THERAPEUTIC RECREATION IN SASKATCHEWAN: EXECUTIVE SUMMARY

Rebecca Genoe, PhD

Doug Cripps, MA

Sherri Nelson, CTRS

Kathy Park, CTRS

Linda Ostryzniuk, CTRS

Donna Boser

Zohal Azizi

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Introduction

Therapeutic Recreation (TR) is an emerging profession within Canada (Goncalves, 2012; Reid, Landy, & Leon, 2013; Singleton et al., 2006), however, achieving professionalization is difficult (Hebblethwaite, 2015), especially in the province of Saskatchewan. According to the Saskatchewan Association of Recreation Professionals (Singleton et al., 2006), issues facing TR in the province include the certification process, revision of job descriptions adopted by unions for TR professionals, updating of educational competencies to reflect skills and knowledge required upon graduation, and development of positions for professionals. As such, we wanted to better understand TR professionals within Saskatchewan, their roles in their workplaces, their perceptions of TR, and the opportunities and challenges that they face. In this report, we share a brief summary of the findings of the study (for a more in-depth account, please see the final report).

Purpose

The purpose of this study was to understand the strengths, opportunities, and challenges of TR in Saskatchewan.

Methods

We drew on principles of appreciative inquiry to frame this study. Appreciative inquiry focuses on strengths rather than problems (Carter, 2006; Cooperrider & Whitney, 2005).
It involves the 4 – d cycle, discovery, dreaming, designing, and destiny (Cooperrider & Whitney, 2005). The discovery phase involves inquiry into the best of what is. The dreaming phase focuses on exploration of what might be by envisioning positive futures. The design phase involves decision-making and co-construction of an ideal future. Finally, destiny focuses on developing the envisioned future through ongoing learning (Cooperrider & Whitney, 2005).

Data collection

Data collection occurred in two phases. In phase I, an online survey was distributed throughout the province. In phase II, we interviewed 19 professionals and conducted 8 focus groups.

Data analysis

Data were analyzed using thematic analysis (Braun & Clark, 2006). We read the open-ended survey data, and interview and focus group transcripts several times. Then, we coded individual statements. Next, we grouped the codes into themes and subthemes.

Who Participated?

Sixty-eight people responded to the survey, 19 people were interviewed, and 78 participated in focus groups. Ninety-four percent identified as female. Thirty-two percent were Recreation

Therapists and 38% were Recreation Coordinators. The majority worked in long-term care (63%) and in urban settings (78%).

Part 1: A profile of TR professionals in Saskatchewan

Our survey results showed that the majority of respondents were working in long-term care, with five working in hospital, five working in outpatient or day program settings, and nine working in community settings. Ninety percent of respondents were educated in Saskatchewan. Thirty percent had a diploma in TR and almost 17% had a Bachelor's degree in TR. Almost half (47%) were members of the Saskatchewan Association for Recreation Professionals and 32% were members of the Canadian Therapeutic Recreation Association.

Part 2: Therapeutic Recreation Process and TR programming

In Part 2 of our survey, we asked participants about TR practice models, the TR process (assessment, planning, implementation, documentation, and evaluation), programs offered, and satisfaction with these programs. In terms of TR practice models, almost half of respondents are using the Leisure Ability model. Forty-five percent stated that they were using strengths-based practice and 39% were using evidence-based practice.

In terms of the TR process, more than 90% of respondents reported that planning, implementation, and documentation were part of their job descriptions. Eighty percent reported having assessment in their job descriptions and 83% had evaluation as part of their job descriptions. With regards to what aspects of the TR process respondents actually engaged in, assessment was least likely to be conducted, with almost 77% reporting engaging in assessment, followed by evaluation at almost 85%. More than 90% of respondents engaged in planning, implementation, and documentation.

With regards to assessment, about 58% of survey respondents were using in-house assessment tools, and 32% reported using standardized, commercially available tools. Twenty-three percent used a combination of assessments. Commonly used assessments included the Mini-Mental State Exam (MMSE), the Measurable Assessment in Recreation for Resident-Centred Care (MARRCC), and ActivityPro.

In terms of TR programming, small group programs were most common at almost 94%. Ninety-two percent offered large group programs and 85% offered individual programs. Sixty-seven percent of respondents included community integration within their programming. Commonly offered programs included exercises, music, outings, arts and crafts, and church services.

