

IMPACT OF THE KAWA MODEL ON LEADERSHIP IN OCCUPATIONAL  
THERAPY WITH OLDER ADULTS

A Thesis submitted to the faculty at Stanbridge University in partial fulfillment of the  
requirements for the degree of Master of Science in Occupational Therapy

by

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### **Certification of Approval**

I certify that I have read *Impact of the Kawa Model on Leadership in Occupational Therapy with Older Adults* by Carlos Lima, Alexandra Ornelas, Jonathan Villa, and Bella Yang, and in my opinion this work meets the criteria for approving a thesis submitted in partial fulfillment of the requirements for the degree of Master of Science in Occupational Therapy at Stanbridge University.

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## Abstract

**Purpose:** Our research study is to assess the effectiveness of the Kawa model as an intervention for enhancing team building in the workplace. The Kawa model, an occupational therapy-based framework with a focus on culture, can be used to improve leadership skills. It offers a distinctive viewpoint by using the metaphor of a river to analyze people's experiences and interactions with their surroundings. The Kawa model can aid in the development of a more comprehensive awareness of a leader's personal strengths, weaknesses, and values as well as the dynamics of their team or organization. Leaders can gain insight into their leadership style, pinpoint areas for improvement, and create strategies to improve team collaboration, communication, and overall performance by investigating the metaphorical elements of the river, such as the rocks (challenges), driftwood (resources), and riverbanks (cultural context). Leadership not only impacts employees and employee retention but is also a crucial aspect of client-centered healthcare and plays a pivotal role in occupational therapy. Occupational therapy professionals are responsible for providing high-quality care to their patients and ensuring they receive the support they need to reach their goals.

**Methods:** Our research study was implemented using technological means including recruiting participants via social media, collecting data and storing it remotely, and delivering an activity virtually via a QR code. The surveys became available after the participants agreed to the consent form, while the intervention was given through an asynchronized video recording and were given a one-week time frame to complete. The research team formulated an online survey, for the pre and post data collection. Our initial custom survey was created from three different questionnaires. These included:

Team STEPPS 2.0 for long-term care questionnaire (Chen et al., 2020), the Organizational Commitment Scale (OCQ; Modway et al.1979), and the Short Job Satisfaction Questionnaire. Only fully completed surveys and Kawa activities were reflected in the results.

**Results:** There were 7 participants total. Scores were based on the participants' cumulative answers from the entire survey process and then broken down into each of the component surveys. The scores were added from the Likert scale scores for each individual question. The scores were broken down into the sections of the survey; TeamSteps 2.0, Organizational Commitment Scale and the Job Satisfaction Questionnaire. The results showed an increase in the total score in 6/7 participants for the Team STEPPS 2.0 questionnaire section of the survey. The results from the OCQ displayed an increase in 2/7 of the total scores for this section only. The results of the Short Job Satisfaction Questionnaire exhibited a decrease in 5/7 scores for this section only.

**Conclusion:** The results suggest the Kawa activity was helpful in increasing participant scores. Recognizing the significance of leadership growth, the application of the Kawa model offers a comprehensive framework for understanding and developing effective leadership skills, ultimately fostering a positive and supportive work environment that enhances employee well-being and organizational success.

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## **Impact of the Kawa Model on Leadership in Occupational Therapy with Older Adults**

Leadership is a crucial aspect of client-centered healthcare, and it plays a pivotal role in occupational therapy. Both occupational therapists and occupational therapy assistants are responsible for providing high-quality care to their patients and ensuring they receive the support they need to reach their goals. There are many ways to be a leader in occupational therapy, from leading teams of practitioners to advocating for the needs of consumers and their families. Common characteristics of leaders include strong communication skills, the ability to motivate and inspire others, and a commitment to continuous learning and improvement (Durowade et al., 2020). Leadership skills are required when working closely with other healthcare professionals to provide comprehensive, wrap-around care that meets the needs of clients.

Our thesis focuses on the population of occupational therapy practitioners working with older adults in the United States healthcare system. A lack of cohesive leadership negatively impacts employees, resulting in diminished quality of care and decreased employee retention (Ghiasipour et al., 2017). This highlights the need for a comprehensive understanding of leadership growth. The application of the Kawa activity that we used focused on cultivating self-reflection, which can add perspective about current leadership and its impact on the healthcare workplace. The expected outcome of improved leadership skills has a potential impact on patient safety and quality of care as well as job satisfaction and employee retention rates.

### **Statement of Problem**

Leadership impacts employees and employees impact the care provided to their patients. In older adult care, there is a low retention rate among employees (Chen et al., 2021). There are not many studies that have researched leadership and employee retention, specifically in occupational therapy. There is also insufficient research exploring solutions for improving a lack of cohesive leadership in older adult healthcare settings. Our goal is to use the Kawa model as a way to understand leadership potential and growth. We know that leadership can make a big impact on employee satisfaction and performance. Greater employee satisfaction and performance could lead to having greater quality of care for the patients receiving services. There is a gap in the research on how leadership can be developed and implemented to impact the quality of care, specifically in older adult care settings. Older adult care settings are shown to have the lowest retention rates and higher burnout rates (Chen et al., 2021). The purpose of this research study is to assess the effectiveness of the Kawa model as an intervention for enhancing team building in the workplace, job commitment and job satisfaction. Our research team analyzed the common areas occupational therapy practitioners identify as supports and obstacles in their workplace. By providing recommendations to improve leadership training, we intend to achieve benefits like enhancing the quality of service in older adult care and decreasing employee burnout. In summary, this research study aims to evaluate the efficacy of the Kawa model and identify opportunities for improvement in occupational therapy leadership training programs.

### **Literature Review**

Healthcare systems around the world are discovering a need for leaders. There exist absences of unity within healthcare environments leading to dysfunction for the overall system, revealing a need for effective leadership (Durowade et al., 2020). Effective leadership within healthcare environments has previously been researched many times. One study by Heard et al. (2018) found that effective leadership included a reciprocal relationship where qualities of assertiveness and receptivity are incorporated in healthcare environments. Another study by Havig and Hollister (2017) stated that when leaders were truthful and transparent, employees were able to feel secure in their job positions. The consequences of effective leadership can be a positive work environment, high morale, good employee rapport and retention, and sustainable organizational development. According to Durowade et al. (2020), the successful operation of any organization heavily relies on the active participation and dedication of its employees. In order to maximize effectiveness and efficiency, it is imperative for both leaders and workers alike to contribute their efforts towards achieving the organization's objectives and goals. In addition to active employee participation and employee dedication, effective and efficient leadership can be especially important for healthcare settings that serve older adult populations. This is due to their global demographic increase and specialized hospitalizations resulting from co-occurring chronic conditions that vary in complexity of needs (Ghimire & Dahal, 2023). Two common themes emerged when our group analyzed the literature around leadership and older adult care. The first theme we found was a need for effective leadership in healthcare environments, while the second theme we found was the frequency of transformational leadership as a potential solution.

