



**Kwantlen**  
UNIVERSITY COLLEGE

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# **Fitness Training for practitioners working with older adults: transferring the learning into the workplace**

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“1/3 of people aged 65 yrs and over typically fall one or more times each year.

Most falls occur in seniors homes.

Canadians spend about \$3 billion a year on seniors' fall injuries.”

*Fraser Health (2002)*

# Background & Research Context

- Kwantlen University College has offered the Gerontology Based Therapeutic Recreation Program since 2000.
- GBTR faculty began informal research into the need for specific content on falls prevention.
- Faculty attended sessions at the Canadian Centre for Activity and Aging (CCAA) which is Affiliated with
  - University of Western Ontario
  - St. Joseph's Health Care London
  - Lawson Health Research Institute
- Fall 2001 GBTR faculty participated in the national forum on leadership programs in long-term care.
- Spring 2002 GBTR faculty participated in the international forum on leadership programs in long-term care.
- The GBTR program implemented FFLTC\* as standard content in the program in the fall of 2002.
- Began offering FFLTC workshops for activity professionals in 2002.

\*Functional Fitness for Long-Term Care



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## **CCAA Mandate**

- To investigate the interrelationship of physical activity and aging
- To develop strategies based on research to maintain the aging population in independent lifestyles
- To maintain or improve functional levels in a dependent environment

## **GBTR Role**

- To provide FFLTC training for people in British Columbia
- To develop content on falls prevention based on current research
- To determine if this education was transferred into the workplace



# Concepts from the Literature

- Primary need to have social support for exercise programs to work (McMurdo and Johnstone, 1995)
- Despite Government and health care research indicating need for elder fitness-funding not there (Canadian Centre for Activity and Aging May 2001)
- 30 minutes brisk walking 3 x week to promote cardiovascular fitness (Paterson, 2000)
- Most nursing home fitness programs do not challenge the participants enough (Lazowski et al 1999)
- Exercise associated with lower risk of alzheimer's disease (Lindsay et al, 2002).
- Exercise continues to be an underused therapeutic intervention for frail elders as a result of barriers created by patients themselves, their caregivers and their health care providers. (Heath and Stuart, 2002)



# Our Research Proposal

- This project intends to follow up with workshop participants in order to determine whether or not they implemented the exercise programs with their clientele as instructed, and to see if they are tracking the results according to the workshop guidelines.
- As a means of collecting this data we propose to develop a self-administered questionnaire that will be mailed to all workshop participants.
- We will also hold a focus group to discuss the experiences of the participants from an anecdotal perspective and to discuss the results of the questionnaire.



# Methodology

- By referring to registration forms for personal contact information, one self-administered questionnaire will be mailed out to each individual who registered and participated in four past *Fitness Training for Frail Seniors* workshops. A Kwantlen self-addressed and stamped envelope will be included along with the questionnaire and follow up phone calls will be made to each recipient to encourage return of the completed forms.
- Individuals who participated in the survey will be invited to a follow up focus group after the data has been collected to discuss the findings and ideas for further research.
- Returned surveys will be collected, collated and data recorded manually and with the help of a data collection software program such as Access.



# Questionnaire

- For this research project, GBTR instructor, Julie Kemble, developed a self-administered questionnaire consisting of 42 closed-ended questions that focused on the following outcomes:
  - ❑ The average age and gender of workshop participants.
  - ❑ Frequency and type of exercise programs that participants are involved in outside of work hours.
  - ❑ Formal training that participants have prior to taking the workshop.
  - ❑ Type of facilities that participants work in.
  - ❑ Level of confidence that participants have when offering exercise training programs to their senior clientele.
  - ❑ Whether or not workshop participants implement the exercise programs as instructed in the workshop guidelines.
  - ❑ Barriers in the workplace, if any, that participants experience when offering exercise programs.
  - ❑ Whether or not participants are able to establish a standard for assessment of their programs and monitor the outcomes in their clientele as instructed in the workshop.
  - ❑ Suggestions for further education as recommended by the participants who offer exercise training to older adults.



# Final Report Summary:

## Abstract

- Current research clearly demonstrates the benefits of a progressive exercise program designed for frail elders dealing with physical, cognitive and emotional challenges. However, research conducted by the Centre for Activity and Aging at University of London, Ontario found that most exercise programs in long term care facilities, facilitated by recreation staff, do little to improve the quality of life for frail elders.
- A quick review of certificate and diploma programs offered in the field of therapeutic recreation shows evidence that these programs do not offer students' adequate insight, theory or experience to facilitate exercise programs that are truly beneficial to their clients.
- With this observation in mind, Ellen van der Net, an expert in functional fitness and a recent graduate of the Gerontology-Based Recreation Certificate (GBRC) program, along with Carol Hansen, coordinator of the newly renamed Gerontology-Based Therapeutic Recreation (GBTR) program, collaborated to design an exercise training program aimed at improving the skills of recreation practitioners working in long term care facilities with frail elders. This workshop called simply, *Functional Fitness Training*, (FFT) has been offered twice yearly since 2002 at Kwantlen University College.
- A version of this program has also been integrated into the curriculum of the Gerontology-Based Therapeutic Recreation Program at Kwantlen University College.





# Abstract continued

- Most, if not all, of the FFT workshop participants have some formal training in the field of therapeutic recreation and work in assisted living and residential care facilities, adult day programs and seniors community centres with frail elders as their primary clientele. It is also the case that they are usually solely responsible for providing exercise programs despite having minimal training in functional fitness for seniors.
- Since the first FFT workshop was offered in 2002, registration has steadily increased with an average of 13 attending each workshop. At last count there were over 20 individuals signed up for participation in the spring, 2006 workshop. These numbers indicate that Kwantlen University College is gaining recognition for offering quality FFT workshops that enhance the credentials for those individuals offering fitness programs to seniors and ensure safety procedures in programs offered.



