

Meta-ethnography of the purpose of meaningful occupation for people living with dementia

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Abstract

Background: Guidance on provision of care for people with dementia states that occupation people find meaningful is essential for well-being; however, definitions of 'meaningful occupation' are often broad, with intrinsic meaning coming from within the person rather than the activity, leading to an inconsistent understanding of its purpose.

Objectives: This study aimed to create a conceptual framework depicting the types of meaning that are seen as stemming from occupation.

Method: Six electronic databases were searched (CINAHL, PubMed Central, PsycINFO, Embase, AMED, ASSIA) using a pre-specified search strategy to identify qualitative studies relating to meaningful occupation for people living with dementia. From 114 eligible full-text articles, six qualitative studies were identified as sufficiently rich, topically relevant and explicit in their definition of meaningful activity. A further 14 were purposefully sampled for their ability to refute or advance the emerging conceptual framework. The synthesis is based on meta-ethnography and is reported following eMERGe guidance.

Results: We found the fundamental purpose of occupation is to support the person living with dementia to feel they are living a meaningful and fulfilling life. Three overlapping concepts were identified: (i) catalytic environment, (ii) meaningful life and (iii) occupation as a tool.

Conclusion: The framework proposes how occupation could support meaning in multiple ways and considers how these forms of meaning were influenced by the world-views and values of the individual, and context in which they were experienced.

Implications for practice: The conceptual framework offers a consistent theoretical grounding with which to measure effectiveness of meaningful occupation for people living with dementia.

KEYWORDS

Alzheimer's disease, carers, concepts, dementia, nursing home care, person-centred practice, qualitative methods, residential care, systematic reviews

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1 | INTRODUCTION

Best practice guidance in the UK for the provision of care for people living with dementia states that being occupied in meaningful ways is essential for well-being (National Institute of Care Excellence, 2013). The Health and Social Care Act states that care providers must meet the needs and reflect the preferences of people in their care (Health & Social Care Act, 2008). However, definitions of 'meaningful occupation' or activities are often very broad with the intrinsic meaning coming from within the person experiencing dementia. This has led to a lack of consensus about how meaningful occupation supports well-being, how to ensure people with dementia experience it and how to evaluate if it is effective.

The importance attributed to meaningful occupation stems from the dominance of person-centred care theory spearheaded in the 1980s and 1990s by Tom Kitwood (Albanese et al., 2007). Kitwood (1997) described occupation as an interconnected component of the overall psychological need to feel loved. He defined occupation as 'being involved in the processes of life in a way that is personally significant' (Brooker & Kitwood, 2019). The definition was broad, with 'occupation' encompassing personal reflection to more outwardly obvious actions, as reflected in later definitions. Kitwood stated occupation was rooted in the need to have a sense of personal agency (Kitwood, 1997). Though the definition was very inclusive, Kitwood did not break this down to explore the finer details of how occupation achieved or contributed to a feeling of love, or how to support this. However, he stressed that knowledge of a person's past, and what gave them satisfaction, were of value in supporting occupation. Following this, numerous methods of exploring the occupational biography of the person living with dementia have been developed (Pool, 2011; Tancock & Roberts, 2013). Whilst these have helped care workers to understand what the person has previously done and now enjoys. These tools do not identify *why* an occupation is meaningful and therefore if that meaning is still being met. They also do not question whether wider areas of meaning are being addressed or if the meaning is subject to context.

A recent meta-ethnography explored the motivation behind why people living with dementia engage in activities (Han et al., 2016). The authors argued that it is important to understand why an occupation is meaningful for others to be able to support it. Disparity between the beliefs of people living with dementia and others has been shown to be detrimental to the quality of life of the person living with dementia (Harmer & Orrell, 2008). Han et al. (2016) looked solely at the perspective of people living with dementia; hence, it is not possible to conclude from this review if there is a distinction in the beliefs of different stakeholders about the purpose of meaningful occupation, or the impact of potentially differing beliefs. Without an understanding and agreement of what the purpose or meaning of occupation should be, it becomes challenging to understand whether occupation is meeting the needs of the person living with dementia. This lack of clarity makes supporting access to meaningful occupation, and gauging its effectiveness, inconsistent. Travers et al. (2016) undertook a systematic review of the effectiveness of meaningful occupation for people living

What does this research add to existing knowledge in gerontology?

- The first meta-ethnography to explore how people living with dementia, professional care workers and family carers perceive the purpose of meaningful occupation for people living with dementia and explore similarities and differences between their beliefs.
- The first conceptual framework of the purpose of meaningful occupation drawing together existing qualitative research.

What are the implications of this new knowledge for nursing care with older people?

- The conceptual framework can be used by care providers to identify areas in which occupational opportunities are well supported and also identify where further development is required.
- The conceptual framework could influence the opportunities available to people living with dementia and their subsequent quality of life.

How could the findings be used to influence policy or practice or research or education?

- The conceptual framework offers a consistent theoretical grounding with which to measure effectiveness of meaningful occupation for people living with dementia.
- The conceptual framework can be used as a training tool to influence how meaningful occupation is approached by care providers and the resources allocated to its provision.

with dementia in care homes. They identified the purpose of meaningful occupation as providing 'enjoyment, a sense of purpose, belonging or achievement' (Travers et al., 2016); however, effectiveness measures outlined by the inclusion criteria for the review included quality of life, mood, behavioural and psychological symptoms of dementia, function, cognition and sleep. None of which directly reflected the their own definition or Kitwood's (1997) need for love.

The lack of consensus suggests that the purpose of meaningful occupation is perceived in multiple ways by different people. This review aims to identify the different purposes that people living with dementia, and those who support them, including family and paid care providers, attribute to meaningful occupation for people living with dementia.

2 | METHODS

The review drew on the seven step process of meta-ethnography to create novel conceptual explanations stemming from the

empirical research (France et al., 2015) and has been reported here following eMERGe guidance (France et al., 2019). The aim of the meta-ethnographical approach is to understand new ways of interpreting the meaning of qualitative data rather than aggregating the findings (Noblit & Hare, 1988). This method enabled the authors to explore the influence of the context of people's beliefs to develop greater understanding of contradictions within the evidence. The new understanding developed through the meta-ethnography process is termed a third order construct. It is achieved through analysis of direct data from participants of the included studies, these are termed first-order constructs, and the interpretations by the authors of the original studies, known as second-order constructs.

2.1 | Data sources and search strategy

We searched six electronic databases (CINAHL, PubMed Central, PsycINFO, Embase, AMED, ASSIA) from 1990. The date filter relates to the emergence of person-centred care theories from the late 1980s. Only English language papers were included. As the aim of the study was to identify the breadth of understanding, we used a broad search strategy, including 33 search terms covering five themes (Table S1) and forward and backward citation chasing (Booth, 2001).

2.2 | Inclusion and exclusion criteria

Definitions of meaningful occupation cover multiple aspects of the life of people living with dementia; therefore, topics which could be considered meaningful occupation may not be explicitly identified within the empirical research. Studies were included if they investigated beliefs, attitudes, definitions and perceptions of what meaningful occupation is from the perspective of people living with dementia, family of people living with dementia, staff in residential care settings, health professionals, social care professionals or activity providers working with people with dementia. We included qualitative studies (using any recognised qualitative method) and qualitative data from mixed-methods studies from any setting. Abstracts were screened independently by two researchers. Those that seemed to meet inclusion criteria were obtained in full text and similarly screened.

2.3 | Study selection and critical appraisal

Noblit and Hare (1988) argued 'Unless there is some substantive reason for an exhaustive search, generalising from all studies of particular setting yields trite conclusions' (p. 28). The inclusion criteria used a broad definition of 'occupation' and consequently generated a large volume of studies. We used purposeful sampling to ensure more conceptually rich accounts, and those that

included diverse participants were included. Potentially includable papers were categorised according to criteria proposed by Pearson et al. (2013): 'conceptually rich', these demonstrated clear links to theory and concept development, 'thick description' these demonstrated good contextual detail though without exploration and development of a theoretical explanation, and 'thin description' these lacked detail and conceptual explanation though where not exclude as they still had the potential to offer original insight. It was also noted whether meaningful occupation was the focus of the study and how explicitly each paper defined meaningful occupation. Paper selection was recorded in a PRISMA style flow chart (Liberati et al., 2009).

