A Model for Quality of Life: Occupational Justice and Leisure Continuity for Nursing Home Residents

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ABSTRACT. Older adults in long-term care have reduced autonomy in their daily time use including engagement in leisure occupations. Leisure is associated with enhanced physical and mental health and maintenance of identity through occupational roles. Continuity theory supports continuation of past interests, values, and activities throughout life. Older adults typically maintain previous leisure interests but frequently are deprived of these valued occupations in long-term settings. Occupational justice proposes humans want and need to be engaged in valued occupations of choice for promotion of health and life quality. Residents have a right to access valued leisure occupations to support health and well-being. The purpose of this paper is to propose a model for improved quality of life that incorporates continuity theory and occupational justice to support leisure engagement. Healthcare professionals have a responsibility to promote access to leisure activities by identifying clients’ interests and removing physical and social barriers that impede performance.

KEYWORDS. Nursing home residents, occupational justice, continuity theory, leisure, quality of life

INTRODUCTION

Engagement in leisure activities has a significant impact on the health and well-being of aging populations. Leisure involves free or uncommitted time to do something one enjoys as a means for personal satisfaction (Zuzanek, 2010). Leisure has been associated with improvements in physical fitness and health (Francesco et al., 2004; Palacios-Cena et al., 2011); enhanced mental well-being and maintenance of cognitive abilities (Cheng et al., 2014); as well as creation of new roles in later life, improved sense of identity and the building of satisfying social relationships (Dube
Causey-Upton, 2012). Nursing home residents have been found to have disparities related to how they spend their time daily with decreased engagement in leisure activities compared to community dwelling older adults (Vitorino et al., 2013). Health care professionals have an ethical obligation to support nursing home residents’ participation in valued occupations to promote health and to achieve increased life satisfaction.

In 2011, the population of persons age 65 and over increased to 41.4 million from a previous 35 million in 2000; it is estimated that the number of persons age 65 and over will triple to 92 million by the year 2040 (U.S. Department of Health and Human Services, 2012). As this baby boomer generation ages, the number of persons requiring long-term care in the United States will grow significantly, increasing the amount of older adults who do not have full access to leisure opportunities. The lack of choice and opportunity to engage in valued and fulfilling occupations are violations of occupational rights that can have costly consequences for well-being and overall life quality (Hammell & Iwama, 2012). The purpose of this paper is to propose a model for improved quality of life that incorporates principles of continuity theory and occupational justice to increase resident access to valued leisure occupations and to foster choice in occupational engagement. Implications for occupational therapy and other health care professions within skilled nursing settings are discussed.

**RESIDENT TIME-USE AND LEISURE ENGAGEMENT**

The literature reflects a significant disparity in current engagement in leisure activities by nursing home residents when compared to leisure participation by a typical, older population. Older adults in skilled nursing settings spend as much as 69% of their time during the day in inactive behaviors, described as non-engaged with their eyes closed (Morgan-Brown et al., 2011). McKenna et al. (2007) examined time-use for a typical older population and found that participants spent approximately 30% of their daily time engaged in leisure occupations. According to one study, only 34% of women living in one skilled nursing facility engaged in leisure tasks one to two times per week, while 20.9% of this population completed leisure occupations less than once per month (Watt & Konnert, 2007). As little as 48.7% of institutionalized persons engage in leisure activities compared to 92% of community dwelling older adults (Vitorino et al., 2013). Autonomy and choice in daily activities are precursors to well-being and quality of life (Bradshaw et al., 2012; Schenk et al., 2013). It is vital that residents have a voice to pursue valued leisure endeavors and to determine their daily time use.

**BENEFITS OF LEISURE ENGAGEMENT**

Elderly persons residing in skilled nursing facilities are at an increased risk for developing psychological and physical health conditions. Incidence rates of depression among older nursing home residents have been reported to be greater than 50% of the total resident population after the first year of stay within the skilled nursing setting (Gaboda et al., 2011; Hoover et al., 2010). Leisure engagement has been linked to improved mental health and well-being as participation in leisure
activity increases (Lampinen et al., 2006). Leisure also has the potential to enhance sense of self and healthy interactions with others within the skilled nursing setting. According to Laliberte-Rudman (2002), maintaining or achieving a sense of personal identity is correlated with increased well-being and improved ability to adapt in response to life events. Identity is strongly linked to occupational roles, thus residents should have the opportunity to continue or develop valued roles through leisure occupations to maintain an acceptable self-image. Participation in leisure also provides opportunities for socialization and relationship building (Dube & Choyal, 2012).

