarterly electronic newsletter regarding advocacy updates.

CHAPTER TWO – Project Theoretical and Evidence Base

Background of the Problem

The problem concerning occupational injustice among older adults in residential facilities prevails due to the failure to mitigate the multi-factorial contributing barriers. These barriers include social, institutional, and environmental factors that influence the older adult residents' experience in the facilities. Some examples of social barriers can be limited social opportunities, scarcity of options to interact with other residents, and insufficient choices of recreational activities (Zilyte et al., 2020). The environmental barriers can be the poor physical environment, inaccessible resident spaces, and poor safety, negatively affecting residents' participation in occupations. Barriers that residents encounter may promote and heighten occupational injustice in the facilities, leading to decreased participation in occupations (Causey-Upton, 2015). Older adult residents may experience limited opportunities and reduced access to participate in valuable tasks (Nilsson & Townsend, 2010).

Moreover, institutional barriers include the limited budget for meaningful activities, the policies that may restrict occupational participation, and the organizational structure that may restrain the residents' access to specific tasks and interests (Zimmerman et al., 2001). However, the problem persists due to occupational therapists' constrained implementation of occupation-centered practice (Aas & Bonsaksen, 2022; Daud et al., 2016; Di Tommaso et al., 2019; Jewell et al., 2016; Lloyd et al., 2019; Stav, 2022). This critical aspect of the profession, which focuses on promoting meaningful activities and engagements tailored to individual needs and goals, is not fully utilized

(Aas & Bonsaksen, 2022; Daud et al., 2016; Di Tommaso et al., 2019; Jewell et al., 2016; Lloyd et al., 2019; Stav, 2022). Consequently, older adults may not receive the thorough support required to enhance their well-being and quality of life.

Occupational therapy practitioners (OTP) play a crucial role in facilitating independence, purpose, and fulfillment in clients' lives, such as older adults, and thwarting barriers by enabling care, implementing changes, and building favorable social and personal environments. However, without adequate tools and knowledge to avert the issue, it endures and may be magnified, rendering poor residents' well-being and life satisfaction that may eventually decrease the quality of Life (Causey-Upton, 2015; Roberts & Adams, 2018; Smith et al., 2020). Two key facets were identified as contributors to the problem. Firstly, facility-related factors and barriers aggravate the issue of occupational injustice (Dunbar, 2022; Egan et al., 2014; Nordin, 2017; Pirhonen, 2016; Potter, 2018; Tarzia et al., 2015; Zilyte et al., 2020). Secondly, insufficient implementation of occupation-centered practice by OTPs in older adult residential settings (Aas & Bonsaksen, 2022; Daud et al., 2016; Di Tommaso et al., 2019; Jewell et al., 2016; Lloyd et al., 2019; Stav, 2022).

According to Whiteford et al. (2020), by implementing the occupation-centered practice, occupational therapists can assist individuals in surmounting obstacles, encouraging active participation, and championing fair and equal access to meaningful occupations. The occupation-centered practice supports the principles and goals of occupational justice by promoting individuals' well-being, autonomy, and inclusion in society through meaningful engagements in occupations. Nevertheless, the application of

occupation-centered practice in older adult residential settings is scarce and, as a result, an inefficient way of mitigating occupational injustice. Ultimately, these recognized factors and barriers culminate in a decline in the quality of life of older adults in residential facilities.

Figure 2.1

Explanatory Model of the Problem



Description of Explanatory Model

The explanatory model shows that the existing problem in residential facilities is rooted in multi-factor causes. When older adults relocate to residential facilities, they experience decreased occupational engagement. Older adult residents experience limited opportunities and reduced access to participate in valuable tasks (Nilsson & Townsend, 2010). Supported by evidence, the situation concerning occupational injustice among older people in facilities prevails due to several facility factors. These include social, organizational, and environmental factors that influence the residents' experience in the facilities. Some examples of social factors can be limited social opportunities, scarcity of

options to interact with other residents and individuals, and insufficient choices of recreational activities (Hanson et al., 2014; Zilyte et al., 2020). Organizational factors contributing to the issue include the absence of supportive policies for resident decision-making (Tarzia et al., 2015), inadequate provision of facility transportation for community access (Egan et al., 2014), and the utilization of restrictive restraints on older adults (Dunbar, 2022). The environmental factors can be the poor physical environment, inaccessible resident spaces, and poor safety, negatively affecting residents' participation in occupations (Dunbar, 2022; Nordin, 2017; Pirhonen, 2016; Potter, 2018). These factors will exacerbate the residents' occupational engagement, resulting in specific types of occupational injustices, including deprivation, imbalance, alienation, and marginalization. However, the problem persists due to the insufficient application of occupation-based practice by OTPs due to barriers to implementation. Without adequate tools and knowledge to avert the issue, it endures and may be magnified, rendering poor residents' well-being, and decreasing quality of life (Causey-Upton, 2015; Roberts & Adams, 2018; Smith et al., 2020).

Theories that Support the Program

To conceptualize a concrete program, the author considered several underpinning theories. The Framework of Occupational Justice (FOJ), Empowerment Theory, Capability Approach, and Kolb's Experiential Learning are embedded in the creation of OTopia Program's design, training content, and desired goals. Each of these theories contributes unique perspectives and principles that enrich the program's framework, ensuring its alignment and application.

Framework of Occupational Justice

The Framework of Occupational Justice (FOJ) aims to better understand the interplay between the current issue of occupational injustice and the underlying factors influencing its magnitude (Lewis & Lemieux, 2021). The FOJ places significant emphasis on including individuals in meaningful occupational practices (Lewis & Lemieux, 2021; Stadnyk et al., 2010). According to Stadnyk et al. (2010), the FOJ underscores the importance of individuals exercising autonomy, making decisions, and engaging in occupations that hold personal significance (Stadnyk et al., 2010). Furthermore, the FOJ identifies factors that can either impede or support an individual's occupational rights (Stadnyk et al., 2010). It also recognizes the impact of various micro, meso, and macro influences, which may necessitate changes in environmental and systemic barriers (Wolf et al., 2010).

Stadnyk et al. (2010) argue that many structural and contextual factors can significantly impact an individual's overall quality of life, particularly regarding physical and psychological well-being. Accordingly, the framework outlines approaches and highlights the role of practitioners in promoting occupational engagement through education and empowerment (Wolf et al., 2010). As a guiding framework, the proposed certificate program aims to address and mitigate the existing barriers and occupational injustice contributing to decreased quality of life among elderly residents.

By employing the FOJ, the certificate program intends to empower OTPs to identify and challenge systemic and environmental constraints within older adult residential settings. By adopting a client-centered approach, the participants can actively

advocate for the occupational rights of older adults and facilitate their participation in meaningful occupations. Through the FOJ, the proposed certificate program aims to address the existing barriers and occupational injustice prevalent among elderly residents, ultimately improving their overall quality of life (Lewis & Lemieux, 2021). Finally, FOJ can be used to mitigate the recognized barriers and promote occupational justice by equipping OTPs with the essential knowledge and skills to create an enabling environment that fosters meaningful occupational engagement for older adults (Lewis & Lemieux, 2021).

Empowerment Theory

As described by Zimmerman (2000), empowerment theory highlights the significance of enhancing an individual's sense of control and capacity to initiate change in their lives. It is based on the fundamental belief that individuals can make meaningful choices and take action toward their desired goals. Additionally, the theory emphasizes the role of social and environmental support systems in facilitating these choices and actions. Empowerment Theory was applied in various fields, including social work, community psychology, and public health. Its primary aim is to promote the well-being of individuals and communities while addressing social inequalities. Focusing on empowering individuals enables them to exert control over their lives, advocate for their needs, and work towards reaching their aspirations (Zimmerman, 2000). The article by Agner (2017) stated that occupational justice can be supported through planned interventions guided by empowerment theory, which prioritizes fostering critical consciousness, autonomy, citizen engagement, and diminishing material obstacles to

empowerment of clients.

In the OTopia Program, the principles of Empowerment Theory can serve as a valuable guide for occupational therapy practitioners (OTPs) in their interactions with older adults residing in older adult residential settings. By applying this theory, OTPs can foster an environment that encourages autonomy, self-determination, and self-advocacy among older adults. Further, it provides OTPs with a framework to support older adults in identifying their strengths by recognizing their rights and making informed choices about their care and daily affairs. By involving older adults in decision-making processes and actively listening to their preferences and concerns, OTPs can help promote a sense of control and empowerment. Empowerment Theory also emphasizes the importance of social and environmental support in facilitating empowerment. OTPs can collaborate with other professionals and stakeholders in the residential setting to create an inclusive and supportive environment that encourages older adults to participate actively in their care and community life.

In drawing upon the principles of Empowerment Theory, OTPs can play a crucial role in empowering older adults to lead more fulfilling lives. By applying this theory, OTPs can promote a sense of agency and dignity among older adults through the person-centered plan of care and goal setting, ultimately contributing to their overall well-being and quality of life in older adult residential settings.

Capability Approach

The Capabilities Approach, formulated by American theorist Martha Nussbaum, complements the FOJ and serves as a guiding principle in addressing the occupational

injustice experienced by older adults. Nussbaum (2007) proposes that well-being can be understood in terms of capabilities, which are essential for individuals to lead fulfilling lives. She identifies ten capabilities that individuals should have to experience a favorable life: life, bodily health, bodily integrity, senses, imagination, thought, emotions, practical reason, affiliation, other species, play, and environment (Mousavi et al., 2015). Each capability is aligned with an individual's fundamental right to flourish (Clark et al., 2019; Hammell, 2015). Mousavi et al., (2015) argue that these ten capabilities closely align with the constructs of occupational therapy, enabling participation and promoting quality of life.

The proposed certificate program will focus on empowering residents by imparting knowledge consistent with the capabilities outlined in this approach. Program participants will be encouraged to recognize and uphold the resident's rights to choose, participate, and engage in meaningful activities through modular sessions.

The proposed program will utilize the Capabilities Approach as a guiding theory centered on defining well-being and acknowledging the core capabilities and functioning required to enhance residents' quality of life. With this approach, the program aims to equip the participants with tools to create an environment that supports each person's capabilities and may support overall well-being. The capabilities approach can guide the program by emphasizing what older adults can do in the residential facilities. By considering the ten capabilities, the OTopia program will inform OTP participants of each person's rights and the most significant concerns in specific aspects of their daily functioning.

Kolb's Experiential Learning

Kolb's Experiential Learning Theory is a widely recognized learning approach that strongly emphasizes learning through experience (Kolb, 2014). According to this theory, learning is not simply a passive absorption of information but an active process of transforming experiences into knowledge. The theory proposes a four-stage learning cycle that individuals go through to develop new insights and skills: Concrete Experience, Reflective Observation, Abstract Conceptualization, and Active Experimentation (Kolb, 2014; Nurunnabi et al., 2022).

In the first stage, Concrete Experience, learners engage in direct experiences that serve as the foundation for learning (Kolb, 2014). These experiences can be real-life situations or simulations that allow participants to interact directly with the subject matter (Kolb, 2014). The second stage, Reflective Observation, involves stepping back and reflecting on the experiences and encouraging learners to analyze their observations, thoughts, and emotions, seeking to understand the meaning of the experiences (Kolb, 2014).

The next stage, Abstract Conceptualization, involves the learner forming abstract concepts and generalizations based on their reflections. This stage encourages critical thinking and the development of conceptual understanding (Kolb, 2014; Nurunnabi et al., 2022). Finally, in the stage of Active Experimentation, learners apply their newly formed concepts and theories by engaging in practical experimentation and problem-solving (Kolb, 2014). This stage allows individuals to experiment with their hypotheses and explore alternative approaches. Through experience, learners gain further insights, refine

their understanding, and develop new skills. One of the notable strengths of Kolb's theory is its recognition of the importance of the learner's experience in the learning process (Kolb, 2014; Long & Gummelt, 2020). It acknowledges that individuals learn best when actively engaging with the subject matter and making meaningful connections to their experiences (Kolb, 2014). By providing a structured framework for learning, the theory encourages learners to actively participate, reflect, conceptualize, and experiment, promoting a deeper understanding and application of knowledge (Kolb, 2014; Nurunnabi et al., 2022).

Applying Kolb's Experiential Learning Theory in the OTopia training program offers several advantages. It encourages a learner-centered approach focusing on the individual's active participation and personal reflection. The theory promotes practical application and skill development by incorporating real-life scenarios, workshops, role-plays, and problem-solving tasks. Furthermore, by providing opportunities for reflection and conceptualization, learners can make connections between theory and practice, enhancing their critical thinking and problem-solving abilities. Finally, Kolb's Experiential Learning Theory provides an approach to designing practical learning experiences (Long & Gummelt, 2020). By incorporating the principles of experiential learning, participants and trainers can create an engaging and meaningful learning experience that promotes active participation, reflection, and the practical application of knowledge.

Appraisal of the Evidence for the Problem

A comprehensive literature search was conducted to understand occupational injustice and its impact on older adult residents. While occupational justice is a commonly discussed concept, the author experienced challenges retrieving relevant studies. It was anticipated that most studies did not specify or use the terms occupational justice or occupational injustice. To maximize the retrieval of pertinent studies, the author broadened the search and comprised the concept of older adults' engagement, choices, participation, and restrictions.

Literature searches were conducted by using a combination of the following key terms: elderly, older adults, senior, geriatric, residential care homes, nursing homes, assisted living facilities, group home, retirement homes, occupational therapy, occupational justice, occupational injustice, occupational deprivation, disengagement, exclusion, autonomy, occupation-centered, and occupation-based. The author searched different online databases, including CINAHL, PubMed, PsycINFO, American Journal of Occupational Therapy (AJOT), and Google Scholar. Boolean operators were used to maximize the retrieval of relevant articles. Guiding questions were used to refine the search. The questions searched were: Is there evidence that occupational injustice exists in residential care facilities? Is there evidence that OT practitioners experience barriers in applying occupation-based practice to support occupational engagement in older adults? Is there evidence that facility factors are associated with occupational injustice in residential care facilities? Is there evidence that a form of occupational injustice is associated with decreased quality of life among older adult residents of residential care

facilities?

Existence of Occupational Injustice

A thorough literature review has uncovered a significant and notable body of scholarly work that explores and analyzes various manifestations of occupational injustice experienced in residential care facilities. The growing body of research underscores the increasing recognition and understanding of the profound impact of occupational injustice on older adults' lives and overall well-being.

One article focused on the occupational imbalance (Hearle et al., 2012), and two studies focused on both occupational imbalance and deprivation (Kearns Murphy & Sheil, 2019; Morgan-Brown et al., 2019). According to Hearle et al. (2012), an observational study showed evidence of occupational imbalance among older adult residents as being disengaged and socially isolated. As Hearle et al. (2012) described, the dominant pattern observed was residents' sedentary conduct in lounges as limited opportunities offered by the care home to engage.

Both Kearns Murphy and Sheil (2019) and Morgan-Brown et al. (2019) articulated in their studies that residents experienced limitations in their ability to participate in meaningful occupations and lacked opportunities to engage. Kearns Murphy and Sheil (2019) conveyed that residents faced institutional regulations and practices that created a constricting environment with minimal freedom of choice and independence in occupational pursuits, and policies further restricted residents' autonomy and engagement in meaningful occupations, negatively impacting their well-being. Further, Morgan-Brown et al. (2019) accentuated the diminished task participation of

older adults in non-homelike surroundings, with 62% of residents' time being unoccupied, exacerbated by the lack of tasks available or discussion groups. Two articles retrieved focused on occupational alienation experienced by older adults (Knecht-Sabres et al., 2020; Mohler & Miller, 2020). The combined quantitative and qualitative study by Knecht-Sabres et al. (2020) reported the change in residents' participation in occupation after moving into an assisted living facility. Participants' engagement in previous activities declined to 34.13%, and only 42% sought and engaged in new leisure activities following the transition. Mohler and Miller's (2020) phenomenological research showed themes that include barriers to social participation. Also, the facility's activities lacked meaning and adaptation according to their functional abilities.

A qualitative content analysis study by Ericson-Lidman (2019) interviewed six residential care facility residents and revealed that living in a residential care facility unveils a tension between experiencing a sense of belonging and contending with a sense of alienation. Feelings of alienation, characterized by loneliness, manifest in instances where the physical care environment is unpleasant, daily life lacks stimulation, and residents feel insecure or encounter disrespect. Further, alienation was described as a negative form of connection characterized by feelings of meaninglessness, powerlessness, and lack of belonging. Ericson-Lidman's (2019) study highlighted that nursing home residents felt a heightened sense of alienation due to caregiving approaches that sometimes intensified feelings of solitude despite regular interactions with caregivers. Also, inadequate conversations about their life experiences evoked the residents' feelings of loneliness and alienation (Ericson-Lidman, 2019). Further, one

study described marginalization as ageism (Bodner et al. 2011). The study presented data on the ageism experienced by older adults in sheltered housing, defined as negative attitudes toward older adults (Bodner et al. 2011).