### **A Need for Effective Leadership**

There is a growing need for effective leadership in healthcare systems due to the demands of current infrastructures seen around the world. The development of effective leadership roles has the potential to create a safe patient environment as well as increase job satisfaction for employees. A research study done in northern Queensland, Australia found a scarcity of effective leadership skills demonstrated by residential aged care senior managers when compared to other mainstream health care organizations (Dawes & Topp, 2022). The study also revealed that qualities of effective leadership were positively correlated to quality of care for the older adult population. This became apparent through leaders practicing autonomy with their older adult patients, allowing them to make informed decisions about their own care. Another research study by Durowade et al. (2020) confirms how effective leadership can lead to efficient management of human resources, resulting in improved delivery of health services and an accumulation of gains in employee job satisfaction. The tertiary hospital system in Ekti State, Southwest Nigeria, was characterized as a “turbulent healthcare environment of uncertainty, disorder, and ambiguity” due to the shortage of human resources (Durowade et al., 2020, p. 1702). The shortage of human resources discovered as an impeding challenge to effective leadership from this study parallels our focus on populations within the United States in healthcare environments. This study reveals how the development of effective leadership may be necessary to attract more providers and maintain morale for current practitioners.

### **Transformational Leadership**

The transformational leadership style appears as a prominent topic within healthcare and allied healthcare research studies due to its qualities such as, “idealized influence, inspirational motivation, intellectual stimulation and individualized consideration” (Seljemo et al., 2020). These qualities allow transformational leaders to serve as role models and influence others through motivation and empowerment. The study went on to describe how a transformational leader is able to identify the needs of the organization in order to positively transform its work culture, which is highly valued in all healthcare professions (Seljemo et al., 2020). Transformational leadership has brought profound gains to other healthcare professions. Nursing systems from the mental healthcare sector in London have seen how the transformational leadership style has the ability to enhance teamwork, patient care, patient satisfaction, staff satisfaction, employee functioning, and retention of new nurses (Jambawo, 2018). This example of success in a nursing environment raises the possibility that the transformational leadership style has potential to benefit occupational therapists working in mental health settings serving older adult populations. Leaders with this style have the ability to create change on multiple levels by inspiring their employees and providing an overall vision for the organization.

### **Gaps in the Research**

The importance of effective leadership has been established because of its ability to increase job satisfaction for employees and improve quality of care for patients. However, there exists a practical gap between how to create effective leadership in healthcare systems and how to maintain and sustain its presence. Pursuing this gap in the

research could assist healthcare systems in securing effective leadership which could promote positive patient safety and employee job satisfaction. Further research in this area could also potentially enhance the field of occupational therapy at the student, educator, practitioner, and organizational levels through exploring various opportunities focused on effective leadership.

### **Implications for Occupational Therapy**

Studies by Hana and Kirkhaug (2014), Seljemo et al. (2020), Dawes and Topps (2022), and Durowade et al., (2020) indicate potential implications for the field of occupational therapy that could lead to further research exploring methods of creating and maintaining effective leadership in healthcare environments. A study conducted by Njah et al. (2021) found that continuous evaluation of leadership may be key for leadership development since leadership has the ability to strengthen health programs and improve public health outcomes. In addition, another study done by Xie et al. (2021) discovered a 12-month patient safety leadership program had significantly positive results on both head nurses' leadership behavior and clinical nurses' safety behavior. Although these guides are not directly focused on occupational therapy, their findings nevertheless provide recommendations for the field. Consistent evaluation of occupational therapy leadership through training programs with a concentration on practicing and improving patient safety measures specific to the older adult population could be investigated as a potential solution to a lack of effective leadership. In this case, further research should be conducted to determine whether training programs have an effect on patient safety measures and quality of care. Implementing and evaluating training programs in the

healthcare workforce and preparing for leadership departures may have the ability to effect the chances of successful leadership transitions in healthcare practices.

### **Conclusion of Literature Review**

In conclusion, the literature shows that effective leadership supports patient safety and employee job satisfaction (Seljemo et al., 2020). Leaders encourage and inspire others. Having leadership skills as an occupational therapist in an older adult setting will lead to increased quality of life for both patients and practitioners (Dawes & Topp, 2022). Building off the skills and qualities of a transformational leader will help occupational therapists sustain effective leadership in older adult care settings (Seljemo et al., 2020). The transformational style establishes a foundation for future leaders to positively impact quality of life for older adults through effective leadership in healthcare. There is a call for further research on how leadership in healthcare can implement training programs for employees to create and sustain an effective leadership foundation. One effective leader can ignite those around them through a domino effect to change the future of care in older adult settings.

### **Theoretical Framework**

Our research explored the Model of Human Occupation (MOHO) and Kawa model. These models provide guidance on how different leadership approaches support wellness and quality of life for clients and practitioners.

MOHO focuses on an individual's intrinsic life factors which impact the way they perform their daily life patterns because it "provides components of motivation, patterns, and performance" (Kielhofner, 2008, p. 12). MOHO breaks down further into three subsections including volition, habituation, and performance. Volition describes the

motivation of an individual to engage in occupations. Habituation covers roles, habits, patterns, and describes how occupations are coordinated. These components of occupation help to support habits and roles, as well as how these are incorporated into daily routines.

Taylor (2017) interprets MOHO as how performance looks at engagement in meaningful occupations. Performance refers to an individual's abilities and how they perceive their own capabilities. Evaluating one's ability to engage in occupation, MOHO aims to modify behaviors and reactions to improve participation in daily activities and patterns. According to Taylor (2017), MOHO explains humans are self-regulating entities that are engaged in constant interaction with their surroundings. According to this theory, individuals interact with their environment through various occupations and receive input and generate output as a result. Furthermore, input shapes motivation for an individual to receive information and integrate it effectively in an appropriate response or output. To improve care, leaders benefit from authentic input to create change over time.

The MOHO framework applies to leadership by understanding how professionals can effectively step into their roles as leaders. The activity of leading impacts their physical, psychological, and social well-being (Kielhofner, 2008). MOHO highlights the impact of habituation, the development of leadership skills, and performance of leadership. The framework examines the performance patterns leaders engage in, including their habits, routines, and decision-making processes. According to Taylor (2017), MOHO supports the intrinsic components of emerging leaders to adapt to changes within their environment and continue engaging in greater effective leadership. The organization, its structure, and its goals, influence the purpose behind the leader's



role in the organization and significantly impact the leader's occupation. By understanding the MOHO framework, emerging leaders can better understand their own leadership style and adapt to their organization's constantly changing environment.

