

CHAPTER 5

NURSING HOMES

INTRODUCTION

The purposes of this chapter are to present general information on nursing homes, discuss the role of recreation in nursing homes, and examine special considerations in the provision of recreation in nursing homes. Topics discussed in this chapter include background information on recreation in nursing homes; an overview of resident characteristics and their implications for providing recreational services; other considerations in providing activities programs in nursing homes, including suggestions on how to work with Alzheimer's patients; an overview of activity ideas and innovative programs; and a humanistic perspective of recreation in nursing homes. Most of the discussion on considerations in providing activity programs and suggestions for innovative activities is also relevant to assisted living communities.

LEARNING OBJECTIVES

After completing this chapter, the reader will be able to

- cite statistics on nursing homes in the United States,
- describe the nursing home population,
- identify appropriate activities for a recreation program in a nursing home,
- identify considerations in planning and leading recreational activities in nursing homes, and
- describe the nursing home facility (setting).

NURSING HOMES IN THE UNITED STATES

According to the National Center for Health Care Statistics (2011), there are 16,100 nursing homes in the U.S. with 1.7 million beds serving 1.5 million residents. Although the number of nursing homes in the U.S. has declined in recent years, the number of Americans needing long-term care is projected to double between the years 2000 and 2050. The number of nursing homes in the U.S. has declined because of the growth in the number of assisted living communities, now numbering over 30,000 with over one million residents (Assisted Living Federation of America [ALFA], 2011). Many of the elders residing in assisted living would be living in nursing homes if assisted living communities had not become so popular. Overall, 20% to 50% of the older population can be expected to live in long-term care facilities (including nursing homes and assisted living) at some time before death (Rehfeldt, Steele, & Dixon, 1999). Some trends in long-term care are listed here:

1. There is zero growth in the nursing home industry, and expansion in the assisted living sector is expected to continue (Raymond, 2000).
2. Industry experts predict the end of nursing homes as we now know them. They will be replaced by a variety of new options that will enable older adults to live out their lives in home-like environments (Raymond, 2000).
3. Whereas assisted living costs about \$25,000 to \$35,000 a year, nursing homes cost an average of \$55,000 a year (ALFA, 2011).

Nursing home care is expensive. A government study found that nearly 50% of nursing home residents did not need the intensive medical care the home provided and that many of the residents could likely maintain their independence if they received adequate long-term care services in the home (Stucki & Mulvey, 2000).

RECREATION IN NURSING HOMES

Even though only 3.4% of the older population lives in nursing homes, it is a major source of employment for recreation specialists working with elders. Most states require that there is one full-time activity director for every 100 beds, and some states require one full-time activity director for every 50 beds. Unfortunately, in the past, many of the nursing home activity coordinators were probably not fully trained, resulting in activity programs that were viewed negatively as being mindless and purposeless. Despite the well-documented value of leisure activity to elders (see Chapter 1), budget restraints have caused some states to reduce funding for recreation programs in nursing homes.

Studies investigating the recreation participation patterns of nursing home residents indicate a need for increased resident involvement. Voelkl (1993) reports that 39% of resident time is spent in null activity, and another 17% is spent

in passive activity; 62.8% of the time is spent alone. The highest level of affect was reported to be experienced when engaged in independent leisure activities (hobbies, crafts, socializing, etc.). Especially troubling is the great amount of time spent in “null” or no activity—just sitting, looking into space, with nothing to do. Unfortunately, despite some advances in nursing home activity programs, it appears that there has not been much improvement in the way that nursing home residents spend their time. Ice (2002) conducted a study of daily life in a nursing home and found that residents spent 65% of the day doing little or nothing, compared to a 1974 study that found that nursing home residents spent 56% of their day doing nothing. Ice found that residents spent the majority of their time alone, immobile, and inactive and concluded that improvements in programming are needed. Another troubling aspect of nursing home life to consider is that many residents do not go outside the facility even once a month. Imagine not leaving your home even once in a month and spending 65% of your day doing nothing! How would that make you feel?

The statistics cited in the previous paragraphs are from older studies. Exercise 5.1 is designed to examine the accuracy of these statistics for nursing homes today.