The majority of participants were somewhat satisfied or satisfied with their programs. Lack of qualified staff, lack of time, and lack of resources impacted satisfaction. We also asked participants to identify five benefits or strengths of their TR practice. Five categories of strengths were identified, including: (1) Relationships and support from colleagues and managers, including interprofessional collaboration; (2) Participants/clients, including strong positive relationships with clients and families; (3) Programs, including creative programming and community integration; (4) resources, including volunteers, and (5) Working conditions, such as having independence and flexibility.

> We have very strong relationships with our residents and their families. This allows residents to trust us and to attempt programs they wouldn't try otherwise. The residents and families are extremely grateful for what we do. Having that kind of support and appreciation goes a long way. We go above and beyond to serve our residents.

Part 3: The future of TR in SK

Part 3 of the survey focused on the future of TR in Saskatchewan in both their workplaces and in the province. Participants were asked to identify how important a series of factors were to the development of TR in their workplace on a five-point Likert scale ranging from not at all important to very important. Advocacy for TR was identified as the most important factor contributing to TR's growth in the workplace. Increased staff, professional development, and budget and resources were also identified as important or very important by participants.

> If we don't let people know who we are and what we do they will decide for us. There are still people, other professionals included, that ask what outings we are taking our acutely ill patients on. I am still 'the person who plays games' to some. In order for us to survive and grow people need to know why they need us and what we can do.

Similar needs were identified as important for development of TR at the provincial level. In particular, professional development was most commonly reported as being important for TR in the province. Expansion of TR to other client groups was rated as important by about 90% of respondents. Participants noted on the survey that children, adults living in the community, and mental health and addictions could be better served with expanded TR services.

Part 4: Challenges and barriers to TR practice and development of the profession

We asked survey respondents to identify challenges and barriers to TR practice and development of the profession. The most frequently reported challenges to TR practice included lack of understanding of TR from colleagues, budget and resources, recruitment and retention of staff,

and diversity and complexity of clients' needs. Additional challenges included being assigned duties not related to TR, lack of opportunities for professional development, and lack of understanding of TR from managers. Barriers to the development of TR in Saskatchewan included lack of funding and resources, lack of understanding of TR from other staff and managers, and inconsistent educational and experiences requirements for TR positions.

Summary of the Survey Results

TR professionals in Saskatchewan identified several strengths of their practice, including their relationships with their clients, co-workers and families. They provide TR programming in several domains in large and small groups, and one on one. Most respondents reported engagement with the community, either by bringing community members into the workplace or by taking clients out into the community. Survey respondents identified advocacy of the profession and opportunities for professional development as key opportunities for further development of our profession. Participants identified lack of understanding about TR from others, budget, resources, and being assigned duties outside of TR as being challenges to the development of TR.

Part 5: Findings from the interviews and focus groups.

Based on the survey results, we created a set of questions to guide interviews and focus groups in order to collect more information about TR in Saskatchewan. We conducted 19 individual interviews and 8 focus groups. These interviews were audio recorded, transcribed, and analyzed in order to get a deeper understanding of TR in Saskatchewan.

In this section, we summarize the findings from the interviews and focus groups. In particular, we asked participants what TR meant to them. We asked them to identify their strengths and share their success stories.. We followed up on "hot topics" that were identified in the survey, including advocacy, professional development, and evidence-based practice. Finally, we asked participants to share their vision of TR for the future, both within their own workplaces and within the province. These themes and their subthemes are described in Table 1.