Leisure activities can support both cognitive and physical health. Engagement in mentally stimulating leisure occupations may slow the progression of dementia and delay cognitive deterioration for older adults living in skilled nursing facilities (Cheng et al., 2014; Dube & Choyal, 2012). Nursing home residents can also achieve increased physical fitness and health levels through active leisure participation including reduced rates of disability and obesity (Francesco et al., 2004) as well as higher overall subjective health status (Palacios-Cena et al., 2011). Nursing home residents should have access to physical leisure activities to promote general health and wellness.

Older adults living in institutional settings may experience decreased quality of life. Chung (2004) used Dementia Care Mapping to examine well-being in relation to activity participation; well-being was found to be very poor for 20% of the study population, with only 7% rated good or very good during the observation period. Increased participation in leisure as well as opportunities for meaningful and enjoyable activity have been found to support and enhance quality of life for nursing home residents (Burack et al., 2012; Hall et al., 2011; Schenk et al., 2013), while decreased participation in leisure is associated with reduced quality of life (Vitorino et al., 2013; Watt & Konnert, 2007). Some residents have even identified that leisure activities are the most important factor impacting their life quality (Hall et al., 2011). Residents who do not have the opportunity to engage in valued leisure occupations are missing numerous physical and psychosocial benefits and may also be experiencing a form of injustice.

**THEORY OF OCCUPATIONAL JUSTICE**

Occupational justice is a principle that compliments and extends social justice ideologies. Differences in access to resources and opportunities among groups of people constitutes a form of social injustice. Occupational justice supports the needs of individuals and communities to engage in valued occupations of necessity and choice as part of a just and empowering society (Stadynk et al., 2010). Unlike social justice, occupational justice recognizes individual differences and how these impact choice and occupational performance; individuals may need varied supports to engage in meaningful occupations (Stadynk et al., 2010) and this translates to nursing home residents requiring individualized support to promote leisure engagement.

Nursing home residents experience multiple forms of occupational injustice such as imbalance, deprivation and marginalization (see Table 1). These injustices limit participation in valued occupations and result in reduced quality of life. A variety
TABLE 1. Occupational Injustices Defined

<table>
<thead>
<tr>
<th>Occupational Injustice</th>
<th>Definition</th>
<th>Example</th>
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<tbody>
<tr>
<td>Occupational Imbalance</td>
<td>A temporal condition where people are overoccupied or underoccupied as persons have either too much structured productive time or a lack of engagement in meaningful occupation with an overabundance of spare time (Backman, 2010).</td>
<td>A resident spends her entire day in passive, nonengaged activities and self-care occupations with only 30 minutes spent completing a valued craft activity. This pattern continues daily.</td>
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<tr>
<td>Occupational Deprivation</td>
<td>People are prevented from engaging in valued occupations over prolonged periods of time due to forces outside the control of the individual (Whiteford, 2000). This may occur due to factors such as geography, institutionalization, or environmental and social barriers.</td>
<td>A resident is unable to participate in reading due to the facility lacking large print books, thus the resident is denied participation in this lifelong valued activity over a prolonged period of time.</td>
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<tr>
<td>Occupational Marginalization</td>
<td>Results when people lack choice in their daily occupations (Wolf et al., 2010). Individuals are excluded and denied access to participate in occupations valued by society often due to unseen forces, such as the expectations a society holds about how and when occupation should occur and who should participate (Stadynk et al., 2010).</td>
<td>A resident routinely misses attending a morning board game group due to staff insisting that all morning ADLs be completed prior to the resident leaving his room. Staff members determine that self-care occupations are necessary for this resident to complete in the morning, but that the board game group is optional.</td>
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of contextual forces can influence engagement in meaningful occupation either as supports or barriers to performance.

