



ADVOCACY

Reconsidering the importance of leisure occupation in OT practice: Leisure should be an end goal of intervention

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Outline

- Introduction
- Definition and meaning of leisure
- Leisure: A historical perspective
- Why leisure should be included as a goal of intervention
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Introduction

- **Leisure** is defined as an **occupation** in *Occupational Therapy Practice Framework: Domain and Process*. (AOTA, 2014).
- However, leisure has not received equal attention as an important goal of intervention compared with ADL, IADL, Education, and Work
- Using Leisure solely as a **Means** implies that it is not granted the same level of importance as other occupations.
- It also contradicts with how leisure is defined in the *Framework*.

Introduction: The Position

Occupational therapy practitioners should expand their focus on leisure as an end goal of intervention.

Definition of Leisure

- Leisure is defined as:

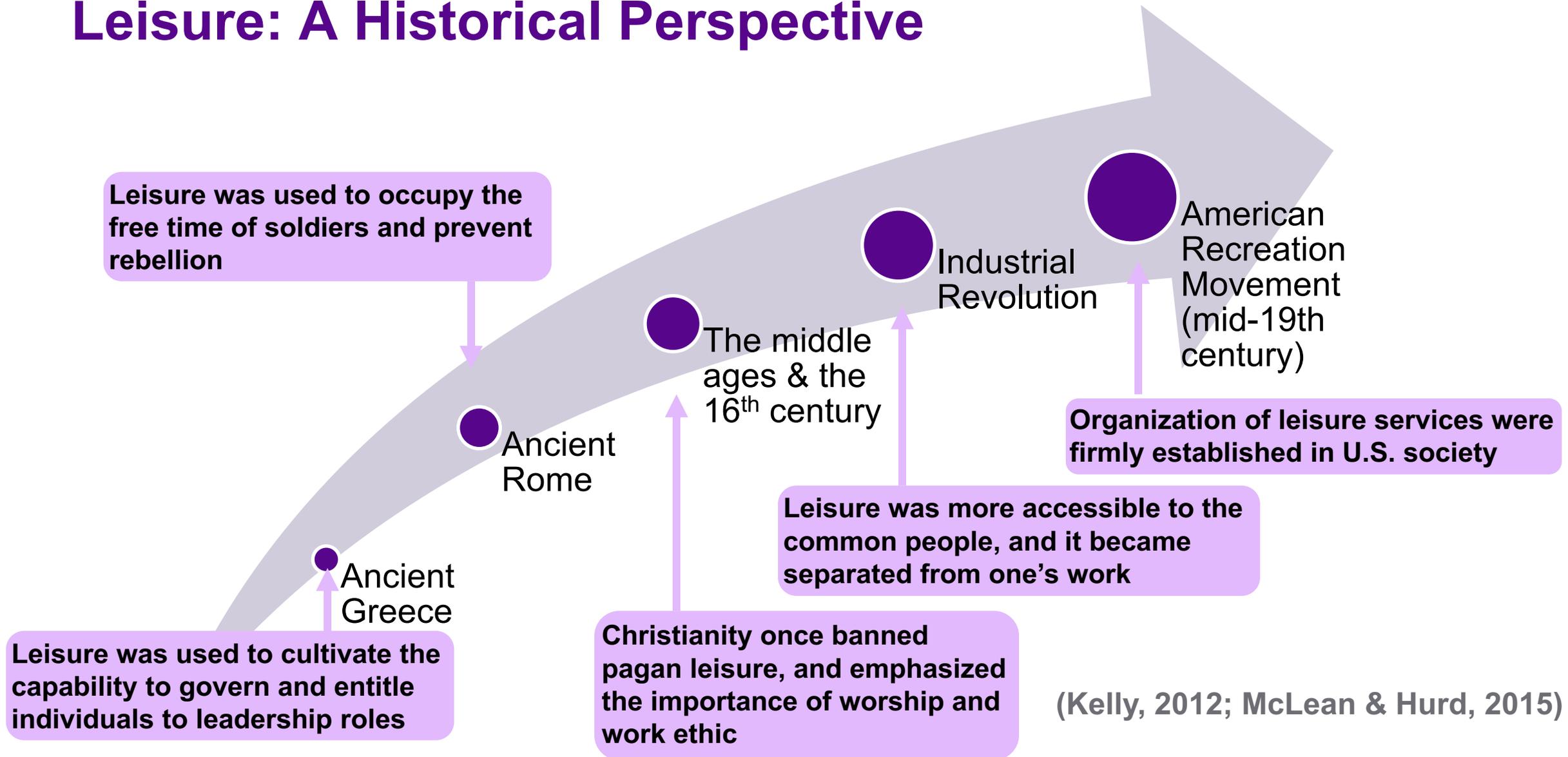
“**nonobligatory activity** that is **intrinsically motivated** and engaged in during **discretionary time**, that is, time not committed to obligatory occupations such as work, self-care, or sleep.” (Parham & Fazio, 1997, as cited in AOTA, 2014, p. S21)