The MOHO framework is the best for our purposes because it focuses our attention on the intrinsic factors of how leaders think, develop leadership skills, and what performance components are needed (cognitive, emotional, and social). Additionally, it examines the leader's performance patterns (habits, routines, and decision-making processes), the environment of the organization (culture, structure, and goals), and the motivation behind the leader's performance. With the MOHO framework, leaders can gain a deeper understanding of themselves, their people, and how to adapt to changing organizations.

Wu et al. (2022) defined intrinsic motivation refers as the internal drive to engage in an activity for one's personal reasons. It can promote an added layer of commitment for success in goal attainment, causing one to work beyond formal job obligations. Intrinsic motivation can strengthen the relationship between an organization's leadership style and its employees (Wu et al., 2022). Future leaders should find ways to maintain positive intrinsic motivation within their organizations. MOHO focuses on understanding how individuals engage in occupations and how those occupations impact their well-being. The MOHO framework can help guide future leaders on how to effectively lead by looking at the internalized values that impact external behavior.

We found in our research process that the Kawa model addresses all the criteria that were relevant to our study. The Kawa model has been found to enhance patient-provider collaboration (Lape & Scaife, 2017). The Kawa model is an effective method

for building teams, as it supports an individual's analysis of factors impacting their performance. The ability to work as a team in healthcare settings can benefit both clients and healthcare professionals, and the Kawa model may be an effective tool for this purpose. The model focuses on a balance of task and social-emotional aspects within the team (Lape & Scaife, 2017). The task aspect refers to the work needing to be completed, while the social-emotional aspect embraces building relationships and understanding emotions among team members. By addressing both work and interpersonal dynamics, the Kawa model can potentially offer a resource for building comprehensive and efficient teams. Providing a common way of viewing conflict, performance issues, and professional challenges. Utilizing the MOHO can be beneficial for occupational therapy practitioners as it offers a structure that improves collaboration, communication skills, and overall outcomes in their field. This framework enables leaders to gain a deeper understanding of their team members' underlying motivations, values, and internal motivators. By doing so, leaders are empowered to optimize these factors, which ultimately leads to better performance and increased job satisfaction among individuals within the team.

Both MOHO and the Kawa model use a thorough understanding of the leader's profession, the process of adapting to specific tasks and responsibilities, different leadership abilities, and the essential performance elements for successful leadership. The leader's role takes into consideration their performance patterns, habits, routines, and decision-making thought process through the context of the organization, its culture, structure, and goals, and the purpose or motivation behind the leader's role in the organization. By understanding both the Kawa model and the MOHO framework, leaders

can self-reflect on their leadership role and how to adapt to the constantly changing environment of their organization.

### **Ethical and Legal Considerations**

To provide for anonymity, informed consent, vulnerable populations, and other concerns related to Institutional Review Board approval, deep considerations were made within our methodology and research processes. For anonymity, participants had the option to choose for their survey responses to remain anonymous, and their identities were not shared unless previously given consent. Our recruitment process included obtaining informed consent to explain the reasoning for exploring this knowledge gap as well as what the process entails. Our research wanted to explore the relationship between leadership styles and occupational therapists' preferences. In exploring this knowledge gap, the research team was aware of potential socio-emotional concerns pertaining to a deepening resentment related to workplace leadership. The research team planned on providing a Kawa activity in addition to collecting the survey information to allow opportunity for participants to reflect and decompress from arising thoughts and feelings. Other concerns related to Institutional Review Board approval have also been addressed. The participants were not subjected to harm in any way and were treated with respect and dignity throughout the process. Participation was voluntary and the right to withdraw was given as an option. Confidentiality was ensured to protect the participants and decrease bias potential. The research team strived to ensure a safe and secure environment for participants to be protected from physical, emotional, and psychological harm. Communication was transparent and honest between the research team, participants, and any affiliations made. Possible conflicts of interest were stated clearly and ethically

before the study began. Representation of the research findings was provided as objectively as possible to decrease bias potential.

### **Methodology**

The research study was implemented using technological means including recruiting participants via social media, collecting data and storing it remotely, and delivering an activity virtually. Contact was made on Facebook and via email to individuals known to work as occupational therapy practitioners in older adult settings. A flyer was posted on various Facebook Groups to recruit participants. The flyer had a QR code in which the participants were able to access the consent form prior to beginning the pre-survey. The Facebook groups included Geriatrics Occupational Therapist, The Practical Occupational Therapist, Team Kawa, and Geriatric occupational therapy, physical therapy, and speech-language pathologists Collaborative Group. The pre-survey, Kawa activity, and post-survey process had a timeline of three consecutive weeks. The pre-survey became available after participants agreed to the consent form. Participants were given one week to answer the pre-survey. When participants completed the pre-survey, the Kawa activity was shared through a pre-recorded video that participants had one week to complete. After the completion of the Kawa activity, participants were given another week to answer the post-survey.

The research team formulated an online survey for the pre and post data collection. Our initial custom survey was built off three different questionnaires. The three questionnaires consulted to generate our survey were: Team STEPPS 2.0 for long-term care questionnaire (Chen et al., 2020), the Organizational Commitment scale (Modway et al., 1979), and a Short Job Satisfaction Questionnaire created by our research

team. The Team STEPPS 2.0 questionnaire uses a Likert scale for the responses to measure different areas of a workplace. Areas measured by this questionnaire included team structure, leadership, situation monitoring, mutual support, and communication. The Organizational Commitment scale used Likert scale for the responses measuring an employee's commitment to their organization. The Brief Job Satisfaction Measure also used a Likert scale to measure an employee's satisfaction level of their current job. Only fully completed surveys were used in this study.

The leadership activity was provided via a pre-recorded video following the initial survey. It focused on self-selection and leadership while using the Kawa model. It was a creative and interactive way to share feelings and to connect further with participants' core values. The activity supported participants by helping them analyze their role as leaders by considering their metaphorical river flow, riverbanks, river rocks, and the wood in the river. The Kawa model activity was adapted from Lape and Scaife (2017) in an effort to build on their research and the effectiveness of the Kawa model on leadership. The activity did not take longer than 60 minutes to complete. Participants watched a 7-minute instructional video while the activity took 45 minutes to complete. The instructional video described the different aspects of the Kawa model: the river flow represented life flow and priorities, the river banks represented environments/contexts, social and physical. The rocks represented obstacles and challenges, the driftwood represented influencing factors and the spaces represented opportunities for enhancing flow. The self-reflection questions included in the instructional video can be located on Appendix J. Internal and external factors were explored within the participants. In addition to the Kawa model, we consulted Bloom's taxonomy of learning which

consisted of six progressive levels: knowledge, comprehension, application, analysis, synthesis, and evaluation. The activity focused on analysis, synthesis, and evaluation by allowing the participant to self-reflect. The post-survey focused on knowledge, comprehension and application by measuring any changes in the initial responses from the participants. The participants' responses were kept confidential by collecting only the first name initial and last name initial and linking with their response.

