JÖNKÖPING UNIVERSITY
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For Improvement of Health and Welfare

An improved working model at the daily activity center.

An improvement work and a qualitative study on the professional's perception on motivating participants with high-functioning autism to attend daily activities.

MAIN AREA: *Kvalitetsförbättring och ledarskap inom hälsa och välfärd*
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Sammanfattning

Ett förbättrat arbetssätt på dagligverksamheten. Ett förbättringsarbete samt en kvalitativ studie om de professionellas uppfattning om att motivera deltagarna med högfungerande autism att delta på daglig verksamhet.

Trots Daglig verksamhets goda intentioner att bidra till personlig utveckling och främja delaktighet i samhället genom att erbjuda meningsfull sysselsättning, är närvaron bland deltagarna med högfungerande autism låg eftersom de som beviljats insatser inte deltar fullt ut. Detta ökar risken för social isolering.
I brist på evidens-baserade arbetsmetoder testade förbättringsteamet att modifiera den ordinarie arbetsmodellen genom att införliva en modell som heter Kliv Ut. Kliv Ut bestod av fem delar vars fokus låg på att öka deltagarnas motivation. Detta till dels genom att personalen skaffade sig en mer komplett bild av deltagaren, delvist genom ett aktivt skapande av initialt förtroende hos deltagarna, delvist lösningsfokuserade arbetsmetoder samt motiverande samtal. Fyra deltagarna med låg närvaro valdes ut för att delta i interventionen.
Förbättringsarbetet genomfördes på en dagligverksamhet i en mindre stad i södra Sverige. Syftet med förbättringsarbetet var att förstå varför deltagarnas närvaro var låg och att öka närvaron med modellen Kliv Ut. Syftet med studien var att förstå de professionellas uppfattningar om att arbeta med Kliv Ut under förbättringsarbetet. Studien genomfördes genom en kvalitativstudie med fem enskilda intervjuer där självbestämmande teori utgjorde underlag för analys av de professionellas uppfattningar av Kliv Ut.

Resultaten visade att SMART-målet att fördubbla deltagarnas genomsnittliga närvaro under interventionsperioden uppnåddes för två av deltagarna men inte hos två. Dessutom identifierades sex grundläggande orsaker till att deltagarna inte deltog i sina dagliga aktiviteter. De professionella uppfattade att Kliv Ut hade gett dem nya verktyg att stärka deltagarnas autonomi, kompetens och tillhörighet. Strukturella barriär identifierades av de professionella som det största hindret att genomföra Kliv Ut.

Sammanfattningsvis betraktas deltagarna som individer med unika färdigheter och personliga intressen varför de som arbetar på dagligverksamheten behöver använda ett genomgående individanpassat tillvägagångssätt.

Nyckelord: låg närvaro, motivation, självbestämmande teori, kliv ut

Summary

An improved working model at the daily activity center. An improvement work and a qualitative study on the perception of professionals on motivating participants with high-functioning autism to attend daily activities.

Despite daily activities efforts to contribute to personal development, through offering meaningful activities, attendance among participants with high-functioning autism is low as those who have been granted the decision do not fully attend. This increases the likelihood of social isolation.

In the absence of evidence-based working methods, the improvement team tested whether modifying the ordinary model would increase participants attendance. This was through incorporating a model called Step Out. Step Out's five components focused on increasing participants motivation, by the professionals seeing the big picture, actively creating trust, working with solution-focused methods, and using motivational interviews. Four participants with low attendance were selected to take part in the intervention.

The improvement work was conducted at a daily activity center in a small city in Sothern Sweden. The improvement work aimed to understand why the attendance of participants was low and to increase participant attendance through Step Out. The study aimed to gain an understanding of the professionals' perception of working with Step Out in the improvement work. The study was conducted through a qualitative study with five individual interviews and where the self-determination theory formed the basis for analysis of professionals' perceptions.

The results indicate that the smart goal to double the average attendance of the participants during the intervention was achieved in two participants but was not achieved in the other two participants. In addition, six reasons were shared by the participants on why they did not attend their daily activities. The professionals perceived that Step Out had given them new tools to strengthen the participants autonomy, competence, and sense of belonging. Structural barriers were perceived as the greatest hindrance to the implementation of Step Out

In conclusion, participants are individuals with unique skills and interests, and professionals at the daily activity center must use an individualized approach.