The studies gathered offer substantial insights into various forms of occupational injustice within residential facilities. However, it is important to note that a majority of these studies were conducted internationally, necessitating caution when attempting to generalize findings to the United States context due to likely contextual variations.

Facility Factors

Several research studies that offer evidence that facility factors are associated with occupational injustice were retrieved. Four studies contributed data on the environmental factors restricting residents' access to the outdoors and common areas around the residential facility (Dunbar, 2022; Nordin, 2017; Pirhonen, 2016; Potter, 2018). Three studies described locked doors as a common restrictor (Dunbar, 2022; Pirhonen, 2016; Potter, 2018). One study described the limited space as contributing to restricted mobility, social interactions (Nordin, 2017), and uneven footways, further limiting residents' outdoor access (Potter, 2018).

Three articles described organizational factors contributing to a restricting experience (Dunbar, 2022; Egan et al., 2014; Tarzia et al., 2015). One study conveyed the lack of policy to guide staff to support residents in making decisions (Tarzia et al., 2015). Another study reported a lack of transportation organized by the facility to allow residents to access the community and limited organizational means to support residents' occupational engagement (Egan et al., 2014). On the other hand, Dunbar's (2022) study

explored the facility-approved restraints that strongly restrict older adults. Furthermore, two articles reported social factors (Pirhonen, 2016; Dunbar, 2022). These factors include employees' attitudes as a lack of interest in socializing with residents (Pirhonen, 2016), seclusion (Dunbar, 2022), and the residents' wishes being ignored by the staff (Pirhonen, 2016).

Altogether, the studies reveal compelling evidence implying the significant influence of facility factors on the overall experience of older adults. The studies underscore that structural design, regulatory policies, and procedural constraints can act as formidable barriers, depriving meaningful occupational engagement.

Deficient Application of Occupation-based Practice

The connection between occupation-based practice and occupational justice lies in the shared goal of enabling individuals to engage in meaningful occupations that promote their overall health and well-being. The use of occupation is the main core of occupational therapy profession (Fisher, 2013). As Fisher (2013) defined, the occupation-centered is pertains to mindset, viewpoint, or structural framework in which occupation assumes a central role in terms of attention and significance, occupation-based as the actual "doing" of occupation, and occupation-focused pertains to attention toward occupations. By employing occupation-centered practice, occupational therapists can support individuals in overcoming barriers, promoting participation, and advocating for equitable access to meaningful occupations (Whiteford et al., 2020).

The recognized alignment between occupation-based practice and occupational justice contributes to the OTD project's aim for older adults susceptible to injustices and

exclusion. Ultimately, the occupation-centered practice supports the principles and goals of occupational justice by promoting individuals' well-being, autonomy, and inclusion in society through meaningful engagements in occupations. The literature search retrieved numerous studies focused on either occupation-based or occupation-centered in older adult settings. While Fisher (2013) defined the two terms separately, the retrieved studies used both terms without clear distinction and were used interchangeably.

The observational study by Jewell et al. (2016) reported that more than half of the interventions by occupational therapists did not focus on occupation. Based on the reviewed articles, some of the common barriers are the lack of space (Aas & Bonsaksen, 2022; Jewell et al., 2016; Lloyd et al., 2019), the lack of equipment (Aas & Bonsaksen, 2022; Daud et al., 2016; Jewell et al., 2016), the lack of time (Daud et al., 2016; Di Tommaso et al., 2019; Lloyd et al., 2019) and lack of understanding of the role of occupational therapists and the implication of occupation-based practice (Aas & Bonsaksen, 2022).

The study by Gallagher et al. (2023) included risk-averse environments as a barrier, as they significantly curtailed patients' access to meaningful occupations and opportunities for engagement. Further, the lack of cohesion among team members and the impact of system-level policies that set restrictions on therapy delivery influenced the provision of care (Gallagher et al., 2023). One study by Lloyd et al. (2019) recognized the personal barrier as related to the practitioner's perceptions of their abilities, beliefs, and years of practice affecting the application of an occupation-based approach. This claim was also supported by the phenomenological study by Di Tommaso et al. (2019). It

showed that newly graduated occupational therapy practitioners do not apply occupation-based practice due to low confidence associated with limited clinical experience (Di Tommaso et al., 2019). Another personal barrier reported by Stav (2022) conveyed that the use of occupation-based generates anxiety when modifying clinical practice patterns and being strenuous.

The articles collectively illuminate barriers faced by older adult OTPs. While often qualitative with small samples, they offer a substantial understanding of deficient occupation application. These insights reveal a crucial aspect of occupational injustice among older adults. The studies emphasize the need for improved strategies and interventions. The interplay between therapist challenges and reduced engagement underscores the urgency to rectify these issues. In summary, these articles emphasize the crucial role of occupation-based practice in enhancing older adult occupational therapy.

Lack of Advocacy

In addressing occupational injustice, it is compelling to explore the concept of advocacy. Advocacy refers to speaking up, raising awareness, and actively supporting the interests and rights of others, particularly those who may be marginalized or disadvantaged (Kirsh, 2015). Further, Kirsh (2015) mentioned that OTPs must advocate for managing inequities in opportunities. However, some studies showed that advocacy is insufficient in the occupational therapy profession. According to a survey involving more than 150 OTPs, 90% of clinicians demonstrated a lack of awareness regarding policies related to their specific population, as indicated by a score of 1.85 out of 10 on policy questions (Redick et al., 2000). In Lyons et al. (2015) survey, 41% of participants

identified a notable obstacle to engaging in advocacy as the absence of training on advocacy within their educational programs. Further, as stated by the study by Heinowitz et al. (2012), OTPs had insufficient advocacy tools and were not familiar with public policy matters.

Decreased Quality of Life

The study by Andrew and Meeks (2018) explored the intricate connection between residents' fulfilled preferences and feelings of loneliness. This study revealed a vital link between residents' satisfaction with their preferences and their sense of isolation. While the term "occupational justice" might not be directly utilized, the notion of individuals being unable to engage in preferred meaningful activities aligns with the core principles of occupational justice. Similarly, Koehn et al. (2016) explored the quality of life experienced by ethnically diverse older adults residing in assisted living facilities; the researchers implied that stringent regulations and constrained environments contribute to decreased overall quality of life among older adult residents. Further, Motteran et al. (2016) underscored the emotional ramifications of exclusion from social groups among residents. The feelings of incapacity and breaches of privacy outlined in the study resonate with the adverse effects of occupational injustice, as residents' limited access to preferred occupations impacts their well-being (Motteran et al., 2016). Chamberlain et al.'s retrospective cohort study (2020) highlighted the escalating depression rates associated with social isolation among residents. This phenomenon, though not labeled as occupational injustice, aligns with occupational justice, as limited

social engagement deprives older adults of occupations that contribute to their mental and emotional well-being (Chamberlain et al., 2020).

Two studies reported that decreased autonomy is associated with decreased quality of life (Cobo, 2014; Kloos et al., 2019). As Cobo (2014) reported, residents' declining quality of life after relocation to residential facilities reveals a stark overlap with the core concerns of occupational justice, as decreased autonomy and mobility lead to a decline in residents' well-being. Finally, the study by Kloos et al. (2019) depicted the relationship between decreased autonomy and life satisfaction among older adult residents. The implications of both studies align with the notion that limited autonomy curtails meaningful occupations and impacts overall life satisfaction (Cobo, 2014; Kloos et al., 2019).

The literature gathered did not overtly utilize the term "occupational justice" in the studies. However, a noteworthy observation is that each study explored aspects closely linked to the broader concept of occupational injustice. Despite not explicitly using the term, the retrieved articles collectively provide compelling evidence implying the existence of a form of occupational injustice that negatively impacts the quality of life of older adults.

Summary

The articles that were reviewed provided support for the explanatory model regarding the existence of occupational injustice in residential settings. Facility factors are contributing to the problem by exacerbating the decreased engagement. Further, the OTPs are underutilizing occupation-based practice due to various barriers in clinical

practice. The qualitative studies provided valuable data about the decline of quality of life; however, they were not generalizable across populations. Despite this challenge, the articles created an overarching perspective in understanding the problems that older adults experience. Finally, this understanding underscores the pressing importance of addressing occupational injustice, as it negatively affects the quality of life of older adult residents in residential care facilities.

CHAPTER THREE – Overview of Current Approaches and Methods

Introduction

Occupational scientists and therapists must be aware of occupational injustices and articulate and manage them, contributing to changes like empowerment, social inclusion, and increased occupational engagement (Whiteford & Townsend, 2011). As Hammell and Iwama (2012) stated, the lack of choice and opportunities for engagement in valued and meaningful occupations represents a violation of the person's occupational rights, which could negatively affect well-being and overall quality of life. A literature review was conducted on the older adult population in residential care facilities to determine current interventions in mitigating occupational injustice. The following four questions functioned as a guide for the literature searches:

1. What current approaches are utilized to manage occupational injustice in residential care facilities?
2. What approaches are applied to promote occupation-based practice among the occupational therapy practitioners (OTPs)?
3. What programs are applied to support the occupational engagement of older adult residents of residential facilities?
4. What interventions are utilized to promote the quality of life of older adult residents associated with decreased opportunities, exclusion, and limited choices in residential care facilities?

The searches were broadened to include contemporary sources and relevant articles focusing on supporting occupational engagement and educational programs for

the staff to maximize the identification of current programs. The literature searches were conducted using different combinations of the following terms: Elderly, care home, residential settings, occupational engagement, older adult social participation, and senior care. Furthermore, gray literature was also considered. Searches were replicated using several databases, including CINAHL, PsycINFO, and PubMed. Several journals associated with older adults were examined. These journals included the American Journal of Occupational Therapy (AJOT), the Journal of the American Geriatrics Society, and the Journal of Gerontological Social Work. Finally, the literature searches were expanded to contemporary work that might offer recent attempts and developments in older adult residential care to promote occupational engagement and quality of life.

An extensive number of articles were gathered and examined in depth, revealing various themes to address the factors underlying occupational injustice in residential facilities for older adults. The themes include the person-centered culture change, the use of occupation-based practice by OTPs, staff development programs, and empowerment-focused and inclusive occupational therapy. Subsequent sections will expound upon these themes comprehensively.

Person-centered Culture Change

One common theme that emerged is promoting and emphasizing the importance of person-centered cultural care in residential settings. Person-centered care is acknowledging each person's uniqueness, integrating their strengths, aspirations, and rights within their environment while emphasizing understanding the person with their reasoning abilities, emotions, and necessities (Grabowski et al., 2014). Further, the

culture change initiative in the long-term care industry aims to transform organizational culture, practices, and environments in residential facilities to align better with residents' needs and preferences (Grabowski et al., 2014). Four articles focused on personalized care, consideration of the person's uniqueness, and valuing the individual's personal choices (Chenoweth et al., 2015; Gulpers et al., 2013; Miller et al., 2014; Roberts & Pulay, 2018; Viau-Guay et al., 2013; Zingmark et al., 2014). The study by Miller et al. (2014) used transformative practice, person-centered care, to incorporate residents in decisions regarding their daily routines, including meal and sleep schedules.

Two articles focused on culture change as the driving force to promote person-centered care by specifically considering policy change, the physical environment, and the social and psychological dynamics within the facilities (Miller et al., 2014; Roberts & Pulay, 2018). Miller et al. (2014) showed evidence of the effect of culture change that may maximize residents' autonomy to make their own decisions and choices. The culture change initiative was linked to noteworthy favorable outcomes, including a substantial reduction in the prevalence of restraints, tube feeding, and pressure ulcers among residents (Miller et al., 2014). The study by Roberts and Pulay (2018) recognized the importance of a homelike atmosphere to encourage the residents to engage in social activities and incorporate individual preferences for social interaction during care planning.

One contemporary program implementing person-centered care through culture change is the Promoting Excellent Alternatives in Kansas (PEAK 2.0), examined by Hermer et al. (2018). The program aims to improve nursing home residents' quality of

life by training staff, assigning staff to residents, and enabling close resident–staff connections (Hermer et al., 2018). The researchers conducted a retrospective cohort study with 349 Kansas facilities during the implementation years 2014–2015 and 2015–2016 (Hermer et al., 2018). The results showed significant improvements in health outcomes, particularly major depressive symptoms (Hermer et al., 2018). Another study implemented the Montessori system to maximize person-centered care and promote older adults' autonomy (Douglas & Brush, 2022). With 20 participants with dementia over 28 weeks, a significant reduction of agitation and improvement in engagement in activities were observed (Douglas & Brush, 2022). Another example of a person-centered culture-change initiative is the small house model that is firmly rooted in the resident's ability to maintain the freedom to choose and autonomy (Longstaff et al., 2022). According to the environmental scan (ES) conducted by Longstaff et al. (2022), small house model is being labeled under different names worldwide, such as Green Care Farm, Small Home, or Green House, depending on the population and the country of implementation (Longstaff et al., 2022). Despite the differences in names, the common concepts remain, such as eliminating strict designation of roles, staff being included in the decision-making, staff empowerment, and robust interpersonal skills necessary for the implementation (Longstaff et al., 2022). Further, the distinct features of the small house model compared to the traditional residential facilities include fewer residents, a philosophy of care based on the quality of life model, and living areas typically surrounded by bedrooms instead of long corridors (Longstaff et al., 2022).

The study conducted by Duan et al. (2022) analyzed the impact of person-

centered culture change practices on resident quality of life (QOL) and family satisfaction, focusing on the moderating effect of small-home models. Utilizing the cross-sectional design in 363 nursing homes in Minnesota, the study found that nursing homes implementing small-home models scored significantly higher in overall resident QOL and specific domains (environment, autonomy, caregiving), as well as in overall family satisfaction and specific domains (care, environment, food; $p < .05$). Staff leadership was found to be significantly associated with residents' QOL domains, including meaningful activities, dignity, and autonomy. Additionally, the study revealed that small-home and household models moderated the relationship between culture change and resident QOL, with statistically significant effects noted for staff empowerment and benefited resident QOL score ($p < .05$). Staff empowerment emerged as most beneficial for the resident QOL (Duan et al., 2022).

In summary, the concept of promoting the person-centered care culture change underscores the imperative of implementing innovative programs beyond traditional healthcare paradigms. These programs aim to foster personalized care experiences tailored to individual needs, preferences, and aspirations (Chenoweth et al., 2015; Gulpers et al., 2013; Miller et al., 2014; Roberts & Pulay, 2018; Viau-Guay et al., 2013; Zingmark et al., 2014). Central to this approach is the cultivation of meaningful changes in staff-resident interactions, emphasizing empathy and collaborative decision-making (Douglas & Brush, 2022). Furthermore, the philosophy of care is transformed to prioritize the empowerment of residents, maximizing their autonomy and agency in decisions affecting their well-being (Chenoweth et al., 2015; Gulpers et al., 2013; Miller

et al., 2014). Finally, the study by Duan et al. (2022) investigated the impact of person-centered culture change practices, particularly small-home models, on residents' QOL and family satisfaction, revealing that nursing homes implementing small-home models scored significantly higher in overall resident QOL and family satisfaction, with staff empowerment showing the most significant benefit for resident QOL. Through these multifaceted initiatives, the person-centered care culture change aims to redefine the landscape of long-term care, steering into a new era of compassion, respect, and individualized support for all residents.

Use of Occupation-based Practice by Occupational Therapy Practitioners

The most distinct characteristic of occupational therapy is the foundational concept and belief in an occupation that can influence health (Molineux, 2004). As per Molineux (2004), occupational therapy believes in the significance of occupation to individuals' existence, its correlation between the mind and body, that the lack of occupation can result in dysfunction, and its ability to restore health. To maximize its application, occupation-based practice is essential (Fisher, 2013). As defined by Fisher (2013), occupation-based practice (OBP) deliberately utilizes occupation as the fundamental element in therapeutic approaches to reach occupational goals.

Occupational therapy practitioners have conducted several articles on applying occupation-based practice in older adult settings. The study by Zingmark et al. (2014) emphasized the usefulness of occupation-based interventions in mitigating the decline in occupational engagement. The exploratory randomized controlled trial (RCT) aimed to evaluate the impact of three occupation-focused interventions on older individuals,

measuring effect sizes for leisure engagement and activities of daily living. All interventions prioritized promoting occupational engagement and were rooted in healthy aging and health promotion concepts. The individual intervention employed a client-centered, goal-oriented approach known for its efficacy in improving occupational performance. Overall, the interventions concentrated on consultations and discussions on meaningful activities (occupations) and coping strategies to manage age-related limitations, aiming to enhance or maintain participation in valued activities (Zingmark et al., 2014). The results showed that whether administered individually or in a group setting, occupation-based interventions produce significant and meaningful impacts on participation (Zingmark et al., 2014). The study presented evidence that the usability of occupation-based interventions is feasible in the older adult population (Zingmark et al., 2014).