Final data collection occurred after the participant had completed the activity. The participant had a one-week window to submit the post survey after completing the activity. The research team used the same survey used in the pre-survey. Participants must have fully completed the survey in order to use their responses and be included in the study.

Advantages of this method were accessibility, flexibility of time frame, and empowerment of the participants. By utilizing technological means, the research team was able to recruit participants across a wider geographical area. The participants were able to access the materials to complete the surveys and intervention from their own primary geographical areas as well. This method also allowed the participants to complete the surveys and intervention at a time most convenient for them. Since the surveys asked participants to be reflective of their experiences, the included intervention was an opportunity to empower participants to protect against negative feelings toward leadership in their work environments.

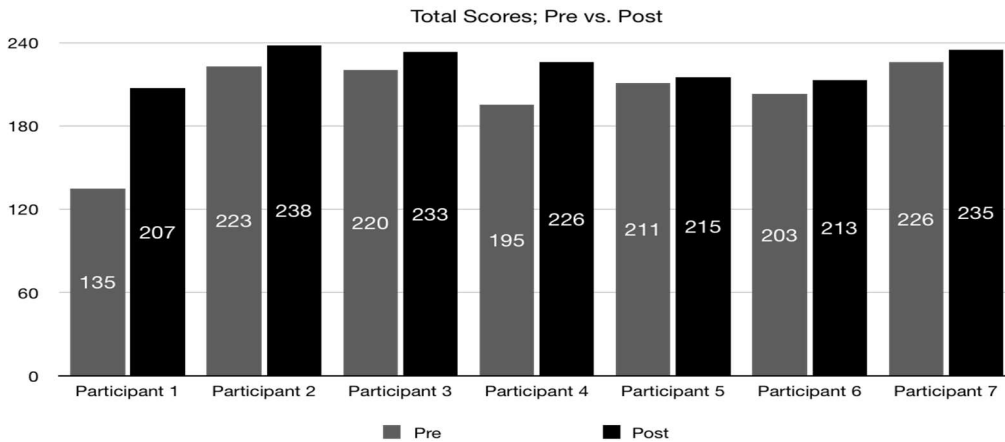
The population consisted of occupational therapists and occupational therapy assistants who were working in an older adult setting located in California. The materials required included a computer, a high-speed internet connection, and access to a free-

drawing website for the intervention. The website we used to complete the activity is kleki.com. Data was analyzed by the research team from the pre and post surveys. A paired T-test was run using Jamovi ([www.jamovi.com](http://www.jamovi.com)) and analyzed any changes from the pre and post surveys. The data evaluation plan included managing data and using statistical and content analysis to provide greater context to the survey responses. The research team managed data by locking and encrypting the data in a document made on a Google Drive by creating a password shared amongst only the team members conducting the research.

### Results

**Figure 1**

*Pre and Post survey total scores for each participant*



**Figure 2**

*P-Value for total score comparison*

**Paired Samples T-Test**

Paired Samples T-Test			statistic	df	p
Pre-Survey	Post-Survey	Student's t	-2.46	6.00	0.024

Note.  $H_a \mu \text{ Measure 1} - \text{Measure 2} < 0$

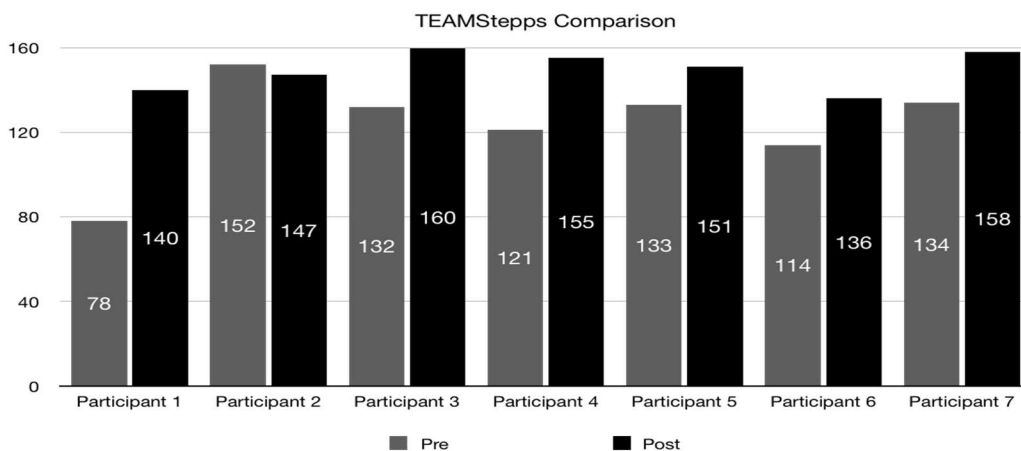
**Figure 3**

*Table of total scores for pre and post surveys*

	Pre-survey	Post-survey
<b>Participant 1</b>	135	207
<b>Participant 2</b>	223	238
<b>Participant 3</b>	220	233
<b>Participant 4</b>	195	226
<b>Participant 5</b>	211	215
<b>Participant 6</b>	203	213
<b>Participant 7</b>	226	235