Exercise 5.1

Examining “Null Activity” and Recreation Programs in a Local Nursing Home

Instructions:

1. Arrange with a local nursing home to visit the home, observe some activities, obtain a copy of the activity schedule, and meet with the activity director or assistant activity director.
2. Try to spend at least two or three hours at the home.
3. Walking around the home, pay special attention to the number of residents you observe in “null activity.” Try to estimate what percentage of the residents seem to be in “null activity” at any given point in time.
4. Ask the activity director or assistant activity director for their estimates on the percentage of residents who attend at least one activity inside the home each month and the percentage who attend at least one activity outside the facility each month.
5. Write your answers in the spaces that follow.

Exercise 5.1 (cont.)

Observations and information from activity personnel:

1. Percentage of residents who seem to be in “null activity”:

2. Percentage of residents participating in at least one activity/month:

3. Percentage of residents going outside the facility at least once/month:

4. Other observations:

Looking at your answers in Exercise 5.1, how accurate do the statistics from the older studies on “null activity” and resident participation rates seem to be? How did you feel about what you observed in the nursing home? In particular, what were your feelings about the activities offered? How did the resident characteristics listed below seem to match with the residents in the home you visited?

CHARACTERISTICS OF NURSING HOME RESIDENTS AND THEIR IMPLICATIONS FOR RECREATION SERVICES

According to Jones, Dwyer, Bercowitz, and Strahan (2009), nursing home residents

- are mostly female (71.2%);
- need assistance with ADL skills (98.4%);
- are mostly aged 65 and over (88.3%); almost half are 85 and over (45.2%);
- are often (more than half) totally dependent or require extensive assistance with bathing, toileting, dressing, and transferring; and

- have Alzheimer's disease (about half of the residents) or a related dementia (Katsinas, 2000) (50%).

Like other settings for recreation services for elders, the preponderance of females necessitates programming activities geared toward more feminine needs and interests, while at the same time offering activities especially for males in order to overcome their reservations about participating in female-dominated activities. Unlike the other settings, nursing home residents are older and more impaired. Although the residents of assisted living are also mostly female, in their 80s, and many have memory impairment or disorientation, the functioning level of nursing home residents tends to be even lower. Depression is more of a problem, with 20% to 40% of nursing home residents estimated to be very depressed, as opposed to 3% of Americans over 65 being clinically depressed and 7% to 12% suffering milder forms of depression (Brody, 1994). Although someone in a depressed state does not feel like participating in activities and would be difficult to motivate, activities are precisely what can begin an upward mood swing which can create the momentum to be able to lift someone from a depressed state.

Another important resident characteristic is that many are not ambulatory. Therefore, most activities need to be adapted to enable participation by elders in wheelchairs. In some nursing homes, even elders who can walk are in wheelchairs because it reduces the risk of injury and makes it easier for the limited number of staff to care for everyone.

Activities need to be simple and not put much demand on short-term memory. Unlike in day care centers, where there might be one recreation therapist for approximately every 10 elders, making it feasible to implement a therapeutic recreation program, in nursing homes, with only 1.2 activity directors per 100 residents (on the average), the implementation of a therapeutic recreation program is more difficult. Activities often need to be more diversionary in nature, enabling one or two staff to work with groups of 20 to 50 residents at one time. In order to implement more therapeutic activities, the activity director needs to be resourceful at recruiting volunteers to assist with activities. Many more activities are possible when there are six or eight pairs of helping hands! Because so many residents have mental impairments or hearing loss, just introducing and explaining an activity to a large group can require having six or more helpers to reexplain the activity to everyone and demonstrate it if necessary.

A great deal of adaptation of activity should be implemented into the program to facilitate successful resident participation. Activity modification can include a large degree of repetition, a reduction in the number of steps required to accomplish specific tasks or goals, a great deal of demonstration, and activities that utilize long-term memory skills rather than short-term memory.

There is a relatively high turnover rate among nursing home residents. Approximately 50% of older adults who spend some time in a nursing home stay less than six months, and about 20% spend five years there (Hoffman, 2000). According to Gelfand (1984), the high turnover rate is due to (a) residents returning home after a temporary stay (20%), (b) residents transferring to other nursing homes (13%), and (c) residents dying (e.g., in Alabama, 44% of patient deaths occurred within a few months of admission).