Selected papers were assessed using CASP Qualitative Appraisal Tool (Critical Appraisal Skills Programme UK, 2018) (see Table S6). Eighteen of the twenty papers selected did not describe consideration of the relationship between the author and participants adequately, and this could influence the data. During the synthesis, consideration was given to whether the data were first or second-order concepts, and how the context may influence it. Studies were not excluded on the basis of quality. Noblit and Hare (1988) argued that the quality of a paper should be judged by the conceptual contribution that it lends to the synthesis (Figure 1).

2.4 | Data synthesis and translation

Conceptually rich papers ($n = 6$) were synthesised first, using the standard steps of meta-ethnography to inductively identify concepts and themes and to generate preliminary synthesised themes. Papers were identified independently by two researchers as studies where the main aim was to investigate the perception of meaningful occupation, reporting was conceptually rich and included an explicit definition of meaningful occupation or activity. These were used to generate two larger overarching concepts using both first- and second-order constructs. Concepts were coded utilising Nvivo software. Participant characteristics, study context and the meaning of the concepts were used to compare how studies were related to each other. A data extraction grid was used to compare study details and findings and to translate key concepts between studies (see Table S3).

Additional papers ($n = 14$) were purposefully sampled. Through initial reading and analysis, papers were included if they furthered the synthesised concepts developed from the first six studies, added additional ideas or points of view or refuted the concepts developed through the synthesis of the first six papers (see Table S2). Sampling also included studies with participants with varied professional and personal experiences of dementia to ensure the synthesis took account the greatest breadth of perspective. The data derived from these additional papers were often quotes or arguments rather than the fully developed metaphors and concepts sought in meta-ethnography. This created a large number of codes for both conceptually rich and descriptive data. To facilitate translation, codes were grouped iteratively into concepts or themes.

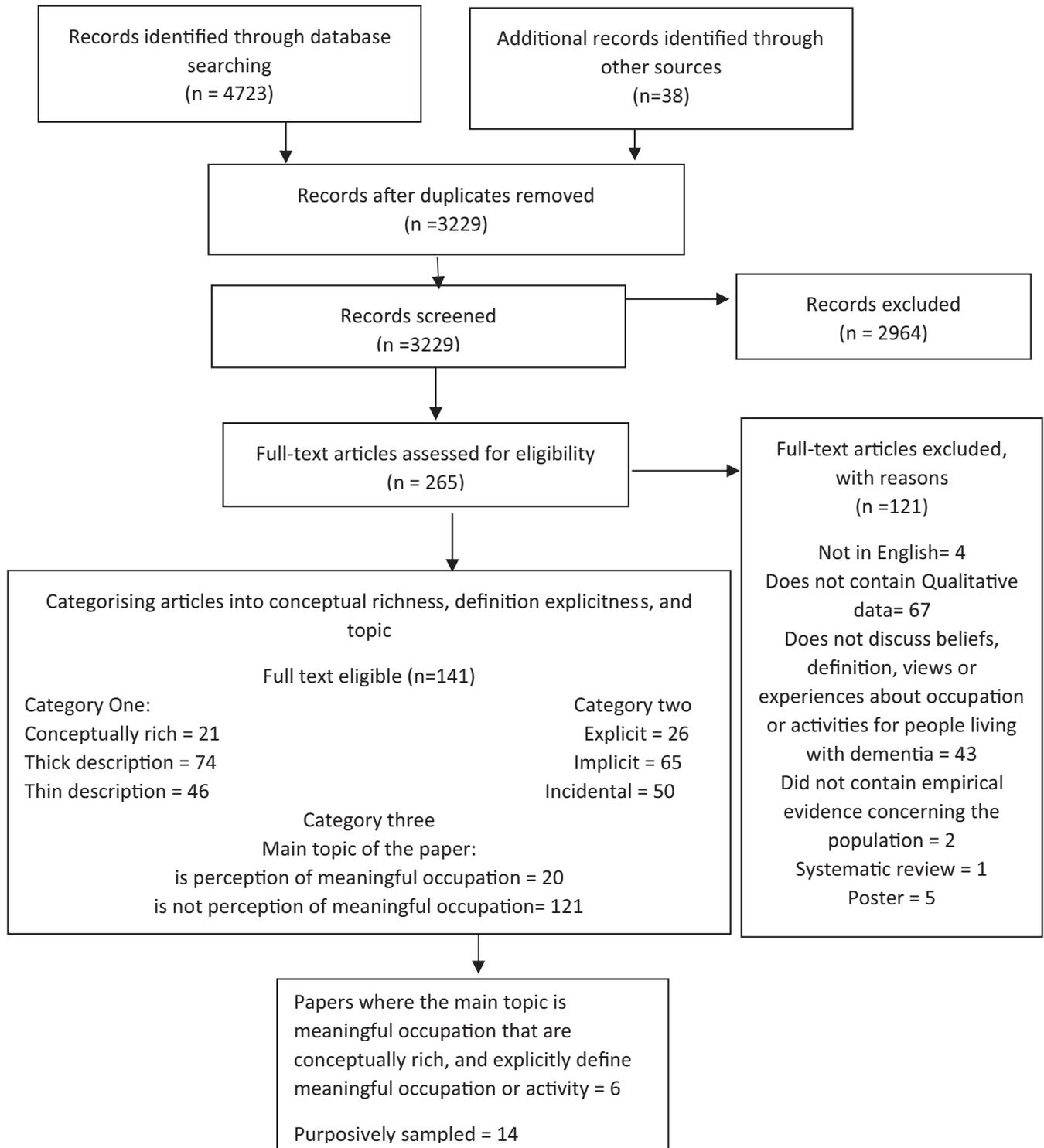


FIGURE 1 PRISMA Flow Diagram

See Tables S4 and S5 for details of how studies contributed to the themes and overall conceptual framework. Some of the concepts within the studies did refute each other, and this was addressed by including all of the arguments within the conceptual framework and then analysing the opposing ideas using existing theory (see *Discussion*).

Finally, we synthesised the translations to create three overarching, interdependent concepts stemming from line of argument analysis (see Section 3.1 below and Figure 2). To ensure rigour and transparency, emerging concepts were discussed by the authorship team. The team consisted of experienced researchers and people with both personal and professional experience of dementia. The

team discussions supported the authors' reflexivity. The conceptual model was then critiqued using existing theoretical literature (see Section 4.2).

Twenty studies were included in the final synthesis (see Table S3): six conceptually rich (Han & Radel, 2016; Harmer & Orrell, 2008; Lillekroken et al., 2015; Milte et al., 2016; Öhman & Nygård, 2005; Phinney et al., 2007) and fourteen which were purposefully sampled (Chung et al., 2008; Clare, 2003; Collier & Jakob, 2017; Hydén, 2014; Lam & Keller, 2015; Lee et al., 2008; Lindelöf et al., 2017; Moyle et al., 2011, 2015; Ogawa et al., 2017; Raber et al., 2010; Roland & Chappell, 2015; Ullán et al., 2013; Wu et al., 2015). Seven studies were based in residential care settings, seven in community settings, three in both the community and residential care settings and three in day centres. Nine studies included people living with dementia, four included staff, three both people living with dementia and family carers, two reported people living

with dementia and staff, and two people living with dementia, family and staff.

3 | FINDINGS

3.1 | Overall concept

The fundamental purpose of occupation is to support the person living with dementia to feel they were living a meaningful and fulfilling life. For an occupation to be meaningful for the person living with dementia, it must be perceived by them as having value and legitimacy. The value of occupation is heavily influenced by the social and physical environment in which it occurs (see Figure 2).

The findings are represented in three overarching concepts: (i) a catalytic environment, (ii) a meaningful life and (iii) occupations



FIGURE 2 Conceptual framework of how occupation creates meaning for people with dementia

as a tool. Figure 2 depicts the interrelated nature of the concepts. Although distinct, all concepts rely on each other to create a feeling of fulfilment and satisfaction in life for the person living with dementia.

3.2 | Concept one: Catalytic environment

The catalytic environment is represented in Figure 3 and described below. A catalytic environment creates a foundation where the person feels secure and free to express themselves. The sense of security that is created supports them to feel confident to expose themselves to complex experiences which might otherwise prove too threatening.