The study by Ibrahim et al. (2021) utilized both control and intervention groups that underwent a seven-week intervention program during the study. The intervention group received an occupation-based intervention in addition to the standard occupational therapy intervention (Ibrahim et al., 2021). The results indicated that the occupation-based intervention program significantly affected cognitive functions, social relationships, and the quality of life in residential facilities for older individuals with mild dementia (Ibrahim et al., 2021). These results demonstrated the importance of engaging in meaningful occupational activities, particularly during the early stages of dementia, as it may help reduce the risk of functional decline and enhance the overall quality of life (Ibrahim et al., 2021). Thus, the study contributed evidence that engagement in

occupation-based activities should be encouraged in institutions for older adults to facilitate cognitive functions, social relationships, and quality of life (Ibrahim et al., 2021).

Another article by Whiteford et al. (2020) underscored the importance of utilizing practice-based inquiry to enhance practitioner satisfaction, identity, autonomy, and confidence. Moreover, a community of practice can be a powerful tool to strengthen the collective efforts of occupational therapists in promoting occupation-based practice for older adult clients (Whiteford et al., 2020). Practice-based inquiry is when Practitioners engage in critical reflection, data collection, and analysis to understand their practice better, recognize improvement areas, and implement evidence-informed changes. This approach emphasizes integrating theory and practice, promoting continuous learning and innovation, and enhancing professional expertise (Whiteford et al., 2020). The result showed that through practice-based inquiry, participants shifted towards a more occupation-centered approach, resulting in expanded patient opportunities, heightened professional satisfaction, and increased institutional recognition of occupational therapy services (Whiteford et al., 2020). Moreover, embracing occupation-centered practices and committing to occupational justice can mitigate occupational deprivation, with practice-based inquiry pivotal in enhancing practitioner satisfaction, professional identity, autonomy, and confidence. The authors advocate for practice-based inquiry as a powerful tool to reaffirm the importance of occupation, advocate for occupational justice, and address occupational deprivation within institutional settings (Whiteford et al., 2020).

In summary, the study focused on occupation-based practice offers compelling

evidence that may promote engagement and improve the quality of life of older adults. The concept of occupation is deeply rooted in occupational therapy. Thus, OTPs can successfully integrate it into practice by recognizing barriers, opportunities, and professional reflections that may promote occupational justice.

Staff Development Programs

Another theme from the literature review is the implementation of residential staff programs to improve service delivery, decrease abuse among the residents, and promotion of occupational engagement. The subsequent articles are attempts to implement innovative programs to improve staff performance and interaction with the residents.

Several studies concentrated on the development of programs to educate and improve residential staff care delivery (Chenoweth et al., 2015; Giné-Garriga et al., 2019; Jeon et al., 2013; Simmons et al., 2018; Teresi et al., 2013; Windle et al., 2020). The study by Teresi et al. (2013) utilized best practices in mitigating the negative experiences of the residents associated with mistreatment by training certified nursing assistants (CNAs) on resident-to-resident Elder Mistreatment (R-REM). Following the training, there was a notable and statistically significant increase in knowledge among the intervention group, which was deemed a useful program to ameliorate the extent of abuse in the facilities (Teresi et al., 2013).

The study by Simmons et al. (2018) introduced a staff-focused program for improving the quality of care by staff, providing individualized care, and emphasizing resident engagement in activities. After the staff training, the results showed a significant

increase in resident activity engagement, ranging from 69% to 97% (Simmons, 2018).

One program by Giné-Garriga et al. (2019) emphasized the use of meaningful occupations tailored to each resident's needs to reduce sedentary behaviors. The program implemented activities tailored to each resident's needs based on their movement patterns, perspectives, and willingness to change (Giné-Garriga et al., 2019). The study conducted training for residents and staff using a co-design participatory action research methodology. The study revealed that many residents experienced negative emotions that are linked to feelings of uselessness, helplessness, or reluctance to be in the care home. Thus, engaging in everyday activities like shopping, cooking, and cleaning was found to be crucial for residents to feel a sense of purpose and to maintain their daily routines. The findings underscore the importance of continuous engagement in meaningful activities for long-term care facility residents' psychological and social well-being (Giné-Garriga et al., 2019).

Another innovative program developed by Windle et al. (2020) is called "The Creative Conversations". A 12-week, arts-based training program designed to improve the skills of dementia care staff, such as creative activities like poetry, film, music, and art, aims to engage emotions and foster attitude change. The study presented data regarding learning through the arts as participants developed an understanding of the role of communication with residents and developed empathic care for the residents (Windle et al., 2020).

Notably, the adult learning theory in staff development was employed to enhance knowledge distribution. One article applied principles of adult learning theory

(Chenoweth et al., 2015). The study conducted on-site training and used group discussion and practical exercises for the staff to enable residents to participate in meaningful tasks and maximize learning (Chenoweth et al., 2015). The authors used experiential and adult learning approaches to train staff from each care unit to improve resident interaction and person-centered care. The findings indicated that implementing the person-centered model after the training expanded the range and frequency of opportunities for resident interaction, increased flexibility in care routines, heightened staff responsiveness to resident needs, minimized resident agitation, and enhanced overall well-being (Chenoweth et al., 2015).

In summary, staff training can significantly impact the staff's understanding of promoting person-centered care, enhancing occupational engagement, and improving residents' experience. Further, it emphasizes the impact of staff on the residents' participation. Also, the adult learning theory can complement the training modules to maximize the participants' learning.

Empowerment-Focused

The Empowerment-Focused Theme revolves around strategies and principles that foster autonomy, self-determination, and resilience among individuals or groups. It emphasizes empowering older adult residents to advocate for their rights. Key components of an empowerment-focused approach include promoting access to opportunities, building self-confidence and skills, and advocating for equality. The theme aims to empower individuals to recognize and challenge systemic barriers and inequalities, ultimately enabling them to realize their full abilities and lead fulfilling lives.

As guided by the empowerment theory, Bonifas et al. (2013) completed a leadership training program for residential facility staff to help residents develop self-empowerment skills such as leadership training, community engagement, diligent participation in decision-making processes, enhanced communication abilities, and practical self-advocacy in influencing facility decisions related to their QoL (Bonifas et al., 2013). To apply the learned skills, residents developed resident councils to provide an opportunity to manage concerns, exchange important information, and make decisions on matters pertinent to residents, such as meal choices, community events, maintenance of the facility, and interactions among peers and staff (Bonifas et al., 2013). The study's outcomes showed that despite health and mental health challenges, residents could make their own choices regarding their personal affairs in the residential facility, highlighting the significant value of resident council groups as a practical empowerment strategy that may improve their quality of life (Bonifas et al., 2013).

A noteworthy study by van Corven et al. (2022) was the creation of an empowerment initiative that sought to stimulate a sense of self-worth (W), identity (I), utility, and importance (N), as well as a greater sense of control (C) in individuals with dementia, also known as WINC. The outcome stated by van Corven et al. (2022) revealed that the empowerment program was viable and effective in promoting a sense of empowerment among individuals with dementia residing in nursing homes.

A final program focusing on empowerment was implemented by Theurer et al. (2021), who formulated a peer-mentoring program called the Java Mentorship, a structured program for residents to engage in citizenship in long-term care facilities. The

program implemented 2-hour weekly team meetings that comprised educational-focused sessions for residents (Theurer et al., 2021). The mentorship program was led by recreation staff as directed by a facilitator's guide that included instructions on how to establish a mentorship team, a direction to leading team discussions, and education or training modules (Theurer et al., 2021). The Mentoring sessions consisted of emotional support and encouragement to participate in available programs in the facility (Theurer et al., 2021). The researchers conducted a mixed-methods approach in 10 homes in Ontario, Canada, with 74 enrolled residents as mentees (Theurer et al., 2021). The authors employed quantitative surveys and qualitative interviews after six months of implementation and showed a 30% reduction in depression ($p = .02$, $d = .76$) among the residents and a 12% decrease in loneliness ($p = .02$, $d = .76$), with small-to-medium effect sizes (Theurer et al., 2021).

To summarize, The Empowerment-Focused theme emphasizes strategies promoting autonomy, self-determination, and resilience among individuals or groups, focusing on empowering older adults to advocate for their rights. Key components of this approach include facilitating access to opportunities, building self-confidence and skills, and advocating for equality to help individuals challenge systemic barriers and inequalities. Guided by empowerment theory, a leadership training program was conducted to develop self-empowerment skills among residents, leading to increased autonomy and well-being.

Inclusive Occupational Therapy

The inclusive occupational therapy practice prioritizes equitable access to services and fosters the active participation of individuals from diverse backgrounds and abilities, highlighting autonomy, opportunity, and choice (Whiteford et al., 2022). Despite limited evidence in the literature, the outcomes in the articles retrieved provide a foundational basis for the proposed program. The study by Lewis and Lemieux (2021) provided evidence that the Framework of Occupational Justice (FOJ) applies to the older adult population for promoting social participation. This study analyzed seniors' social participation within the FOJ to advocate for an occupational perspective in policymaking, employing deductive and inductive thematic content analysis of focus group data from 111 participants in Montreal, Canada (Lewis & Lemieux, 2021). The result of the study uncovered various factors influencing social participation, including ageism-related policies (Lewis & Lemieux, 2021). Further, the study recognized social participation enablers such as community support and tailored programs based on older adults' needs (Lewis & Lemieux, 2021).

The study sheds light on the utility of the FOJ framework in addressing the rights and injustices experienced by older adults in social participation. By considering factors such as public policies, societal norms and values, the political and economic landscape, and the distribution of resources and opportunities, practitioners can develop more informed and effective interventions to promote social inclusion and address the needs of older adults. The insights obtained from this research can guide practitioners in designing policies and programs that uphold the rights and dignity of older adults while promoting

greater equity and access to resources and opportunities in society (Lewis & Lemieux, 2021).

Pereira et al. (2020) presented the Capability, Opportunities, Resource, Environment (CORE) Approach to promote inclusive, participation-oriented, and enablement-focused practice. As the article by Pereira et al. (2020) stated, three case narratives were shown to highlight clinical application. Further, Pereira et al. (2020) noted that the CORE approach could be applicable in different practice settings. The key to implementing inclusive occupational therapy is that the CORE elements must be applied through reflexive questions that focus on how OTPs can enable participation, create opportunities, manage resources, and design a suitable inclusive environment (Pereira et al., 2020). Finally, the CORE approach could be used with other occupation-centered models that further promote occupational justice (Pereira et al., 2020). No qualitative study has been conducted utilizing the CORE approach to the author's knowledge. However, the article by Perriera et al. (2020) is a valuable reference as it describes the application of a reflexive "how to" question method to foster inclusivity in occupational therapy.

In summary, inclusive occupational therapy refers to a practice approach that prioritizes accessibility, equity, and diversity in therapy services (Whiteford et al., 2022). Further, addressing older adults' rights and injustices in social participation, emphasizing the importance of considering societal factors in developing interventions that promote social inclusion and manage their needs, is empirical (Lewis & Lemieux, 2021). Inclusive occupational therapy involves acknowledging and respecting each individual's unique

needs, values, and experiences while actively working to remove barriers that may prevent full participation in meaningful activities and roles (Pereira et al., 2020).

Implication to the OTopia Program

The articles analyzed support the proposed program intended for the OTPs. Chenoweth et al. (2015) and Wenborn et al. (2013) applied the adult learning theory and supplied information on creating a module to maximize participation and application of the learned skills. Also, the utilization of empowerment theory in the study by Bonifas et al. (2013) strengthened the plan to incorporate empowerment strategies in the module. Further, the studies implemented a person-centered approach to promote culture change and improve the quality of care are valuable pieces of evidence to contribute to the content of the training program (Giné-Garriga et al., 2019; Jeon et al., 2013; Simmons et al., 2018; Teresi et al., 2013; Windle et al., 2020). Utilizing the elements of the CORE approach, the OTopia training will be a participation-focused and inclusion-oriented program to maximize the capabilities of the older adult residents.

Inclusive occupational therapy is the practice of embracing equity and accessibility for all individuals, regardless of their background, abilities, or circumstances (Pereira, 2017; Whiteford et al., 2022). It focuses on ensuring that therapy services are inclusive and accessible to clients (Pereira, 2017; Whiteford et al., 2022). Inclusive occupational therapy also involves recognizing and addressing barriers to participation in daily activities, advocating for social justice, and promoting equal opportunities for all individuals to reach their full potential and engage meaningfully in their desired occupations and roles within society (Pereira, 2017; Whiteford et al., 2022).

Gaps that the OTopia Program Will Fill

The proposed OTopia program will be an initiative that primarily focuses on occupational justice. It aims to educate OTPs and underscore the distinctive role of occupational therapy in advocating for meaningful occupational engagements. Currently, there are no specific programs or professional development opportunities focused on the role of OTPs in promoting occupational justice, especially within US residential care settings. With the increasing number of OTPs in older adult practice, the emergence of OTopia as an informational resource will be beneficial. Notably, OTopia's emphasis on the US context fills a critical gap, considering existing literature predominantly originates from Europe, Australia, and Canada. By providing a dedicated platform for a community of practice, OTopia will serve as an exclusive space for OTPs to engage in occupational justice, occupation-based practice, and advocacy discussions. Through training and sustained community of practice, the OTPs will collectively confront and address the pervasive occupational injustices experienced by older adults within residential settings.

CHAPTER FOUR – Description of the Proposed Program

Background of the Program

The "OTopia Program: Amplifying the Impact of Occupational Therapy (OT) in Older Adult Residential Care Through Occupational Justice" is inspired by the Utopia concept. As described, the Utopia is an exemplary and harmonious society (Baker-Smith, 2000) and can be associated with the endeavor and vision for fair and just living situations for older adults in residential facilities. "OTopia" emerged as a play on the word "Utopia." In this context, the prefix "OT-" means Occupational Therapy, a deviation from the traditional notion of Utopia as it is viewed from the lens of occupational therapy. In the author's envisioned "OTopian scenario" for older adult living, one might picture a community where all residents have equal access to their occupations, person-centered care, social engagement opportunities, and personal autonomy.

While the author does not aim for a true and ultimate Utopia, which is believed impossible in the real world, it is being used as an aspirational standpoint for a more desirable way of living for older adult residents. The OTopia Program is an initiative developed by the author that comprises four components: training, occupation-based practice, community of practice, and advocacy. The author hopes to utilize each component for the program's successful implementation.

Currently, there is no existing program or professional development initiative dedicated to the role of occupational therapy practitioners (OTPs) in ameliorating occupational justice, particularly within residential care facilities in the United States

setting, that includes training, occupation-based practice, membership in community of practice, and ongoing advocacy.

Supporting Evidence for the Program

The proposed program is based on evidence about the problem, theoretical grounding, and previous attempts to address the problem, and gaps in the literature. The OTopia program aims to equip OTPs with knowledge about occupational justice in older adult residential settings. The module's structure, including webinars, reflective journaling, and discussion forums, is guided by Kolb's experiential theory (Kolb, 2014). For theoretical underpinning, the Framework of Occupational Justice (FOJ) described by Stadnyk et al. (2010) will be applied to understanding the nature of occupational injustice among older adults in residential facilities by emphasizing meaningful practices and autonomy. Meanwhile, Martha Nussbaum's Capabilities Approach will be a framework that emphasizes well-being in relation to the person's capabilities (Clark et al., 2019; Nussbaum, 2007). Finally, as stated by Zimmerman (2000), the empowerment theory will be utilized to prioritize enhancing individuals' control and capacity for change.

The appraisal of evidence offered data for understanding occupational injustice in older adult settings. It showed that the problem of occupational injustice encountered by older adults stems from facility-related factors that inflict increased constraints on their engagement in activities (Dunbar, 2022; Egan et al., 2014; Nordin, 2017; Pirhonen, 2016; Potter, 2018; Tarzia et al., 2015; Zilyte et al., 2020), combined with the inadequate integration of occupation-based approaches by OTPs in residential settings (Aas & Bonsaksen, 2022; Daud et al., 2016; Di Tommaso et al., 2019; Jewell et al., 2016; Lloyd

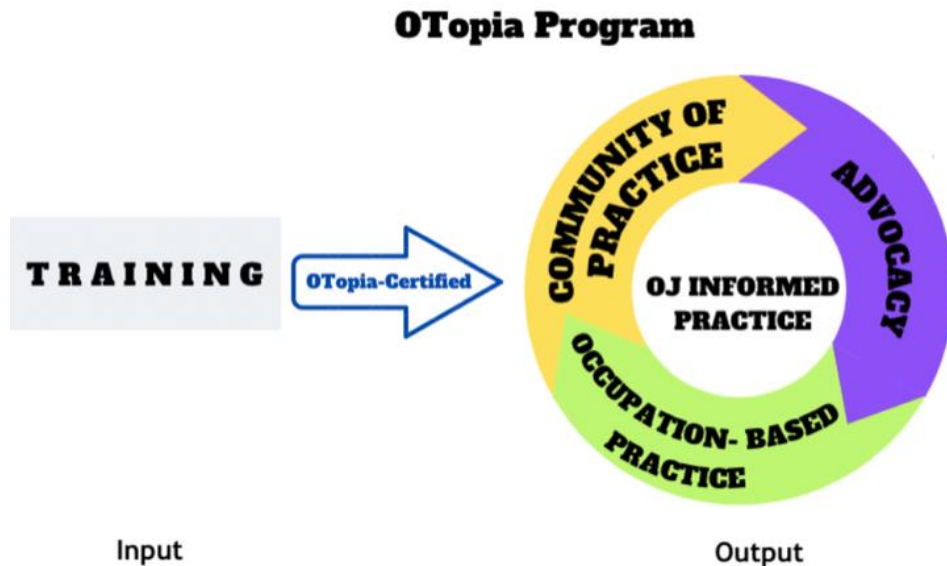
et al., 2019; Stav, 2022) and ultimately leads to a decline in the quality of life experienced by older adults (Chamberlain et al., 2020; Cobo, 2014; Kloos et al., 2019; Motteran et al., 2016).