Most nursing home residents have no family support system to encourage their staying in the community. Only a small percentage of the residents have a living spouse, with more than half widowed and some that were never married. Many of the residents are socially isolated, and more than 50% have no close living relative. In addition, more than half have no visitors at all. However, even though visits by family members are desirable, they can sometimes cause the family members to experience stress, and under extreme circumstances, they may become aggressive toward nursing home staff (Mazza & Vinton, 1999).

These statistics shed light on some of the difficulties activity directors face and why some burn out in their jobs. Activity directors infrequently get to see progress in their clients. Just the opposite, over time, many of the residents (some of whom have formed close relationships with the director) die. The activity director needs to somehow have the ability to be warm, caring, and open to forming fairly close relationships with clients, yet be able to cope with the prospect of their dying. The activity director is for many residents the one person who brings joy into their lives and is sometimes also looked upon as a surrogate family member. At any time, there can be many residents wanting and needing the activity director's personal attention. Unfortunately, record keeping responsibilities infringe on the amount of time the activity director can devote to face-to-face work with the residents.

The institutional nature of the nursing home also has several implications for recreation. Since the facility is open 24 hours per day, seven days per week, activities can be scheduled for evenings and weekends, unlike most senior centers and senior day care centers. This is helpful in that it enables the scheduling of performers and speakers who are available only during evening hours or weekends.

Due to the typically small number of activity staff, activity programs in nursing homes commonly are able to offer only one activity at a time. However, the scheduled activities can and should be supplemented by opportunities for spontaneous activity, such as music listening, board games, gardening, and so forth. Having these opportunities available is especially important during the evenings and weekends when there might not be any activity personnel on duty. Refer to the chapter on program planning for more ideas for spontaneous activity opportunity ideas.

OTHER CONSIDERATIONS IN PROVIDING RECREATIONAL SERVICES

The needs and desires of residents must be considered in program planning. In one nationwide survey of 150 residents and 150 nursing aides at 45 nursing homes in five states (“Nursing Home,” 1989), residents rated being able to go out and leave the home for short periods of time to go for a walk or to do an errand as being of greatest importance. Considering the statistics cited previously in the chapter that nearly 70% of residents do not leave the home even once a month and that there are high rates of depression and disorientation among residents, it seems wise to try to provide more activities that occur outside of the home. Perhaps rates of depression and disorientation could be reduced if residents were able to go out more often. In this study, the nursing aides rated activities as being the most important aspect of nursing home life. One message from this finding is that activities are important not only for the residents, but for the staff as well because activities can create a happier atmosphere that makes life for the residents and work for the staff more pleasant. Certainly, if the residents are happier, the staff will find them more pleasant to work with.

Again, it might be interesting to examine the relevance of statistics from an older research study to nursing homes today. Exercise 5.2 asks you to compare the priorities of residents of a local nursing home to the priorities cited in the previous paragraph. This exercise can be completed in conjunction with the nursing home visit conducted to complete Exercise 5.1.

Exercise 5.2

Priorities of Residents of a Local Nursing Home

Instructions:

1. During the nursing home visit conducted for Exercise 5.1, interview as many residents as you can.
2. Ask them what their priorities are regarding life in the nursing home. There might be some difficulty in accomplishing this task, as many of the residents might be unable to read a questionnaire or list of options. Another problem is that a simple open-ended question such as “what are your priorities?” might be too vague. Try the following approach:
 - a. Be sure to personally introduce yourself and get acquainted before asking any questions.
 - b. Perhaps begin by asking what are some of the favorite things about the nursing home.
 - c. Try asking what are some things that would make life better in the home.

Exercise 5.2 (cont.)

- d. Try to follow up on the previous question by asking what aspects of life in the nursing home or issues are most important to them. If needed, provide some choices, such as being able to go out of the home, quality of the food, visits from family members, activities, etc.
3. Write in your answers below:

Favorite Things	Suggestions for Improvement	Resident Priorities
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How do your answers to Exercise 5.2 compare to the research cited in this section of the chapter? How do your interviews correspond with observations and suggestions of others cited in the following paragraphs?