3.2.1 | Expectation the person can contribute given the opportunity

An expectation that, with the correct support, a person living with dementia can contribute to and engage with occupations that enable them to experience diversity can increase the occupational opportunities available to them. Whilst it can be detrimental to their well-being if occupation is not reflective of their abilities (Clare, 2003; Harmer & Orrell, 2008; Phinney et al., 2007), it is also detrimental to

assume lack of ability (Raber et al., 2010; Ullán et al., 2013). Having potential opportunities for different or new occupation could support a more complex meaning in life. The view that people cannot or should not contribute to their world can lead to decreased occupational opportunities:

For older people with dementia in care, the implications are even worse; they are placed in the situation where their main role is one of dependency (sick role), have little opportunity to exercise autonomy, have low expectations placed on them by the culture and society and are often placed in disabling physical environments. In this context, their motivation to engage in activities is unlikely to be very strong. (Harmer & Orrell, 2008) Author interpretation

The reduced feeling of autonomy, low expectations and limiting environments combined with a fear of perceiving they are no longer as competent in occupations they previously engaged in is likely to impact on the inclination to partake in occupation (Harmer & Orrell, 2008; Moyle et al., 2011). When caregivers perceive the person living with dementia lacks motivation or appreciation of the opportunities available, or perceives that they do not have capacity to engage in occupation, this can lead to caregivers feeling demotivated (Harmer & Orrell, 2008; Raber et al., 2010; Roland & Chappell, 2015). Demotivated

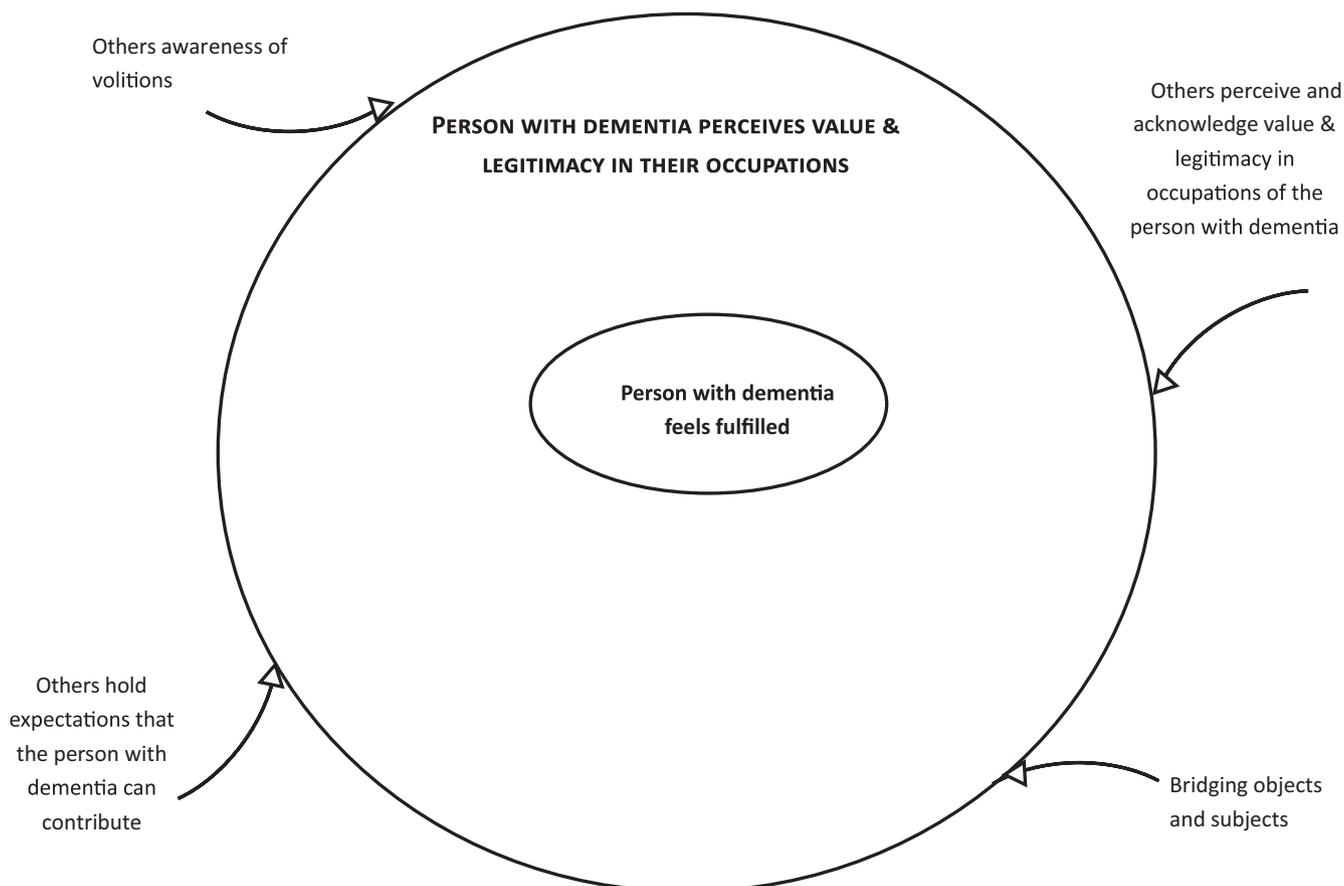


FIGURE 3 A catalytic environment

staff or family carers are likely to be less willing to think creatively about how to engage people in occupation, and thus, opportunities are further limited and the person living with dementia becomes less motivated (Collier & Jakob, 2017; Lillekroken et al., 2015; Moyle et al., 2011). This can create a negative spiral.

3.2.2 | Awareness of volition

Occupations that a person living with dementia chooses to engage in under their own volition have been seen to have a profound effect on their experience of life (Moyle et al., 2011; Raber et al., 2010). It can therefore be proposed that self-selected occupation is meaningful. Changes in expressions of interest and communication skills can make it more difficult for others to interpret what a person living with dementia would like to do, and thus, opportunities to engage them in self-selected occupations may not be recognised (Moyle et al., 2011; Ogawa et al., 2017; Raber et al., 2010; Roland & Chappell, 2015). Volitional preference may be very subtle or unclear, and verbal expressions of the person living with dementia and their occupational reality can be conflicting (Raber et al., 2010; Roland & Chappell, 2015). The balance between respecting the wishes of the person and supporting their autonomy, against motivating people to engage in occupation, was very challenging for care providers (Ogawa et al., 2017; Raber et al., 2010; Roland & Chappell, 2015). The ability to identify cues requires time and attention as well as relying on the carers' interpersonal skills (Moyle et al., 2011; Ogawa et al., 2017; Raber et al., 2010). This can be difficult for staff in busy care settings. An environment which offers prompts to help people think about, or access, different types of occupations may make it easier for the person living with dementia to identify and communicate their occupational choices, and for carers to interpret their preferences (Moyle et al., 2011; Öhman & Nygård, 2005; Phinney et al., 2007; Raber et al., 2010).

3.2.3 | Legitimate value in occupation

The perception by people living with dementia that occupations they engage in hold a legitimate value has a strong impact on the identity and feelings of self-worth they experience (Harmer & Orrell, 2008; Lindelöf et al., 2017; Moyle et al., 2011, 2015; Ogawa et al., 2017). This perception does not need to be based on higher order awareness, and value can be experienced through emotion and embodied awareness (Hydén, 2014; Raber et al., 2010). Other's recognition of the value or the meaning they attribute to an occupation has a strong influence on their own perception of its value, and thus their desire to maintain it (Harmer & Orrell, 2008; Lindelöf et al., 2017; Moyle et al., 2011, 2015; Ogawa et al., 2017). Recognising the value of occupation also supports the carer's ability to understand the experience of the person living with dementia (Raber et al., 2010).

Sharing occupations and accomplishments, and feeling listened to, inspires a greater feeling of interest for the person living with dementia and makes them feel more engaged in life (Harmer & Orrell, 2008; Lindelöf et al., 2017; Ullán et al., 2013). Having another person take an interest supports them to feel valued. However, the fragility of this positive reinforcement is vulnerable to the reaction of those with whom they shared their success (Moyle et al., 2011; Raber et al., 2010).