FACTORS IMPACTING LEISURE ENGAGEMENT

Opportunities for engagement in occupation occur within real contexts, thus the interaction between the environment and occupation must be considered as a factor that supports or hinders performance (Hammell & Iwama, 2012). Factors that have been found to impact leisure engagement include physical ability, health, living environment, staffing, organizational culture and access to transportation (Dube & Choyal, 2012; Padilla, 2011; Thomas et al., 2013). Decreased physical or cognitive ability itself does not limit participation, but barriers can manifest within the environment that prevent occupational performance. Leisure activities offered at a facility may exclude residents who are not provided with the appropriate accommodations to meet their current physical or cognitive needs. The environment of a skilled nursing setting can discourage resident engagement in both interactive and social occupations; televisions are often turned on over long periods of time but can be minimally engaging for residents when this activity is forced upon them rather than being selected by individual residents as an occupational pursuit (Morgan-Brown et al., 2011). Morgan-Brown et al. (2011) examined time-use for nursing home residents in two different facilities and observed that staff members rarely engaged residents in socializing or any other occupation, including leisure, unless it
was related to completing a care task. Self-care tasks are deemed necessary by society but leisure is considered by many to be optional; this view impedes access to valued activities for persons residing in long-term care facilities. Staff members also may not have the knowledge, skills, resources or time to promote leisure engagement.

Thomas et al. (2013) found residents in one skilled nursing facility felt that they overall had access to several leisure occupations. However, some residents did not like the typical bingo, craft activities, or cooking tasks that were offered; this dislike was associated with decreased physical ability. Residents also reported that social interactions with staff were often rushed, and that low staff to resident ratio limited leisure opportunities, especially for residents who needed assistance to participate. Limited availability of transportation decreased access to leisure activities outside of the facility for this study population. Current staples of leisure occupations available in nursing homes are insufficient to fully match the abilities and interests of their residents (Thomas et al., 2013).

Kracker et al. (2011) assessed male resident satisfaction with current activities offered in a Veteran’s Administration Community Living Center (VA CLC) and examined resident preferences for activities to guide appropriate activity development for the study population. Activity preferences including watching television, playing Bingo, listening to music, and playing card games remained stable over time. Interest in other activities, such as reading, interacting with pets, and crafts increased in popularity over time; however, occupations such as going to flea markets, playing pool, and auto repair activities became less important to residents during this time period. Resident interests for leisure engagement can change some over time while maintaining overall consistency, and these alterations in activity choices should be honored. According to the U.S. Department of Health and Human Services (2009), 71.2% of nursing home residents are female. Given these statistics, it is likely that activities offered at skilled nursing facilities have been aimed at the interests of female clients. The activity preferences of male nursing home residents may differ from the majority female population; these differences in leisure interests should be acknowledged with access to gender appropriate occupations. Residents need to have opportunities for leisure to support meaning and enjoyment as well as to maintain continuity of the patterns and interests which define one’s lifelong occupational pursuits.

**CONTINUITY THEORY**

Older adults living in skilled nursing facilities often maintain patterns and interests for leisure engagement over the lifespan. Continuity theory proposes that persons in middle age and older adulthood strive to maintain their previous beliefs, interests and behaviors from earlier life periods (Atchley, 1989). This does not mean that continuity is a static process; acceptable adaptations and changes are made to account for the aging process while still preserving an overall sense of internal and external continuity (Atchley, 1989). Internal continuity consists of internal psychological characteristics such as sense of self and identity (Nimrod & Kleiber, 2007). Maintaining internal continuity can enhance self-esteem and support individual mastery and competence (Atchley, 1989). External continuity incorporates
outward display of self through roles and activities within physical and social environments (Nimrod & Kleiber, 2007). People are expected to behave and interact in particular ways due to their previous role performances. According to Atchley (1989), individuals can have too little continuity whereby life is unpredictable or too much where life is boring and lacks enrichment. Optimal continuity is reached when changes made are comfortable and still align with the coping capacity of the individual (Atchley, 1989).

Laliberte-Rudman (2002) conducted multiple research studies to examine the relationship between occupation and identity. Across all three studies, participants expressed that occupation was a means to demonstrate individual core characteristics. Occupation was also used to maintain identity continuity by demonstrating to self and others that one was still the same person as he or she was earlier in life (Laliberte-Rudman, 2002). McKenna et al. (2007) assessed role participation in relation to life satisfaction for a typical older adult population. Lower ratings of satisfaction were ascribed by persons who had experienced the greatest role losses. Residents of nursing homes report a profound role loss, lack of engagement in valued occupations, and reduced autonomy and choice within long-term care that is not readily understood by family members or staff to be abnormal events (Magasi & Hammel, 2009). This loss of occupational roles can lead to significant alterations to self-image and identity.

