

THE MEASURABLE ASSESSMENT IN RECREATION FOR RESIDENT-CENTERED CARE

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Introduction

In an era of increased accountability and demand for outcome-based programming, therapeutic recreation (TR) professionals working within Long Term Care (LTC) must have an empirically-tested clinical assessment. Such an assessment must be based upon a sound conceptual and theoretical foundation. It must undergo rigorous testing for both reliability and validity, and include comprehensive manuals with clear directions for consistent implementation, scoring, analysis, and interpretation of assessment results. Furthermore, it should be capable of assessing the general health status and the physical, cognitive, and psycho-social needs of residents as related to their ability to engage in optimally satisfying leisure interests and activities. Finally, it must be capable of establishing resident clinical direction as well as measuring change over time secondary to therapeutic intervention. The Measurable Assessment in Recreation for Resident-Centered Care (MARRCC) was designed to meet these needs.

The purpose of the MARRCC is to provide TR professionals with a standardized assessment of a resident's functional level in each of the physical, cognitive, social, and emotional domains as related to recreation participation. The four domains are incorporated into the MARRCC for three reasons. First, the assessment of each of the four domains enables the TR professional to develop an objective, assessment-based understanding of the resident—one that includes both the resident's strengths and limitations. Second, an assessment of a resident's functioning level in each domain provides an indicator of that resident's ability to actively engage in leisure pursuits. Third, it enables the recreation professional to more accurately address the needs of the entire person rather than primarily focusing on an illness or disabling condition, thereby maintaining the foundation that TR is a holistic approach to wellness. Thus, the MARRCC enables the TR professional to place residents into appropriate recreation programs or groups based upon each resident's assessed functional levels, needs, and interests.

The underlying conceptual framework for the MARRCC may be found within the leisure ability model (Peterson & Gunn, 1984; Peterson & Stumbo, 2001) and the model of selective optimization and compensation (Baltes & Baltes, 1990). The initial development of the MARRCC included a pilot phase to determine content validity and inter-rater reliability. A panel of experts was selected and asked to review the MARRCC and its accompanying manuals for content validity. Content validity results were highly supportive of the MARRCC indicating that it was well written, that items were appropriate and inclusive, and that items were representative of the domains. To evaluate the inter-rater reliability of the MARRCC, seven research assistants (resulting in 21 different pairings) were provided with the assessment and its manuals. Each assistant was then asked to assess the same three residents on the same day using the domain scales of the MARRCC. Percentage agreements were calculated by dividing the number of exact agreements by the number of exact agreements plus disagreements (Huck, Cormier, & Bounds, 1974). Percentage agreements between the assessors averaged 88% indicating that recreation professionals can properly utilize and interpret the MARRCC

data and score sheets with little or no assistance beyond the instruction provided in the MARRCC manuals. Upon the completion of the pilot phase the MARRCC was further tested for criterion validity and intra-rater reliability.

Method

The MOSES (Helmes, Kalman, & Short, 1987) provides a comprehensive, valid, and reliable assessment of resident physical, cognitive, and psycho-social functioning. Therefore, for the purpose of testing validity, the assessment scales of the MARRCC were compared to assessment scales of the MOSES. It was hypothesized that a positive correlation between the two measures regarding general functioning within each domain would be found resulting in acceptable levels of association. Participants in the study included 66 residents from 11 Skilled Nursing Facilities (SNFs) located in California. Participants were identified from the facility census listing using a table of random numbers. Raters in the study were 11 Recreation Service Directors (RSDs) from the same 11 SNFs. Each of the RSDs was involved with direct resident care and was well acquainted with the residents being assessed. At each facility the RSDs were asked to assess six participants utilizing both the MOSES and the MARRCC on the same day. Intra-rater reliability was supported using a test-retest method, therefore the RSDs were also asked to rate the same six residents three days later using only the MARRCC.

Results

Pearson Product Moment Correlation Coefficients for the MARRCC and MOSES domain scores were calculated (N=64). Results suggest that three of the MARRCC domains had at least moderate correlation with the MOSES domain scores: Physical: $r = .68$ ($p \leq .0001$); Cognitive: $r = .88$ ($p \leq .0001$); and Social: $r = .62$ ($p \leq .0001$). The Emotional domain of the MARRCC had a correlation with the MOSES subscale approaching the moderate level ($r = .39$ ($p \leq .0015$)). Inverse relationships are a logical function of the directional wording of the individual scales and are not significant in the analysis of validity. Reported levels of association provide support for criterion-related validity of the MARRCC.

Utilizing the Pearson Product Moment Correlation Coefficient, correlation coefficients were calculated for each rater (N=59). Data from one site was not included in the results of the test-retest study because the RSD did not complete the post-test. Results were as follows: Physical ($r = .97$), Cognitive ($r = .99$), Social ($r = .98$), and Emotional ($r = .95$). Statistically significant values were found for each of the raters ($p \leq .0001$) indicating that the assessment results obtained by the MARRCC remain relatively unchanged over time in the absence of clinical intervention or marked exogenous occurrences.

Discussion

The MARRCC has been found to demonstrate content validity, inter-rater reliability, and intra-rater reliability. Criterion-related validity supports a strong correlation between the cognitive domains of the MARRCC and the MOSES as well as acceptable correlation between their physical and social domains. While the emotional domain demonstrates a lower correlation than anticipated, this finding is consistent with other measures of emotional functioning as emotion and mood-related scales generally

tend to have lower reliability than scales that rate more objective behaviors such as cognitive and physical functioning (Helmes, Kalman, & Short, 1987). Reliability testing of the MARRCC found it to be consistent among raters and consistent over time in the absence of intervention. Given these findings, the MARRCC offers a well-developed, theory-based assessment for the institutionalized elderly that is capable of assessing resident functional levels in each of four domains (physical, cognitive, social, and emotional) as related to recreation participation.

Practical Application

From a clinical perspective, utilization of the MARRCC can assist TR professionals in making a transition from the traditional approach to recreation programming in LTC—repetitive use of long standing successful programs, use of programs that are open to all, and use of programs that are primarily suited to residents with higher cognitive functioning levels—to a resident-centered approach. A critical aspect of such a transition is the TR professional’s ability to accurately assess each resident’s capabilities and needs. An accurate assessment enables the TR professional to design and implement therapeutic interventions that are matched to the functional abilities and limitations of the residents they serve, thereby increasing the likelihood that the unique and specialized needs of the cognitively impaired and physically frail residents will be met.

Sub-theme: The Delivery Process

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