Several studies demonstrated attempts to improve the occupational engagement of older adults. One useful theme in creating the proposed program is implementing a person-centered approach by acknowledging residents' uniqueness and preferences (Grabowski et al., 2014). According to the reviewed studies, person-centered care will benefit older adult residents through personalized care, regard for the person's uniqueness, and valuing the individual's personal choices (Chenoweth et al., 2015; Gulpers et al., 2013; Miller et al., 2014; Roberts & Pulay, 2018; Viau-Guay et al., 2013; Zingmark et al., 2014). Further, the study by Zingmark et al. (2014) showed useful evidence that the application of occupation-based practice by OTPs in residential settings reduces the decline in occupational engagement. Additionally, the development of programs to educate and improve residential staff care delivery (Giné-Garriga et al., 2019; Jeon et al., 2013; Simmons et al., 2018; Teresi et al., 2013; Wenborn et al., 2013; Windle et al., 2020) will be incorporated into the program's training content modules. The article by Whiteford et al. (2020) presented valuable evidence for using community practice as a helpful tool to promote occupation-based practice that will be integrated into the OTopia Community of Practice. The article by Pereira et al. (2020) offers information on the Capability, Opportunities, Resource, Environment (CORE) Approach that may promote the inclusive, participation-oriented, and enablement-focused practice relevant to the older adult residents, which will be used in the module content.

The OTopia program will also offer a new approach to address the problem by combining training, a community of practice, occupation-based practice, and advocacy. Due to the complex nature of occupational injustice in residential settings, collective action (Du Toit et al., 2019) by the OTPs is needed through ongoing community practice and discussion about advocacy efforts.

Figure 4.1

OTopia Program Model



The OTopia Model

The model shows that the OTopia program consists of two phases: Input and output phases. The online training is the input and is considered the program's foundation. The training is six weeks long, and the OTPs must participate in an asynchronous weekly webinar and discussion forums. After completion, the OTPs will be OTopia-certified and transition to the output phase. During the output phase, the OTopia-certified OTPs will be part of the cyclical pattern of occupation-based practice

promotion, community of practice participation, and advocacy to implement the occupational justice-informed practice or OJ-informed practice (April, 2013). The model represents a sustainable program in which OTPs who exercise occupational justice-informed practice (April, 2013) will continue to return to the online OTopia Community to share experiences, participate in advocacy efforts and discussions, experience professional growth, and continuously encourage collective action in addressing occupational injustice in older adult residential settings. The online training and the OTopia community of practice will be housed on a single website, www.OTopiaprogram.com. Each participant will utilize a unique login online credential to promote easy access and security.

Sample Practice Scenario in Utilizing the OTopia Program

The subsequent scenario indicates the utilization of the OTopia Program:

Mary is the owner and administrator of a 10-bed Residential Care Facility for the Elderly (RCFE) in California. To improve the services she offers, she conducts informal interviews with residents and staff; she determines dissatisfaction, boredom, and loneliness among residents. Despite being confident that all state guidelines are observed, she was perplexed about what other steps she could take to improve the facility. Through a professional network, she consulted an occupational therapist (OT) who completed the OTopia Training. The OTopia-certified OT conducted a tour of the facility, interviewed the residents, and reviewed the facility policies and existing culture of care. After gathering the necessary information, the OT used the training content that was distributed during the OTopia training to ease barriers contributing to the residents' poor well-being

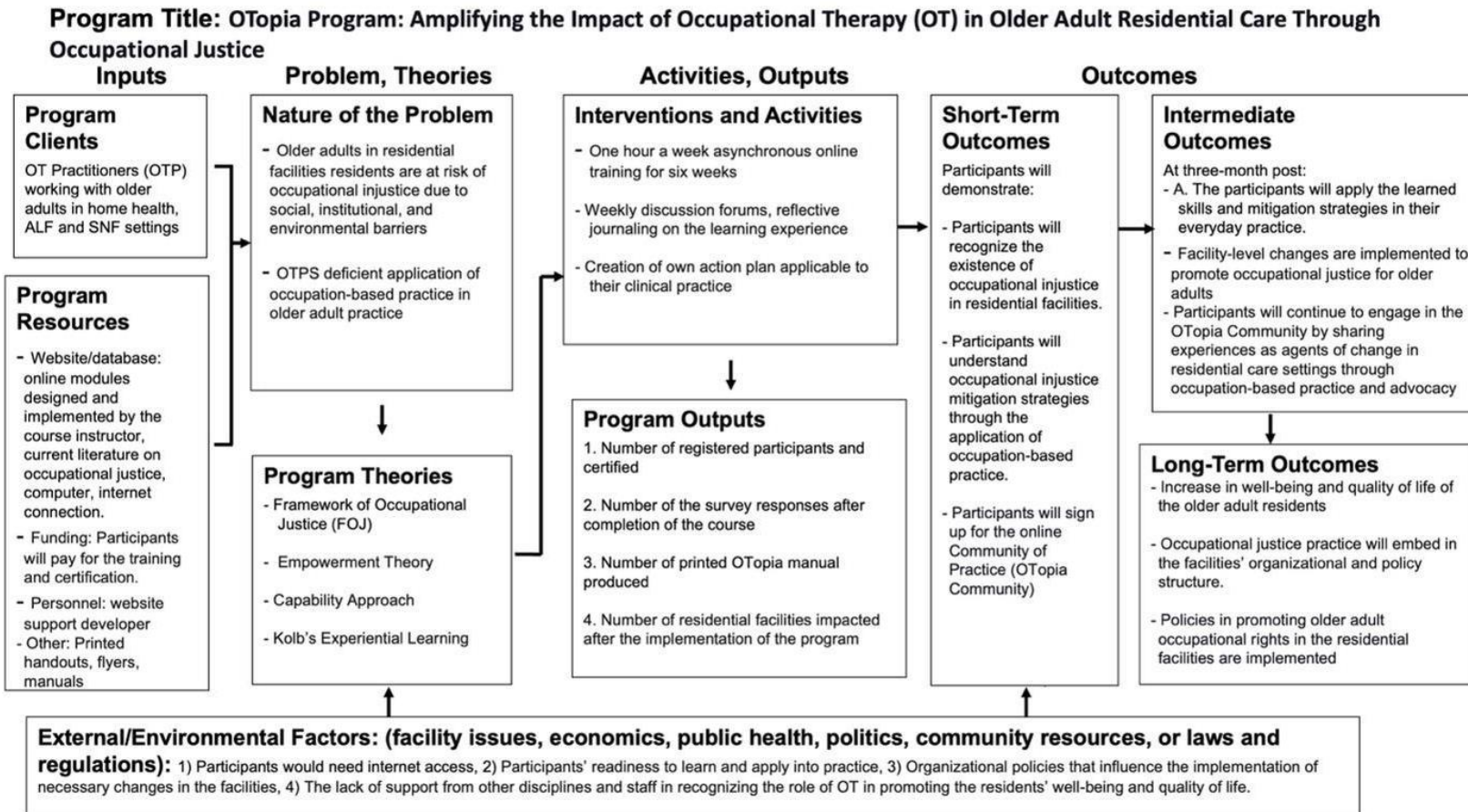
related to occupational injustice. Guided by theories, The OT developed a plan specific to the facility's needs, conducted an in-service with the staff, and recommended structural and policy changes to maximize open spaces for socialization, application of person-centered care, use of inclusive activities, and broader opportunities for the older adult residents to make personal choices in their affairs. Mary agreed to implement policy changes and completed low-cost structural modifications in her facility. The OT completed site visits twice a month and supported staff during the ongoing changes. After three months, Mary reported that her residents became happier and engaged more in meaningful tasks such as leisure and social connections with other residents. The OT, a member of the OTopia community of practice and to encourage learning, will share with the other members the challenges and barriers encountered, the responses of the staff, and the outcomes for the older adult residents.

Full Logic Model

The logic model demonstrates a graphic representation of the OTopia Program. The model will specifically show its target participants, the nature of the problem, recognized challenges, underpinning theoretical framework, and specific action plans. The logic model can also be a useful tool for communicating with different stakeholders and providing further information regarding the program's desired short-term, intermediate, and long-term outcomes.

Figure 4.2

Full Logic Model



Program Clients

The OTopia Program is designed for OTPs working with older adults in home health, assisted living facilities (ALF), or skilled nursing facilities (SNF) settings in the United States (US).

Personnel

The proposed program will necessitate personnel to oversee the management of the webinar database. Their responsibilities will be compiling and coding data derived from surveys and monitoring the site's content for data relevance and user-friendliness. Furthermore, personnel will be responsible for monitoring forum chats, ensuring the precision of information and appropriateness of user interactions. Also, to facilitate ongoing conversations, provide support by addressing questions and offering technical assistance. A program assistant will be part of the team to perform clerical and promotional duties. Finally, the author, an occupational therapist, will be responsible for the webinar's content, schedule, and participant registration.

Website/database

The www.OTopiaprogram.com will be used as a platform for the program, where OTPs can register for the training, submit payments, and participate in the OTopia community of practice. The Learning Management System (LMS) will be embedded on the website so that the OTPs can join the training seamlessly. Also, the website will be a medium of dissemination where interested stakeholders can send emails for inquiries and learn about the program.

Funding

The OTopia Program will be a registered Limited Liability Company (LLC) in California. Further, it will be an American Occupational Therapy Association (AOTA) preferred provider for occupational therapy practitioners' continuing education (CE). The six-module training program will be soft-launched for the pilot study. The cost will be \$180 per registered OTP and will earn six continuing education units (CEUs) and a certificate. Further details will be discussed in chapter seven, Funding Plan.

Dissemination Materials

The program will utilize printed handouts, flyers, and manuals to disseminate to various audiences: OTPs, members of residential senior living communities, and older adult residents of residential facilities. A complete dissemination plan will be described in chapter six. The program materials will provide information about the program to maximize the reach to different stakeholders.

Application of Underpinning Theories in the Program

The OTopia Program will utilize four theoretical foundations: the Framework of Occupational Justice (FOJ), the Capabilities Approach, the Empowerment Theory, and Kolb's Adult Learning Theory. It focuses on residents' challenges and barriers that limit their ability to participate in occupations and autonomy and may affect their overall well-being. Contributing factors include environmental, social, and institutional issues that negatively impact residents.

The FOJ (Lewis & Lemieux, 2021; Stadnyk et al., 2010) can be applied in the program by mitigating occupational injustice among older adults in residential facilities

by focusing on meaningful practices and autonomy. It identifies barriers and influencers, emphasizing changes to overcome systemic obstacles. Stadnyk et al. (2010) connect FOJ to factors impacting quality of life, guiding practitioners in promoting occupational engagement. The training program employs FOJ to empower OTPs to advocate for older adults' rights (Lewis & Lemieux, 2021). Complementing the FOJ, Martha Nussbaum's Capabilities Approach defines well-being through essential capabilities (Clark et al., 2019; Nussbaum, 2007). The capability approach considers the essential freedoms people have to attain valuable functioning, such as being healthy and educated, having access to their needs, and participating in social and political actions (Nussbaum, 2007). With the capability approach, capabilities are seen as the various combinations of functions on what a person does or can do (Nussbaum, 2007). It focuses on how people can choose and pursue lifestyles that they find valuable and meaningful by creating an environment that supports personal meaning and value (Nussbaum, 2007).

The empowerment theory, described by Zimmerman (2000), focuses on enhancing individuals' control and capacity for change. It emphasizes the importance of encouraging situations that enable individuals to take control of their lives, make meaningful choices, and work towards their goals (Zimmerman, 2000). Finally, Kolb's experiential learning theory (Kolb, 2014) will be applied in the module's sequence, webinar interface, journaling, and discussion forums.

Components and Activities

The OTopia Program combines four components: online training, a community of practice, occupation-based practice, and advocacy. Each component is important for

learning, ongoing application in clinical practice, funding, and sustainability. Upon completing the six-week training, the OTPs will become OTopia-certified and will become a member of the OTopia Community, an online community of practice where they can discuss occupational justice, advocacy, and occupation-based application in their respective practice.

Training Component

The training is the program's foundation as it equips the participants with tools to become OTopia-certified OTPs. The author will develop webinar modules that will apply the principles of experiential adult learning. The training will provide a comprehensive scope of various topics related to occupational justice, containing the comprehension of its principles, the formulation of justice-informed care plans, the establishment of a community of practice, and the application of advocacy tools and strategies.

The webinar certificate program is intended for OTPs working with older adults. The modules will focus on occupational justice and occupational injustice in the residential facilities that contribute to older adult residents' decreased quality of life. The training will provide knowledge to mitigate occupational injustice in residential settings by applying occupation-based care plans and advocating for facility enhancements. It will be delivered over six weeks, allowing participants to go through the materials at their own pace, dedicating one hour per week. An online discussion platform will enable participants to ask questions, share insights, and discuss module content to promote participants' interaction. This interaction aims to help the participants connect with their peers, learn from each other, and deepen their understanding of the program.

The webinar will be available on Monday and must be completed by 11:59 pm Thursday every week to allow at least two days to participate in the online forum that will close on Sunday. The reading materials will be available for download in a PDF format for easy printing. The discussion forum will be open every Monday and will be aligned with the module's topics. The author will initiate the discussion with a question or practice scenario in which the participant can interact with others. The forum will be a safe space for the participants to build a community of practice through professional conversations, sharing experiences, and finding solutions to daily practice challenges. The author will present clinical scenarios, reading materials, and topic expert interviews. The webinar will be interactive to promote interest and participation. Consistent with Kolb's adult learning theory, the participants will be asked to present their personal action plan as an occupational justice advocate on week six. The author will be available online for chat and call during daytime hours, and emails will be responded to within 24 hours to answer questions and provide support as necessary.

Training Modules

By applying the aforementioned theories, the program's content will underscore four elements: meaning, competence, self-determination, and impact. These elements will be embedded in the module content:

1. Meaning (M): The OTPs will recognize the importance of meaningful occupations to older adult residents through the module's content. The OTPs will also acknowledge barriers restricting older adults' participation in chosen occupations.

2. Competence (C): The modules will offer the OTPs tools to improve competence, ameliorate occupational injustice as well as promote meaningful occupations through occupation-based practice
3. Self-determination (S): relates to developing a sense of autonomy and the freedom to control one's actions that align with one's aspirations and desires for residents, such as exercising control over their personal choices and actions.
4. Impact (I): Refers to the outcome of the advocacy efforts by the OTPs as agents of change by raising awareness about occupational justice and educating the public, policymakers, and stakeholders to constantly promote older adults' rights, well-being, and quality of life.

Occupation-based Practice Component

OTopia training integrates topics concerning OTPs' occupation-based practice. As Whiteford et al. (2020) noted, therapists can promote occupational justice by centering their practice around occupation. The OTopia Program will encourage OTPs to incorporate justice-informed approaches into their care plans, ensuring equal opportunities for residents to engage in meaningful occupations and person-centered care. Connected to the Community of Practice component, the OTPs will be encouraged to share their experiences applying occupation-based approaches with the other members to enable growth and learning.

Community of Practice Component

The second component of OTopia emphasizes building a community of practice to encourage collaboration and knowledge sharing among OTPs, promoting best

practices in addressing occupational injustice. By definition, a Community of Practice is a gathering of a group of people with a common concern or problem to solve or assertions to share (Wenger, 1999). Upon completing the 6-week training, the OTPs will become members of the OTopia Community, an online platform for the OTPs to communicate and share experiences in applying occupation-based practice and advocacy endeavors in ameliorating occupational injustice in their clinical settings. The author will be the moderator of the ongoing discussions. Further, the author will routinely share relevant older adult practice updates, advocacy news, and evidence-based literature for a continuous knowledge exchange.

Advocacy Component

The final component of the OTopia program equips OTPs with essential advocacy tools and strategies embedded in the training modules to support older adults' rights and amplify occupational therapy's role and voice at the community level. As Clark (2010) articulated, occupational therapy practitioners must promote power and confidence in practice to advocate the advancement of the profession. The Occupational Therapy Practice Framework, 4th edition, (American Occupational Therapy Association, [AOTA], 2020), includes advocacy as an essential part of an intervention on behalf of a client. The study by Bonsall et al. (2023) utilized experiential learning to improve student's knowledge and confidence to embark on an advocacy experience. Consistent with the theoretical grounding of the program, OTopia will apply experiential learning to promote an understanding of the policies and legislative processes that impact older adult residents. Some topics include recognition of regulations, grassroots support, writing to

the legislators, and supporting AOTA-sponsored advocacy efforts. It is the author's goal that through the advocacy component of OTopia, the OTPs will gain confidence and competence to become advocates for older adult residents in their practice settings.