- What does this definition imply?
 - Leisure is a complicated concept
 - Leisure varies in form and time in the eyes of different people.
 - Each form of leisure should bear the central idea of intrinsic motivation. (Kelly, 2012)

Meaning of Leisure

- Leisure provides unique meanings that one may not be able to attain from other occupations.
 - A sense of freedom (Craik & Pieris, 2006)
 - Physical and mental relaxation from obligations and routines (Roelofs, 1999)
 - A channel of self-expression and exploration of identity (Nadasen, 2008)
 - A platform of social engagement (Kelly, 2012)

Leisure: A Historical Perspective



Leisure: A Historical Perspective in the Profession

Leisure was considered as one of the constructs of occupation by Adolf Meyer (Meyer, 1922/1977)

The profession started to embrace biomedical approaches, and efforts were directed more toward job-related occupations in serving wounded soldiers (Schwartz, 2003)

There started to be a little more research on the topic of leisure, but leisure generally remained undervalued in most of our practice (Bundy, 1993; Suto, 1998)

Early year of the profession

After World War II

The 1990s

Leisure becomes less valued

Why Leisure Should Be Included as a Goal of Intervention

Reason 1: OT profession should advance and evolve in keeping with the changing views of U.S. society on the relationship of leisure and work

The value of the society

influence

Core value of the profession

- The relative value of work and leisure in U.S. society is changing across the generations. (Twenge, 2010; Twenge et al., 2010)
 - The younger generation puts more emphasis on work-life balance and self-development goals than the older generation. (Smola & Sutton, 2002)
 - Leisure activities and amenities have been integrated into work environments in some leading companies. (Stewart, 2016)
- Value what people can gain by doing occupations and view leisure as one of the occupations.

Reason 2: Leisure confers unique life meanings that cannot be replaced by other occupations, and it is also a necessity to achieve occupational balance

Unique life meanings

- For clients:
 - Rebuild confidence (Patterson & Pegg, 2009)
 - Gain higher level of self-esteem (Patterson & Pegg, 2009)
 - Experience a sense of control (Craik & Pieris, 2006)
 - Acquire better coping skills for stress, disability, and illness (Specht et al., 2002)

Occupational balance

- Many clients encounter a wide range of barriers in leisure participation (Berger et al., 2013; Padilla, 2011)
- Clients' needs in leisure are not properly identified by OT, and our interventions tend to focus on ADLs & IADLs.

Reason 3: Engaging in leisure is beneficial to one's health and has a positive impact on several health-related functions and clinical outcomes

Intervention studies

- Increase quality of life, well-being, reduce level of depression in clients with stroke or spinal cord injury. (Daniel & Manigandan, 2005; Desrosiers et al., 2007; Drummond & Walker, 1996)
- Decrease life stress and improve self-reported health in older adults. (Chang et al., 2015)

Descriptive studies

- Quality of life (Duvdevany & Arar, 2004)
- Well-being (Kuykendall et al., 2015)
- ADL and IADL function (Janke et al., 2008)
- Depressive symptoms (Janke et al., 2008)
- Risk of dementia (Akbaraly et al., 2009)
- Risk of mortality (Paganini-Hill et al., 2011)

Challenges and Solutions

Challenge 1: A lack of Medicare coverage (service reimbursement)

Possible Solutions

- Identifying alternative health care service models
 - E.g. Program of All-Inclusive Care for the Elderly (PACE)
(Hirth et al., 2009)
- Seeking opportunities in future legislation
 - E.g. Affordable Care Act (ACA) was enacted to reform the health insurance system (2010):
 - Fee-for-service → Fee-for-value (CMS, 2015)

Challenge 2 : An overlap function of recreational therapists (RTs)?