Robertson (1988) discusses the importance of giving residents the freedom to choose their level of involvement in activities. While this might not be possible with lower functioning elders, it should be a goal as a person's level of functioning improves. Robertson (1988) recognizes that at the lowest levels of functional ability, coercion might be more appropriate than freedom to choose. However, greater freedom is the eventual goal.

In a related vein, a study on the effects of giving nursing home residents greater control over their activities found that residents enjoyed the opportunity to lead or assist in leading activities, as long as they did not have to take on more responsibility or control than they wished (Shary & Iso-Ahola, 1989). Previous studies cited by the researchers indicated that having greater personal control, choice, and responsibility improved nursing home residents' psychological and physical health and lowered their mortality rate.

Another study on this topic reached similar conclusions. According to Green and Cooper (2000), four key factors related to residents being involved in activities are

1. residents' control over the activity,
2. residents' choice of activity,
3. level of motivation, and
4. ability level.

According to the Alzheimer's Disease and Related Disorders Association, Inc. (ADRDA, 1987), it is desirable to give even the confused, irrational residents as much control as possible (while being sure to never place a confused resident in a position of responsibility). Other suggestions for working with confused, irrational residents include avoiding negative, stressful feedback; offering reassurance; trying to distract rather than coerce or argue with a resident; and breaking down an activity into its most simple steps when asking a confused resident to do something (ADRDA, 1987).

Another concern in working with Alzheimer's patients is agitation and aggressive behavior. Research (Flansberry, Dawson, Gravelle, & Singleton, 1999) on this topic found that there was a link between the occurrences of agitation and

1. time of the day (risk of agitation increased after lunch time),
2. the activity pursued,
3. overstimulation,
4. the physical environmental cues, and
5. miscommunication or lack of communication.

Some of the modifications in physical and social environment that seemed to reduce agitation in this study included

1. eliminating coat racks and boot trays from view, as they seemed to be constant cues that it is "time to go";
2. closing curtains in the late afternoon as darkness set in;
3. more reminiscing exercises in the afternoon, such as singing old songs and talking about past lives;
4. stimulating the senses through activities such as food preparation and baking; and
5. providing more socially oriented activities.

McGuire, Boyd, and Tedrick (2009) offer "99 Tips for Working with People with Alzheimer's Disease." Some of these tips are listed here:

1. Don't talk down to them. Speak to them as adults.
2. Reaffirm their emotional messages (e.g., "You sound angry").
3. Don't disagree or argue, even if the person is wrong.
4. Emphasize recognition instead of memory. For example, suppose you are watching a baseball game together. A good comment to elicit a response might be "Look at that pitcher. He keeps shaking his head. He doesn't seem to agree with the catcher, does he?" On the other hand, it would be difficult for a person with Alzheimer's to respond to a comment that tested memory, such as "How many runs did the team score last inning?"
5. Be attentive to the nonverbal aspects of your communication efforts because the person might be able to read nonverbal communication better than the verbal content of your messages.
6. Avoid giving a person orders and using "don't" commands.
7. Never speak about the person to others in their presence as if the person were not there.
8. Use familiar language.
9. Effective distractions for agitated or wandering behavior can be marching, clapping, walking, and dancing.
10. Don't overload a person with questions.
11. Be sensitive to signs of frustration.
12. Turn off the television or change the channel when violent or disturbing programs are on.
13. Avoid crowds and strange surroundings that can cause confusion.
14. Simple repetitive activities that don't involve decision making, such as sweeping, raking, or shelling peas are likely to be successful.

An in-depth analysis of interaction between therapeutic recreation professionals and Alzheimer's patients (Doyle & Singleton, 2000) provides a number of helpful insights into how to maximize the benefits of recreational activities for this population.