Keywords: low-attendance, motivation, self-determination theory, Step Out

ABBREVIATIONS

DAC: Daily activity centers

FGD: Focus group discussions

HFA: High-functioning autism

HFP: High-functioning people

IDI's: In-depth interviews

KPMG: Klynveld Peat Marwick Goerdler

LSS: Lag (1993:387) om stöd och service till vissa funktionshindrade
(The act concerning support and service for persons with certain functional impairments)

MI: Motivational interviewing

PDSA: Plan, Do, Study, Act

SDT: Self-determination theory

UN: United Nations

UNCRPD: United Nations Convention on the Rights of Persons with Disabilities

WHO: World Health Organization

QoL: Quality of life

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Introduction

"There is simply no change without movement and no movement without motivation."
(Ryan et al. 2011, p. 199).

Work and employment affect an individual's quality of life (QoL) in how they participate in society (The National Board of Health and Welfare, 2010). According to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), (2006) people with disabilities have rights to economic and social security as everyone else. Unfortunately, most disabled people have barriers that hinder them from fully enjoying these rights and instead increase the likelihood of social isolation (UNCRPD, 2006). Among people with high-functioning autism (HFA), these barriers may include social phobia, repetitive behaviors, and sensory sensitivity combined with a disinterest in activities and disorganized social functioning (American Psychiatric Association, 2013).

To address social isolation in Sweden, effort have been tailored towards ensuring that people with HFA have QoL – defined as "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns" (WHO, 1994). This includes the right to meaningful engagement in daily activities [Swedish (Lag (1993:387) om stöd och service till vissa funktionshindrade] (LSS). In 2022, 39,000 participants had been granted a decision on daily activities - an increase of 25% from 2010 (The National Board of Health and Welfare, 2022). Despite Sweden's good intentions and one of the world's foremost disability legislations (Englund & Lindblom, 2021), attendance at the daily activities is low as those who have been granted the decision does not fully attend. As a way of motivating the participants to attend daily activities, a habilitation allowance that differentiates between different municipalities is paid to the participants (Larsson & Larsson, 2022).

Problem description

During the project planning course in 2022, the professionals at the local daily activity center (DAC), using an Ishikawa diagram, identified ten causes of low attendance namely, unclear, and long decisions, different staff, no contact person, lack of relevant skills and competence among some professionals, low motivation among participants, autonomy, social phobia, untailored activities, location, and premise of DAC. Correspondingly, an audit report of the DAC conducted by KPMG (2022) identified similar causes of low attendance.
The main problem in this improvement work is low participant attendance at DAC. In the absence of evidence-based working methods (Parker, 2020), the improvement team tested whether modifying the ordinary working model increased participant attendance. This was by incorporating a model called Step Out. During a collaborative meeting between different DACs, Step Out had been mentioned as having increased attendance at Nytidas five DACs in Stockholm (L. Sjölund, personal communication, 20 April 2022).
The five components of Step Out focused on ways that increase participants' motivation to attend daily activities. This was through professionals seeing the big picture, creating trust with the participants, working with solution-focused methods, and using motivational interviews.

The initiative to modify the ordinary working model came from the professionals, following the identified causes of low attendance which showed that the ordinary working model lacked a systematic way of motivating participants to engage in daily activities.

Background

For the reader to understand the challenges and conditions that needed to be considered before conducting this improvement work, the following section will provide a description of social isolation as a significance of low attendance followed by underlying conditions that exist when implementing improvement at DAC.

Social isolation

Social isolation according to WHO (2021) is the "objective state of having a small network of kin and non-kin relationships" which can lead to feelings of loneliness. Social isolation can either be voluntary, where isolation is by one's choice, or involuntary because of circumstances beyond one's control (WHO, 2021). Among individuals with HFA, social isolation is a prevalent problem due to barriers in social

engagement and communication as well as a lack of awareness and support from society (Orsmond et al., 2013). This thesis focuses on involuntary social isolation among participants with HFA.

Effects of social isolation on health.
One of the variables that influence the health status of an individual is social isolation (WHO, 2006). Research shows that prolonged social isolation can increase health risks comparable to those posed by obesity and smoking such as cardiovascular disease, stroke, and other chronic illnesses, thereby reducing QoL and can even result in death (Evans & Fisher, 2022). Correspondingly, Evans & Fischer (2022) state that people with HFA who suffer from social isolation frequently experience anxiety and depression, both of which can have detrimental effects on their mental state and well-being. As a result of this inverse relationship between social isolation and health, social isolation is recognized as a public health concern (WHO, 2021).