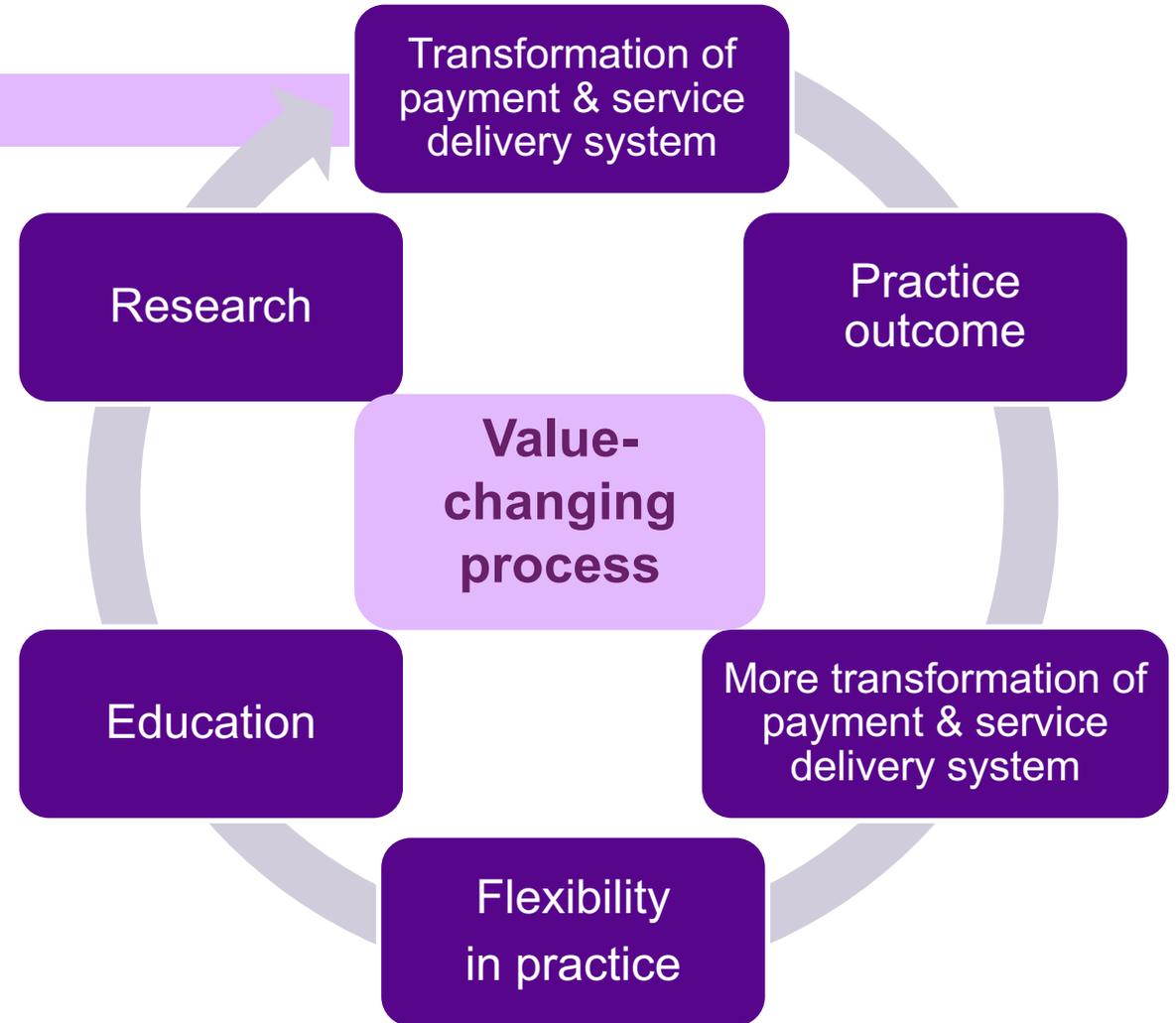
Possible Solutions

- Identifying what OT profession's strength
 - A comprehensive approach to understand leisure as but one of many interrelated human occupations (AOTA, 2014)
 - Knowledge and special skills of activity analysis, grading and adapting activities, and environment modification
- Collaborating with recreational therapists
 - E.g. OT guide the initial evaluation and collaborate with RT to establish treatment goal

Challenge 3: A mindset that is difficult to change — OT have long valued leisure as less important

Possible Solutions

- Change people’s mindset:
 - Education (Entry-level & continuous ed.)
 - Value-changing cycle



(Huther, 2013; Krishnan, 2008)

Thank you!

Q & A

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