1. Focus activities on client strengths and preserved skills.
2. Be sensitive to communication strengths and weaknesses of the client and offer physical gestures and prompts when needed to enable the client to understand and find meaning in the experience.
3. Be familiar with the client's leisure history and try to make activities meaningful by connecting them to past experiences.
4. Repeat instructions for the activity at various points of the activity, as needed.
5. Performing the activity alongside the client and providing hand-over-hand assistance can stimulate the client to participate.
6. Structuring environmental stimuli so as to reduce confusion can increase the chance of appropriate behavior.

Valenti (as cited in Steffl, 1994) emphasizes the value of humor, singing, dancing, and clapping hands in working with elders with Alzheimer's. Humor can help to free the spirit, while singing and clapping hands provide an opportunity to make noise and can be good outlets for releasing frustration. Vecchione (1994) also states that elders with dementia respond well to music and movement. Other suggestions for working with elders with dementia include

1. physically helping clients get started with activities, as they often have difficulty initiating a task;
2. using activities that are repetitive in nature;
3. avoiding overstimulation; and
4. trying to utilize clients' past histories and build upon past interests and overlearned behaviors such as playing the piano.

The importance of breaking down an activity into its most simple steps is further reinforced by research indicating that elders in nursing homes have the most positive subjective experience when they perceive that their skill levels are higher than the challenges of the activity (Voelkl, 1990). However, research also indicates that in independent activities such as reading and hobbies, residents may feel more comfortable being challenged and actually report a high frequency of high-challenge/high-skill experiences (Voelkl, 1990). Therefore, an activity program should provide opportunities for involvement in higher challenge/higher skill activities, especially on an independent basis. However, as shown in a study by Kolanowski, Buettner, Losta, & Litaker, (2001), it is important to match skill and interest level in choosing activities. In this study, conducted with dementia patients in two nursing homes, residents exposed to matched skill level and interest activities displayed more positive affect compared to those exposed to skill match only activities. During the course of the activities program, the participants had fewer days when any dementia behavior was exhibited.

Other factors that can enhance the engagement of nursing home residents with dementia in recreational activities include (Cohen-Mansfield, Thein, Dakheel-Ali, & Marx, 2010)

1. modeling the behaviors you wish the residents to perform;
2. keeping sound levels at a moderate level;
3. keeping group sizes for activities relatively small, from four to nine persons; and
4. having multiple presentations of the same stimulus to help severely impaired and moderately cognitively impaired residents.

In Exercise 5.3, the suggestions from this section on working with nursing home residents with dementia are summarized in the first column. In the exercise, you are asked to go to a nursing home and observe some of the activities conducted with Alzheimer's patients. Have this exercise ready and available to you during your visit. Critique the activity observed in terms of the incorporation of the suggestions for working with Alzheimer's patients. If you observed the technique used during the activity, describe how it was used. If it was not used, indicate how the technique could have been incorporated into the activity to make it better.

Exercise 5.3

Recreational Work with Alzheimer's Patients

Suggested Techniques	Observations from the Activity
Giving residents control over the activity	<hr/> <hr/> <hr/> <hr/>
Breaking down a task into simple steps	<hr/> <hr/> <hr/> <hr/>
Distracting rather than coercing a resident	<hr/> <hr/> <hr/> <hr/>
Use of reminiscing	<hr/> <hr/> <hr/> <hr/>
Socialization opportunities provided	<hr/> <hr/> <hr/> <hr/>
Stimulating various senses	<hr/> <hr/> <hr/> <hr/>
Focus on client strengths and skills	<hr/> <hr/> <hr/> <hr/>

Exercise 5.3 (cont.)

Use of physical gestures and prompts _____

Connecting the activity to client's past history _____

Repeating instructions _____

Providing hand-over-hand assistance _____

Use of humor, singing, dancing, or clapping hands _____

Physically helping a client get started with a task _____

Using activities that are repetitive in nature _____

Modeling _____

Multiple presentations of the same stimulus _____

Size of the group _____

Some specific suggestions for successful recreational activities for people with Alzheimer's disease are listed below (Forest Pharmaceuticals, 2007):

