

1 **Title**

2 **Enhancing engagement in meaningful occupation in a dementia town: A qualitative evaluation of**  
3 **MOED – The meaningful occupational engagement intervention for people with dementia**

4 **Abstract**

5 **Introduction:** Engagement in meaningful everyday life occupations is linked to well-being. However,  
6 people with dementia are often deprived of engagement. As a response, a Danish Dementia Town was  
7 established with the intention of transforming care services to improve opportunities for meaningful  
8 engagement. The evidence-based MOED intervention was developed and implemented in dementia  
9 town to enhance meaningful occupational engagement. The purpose of this paper is to evaluate the  
10 content, impact and implementation process of MOED.

11 **Method:** To evaluate MOED, we applied a program theory-based qualitative approach, building on  
12 participant observations and informal conversations with people with dementia (n=7) and staff (n=9).  
13 Data were analysed from a hermeneutic approach to gain an in-depth understanding of how MOED  
14 influenced meaningful occupational engagement and to evaluate the implementation process.

15 **Findings:** The main theme ‘Engagement in meaningful occupations – a conditional and fragile process’  
16 emerged along with three subthemes: ‘Creating an everyday space of meaning: Conditions of the  
17 intervention’, ‘Occupational engagement as an opportunity to blossom: Impact of the intervention’ and  
18 ‘Professional identity, culture and reflections: Contextual barriers to changes to working practice’.  
19 Together, the subthemes illustrate how engagement in meaningful occupations arose. However,  
20 opportunities to engage in meaningful occupations were fragile, as they depended on various factors  
21 within the context.

22 **Conclusion:** Engagement in meaningful occupations emerged when MOED was applied in accordance  
23 with the program theory, as it seemed to create spaces where people with dementia could engage in  
24 meaningful occupations and they could blossom over time. However, MOED was only partially  
25 implemented in accordance with the developed program theory, as several contextual barriers  
26 influenced the sustainability of the intervention. MOED showed potential to support improvement in  
27 dementia care activity programmes to enhance opportunities to engage in meaningful occupations in  
28 everyday life for people living with dementia.

29 **Keywords** Meaningful occupations, dementia, evidence-based intervention, activity programs,  
30 evaluation

## 31 **Introduction**

32 Worldwide, around 50 million people are living with dementia, a syndrome that affects “*memory,*  
33 *thinking, behaviour and the ability to perform everyday activities*” (WHO, 2019). Due to the  
34 progression of the disease, people with dementia become dependent on others to support engagement in  
35 occupations in everyday life. Occupations are understood as *all the things people do across the sleep-*  
36 *wake continuum* (Wilcock & Hocking, 2015, p. xi). The terms activity and occupation are both used in  
37 the literature and often used interchangeably. In this paper the term occupation will be used as the study  
38 is theoretically positioned within the academic discipline of occupational science which holds the  
39 assumption that engaging in meaningful occupations is significant for health, well-being and quality of  
40 life (QOL) (Durocher, Gibson, & Rappolt, 2014; Hammell, 2004; Hasselkus, 2011). However, people  
41 with dementia are in risk of being deprived of engagement in meaningful occupations, resulting in  
42 unmet needs and lack of well-being (Smith, N., Towers, Palmer, Beecham, & Welch, 2018).

43 The term meaningful occupation in this study encompass: all everyday occupations people do that  
44 provide meaning to the individual's life (Hasselkus, 2011). These occupations should be tailored to the  
45 individual's with dementia current and past interests and preferences and adjusted to their abilities, and  
46 have the potential to connect the person with others or the environment (Han, Radel, McDowd J.M., &  
47 Sabata, 2016; Kielsgaard, Horghagen, Nielsen, & Kristensen, 2020; Kielsgaard, Horghagen, Nielsen, &  
48 Kristensen, 2021). Occupational engagement refers to the way people involve themselves in occupation  
49 and is understood as "*the involvement in an occupation with current positive personal value attached to*  
50 *it*" (Morris & Cox, 2017, p. 9). The reasons for low levels of engagement in meaningful occupations  
51 are complex. This can be due to implications of the disease. However, social, environmental, economic  
52 and cultural factors, such as society's perceptions of people with dementia, lack of knowledge and  
53 support from caregivers, lack of adequate resources and environmental barriers seem to be the main  
54 obstacles (Du Toit, Sanetta HJ, Casteleijn, Adams, & Morgan-Brown, 2019; Smith, N. et al., 2018).  
55 The need for formal caregivers to have adequate competencies to facilitate engagement is an issue  
56 (Kielsgaard et al., 2020). Likewise, it is of importance that caregivers do not consider people with  
57 dementia as being inactive and incapable of expressing their own needs (Witsø & Vik, 2017). Hence, a  
58 low level of engagement is not regarded as a natural part of getting older (Smith, N. et al., 2018).  
59 Many Western welfare and health services are developing new housing facilities, for example dementia  
60 towns (Kristensen & Peoples, 2019). Such communities often aim to provide opportunities for  
61 occupational engagement, but the creation of suitable environments might not in itself facilitate  
62 meaningful engagement (Kielsgaard et al., 2020). In Denmark, the National plan of action for dementia  
63 (Sundheds- og Ældreministeriet, 2016) emphasizes that activity programs must be meaningful, and  
64 based on the best and latest knowledge of what can contribute to greater QOL in the everyday life for

65 people with dementia (Sundheds- og Ældreministeriet, 2016). However, there is no clear description of  
66 how such services should be organized.