# Results and Discussion

- Sixty-six self-administered questionnaires were mailed to individuals who participated in the workshops along with a self-addressed, stamped envelope to ensure a maximum response rate. By the deadline date we received twenty completed questionnaires (almost 32%). According to research, one can expect to get a 10 – 20% return of self-administered surveys, so this is a relatively good response. The data was then inputted into Access and the information was collated in order to assess the results.
- Data was collected from 17 women and 3 men. The fact that more women than men participated in the survey is reflective of therapeutic recreation being a female dominated profession. This is not inappropriate given that, as women tend to outlive men, the majority of elderly clients are female and the intimate nature of therapeutic recreation is more suited to female attributes. Nevertheless, there is still a need for men in therapeutic recreation and the lack of a male perspective and the demand for men in therapeutic recreation is only emphasized by the female biased results in this survey.



# Results and Discussion

- The majority (70%) of respondents work in long term care facilities, range in age from 31 – 50 and already have a Geriatric Activity worker or Gerontology-Based Recreation certificate from Kwantlen University College or equivalent, or a Therapeutic Recreation diploma from Douglas College. On the one hand, the age range indicates that more marketing of the GBTR program must be done at the high school level to raise the profile of this profession and the demand for jobs to younger individuals. However, given that the profession of therapeutic recreation offers services to the elderly, it is particularly suited to more mature adults.
- The fact that two RCA's, one nurse and one LPN took the workshops is reflective of the demand for multi-tasking and a broadening of job descriptions in the workplace. There is evidence to show that privately owned, non-union assisted and independent living facilities do expect their resident care attendant staff, which are capable of providing basics such as bathing and toileting, also provide their residents with some quality of recreation programming.



# Results and Discussion

- Twelve respondents (60%) stated that the fitness program being offered at their facility reflects their beliefs on how a fitness program for the elderly should be run. However, nine (45%) stated that they did not. Reasons given ranged from not having enough staff or time to facilitate more fitness programs; some cited lack of resources to offer more variety such as adding standing exercises, light weights and wall bars; some said the need to address multi-level needs in a single program made offering appropriate one to one assistance difficult; some stated, simply, that residents are not being adequately challenged and would benefit from more focus on balance and strength instead of simple range of motion (ROM).
- The fact that 45% of workshop participants cite lack of resources (time and money) to offer an exercise program that better reflects their beliefs about fitness, in addition to poor staffing ratios (number of TR staff to number of residents) reflect a political contradiction, that despite our present governments mandate to focus more on preventative health measures, therapeutic recreation, which surely falls into the category of preventative health, is still not deemed an essential service. Therefore, funding for TR departments is minimal in comparison to that which is prioritized for basic care and food services.



# Results and Discussion

- Since seventeen (85%) of workshop participants engage in some kind of regular physical activity outside the workplace and in leading exercise programs in their place of employment, it is fair to assume that these individuals take a special interest in physical fitness and in supporting their elderly clients to maintain or improve their own functional fitness levels. Nevertheless, understaffing and inadequate funding for fitness programs, especially funds to purchase necessary props such as weights, therabands, balls and bean bags etc. in addition to inadequate training are obvious obstacles that contribute to poor quality functional fitness programs in the workplace.
- This is further reflected in the notion that nine (45%) respondents facilitate functional fitness programs that do not reflect their belief system in regards to offering an effective fitness program. These results indicate a need to educate administrators and directors of care to the advantages of providing effective functional fitness programs to maintain or improve residents' independence with activities of daily living and mobility which, in turn, helps them to reduce the possibility of falling.



# Results and Discussion

- That 50% of participants still have concerns about their ability to offer fitness programs with confidence even after taking the FFT workshop *is an indication that the workshop could be developed to include even greater emphasis on health challenges that are typical among the elderly.*
- Special emphasis is also necessary to discuss injury and fall prevention as well as specific therapeutic interventions when encountering a variety of problematic symptoms in residents who are participating in exercise programs, for example, “what if” scenarios could be offered for general or small group brainstorming and discussion.
- More discussion of the length of an exercise program offered to the elderly could also be allowed.



# Results and Discussion

- Fourteen (70%) of respondents offer fitness programs to their residents and clients based on the guidelines they learned in the FFT they attended. Ten (50%) of respondents have, on average, 16 - 25 residents or clients participating in their fitness programs; Eight (40%) have 11 – 15; Four (20%) have only 6 – 10 and two have less than five.
- The majority of residents and clients attending fitness programs are assessed at the IC3, extended care and special (dementia) care levels. Some are assessed as being IC1 & 2 and personal care or assisted living. Regardless of the total number of beds in the facilities that these participants work in, these numbers represent good attendance in exercise programs, especially given that, due to increased criteria for gaining admission to non-profit residential care facilities, care levels have increased markedly over the past five years.
- Eleven (55%) respondents facilitate the fitness programs alone and without assistance. Eight (40%) sometimes have one assistant. Only one respondent has one other regular assistant. Of the ten respondents who stated that they have volunteer assistants, nine of them stated that these volunteers do not have fitness training. Six stated that they train the volunteers themselves.



# Conclusion

- The results of this survey indicate that participants are, indeed, using what they learn in the workshops to develop challenging and creative functional fitness programs within the limits of the resources that they are provided with in their workplace. However, due to limited resources such as time, money and shortage of staff, in addition to some individuals' lack of confidence with the assessment tools due to lack of training, they are not employing these tools to track progress among their elderly clients.