1. **Outings.** Professional or amateur sporting events, zoos, fruit picking, bowling, the library, or visiting family or friends.
2. **Crafts and hobbies.** Making birdfeeders, arranging flowers, playing with modeling clay or Play-Doh, making holiday cards, pressing flowers and leaves.
3. **Music.** Singing, dancing to live music, listening to popular music from their era.
4. **Nature.** Gardening, nature walks, feeding ducks or birds, birdwatching.
5. **Home-based activities.** Folding laundry, polishing silverware, car washing, shining shoes, helping at mealtime, making the bed, caring for houseplants, washing fruits and vegetables.
6. **Verbal skills.** Talking about historical events, asking for advice, reading stories aloud.
7. **Games.** Jigsaw puzzles, ball or balloon toss, card games, crossword puzzles.
8. **Reminiscing.** Celebrating birthdays, taking pictures of each other, looking through photo albums, celebrating holidays, talking about childhood.

In summary, there are many ideas for successful activities and considerations in leading and planning recreational activities for residents with Alzheimer's disease. Incorporating the suggestions in this chapter can make activities with Alzheimer's patients more successful. In addition, new and different activities, as described in the next section, can in some cases benefit nursing home residents, including those with dementia, more than traditional activities that have been common to nursing home activity programs for many years.

ACTIVITY PROGRAMS IN NURSING HOMES

Activity programs in nursing homes have changed since the 1980s. Today, there are nursing home activity programs that offer adapted dance (see Chapter 13), yoga, weight lifting, aromatherapy, massage therapy, Shiatsu, and reflexology to residents. In 1987, the Omnibus Budget Reconciliation Act was passed, which mandated that every nursing home that gets Medicare and/or Medicaid funds must have an activity program directed by a qualified individual (National Association of Activity Professionals [NAAP]). In contrast, assisted living communities are not as closely regulated as nursing homes and there are concerns about inconsistencies in quality of services (including recreation) in assisted living facilities (Shapiro, 2003). As indicated by research cited on the effects of various recreational activity programs on nursing home residents, progress has been made in documenting the positive effects of a variety of innovative recreational activities in nursing homes.

Silvers, Wilson, and Westgate (2010) reported that the implementation of a therapeutic recreation program in a nursing home that focused on giving CNAs the tools to be able to conduct activities with residents had several positive effects, including increased resident satisfaction, lower stress levels and turnover rate among staff, lower incidence of falls among the residents, and improved levels of activity and alertness with lower depression.

One way to provide high functioning residents with greater challenge is to have them perform “patient aide work,” serving almost in the role of volunteer in bringing activities to residents who are in bed (Forsythe, 1989). However, comingling elders who are cognitively impaired with those who are not can have a negative effect. Teresi, Holmes, and Monaco (1993) report that comingling caused the high functioning elders to have periods of demoralization or depression, and they expressed dissatisfaction with their quality of life. Thus, it appears that for comingling to be successful, the high functioning elders should be given a role with status (e.g., patient aide).

An activity that gives residents roles with status and is challenging is the production of a residents’ newsletter. According to Shour (1989), it is a vehicle for residents to express ideas, fears, and hopes and provides an opportunity to work as a group. Hillebrand (1989) discusses how the artwork of residents and life reviews can be included in a residents’ newsletter. Poetry by residents can also be included in a newsletter.

Peck (1989) discusses the special challenges in offering poetry workshops in nursing homes: unpredictable class size, insecurities (unsure of self), disruptive participants, non-talkers, speech difficulties, and straying from the topic. Some successful poetry projects include using sensory imagery, discussing what we have loved and what we have known, and using metaphors to describe yourself (e.g., what animal or flower describes you?).

Another example of a successful program possible with nursing home residents is a mapping project to facilitate reminiscence. Weiss and Thurn (1987) found that a mapping project attempted with nursing home residents with mild to moderate disorientation yielded positive results and stimulated reminiscence. As part of the mapping project, residents drew their childhood homes, drew a map of places they had lived and traveled to, and even made a map of things they had done (e.g., flowers that grew in their yard).

Weiss (1989) emphasizes the value of reminiscence, particularly when it is done on a one-to-one basis, for elders with some degree of disorientation. Weiss (1989) urges therapeutic recreation specialists to facilitate reminiscing for this population.