67 A scoping review (Kielsgaard et al., 2020) shows that many approaches to engaging people with  
68 dementia have been suggested. However, few comprehensive approaches embracing the complexity of  
69 interventions have been implemented and evaluated within dementia care contexts (Smith, R., Wood,  
70 Jones, Anderson, & Hurley, 2019). To our knowledge, no studies have been conducted within  
71 innovative practices, such as dementia villages. Although evidence-based knowledge on elements in  
72 complex interventions is increasing, there remain great challenges in its implementation in dementia  
73 care e.g. challenges of transforming evidence into practice due to the complexity of contexts and  
74 difficulties of changing usual routines of staff (Lynch et al., 2018; Bucknall & Rycroft-Malone, 2010;  
75 Wackerhausen, 2009). To overcome these challenges, the meaningful occupational engagement  
76 intervention for people with dementia (MOED) intervention was developed to enhance meaningful  
77 engagement and was implemented and adapted to a Danish dementia town. The aim of this paper is to  
78 explore how this evidence-based MOED intervention influenced engagement in meaningful  
79 occupations for people with dementia within a dementia town, and to understand how contextual  
80 factors influenced the implementation.

81 The following sub-questions, focusing on evaluating the processes and the impact of the intervention,  
82 led the study:

83 1) How did the intervention impact experiences of engagement in meaningful occupations  
84 in the participants?

85 2) How did elements (activities and moderators) in the program theory contribute to  
86 engagement in meaningful occupations?

87 3) How did contextual factors influence the performance of the intervention?

## 88 **Methods**

### 89 *Setting*

90 The study was carried out at the activity-centre in a Danish dementia town for people with moderate to  
91 severe dementia (see Kielsgaard et al., 2021). It forms part of a larger action research project whose  
92 aim is to develop, implement and evaluate an evidence-based intervention to enhance engagement in  
93 meaningful occupations for people with dementia (Svendborg Kommune, 2020).

94 The purpose of the dementia town is to create a living milieu where everyday lives can be led with  
95 well-being and autonomy (Svendborg Kommune, 2017). There are 125 people living within the  
96 dementia town in various types of accommodation offering differentiated staff support, depending on  
97 the needs of the residents. Additionally, about 80 people with dementia living in the municipality are  
98 referred as day guests to the activity-centre. The activity-centre is an integral part of the dementia town  
99 and the activity- program takes part in all the common areas. Among the activity-centre's amenities are  
100 a library, a small shop, a wellness room, an exercise room and a restaurant, which is also used for  
101 social activities. The dementia town has a naturally fenced garden area with raised beds, a greenhouse,  
102 a small lake, hens, rabbits and paths to get around easily. The activity-centre is open in the daytime on  
103 weekdays, on two evenings a week and one Sunday a month. The staff group consisted of health care  
104 professionals with shorter-term educational qualifications (1-2½ years), such as social and health care  
105 assistants or nurses' aides, together with a kitchen assistant, and caregivers in flexible jobs (for people

106 with a reduced ability to work) without qualifications in the field. Caregivers in flexible jobs took part  
107 in the daily practices with supervision from health care professionals, however with fewer  
108 responsibilities. The staffing corresponds to a regular activity-centre in a Danish context. Moreover,  
109 three to five people from the local community provide daily voluntary assistance.

## 110 *Design*

111 This study had a qualitative design with a hermeneutic approach (Dahlager & Fredslund, 2008;  
112 Gadamer, 1998), to provide in-depth understandings of the contributions of the implemented MOED  
113 intervention. The framework of *purposeful program theory* (Funnell & Rogers, 2011) was used to  
114 evaluate the complex aspects of the intervention. A program theory approach allows an understanding  
115 of how the implemented program works. Furthermore, it is possible to distinguish whether possible  
116 failure in intended outcomes is due to a lack in the theory or caused by inappropriate implementation  
117 (Funnell & Rogers, 2011). The Standards for reporting qualitative research: a synthesis of  
118 recommendations (SRQR) guidelines were applied to report the study (O'Brien, Harris, Beckman,  
119 Reed, & Cook, 2014).

## 120 *The meaningful occupational engagement intervention for people with dementia* 121 *(MOED)*

122 The MOED intervention was developed by the first author (KK) (Table 1).

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124

125

126 Table 1. Overview of the phases in the development, implementation and evaluation of the MOED  
 127 intervention

<b>Phase</b>	Learning	Development	Implementation	Evaluation
<b>Time span</b>	December 2017- October 2018	October 2018- August 2019	December 2018- November 2019	November 2019- January 2020
<b>Actions</b>	Agreement on topic of research in collaboration with a steering committee, incl. project owners, managers and co-researchers. Scoping review and ethnographic fieldwork exploring existing knowledge and practices	Development of a program theory of the intervention, based on existing evidence and evidence from the specific setting, with feedback from day-to-day manager, and from the co-author research team. Development of workflow & supporting tools. Development of a theoretical foundation for the implementation of the intervention	Planning the implementation process together with the managers. Workshops: Education and training sessions (n=5) and reflection sessions (n=8) with staff and managers. Environmental changes. A project worker supported the implementation over 3 months.	Evaluation of intervention based on participant observations of everyday life in the activity-centre and interactions of staff and selected participants living with dementia

128

129 The framework of *purposeful program theory* (Funnell & Rogers, 2011) guided the process of  
 130 developing and implementing the intervention. A program theory is a plausible model of why and how  
 131 a program – in this case an intervention – works (Funnell & Rogers, 2011). The underlying program  
 132 theory of the MOED intervention describes how specific elements and activities contribute to the  
 133 outcome of enhancing meaningful engagement. Besides, program theory explains the drivers by which  
 134 changes come about to achieve the outcomes, which underlies the implementation process (Funnell &  
 135 Rogers, 2011). The program theory was developed based on existing research and contextual evidence,