**Figure 4**

*Pre and post total scores for TEAMStepps section*





**Figure 5**

*P-value for TEAMStepps score comparison*

**Paired Samples T-Test**

Paired Samples T-Test			statistic	df	p
Pre	Post	Student's t	-3.45	6.00	0.007

Note.  $H_a: \mu \text{ Measure 1} - \text{Measure 2} < 0$

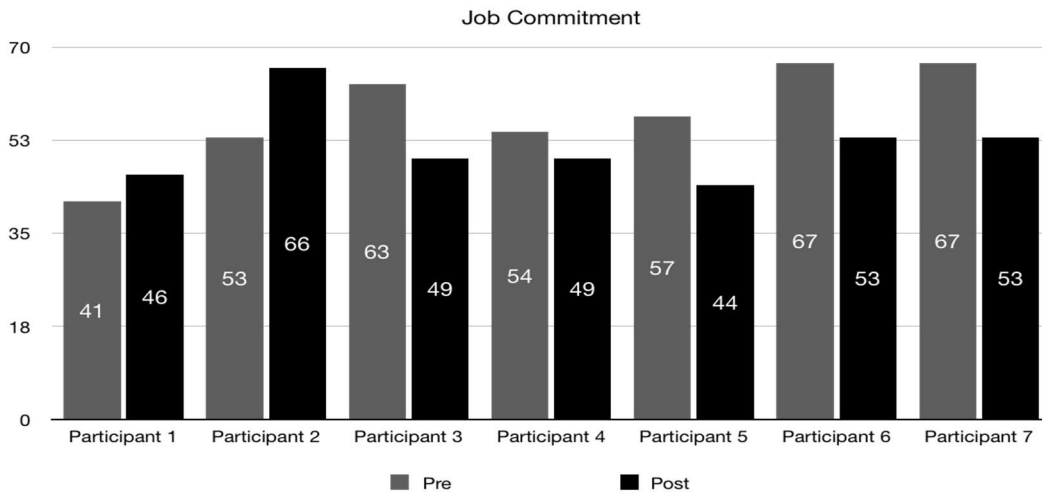
**Figure 6**

*Table of pre and post survey scores for TEAMStepps section*

<b>Participant 1</b>	78	140
<b>Participant 2</b>	152	147
<b>Participant 3</b>	132	160
<b>Participant 4</b>	121	155
<b>Participant 5</b>	133	151
<b>Participant 6</b>	114	136
<b>Participant 7</b>	134	158

**Figure 7**

*Pre and post total scores for Job Commitment section*



**8Figure 8**

*P-value for Job Commitment score comparison*

**Paired Samples T-Test**

Paired Samples T-Test

			statistic	df	p
Pre	Post	Student's t	1.46	6.00	0.903

Note.  $H_a \mu \text{ Measure 1} - \text{Measure 2} < 0$

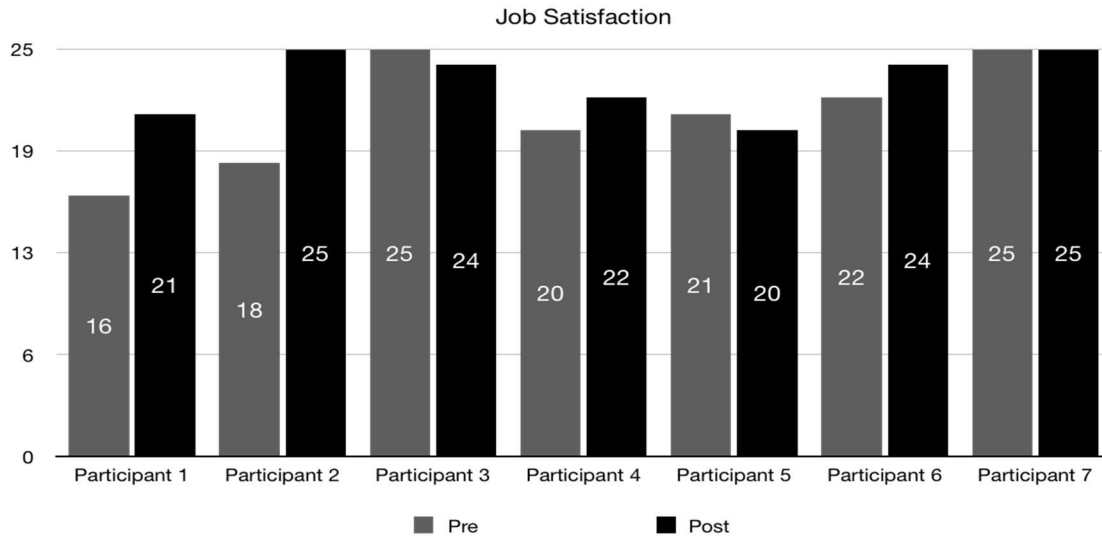
**Figure 9**

*Table of pre and post survey scores for Job Commitment section*

	Pre	Post
<b>Participant 1</b>	41	46
<b>Participant 2</b>	53	66
<b>Participant 3</b>	63	49
<b>Participant 4</b>	54	49
<b>Participant 5</b>	57	44
<b>Participant 6</b>	67	53
<b>Participant 7</b>	67	53

**Figure 10**

*Pre and post total scores for Job Satisfaction section*



**Figure 11**

*P-value for Job Satisfaction score comparison*

**Paired Samples T-Test**

Paired Samples T-Test

			statistic	df	p
Pre	Post	Student's t	-1.73	6.00	0.067

Note.  $H_a \mu \text{ Measure 1} - \text{Measure 2} < 0$

**Figure 12***Table of pre and post survey scores for Job Satisfaction section*

	<b>Pre</b>	<b>Post</b>
<b>Participant 1</b>	16	21
<b>Participant 2</b>	18	25
<b>Participant 3</b>	25	24
<b>Participant 4</b>	20	22
<b>Participant 5</b>	21	20
<b>Participant 6</b>	22	24
<b>Participant 7</b>	25	25

Using the Likert scale, we were able to assign a number value to each question. After collecting all of the survey information, we added all of the numerical values for each individual survey from the participants and created a total score for that individual. Each participant had a pre-survey score and a post-survey score. A high score meant that the individual worked in an effective workplace, had a high commitment level and were highly satisfied at their current job. We expected an increase of total scores for each individual after the incorporation of the Kawa model intervention, meaning the participant realized that they were in an effective workplace, had a high commitment level and were highly satisfied at their current job. The score comparisons between the pre- and post-surveys are shown in Figure 1. As seen in Figure 1, the total scores increased in the post-survey. Figure 2 shows that there is a statistical significance within the data, with a p-value of .024, showing that there is a correlation between the pre and post results. Our initial hypothesis proved to be correct, we expected an increase in total

scores after the intervention was implemented. Although we saw an increase in scores, it was a small increase on 6/7 participants. We decided to investigate each section of our survey and compare the scores among them. Figure 4 shows the comparison of just the TeamStepps (Agency for Healthcare Research and Quality, 2013) component of our survey. The results show an increase in scores for 6/7 participants. As Figure 5 shows, we do have a statistical significance in our results, with a p value of .007, meaning there is a correlation among the results. Figure 7 shows the comparison of the job commitment component of our survey. The results show an increase in only 2/7 scores from the participants and a decrease in 5/7 scores from the participants. As Figure 8 shows, the p value is .903, meaning there is no statistical significance in the results and no correlation among the pre and post results. Lastly, Figure 10 shows the comparison of the job satisfaction component of our survey. From Figure 10, we had an increase of scores in 4/7 participants, a decrease of scores in 2/7 participants and no change of scores in 1/7 participant. Figure 11 gives us a p value of .067, which reflects on having no statistical significance and no correlation shown.