Stakeholders at micro, meso, and macro levels

The program's micro-level stakeholders will be the OTPs, who intend to learn and enhance competence in mitigating occupational injustice as agents of change. Through the program, the OTPs will be knowledgeable and equipped with contemporary tools to empower their clinical practice. Another group of micro-level stakeholders will be the older adult residents. As the residents are the OTopia Program's primary focus, it will be their interest to improve their well-being, autonomy, and engagement in occupations.

At the meso level, the facility leaders, such as owners and administrators, will be interested in gaining new concepts for improving services and promoting residents' satisfaction. Also, these facility leaders are the implementers of change that the program aims at the facility level. Therefore, their support is crucial for the program's sustainability.

The state licensing board may play a role at the macro level by integrating regulations into the development of the program. Their feedback may contribute significantly to shaping the program's structure and procedures. Finally, grassroots elderly organizations in the community are considered stakeholders as they advocate for older adults' welfare at the macro level through the lens of social justice.

Promotion Plan

The author will utilize social media and professional websites such as AOTA and the Occupational Therapy Association of California (OTAC) to maximize participant engagement. Further, the OTopia webinar will be registered as an approved AOTA Continuing Education (CE) provider as it allows free promotion of courses. Also, the author will utilize an email campaign through personal and professional connections. The author will create written materials to distribute at local residential facilities and conduct in-person meetings with OTPs. The program will also be promoted on social media with a link to the www.OTopiaprogram.com website.

Program Desired Outputs and Outcomes

The OTopia Training Program intends to impart knowledge and empower OTPs to become advocates of occupational justice in residential settings. Through surveys—including pre/post surveys upon module completion and open-ended questions throughout the modules—the author hopes that the participants will report increased perceived competence, confidence, knowledge, and sense of community as advocates for occupational justice in older adult practice. The author plans to apply for AOTA certification as a CE provider, allowing OTPs to earn CE units upon training completion.

After obtaining the CE units, the OTPs will be invited to join the online community group with others who completed the training and will be called the OTopia Members. It will be a platform for a continuous community of practice where members can interact. The author will be responsible for website maintenance, regularly sharing information about occupational justice, communicating practice updates, and

disseminating evidence-based literature relevant to older adult residents. Also, the website can be used to promote the program to the other OTPs.

The author hopes that through the OTopia Program, the OTPs will be competent in applying occupation-based practice and improving their communication with facility management regarding necessary modifications to enhance the residents' occupational engagement. Upon completion of the training, the OTPs will receive an OTopia manual that can be printed and distributed to the facility administrators and other interdisciplinary team members. The manual will provide literature to all staff regarding the role of OTPs in the facility, occupational justice, and information regarding person-centered care. The OTPs can also use the manual to conduct in-service training for the staff. With the improved knowledge and understanding of each staff member's role in ameliorating occupational injustice, facility-level changes such as the application of personalized care, meaningful leisure offerings, and decreased institutional restrictions will occur. The author desires that due to facility improvements and participation in meaningful occupations, older adults may experience improved well-being and a better quality of life.

Anticipated Barriers and Planned Solutions

The primary barrier is the deficient community support due to a lack of awareness about the program's availability. Some solutions include promotions, word of mouth, and social media to reach many participants. Also, the lack of funding can impede the program's sustainability. The author intends to gather financial support for older adults from stakeholders and grassroots organizations. Also, the training component will offer CE units with a registration fee. Further, the participants' lack of readiness to learn can

also restrict the program's success. However, the author will highlight benefits such as new learning experiences, belonging to a community of practice, and obtaining CE units to increase interest.

Another barrier could be the website's usability, which presents a notable obstacle to the accessibility of this program. Despite the program's online nature, some participants may struggle to navigate the webinar's layout. One solution is the incorporation of user feedback. This approach empowers participants to express their thoughts and experiences, providing valuable insights for implementers to make ongoing enhancements to the website's navigational aspects. The author plans to continually refine the user experience by promoting an open feedback loop, ensuring the webinar's interface becomes user-friendly and accessible for all participants.

Summary

The OTopia Training Program is a six-week webinar for OTPs who practice with older adults. The program's goals include improving OTPs' understanding of occupational justice and injustice in residential facilities, empowering them to become agents of change, and becoming advocates for older adults. Guided by theories, the topic content will cover different concepts such as occupational justice, recognizing barriers and facility restrictions, occupation-based practice, and advocacy. The OTopia program is comprised of four components: Training, utilization of Occupation-Based Practice, Community of Practice, and advocacy. The training is the program's foundation, while the other three components are essential for the program's sustainability. The author aims for the OTPs who completed the training to continuously apply occupation-based practice

and become a member of the community of practice to further knowledge growth and to participate in enduring advocacy efforts for older adult residents. The proposed program will be evaluated using pre-post surveys. While some barriers were recognized during implementation, the author developed a plan to improve its usability, availability to OTPs, and financial sustainability.

CHAPTER FIVE – Program Evaluation Research Plan

Overview

According to The Occupational Therapy Practice Framework, 4th edition, (American Occupational Therapy Association, [AOTA], 2020), occupational justice is important for individuals to participate fully in meaningful tasks. Occupational injustice often occurs when an individual is excluded from and denied the opportunity to pursue meaningful occupations or forced to take up imposed occupations (Hammell & Iwama, 2012). Further, due to the lack of available resources, residents could not engage in meaningful occupations necessary to promote quality of life (Du Toit et al., 2019). In response to ameliorating occupational conditions, the author's doctoral project is designed to train occupational therapy practitioners (OTP) who practice with older adults in residential facilities.

The OTopia Training Program is a 6-week online certificate program for OTPs working with older adults to learn and understand mitigation strategies for occupational injustice in residential facilities. A pilot study is to be conducted initially in a single facility. The OTPs of the chosen facility will participate in the training and engage in an online community of practice. The data collected from their experience would be of value to the program to invite buy-in of other stakeholders. Also, the data may be used to develop the content further prior to its offering to a larger number of participants.

The program aims to produce OTopia-certified OTPs who will competently apply occupational justice-informed practice (April, 2013) to promote occupational justice among older adults in their clinical settings. Furthermore, using the e-manual toolkit after

the training, the author desires to disseminate knowledge regarding occupational justice and the significant role of OTPs in promoting crucial facility-level changes. The research plan for evaluating the OTopia Training Program includes both summative and formative data collection.

Program Scenario

Mark is an occupational therapist practitioner (OTP) in urban SNF; he is also the Director of Rehabilitation (DOR), which has eight therapy staff members. During the facility staff-resident meeting, the older adult long-term residents expressed dissatisfaction with the lack of available activities and limited access to the outdoors due to locked doors and unpaved garden access. Further, the administrator expressed a lack of support for conducting a regular resident government council. Some claim they feel marginalized and excluded due to their limited mobility, while others perceive a lack of fairness in staff treatment and would not let them encourage to participate in community outings. As an OTP, he is aware of his responsibility to promote a balanced and purposeful life through occupations. He acknowledged that the residents experience a form of occupational injustice; however, he did not know any tools and support to address it. To find answers, he searched the American Occupational Therapy Association (AOTA) website and found the OTopia Program: Amplifying the Impact of Occupational Therapy (OT) in Older Adult Residential Care Through Occupational Justice as a preferred Continuing Education (CE) provider. From the CE description, he learned that the program offers continuous support to the OT-certified OTPs who completed the six-week training through the online community of practice. He registered and developed a deeper

understanding of occupational justice. He learned the importance of occupation-based practice, person-centered care, and advocacy tools. After the training, he joined the OTopia community of practice and formed professional relationships with other OTPs. Through their online discussions that foster continuous learning and support, Mark increased his competence and confidence to address occupational injustices in his practice setting. He collaborated with residents, facility administrators, and interdisciplinary staff to implement meaningful changes. The meaningful changes include creating a plan to improve inclusion among the residents. Staff in-service was conducted, describing the residents' rights to fair treatment despite their disability. He then collaborated with the activity director to interview residents to determine their interests and preferences. He scheduled a meeting with the administrator to encourage support on the resident council and to choose alternate options to promote safe outdoor access for the residents. Also, he created an in-service for the therapy staff about occupational justice and injustices and how to manage them. He recommends occupation-based practice and actively participating in facility changes that promote occupational engagement for the OT staff. Further, he urges the OT staff to register for the OTopia Program for additional knowledge and to become OTopia-certified. To the other therapy members (physical therapists and speech therapists), he encourages person-centered care, maintains a watchful awareness of the occupational injustices residents encounter, and directs attention to OT colleagues for collective discourse and solutions. After six months, during the staff-resident meeting, the older adult residents verbalized that they were pleased with the new activity offerings according to their interests. They can now access

outdoors safely with open doors and paved walkways, and the resident council can now conduct monthly meetings; the residents expressed the improvements in the staff-resident relationship due to personalized care. Because of the resident's feedback, Mark is delighted. Finally, as a participant in the OTopia Community, Mark shares his experience in applying the occupational justice-informed practice in his facility with the other members to encourage discussions and learning.

The Planned Users of Program Evaluation Research Findings

The intended recipients of the research outcomes will be the OTPs who practice with older adults. Through dissemination of the findings, the OTPs may implement evidence-based practice. Other users will be the residential facilities staff, including administrators and owners, who may utilize the findings to embed occupational justice in their facility designs, staff development, and policies. Also, the older adult residents may use the findings to increase their awareness of the importance of maintaining personal autonomy and engagement in their valued occupations in residential facilities. Finally, grassroots organizations advocating for older adults may utilize the findings to promote their legislative efforts.

Short and Long-Term Visions for the Program Evaluation Research

The short-term vision is to pilot the OTopia Program to analyze the significance of the training in improving OTPs' understanding of occupational justice (Whiteford & Townsend, 2011) and its impact on the residents. Also, the author will assess the OTPs' feedback regarding their experience and its implications for increasing their confidence

and competence in mitigating strategies and their engagement in the community of practice. To collect broad data, the pilot study will be conducted in a facility with diverse OTP staff in terms of education and level of experience.

The long-term vision for the planned evaluation research is to impact and improve older adults' quality of life using a concerted action of staff training (Giné-Garriga et al., 2019; Jeon et al., 2013; Simmons et al., 2018; Teresi et al., 2013; Wenborn et al., 2013; Windle et al., 2020), person-centered care (Chenoweth et al., 2015; Gulpers et al., 2013; Miller et al., 2014; Roberts & Pulay, 2018; Viau-Guay et al., 2013; Zingmark et al., 2014), occupation-based practice (Zingmark et al., 2014), community of practice (Whiteford et al., 2020), and advocacy (Bonsall et al., 2023). The program will serve as a cornerstone for transforming OT practice trends in older adult residential settings. Furthermore, the gathered data will also serve as a basis for a subsequent study to construct a body of evidence regarding the impact of occupational therapists' awareness of occupational justice on the quality of life among older adults.

Engagement of Stakeholders

Stakeholders' participation before, during, and after the implementation of OTopia is crucial for establishing a practical, relevant, and enduring program. The author will engage stakeholders while developing course content, considering their input to enhance and clarify key aspects of the course. The stakeholder's engagement is essential to ensure the program's goals and content will represent their interest. Multiple stakeholders representing different facets of the program will be considered at the micro, meso, and macro levels. At the micro level, the OTPs will be the primary stakeholders as the

training recipients by increasing their understanding and professional growth (Knecht-Sabres, 2013). Further, at a micro level, the residents of residential facilities are considered stakeholders, as the program's long-term outcome is to improve their Quality of Life (QoL) and well-being through occupation-based practice (Wæhrens et al., 2022). At the meso level, the facility staff, administrators, owners, and interdisciplinary team members will be encouraged to engage as they will learn new data for improving services in their facility, such as promoting staff development to educate and enhance the delivery of care in residential settings (Giné-Garriga et al., 2019; Jeon et al., 2013; Simmons et al., 2018; Teresi et al., 2013; Wenborn et al., 2013; Windle et al., 2020). At the macro level, the licensing department may play a role in integrating regulations into the program's development (Carder, 2017). Finally, grassroots organizations for older adults advocating for their welfare may be partners at the macro level as they may impact policies that may influence a broader population at the community level.

Table 5.1*Matrix for Organizing Stakeholder Information*

Stakeholder or Stakeholder Group	Type of Involvement (Planning, Implementing, Reflecting)	Possible Role(s)	Specific Interests
Researcher	P, I, R	Overseeing and coordinating logistics	Successful implementation, relevant data, new knowledge
OT practitioners	I, R	Participants, data gathering	Successful implementation, work satisfaction
Facility administrators/ owners	I, R	Consultation on facility-level changes	Successful outcome in improving residents' experience in the facility
Facility staff and interdisciplinary team members	I, R	Feedback source on facility-level needs or requirements	Enrichment of resident's daily routines
Older adult residents	R	Consultation on possible dissemination	Successful implementation of facility-level changes in improving experience in residential facilities
Licensing Department	R	Consultation on policies	Enhanced compliance of policies in place through a reinforced facility change/s
Grassroots organizations for older adults	R	Consultation on adult welfare	Successful implementation to improve older adults' welfare

Eliciting Stakeholder Engagement and Ensuring the Use of Evaluation Outcomes

The author will implement an individualized meeting approach to collect feedback from each stakeholder. For the OTPs, the meeting will be conducted over Zoom to maximize attendance and utilize the recording functionality. The meetings will be held

in person with the members of residential senior living communities, preferably in one of the residential facilities, to create a safe space for discussion in a familiar environment. For the older adult residents, the meetings will be in person, supplemented with written materials, and a member of the older adult community will serve as a spokesperson. Due to differences in location, the stakeholders from the licensing department will participate in an online Zoom meeting. The author will create a PowerPoint presentation about the program evaluation and the desired outcomes. The participants can ask questions and provide recommendations. Members of grassroots organizations will also be conducted online to maximize the reach of attendees from various organizational groups and locations. All meetings, regardless of the format, will be transcribed. The stakeholders will be encouraged to voice opinions and concerns through written and verbal feedback, discussion, and surveys. During the meeting, the author will present the logic model with a straightforward explanation to maximize understanding, define key terms to avoid confusion and show the urgency of acting to ameliorate occupational injustice among older adults in residential facilities through statistical data and other evidence-based literature. The research goals and specific qualitative and quantitative data methods through semi-structured interviews and pre- and post-surveys will be discussed. The stakeholders are invited to provide input regarding the research design and questions. Also, a projected budget for the program, a planned timeline, and the goal for long-term sustainability will be presented. After the meeting, an online group discussion will be available to expand understanding and encourage partnerships. It will be a website platform for an open forum-type discussion for continued communication between

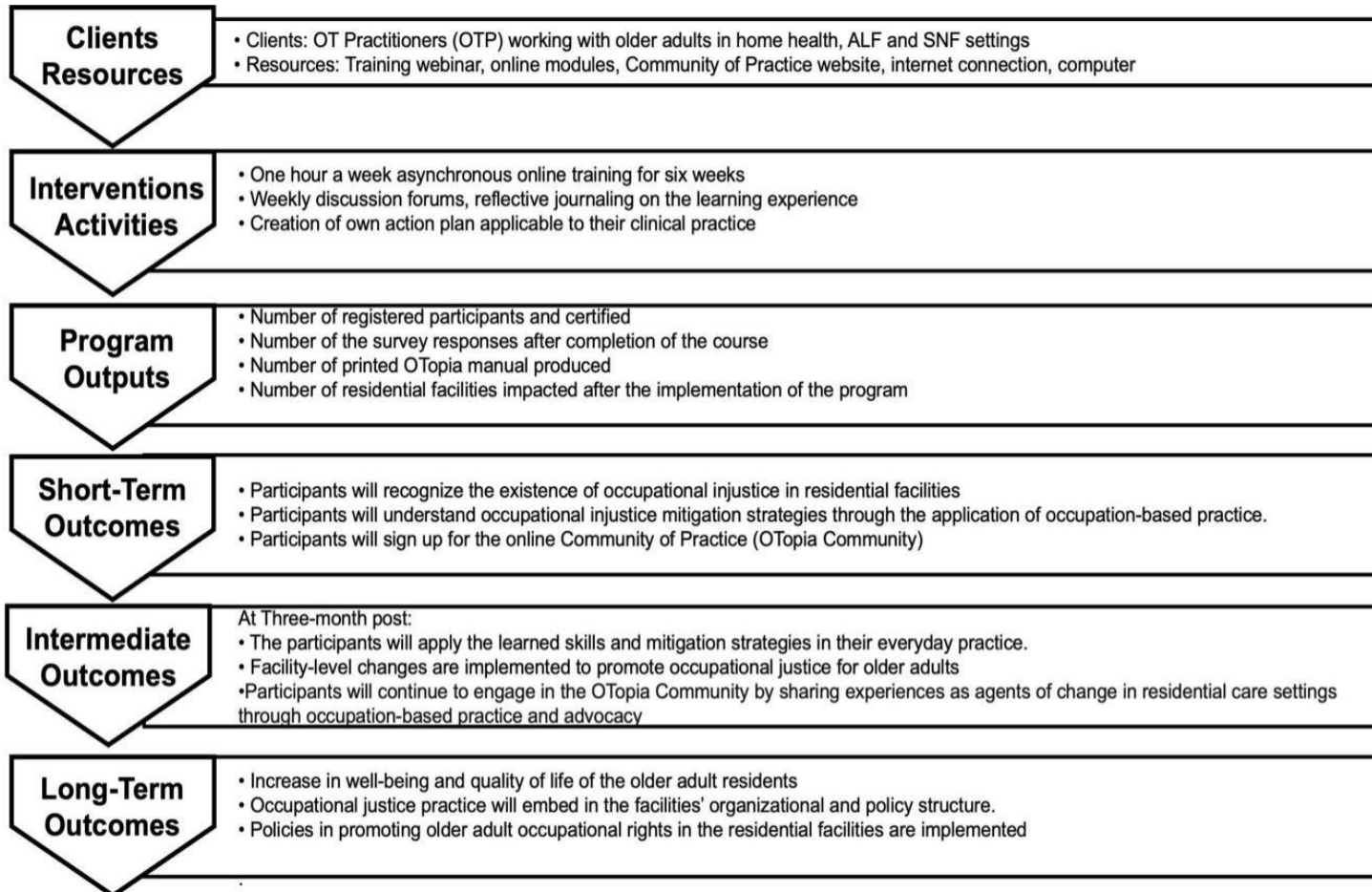
stakeholders and the program developer until a consensus is reached about the terminologies to be used, the timeline, the allocated budget, and the role of each stakeholder.