136 as it was thus possible to develop an evidence-based program theory based on all four elements of  
137 EBP: the best available research-based evidence, patients' preferences, professional expertise, and  
138 knowledge of the local context (Rycroft-Malone et. al. 2004). A scoping review was conducted to  
139 explore and describe existing evidence about approaches to enhancing engagement in meaningful  
140 occupation in institutional settings (Kielsgaard et al., 2020). Furthermore, a narrative, ethnographic  
141 fieldwork, was undertaken to understand how people with dementia engaged in occupations and how  
142 this related to their experience of meaning within the particular context of an activity centre in the  
143 dementia town (Kielsgaard et al., 2021). Results from both studies were reviewed and extracted into a  
144 matrix according to the four elements of evidence, which include both the perspectives of people with  
145 dementia and professionals as well as theoretical elements of importance to facilitate meaningful  
146 occupation. Besides the narrative description of the program theory within the matrix, a diagram of the  
147 program theory was developed. Theories to support changes on an organisational level and on a level  
148 relating to personnel (Wackerhausen, 2009; Wenger, 2004) formed the theoretical foundation of the  
149 program theory for achieving changes. KK had the lead role in devising a draft of the program theory.

150 To execute the program theory in practice it was transformed into: a) the MOED intervention, consisting  
151 of an activity program, a workflow for staff and environmental adaptations (Figure 1), and b) 1 A  
152 theoretical foundation for the implementation of the intervention based (Table 1).



153 Figure 1. Overview the MOED intervention encompassing an activity program, a workflow and  
 154 environmental adaptations



**An activity program**

outlining a weekly program lasting for half a year, including staff responsibilities.

Includes a daily schedule of small clubs (e.g., a culture club, an intergenerational club, a nature and outdoor club, a seasons club and a ladies' lodge).

A schedule for a larger café group with possibility for attending a creative or wood workshop, playing games, walking in the park, reading of books, singing and listening to music, attending the wellness room, visit the shop or just relaxing.

**A workflow** for staff displaying: a) meetings, daily tasks, distribution of responsibilities and timetables, and b) steps regarding the person-centred planning, performance and evaluation of occupations, based on supporting tools at every step:

- 1) Start interview with patient and relatives based on an "activity profile"
- 2) Assessment of functioning
- 3) Match to occupational services at start and at morning meetings based on the "match wheel" (picture),
- 4) Planning and performing occupations
- 5) Evaluation of engagement in occupation based on tools to plan and evaluate clubs

**Environmental adaptations.**

Decor and design of environment, e.g., divide larger rooms and spaces into smaller ones, customize colours and interiors to help citizens navigate and adjust stimuli.

Creating activity rooms. Ensure that the environment facilitated the occupations to be undertaken; e.g., equip wood workshop with file bench, wood and tools and the kitchen garden with garden tools, flowers and greenhouses.

155

156

157 The activity program consists of a weekly schedule valid for 6 months of smaller regular clubs (max. 8  
158 participants) with themes to embrace a varied activity repertoire and unstructured occupations in a café  
159 group open to all. People with dementia were matched to services based on preferences and  
160 functioning. Staff were responsible for occupations and clubs of preference. The workflow for staff  
161 comprised steps involving planning, conducting, and evaluating the activity program tailored to the  
162 individual's occupational needs. The environmental adaptation consisted of creating settings adapted to  
163 the occupations to be undertaken. Figure 2 provides an example of the intervention applied to the daily  
164 practice.

165 To implement MOED, a schedule of learning activities was developed, encompassing project days with  
166 educational sessions of evidence-based knowledge, workshops to test the steps in the workflow, and  
167 further sessions to reflect on own practice (Funnell & Rogers, 2011; Wilding & Galvin, 2014). Project  
168 days were conducted for each step of the workflow and there were sessions for intermediate reflections  
169 on own practice. The daily manager participated in the planning of project days and took an active part  
170 in supporting the process and staff reflections. The workflow and activity programme were introduced  
171 to the staff on the first project day. Hereafter, the theoretical content, working procedures and tools  
172 were continuously implemented and adapted to the context. Furthermore, the fifth author (MHH)  
173 participated in *the seasons club* and in daily staff meetings once a week for 3 months as a role model to  
174 facilitate the activities.

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177

178 Figure 2. The intervention applied to the activity-centre

179 Days in the activity-centre start with a staff meeting to plan the day's and time to prepare the program. The  
180 activity program starts at 10 am with staff welcoming people arriving either by bus or from the dementia town.  
181 Then people are helped to find their location, either in the café group or clubs. Afterwards everyone has coffee  
182 and bread, either in the café group or the clubs. In the café group occupations are presented and people can  
183 choose or be invited to participate. Clubs last for 2.5 hours, following a recognisable structure and was planned  
184 to reflect the theme and the participants' functioning, with the aim of ensuring user involvement. Clubs were  
185 held at the same location once a week. Two staff participated each time. Both were in charge of planning and  
186 running the club based on the program theory; so there was always someone to run the club in case of absence.  
187  
188 The content of the intervention is provided as an example of the "the seasons club". The occupations in the  
189 seasons club were chosen in cooperation with the participants and all related to cultural events or nature of the  
190 seasoning. For example, visiting a local fruit grower in the autumn to pick apples for home production of apple  
191 pork (a traditional Danish specialty), or hosting a varnishing of own collages made with the natural materials of  
the season, for citizens attending the activity-centre. At sessions, firstly participants were welcomed and placed  
in a given place. Next step was to introduce the occupation of the day and to get the participants to divide  
themselves into the various tasks. In this process, it was important to help participants sign up for tasks that they  
preferred and could manage. During the planned occupation, the staff members supported the participants as  
much as possible by adapting and graduating the different task according to their abilities. After finishing the  
occupation, the session ended with a joint lunch and informal talk about the day and the club the following  
week. After every session staff evaluated based on indications of participants' engagement and experience of  
meaning based on consecutive observations with reference to the theoretical understanding. If new information  
about the participants' interests, values or roles had been presented during the session, these should be entered in  
the tool "activity profile". The occupation for the coming week was planned in detail, especially in relation to  
materials or food.  
After the session, participants joined the café group in a common room along with everyone else and did any  
preferred occupations. Each afternoon regular occupations were offered such as walks in the park, singing or  
joint reading. It was also an opportunity to go to the store, rest or play cards, and afternoon coffee was served.  
Initial interviews with future citizens and relatives were conducted. People living outside the dementia town  
were picked up by buses at 15:00. Two evenings a week and two Sundays a month, the activity-centre was  
open, where there was communal eating and, for example, lectures or music arrangements.