Leisure pursuits and patterns throughout the lifespan allow older adults to preserve a satisfactory image of themselves into older age. Agahi et al. (2006) examined leisure participation patterns over an extended period of 34 years for participants as they moved from middle to older adulthood. Results demonstrated that leisure participation in old age for the study participants was often a continuation of leisure involvement earlier in life. While researchers found some difference over time, all activities displayed some level of continuity over time. Changes in occupation were most frequently related to functional losses, however, overall results demonstrated that previous leisure pursuits were still strong influences on engagement later in life despite functional status (Agahi et al., 2006). Changes in function that can occur through the aging process do not diminish the desire nursing home residents have to engage in valued leisure occupations from earlier life periods. Minhat et al. (2013) also found a strong association between leisure pursuits in earlier life and leisure occupations completed in later years for an elderly population in Malaysia. Continuity of occupational roles and patterns can provide persons who live in long-term care settings a stable self-image and status as a competent and capable adult. Supporting participation in lifelong valued leisure occupations creates occupational justice through addressing and eliminating barriers to participation and promoting enhanced quality of life.

**DISCUSSION OF MODEL**

A conceptual Model of Leisure Engagement for Quality of Life in Nursing Home Residents (LEQoL-NH) is proposed to demonstrate the interrelationship between the following factors: principles of occupational justice, continuity theory, leisure engagement and resulting quality of life (see Figure 1). When residents are recognized as occupational beings and are enabled toward occupational engagement,
increased participation in life results. Engagement in occupation itself is not sufficient to promote optimal quality of life if the occupation is not meaningful or valued by the resident. Continuity theory proposes that people maintain many interests, behaviors, and values across the lifespan into older age. This theory is a descriptive rather than prescriptive theory, meaning that it describes how adults typically continue patterns over time but it does not provide information about the amount or type of activity that is optimal (Nimrod and Kleiber, 2007). Therefore, the theory should be used in combination with occupational justice ideologies to support individual client choices and resulting quality of life through leisure engagement. Residents should be offered access to meaningful lifelong occupational pursuits for enjoyment and to maintain an acceptable sense of self-identity. Persons living in nursing homes frequently have access to a variety of self-care activities, but opportunities for leisure engagement is typically limited. Leisure participation has been identified by some residents to be a significant determinate of overall quality of life (Hall et al., 2011). This combination of occupational justice and a general continuation of lifelong interests and activities related to leisure engagement enhances quality of life for nursing home residents.

Principles of occupational justice must be incorporated first for optimal promotion of quality of life for nursing home residents. If staff members do not believe and support the rights of individuals to access and engage in valued occupations of choice, then the other factors within the model may not lead to enhanced life quality. For example, one could incorporate a client’s previous interests and provide generic support for leisure engagement, but this may still lead to poor occupational performance. Individualized supports are recognized as being required for occupational justice to occur due to varying needs of residents for ideal functional performance. Without consideration of client’s previous interests, some of the general benefits of leisure engagement noted in the literature might be achieved, such as socialization or increases in fitness; however, the impact on quality of life will not be as powerful as it would be with implementation of occupational justice principles and incorporation of continuity theory. A person could be provided individualized supports for leisure engagement, but with a lack of consideration of lifelong interests
and values, residents may experience limited quality of life when core identity and sense of self are not maintained. Persons with dementia may be unable to express their wants and desires related to leisure or to recognize and identify with internal continuity. However, if these interests are uncovered through communication with the caregiver, clients can be engaged in enjoyable and valued leisure occupations that residents may be unable to request on their own; these activities can support feelings of competence and success.

When residents are denied access to participate in valued occupations, this creates occupational injustices. Occupational injustice can lead to negative physical, emotional, cognitive and social outcomes. When residents do not have access to pursue lifelong occupational interests, this prevents them from demonstrating core characteristics that they have developed over their lifetimes. A general lack of leisure activity reduces optimal life participation by limiting the depth and breadth of occupational participation. When the three preceding factors are combined, this diminishes health and quality of life for nursing home residents. As discussed previously in this article, any of these factors can also individually lead to decreased life quality, however poorer life quality can result when all three factors are present. Occupational injustices lead to negative health impacts on their own; these effects may be confounded when residents lack the identity supporting advantages of participation in lifelong valued activities as well as missing the general physical, cognitive, and psychosocial benefits of leisure.

