A RESEARCH-INFORMED GUIDE FROM NSCWL

Beyond the Activity Calendar

How individualized engagement supports person-centered care

A full calendar does not always mean a resident feels involved, connected, or known.

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A Note from Leah

Throughout my years working in long-term care, I have seen full activity calendars and residents who still felt bored, disconnected, or overlooked. Attendance alone does not tell us whether someone is meaningfully engaged. Sometimes a resident is in the activity room, but they are simply there.

Moving into long-term care can change almost every part of a person's life. Residents may leave behind their home, pets, neighbors, hobbies, careers, faith communities, and familiar routines. Some also lose roles that once gave them purpose, such as cooking, gardening, working, or caring for others.

Person-centered engagement begins when we learn who the resident is, what still matters, and how meaningful parts of life can continue. It is not limited to an activity printed on a calendar. It can happen through group programs, one-to-one visits, independent choices, familiar tasks, conversations, music, movement, and spontaneous moments.

MEANINGFUL ENGAGEMENT An experience, interaction, choice, or activity that connects with a person's interests, identity, abilities, routines, relationships, or sense of purpose.

Who This Guide Is For

Meaningful engagement is not one department's responsibility. This guide is for care teams, activity professionals, CNAs, volunteers, family members, and anyone supporting an older adult's daily life.

Why a Full Calendar Isn't Enough

Activities in long-term care are often planned for the group instead of the individual. Bingo, parties, and large gatherings may be meaningful for some residents. Others may prefer music, gardening, photographs, a familiar task, time outdoors, or a quiet conversation.

Research with residents living with dementia found that choices were often limited and did not always match their interests. A calendar can look full while someone still feels there is nothing meaningful to do (Tak et al., 2015).

RESEARCH SNAPSHOT In a study of 250 nursing home residents, nearly 40% experienced loneliness and more than 22% experienced a high level of loneliness. Greater loneliness was associated with lower quality of life (Trybusińska & Saracen, 2019).

A Refusal May Be Telling Us Something

A refusal does not always mean a resident wants to be left alone. The opportunity may be poorly timed, inaccessible, uncomfortable, unfamiliar, overstimulating, or unrelated to the person's interests.

- They may need help getting to the activity or using supplies.
- Hearing, vision, pain, fatigue, mobility, or cognition may create barriers.
- They may be more alert or comfortable at another time of day.
- A former hobby may need to be adapted instead of abandoned.
- They may prefer one-to-one interaction or an independent option.

Being in the same room does not create connection. Opportunities must feel personal, accessible, and real.

Start With the Person

Individualized engagement begins with a preference and life-history assessment. Staff should learn about former work, hobbies, family roles, faith, music, routines, social preferences, and dislikes. That information should guide the care plan and daily opportunities, not sit untouched in an admission packet.

Preferences can change, so staff and families should keep asking and observing. A tool such as the Preference Match Tracker can help care teams compare what residents say matters with the opportunities they actually receive (Van Haitsma et al., 2016).

Questions That Help Us Know the Person

- Which roles, relationships, or responsibilities have been important to this person?
- Which hobbies, routines, music, traditions, work, or faith practices shaped their life?
- Do they prefer groups, one-to-one interaction, quiet company, or independent activities?
- What time of day are they usually most alert and comfortable?
- Which physical, sensory, communication, or cognitive barriers affect participation?
- How does this person show enjoyment or interest?
- Could a refusal mean the opportunity is poorly timed, inaccessible, unfamiliar, or not meaningful?
- Have their preferences or abilities changed since the last care plan review?

REMEMBER A resident may technically be allowed to make a choice but still be unable to act on it without support. Choice becomes meaningful when the person has a real way to participate (van Loon et al., 2024).

Engagement Beyond the Calendar

Abilities may change, but the meaning connected to an interest can remain. Activities matched to residents' interests, personalities, and abilities can improve engagement, alertness, attention, and pleasure (Kolanowski et al., 2011). The goal is to preserve the identity, feeling, or purpose behind the activity.

PAST INTEREST OR ROLE	POSSIBLE CONNECTION TODAY
Cooking or hosting	Stir ingredients, sort recipe cards, set part of the table, smell familiar spices, or talk about meals made for loved ones.
Farming, gardening, or nature	Water plants, handle safe garden items, look at seed catalogs, discuss crops or weather, or spend time outdoors.
Parenting or caregiving	Fold baby clothes or towels, organize supplies, help welcome someone, or share advice and family stories.
Music, church, or community	Listen to favorite songs or hymns, attend a small service, read a devotional, sing, or help prepare for a gathering.
Work or household routines	Sort familiar objects, help with a simple office or household task, discuss former work, or teach someone a skill.
Animals or pets	Visit with a safe therapy animal, look at pet photographs, talk about animals once loved, or help with a simple pet-related task.

Everyone Can Notice an Opportunity

A CNA may learn which music helps a resident relax. A housekeeper may notice an interest in folding towels. Dietary staff may discover that someone enjoys recipes or setting the table. Families may remember routines the resident cannot explain. These moments make person-centered care part of the entire day, not one department's responsibility.

What Individualized Engagement Can Change

Meaningful engagement is about more than keeping someone occupied. It creates opportunities for enjoyment, success, choice, connection, and purpose. Research has associated well-supported engagement with attention, alertness, pleasure, positive mood, autonomy, and quality of life (Kolanowski et al., 2011; Rodríguez-Martínez et al., 2023; van Loon et al., 2024).

For Residents

Residents can feel known as individuals and connected to parts of themselves that existed before long-term care. Simple choices about when, where, and how to participate can support dignity and independence.

For Staff and Families

Staff have useful information instead of guessing what might work. Families may feel more confident when the team knows their loved one's history, habits, and interests. Shared observations can strengthen relationships and decisions.

A Practical Starting Point

1. Review the resident's current preferences, life history, care plan, and activity records.
2. Choose one interest, role, or routine that is not being reflected in daily life.
3. Offer an accessible opportunity at a time and in a setting that fit the resident.
4. Observe the response instead of measuring success only by attendance or task completion.
5. Share and document what worked, what did not, and what should be tried next.

THE TAKEAWAY Traditional group programs do not need to disappear. They simply should not be the only option. Residents are not only being cared for. They are known.

A long-term care community should be more than a place where someone receives care. The change begins when we stop asking only what activity is scheduled and start asking what still matters to the person in front of us.

Research and Sources

This guide was developed from research on resident preferences, meaningful activity, loneliness, autonomy, and quality of life in long-term care.

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EDUCATIONAL USE This resource supports person-centered engagement and does not replace an individualized care plan, clinical guidance, consent, safety precautions, or facility policies.

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