192 *Participants and sampling*

193 A group of people with dementia (n=7) with varying gender, age, type of accommodation (e.g.  
194 individual-occupancy apartments, sheltered housing units or living in own home outside the dementia  
195 town), and social situations were purposefully selected, to include different perspectives in the

196 evaluation of the program theory (Table 2). Degree of dementia was assessed in collaboration with a  
 197 staff member and KK by using a tool to describe the stages of dementia (Nationalt videnscenter for  
 198 demens, 2017). All were invited to the seasons club, a tailored group, based on criteria from the  
 199 “match-wheel” tool, including having approximately the same functioning (WHO, 2018). In addition,  
 200 they participated in other parts of the activity program. All staff (n=9) and managers (n=2) linked to the  
 201 activity-centre participated, as they all took part in the intervention and were part of the daily practices  
 202 (Table 2).

203 Table 2. Characteristics of participants

	<b>Characteristics of participants among people with dementia (n = 7)</b>	<b>Characteristics of staff (n = 9)</b>
Number of women/men	4/3	8/1
Age	Range: 57-83 Mean: 76	Range: 55-65 Mean: 60
Length of attachment to the dementia town	Range: 1-3 years Mean: 2 years	1-3 years (6 worked together before the opening of the dementia town)
Civil status/ Experience	Married/living together/in a relationship: 2 Single/divorced/widow/widower: 5	All had more than five years of experience with dementia care and had participated in a 7-day course in person-centred dementia care provided by the municipality
Degree of dementia	Moderate: 5 Moderate/severe: 2	

204

205 *Ethics approval and consent to participate*

206 The study was approved by the Danish Data Protection Agency in accordance with Danish legislation  
207 (journal number 2015-57-0016-021). The regional Committee on Health Research Ethics decided that  
208 the project did not need to be reported, in accordance with current guidelines (number 20182000-57).  
209 We applied a comprehensive ethical procedure throughout the whole study (including development and  
210 implementation of the MOED) which included several initiatives. Participants received comprehensive  
211 written and oral information about the study and its purpose and their rights in relation to participation.  
212 If participants were not considered capable of giving informed consent, assessed by the staff member  
213 and KK according to evaluation with a tool to assess the stages of Dementia (Nationalt videnscenter for  
214 demens, 2017), we obtained proxy consent from the individual's legally authorized representative  
215 (Batchelor-Aselage et al., 2014). If participants were considered capable of given informed consent,  
216 written and verbal information about the study were provided and consent was obtained. However, in  
217 the evaluation, all participants were able to give informed consent. Two of the participants wanted to  
218 discuss the written information letter with their relatives before signing, which was supported by the  
219 researcher and staff member. We constructed an ongoing process of obtaining and monitoring consent  
220 for persons with dementia (Dewing, 2018), meaning that the observer often repeated the purpose of  
221 being present. If the participation led to any indications of risk and harm, the participant would be  
222 withdrawn from the study (Heggstad, Nortvedt, & Slettebø, 2012). All names have been anonymized  
223 by changing identifiable information and the data has been handled and stored confidentially. To  
224 inform everyone attending the activity centre (guests, volunteers, relatives and people with dementia),  
225 written study and contact information were accessible on bulletin boards in the activity centre.

226 *Data generation*

227 Data were generated through participant observations including informal conversations to describe and  
228 understand the everyday practices and actions of the participants and staff in the activity-centre  
229 (Hammersley & Atkinson, 2019). Either KK or MHH carried out participant observations (Spradley,  
230 1980), from November 2019 to January 2020, during the opening hours and primarily on the days the  
231 seasons club were conducted. Both had prior in-depth knowledge of participants, staff and the setting  
232 from previous stages of the overall project. Furthermore, both were experienced occupational therapists  
233 (OT) with teaching competencies. They participated in the workflow of the staff and followed the  
234 participants when they attended the clubs or the unstructured occupations. The elements in the program  
235 theory were observed to evaluate how it was followed. For example, observing how interviews based  
236 on “activity profiles” were conducted or how the matching was done prior to invitation to the group  
237 and how it was continuously performed. Likewise, outcomes were observed. Outcomes are  
238 individualized, which is why the evaluation was concerned with in-depth descriptions of what each  
239 participant gained from attending the program, by exploring the individual’s experiences, behaviour  
240 and changes in attitude in relation to their life situation (Patton, 2015). Observations were recorded as  
241 extensive fieldnotes immediately after leaving the field (Hammersley & Atkinson, 2019).