Raber et al. (2010) reported care staff did not always understand why a chosen occupation was meaningful for people living with dementia which led the care staff to dismiss it as not holding legitimate value:

A field note relates a staff member's reaction to Nell's spontaneous initiation of an occupation: I asked her how Nell was today and she disparagingly said 'Oh ... (pause) ... help me, help me', and she rolled her eyes, referring to comments Nell makes. I asked 'Where is she?' and she replied 'In the dining room, counting things.' (Raber et al., 2010) Observation in residential care setting

Some occupations were seen to hold no value if care staff were unable to recognise why the person was engaged in them. Likewise, occupations that were recognisable to the staff were only valued when undertaken in the way care staff believe was the 'correct' mode. Modifications to occupations, such as changing the rules to a game, were seen as 'not doing them properly' and the value of these dismissed (Raber et al., 2010).

The influence that others have through recognising and demonstrating a legitimate value in the occupations of people living with dementia appeared particularly profound in residential care settings. The importance of recognising value was true for both occupations that they undertook of their own volition, and those which were initiated by others, such as the maintenance of gardens (Harmer & Orrell, 2008; Moyle et al., 2011, 2015; Raber et al., 2010).

3.2.4 | Bridging objects and subject

Both physical and social stimuli can act as a catalyst which support people living with dementia to change or prolong their engagement with occupation (Hydén, 2014; Öhman & Nygård, 2005; Phinney et al., 2007). Bridging objects or subjects are triggers which can motivate people to engage in, or alter, the form of their occupation. These triggers could be a physical object, a person, the time of day or a conversational starter. It can also provide a framework to support the continuation of the occupation.

Staff in residential care settings used different types of occupation to start conversations (Ogawa et al., 2017). These conversations can be seen as a means to form a connection and strengthen the relationship between the staff member and people living with dementia (Moyle et al., 2011; Ogawa et al., 2017). Conversation which

is supported by occupation could offer a less threatening means of building a connection (Hydén, 2014). Being engaged in occupation legitimately incorporates pauses in which to think about and process information and also offers a prompt to a common topic. This could reduce the threat that can be experienced by those who find communication challenging.

Hyden et al. (2014) proposed that people living with dementia are bound in a physical and social ecosystem which draws together the shared resources of the environment to support them to engage in occupation which they would struggle to undertake individually. They describe how various elements, including objects, people and the cognitive processes of other people, act as the bridge to facilitate access to meaningful occupation, rather than a single stimulus acting this way.

3.3 | Concept two: Living a meaningful life

The centre elements of Figure 2 represent the elements gained from occupation which contribute to a meaningful life (see Figure 4).

The lower three rings depict how a person living with dementia uses occupation to create a feeling of having an influence in their physical and social world. The inner ring focusses on how occupation

is used to reinforce autonomy and choice in their own lives. The middle ring looks at how occupation is used to reinforce a feeling of having a role and influence in their direct social sphere. This involves feeling useful and accepted. The outer ring represents the contribution and influence that a person makes to the wider world, beyond that of their social sphere.

The concept 'continuation of life and a sense of normality' is represented by the petals 'link to past identity' and 'evolving and changing identity'. The link to the past supports the person to identify themselves as essentially the same person. The opposite petal represents how occupation can support a changing and evolving identity. These combine to help people feel that they have a meaningful life which is rooted in the present.

The final petal at the top of the diagram represents how feeling human and whole requires legitimate space and opportunity to experience a full spectrum of emotion and diversity of experience. Within this is the opportunity for people to feel 'alive' and experience absorbing and embodied interactions with the environment which are free of judgement or feelings of failure.

Living a meaningful life involves the person living with dementia continuing to maintain links from across their life course in a way which supports their sense of personal value. The meaning of occupation within this concept stems from the way it is used to support

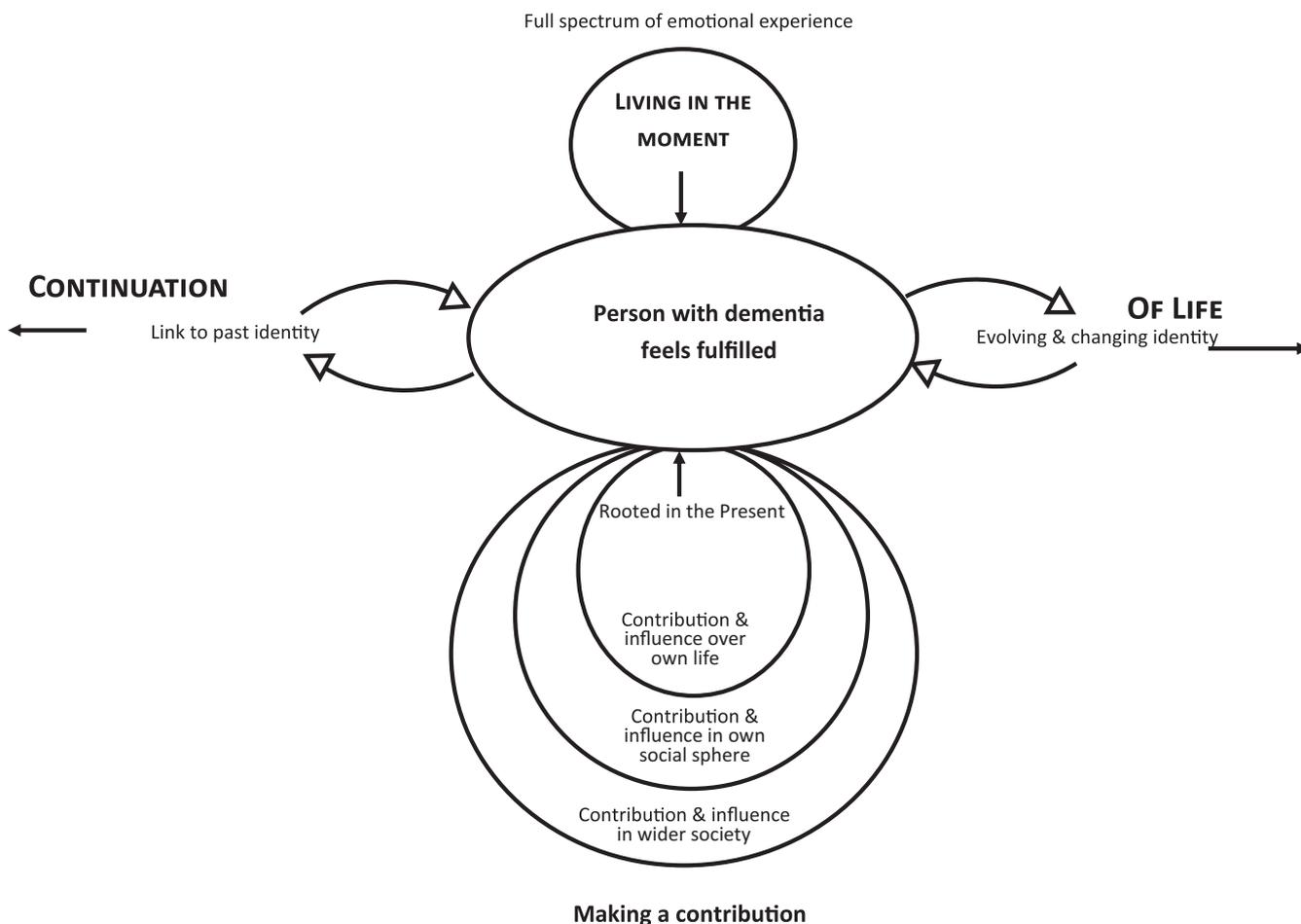


FIGURE 4 Living a meaningful life

the person to maintain a sense of having a place in part of a larger shared existence. Occupations that support a meaningful life are not necessarily the activities the person was involved in prior to their dementia, but occupations which help to support the position they have created through their life. Each of these aspects is described in more detail below.

3.3.1 | Making a contribution

Contributing on a personal level: Occupations can hold meaning through their capacity to support the person living with dementia to experience a sense of having influence over how they live their lives (Harmer & Orrell, 2008; Moyle et al., 2011, 2015; Öhman & Nygård, 2005; Phinney et al., 2007). A number of aspects contribute to understandings of the role of occupation in supporting this autonomy; how perceived control of routines and structure of the day hold value and influence occupation (Clare, 2003; Harmer & Orrell, 2008; Moyle et al., 2011, 2015; Öhman & Nygård, 2005); how the perception of legitimacy of power influences occupational choices (Harmer & Orrell, 2008; Moyle et al., 2011, 2015; Phinney et al., 2007; Raber et al., 2010); the role occupation holds in people experiencing a sense of ownership and control over their environment (Milte et al., 2016; Moyle et al., 2011, 2015; Raber et al., 2010); and finally how the value attributed to independence influences occupational choices (Lam & Keller, 2015; Lee et al., 2008; Phinney et al., 2007).