Table 1: Themes and subthemes

Theme	Subthemes	Brief description	Quote
Meanings of TR	Enhancing well-being and quality of life	TR provides opportunities for clients to experience improvements in well-being and quality of life across all domains.	It brings the clients, great joy, and fulfillment of feeling valued. They feel accomplished. They feel creative. They feel like they're a part of the community and society that they're in.
	Enabling joyful experiences	Opportunities to experience joy and engage in meaningful pursuits are vital to TR.	
	Enabling choice and independence	TR professionals provide opportunities for clients to experience self-determination and exercise independence.	
	Relationship building and belonging	TR professionals build relationships with clients and find meaning in connecting with them.	
	Personal and professional awards	Having a positive impact on the lives of others as well as personal and professional growth contributed to the meaning of TR.	
Nurturing well-being through leisure	Enriching clients' lives	Participants enriched clients' lives by engaging in meaningful leisure, building programs and creating space, allowing for flexibility and adaptability to address diverse needs and interests. They also did so by creating opportunities for clients to connect with themselves and others and to build skills and capacity.	We are problem solvers I think, we try different things and it something doesn't work, we try something else until it works and it may not work the next day.
	Creating community partnerships	Partnerships with community groups and volunteers was vital for providing a range of meaningful leisure opportunities. Participants partnered with schools, day cares, churches, community volunteer groups	

		and other community services. These partnerships facilitated community integration, but participants also invited community partners in to create a sense of belonging.	
	Creating effective relationships	Positive relationships with co-workers, clients, and families was needed for nurturing well-being through leisure. Relationship building included interprofessional collaboration as well as social support. Additionally, participants worked to build therapeutic relationships with clients.	If it's a particular resident that I have found we've had something be very successful, or something new that they've tried they've never done before, I usually when I get a chance, I'll tell the family. I will bring it up to the nursing staff. If I see someone, I'll talk to the care staff just casually.
	Sharing success stories	Participants shared their success stories through visual images, being visible, and written and verbal communication.	
Challenges to TR practice	Human resources	These included inappropriate hiring practices, inconsistent qualifications required for TR positions, and reclassification and loss of TR positions	I couldn't imagine being thrown into an RN position after 18 years and then having them say, "Okay. Here you go. Go for it."…I don't know why it's accepted in TR. Even PT/OT, they don't grandfather people into those positions. You have to…have your education. So I'm not sure why TR's accepted it and I think it's because people don't understand TR…they think we're just there to play.
	Management	Participants reported a disconnect between upper management and TR staff, where upper management did not understand TR. Some participants reported a lack of support from management.	
	Program design	Lack of interprofessional collaboration, addressing diverse client needs, having time and resources to engage in the TR process and facility layout all contributed to challenges in designing and implementing TR programs.	

	Staff and volunteers	Lack of support and understanding from other employees impacted TR programming, as did lack of TR staff. Further, TR staff who had no education in TR proved challenging. Managing volunteers was also challenging for participants.	I don't think people fully understand rec therapy at all. When I tell people I'm a rec therapist, they don't have a clue what I'm talking about. So I think we just need to advocate, as well, for our profession and tell them what we do and why we do it
	Additional challenges	A general lack of awareness of what TR is and what TR professionals do was identified as a challenge. Further, some participants reported feeling isolated within their positions.	
Resources	Budget	Budgets varied across workplaces. Some participants felt they had an adequate budget while others' budgets were limited. Limited budgets led to creativity in accessing equipment and supplies.	Yeah, we have an awesome base of volunteers…. They've been doing it so long that it's almost like having extra staff here.
	Transportation	Access to transportation facilitated community outings and integration.	
	Volunteers	Many participants relied on volunteers to address staffing and programming gaps. The strengths of volunteers as well as their commitment enhanced TR programming.	
Misunderstandings of TR	Misperceptions regarding the purpose of TR	Misperceptions included beliefs that TR was diversional, that TR professionals were the "baby-sitters", and that TR is "easy". Further, misperceptions that the workload for TR professionals was light persisted.	They don't realize that the program's designed with certain functioning levels in mind and certain people in mind for a reason. They think we just come here and randomly grab people to go. Whoever's closest, just to go to programs.
	Misunderstanding TR programming	Misunderstandings included the belief that all programs were appropriate for all clients, that large group programs were better than small group programs, and that the TR department had a significant budget.	