#### 242 *Data analysis*

243 Fieldnotes were analysed on inspiration from the interpretative hermeneutic approach (2008), to obtain  
244 an understanding of the process of engagement in occupations. The dialectical analysis was on four  
245 levels, moving between the data as a whole and parts of data. Firstly, KK, HKK and PTA read the  
246 whole data material as one text to get an overall impression of what it was about. Second, KK  
247 identified meaning-bearing units in the text, focusing on “what the text says”. The meaning-bearing  
248 units were then condensed into categories, which are descriptions close to the text, and the underlying

249 meaning was interpreted and structured around emerging themes. The process resulted in 19 themes  
250 covering the meaning-bearing units. The third level of the analysis had the purpose of specifying the  
251 operationalization of themes into overarching themes, covering some of the same properties and  
252 possibly associated subthemes. The last level of the analysis consisted of a recontextualization and  
253 further interpretation of underlying meaning of the identified theme and subthemes within a broader  
254 theoretical framework and existing knowledge about meaning, occupation, dementia, and evaluation  
255 theory. KK, HKK, PTA and SH critically reflected on the theme and subthemes in relation to our pre-  
256 understanding by placing possible interpretations in juxtaposition to the meaning units of the text in a  
257 spiral process ranging from parts to the whole (Dahlager & Fredslund, 2008; Dreyer & Pedersen, 2009)  
258 until we reached a comprehensive interpretation of data (Graneheim, Lindgren, & Lundman, 2017).

## 259 **Findings**

260 Analysis revealed the main theme ‘Engagement in meaningful occupations - a conditional and fragile  
261 process’ and three interrelated subthemes (Figure 3). Together, the subthemes display the main theme,  
262 on how engagement in meaningful occupations emerged for the participants by creating possible spaces  
263 of meaning within their everyday lives in the dementia town. However, the opportunities to engage in  
264 occupations that provided meaning depended on various factors within the social, physical and cultural  
265 context, which made opportunities for engagement fragile. The conditional factors also influenced  
266 changes to usual practice and thereby the sustainability of the MOED intervention. The underlying  
267 subthemes will be presented in the following section, illustrated by extracts from fieldnotes supporting  
268 the results, to create transparency between the empirical data and the interpretation (Green &  
269 Thorogood, 2014).

270 Figure 3. Overview of main theme and subthemes



271

272 *Creating an everyday space of meaning: Conditions of the intervention*

273 This subtheme is concerned with conditions related to the program theory of importance for designing  
274 an intervention, which could create everyday spaces with opportunities for engagement in meaningful  
275 occupations. It thereby demonstrates what conditions needed to be present for the intervention to be  
276 performed, as described in the program theory, and how the elements in the program theory functioned.  
277 The observations illustrated how clubs could be a place where participants could engage in meaningful  
278 occupations; however, even small deviations from the intervention could disturb meaningful  
279 engagement. This could be due to lack of a detailed planning of session content or of which materials  
280 to bring. It became clear that several adjustments had to be made during the club. Also, in these cases,  
281 the skills of staff to analyse and consider possible hindrances, stood out as an important factor. The  
282 quotation below shows how repeated interruptions to retrieve forgotten materials led to staff frustration  
283 and fragmented engagement by participants.



284                    *They [participants] are both very concentrated on drawing on the fabric first and then*  
285 *cutting. One of the scissors is too tight and neither Anne nor Jane have the strength to use it. Vivi*  
286 *[staff] goes down (to the office for the third time) to look for another scissor and says, a little defeated,*  
287 *“what a chaotic day; there will be enough to evaluate on”. When she returns, Anne and Jane are*  
288 *sitting looking out of the windows. (The seasons club)*

289 Another important factor for enable meaningful engagement was to plan the clubs concerning the  
290 individual’s occupational preferences, which required them to be identified and used in the planning, as  
291 well as the occupations being adapted to the members during the club session.

292

293                    *The club manager takes some picture cards from a memory game and shows a picture of*  
294 *an old-fashioned coffee pot to the seven people around the table. She asks, “How did one brew coffee*  
295 *in the old days?” Nobody answers. She asks, “What did you brew it in?” One answers, “In an old-*  
296 *fashioned coffee pot”. “Yes”, the club manager answers enthusiastically, and proceeds, “What did one*  
297 *use instead of coffee during the war?” Nobody answers and two are sleeping. She asks, “Do you know,*  
298 *Peter?” Peter mumbles “No”, lowers his head and looks at his feet. (The kitchen group)*

299 The quotation illustrates how situations where the choice of occupations was not made by using the  
300 tool “activity-profile” and thereby did not reflect the participants’ current preferences nor were adjusted  
301 to the participants’ functioning, often led to participants reacting to the situation by falling asleep or  
302 getting upset. This emphasizes the importance of staff having skills to analysing occupations to make a  
303 detailed planning of occupations matched to the individual’s preferences and functioning.

304 Doing occupations of choice and meaning also stood out as a condition of creating a space of  
305 engagement and meaning-making. When planning the content of club sessions, the staff were supposed  
306 to create coherence between sessions and involve participants in the planning. The participants in the  
307 seasons club enjoyed doing occupations related to the current season, such as buying plants at the

308 garden centre, which supported opportunities to experience and learn new things. At times, staff chose  
309 the content without involving participants, which could induce confusion and discontent:

310 *Back in the dementia town we [staff and participants] sit and talk about the café tour.*  
311 *Peter raises his hand and says, “If I were to give a little criticism, then I think it was wrong that we*  
312 *had not been told about the tour and that we should bring money so we could have bought something”.*  
313 *Both Kurt and Jane concur. Kurt says that he found a book that he really would have liked to buy, but*  
314 *since he had no money with him, he could not. Jane also said many things had tempted her for her*  
315 *grandchildren. (The seasons club)*

316 The extract could also be an example of how involvement and creation of coherence are elements of  
317 meaningful engagement. It shows how the club was a space where the participants could have an  
318 influence on decisions. It was a space contingent of the staff’s prioritising of planning and evaluating  
319 every session. The initiative of the participants to take up requests furthermore stresses their  
320 resourcefulness to be included in planning of sessions, which was often questioned by the staff.  
321 Besides, the staff’s interpersonal skills were a crucial factor in whether engagement occurred. These  
322 skills could be exemplified by supporting the participants’ ideas for content or the staff’s ability to  
323 enquire about and listen to the participants’ personal values. Likewise, the ability to instil enthusiasm  
324 and engage in the community was important, and should be in connection with the participants being in  
325 a club matched to their functioning and preferences.