### **Discussion**

From the results, it was found that the Kawa activity helped participants through exploring different aspects related to their work-life. The Team STEPPS 2.0 questionnaire (Agency for Healthcare Research and Quality, 2013) measures different areas (team structure, leadership, situation monitoring, mutual support, and communication) of a workplace. There was a statistical significance in participant scores in this component. This could be due to the Kawa model's exploration of one's life flow and the surveys' focus on analyzing the occupational therapy practitioner's work

environment. The reflective process experienced during the Kawa activity allowed for participants to mindfully organize thoughts and feelings associated with areas measured in this component. The Organizational Commitment Scale measures an employee's commitment to their organization. There was no statistical significance in participant scores for this component. The Brief Job Satisfaction Measure measures an employee's satisfaction level of their current job. There was no statistical significance in participant scores for this component. The lack of statistical significance found in these two components could be due to one Kawa activity's inability to capture all areas of the three survey components. Future research studies could include completing multiple Kawa activities, specifying one for each component. Based on these results, recommendations can be made for healthcare environments to utilize the Kawa model with their healthcare professional employees to identify areas where they may need more socio-emotional support. Recognizing the significance in the application of the Kawa model offers a comprehensive framework for understanding and developing effective leadership skills, ultimately fostering a positive and supportive work environment that enhances employee well-being and organizational success. More research is needed to determine the long-term impacts of the Kawa model in the healthcare environment.

### **Potential Limitations**

Participants did not have the opportunity to ask questions or receive comments in real-time because the activity has been pre-recorded. This may have reduced the activity's effectiveness as participants could have gained more from one-on-one communication. Additionally, there was a time limit on the intervention, which had a total duration of just 60 minutes, of which 45 minutes were used for the intervention itself

and 15 minutes dedicated to instruction. It could have taken more time than this to thoroughly examine all internal and external elements connected to leadership in the occupational therapy industry. Another drawback was that the survey responses were gathered prior to and during the intervention rely on self-reporting, which could have been biased or inaccurate. Instead of expressing their genuine sentiments or thoughts, participants may have given comments they thought were expected or desired. The use of an online intervention could have restricted access to the intervention to people without access to a computer or fast internet. This might have prevented a specific group of people from participating in the study. Since the study only included participants from California who worked in settings for older adults, sample size and generalizability were also important considerations. The findings may not apply to all occupational therapy professionals working in various locations, which could have restricted the generalizability of the findings. Additionally, the study's statistical power may have been constrained by a limited sample size. There were only 7 participants who completed both surveys and the Kawa activity.

### **Conclusion**

In conclusion, it is evident that the absence of cohesive leadership has detrimental effects on employees, leading to compromised quality of care and decreased employee retention. Recognizing the significance of leadership growth, the application of the Kawa model offers a comprehensive framework for understanding and developing effective leadership skills, ultimately fostering a positive and supportive work environment that enhances employee well-being and organizational success. By prioritizing cohesive leadership and embracing the principles of the Kawa model, organizations may have the

ability to cultivate a culture of excellence, resulting in improved employee satisfaction, enhanced care delivery, and increased retention rates. The aim of this research was to contribute to the growing understanding of effective leadership within healthcare systems and more specifically, its potential contributions to the field of occupational therapy.



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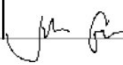
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**Appendix A**

**Institutional Review Board Approval**

Dear Dr. Jenna Mele and Students,

The Stanbridge University Institutional Review Board has completed the review of your application entitled "Impact of the Kawa Model on Leadership in Occupational Therapy with Older Adults." Your application (#07MSOTRS001) is approved and categorized as Expedited.

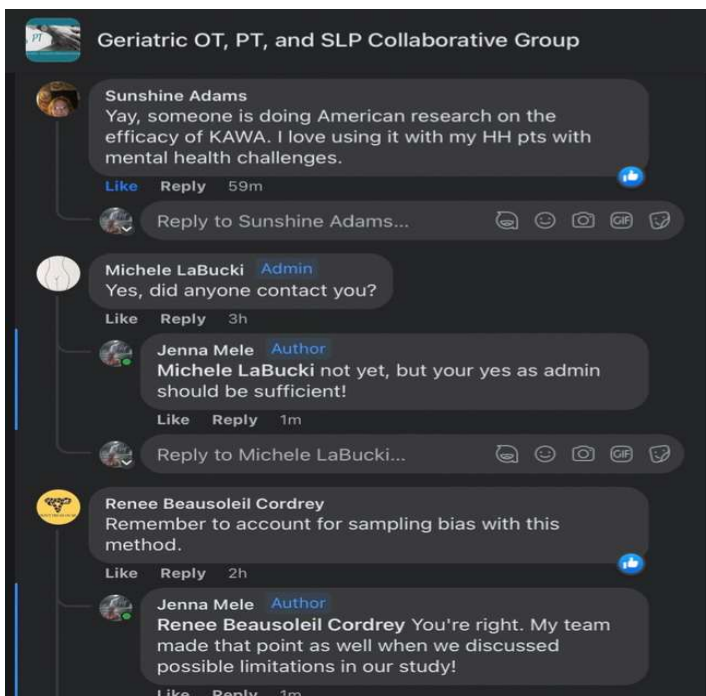
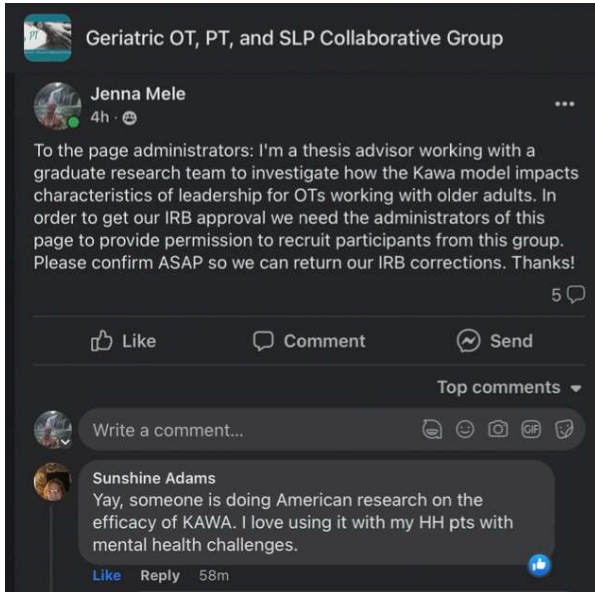
IRB Application Number	#07MSOTRS001
Date	04/17/2023
Level of Review	<b>Expedited</b>
Application Approved	X
Conditional Approval	
Disapproved	
Comments	The requested Minor changes have been reviewed and confirmed as completed by the IRB. (04/17/2023)
Signature of IRB Chair	

**Please note that any anticipated changes to this approved protocol requires submission of an IRB Modification application with IRB approval confirmed prior to their implementation.**

Sincerely,  
 Julie Grace, M.S., M.A.  
 IRB Chair




## Appendix B



### Site Approval Form





## Appendix C

### Site Approval Form

<    ...

**Question: Research Participants**  

Inbox

 me Feb 2  
to bwong, Jenna ▾  ...



