

## 10. Summary

Our doctoral study investigates the effect of home based occupational therapy and the components of this intervention to promote the functional performance in daily living activities and the social participation of homebound physical frail older people. We also aim to get insight in the therapy adherence of frail older people and the willingness to collaborate of the involved healthcare professionals.

The technique of triangulation is used to enhance the validity and credibility of our study, to create a more in-depth picture of the research problem and to mitigate the presence of research biases in our work.

*Chapter one* is the introduction and describes the backgrounds of the problem statement.

Frailty is a complex age-related clinical condition characterized by reduced physiological reserve and reduced resistance to stressors, leading to greater vulnerability to adverse outcomes, including increased risk of falls, fractures, hospitalization, early admission to nursing home, and decrease in quality of life.

A multidisciplinary collaborative approach is necessary to improve the health and well-being of this population. Occupational therapists are part of this interprofessional care team.

Occupational therapy in primary care for the older people supports improvements in living safely and independently at home. It also involves training and coaching the coping skills of the informal caregiver. With respect to home safety, occupational therapists focus on emergency response, removal of hazards, provision and training in the use of assistive devices, and addressing safety in daily activities.

*Chapter two* investigates the effectiveness of an occupational therapy interventions as mono-disciplinary intervention or as part of a multidisciplinary approach, for community-dwelling physically frail older adults by conducting a systematic review with meta-analysis of randomized controlled trials. In this way we wanted to achieve evidence that proves the effectiveness of occupational therapy in home based frail older adults and to invent the factors of success of these interventions.

Nine studies of reasonable quality with low risk of bias were included. There was a significant increase in all primary outcomes, namely functional performance in daily living activities, social participation and for mobility. All secondary outcomes showed positive trends, with fear of falling being significant. No adverse effects of occupational therapy were found.

*Chapter 3* is our first qualitative study which investigates the perspectives of home dwelling older adults on their functioning, social participation and health, and on the factors influencing these capacities and their health. Having insight into these determinants might assist in improving therapy adherence.

Older adults have identified barriers and facilitators that influence their level of functioning and social participation. Attitude, social influence and personal effectiveness were found to influence whether a person performs or participates in an activity. The type of coping strategy that the older adult adopts, has an influence on their behavior. The participating older adults often used remarkable problem-focused strategies, which had a positive effect on their level of autonomy.

These findings facilitated the creation of a framework for maintaining and increasing therapy adherence, which may be helpful in facilitating occupational therapists and other healthcare professionals to detect determinants of therapy adherence.

*Chapter 4* describes our second qualitative research which investigated the perspectives of primary care professionals, on interprofessional collaboration, and the barriers and facilitators they perceived in the care of the frail older population.

Healthcare professionals indicated that when they explored problems complementary to the reasons for older people to contact a healthcare professional, these additional problems often seemed to be the main problem. They also stated that there was too little interprofessional collaboration in the care of complex chronic issues and lack of a shared vision on collaboration. Collaboration is still limited too much to contacting established professions. Health information technology can support both, interprofessional collaboration and working on an evidence-based manner. It can also be a facilitator to inform patients.

Success factors and barriers for sustainable collaboration were identified on several levels, namely innovation, individual, professional, patient, social context, context of the organization, economic and political context.

*Chapter 5* focuses on the development and feasibility of our high-adherence-to-therapy and evidence-based occupational therapy intervention to optimize functional performance and social participation of home-based physically frail older adults and wellbeing of their informal caregiver, the Promote-intervention.

The roadmap for the development of ProMOTE intervention follows the phases of the MRC-framework supplemented with components of the Intervention Mapping approach. The intervention emerges as the product of the first two phases of the MRC-framework. The last two phases serve to inform on the quality measurement of the protocol and the implementation of the occupational therapy intervention.

*Chapter 6* describes in-depth the contents of the ProMOTE intervention and suggests quality indicators to measure the implemented intervention. The ProMOTE intervention is an intervention that consists of six steps and describes in detail the evidence-based components that are required to obtain an operational intervention for practice, and which is also transparently described for research aims.

The designed intervention goes beyond a description of the ‘what. The added value lies in the interweaving of the ‘why’ and ‘how’. By describing the ‘how’, our study makes the concept of ‘therapeutic use-of-self’ operational throughout the six steps of the OT intervention.

*Chapter 7* describes the developmental process of a de novo clinical guideline for primary health care occupational therapists working with physical frail older adults.

The clinical guideline was developed de novo in accordance with the guideline development manual of the Belgian Working Group Development of Primary Care Guidelines (WOREL) and the Appraisal of Guidelines for Research and Evaluation II (AGREE-II), underpinned by the Grading of Recommendations, Assessment, Development, and Evaluation (GRADE) framework.

The clinical guideline provides 52 recommendations mapped in five clinical sub-questions. The scope of the sub-questions follows the clinical reasoning process namely: case finding, assessment, goal setting and intervention and the topic collaboration. The recommendations are clustered in themes per sub-question. Each recommendation is followed by an information section, the literature syntheses of the studies on which the recommendation is based and the stakeholder’s opinion that is

considered to adapt the preliminary recommendation to the local context, where relevant implementation tools are recommended.

Improving the functional performance and social participation of the growing group of older people with multimorbidity and functional problems is a societal challenge. With this study, we contribute to autonomy and the quality of life of the home-based physical frail older adult, and to the actual needs of Western society.

*Chapters 8 and 9* critically reflects on the main findings in the scope of the current literature, formulate methodological considerations and look forwards on future perspectives.

The ProMOTE intervention delivers tailored made care that effects the older adults, the social context of the older adult and the community, and has benefits for the profession occupational therapy. In addition, the developed clinical guideline provides recommendations that should help make evidence-based choices when implementing the steps of the Promote intervention.

We can state that the developed evidence-based occupational therapy intervention for home-based frail older adults, the ProMOTE intervention, will affect the community by reducing healthcare costs and increasing community engagement, the primary care health professionals by creating more time to deliver a higher quality of work, the informal caregivers by relieving their burden and improving their quality of life, the frail older adult by making it possible to improve their functional performance and social participation, by improving their quality of life and increasing their sense of purpose. Above all, the ProMOTE intervention will contribute to the profiling of the profession occupational therapy.