Having the power to change things within a communal living setting was reported as particularly challenging for people living with dementia as they may no longer feel able to challenge perceived authority. Not feeling as though they hold legitimate power to influence their environment leads them to feel limited in their choice of what they are able to do and are less able to select their own occupation (Moyle et al., 2011, 2015).

Control over the physical environment, which was often represented by very small actions, was reported as affecting the perception of freedom and autonomy. In residential care settings, the arrangement of possessions to create a sense of ownership created a feeling of control (Moyle et al., 2011, 2015; Raber et al., 2010). However, feelings of ownership led to some tension for both care staff trying to prevent conflict over possessions and for people living with dementia:

I don't have a key that I can lock my door. I have to sit and watch where I am. I sit just down the road there, just outside there, so I can watch me door when people come in out and that I haven't got a key for my door, which I would like to have. (Milte et al., 2016)
Person living with dementia in residential care

This person felt unable to protect her private sphere from invasion by others if she was not constantly vigilant. The perceived threat to her privacy affected her chosen occupation, leading to her to sit watching

her door. Whilst having a sense of ownership supported freedom for some in the occupation they selected, it can also reduce the opportunities for engaging in different occupations if it is not supported by the environmental context.

How a person living with dementia can be supported to feel they can make a contribution through occupation is highly influenced by both their worldviews and that of those around them. Occupation was described by some as supporting them to feel independent:

By staying busily involved in her everyday activities, she continued to feel herself as an independent and responsible woman. She insistently carried out all her household responsibilities on her own, saying, 'The only way I feel I have lost my independence is through driving. ... I feel quite independent otherwise, like you know, I do all our usual activities... I care for myself, I care for the house, I pay the bills.' Being on her own and able to look after herself has always been important to Sandra. (Phinney et al., 2007) Person living with mild dementia in the community, and author interpretation

For this woman, her sense of independence was the essence of her worth and humanity. Independence is an aspect of personhood which can be perceived as holding greater status than dependent and interdependent relationships (Roland & Chappell, 2015). Independence is viewed as very desirable in the majority of the studies, inferring that dependence is a state to be avoided and, for some, lack of independence is linked to lack of self-worth. Independence often diminishes as dementia progresses.

The studies describing more individualist viewpoints towards self-worth and personal values reported independence as particularly important (Clare, 2003; Harmer & Orrell, 2008; Moyle et al., 2011, 2015; Öhman & Nygård, 2005; Phinney et al., 2007; Roland & Chappell, 2015). Collectivist viewpoints, which place less emphasis of the individual, also demonstrate less emphasis on the value of autonomy and independence (Hydén, 2014; Lam & Keller, 2015; Lee et al., 2008). The value of independence, as perceived both by people living with dementia and caregivers, is likely to influence the value placed on occupations which strive to support independence.

Contributing to the social environment: Contributing to the social environment involves the person living with dementia experiencing a sense of having an influence and a role within their social world. This world is comprised of the people they value and those they have immediate contact with. Contributions could be in the form of the person using their skills to support others, undertaking useful tasks, passing on skills, offering advice and influencing other people.

This contribution to their social world requires acknowledgement and acceptance by others. External perceptions were described as highly influential in whether the person living with dementia recognised value in their actions or position (Moyle et al., 2011; Roland & Chappell, 2015). Having a clear role, in which they were able to

feel they made a contribution to their social environment, supported ongoing reinforcement of the person's worth (Clare, 2003; Harmer & Orrell, 2008; Lam & Keller, 2015; Milte et al., 2016; Moyle et al., 2011, 2015; Phinney et al., 2007). The value of contributing was also seen through being able to share opinions which were respected and influential. Both the way in which a contribution is received, and the feeling of value that is gained through their contribution being sought, can hold a great deal of meaning for people living with dementia (Lam & Keller, 2015; Moyle et al., 2015; Ogawa et al., 2017).

Demonstrations of compassion and thought for others were reported as influencing occupational choices (Harmer & Orrell, 2008; Lindelöf et al., 2017; Moyle et al., 2015; Ogawa et al., 2017). There was also a strong sense of reciprocal kindness. People living with dementia reported wanting to do something to demonstrate their appreciation of kindness and personal regard. Attributes such as kindness, generosity and appreciation were valued through their ability to cement relationships, and as a means through which they could view themselves as holding a valid and reciprocal place within their social context (Lee et al., 2008; Ogawa et al., 2017; Öhman & Nygård, 2005).

Being accepted supported a feeling of belonging and offered pleasure. A sense of belonging to a group created a shared feeling of ownership. Pleasure was also described as stemming vicariously from other group member's achievements:

While participating in a game as part of a group, a client saw another member succeed and these two clients jointly experienced the joy of this individual's success. (Ogawa et al., 2017) Occupational therapist

Sharing accounts of past traumatic experience was valued for both supporting a sense of connecting with others and belonging, but also to work as a group to manage painful memories. Sharing stories reduced the negative impact of past experiences for group members (Lee et al., 2008; Lindelöf et al., 2017). Group cohesion and a sense of belonging did not need to stem from a shared history. Present and future experiences could support feelings of social cohesions (Han & Radel, 2016; Lindelöf et al., 2017).

Making a contributing to a wider society: This focusses on occupations which have an impact beyond the immediate social circle of the person living with dementia. This could be in the form of activism, research or more personal elements such as sharing skills and beliefs with a wider audience. Both people living with dementia and their families expressed the value of making a contribution on a societal level, though it was not reflected in studies with people working in residential care settings (Roland & Chappell, 2015; Ullán et al., 2013).

An example of having an impact on the wider population through direct action was seen through people living with dementia choosing to exhibit their art work (Ullán et al., 2013). The exhibition of their work was viewed as more than a demonstration of personal skills. Exhibitors wanted to change opinions of the wider public about dementia, despite being unlikely to meet their audience. The significance of having an impact on society was also evident in less active ways,

such as modelling or discussing their values and culture as a means to influence future generations (Lam & Keller, 2015; Phinney et al., 2007).

All the people living with dementia who discussed the value of making a contribution to society lived in the community, rather than residential care settings. This could stem from a change in priorities, either due to the progression of their dementia or a move into a residential care setting, which may fundamentally change their lifestyle. Alternatively, if people working in residential care settings had not considered the possibility of residents contributing to society, it is likely to impact on opportunities for societal contributions. The active desire to contribute to wider societal attitudes described by Ullán et al. (2013) was initiated by a specific activity. Without the art programme, personal awareness of new skills, and the subsequent desire to share these skills with a wider audience, would not have occurred. The occupation provided an opportunity to influence wider public opinion, which was not previously considered. The importance of making a contribution to society increased when people had support and access to resources to do so; thus, the meaning of it can be seen as being influenced by opportunities.

3.3.2 | Continuation of life and a sense of normality

This concept describes how occupation is used to support people living with dementia to experience a sense of normality in their lives. Links to the past support people to identify themselves as essentially the same, and not diminished by dementia. To achieve this does not need to mean undertaking the same activities as previously, but rather the feeling of remaining the same person through recognisable patterns. Shared recognisable culture can support people to feel normal and not identify themselves as ill. The concept also emphasises how occupation can support a changing and evolving identity, which reflects the contextual and dynamic nature of meaning. These combine to help the person living with dementia to feel that they have a meaningful life which is rooted in the present.