**IMPLICATIONS FOR HEALTH CARE PROFESSIONS**

Interventions that can mitigate leisure constraints within the skilled nursing setting should be directed at incorporating patterns of leisure activities and interests, compensating for declining resident abilities in older age, increasing available resources for leisure engagement, providing appropriate staff education and creating cultural changes within institutionalized settings to promote resident autonomy and choice. Per the LEQoL-NH, occupational justice is the most significant factor that should be addressed to promote resident quality of life through leisure engagement. This requires efforts to educate persons both within and outside the occupational therapy profession about occupational justice theory; this theory is typically limited to promotion and publication within the occupational therapy literature. Other disciplines must become involved with occupational justice for these principles to become widely understood and used. Even within the occupational therapy profession, knowledge about occupational justice theory is limited. Riegel and Eglseder (2009) presented results of a quality improvement program that incorporated occupational justice concepts into daily occupational therapy treatment. At the beginning of the project, only two out of eight occupational therapy participants were familiar with occupational justice terminology. Through education and discussion, therapists were able to recognize and brainstorm ways to address occupational injustices experienced by their clients. This process should be used for both occupational therapy staff and other disciplines to promote occupational justice and increased autonomy for nursing home residents.

Wolf et al. (2010) outline a framework for addressing occupational injustices observed in occupational therapy practice. One must first recognize and frame an
issue as an occupational injustice and then categorize as a specific type of occupational injustice in order to effectively create changes (Wolf et al., 2010). The next step is to explore reasons for the occupational injustice and determine all potential avenues of causative influence. Staff must then take action to address the injustice within these avenues of influence; some interventions to promote occupational justice can be targeted at the individual level, while others will require advocacy and efforts aimed at larger societal issues that are limiting occupational engagement.

Hansen (2013) demonstrates this process of using an occupational justice framework through an occupational therapy service learning course. Students observed the population and staff within a variety of settings and conducted a needs assessment to guide the development and implementation of a 10-week evidence-based, occupation-focused program to address occupational injustices observed within these settings. Occupational deprivation was experienced by residents in long-term care when they had limited activity options and were deprived of occupational opportunities, even being physically isolated from their local community due to the geographic location of the facility. To address these limitations, a resource binder was created for staff that incorporated inexpensive materials to promote occupational participation. Staff members from the American Occupational Therapy Association were contacted and encouraged to partner with the American Association of Retired Persons to create a document outlining best practice for nursing home care. The local community center was also contacted and asked to invite local nursing home neighbors to their center activities. Students even advocated to a US congressional representative for stronger laws that promote and protect autonomy and rights for older adults.

Occupational injustices can be addressed directly by various disciplines within the skilled nursing setting. Occupational therapists are skilled at assessing and tackling barriers to occupational performance. They can examine the physical environments of individual facilities and community buildings to determine alterations that should be made to promote leisure engagement for residents as a community, such as the need to create an outdoor area for gardening, needed resources to expand a large print library or required modifications to make the environment more accessible. The resident population as a whole could also be surveyed to gather general information about leisure activities that residents would like to have offered at the facility to identify materials needed to support these activities.

At an individual level, occupational therapists can use assessments to identify continued valued leisure activities such as the Interest Checklist, or the Best Friend’s Assessment in conjunction with gathering a detailed life history. Once leisure interests are identified, recommendations can be made for resources and environmental alterations and supports for individual clients. The Interest Checklist is a tool that assesses clients’ past and present interests, with a specific focus on leisure activities (Forsyth & Kielhofner, 2003). This could be used to support continued participation in valued occupations from earlier life periods. The Best Friend’s Assessment was developed from the Best Friend’s Approach to Alzheimer’s Care; this approach recognizes the need to obtain detailed information about clients’ remaining abilities, values, previous interests and occupational patterns as part of
a respectful and client-centered approach to interacting with persons who have memory disorders (Bell & Troxel, 2003). This combination of the Best Friend’s Assessment and the life story allows caregivers to engage clients in activities that support past roles and interests as well as current abilities, even when the client may not be able to identify or verbalize the desire to complete these activities without assistance from staff members. Occupational therapists should compile a detailed profile that displays the client’s history of valued leisure occupations and those that are priorities to address according to the resident. Knowledge of these continued valued occupations should be shared with other nursing home staff to be incorporated into facility activities, to promote engagement in these valued occupations at an individual level with assistance from staff as needed and to guide purchasing of resources to support the leisure activity.

Occupational therapists, physical therapists and speech therapists can identify limitations for particular clients that can either be addressed through altering individual client factors or making recommendations for accommodations to the appropriate persons to support leisure engagement. Fine motor deficits could be addressed by occupational therapy while gross motor coordination and standing balance could be enhanced through physical therapy services. Speech therapy may make recommendations to the activity director related to cognitive adaptations needed to support participation in Bingo or craft activities. Barriers within the societal context can be identified and addressed to promote occupational performance. For example, attitudes and beliefs that frame persons with dementia as lacking in intelligence and capacity creates disadvantages for this population and can be a social barrier to opportunities for occupational performance (Sullivan & Hocking, 2013). Staff would need to be educated to alter these and other beliefs that limit resident access to a variety of meaningful occupations.