Hello Dr. Wong,  
I wanted to reach out to you regarding getting participants for our research group. I know you had mentioned that there is a Facebook page to help with finding participants. I just wanted to make sure these are the steps you are looking for in order to seek participants:

- IRB Approval first?
- Include consent letter of methodology ?
- Brief description of study with student and advisor names
- Method for participants to contact researchers

I look forward to hearing from you.

Thank you,  
Alexandra Ornelas

---

 Dr. Bill Wong Feb 2  
to me, Jenna ▾  ...

The informed consent is not required. However, the rest of the items are required.

Get [Outlook for iOS](#)

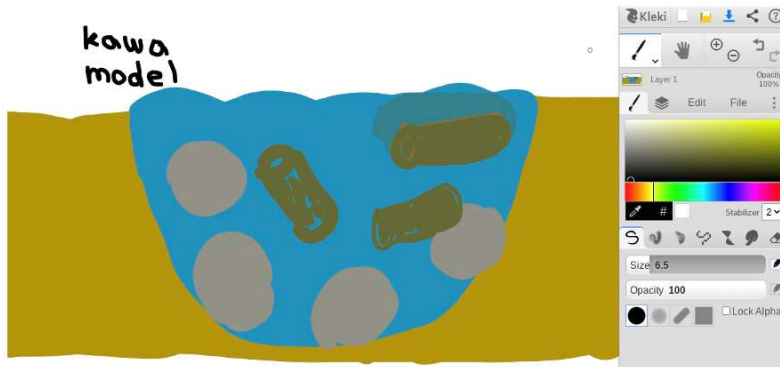
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**From:** Alley Ornelas <[alleyornelas@gmail.com](mailto:alleyornelas@gmail.com)>  
**Sent:** Thursday, February 2, 2023 5:12:54 PM  
**To:** Dr. Bill Wong <[bwong@stanbridge.edu](mailto:bwong@stanbridge.edu)>  
**Cc:** Jenna Mele <[jmele@stanbridge.edu](mailto:jmele@stanbridge.edu)>  
**Subject:** Question: Research Participants

## Appendix D

### Intervention Permission

Appendix C- Intervention Example/Intervention Permission



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2017

#### Use of the KAWA Model for Teambuilding with Rehabilitative Professionals: An Exploratory Study

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#### Recommended Citation

Lape JE, Scaife BD. Use of the KAWA Model for Teambuilding with Rehabilitative Professionals: An Exploratory Study. The Internet Journal of Allied Health Sciences and Practice. 2017 Jan 01;15(1), Article 10.

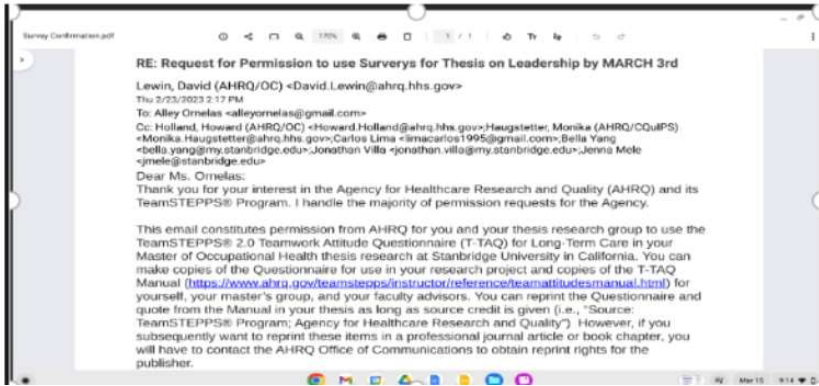
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## Appendix E