A sense of normality acts as an anchor that helps people to manage their feelings through the uncertainty and change they can experience after the onset of dementia (Han & Radel, 2016; Moyle et al., 2011, 2015). Occupations that represented the person's way of life prior to developing dementia were used to create a sense of normality (Harmer & Orrell, 2008; Öhman & Nygård, 2005; Phinney et al., 2007; Raber et al., 2010). By maintaining these normal aspects of their life, the person living with dementia does not identify themselves as sick and thus is able to avoid adopting a 'sick role' (Harmer & Orrell, 2008; Moyle et al., 2015; Phinney et al., 2007). Things which can be seen as 'mundane' or everyday can hold great significance:

Meeting nice people. All the usual things that make do for you I suppose. What would make you happy probably would make me happy and Having a beer now and again at lunchtime. Talking to people. Yes just everyday mundane things. (Moyle et al., 2011) People living with dementia in residential care

These 'mundane' elements reinforce that the person living with dementia is fundamentally unchanged; everyday occupations supported them to continue feeling akin to those around them in their social group (Moyle et al., 2011, 2015; Phinney et al., 2007). Modifying past occupations, including more vicarious engagement such as observation and reminiscence, helped people to retain the feel and pattern of their routines even when they were no longer able to undertake occupations in the same way (Öhman & Nygård, 2005; Phinney et al., 2007; Raber et al., 2010). There was a strong emphasis in the studies on supporting people to maintain their previous identity, though less on supporting an evolving identity. Changes associated with the present and future were predominantly reported in negative terms, such as lost abilities (Clare, 2003; Phinney et al., 2007).

Learning new skills and seeing themselves as competent in a new way was very meaningful for some people living with dementia (Ogawa et al., 2017; Ullán et al., 2013; Wu et al., 2015). Likewise, new meaning could be found in past occupations which previously held less significance to the person:

For example, Lois told the instructor that the slow pace of the [exercise] class was 'helping to improve her condition', which she then described as having trouble relaxing. She described discovering feeling pleasure in allowing her mind to wander during the quiet moments in the class. (Wu et al., 2015) Author interpretation

Both occupations that reflect the past, and those which are novel, can offer opportunity for meaning. A person's biography can be viewed as profoundly linked to what they find meaningful; however, the meaning of occupation is not static and meaning can evolve (Raber et al., 2010). The temporal and spatial nature of the meaning people give to occupation prevents any specific activity as having a consistent meaning (Lam & Keller, 2015; Moyle et al., 2015; Raber et al., 2010). Discovering new meaning in occupation was highly influenced, both positively and negatively, by the social environment.

Family carers were found to emphasise occupations which support the past interests of the person living with dementia (Chung et al., 2008; Han & Radel, 2016; Roland & Chappell, 2015). This may help family carers to view the person as fundamentally unchanged and could arise from family carers experiencing a sense of loss stemming from the change in their relationship. This potentially limits the opportunities for an evolving identity.

3.3.3 | Living in the moment

This concept centres on occupation creating a feeling of flow when completely immersed in something without cognitive effort. Occupation here does not involve evaluation or judgement, giving a sense of freedom. It also includes occupations which draw meaning from embodied awareness.

Occupations which are less cognitively challenging can become more meaningful than they previously had been for people prior to their dementia, through being immersed in the moment, and experiencing sensations without using higher cognitive processing (Han & Radel, 2016; Harmer & Orrell, 2008; Öhman & Nygård, 2005; Phinney et al., 2007; Wu et al., 2015). This created a sense of freedom from worrying about doing things correctly and fearing failure and could present opportunities for respite from concerns:

Others, like Clara, expressed enjoyment about not having to worry about the past or anticipate the future, 'to just be here' in the moment. (Wu et al., 2015) Author interpretation

These occupations can draw on the skills and knowledge the person has developed over a lifetime, particularly if the implementation of these is automatic, requiring little conscious effort (Han & Radel, 2016; Phinney et al., 2007). Embodied awareness can be a piece of a wider system of ways of understanding which can support people with more advanced dementia. Corporeal knowledge can be used to maintain involvement and flow, and when this embodied skill is supported by the environment and other people, it becomes possible for people living with dementia to carry out complex occupations (Hydén, 2014; Lindelöf et al., 2017; Milte et al., 2016; Phinney et al., 2007). People living with dementia can pool resources, to create a symbiotic understanding reliant on the cooperation of others and the environment (Hydén, 2014). Through collaborative working, people living with dementia can draw on physical prompts, such as familiar artefacts and procedures, and also draw from other's cognitive abilities to create an environment where they can experience and perform otherwise extremely challenging occupations (Hydén, 2014).

3.4 | Full spectrum of emotion

People living with dementia should have the chance to experience the full spectrum of emotion, which is part of the experience of being human. This concept also includes the opportunity for people to experience diversity in their environment to support a greater sense of wholeness.

Negative emotions can still hold a great deal of meaning for people living with dementia, and these feelings can be fundamentally interwoven with the person's sense of identity (Harmer & Orrell, 2008; Lee et al., 2008). Carers were reported as finding it challenging to support people experiencing intense emotions such as grief, though trying to distract people from this was seen as jeopardising the integrity of the relationship (Harmer & Orrell, 2008). The desire of caregiver to prevent such feelings reduces their chance of people with dementia experiencing complex emotions which reinforce important aspects of their identity (Harmer & Orrell, 2008; Ullán et al., 2013). This can reduce satisfaction with life.

This concept also includes the opportunity for people living with dementia to experience diversity in their environment as a means

of supporting a greater sense of wholeness (Harmer & Orrell, 2008; Moyle et al., 2011, 2015; Roland & Chappell, 2015). People living with dementia valued the chance to go outside, and reduced access to the outside environment left them feeling 'diminished' (Moyle et al., 2011).

3.5 | Concept three: Occupation as a tool

The outer satellites shown in the Figure 2 represent the third overarching concept depicting how occupation is used to create a specific outcome (see Figure 5).

These are used by both people living with dementia and those who support them; however, they are not always recognised as holding legitimate value by the person living with dementia. The two top right circles represent occupation as a tool to manage emotion and behaviour. The arch extending into the centre of the circle represents how occupation is used to create long-term specific effects, such as holding of disease progression and maintaining functional abilities. The final element is the bottom right circle and outward facing arrow, which represents occupation as a form of assessment with which people living with dementia can understanding their own disease progression.

3.5.1 | Occupation as a tool to manage emotion and behaviour

Occupation is used to initiate immediate, short-term changes for the person living with dementia through alleviating negative, and initiating positive, emotions. Occupations are used to support opportunities for moments of joy or fun (Han & Radel, 2016; Harmer & Orrell, 2008; Lam & Keller, 2015; Lillekroken et al., 2015; Moyle et al., 2015; Öhman & Nygård, 2005; Phinney et al., 2007; Roland & Chappell, 2015; Ullán et al., 2013; Wu et al., 2015), as a means of distraction (Phinney et al., 2007; Roland & Chappell, 2015), to relieve boredom (Milte et al., 2016; Moyle et al., 2015), to help people living with dementia to feel calm (Collier & Jakob, 2017; Harmer & Orrell, 2008; Ogawa et al., 2017; Roland & Chappell, 2015) or reduce anxiety (Lam & Keller, 2015; Lee et al., 2008; Lindelöf et al., 2017; Ogawa et al., 2017; Roland & Chappell, 2015), to reduce medication use (Collier & Jakob, 2017), and as a way in which people living with dementia can manage feelings of frustration (Clare, 2003; Han & Radel, 2016; Moyle et al., 2015; Raber et al., 2010).

She recognized that the Alzheimer's would only get worse, but mostly she turned away from her fears of the future toward activities that brought her pleasure.

