

# Do Activities Improve Residents Wellbeing?

NICHE  
KNOW-HOW

*Staff at Seacroft Grange asked what can be done to improve the wellbeing of the residents they care for.*

Care home residents with dementia can benefit from taking part in activities which suit their interests (called personally tailored activities).

Offering personally tailored activities can improve challenging behaviour.

Other aspects of wellbeing like mood and happiness might also improve, but the research is less certain.

Research into personally tailored activities is generally poor quality.

## **Useful findings:**

Providing **any** activity seems to benefit residents.

Activities need to be provided **frequently**.

Simple, **one-to-one social contact** and activities involving food and/or drink are most engaging for residents.



Nurturing Innovation in Care Home Excellence in Leeds

**NICHE Read:** Personally-tailored activities can improve the wellbeing of care home residents living with dementia.

**Background:**

Staff at Seacroft Grange asked if there was evidence of interventions to promote wellbeing in care home residents with dementia. We found a single relevant systematic review<sup>1</sup>.

**Context:**

People with dementia who live in care homes often have little to do which is meaningful to them<sup>2</sup>. For activities to be meaningful they should match the interests of the person with dementia<sup>3</sup>. Having the opportunity to take part in meaningful activities may promote wellbeing by reducing the behavioural and psychological symptoms of dementia and improving a resident's quality of life<sup>3</sup>. Tailored activities can take many forms: delivered by care staff or external providers and include group or one to one activities.

**Description of the systematic review:**

A systematic review<sup>1</sup> brought together findings from eight studies<sup>4;5;6;7;8;9;10;11</sup> which tested whether a personally tailored activity improved care and outcomes for residents. These studies compared the tailored activities to care as usual, i.e. residents doing the same things they usually do, or activities that were not personally tailored for them. The studies were conducted in nursing homes and with 957 residents in total from the USA<sup>4;5;6;7;9;10</sup>, Australia<sup>8</sup> and the UK<sup>11</sup>. Most studies were from the USA. The systematic review included studies that recorded residents' interests or preferences for activities, and the way that activities were tailored to a resident's interests. Studies looked at different aspects of wellbeing: improving quality of life, mood and engagement or reducing agitation. This "NICHE Read" presents the main findings of the review.

**Evidence of what changed:**

**Personally tailored activities can reduce challenging behaviour**

Seven studies<sup>4;5;6;7;8;10;11</sup> considered whether tailored activities improve challenging behaviour. The results of six of these studies were combined<sup>4;5;6;7;8;11</sup> and showed that challenging behaviour can be improved. The evidence however was poor quality. The beneficial effect of tailored activities was seen in studies where the comparison group did *no* activities. When other (impersonalised) activities were available, little or no difference was seen between tailored and non-tailored groups.

**No evidence that quality of life is improved.**

Only one of the eight studies<sup>11</sup> looked at the quality of life of residents. Quality of life is usually measured using questionnaires. These can't always be completed by residents, and so sometimes someone else who knows the resident well, such as a member of staff will answer the questions for the resident. When staff were asked, they thought that quality of life was worse in those residents receiving tailored activities. Residents who were able to answer questionnaires themselves did not think that their quality of life had improved.

**Limited evidence that positive emotions (such as happiness) can be enhanced but tailored activities may not reduce negative emotions (such as being angry or anxious).**

Six studies<sup>4;5;6;7;8;10</sup> looked at whether feeling positive could be enhanced and/or whether negative feelings could be reduced. The results were combined and the evidence suggests that people might feel more positive after tailored activity. The studies were very low quality and there is uncertainty about whether these benefits were a result of the activities exists. Studies indicated there was little or no improvement to negative emotions such as sadness, anger or anxiety.

### We can't be certain that mood is lifted

The results from three studies<sup>6;7;11</sup> looking at mood and depression were combined; these were generally low quality. Whether tailored activities can lift mood and depression remains uncertain.

### It is hard to determine whether interventions improve levels of engagement

Although three studies<sup>6;7;11</sup> looked at engagement they looked at this in different ways and so findings could not be combined. The evidence was very low quality and so the improvements seen could be related to reasons other than tailored activities.

### We still don't know tailored activities improve sleep

Only one study<sup>9</sup> looked at the impact of tailored activities on sleep patterns, such as being awake at night or reduced daytime sleeping. There was little certainty that benefits were related to the tailored activities as the evidence was very low quality.

### **Implementation:**

Four of the studies<sup>5;6;10;11</sup> examined factors that shape the way tailored activities might work in practice. These include factors that helped, like being able to spend time with residents as often as required, or hindered, such as the severity of a resident's dementia. One study found that residents engaged better when tailored activities were on a one-to-one basis or when food and drink featured<sup>5</sup>.

### **The research is limited:**

Finding out what people with advanced dementia want to do in terms of activities is sometimes difficult and it can be hard to compare interventions with existing care, when care varies between homes and for different individuals.

All the research covered here contains some bias or systematic deviation from what might be the true picture – this is not unusual. Biases seen include studies not communicating in advance what they set out to do, how they will do this and their plans for analysing findings. Deciding which care homes or residents receive tailored activities, and which do not, is best done randomly and in ways that are concealed (from researchers who are collecting the data and from the homes/residents). In care home studies people sometimes die before the study completes. Consequently, data can be incomplete and/or missing.

### **Conclusions:**

Studies varied in the ways they established whether an activity was 'meaningful' to residents, or whether they considered it at all. Researchers and caregivers could improve the quality of research and care by establishing the interests of residents before undertaking activities with them.

### **Key points to consider:**

- Even non-tailored activities often improved challenging behaviour and residents' positive emotions.
- Dementia severity, and the level of a resident's dependency, sometimes made tailoring activities difficult – but not impossible.
- Providing activities frequently was seen as important because beneficial effects often didn't persist long after the activity finished.
- The most beneficial activities were often the most simple.
- Social interaction in any form appears to be a key element of successful activities.

## References:

### General:

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