Cultivating awareness	Formal advocacy	Planned efforts at advocating for the profession. Formal advocacy includes: standing up for ourselves, bringing in external voices, and showcasing our successes.	We have monthly meetings, which presents the opportunity for families and we have a support team that's present so a mix of managers, business office, staff, and we invite a lot of people to come and it creates a platform for us to talk about different topics, so that's another area where we can sometimes teach people…
	Informal advocacy	Day to day efforts that professionals put forth to have their worth recognized. Examples include: collecting and sharing evidence, bringing community members in, and doing our jobs well.	
	Advocating for clients	Advocating on behalf of clients, which led to more leisure opportunities for them. Further, this advocacy supported self-determination and respect for individual preferences.	
	Formal education	Structured opportunities to educate co-workers, students, and the public about TR. Formal education occurred during in-services, staff orientation and student presentations.	
	Informal education	Day-to-day "in the moment" efforts, as well as ongoing efforts to educate others about TR. Informal education occurred by creating meaningful leisure opportunities where management, staff, family and visitors can witness the benefits of TR.	
Professional Development	Accessing professional development	Challenges and facilitators to accessing PD were identified, including lack of financial support, lack of support from managers, lack of opportunity, and lack of time and coverage for absences from work. Facilitators included support from managers and a willingness to take personal	…by networking, you meet people from across Canada or your province, and if you have a question …you have a variety of people that you can reach out to, who have maybe been in

		responsibility for professional development. Learning interests included leadership skills, communication skills, conflict management, mentorship, and problem-solving skills. Several topics specific to TR were also identified, such as dementia and TR, engagement techniques, and information from other provinces.	the field longer and can …be like, "This is what we did before. Here's a bunch of different things you could try."
	Practice Leader	Participants suggest that the role of a practice leader should include advocacy, educating for the profession, and mentoring. They also felt that increased support was needed in terms of full time hours or additional practice leader positions.	[A professional association could] provide some resources that professionals don't have now. Like maybe a little library of some kind, or an online opportunity to network.
	Professional association	Participants identified three ways a professional association could support TR, including advocacy and facilitating professional development and networking.	
Evidence-based practice	Researching health information and programming ideas	Some participants used Google to get up-to-date research relevant to TR. Others sought out assistance from a librarian employed by the health region. Participants recognized the importance of using research to strengthen their programs, but also drew on evidence as a way to advocate for and justify their programs.	I try to do as much research as I can, and that kind of stuff, right, but that evidence approach, it's tough I think in a way. That you sort of have to go from your feelings, right, and trial and error, I guess, right?
	Reflecting on TR practice	Participants utilized their own experience with therapeutic recreation as evidence to support their programs, thus building on past successes. Furthermore, they sought out participant feedback, drawing on the	

		reflections and experiences of those who were engaging in the programs.	
	Challenges to evidence-based practice	While evidence-based practice was noted by many to be an important part of professional practice, others reported that they were not engaging in evidence-based practice. Lack of time and resources made it difficult to seek out and utilize evidence to develop programs for their clients.	
The future of TR in SK	The future of TR in the workplace	Participants expressed a need for increased staff, increased resources, and increased time for programming to strengthen TR practice in the workplace.	
	The future of TR in the province	Participants expressed a need for recognition of TR as a profession, more opportunities for networking, and a professional association for future development within the province. Licensure, regulation, and clear job descriptions were also identified. Additional client groups or settings that would benefit from TR services included: community-based TR, children and public schools, mental health, addictions, and young offenders, amputees, dialysis, forensics, health promotion, acute care hospital stays, neurology, palliative care, and private seniors' homes.	I'd like to see the growth is in the community so that I could refer someone to the community and know that they'll be followed up with the recommendations I've made

Conclusion

The purpose of this study was to explore strengths, needs, and challenges of TR professionals living in Saskatchewan in order to build on those strengths to create a positive future for TR in the province. Through this study, we learned that TR professionals in Saskatchewan are creative, compassionate professionals who work hard to provide meaningful leisure opportunities for their clients. Although they face many challenges in their practice, they draw on their resources, their relationships, and their community partnerships as well as their knowledge of their clients and TR theory to nurture well-being through leisure. Our results show that we need to focus our efforts on advocating for the profession and facilitating professional development and networking opportunities for professionals. As a result of this information we are undertaking the following:

- Creating PowerPoint presentations to increase information about TR at management levels
- Creating a PowerPoint presentation to increase awareness of TR for nursing and other staff in long-term care
- Creating a website with study findings that can be accessed by TR professionals, managers, and others
- Focusing professional development opportunities on the needs identified by participants
- Developing a webinar for managers to better understand TR
- Creation of a poster to promote the profession

More information

For more information please go to our website https://therapeuticrecsk.wixsite.com/website

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