Watching old movies and television shows has been used with some success as a means of stimulating memory and reminiscence with Alzheimer’s patients. Matchan (2010) reported that a program that brought 200 elders with dementia to a theater to see and discuss old classic movies effectively engaged the elders

and stimulated memories and discussion. Other articles and books also tout the benefits of watching old movies and television shows for elders with dementia. We see it used a great deal at assisted living facilities and nursing homes, but oftentimes not in a positive way. When residents are merely gathered in a common area before or after lunch or dinner, with an old black and white movie or television show on, without a recreation leader occasionally pausing it and leading discussion, most of the residents seem to fall asleep! Greater stimulation through activities such as music and singing seem to more positively affect the residents.

Another activity that can facilitate reminiscence is storytelling/story writing. John (1991) explains that by telling stories of events that happened in their youth, residents can enhance their storytelling abilities. The activity is mentally stimulating and offers the opportunity for volunteers and youth to learn from the residents.

Art can also facilitate reminiscence and provide mental stimulation. Mooney (1992) describes art workshops for nursing home residents in Vermont that have produced critically acclaimed works of art that have been exhibited nationally and internationally.

Music therapy can also help with memory as well as alleviate depression. Research (Mathews & Clair, 2000) indicates that music therapy can improve emotional well-being and increase feelings of happiness among nursing home residents with Alzheimer's disease and Parkinson's disease.

Therapeutic play activities are also beneficial in several ways for nursing home residents. One study found that therapeutic play activities increased cohesion, creativity, self-exploration, socialization and improved cognitive, physical and memory functions of participants (Trzinski & Higgins, 2001).

Amid all of these innovative activities, there is the old standby: bingo. Parker and Wagner (1988) undertook an activity analysis of bingo and concluded that it is one of the most underrated recreational pursuits of elders. Bingo was found to have the following benefits: improvement of cognitive skills such as memory, ability to follow directions, and decision making; expression of feelings of joy and excitement; social interaction and cooperation in a group; and improvement of fine motor coordination, hand/eye coordination, and sensory awareness. Another factor that makes bingo a beneficial activity for nursing home residents is that it is meaningful to them because it is so familiar to them.

Providing meaningful leisure activities is identified by Voelkl, Battisto, Carson, and McGuire (2004) as being one of the keys to making the living environment of a nursing home an enriching one. Some of the considerations in providing meaningful leisure activities in a nursing home include

- having residents, staff, and family members participate together in activities based on mutual interests;

- having the activity director provide training, organization, and resources to assist all staff in offering meaningful leisure activities;
- enabling residents to participate in self-initiated activities by making resources available to them; and
- providing leisure activities that are based on life-long rituals can make the activities more meaningful to the residents.

A HUMANISTIC PERSPECTIVE (FROM THE FIRST EDITION)

This last section of the chapter is intended to be a humanistic perspective of recreational work in nursing homes. The author performed volunteer work in a nursing home and would like to share some insights gained through this experience.

I have had many years of experience as a professor of recreation with a specialization in gerontology and extensive experience as a recreation specialist in nursing homes, day care centers, senior centers, and community and private enterprise recreation programs for elders. Nevertheless, my volunteer work reinforced my feelings of how rewarding it is to be involved in the provision of recreation services for nursing home residents. Residents are exceptionally expressive of their gratitude for efforts to provide them with recreational experiences. Elders in general are great to work with because they tend to appreciate services provided to them; in particular, elders in nursing homes tend to be very appreciative.

At first, working in a nursing home might seem to be an unenjoyable, dreaded job. Quite honestly, I was unenthusiastic during the first few days of my latest volunteer stint in a nursing home. The environment seemed unpleasant, and many of the residents appeared to have severe mental disabilities.

However, after the first few days, my attitude changed. After working several weeks, I developed enjoyable, meaningful relationships with many of the residents. These relationships as well as the successes I enjoyed in planning and leading well-received recreational activities were instrumental in changing my attitude. I honestly *enjoyed* the time I spent in the nursing home, looked forward to going there every day, and had pleasant experiences to think about when I finished my work for the day. Thus, my advice is: If you don't enjoy working in a nursing home initially, stick with it for a while! Your attitude will probably change.