### Questionnaire Permission

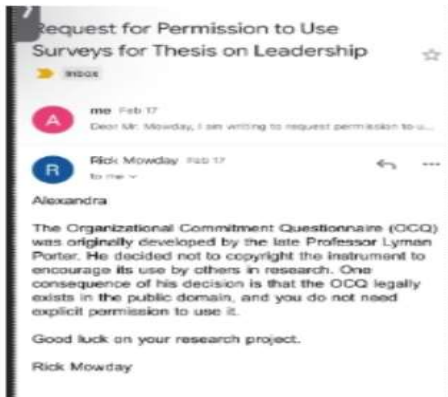
TeamSTEPS Questionnaire



TeamSTEPS Questionnaire



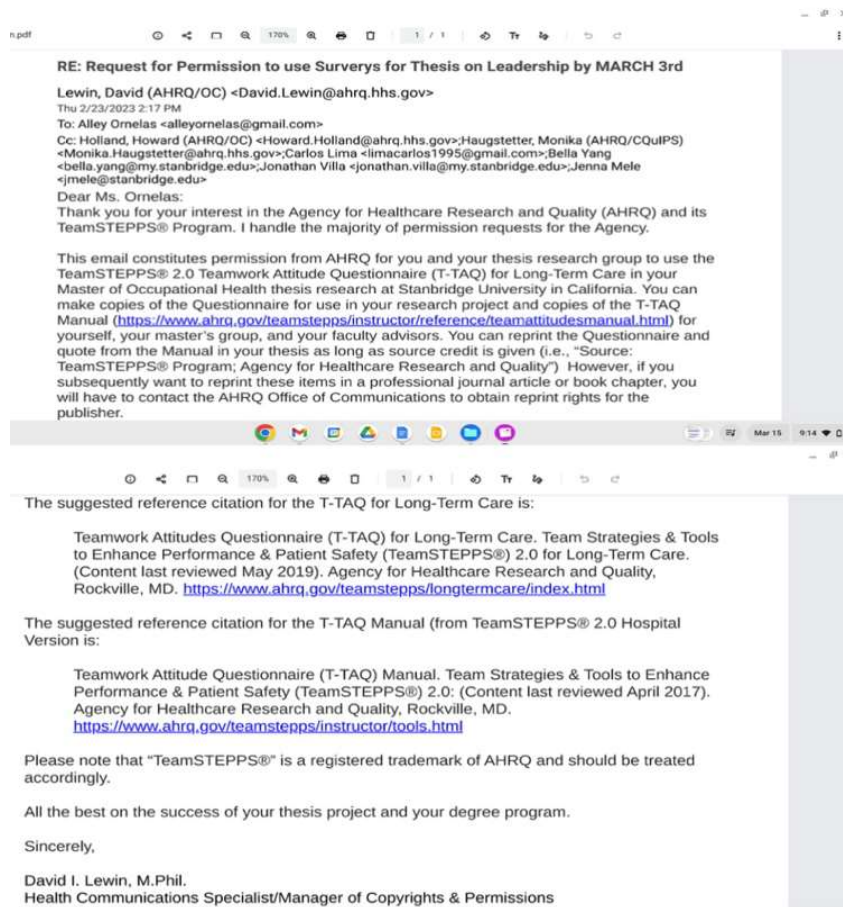
Organizational Commitment Questionnaire

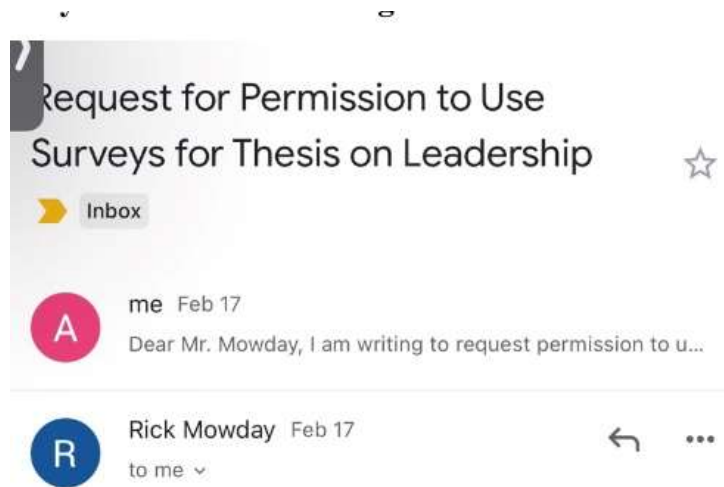


Appendix F

Survey Confirmation TeamSTEPS

Appendix E – Survey Confirmation for TeamSTEPS® 2.0 Teamwork Attitude Questionnaire (T-TAQ)



**Appendix G****Survey Confirmation Organizational Commitment Questionnaire**

Alexandra

The Organizational Commitment Questionnaire (OCQ) was originally developed by the late Professor Lyman Porter. He decided not to copyright the instrument to encourage its use by others in research. One consequence of his decision is that the OCQ legally exists in the public domain, and you do not need explicit permission to use it.

Good luck on your research project.

Rick Mowday

## Appendix H

### Survey Questions TeamSTEPPS

#### TeamSTEPPS Questionnaire

Respond to the questions below by placing a checkmark in the box that corresponds to your level of agreement from *Strongly Disagree* to *Strongly Agree*. Please select only one response for each question. (1) strongly disagree; (2) disagree; (3) neutral; (4) agree; (5) strongly agree.

#### **Team Structure:**

- 1) It is important to ask residents and their families for feedback regarding resident care.
- 2) Residents are a critical component of the care team.
- 3) This facility's administration influences the success of direct care teams.
- 4) A team's mission is of greater value than the goals of individual team members.
- 5) Effective team members can anticipate the needs of other team members.
- 6) High performing teams in healthcare share common characteristics with high performing teams in other industries.

#### **Leadership:**

- 7) It is important for leaders to share information with team members.
- 8) Leaders should create informal opportunities for team members to share information.
- 9) Effective leaders view honest mistakes as meaningful learning opportunities.
- 10) It is a leader's responsibility to model appropriate team behavior.
- 11) It is important for leaders to take time to discuss with their team members plans for each resident/patient.
- 12) Team leaders should ensure that team members help each other when necessary.

#### **Situation Monitoring:**

- 13) Individuals can be taught how to scan the environment for important situational cues.
- 14) Monitoring residents provides an important contribution to effective team performance.
- 15) Even individuals who are not part of the direct care team should be encouraged to scan for and report changes in resident status.
- 16) It is important to monitor the emotional and physical status of other team members.
- 17) It is appropriate for one team member to offer assistance to another who may be too tired or stressed to perform a task.
- 18) Team members who monitor their emotional and physical status on the job are more effective.

#### **Mutual Support:**

- 19) To be effective, team members should understand the work of their fellow team members.
- 20) Asking for assistance from a team member is a sign that an individual does not know how to do his/her job effectively.
- 21) Providing assistance to team members is a sign that an individual does not have enough work to do.
- 22) Offering to help a fellow team member with his/her individual work tasks is an effective tool for improving team performance.
- 23) It is appropriate to continue to assert a resident/patient safety concern until you are certain that it has been heard.
- 24) Personal conflicts between team members do not affect resident/patient safety.

## Appendix I

### Survey Organizational questionnaire/ Short job Questionnaire

#### Communication:

- 25) Teams that do not communicate effectively significantly increase their risk of committing errors.
- 26) Poor communication is the most common cause of reported errors.
- 27) Adverse events may be reduced by maintaining an information exchange with residents/patients and their families.
- 28) I prefer to work with team members who ask questions about information I provide.
- 29) It is important to have a standardized method for sharing information when handing off residents/patients.
- 30) It is nearly impossible to train individuals how to be better communicators.

#### The Organizational Commitment Questionnaire(OCQ)

For each statement below, use the following scale to indicate which is most descriptive of your current job: (1) strongly disagree: (2) disagree: (3) neutral: (4) agree: (5) strongly agree. An "R" denotes a negatively phrased and reverse scored item.

1. I am willing to put in a great deal of effort beyond that normally expected in order to help this organization be successful.
2. I talk up this organization to my friends as a great organization to work for.
3. I feel very little loyalty to this organization. (R)
4. I would accept almost any type of job assignment in order to keep working for this organization.
5. I find that my values and the organization's values are very similar.
6. I am proud to tell others that I am part of this organization.
7. I could just as well be working for a different organization as long as the type of work was similar. (R)
8. This organization really inspires the very best in me in the way of job performance.
9. It would take very little change in my present circumstances to cause me to leave this organization. (R)
10. I am extremely glad that I chose this organization to work for over others I was considering at the time I joined.
11. There's not too much to be gained by sticking with this organization indefinitely. (R)
12. Often, I find it difficult to agree with this organization's policies on important matters relating to its employees. (R)
13. I really care about the fate of this organization.
14. For me this is the best of all possible organizations for which to work.
15. Deciding to work for this organization was a definite mistake on my part.

#### Short Job Satisfaction Questionnaire

We want to know how you feel about your job. For each statement below, use the following scale to indicate which is most descriptive of your current job: (1) strongly disagree: (2) disagree: (3) neutral (4) agree: (5) strongly agree. An "R" denotes a negatively phrased and reverse scored item.

1. I am currently content with my job.
2. I feel enthusiastic about my work on most days.
3. Every day at work feels like it is never ending. (R)
4. The work I do brings enjoyment to my life.
5. I tell others my job is unpleasant.(R)

**Appendix J****Activity Reflection Questions**

<b>Activity Reflection Questions</b>
What do you enjoy doing? Why do you enjoy doing it?
Are you having any difficulties right now?
How do you typically cope with stress?
Where do you typically spend most of your time?
Was the Kawa model easy to understand?
How might this process/model be useful to you in a professional team?