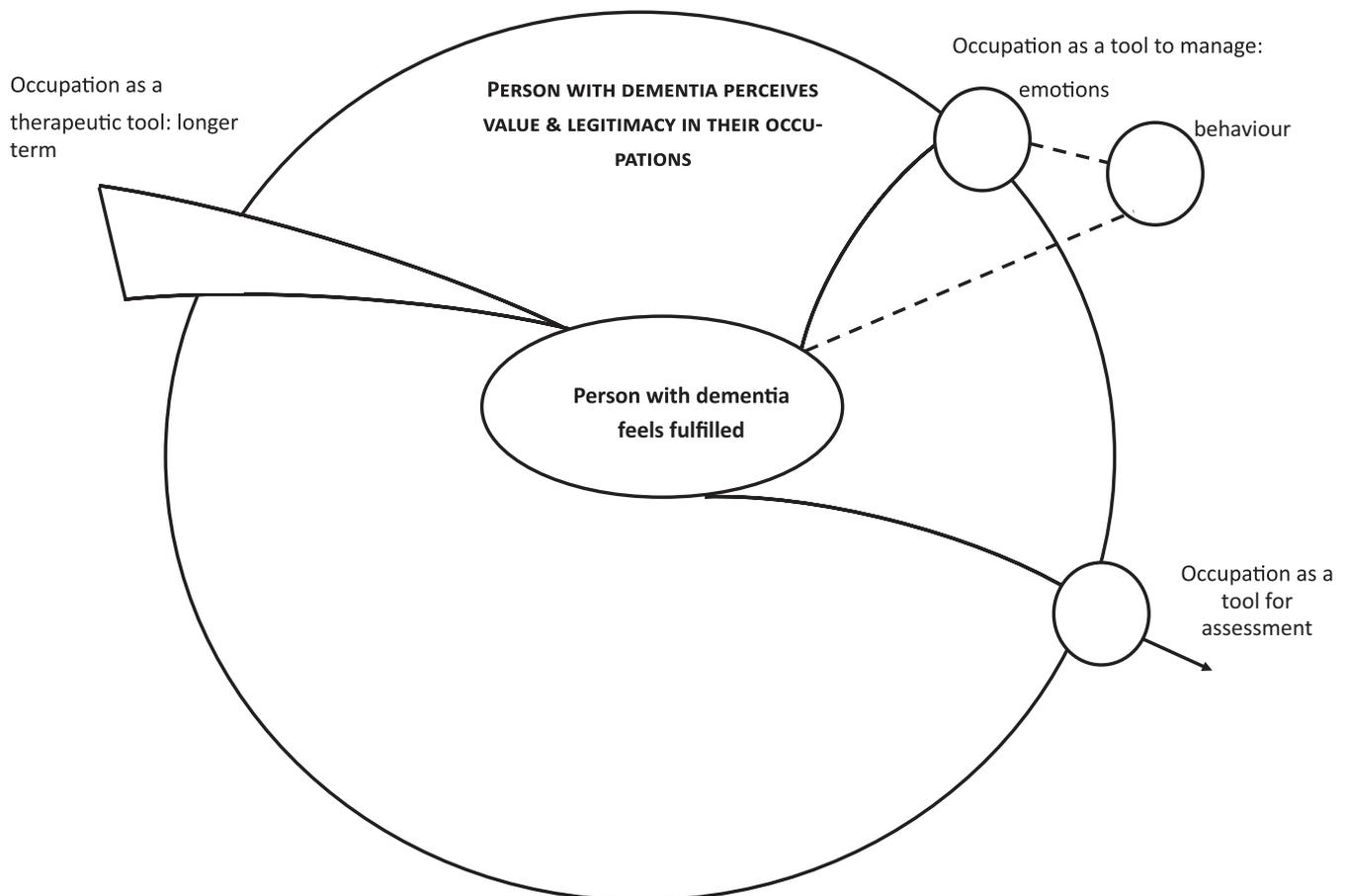


FIGURE 5 Occupation as a tool

Sandra felt she could easily fall into depression, but by being absorbed in smooth-flowing everyday activity. 'When I'm busy, when I'm active, I don't really think about [the Alzheimer's]'. (Phinney et al., 2007) Author interpretation, and quote from a woman with dementia living at home.

This woman deliberately used occupation to distract herself from thoughts of decline which she felt helpless to do anything about and retain greater emotional well-being. Managing short-term emotion can hold value for the person living with dementia; however, it also has the potential to undermine the legitimacy of those emotions and the right to experience a complex self-image (Ullán et al., 2013).

Using occupation for managing behaviour was described by carers in the studies, though not by people living with dementia, as affecting quality of life and feelings of fulfilment. This could be through preventing harm to the person (Milte et al., 2016; Moyle et al., 2015), or creating a more harmonious environment in communal living settings (Raber et al., 2010). Using occupation to manage behaviour also caused tension when the desired objectives of the person living with dementia and of those supporting them, conflicted:

Alice, confident in her capacity for tidying up, continued to go into others' rooms and collect objects, regardless of staff attempts to redirect her. (Raber et al., 2010) Authors interpretation.

The staff viewed her actions as a 'negative behaviour to be managed' and attempted to redirect them, rather than seeing an occupation which held a valuable meaning for her. The redirected activity held very different meanings for the staff and the woman, making the attempts of the staff to alter the woman's occupation ineffective and frustrating for both parties.

3.5.2 | Occupation as a tool for therapeutic effect

This concept outlines how occupation is used to maintain health both physically and psychologically. Therapeutic effect is demonstrated through using occupation as a means to preserve the existing skills and functions of the person living with dementia (Harmer & Orrell, 2008; Lillekroken et al., 2015; Lindelöf et al., 2017; Milte et al., 2016; Öhman & Nygård, 2005; Phinney et al., 2007; Roland & Chappell, 2015), maintaining physical fitness (Öhman & Nygård, 2005; Roland & Chappell, 2015) and holding off disease progression (Lindelöf et al., 2017; Öhman & Nygård, 2005; Wu et al., 2015). The value of preserving the functional skills was seen as supporting independence and maintaining a sense of normality (Lindelöf et al., 2017; Roland & Chappell, 2015). Occupation was used in this way by both people living with dementia and those

supporting them. Despite this, mismatched purposes between these groups were still evident:

The meaningfulness of activities was generally seen to relate to the therapeutic benefits of maintaining function. Some implied that they became frustrated that residents did not sufficiently appreciate this. 'We have ... an activities co-ordinator who arranges things for them to do, for those who can participate ... I think if residents could appreciate that activities is a therapy ... that it is helpful for them to engage in activities, it is good for you and helps your mind to keep on being functional'. (Harmer & Orrell, 2008) Author's interpretation and carers account.

The carer was frustrated that people living with dementia did not consider occupation in this way and use it to reduce the impact of dementia on their existing skills.

Both people living with dementia, and others who supported them, reported that it is the responsibility of the person living with dementia to do all they can to maintain the best possible health and functionality (Harmer & Orrell, 2008; Öhman & Nygård, 2005; Phinney et al., 2007; Roland & Chappell, 2015). Using occupation in this way centres on the belief that it is important for people living with dementia to retain a life which is as close as possible to that of the life that they had prior to diagnosis. This can reduce the opportunity to incorporate the experience of dementia into a person's evolving identity.

3.5.3 | Occupation as a method of assessment

Occupation can be used by people living with dementia as a means of understanding their own disease progression but also as a demonstration of their abilities, for example self-care or cooking. It can be used to demonstrate competence and independence to retain control in their lives (Öhman & Nygård, 2005). Using occupation as a gauge of competence can provide objective evidence that could wield potential power and influence in decision making. Contrastingly, other people such as care staff or family can use occupation as a form of assessment as evidence to reduce choice (Chung et al., 2008).

3.6 | Relationship between concepts

All of the elements within the model reinforce and build upon each other. The purpose of occupation can be viewed not as repeating the occupations of the past, but of building opportunities for people living with dementia to experience value and self-worth in the present. Satisfaction did not stem from perceiving they were unaffected by their experience of dementia, instead it related to how fulfilling they perceived their lives to be.

Only one factor was evident as a consistent difference between people living with dementia and family and professional carers: that of the role of occupation as a tool to manage behaviour. This was not present within the evidence from people living with dementia, though both professional care staff and family carers inferred it as a purpose of occupation. Predominately, differences in beliefs about the purpose of occupation did not stem from the role the person had, but rather from their worldview and the paradigms through which they understand dementia. Though each theme has specific distinguishable features, each aspect adds to creating a feeling of fulfilment and satisfaction in life for the person living with dementia.

4 | DISCUSSION

4.1 | Summary of key findings

This meta-ethnography was based on 20 studies, representing a wide breath of concepts related to occupation for people living with dementia. Through this review, we have created the first conceptual framework for understanding the purpose of meaningful occupation for this group.

Central to the conceptual framework is that the fundamental purpose of occupation is to support people living with dementia to feel they are living a meaningful and fulfilling life, though the specific detail of how people believe occupation supported this was highly influenced by the worldviews and values of the individual, and the context in which they were experienced. Prominent views which influence how the purpose of occupation was perceived stemmed from whether dementia was considered an illness which diminishes personhood, leading to the adoption of the 'sick role' (Parsons, 1951); or how the life course was viewed, which could lead to infantilisation of the person living with dementia. Another influential attitude stemmed from the value placed on individualism and collectivism. Furthermore, how awareness of occupation was perceived by carers to be experienced was also a strong influencing factor in the occupational opportunities accessible to people living with dementia.