Upon completion of the program's module, an online survey will be sent to the stakeholders through email for further feedback and analysis that may be helpful for any appropriate modifications. Finally, the program evaluation outcome will be disseminated to the stakeholders to enable its use in promoting awareness and establishing relevance to their interests.

The simplified version of the logic model will be distributed to the stakeholders. The model will promote understanding of the program and concisely show the program's short-term, intermediate, and long-term outcomes.

Figure 5.1

Simplified Logic Model of the Program and Evaluation Plan to Share with Stakeholders



Program Evaluation Research Questions by Stakeholder Group

To ensure stakeholder engagement, formative and summative questions in the evaluation are tailored to align with stakeholders' interests, aiming for consensus through research data.

Table 5.2

Research Questions by Stakeholder Group

Stakeholder or Stakeholder Group	Types of Program Evaluation Research Questions
Researcher	<p><i>Formative:</i></p> <ul style="list-style-type: none"> ● Were the materials sufficient for OT practitioners to implement in practice? ● Were the topics specific enough to encourage discussion about their practice? <p><i>Summative:</i></p> <ul style="list-style-type: none"> ● Will the OT practitioners report an increase in perceived confidence in implementing the knowledge they earned? ● Will OT practitioners report an increase in familiarity with occupational justice?
OT practitioners	<p><i>Formative:</i></p> <ul style="list-style-type: none"> ● Were the topics relevant and easy to understand? ● Was the content accessible? ● Was the program duration enough? <p><i>Summative:</i></p> <ul style="list-style-type: none"> ● Will OT practitioners rate an increase in awareness of occupational justice? ● Will OT practitioners rate an increase in knowledge about occupational justice? ● Will OT practitioners rate an increase in competence in mitigating occupational injustice?
Facility administrators /owners	<p><i>Formative:</i></p> <ul style="list-style-type: none"> ● Are the materials and content relevant to the context of the facility?

	<ul style="list-style-type: none"> Does the content align with the facility's goals in helping older adults? <p>Summative:</p> <ul style="list-style-type: none"> Will the facility residents rate an increase in satisfaction in the facility?
Older adult residents	<p>Formative:</p> <ul style="list-style-type: none"> Do the materials depict the real-life experiences of the residents in the facility? <p>Summative:</p> <ul style="list-style-type: none"> Will the older adults show improved quality of life and well-being?
Licensing Department	<p>Formative:</p> <ul style="list-style-type: none"> Is the content consistent with the existing regulations? <p>Summative:</p> <ul style="list-style-type: none"> Will data report an increase in older adults' quality of life and well-being?
Grassroots organizations For older adults	<p>Formative:</p> <ul style="list-style-type: none"> Did the content support the welfare of older adults? <p>Summative:</p> <ul style="list-style-type: none"> Will the facility-level changes demonstrate an increased rate of older adults' well-being?

Research Designs

Qualitative formative and quantitative summative research designs will be conducted to evaluate the OTopia Training Program's outcomes. Both methods will offer adequate information regarding the new training program. Further, the data gathered will be valuable to disseminate to stakeholders and may be helpful for future research.

Protecting the participants' privacy is the author's utmost priority. Obtaining the IRB approval and consent documents will be completed before the beginning of the study.

Codes will be used to replace the names of the participants. Only the author will have

access to the participants' names and other personal information, and the study will be paperless.

Qualitative Methods

The Qualitative Formative Design

The primary participants will be the OTPs who completed the OTopia Training Program. Semi-structured interviews will be used. The author will conduct semi-structured interviews online over Zoom for convenience and maximize the recording functionality. Further, the recording may help improve credibility. The recording facilitates accuracy by capturing data and information directly from the source without relying solely on memory or interpretation. The recording minimizes the risk of errors or omissions during data collection or transcription processes. The recording enables transparency by providing an auditable trail of research activities, allowing other researchers to verify the accuracy and reliability of findings. The primary goal of the interview is to gain the participants' perspectives on their experience during the training, which may influence increasing the meaningful engagement of the residents. Further, the questions will also steer them toward the significance of the materials to their practice.

The Formative Data Collection

The formative research will be completed after the six-week training program. During the soft launch, eight OT practitioners will be invited to participate. The inclusion criteria include OTs who completed the training and are currently practicing in older adult setting, specifically in residential facilities such as nursing homes or assisted living facilities. Due to the program's emphasis on older adult residential settings, OTPs who

work with other adults in acute hospital or outpatient settings will be excluded. Semi-structured interviews will be conducted online over Zoom, and the recording and transcript functionality will be utilized to allow the researcher to further review responses in detail. The author will conduct the interviews for approximately one hour. The interview will be scheduled as agreed by the participants. A secured Zoom email invitation will be sent out three weeks in advance to provide ample time for the participants to agree on the schedule. Once the schedule is agreed on, another email will be sent three days before as a reminder.

Methods for Formative Data Management and Analysis

The recording will be transcribed, reviewed, and verified. The NVivo software will be utilized for data management due to its compatibility with many programs and its auto-coding of data. The author will invite OT peers to perform cross-checks to maximize accuracy and eliminate errors and miscoding.

Quantitative Methods

The Summative Design

Surveys will be administered to fulfill the summative aspect of the program evaluation. The independent variable will be the OTopia Training Program. To collect quantitative data, a pre-and post-survey will be used; a 5-point rating scale will be implemented to measure different dependent variables: change in understanding, level of confidence, and competence in applying the skills into practice. The surveys will be sent using a password-protected link. Raw responses will be saved in a separate Excel spreadsheet with password protection. Data will be kept in a password-protected laptop

and stored in a locked location. Also, a data cloud service with a password will be used to back up data.

Summative Data Collection

The summative aspect of the program evaluation will consist of a pre-survey provided the week before the training starts and a post-survey distributed three days after the training's completion. Eight OTPs will be invited to participate in an online survey. Invites will be completed by email. Inclusion criteria include OTs currently practicing with the older adult population in residential facilities such as nursing homes or ALFs. OTPs practicing in acute care or outpatient care will be excluded. The Likert scale surveys will be used with a range of 1–5 scores based on the level of agreement. Qualtrics will be used due to reliable functionality.

Methods for Summative Data Management and Analysis

Qualtrics will be used to conduct online surveys and manage data. The author will have sole access and be responsible for inputting raw data into a password-protected Excel spreadsheet. A statistical analysis system (SAS) will be used to perform a more advanced statistical examination. The paired sample T-test statistical method and correlational statistics will be used based on the research design. Also, to ensure accuracy, a licensed statistician will be employed. Each score will represent a degree of agreement regarding dependent variables: change of understanding about occupational justice, level of confidence in recognizing occupational injustice, and level of competence in applying the skills in implementing the mitigation strategies in practice.

Anticipated Strengths

The proposed program evaluation plan demonstrates a robust framework designed to uphold the accuracy and integrity of the outcomes. The author will implement stringent measures to ensure confidentiality and privacy, including the transcription and secure storage of all responses gathered throughout the evaluation process. The evaluation is a culmination of invaluable feedback from stakeholders, incorporating diverse perspectives and insights. Moreover, the evaluation process strictly follows ethical considerations. Employing these strategies can enhance the outcome's credibility, reliability, and applicability, thus fostering stakeholder trust.

Anticipated Limitations

The author recognizes internal factors, such as biases, inconsistency, and inaccuracy of data, that may skew the program evaluation's outcome. Sources of bias can include selection bias, sampling bias, measurement bias, response bias, observer bias, confounding bias, and recall bias. These biases can arise from various aspects of program evaluation phases, such as design, data collection, analysis, and interpretation, and can distort the accuracy and reliability of the findings.

External factors include time limitations for the participants, cultural issues, and financial constraints that may affect the implementation and findings. These factors, such as time limitations for participants, cultural complexities, and financial constraints, can influence the study's implementation and findings. Time limitations may restrict participants' availability or willingness to engage, potentially impacting data quality and depth of insights to be collected. Moreover, financial constraints can limit the scale of

research activities. Finally, cultural nuances can present multifaceted complexities that may bring variations in responses due to cultural differences.

CHAPTER SIX – Dissemination Plan

The OTopia Program is a combination of online training, community of practice, occupation-based occupational therapy, and advocacy. Available to occupational therapy practitioners (OTPs) working in older adult settings in the United States to improve their understanding of occupational justice and injustice. The primary aim of the planned program is to equip OTPs with the tools to become OTopia-certified to enhance competence in ameliorating occupational injustice and increase older adults' occupational engagement in residential facilities that may improve their quality of life. Upon completion of the weekly one-hour training for six weeks, the OTPs will join the OTopia Community of Practice for ongoing peer interaction to encourage sharing, learning, and professional growth regarding occupational justice, occupation-based practice, and advocacy endeavors.

The dissemination activities are scheduled to commence in the second year following the completion of the planned pilot study in the year one launch. The initial year will be primarily dedicated to executing the pilot study, where inputs from various stakeholders will be collected, and essential program revisions will be implemented based on the findings. Dissemination is focused on conveying the data gathered from the pilot study, the program's feasibility, and benefits to different stakeholders.

The goal of dissemination is to amplify the role of occupational therapy in residential settings, inform clinical practice, and create a sustainable community of practice in partnership with the long-term care community and older adult residents.

Dissemination Goals

Dissemination activities will commence after the pilot study, concentrating on the following goals:

- Long-term Goal: Dissemination of the OTopia Program to primary, secondary, and tertiary audiences is focused on increasing the number of OTopia-certified OTPs who will be ambassadors of occupational justice in older adult settings within four years.
- Short-term Goal 1: The dissemination of the OTopia Program to the OTPs as the primary audience will result in more than 40 participants who demonstrate increased attention to occupational justice, improved literacy regarding occupational justice, and increased occupation-based interventions in year two.
- Short-term Goal 2: The dissemination of the OTopia Program to members of residential senior living communities: The facility administrators and interdisciplinary residential staff will improve the person-centered culture and increase appreciation for the meaningful engagement of the residents in year three.
- Short-term Goal 3: The dissemination of the OTopia Program to older adult residents in year three will increase awareness of meaningful engagement in activities regardless of ability in year three.

Primary Target Audience

The primary audience for the OTopia Program is the OTPs who practice in older adult settings. By providing them with education and skills training opportunities, OTPs

can translate their learning into clinical practice to improve the quality of life of older adults in residential facilities through occupational justice. They are considered the most important audience as they are the training participants, and through their support, the program's sustainability may be established.

Key Messages for Primary Target Audience

The messages to be delivered to the OTPs aim to project confidence in the program and emphasize its usefulness and relevance to their practice. The OTPs can learn the program's goals and outcomes through concise messages as follows:

1. The OTopia program can improve competence in addressing occupational injustice in residential facilities.
2. The OTopia program aims to support increasing the quality of life of older adult residents.
3. The OTopia program focuses on providing useful tools that can promote occupation-based practice.
4. The pilot study participants report that the OTopia Program is relevant in current older adult practice.

Sources/Messengers for Primary Audience

The designated spokesperson representing the primary audience will be an OTP, preferably the Director of Rehabilitation (DOR), who participated in the pilot study of the OTopia Program. Drawing upon firsthand experiences and insights from the program's implementation, the spokesperson will articulate its relevance to clinical practice and its profound impact on the well-being of older adult residents. The DOR will offer

invaluable views to colleagues on how the approaches learned through the OTopia Program translate into tangible benefits in older adult residential care settings.

Dissemination Activities, Tools, and Responsibilities for Primary Target Audience

To expand the reach into a wider occupational therapy community, the author will use electronic, in-person meetings, and printed written materials. The OTopia Program will be visible on the American Occupational Therapy Association (AOTA) website as an approved Continuing Education (CE) provider (AOTA, 2024). Additionally, the author plans to submit the pilot study results to the Open Journal of Occupational Therapy (OJOT) for OTPs while also presenting the program evaluation research findings at the annual Occupational Therapy Association of California (OTAC) conference. Finally, the author will create written materials to distribute at local residential facilities and conduct in-person meetings with OTPs.

Secondary Target Audience

The program's secondary audience will be collectively categorized as the members of the residential senior living communities who can be administrators, owners, social workers, and other interdisciplinary team members. These individuals are essential in decision-making in the facilities, funding staff training, and employing OTPs. Their support is critical to the program's success as they can be a source of referrals for OTPs to register and participate. By increasing their understanding of the program, they can be partners in promoting occupational justice for older adults by implementing necessary facility changes that may promote resident's quality of life.

Key Message for Secondary Target Audience

Providing the members of residential senior living communities with the program's goals, cost efficiency, and its implication for the residents' satisfaction will stir interest and curiosity. Furthermore, it is essential that the wording of the messages resonates with interdisciplinary team members:

1. The OTopia Program will deliver information to improve understanding of the role of occupational therapy in residential facilities.
2. The OTopia Program aims to improve the overall satisfaction of residents in the facility by promoting person-centered care.
3. The OTopia Program is a platform to share information with the senior residential communities to enhance older adult residents' quality of life through occupational engagement.
4. The OTopia Program is cost-efficient as it incurs minimal implementation expenses.

Sources/Messengers for Secondary Audience

The facility administrator will be an effective messenger for disseminating essential information about the OTopia Program to fellow administrators, owners, and interdisciplinary teams within residential care communities. The spokesperson can effectively disseminate information about the program and rally support from peers through targeted communication channels such as facility meetings and professional development sessions.

Dissemination Activities, Tools, and Responsibilities for Secondary Target Audience

To fully maximize the reach to the residential senior living communities, the California Assisted Living Association (CALA) is an influential organization that can help distribute key messages to the residential community. This organization reaches 660 Residential Care Facilities for Elderly (RCFE) members in California. According to CALA (2023), it is the only organization that represents California's RCFEs, covering assisted living, memory care, and continuing care retirement communities. The OTopia Program can be advertised on their website as well as the author can submit a written article for the newsletter (CALA, 2023). Further, they hold twice-a-year conferences in different locations in California where the author can register for booth rental to set up displays, distribute brochures, and interact with attendees to showcase information about the OTopia Program (CALA, 2023).

Tertiary Target Audience

The tertiary audience for dissemination efforts is the older adults residing in long-term care facilities. The planned in-person presentations and written materials tailored to this group will highlight the negative effects of reduced task engagement in residential care facilities and emphasize how participation in occupation-based approaches through occupational therapy services can enhance their overall quality of life.

Key Messages for Tertiary Target Audience

The tone of the messages to the older adult residents emphasizes what the OTopia Program can do for them. Each message expresses that they are the foremost reason for the program:

1. The OTopia program aims to improve residents' quality of life by promoting facility changes that encourage participation in valued tasks.
2. The OTopia program will support exploring meaningful activities to improve socialization and life satisfaction.
3. The OTopia program will produce competent OTopia-certified OTPs who will advocate residents' autonomy.
4. The OTopia Program is an initiative that prioritizes older adult residents' well-being through person-centered care.

Sources/Messengers for Tertiary Audience

Partnering with an older adult resident in a local residential facility can effectively reach older adults during the dissemination phase. Through a partnership with an actual resident as a spokesperson, preferably one holding a leadership role within the facility, the author can enhance the program's accessibility and resonance among the older adult community by engaging directly with their peers during resident committee meetings, delivering in-person talks highlighting the OTopia Program's key messages. This approach enables the information to be shared in a manner familiar and relatable to older adults and utilizes the spokesperson's firsthand experience to provide insights into the program's benefits.