Effects of social isolation on society.
Socially isolated people with HFA may experience difficulties developing and sustaining connections with society (Lake et al., 2014). If neglected, social isolation can lead to long-term physical and mental health problems, adding to the total burden on healthcare thereby, negatively affecting society (Jones, 2019). Social isolation can also increase emotions of loneliness and anxiety making people with HFA vulnerable to addictive habits such as substance abuse, gambling, and internet gaming as a coping technique (Sizoo et al., 2010). Treatment and rehabilitation for substance abuse and addiction are both costly to society (Sacks et al., 2005).

LSS

The Act (1993:187) on support and service for certain disabled persons (LSS) is a law that specifies rights for people with permanent and extensive disabilities. The law is divided into three groups:

Group 1: Persons with intellectual disabilities and people with autism or autism-like conditions such as HFA.
Group 2: Persons with significant and permanent intellectual functional disabilities following brain damage as an adult.
Group 3: Persons, who because of other serious and permanent functional disabilities, which are not the result of normal aging, have considerable difficulties in everyday life and great need of support or service (LSS, 1993).

The purpose of LSS is to give people with disabilities the opportunity to have an independent life and full participation in society (LSS, 1993). Services according to LSS must be adapted to the recipient's individual needs and ensures the recipient good living conditions. The six principles governing the entitlement law are self-determination, ability to influence, participation, accessibility, continuity, and holistic view. Similarly, the act is based on voluntarism, freedom of choice, and integrity (LSS, 1993). The 10 forms of support and service according to LSS include counseling and other personal support, personal assistance, residence for adults housing adaptation, companion service, short stay away from home, daily activities, contact persons, a short period of supervision for schoolchildren over the age of 12, relief service in the home and living arrangements in a family home or a residence with special services for children and adolescents (LSS, 1993). It is the disability and its impact on the person's life situation that determines whether a person is entitled to LSS, and not only the diagnosis (LSS, 1993). Lately, people with LSS services have increased, and mostly those between the ages of 22–40. This increase, however, is mainly in group 1 due to an increase in autism diagnosis (The National Board of Health and Welfare, 2010)

Daily activity

Daily activity is one of the ten LSS services and is regulated in § 9 § 10 LSS. Daily activities are offered to people in group 1 LSS of working age but who are not gainfully employed or studying. Daily activities can contain both habilitation activities and more production-oriented tasks. The same type of tasks can occur within the day-to-day operations as with an employer on the regular labor market, however, the difference is that daily activities are not a form of employment (LSS, 1993). However, daily activities can be designed to facilitate the possibility of employment in the future (LSS, 1993). The term participant is used to refer to an individual who has been granted a decision on daily activities as the decision allows them to take part in various activities at DAC. Some of the activities at DAC include handicrafts,

gardening, assembling and exercise among others. Daily activities can be offered by municipalities or private providers and are usually financed by government grants (The National Board of Health and Welfare, 2010). The municipalities are obliged by LSS to implement decisions within three months from the date of the decision, failure to which they are compelled to pay a special fee (LSS, 1993).

Past literature

The following section highlights past literature on social engagement, motivation, and motivational interviews.

Social engagement

Extant literature suggests that interventions that foster social engagement can enhance the wellbeing of people with HFA. A study by Jones (2019) for instance analyzed the literature on how implementing social engagement improves the well-being of individuals with HFA. Findings from the study showed that neglecting to implement meaningful social engagement corresponded to an increase in social isolation among HFA individuals. Similarly, McCollum et al. (2016) conducted a study to identify emerging participants strength while at DAC. The study identified that there was limited first-hand knowledge from the participants regarding their daily activities as most research relied on secondary data from caregivers and family.

Motivation

Studies agree that motivation is a psychological state or process that directs behavior toward a particular goal (Deci & Ryan, 2000). According to Deci & Ryan (2000) motivation can either be positive or negative. While positive motivation entails the pursuit of things that enhance our life, such as happiness and social acceptability, negative motivation refers to our desire to escape situations that give us difficulty, pain, or negativity. Ryan and Deci (2017) explain that there are two types of motivation namely: extrinsic motivation and intrinsic motivation; whereby, intrinsic motivation is when the individual is driven by internal factors such as enjoyment or personal fulfillment, and extrinsic motivation is when the individual is motivated by external factors such as rewards or punishment.