326 The analysis revealed that various organizational conditions were significant for  
327 opportunities to create a space of meaning. Although the intervention was adapted to the local practice  
328 concerning human and material resources, the practice was so changeable that daily unpredictable  
329 events – such as special care needs for an individual citizen – resulted in last-minute changes, making it  
330 difficult to sustain the intervention.

331 *Occupational engagement as an opportunity to blossom: Impact of the intervention*

332 When the evaluation was conducted, the participants had been attending the clubs for three months and  
333 it was obvious that they had become familiar with the structure and each other, and that provided a  
334 sense of tranquillity. Engagement in meaningful occupations seemed to occur when participants came  
335 together in the smaller groups, such as the clubs, and when clubs were created in line with the  
336 participants' preferences, occupational identity and abilities, so the occupations was personally  
337 meaningful.

338

339 *The nature guide placed different leaves, mushrooms and some taxidermy animals on a table. Anne*  
340 *takes a green leaf and says, "This is a rowan it is not?" The guide says, surprised, "Yes, there are not*  
341 *many people who recognize it; most people first have to smell the leaves to identify them". Anne smiles*  
342 *wryly and says, "Yes, but I can do that kind of thing". Peter walks around with his hands behind his*  
343 *back and looks interested in the various animals. Kurt suddenly exclaims, "Oh, where is it nice, here is*  
344 *really nice". Peter says, "Yes, I would like to say the same thing, it is very exciting, I did not know this*  
345 *place at all, even though I have passed by many times". (The seasons club)*

346 The analysis of fieldnotes revealed, that engagement in meaningful occupations seemed to be  
347 important for the expression and reshaping of the participants' personhood. Furthermore, current  
348 occupational preferences might be a process of discovering, through possibilities for engagement.  
349 When participants experienced being in a club where they engaged in meaningful occupations together  
350 with others, changes in engagement emerged over time, resulting in a blossoming of the individuals  
351 and the creation of a sense of community and meaning that lasted beyond the time spent in the club.  
352 However, it took time to settle down into the group and get to know each other. Besides, smaller  
353 groups became a place for sharing difficult experiences and get support from the group.

354                    *Staff from his housing collects Eric. He gets up and says: “Thanks to all of you. It has*  
355 *been great to be with you all. It is always good to be here”. Everyone greets one another. The club*  
356 *manager asks, “What do you think about being in this little club?” Lena: “It’s so nice”. Kurt: “Yes, it*  
357 *is nice to have peace and tranquillity and the structure that is here. You all now I like structure*  
358 *(laughs).” Peter: “We are doing so well in here and it is nice compared to the big room”. (The culture*  
359 *club)*

360 As indicated by the quotation, the participants looked forward to being together in the clubs, and  
361 experienced a sense of community. When the participants first started at the club, some were very quiet  
362 and defiant but, over time, this changed to everyone participating in conversation and expressing  
363 opinions and feelings. This behaviour often differed from that exhibited when in the larger cafe group  
364 or in club sessions that did not comply with the intervention. The small clubs thus appeared to create  
365 coherence by being an anchor in the vulnerable and changeable life situations of the participants.  
366 Furthermore, participants seemed to blossom by being able to experience self-realisation through  
367 occupational engagement and express their personality. Hence, the relationships developed in the well-  
368 functioning clubs seemed to be sustained over time, as the participants got together at other times, for  
369 example arranging visits or to go for a stroll in the park.

370                    *The seasons club has made Christmas lunch and while eating they talk of traditional food*  
371 *and holidays. Kurt tells that he is planning to celebrate New Year’s Eve with two other residents he*  
372 *knows from the activity-centre and that they have already ordered food and decided what to drink.*  
373 *Doris exclaims “I have no plans at that time. Can I please come”? Kurt says, “Of course you can join*  
374 *us”. Doris becomes very happy.*

375 The quotation illustrates an example of how social interactions and meaningful engagement extended  
376 beyond the individual club to other parts of the participants’ everyday life. The opportunities for

377 engagement in meaningful occupations initiated by the activity-centre appeared to be important for the  
378 wellbeing of the participants. As one of the participants expressed it:

379 *“It is good for me to live here. My former apartment was also nice, but not now. Here I*  
380 *can always do something or talk to someone. I can even sit in my chair in my apartment and look out to*  
381 *the courtyard (in front of the activity-centre) and see life going on” (Kurt in the seasons club).*

382 This quotation reveals how the environment in the dementia town supported opportunities of everyday  
383 life occupations and belonging to a place.

384 *Professional identity, culture and reflections: Contextual barriers to changes in working*  
385 *practice*

386 This subtheme presents findings about how contextual barriers became important to the feasible  
387 changes in working practice. Although staff and managers considered it important to achieve the  
388 outcomes of the intervention, observations of daily practice indicated that factors such as professional  
389 identity, the work culture and level of reflections among staff influenced how and when the practices of  
390 intervention were followed. When asked, staff confirmed that, before the intervention, their practices  
391 already corresponded to the program theory.