4.2 | Linking with theoretical literature

4.2.1 | The sick role

How belief systems affect the purposes attributed to occupation can be explored through the perception of calmness and avoiding extreme emotions. For some carers and staff, avoidance of extreme emotion was a fundamentally desirable aim of occupation; conversely, for others, the purpose of occupation was to support a greater diversity of experience and emotion for people living with dementia. The emphasis on calmness could be seen as regarding people living with dementia as ill, and as such are not required to participate in contributing to their social world, but should be made to feel comfortable. This draws on the concept of 'the sick role' proposed by Parsons (Parsons, 1951)

in which a person in a sick role has the right to be absolved of the usual responsibilities expected of them. Whilst a feeling of peacefulness was expressed as important by some people living with dementia, this was discussed more as a short restorative period rather than the avoidance of complex emotions. Another aspect of the sick role evident in the synthesis is that people have a responsibility to try and maintain their life as it was prior to dementia, and limit the effects of dementia as a way to 'fight' the illness or, in the case of dementia, to maintain skills for as long as possible. This has the potential to view decline as a personal failure. Not engaging with the obligations of the sick role could be viewed as deviant behaviour. Conversely, the desire to feel 'normal' rather than taking on a sick role may account for the emphasis placed on past occupations with comparatively little consideration of looking at an evolving identity.

4.2.2 | Individualism and collectivism

The worldview of the person living with dementia was an important factor in how people viewed themselves, and thus the meaning which they found in occupations. Independence was highly valued by people with very individualistic life views. Communities with higher socioeconomic positions have been found to emphasise individual achievements and goals above the collectivist attitude of valuing group roles which are defined by attributes outside the individual's control such as age or gender (Triandis & Gelfand, 2012). This individualist approach tends to be reflected in the life course of people living in countries with greater socioeconomic status which increasingly views ageing as separate from a chronological number, and more as a distinction between frailty and activity, with an emphasis on maintaining youthfulness (Blaikie, 1999; Haralambos & Holborn, 2013). Occupations which prevent the person living with dementia as seeing themselves as frail or sick are likely to be valued more highly by people or cultures with a more individualistic worldview.

Triandis and Gelfand (Triandis & Gelfand, 2012) suggest that individualistic and collectivist attitudes are not fixed, but fluid in nature, and susceptible to influence from experience and language. It may be possible to soften the impact of reduced independence through the progression of dementia by supporting occupation which highlights a collectivist worldview, as seen in one paper when two women with dementia prepared a meal for the other residents (Hydén, 2014). Providing opportunities that support a different view point can help people living with dementia to reimagine meaning and priorities. Supporting collectivist values may help to lessen the impact of diminishing independence though only if it is acceptable and congruent for the person with dementia.

4.3 | Conceptual discussion of meaning and awareness in relation to occupation

The effect that someone perceives an occupation to have gives the occupation its meaning, placing ownership of meaning in the

domain of the person living with dementia. It is therefore important to understand how meaning can be perceived as dementia advances. Theories of embodied selfhood do not rely on the cognitive skills of the person living with dementia and emphasise awareness at a physical level (Kontos, 2004). Embodied awareness theorises a person has an awareness of their surroundings and interactions in a corporeal way, and all knowledge is subject to this bodily awareness prior to cognition (Kontos, 2004; Reynolds, 2004). The body therefore processes information independently of cognition; however, it is not clear whether this awareness leads to meaningfulness. If meaning is seen as an emotional response, it is possible to recognise, for example, joy stemming from an embodied experience as having meaning. Automatic actions and routines, such as smoothing clothing, have been argued as actions which form part of the identity of a person living with dementia, and could be interpreted as holding meaning (Kontos, 2004). These actions may support meaning in the eyes of other people (Fontana & Smith, 1989). The way in which the person living with dementia feels, and their reaction to others responses, reinforces the meaning of the occupation for both people, creating a shared meaning. Shared meaning may allow people to influence the world and their agency, a key element of the meaning of occupation proposed by Kitwood (1997), though with a less cognitively demanding process to access it. Shared meaning still relies heavily on an outward indicator of the emotional experience of the persons living with dementia, without it the reciprocal nature is lost; however, the person living with dementia may still find value in the occupation.

5 | CONCLUSION

Through meta-ethnography, we were able to generate three concepts that explain the perceived purposes of occupation and how this is influenced by the context in which it occurs. Analysis of the data suggests that occupation requires a supportive environment to maintain meaning for people living with dementia. If a person living with dementia feels valued and is able to access occupational opportunities, they can feel linked to the present, past and future, including the chance to explore new meaning. Occupation can support people to feel they have influence and value and can access a broad range of experience which support the person to feel 'whole'. Occupation can also be used as a tool with a very specific purpose. Using occupation in this way offers identifiable or measurable outcomes of occupation and as such can be used by both people living with dementia and others to gauge the effects of dementia and influence decisions. Care needs to be taken that the success of an occupation is not judged solely through these more easily identified effects.

Our meta-ethnography found the role of a person did not influence how they perceived meaningful occupation, but that differences and similarities of perspective were subject to the person's worldview. Only one factor was identified as linked to role rather than worldview. The use of occupation as a tool to manage behaviour

was not described by people living with dementia, though it was discussed by both professional care staff and family carers. Further studies are needed to understand how exploring the worldview of caregivers and people living with dementia can influence occupational opportunities and how to support caregivers to create opportunities for people living with dementia to experience all aspects of meaningful occupation.

5.1 | Implications for practice and research

Meaningful occupation is a complex notion which requires a great deal of skill to support well; however, the perceptions of those supporting people living with dementia were often subject to wider contextual influences. Care staff and family carers' perceptions about the purpose of meaningful occupation involve compromises stemming from conflicting beliefs, often arising through the desire to balance safety with occupational rights. In the UK, legislation requires care staff to balance the safety of the individual with their 'rights and preferences', though it is up to staff to interpret how this should be applied to individual practice situations. The right balance between paternalism and positive risk taking can be extremely difficult to judge and, furthermore, the person living with dementia may not perceive they require safeguarding, or that their occupation has inherent risk. Within care homes, there is also a need to manage tensions arising from living in a communal setting. For many people living with dementia, this is very different from their previous home environment and requires a large adjustment. These tensions can result in disparity about the purpose of meaningful occupation between people providing care, whether paid or unpaid, and people living with dementia.

Our conceptual framework developed through evidence synthesis proposes how occupation could support meaning in multiple ways, and how these forms of meaning are influenced by the worldviews and values of the individual, and context in which they were experienced. The worldview of both the person living with dementia and those in a supportive role profoundly affect how the purpose of occupation is perceived and the opportunities and choices for creating meaning in life. The framework can be used by care staff to identify areas in which occupational opportunities are well supported and also identify where more development is required. It can also be applied to research to identify how to frame effectiveness of occupation for people living with dementia.

5.2 | Strengths and limitations

This study is the first meta-ethnography to explore how people living with dementia, professional care workers and family carers perceive the purpose of meaningful occupation for people living with dementia and explore similarities and differences between their beliefs. We have used this to create the first conceptual framework of the purpose of meaningful occupation drawing together existing qualitative

research. A strength of the meta-ethnography is the breadth of the data, and diversity of the populations represented.

The limitations of this meta-ethnography arise as the new conceptual framework draws on data discussing dementia as a broad concept and does not differentiate between either specific disease diagnoses, nor does it examine the age of onset. These factors could influence the perception of the purpose of meaningful occupation. Likewise, the model does not explore how perceptions about the purpose of occupation may change with the progression of dementia. It does give a broad understanding of how to think about what effective occupation looks like for people living with dementia and as such offers an alternative theoretical position from which to plan and evaluate occupational opportunities.

This meta-ethnography was imbedded in another project and as such the public and patient involvement was through informal discussions with a variety of people with experience of dementia. Formal public and patient involvement has been used in other aspects of the project and the authorship team are all imbedded in the topic area.

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CONFLICT OF INTEREST

None.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available in the Appendix S1 of this article.

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SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section.

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