Padilla (2011) completed a systematic review of the literature to assess the effectiveness of activity modification for engagement in leisure and self-care activities for persons with Alzheimer’s disease and other types of dementia. Several studies demonstrated that altering activities to match both client skill levels and personal interests can be a useful technique to improve occupational participation. Many studies in the systematic review addressed caregiver education related to techniques for successfully altering leisure activities to promote client success, resulting in positive outcomes such as improved quality of life and increased leisure participation. Some education topics included: continuity of pre-illness interests, match with current cognitive and physical skill levels, breaking tasks down into small steps, and offering potential activities when a person is not engaged in an occupation. Educational initiatives should be targeted at nursing assistants, nursing staff, rehabilitation personnel, activities staff members, administration and any other appropriate persons who would need to receive this education and training to promote occupational justice in leisure engagement.

Burack et al. (2012) conducted a longitudinal study to assess nursing homes’ transitions from a typical nursing home environment to a culture of person-centered care using a pilot and a comparison group of facilities. Staff members in the pilot facilities were educated on person-centered care techniques and were asked to focus more on activity engagement that was meaningful to residents and that matched
their individual choices as well as offering residents increased autonomy over their daily schedules. Residents showed significant improvement in overall choice after cultural changes were implemented at the two year data collection point, but residents’ perceptions of choice decreased significantly by year 5 for the pilot group. Perceptions of choice in the comparison group decreased significantly by the two year data collection point, and then increased once cultural changes were implemented in the comparison group settings. Choice in leisure occupation for the comparison facilities followed the same pattern of initial increase in autonomy that occurred in the pilot group, with returning declines in resident choice over time.

The study conducted by Burack et al. (2012) presents a model for increasing resident choice in their daily lives and improving occupational participation. It also warns of difficulties in sustaining these person-centered organizational changes that may indicate a need for follow-up education, training and the necessity for more frequent program evaluation to ensure success. Occupational therapists can provide yearly in-service training regarding the benefits of leisure engagement that supports lifelong occupational interests and patterns to prevent declines in gains achieved through person-centered approaches over time. Further facility cultural changes could also be made such as incorporating the value of leisure occupations along with resident autonomy and choice into the facility’s mission statement to maintain a long-term focus on the preferences of residents.

Research is needed to examine the use of the LEQoL-NH in clinical practice to determine the effectiveness of this model. The tenets of this model are supported within the literature, but the weight of individual factors within the model or the power of their interactions are unknown at this time. There is also a lack of literature related to why nursing home residents are not being supported to participate in valued leisure occupations on a daily basis. Participatory action research methods could reveal the why and the how behind this phenomenon from both staff and resident perspectives. Action research is an approach to inquiry that empowers persons most central to a problem to investigate a specific issue and find long-term solutions for increased well-being and life enhancement (Stringer, 2014). Having this basic knowledge would help to guide specific environmental and cultural interventions aimed at promoting resident access to valued leisure occupations within individual facilities, but would also provide techniques and approaches that may be useful for long-term care settings in general.

**CONCLUSION**

Occupational injustices are prevalent among nursing home settings, with residents often experiencing a lack of autonomy and choice for daily orchestration of activities including leisure engagement. Occupational therapists are uniquely qualified through their knowledge of occupational justice to ensure access for participation as an occupational right for populations (Hammell & Iwama, 2012). However, implications of occupational justice reach beyond occupational therapy and must be embraced by other health care disciplines to promote proliferation of its principles throughout all professions involved in the care of clients residing in skilled nursing settings (Durocher et al., 2014). This article is a starting point to address the lack of
interdisciplinary knowledge and publications pertaining to occupational injustices experienced by nursing home residents. Nursing home settings should be equipped with staff who have the knowledge and skills to provide supportive environments for continued participation in lifelong valued occupations, specifically leisure, to promote health and well-being for residents. The LEQoL NH is a model that can be used to promote enhanced quality of life for nursing home residents through leisure engagement.

DECLARATION OF INTEREST

The author reports no conflict of interest. The author alone is responsible for the content and writing of the article.

REFERENCES

Leisure Continuity and QOL