392 *KK presents Morris & Cox’s model of engagement and, based on this model, she*  
393 *introduces how staff can observe and evaluate whether citizens are engaged in the occupations. Ann*  
394 *says, “That’s what we already do”, and Rita agrees with that statement, “Yes, that’s what we do”.*  
395 *(Staff workshop)*

396 The observations revealed that, in decision-making situations, the staff often made decisions based on  
397 feelings and their own preferences instead of using the research evidence and tools provided. When the  
398 manager prompted staff to use professional argumentation in decision-making, several expressed that it

399 was difficult or unwanted, indicating that their usual routines were based on practical experience and  
400 personal values. The same pattern applied when evaluating whether citizens were engaged in  
401 meaningful occupations, as seen in this quotation from the ladies' lodge, where the club manager has  
402 decided that they should knit woolly hats for homeless people:

403 *“I [club manager] care a lot about helping people who are having a hard time, like*  
404 *homeless people”. The club manager distributes the knitting to all the participants. I[researcher] ask*  
405 *Anne what she thinks about knitting. She says, “I don’t care, but I do it here, yes, of course I do it”.*  
406 *When everyone has started knitting, the club manager reads an article aloud about a homeless man. As*  
407 *she starts reading, Anne places the knitwear on the table and pushes it away. Then she just sits and*  
408 *listens. (The ladies lodge)*

409 Despite the 12 months long implementation period of structured reflection on own practice, it seemed  
410 difficult to change staff's working methods and culture. Analysis revealed limited knowledge sharing  
411 between staff, which meant that knowledge about the citizens and experiences of running clubs  
412 remained as tacit and personal, experienced-based knowledge. However, having a skilled OT who  
413 systematically prompted the club manager to reflect in relation to research-based knowledge, appeared  
414 to have a key impact on maintaining the steps of the intervention and thereby enable meaningful  
415 engagement. The OT supported practice learning by being a role model, showing how to perform the  
416 steps; this challenged the usual experience-based practices, and new routines were established.

417 *Vivi (staff member) about the seasons Club. “It’s just such a good club and group, and*  
418 *MHH is so good to work with. It is the highlight of the week. Everything just works when we have it*  
419 *planned. It is so much easier to adjust once we have planned everything in sub-processes and who*  
420 *should do what. It gives us all a sense of peace”. (From preparing club session)*

421 The analysis showed how the work culture influenced the maintenance of the intervention. Existing  
422 dynamics among the staff hindered the desired changes in the daily practice, as most of the planned

423 activities in the workflow, such as interviewing citizens about occupational preferences or using  
424 knowledge about participants in the planning of occupations, were only sporadically conducted. The  
425 implementation of the intervention further touched on the group's dynamics, as new ways of  
426 organizing work were introduced, thus disrupting the usual power structures and work routines. The  
427 manager was not present daily, due to other duties, which is why decision-making often was delegated  
428 to the staff. Thus, there was room for negotiation of positions in the internal hierarchy, which resulted  
429 in several power struggles concerning determining, forming, and taking a leading position in alliances.  
430 The power struggles were often expressed as professional concerns, but covered up underlying personal  
431 values and interests, e.g., certain staff members wished to work together or favoured certain citizens or  
432 occupations over others.

433 *At a staff morning meeting, Susan states (in a snapping tone) that she cannot be alone in*  
434 *the café "as the only professional". She tells her colleagues (Lisa & Karen), who run a club together,*  
435 *that Lisa must be with her in the café. Karen exclaims, "Well, maybe you don't want to be with me?"*  
436 *Susan rolls her eyes and throws her hands up and says, "don't worry, it is just that I shouldn't be the*  
437 *only professional in the café". Afterwards, Maria is waiting on Vivi, as they have arranged to plan the*  
438 *next club session. Vivi comes running towards the meeting table, saying, "Sorry I am delayed. I just*  
439 *had to talk to Karen. She got really upset, it's not nice to be deselected that way".*

440 As illustrated by the quotation, conflicts based on power struggles took energy and time from  
441 professional execution of the intervention. This could lead to lack of planning of clubs or turning  
442 professional discussions into a discussion about being in charge.

443 Moreover, some staff members felt that the new program had deprived them of opportunities to run the  
444 activity-centre and choose occupations based on one's own values, and therefore were in opposition to  
445 some elements of the intervention. The perception of the intervention influenced the motivation among

446 the staff to maintain the workflow, which both resulted in a diverse execution and influenced the  
447 sustainability and impact of the intervention.

## 448 **Discussion**

449 This study evaluated the processes of the implemented MOED intervention and how it influenced  
450 engagement in meaningful occupations. In the findings, people with dementia seemed to be most  
451 engaged in occupations that matched their preferences and functioning, and when the clubs were  
452 conducted in physical and social enabling environments. This reflects the findings of other studies  
453 (Brooker, Argyle, Scally, & Clancy, 2011; Van, Walker, & O'Connor, 2014; Wenborn et al., 2013).  
454 Furthermore, in line with Brooker et al. (2011) and Wenborn (2013), we found that an intervention  
455 encompassing the above-mentioned factors could promote well-being and quality of life for people  
456 living with dementia. In relation to this, Morris and Cox (2017) argue that engagement is positioned  
457 along a continuum, relative to the degree of involvement in occupation, which ranges from repulsing  
458 from occupation to becoming absorbed in the occupation. The greater the level of involvement, the  
459 more value the occupation has for the individual (Morris & Cox, 2017). Thus, in this understanding,  
460 engagement in occupation differs from just participating in an occupation, devoid of personal value and  
461 meaning. The findings of this study confirm this statement, as the individuals' seemed to engage in  
462 occupations organized to match their abilities, occupational needs and interests. Occupations that failed  
463 to reflect these parameters could make the individual appear disengaged and without possessing  
464 resources to involve in decision making about occupations in one's everyday life. This could impact the  
465 staff's perceptions on inclusion of the individual in further planning, which presents another obstacle to  
466 engagement and a vicious circle.



