

# **Ethnography of the Construction of Meaning, Membership, and Mastery of the Elderly Population in the Hands of Occupational Therapists**

**Student Name**  
**Department**

**Faculty Advisor:**

## **1. Abstract**

The purpose of this study is to explore the experiences and interactions between Occupational Therapists (OTs) and elderly people receiving care, and how aspects of meaning, membership, mastery and quality of life are addressed within care plans. Within our current society of the USA, the aging population of the baby boomer generation is increasing and according to the Population Reference Bureau (PRB), “The number of Americans ages 65 and older is projected to more than double from 46 million today to over 98 million by 2060” (PRB: 2016).

This research will continue through the summer and fall within the city of Asheville, North Carolina in order to investigate the current needs for Occupational Therapy within our elderly population. This summer, planned research consists of observing and participating with an OT at Care Partners PACE center (Program for All-Inclusive Care for the Elderly), as well as with an OT at Brooks-Howell retirement community. This research will focus on how OTs incorporate the construction of meaning, membership, and mastery during the transitional phases of an elderly person’s life. Objectives of this study are to: (1) determine how OT’s address meaning and purpose within care plans related to quality of life; (2) research ways OT’s help integrate elders in the community by promoting membership and belonging; (3) investigate how OT’s currently facilitate mastery and development of skills within care plans based on social, intellectual, spiritual, and cultural value systems; and (4) explore the socioeconomic factors related to quality of care and quality of life.

## **2. Description of Research**

The purpose of this study is to determine how occupational therapists (OTs) incorporate meaning, membership, and mastery into their care plans. This study will use qualitative research methods to study the ways in which OTs use daily activities, practices, and rituals through treatment plans to embody meaning, membership, and mastery. The philosophical base of OT defined by the board of education of the American Occupational Therapy Association (AOTA) as, “Occupations are activities that bring meaning to the daily lives of individuals, families, and communities and enable them to participate in society. All individuals have an innate need and right to engage in meaningful occupations throughout their lives. Participation in these occupations influences their development, health and well being across the lifespan. As such, participation in meaningful occupation is a determinant of health” (AOTA:1995). There is a trend in the field of OT to include the area of end of life care, including hospice care in relation to current needs within the increasing elderly population (Folts, Tigges, Wiesman:1986).

Meaning, membership, and mastery as developed by Rosabeth Moss Kanter (2013), a professor of Harvard Business School, are known as the 3 M’s. Meaning is related to helping people maintain, reinforce, and develop a purpose that transcends the individual. Membership brings the importance of reinforcing social bonds and belonging in a community. Mastery refers to developing skills, which shape the future and encourage constant learning, as well as acknowledge skills and interests developed in the past. Through daily activities the OT has the ability to help construct the embodiment of these important aspects of well being. A current challenge for OTs is how to apply these within the current model of “progress” reports in order to document services to receive proper financing or third party reimbursement.

In a society based on productivity, I will explore how OTs promote value systems and integrate the elderly population within the health care model. Productivity can be cultivated in forms such as social, intellectual, spiritual, and cultural wealth through daily activities, rather than only material capital.

Research methods consist of observing and interviewing OT's from two different field sites. The first field site is the Program of All-Inclusive Care for the Elderly (PACE) an outpatient service provided by Care Partners, which promotes independence and community for the elderly. The PACE program provides transportation for people receiving care, interaction with other community members, and all-inclusive health care during the day so that people can remain living at home.

The second field site is Brook-Howells Retirement community, which also promotes community living and offers all-inclusive care and diverse living options. Independent living and residential health care are available based on individual care needs. Brook-Howells is faith based, yet open to anyone in the community. I am currently shadowing with an OT at this field site for an application process for an OT graduate level program I am applying to in the fall.

The PACE center is a licensed Medicare facility. Brook-Howells is financed privately by its residents and does not accept Medicare. This important intersection of socioeconomic factors may contribute to the treatment plan as well as the person's quality of life.

I will be visiting each field site once a week for two hours each, through the summer to observe and participate in activities with the OT at each location. I will also spend time studying the physical structures and layouts of the different field sites, as well as conducting interviews.

During the observation hours, I will be recording and documenting my findings, as well as participating in activities so that I may gain an experiential perspective of occupational therapy. Interview questions are guided in a way that promotes conversation about how quality of life is interpreted by the OT. The questions are related to how the OT promotes meaning, membership, and mastery, and what challenges they face documenting care plans.

Evidence from my current shadowing has indicated that occupational therapy plays a very important role during transitional phases in an elderly person's life. During one interview with an OT from Care Partners Rehabilitation hospital, I learned about the difficulty of promoting membership within the community for the elderly population, as there is a high risk of isolation for someone leaving the Rehabilitation hospital. They gave examples of restrictions of time limits and physical goal oriented tasks. Progress reports and legal documents limits what defines "progress" and how to address quality of life within the terms required to receive proper financing and reimbursement for the services they provide.

Intitutional Review Board (IRB) consent form will be submitted for approval before I continue with this research. The observation hours done at Care Partners Rehabilitation Hospital and PACE Center with occupational therapists are held to a certain standard of confidentiality. I will report findings and information in anonymous ways to respect confidentiality agreements.

This spring I have also been shadowing with OTs at Care Partners Rehabilitation Hospital for an application process required for admission to a graduate level OT program. I will be doing a comparative analysis of the field sites, and submitting my results for publication, as well as sharing results with the participating OT's.

### **3. Time Period**

Summer Semester, 2018: Observation with Occupational Therapists at the PACE Center and Brook-Howells Retirement Community, recording interviews

Fall Semester, 2018: Data analysis, transcription, and ethnographic writing, presentation as a graduating senior, and submit publication

#### **4. Budget**

During the summer of this project, I will be taking classes part time. I will be dedicating the majority of my time this summer to this research project. I will be visiting both sites weekly throughout the summer, as well as conducting interviews. I will thus request the stipend of \$1500 to cover living expenses while focusing on this research. I will need to purchase a Zoom H1 digital recording device and pay for transcription of the 5 interviews I have scheduled. Transcription costs \$1.00 dollar per minute. Each interview requires from 30 minutes- 2 hours.

Stipend: \$1500

Recording Device: \$119

Transcription: \$150- \$600

#### **5. Additional Funding**

I am not seeking additional funding

#### **6. Resources**

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