Dissemination Activities, Tools, and Responsibilities for Tertiary Target Audience

To share details about the OTopia Program, the author will use easy-to-read brochures tailored to different groups. These brochures will be given out at senior centers and residential facilities to enable older adults to learn about the program. The author will

also work with grassroots organizations for older adults, handing out flyers and making connections to spread the word about the program's goals and benefits. These efforts aim to help older adults understand the OTopia Program and enrich their understanding of the distinct role of occupational therapy in residential care settings. Finally, the author intends to partner with a local occupational therapy program to facilitate student placements at senior centers and residential facilities during their fieldwork experience. These placements enable students to share insights about the impact of the OTopia pilot program and encourage participation.

Budget

Table 6.1 delineates the budget allocated for dissemination activities, with the majority of expenses incurred in year two amounting to \$2,180. These costs primarily cover travel and associated fees for participation in the OTAC Annual Conference in 2025. Further, printing fees are included to account for the production of written materials intended for distribution among primary, secondary, and tertiary audiences.

Table 6.1*Dissemination costs Year One and Two*

Category	Justification	Year One	Year Two
Conference	The OTAC Annual Conference is usually scheduled in October/November every year (OTAC, n.d.)	N/A	\$160 per night based on hotel room rates for the November 2023 annual conference. Total of \$640
Travel	Travel to conference venue	N/A	\$300 gas cost
Food	Daily stipends for meals	N/A	\$60/day Total of \$240
Publication Fees	The author will submit the pilot study results to OJOT to maximize the open access to the OTPs.	N/A	\$700 (OJOT, n.d.)
Printing	printing cost for brochures, flyers, and other written materials.	N/A	\$300
Total		\$0	\$2,180

Evaluation

Dissemination outcomes are expected to generate a significant surge in interest and demand for registration in the OTopia Program. The criteria for measuring the effectiveness of the dissemination plan concerning the primary audience include assessing the number of inquiries and registrations, along with the growth in the membership of the OTopia community of practice. Also, the OTPs can report the residents' increased participation in meaningful activities. The author expects that the registration in the second year will surpass those of the initial pilot study year and will be measured by comparing the overall count of training participants and the number of inquiries received for each respective year. Measurement criteria for evaluating the effectiveness of the dissemination plan for the secondary target audience include the

number of residential facilities that recognize OTopia-certified OTPs. The author will send a survey to the facilities. The success of dissemination efforts to the tertiary audience can be evaluated by tracking the number of referrals; OTopia-certified OTPs can monitor their client census at specific time intervals.

Conclusion

The OTopia Program represents a multifaceted approach comprising online training, a community of practice, occupation-based occupational therapy, and advocacy. Specifically designed for OTPs working with older adults, the program aims to enhance their comprehension of occupational justice and injustice while equipping them with the tools to become OTopia-certified. Weekly one-hour webinars over six weeks serve as a cornerstone of the training, culminating in the OTPs joining the OTopia Community of Practice for ongoing peer interaction, knowledge sharing, and professional growth. By focusing on improving occupational engagement in residential settings, the program aims to improve the quality of life for older adults through meaningful occupation.

Dissemination activities will follow the program's pilot which is dedicated to gathering inputs and implementing necessary revisions. The dissemination plan aims to convey the program's feasibility, benefits, and relevance to various stakeholders, thereby amplifying the role of occupational therapy in residential settings.

The primary target audience, OTPs, will be engaged through tailored messaging emphasizing the program's potential to address occupational injustice and enhance the quality of life for older adults. Dissemination occurs through a combination of written materials, digital media, and in-person engagements. The dissemination efforts aim to

foster awareness and uptake of the program among OTPs.

Secondary target audiences, including members of the long-term care community, will be informed about the program's benefits and cost-effectiveness by using different dissemination channels. Their support and recognition of OTopia-certified OTPs in residential settings are vital for the program's success.

Tertiary audiences, comprising older adults residing in long-term care facilities, will be engaged through presentations highlighting the importance of occupation-based approaches in improving their quality of life and promoting autonomy.

Evaluation of the dissemination plan will focus on metrics such as the number of inquiries, registrations, and growth in the OTopia community of practice. Success will be measured by the program's ability to increase awareness, foster recognition, and ultimately enhance occupational engagement and well-being in residential settings.

CHAPTER SEVEN – Funding Plan

Program Description

The OTopia Program combines training, a community of practice, occupation-based practice application by Occupational Therapy Practitioners (OTPs) in their clinical settings, and advocacy. The educational component is the program's foundation as it establishes the knowledge for OTPs about occupational justice in residential settings. The educational modules are delivered in an asynchronous webinar for one hour per week for six weeks, with weekly reflective journaling and discussion forums. Registration, webinar, and discussion forum facilitation will be centralized and seamlessly integrated within the learning management system (LMS) embedded in www.OTopiaprogram.com. The OTopia Program aims to improve OTPs' knowledge about occupational justice, promote occupation-based practice, and create opportunities to become agents of change in older adult residential settings. The author plans to create a Limited Liability Company (LLC) for the OTopia Program to establish ownership and full management of its growth.

Program Costs

The author is responsible for the development and implementation of the program. OTopia will be an American Occupational Therapy Association (AOTA) Preferred Provider for continuing education (CE) for occupational therapy practitioners. The six-module educational program will cost \$180, and OTPs will earn six continuing education units (CEUs) and a certificate. Upon completing the OTopia educational modules, the OTPs will be invited to be part of the OTopia Community of Practice. In this online network, the OTopia Community members can interact regularly, and it will

be a safe space for members to discuss occupational justice in older adult practice, share experiences in applying and promotion of occupation-based practice, and stay updated about the ongoing advocacy efforts at a macro level. To create an interactive and accessible OTopia Community webpage, the author will design the website through the www.wordpress.com website builder.

In the initial year, expenses are anticipated to be lower due to reduced website fees, fewer payments based on user numbers for the Learning Management System (LMS), and the absence of an \$800 annual LLC fee. Conversely, the second year is expected to incur increased costs due to the related dissemination expenses, anticipated greater utilization of the LMS, and the yearly LLC fee. However, year two is projected to be less time-intensive since content development of the training and necessary revisions are anticipated to be completed, therefore the operations are expected to run more efficiently.

The delivery method focuses on accessibility and affordability; therefore, the OTopia program will be implemented entirely online. The author will complete the content development, training design and interface, and online delivery using the eLeap LMS (e leapsoftware.com, n.d.). The website builder will cost \$48 annually with a free domain name for one year through www.wordpress.com (WordPress.com, 2023). The annual cost of a domain name from the second year is \$13.

The dissemination activities will be launched in year two after the pilot study completion. The projected dissemination expenses to cover the conference cost and the related travel expenses will be approximately—\$ 1,000.

Table 7.1*Projected Costs Year One and Two*

Category	Justification	Year One	Year Two
Website and domain name by Wordpress.com	Required for the promotion of the program, registration, payment, webinar platform, discussion forums, and community of practice: OTopia Community	\$48/year for website and domain name Total: \$48	\$48/year for website and \$13/year for domain name Total: \$60
eLeap Software LMS	A platform for creating and designing education modules and implementing forums, and journaling.	\$0.50/month for each user Projected users: 20 Total amount: \$10 (Affordable, Comprehensive, Transparent Pricing, n.d.)	\$0.50/month for each user Projected users: 40 Total amount: \$20 (Affordable, Comprehensive, Transparent Pricing, n.d.)
Google Workspace starter plan subscription annual Fee (Google Workspace, n.d.)	For email handle associated with the program name	\$72 (Google Workspace, n.d.)	\$72 (Google Workspace, n.d.)
Limited Liability Company (LLC), State of California	To establish the ownership and legal protections	Initial Fee: \$70 Filing Fee: \$20 Total: \$90 <i>(Cost to Start an LLC in California, n.d.)</i>	\$800/year <i>(Cost to Start an LLC in California, n.d.)</i>
AOTA Approved Provider fee (AOTA, 2024)	Allows the author to grant AOTA CEUs to the participants.	Application Fee: \$75 Tier 1 Provider Annual Fee: \$200 starting July 1, 2024 (AOTA, 2024) Total: \$275	Tier 1 Provider Annual Fee: \$400 starting July 1, 2024 (AOTA, 2024)
Equipment: computer, internet access	The participants will use their personal computers and internet connection.	\$0	\$0
Dissemination Cost	See Chapter 6 – Dissemination Plan	\$0	\$2,180
Total		\$990	\$3,633

Funding Resources

To ensure sustainability for OTopia and the mission of bringing occupational justice to older adults in residential settings, the program has been structured to provide CEU courses with Community of Practice support after completion. OTPs are required by state regulations to obtain CEUs to maintain their licenses and this is an expected cost for practitioners. Registration costs for the OTopia program will be a consistent funding source for the program.

The author anticipates 20 members joining in the first year and 40 in the second. The author, who owns OTRestore home health services, a small business, may allocate approximately \$1,000 annually from past community programs for future related projects. Finally, a volunteer local statistician is willing to donate eight hours of work during the program's evaluation pilot study, with an estimated salary of \$328 (Salary.com, n.d.).

As discussed in the program evaluation, the author will employ a non-experimental, descriptive research method using both qualitative and quantitative data to investigate OTPs' responses to the OTopia Program. Funding opportunities, such as research grants, were explored through the California Foundation for Occupational Therapy (CFOT), Patient-Centered Outcomes Research Institute (PCORI), and the American Occupational Therapy Foundation (AOTF).

Table 7.2*Funding Sources*

Funding Source	Description	Amount
Registration Fees	Six CEUs for \$30/CEU Total: \$180 Projected participants: 20 Total revenue: \$3,600	Six CEUs for \$30/CEU Total: \$180 Projected participants: 40 Total revenue: \$7,200
OTRestore Home Health Services Donation	\$1,000/year	\$1,000/year
California Foundation for Occupational Therapy (CFOT)	Offers grants to the practicing occupational therapists to research and advance the client outcomes through occupational therapy (CFOT, n.d.).	up to \$6,000 (CFOT, n.d.)
American Occupational Therapy Foundation (AOTF)	Grants fund as an initiative to progress the occupational therapy profession in line with its mission to advance the science of occupation (AOTF, 2024)	Up to \$50,000 (AOTF, 2024)
Patient-Centered Outcomes Research Institute (PCORI)	Supports projects that will advance patient-centered care and promote health for older adults (Funding Opportunities, 2021)	Grants are variable, contingent on the scope of the project or research. (Funding Opportunities, 2021)

Conclusion

The author plans to start the OTopia Program at a reduced cost while also offering a user-friendly website and a reliable LMS platform. Also, the website will be used as a marketing tool. The author's goal is to ensure the program's sustainability by forming an LLC and gathering enough registration fees from participants to cover implementation and dissemination costs. It is noteworthy, however, that alternative avenues for funding exist in the form of grant opportunities offered by different organizations, offering a supplemental source of financial support for the program.

CHAPTER EIGHT – Conclusion

The older adult population is growing in the United States; thus, relocation to residential facilities is also increasing (Caplan, 2023; Sengupta et al., 2022), which calls attention to address their needs. One problem is that older adult residents experience decreased occupational engagement in residential settings, which may negatively affect their quality of life or well-being. Evidence showed that 69% of skilled nursing facility residents are inactive (Morgan-Brown et al., 2011), only 48.7% of residents in residential settings participate in leisure (Vitorino et al., 2013), and 73% of older adults in residential facilities scored their quality of life as poor. In light of this, occupational therapy practitioners (OTP) are strongly urged to take action, harness distinct skill sets, and amplify their significant contributions to the field of older adult practice.

As older adults transition to the facilities, they experience decreased occupational engagement. The residents experience limited opportunities and reduced access to participate in valuable tasks, which are increased by the facility's social, environmental, and organizational factors that contribute to the manifestation of different forms of occupational injustice. Some social factors include the staff's lack of interest in socializing with the residents (Pirhonen, 2016), seclusion (Dunbar, 2022), and the residents' wishes being neglected by the staff (Pirhonen, 2016). Environmental factors include locked doors or no outdoor access (Dunbar, 2022; Pirhonen, 2016; Potter, 2018) and limited spaces that restrict mobility and social participation (Nordin, 2017). The organizational factors include the lack of policy to enable residents to make decisions (Tarzia et al., 2015), the lack of funding for transportation needs (Egan et al., 2014), and

the approved use of restraint (Dunbar, 2022). These problems are being magnified by the deficient use of occupation-based practice by OTPs, which may ultimately lead to resident's decreased quality of life.

The literature review revealed evidence-based solutions and previous attempts to address older adults' limited occupational engagement and decreased quality of life. These solutions include Person-centered culture change (Chenoweth et al., 2015; Gulpers et al., 2013; Miller et al., 2014), the small house model (Longstaff et al., 2022), staff training (Chenoweth et al., 2015; Giné-Garriga et al., 2019; Jeon et al., 2013; Simmons et al., 2018; Teresi et al., 2013; Windle et al., 2020), empowerment-focused (Bonifas et al., 2013; van Corven et al., 2022), promotion of occupation-based practice (Zingmark et al. (2014), and inclusive occupational therapy (Pereira, 2020). While the previous solutions offered evidence of improving occupational engagement, they did not cover the ongoing problem of occupational injustice, and most of the studies were not conducted in US settings.

The "OTopia program: Amplifying the Impact of Occupational Therapy in Older Adult Residential Care Through Occupational Justice" is a certificate training program for OTPs working with older adults. The program is planned to provide education in occupational justice, specifically in residential settings. It combines different components: training, community of practice, occupation-based practice, and advocacy. The program aspires to produce competent occupational justice-informed (OJ-informed) occupational therapy practitioners.

The planned program desires to produce competent OJ-informed OTPs who will

apply occupation-based practice, promote person-centered care, practice inclusive occupational therapy, value the empowerment of the residents, participate in a community of practice, and engage in staff development programs in the facilities, such as training the interdisciplinary team in promoting occupational engagement.

The OTopia Training component of the program is online certificate training, which will be delivered asynchronously, allowing participants to access the materials and complete the modules at their own pace. The program will span six weeks to cover six modules, one hour per week. This extensive training will cover a range of topics related to occupational justice, including the understanding of its principles, the development of justice-informed care plans, the establishment of a community of practice, and the learning of advocacy tools and strategies. A dedicated discussion forum will be prompted throughout the training to encourage community and participant collaboration. This forum will serve as a platform for participants to ask questions, share insights, and engage in meaningful conversations related to the content covered in the modules.

The Community of Practice Component of the OTopia program is designed to address the complex nature of occupational injustice in older adult settings. Therefore, collaborative efforts must be sustained through ongoing conversations about advocacy and professional support. The OTopia Community of Practice will be a safe space on the program's website for OTPs to collaborate, share knowledge, and promote and disseminate best practices in managing occupational injustice. All OTPs who complete the training will become members of the OTopia Community. Further, the OTopia Community will offer online Forums where members can ask questions and respond with

feedback or recommendations. Members can share downloadable evidence-based literature related to older adult practice and disseminate advocacy updates relevant to practice. All discussions will be moderated to maintain professionalism.

In conclusion, the OTopia Program is the only professional development opportunity focused on the role of OTPs in promoting occupational justice in US residential care settings. The OTopia Program is an innovative initiative that combines training, community of practice, the promotion of occupation-based practice, and advocacy in the US setting. The program's website will be a platform for ongoing discussions to promote sustainability. When the program meets the desired goals, the OTopia Program will produce OJ-informed OTPs who can impact residential care settings by enabling occupational engagement to influence older adults' quality of life and well-being.

APPENDIX A – Executive Summary

OTopia Program: Amplifying the Impact of Occupational Therapy in Older Adult Residential Care Through Occupational Justice

Introduction

The concept of occupational justice (OJ) in occupational therapy (OT) is a priority. The Occupational Therapy Practice Framework, 4th edition (American Occupational Therapy Association, [AOTA], 2020), underscores the importance of OJ in enabling individuals to engage in meaningful and valuable tasks fully. As Wilcock and Townsend (2000) defined, occupational justice is "equitable opportunity and resources to enable people's engagement in meaningful occupations" (p. 85). However, older adults living in residential facilities encounter different types of occupational injustices (OI) that notably impact their quality of life (Gupta, 2016). Some injustices include occupational deprivation, alienation, imbalance, and marginalization (Gupta, 2016). One study reported that in skilled nursing facility (SNF) settings, older adults spend up to 69% of their day in an inactive state, such as moments with closed eyes (Morgan-Brown et al., 2011). Further, according to Vitorino et al. (2013), only 48.7% of individuals in residential settings participate in leisure activities, contrasting sharply with the significantly higher rate of 92% observed among older adults residing in community settings. Meaningful occupations are often neglected in Long-Term Care (LTC) facilities, a situation arising from the substantial resident population and the myriad of individual needs that these facilities aim to cater to (Wren, 2016). Consequently, older adult residents demonstrate a significantly lower quality of life compared to older adults living

in the community (Wren, 2016). In a study examining the quality of life among older adults residing in residential facilities, Garnett et al. (2022) found that 73% of participants regarded their quality of life as subpar. When the occupational needs of older adult residents are neglected, they face heightened risks of health decline (Hammell, 2020). In addition, occupational injustice leads to different negative consequences, including decreased autonomy and self-sufficiency, decreased opportunities for finding meaning in life, and declining functional capacities (Fox et al., 2017; Hocking, 2017). In response, occupational therapy practitioners must use distinct skills to take action and strengthen their significant contributions to the older adult practice.