467 As the processes leading to enhanced engagement are found to be individualized and complex, we  
468 propose that the MOED intervention consist of the principles and components presented. However,  
469 complex interventions with many components within changeable contexts do not include linear cause-  
470 effect relations between intervention, initiatives and their outcomes (Funnell & Rogers, 2011). More  
471 likely, there are multidirectional relationships between the components because of the social  
472 interactions and external contextual factors (Brix, Krogstrup, & Mortensen, 2020; Rogers, 2008). We  
473 therefore suggest that this intervention, based on existing research and local evidence, be regarded as a  
474 generic program, which can be used to operationalize and qualify interventions in other local contexts.

475 Findings show that the intervention was partly followed by staff due to difficulties in transforming  
476 practices and staff perceptions of their own actions and knowledge base. Several theorists have  
477 discussed how professional identities and existing habits slow down changes. Usual routines and  
478 embedded values are typified, by rebuking or correcting people who act differently from the given  
479 norms (Berger & Luckmann, 1991; Wackerhausen, 2009). Reflecting on one's own practice is  
480 perceived to be a useful method to change practice but requires inputs from others, such as those in  
481 other, related professions (Wackerhausen, 2009). However, other professionals might be regarded as a  
482 threat to one's own professional values. Our findings reflect these statements, as some staff regarded  
483 the intervention as being imposed and constraining. Furthermore, we suggest that, to enable meaningful  
484 engagement in occupations for people with dementia, requires specialized competencies. This is also  
485 stated by Du Toit et al. (2019), who argue that activity programming is often run by staff with short-  
486 level qualifications instead of specialized staff, such as OTs, with a view to cost saving, despite the fact  
487 that OTs are skilled in addressing low levels of engagement in meaningful occupation.

488 Our findings advocate that the content of concepts such as dementia towns or similar settings be  
489 critically evaluated. Despite good political and professional intentions, it may be difficult to carry out  
490 the intentions in practice due to healthcare cultures, lack of resources and skills (Wackerhausen, 2009).  
491 Furthermore, the power balance between people with dementia and staff will always be asymmetric  
492 (Holthe, Thorsen, & Josephsson, 2007), as people with dementia to some extent will depend on staff's  
493 assistance and are subject to the choices made by staff. Furthermore, the findings are in line with Du  
494 Toit et al. (Du Toit, Sanetta H. J., Shen, & McGrath, 2019), who argue that staff should be skilled, in a  
495 person-centred way, to facilitate current and future capacity for meaningful engagement for people with  
496 dementia. Besides, staff should be trained to regard people with dementia as autonomous individuals  
497 who can make decisions about their own occupations and lives. However, as stated by Genard (2015),  
498 when talking about capacity building and empowerment, one should be aware that people in vulnerable  
499 situations may feel that such activation is imposed, if the person's participation limit is exceeded.

#### 500 *Methodological considerations*

501 A strength of this study was the fieldwork, which provided flexibility in choosing situations of interest  
502 in exploring the aim. Using participant observations was found to be valuable, with the aim of  
503 including the perspectives of people with dementia with cognitive impairments who may not be able to  
504 participate in in-depth interviews, but who can express their feelings and experiences within specific  
505 situations (Nygård, 2006). Furthermore, it was a method that provided the opportunity to analyse the  
506 setting and what actually happened, rather than getting statements in interviews of what was supposed  
507 to happen (Green & Thorogood, 2014). Validity depends on the researcher's critical approach and  
508 awareness of her own influence on data (Hammersley & Atkinson, 2019). This relates to the concept of  
509 reflexivity, which accepts the premise that, in research in social contexts, research accounts will be

510 shaped by the researcher, based on her understandings and in relation to the participants’  
511 understandings and reactions to the researcher (Hammersley & Atkinson, 2019). To meet this criterion,  
512 several strategies were embedded within the research process. Firstly, the researcher had to be  
513 reflective during the research process and made an account of how one’s beliefs, preconceptions and  
514 role influenced the process. Secondly, researcher triangulation in the data generation and analysis was  
515 conducted to provide validity of interpretations through reflective discussions between KK & MHH,  
516 the co-authors and with a steering committee (Green & Thorogood, 2014). Moreover, ethical and  
517 methodological issues associated with the researchers’ multiple roles in the field, also required a  
518 reflective approach throughout the study, thereby balancing familiarity and analytical distance in  
519 relation to the participants (Green & Thorogood, 2014). The sample did not include people with more  
520 advanced dementia, which is the reason why we cannot know if the findings encompass their  
521 perspectives. As the cultures and organization of dementia towns differ, some findings may be  
522 contextual, though it is conceivable that findings may provide an understanding of enhancing  
523 engagement in meaningful occupations in other settings (Mason, 2018).

## 524 **Conclusion**

525 The MOED intervention seemed to be valuable, in that it showed potential to enhance engagement in  
526 meaningful occupations when properly conducted and in accordance with the program theory. Clubs  
527 occurred as everyday spaces of meaning where people with dementia could experience an opportunity  
528 to blossom and a sense of community. However, it required that clubs be tailored to participants’  
529 occupational preferences and abilities and conducted in line with principles of recognisability by staff  
530 members with interpersonal skills and knowledge about occupation. Furthermore, engagement in  
531 occupations was a fragile process that was conditional on contextual elements. The intervention was

532 partly implemented due to organizational barriers, perceptions and weighting of experience-based  
533 evidence, rather than research evidence and dynamics within the working community. These factors  
534 made it difficult to change working methods and culture to support quality improvement processes.  
535 Both further competence development of the staff group and more initiative on the part of the  
536 management to change the working culture could have improved the implementation process and  
537 impact of MOED. These are important factors for successful implementation of MOED in other  
538 contexts. In future research, the MOED intervention should be tested with attention to the mentioned  
539 barriers and among people at other stages of dementia.

#### 540 **Competing interests**

541 The authors declare that they have no competing interests.

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