As a staff member or volunteer, your perception of residents changes drastically over time. Initially, you might perceive the residents as a mass of very old people, impaired both mentally and physically. However, that perception is almost totally destroyed after a while. You begin to relate to the residents as people—unique individuals each with their own special personality

and characteristics. You realize what a mistake it is to lump all nursing home residents into the category of very old and impaired. Nursing home residents are as far from being a homogeneous population as a crowd at a baseball game! You must take the time to carefully listen to them in order to find this out.

However, there is one statement that applies to almost all nursing home residents: The provision of recreational services is absolutely vital to their well-being. Recreation can help to compensate for some of the negative aspects of the nursing home environment. It can take people's minds off their troubles or illnesses and cheer them up for a while. Recreational activities give residents something to look forward to and something to discuss besides illnesses and complaints. Recreational activities not only make the residents happy, but they also brighten the atmosphere of the entire nursing home and have a positive effect on staff as well. Recreational activities can give staff an opportunity to see residents in new roles, possibly helping nonrecreation staff to gain insight into their work with the residents.

In particular, recreational activities involving volunteer groups or presentations by individuals or organizations in the community are exceptionally well received. Guest presenters often can generate a special kind of excitement. New experiences are important for all people, and nursing home residents are no exception.

Another basic need of human beings that applies to nursing home residents as well is the need to experience new environments and experience new places. Field trips are excellent recreational activities for this reason. In addition to being enjoyable, field trips give residents a much needed opportunity to be outside of the nursing home environment for a while.

However, it is wrong to assume that all residents necessarily dislike being in the nursing home. One high functioning woman mentioned to me that she had been living in the nursing home for 12 years. I expected her to continue the conversation by complaining about her long stay in the home and hoping she could live at home or with her children. Instead, she said, "This is really like home. When I stay with my children for a weekend, I can't wait to get back here." Although this woman didn't claim the home to be a utopian environment, she is clearly content with her living situation in the home. Nursing homes are not necessarily desperately depressing places, and activity directors can make sure that the environment is not depressing by planning and effectively leading an extensive and varied recreation program.

Don't permit stereotypes of nursing homes to prevent you from working in a nursing home. Nursing homes will continue to be a major employer of geriatric recreation specialists. If you do become an activity director in a nursing home, do not limit the recreation program to what has been done in the past. Recreation for nursing home residents is a relatively new field, in terms of both research and practice. There are constantly new developments in the field. An activity director needs to keep abreast of these developments, try new

programs, use imagination, and try to continuously improve and expand the recreation program to make it better than ever.

Try to think what it would be like to live in a nursing home and how much effort you would desire the nursing home to put into recreational programs. Keep this thought in mind, and try to contribute all you can to the provision of recreation services; display the effort you would desire as a resident. Elders in nursing homes are more in need of recreation than any other segment of the older population. Let's be sure to provide them with the enjoyable, meaningful recreational experiences that they so desperately need and can benefit from.

A HUMANISTIC PERSPECTIVE (PART TWO)

More than 25 years later, I still feel the same way about working in nursing homes. The time I spend in nursing homes with my classes, trying the various activities described in this book, are my peak teaching experiences. Nothing makes me feel better than to see the joy that activities bring to residents who might otherwise be in "null activity" and to also see students' fear of nursing homes and low functioning elders be overcome.

There are some residents who are unpleasant to work with, who will act hostile toward you when you're just trying to help them. Don't be upset; just look around the room, and you'll probably see some residents sitting quietly, hoping you'll direct your attention their way. With sincerity and enthusiasm, you will be amazed at how much you can inspire the residents!

SUMMARY

Although only a small percentage of elders resides in nursing homes, it is an important area of concern because nursing home residents are in the greatest need of recreational activities. It is also perhaps the most challenging setting in which to provide leisure services for elders because of the mental and physical disabilities that require activities to be adapted in a variety of ways.

Nursing homes are also a major area of employment for recreation specialists working with elders. Despite the challenges inherent in working in a nursing home, it can be one of the most rewarding places to work. Where else can a person make such a significant impact on the quality of life of so many people?

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