Project Overview

The "OTopia Program: Amplifying the Impact of Occupational Therapy (OT) in Older Adult Residential Care Through Occupational Justice" is a certificate training program for OTPs working with older adults. The OTopia program is based on the author's concept of an exemplary community guided by principles of equality and justice, as viewed through the perspective of OT. The program draws inspiration from Sir Thomas More's 1516 book, *Utopia*, which described an imaginary island society characterized by communal living, social equality, and justice (Sargent, 2010).

The program provides education in the area of occupational justice, specifically in older adult residential settings. The program combines different components: training, community of practice, occupation-based practice, and advocacy. The participants can earn six continuing education (CE) units and become OTopia-certified. The author, an occupational therapist, is the primary developer of the content, with collaboration and

contributions from the different stakeholders and content experts. The course will be offered online to maximize access to more participants.

The training is evidence-based from a thorough literature review search. Guided by the Framework of Occupational Justice (FOJ), capability approach, empowerment theory, and Kolb's adult learning theory. The FOJ described by Stadnyk et al. (2010) can address occupational injustice among older adults in residential facilities by emphasizing meaningful practices and autonomy. Martha Nussbaum's Capabilities Approach, which defines well-being through essential capabilities, complements the FOJ (Clark et al., 2019; Nussbaum, 2007). The empowerment theory, outlined by Zimmerman (2000), prioritizes enhancing individuals' control and capacity for change, while Kolb's experiential learning theory will inform the module's structure, including webinars, journaling, and discussion forums (Kolb, 2014).

Key Findings

The primary challenge of occupational injustice faced by older adults stems from facility-related factors that impose increased constraints on their engagement in activities (Dunbar, 2022; Egan et al., 2014; Nordin, 2017; Pirhonen, 2016; Potter, 2018; Tarzia et al., 2015; Zilyte et al., 2020), mixed with the inadequate integration of occupation-based approaches by OTPs in residential settings (Aas & Bonsaksen, 2022; Daud et al., 2016; Di Tommaso et al., 2019; Jewell et al., 2016; Lloyd et al., 2019; Stav, 2022). The combination of the aforementioned factors may ultimately lead to a decline in the quality of life experienced by older adults (Chamberlain et al., 2020; Cobo, 2014; Kloos et al., 2019; Motteran et al., 2016).

Evidence suggests person-centered care will benefit older adult residents through personalized care, consideration of the person's uniqueness, and valuing the individual's personal choices (Chenoweth et al., 2015; Gulpers et al., 2013; Miller et al., 2014; Roberts & Pulay, 2018; Viau-Guay et al., 2013; Zingmark et al., 2014). Further, the application of occupation-based practice by OTPs in residential settings reduces the decline in occupational engagement (Zingmark et al., 2014), decreases the risk of functional decline, and enhances the overall quality of life (Brahim et al., 2021). As explored by Whiteford et al. (2020), the use of community of practice can be a useful tool to promote occupation-based practice. Additionally, the development of programs to educate and improve residential staff care delivery significantly improved the quality of care and improved occupational engagement of the residents (Giné-Garriga et al., 2019; Jeon et al., 2013; Simmons et al., 2018; Teresi et al., 2013; Wenborn et al., 2013; Windle et al., 2020).

Funding Plan

The OTopia Program will be a registered Limited Liability Company (LLC) in California. In addition, it will be an American Occupational Therapy Association (AOTA) preferred provider for occupational therapy practitioners' continuing education (CE). The six-module educational program will cost \$180 per registered OTP and will earn six continuing education units (CEUs) and a certificate. In the first year of launch, the expenses are projected to be lower due to reduced website fees, fewer payments tied to user numbers for the Learning Management System (LMS), and no \$800 annual LLC fee. However, the second year is anticipated to see higher costs due to dissemination

expenses, increased pay-per-use cost of the LMS, and the yearly LLC fee. The projected expenses for years one and two are \$900 and \$3,633, respectively. The OTopia Program is anticipated to be financially sustainable, brought by registration fees. The author also developed an alternative funding plan through grants from organizations supporting older adult programs.

Recommendations

It is recommended that the OTP participants register for the OTopia Program at least one week before the scheduled training start date. The author will send an email with the necessary information, including the login credentials, the time requirement for each week, and the topic content to be covered. Each registered participant can ask questions about the program's details before the training.

Another recommendation is for those who completed the training to participate actively in the online OTopia Community. Professional collaboration can be a powerful tool for addressing occupational injustice in residential settings. The OTopia Community is a safe space for OTopia-certified OTPs. Each OTopia Community member will be invited to share experiences, ask questions, and disseminate advocacy updates to the community. Each member will be treated with respect, and the author will moderate discussions.

Finally, it is recommended that the OTopia Program be shared with the other OTPs. Letting other OTPs know about the OTopia Program will increase registrations and who are anticipated to reinforce the occupational justice-informed practice (April, 2013) in older adult settings.

General Conclusions

The OTopia Program is designed for OTPs who practice in older adult residential settings to embed occupational justice-informed practice (April, 2013). The six-week online training will focus on understanding occupational justice and applying person-centered care and occupation-based practice to mitigate decreased occupational engagement. Upon completion of the training, the participants will earn six CE units; the certificate will be provided as an OTopia-certified OTP, and to become members of the OTopia Community of Practice to encourage ongoing learning and professional growth. Now is the time to take action to be the catalyst of change and amplify the role of OT by promoting occupational engagement in older adult residential settings.

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APPENDIX B – Sample of Teaching Plan

TEACHING PLAN					
Specific learning objective	Learning activity(ies) and supporting learning theory	Method of teaching	Time allotted (in minutes)	Resources (e.g., instructional materials)	Method of evaluation
<p>Objective 1: After completing module six, the learner will be able to define the occupational therapist's role in mitigating occupational injustice in residential settings with 100% accuracy in 1/1 attempts.</p>	<p>audio-visual presentation, group discussion to develop insight on the topic, role-play, and simulations.</p> <p>Experiential Learning Theory</p>	<p>Lecture, and oral discussion</p>	<p>20 minutes</p>	<p>Reading materials (book article and peer-reviewed literature), statistical data</p>	<p>pre- and post-tests,</p>

APPENDIX C – Sample of Outline of Modules

Module	Content Topic	Activities
Module 1	Introduction to Occupational Justice and Theories: - Fundamental concepts about occupational justice and injustice – (M) - Theoretical groundings: Framework of Occupational Justice, Capability Approach and Empowerment Theory - (C) - practice scenarios - (C)	online survey, quiz
Module 2	Recognition of the problems: - identifying the social, environmental, and institutional factors that heighten occupational injustice – (M) - Discuss some of the restricting policies in the residential facilities. – (M)	short clips about occupational injustice, expert interviews

APPENDIX D – Sample of Topics for Module 1

MODULE 1 SAMPLE

Objective: The participants will understand the concept of occupational justice and injustice in older adult settings

Topics:

1. Definition of OJ and OI
 2. Evidence of the existence of Occupational justice in residential care settings
 3. Empowerment Theory
 4. OTs as the Agents of Change through Inclusive Occupational Therapy: A practice rooted in the occupational justice framework that promotes inclusive occupational therapy. The approach focuses on promoting access to meaningful occupations and recognizing barriers to participation in mitigating occupational injustice (Pereira et al., 2020).
 5. Practice scenario
 6. Dr. Elizabeth Townsend's YouTube video about OJ
-

APPENDIX E – Sample of Discussion Forums

MODULE 1 FORUM

Discussion Forum Questions:

What is the role of OT in mitigating occupational injustice in older adult facilities?

How do you think you can maximize your role as an agent of change in the elderly setting?

APPENDIX F – OTopia Program Participant Survey**Part 1: Please circle the choices that best describe you.**

Age:

- a. 20–40 years old
- b. 40–60 years old
- c. 60 years old and above

What is your educational attainment?

- a. Bachelor level
- b. Master's degree
- c. Doctorate

Your years of experience in occupational therapy practice:

- a. 0–2 years
- b. 3–6 years
- c. Seven years and above

Please select your most preferred training delivery and method:

- a. use of reading materials
- b. visual presentations, images, and videos,
- c. audio lectures and verbal presentations
- d. oral discussions
- e. written assignments, and projects

Part 2: Please choose your answer.

1. I am familiar with occupational justice in older adult settings

- 1– Strongly disagree
- 2 – Disagree
- 3 – Neither agree nor disagree,
- 4 – Agree
- 5 – Strongly agree

2. I am interested in the concept of occupational justice in older adults.

- 1– Strongly disagree
- 2 – Disagree
- 3 – Neither agree nor disagree,
- 4 – Agree
- 5 – Strongly agree

3. I am eager to learn about occupational justice strategies.
 - 1– Strongly disagree
 - 2 – Disagree
 - 3 – Neither agree nor disagree
 - 4 – Agree
 - 5 – Strongly agree

4. I am willing to apply new skills and knowledge in the area of occupational justice.
 - 1– Strongly disagree
 - 2 – Disagree
 - 3 – Neither agree nor disagree
 - 4 – Agree
 - 5 – Strongly agree

5. I utilize occupation-based practice with my older adult clients.
 - 1– Strongly disagree
 - 2 – Disagree
 - 3 – Neither agree nor disagree
 - 4 – Agree
 - 5 – Strongly agree

6. I participate in advocating for older adult residents to promote occupational engagement.
 - 1– Strongly disagree
 - 2 – Disagree
 - 3 – Neither agree nor disagree
 - 4 – Agree
 - 5 – Strongly agree

7. I promote the role of occupational therapists in older adult residential settings
 - 1– Strongly disagree
 - 2 – Disagree
 - 3 – Neither agree nor disagree,
 - 4 – Agree
 - 5 – Strongly agree

8. I participate in a community of practice of occupational therapists who work with older adults.
 - 1– Strongly disagree
 - 2 – Disagree
 - 3 – Neither agree nor disagree,
 - 4 – Agree
 - 5 – Strongly agree

9. I am confident that, as an agent of change, I can improve the participation of older adults in occupations.

- 1– Strongly disagree
- 2 – Disagree
- 3 – Neither agree nor disagree,
- 4 – Agree
- 5 – Strongly agree

10. I am competent in training interdisciplinary staff to promote the occupational participation of older adult residents

- 1– Strongly disagree
- 2 – Disagree
- 3 – Neither agree nor disagree,
- 4 – Agree
- 5 – Strongly agree

Part 3: Using your own words, please answer the following questions. Write N/A if it does not apply to you.

1. Please state your learning goals.
2. Describe anticipated challenges in training participation, if any.
3. What are the accessibility accommodations you may need during the training, if any?

APPENDIX G – Fact Sheet



Davie Nicolas, OTR/L – OTD Candidate

Inspired by the concept of Utopia (Sargent, 2010), desiring to establish an older adult residential living guided by principles of equality and justice, as seen through the lens of occupational therapy (OT).

Problem: Older adults living in residential care facilities experience decreased occupational engagement, which may be detrimental to their quality of life.

1. Skilled nursing facility residents spend 69% of their day in an inactive state, such as moments with closed eyes (Morgan-Brown et al., 2011).
2. Only 48.7% of residents in residential settings participate in leisure, contrasting sharply with the significantly higher rate of 92% observed among older adults who reside in the community settings (Vitorino et al., 2013)
3. 73% of older adults in residential facilities participants regarded their quality of life as poor or subpar (Garnett et al., 2022).

Occupational Injustice is an occurrence when society, culture, or organizational policies prevent certain people or groups from doing everyday occupations (Durocher et al., 2014; Nilsson and Townsend, 2010).

Occupational injustice leads to different negative consequences, including decreased autonomy and self-sufficiency, decreased opportunities for finding meaning in life, and declining functional capacities (Fox et al., 2017; Hocking, 2017).

Occupational Injustice Contributing Factors:

Social Factors

- Employees' lack of interest in socializing with residents (Pirhonen, 2016)
- Seclusion (Dunbar, 2022)
- Residents' wishes neglected by the staff (Pirhonen, 2016)

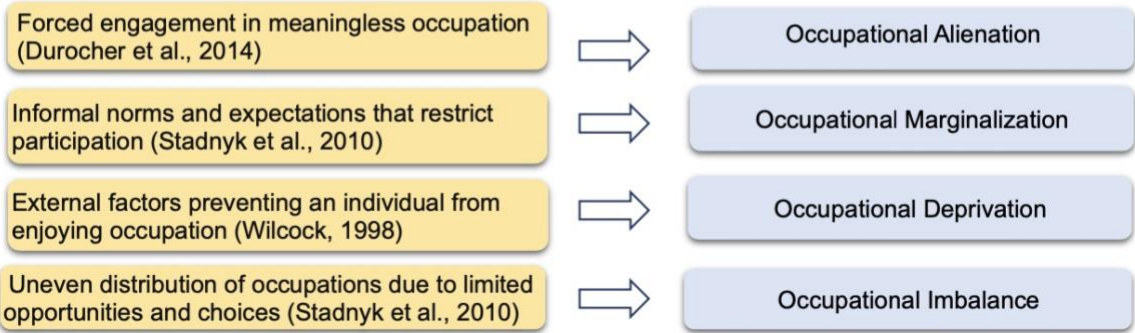
Environmental Factors:

- Locked doors and no access to outdoors (Dunbar, 2022; Pirhonen, 2016; Potter, 2018).
- Limited spaces that restrict mobility and social participation (Nordin, 2017)

Organizational Factors

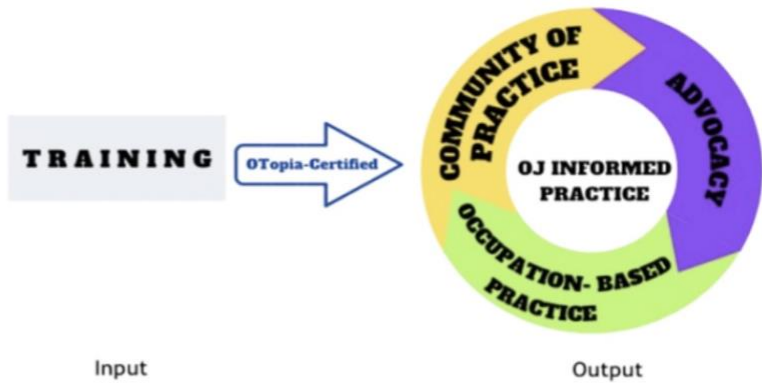
- Lack of policy to support residents in decision making (Tarzia et al., 2015)
- No facility transportation for community access (Egan et al., 2014)
- Use of restraints that strongly restrict older adults (Dunbar, 2022)

FORMS OF OCCUPATIONAL INJUSTICE



Solution:
The OTopia Program:
 a combination of training, community of practice, occupation-based practice, and advocacy to address occupational injustice in older adult residential care.

To equip occupational therapy practitioners (OTPs) with knowledge about occupational justice and apply the occupational justice-informed practice to improve the quality of life of older adult residents.



OTopia Program Phases:
Input and output: The **online training** is the input as the program's foundation. After completion, the OTPs will be OTopia-certified and transition to the output phase.
Output phase: The OTopia-certified OTPs will be part of the cyclical pattern of occupation-based practice, community of practice, and advocacy to implement the occupational justice-informed practice.

The program **demonstrates sustainability** in which OTPs who exercise occupational justice-informed practice will continue to access the OTopia Community to share experiences, participate in advocacy, experience professional growth, and continuously encourage the collective action (Du Toit et al., 2019) in addressing occupational injustice in older adult residential settings.

Funding will be from the participant's registration fees. The OTopia Program will apply to be an American Occupational Therapy Association (AOTA) Preferred Provider for six continuing education units.

Occupational Justice (OJ)
 "Equitable opportunity and resources to enable people's engagement in meaningful occupations" (Wilcock and Townsend, 2000, p. 85)

Occupational Justice-informed Practice (OJ-informed)

Understanding and implementing principles of occupational justice, such as empowerment and inclusion for all clients in advocating for opportunities in occupational engagement to support well-being (April 2013).

- **Occupation-based Practice** (Zingmark et al., 2014)
- **Person-centered Care** (Chenoweth et al., 2015; Gulpers et al., 2013; Miller et al., 2014)
- **Inclusive Occupational Therapy**(Pereira et al., 2020; Whiteford et al., 2020)
- **Empowerment** (Agner, 2017; Bonifas et al., 2013; Zimmerman, 2000)
- **Community of Practice** (Whiteford et al., 2020)
- **Staff Development Programs** (Giné-Garriga et al., 2019; Jeon et al., 2013; Simmons et al., 2018; Teresi et al., 2013)



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