According to Stewart (1996), motivating people with HFA is essential yet challenging. It is essential since people with HFA have limited options of interests and skills required for communal life and coping, and they risk being victimized due to their condition, and it is challenging because these individuals react differently to important motivating factors. Similarly, Ortiz and Sjölund (2015) mention that while motivation is important for maintaining commitment and productivity in a workplace, people with HFA often have special challenges identifying what motivates them and why they should perform certain tasks.

Motivational Interviews (MI)

MI is an evidence-based methodology developed to strengthen people's motivation and confidence to tackle life changes (Miller & Rollnick, 2013). It is based on the belief that people have internal motivation and resources that can be activated and strengthened through an understanding and strengthening of their values, goals, and desires (Miller & Rollnick, 2013). A study by Lang et al. (2010), states that an important goal of MI when treating people with HFA is to increase their motivation and confidence to develop social skills and adapt to new situations, by helping the person to identify their values and goals and to pay attention to and reinforce positive behavior. Lang et al. (2010) investigated how MI helped people with HFA increase their work motivation and the findings showed that MI was an effective method for increasing work motivation in people with HFA. The results also identified that motivation increased among the participants as they felt more engaged in their work when they were helped to identify their interests and connect them to their work tasks (Lang et al., 2010)

Self-determination theory.

This study was anchored on Self-determination theory (SDT). A theory that holds that people are naturally motivated to explore and develop their abilities and to seek out meaningful and challenging activities (Ryan & Deci, 2017). It posits that people have three basic psychological needs that must be met to experience a high degree of self-determination and well-being (Deci & Ryan, 2000). These are autonomy – the sense of being in control in a situation and the freedom of choice to engage in an activity or not; competence – the feeling of being effective in doing a certain activity and relatability, which s requires that the tasks be ideal and that individuals receive some type of feedback on the results; and, sense of belonging – when one feels socially connected to those around them. The theory supposes that when these needs are met, people can experience a high degree of self-determination, which can increase motivation, engagement, and well-being (Ryan & Deci, 2017).

SDT posits that environment has an influence on an individuals' psychological needs and motivation (Ryan & Deci, 2017). Ng et al. (2012) mention that interventions based on SDT principles have been found to enhance intrinsic motivation, well-being, and behavior change in various settings. Accordingly, SDT was relevant in this study as individuals with HFA, usually have lower levels of self-determination compared to other people (Morán et al., 2020). This is largely due to the social barriers that they have which can limit expressions of self-determination. However, research shows that when offered opportunities and support, these individuals can develop abilities and skills associated with self-determination (Morán et al., 2020).

Improvement Science

Improvement science is a new scientific field that focuses on how to improve the performance of complex systems using scientific methods and principles (Thor, 2002). Similarly, Perla et al. (2013), identifies improvement science as a young branch of science that describes and develops new theories on how successful improvements are implemented within an organization.

Thus, the overarching purpose of improvement science is to guarantee that efforts to improve quality in and organization are centered on as much evidence as the best practices that they desire to implement (The health foundation, 2011). This is as a realization that the healthcare system nowadays mainly focuses on developing ways to enhance patient and service users care, but not all approaches ultimately result in an improvement as most organizations fail to use theories or guidelines that can forecast success or influence the implementation process when determining what to change. Langley et al. (2009) highlights two principles of improvement science when finding improvement methods, these principles are understanding the significance of enhancing the prior model, and finding out how to tell when an improvement has taken place.

Improvement science necessitates the need of finding ways to effect change and bring about an improvement in a system. To find relevant improvement ideas and be able to implement them successfully, one needs to first understand the system (Thor, 2002). Similarly, one needs to carefully analyze the factors that are key in the improvement work (The Health Foundation, 2011). Some of the proven techniques in improvement science include Nolan's improvement model and PDSA cycles which are used to increase understanding of results and variation when making decisions (Langley et al., 2009). Similarly, understanding the context can be achieved from the 5P model (Nelson et al., 2007). In addition, improvement science uses scientific methods such as theories to generate and test hypotheses, evaluate results, and disseminate effective solutions (Nilsen et al., 2020). Theories, according to Davidoff et al. (2015), can be classified into three categories namely: grand theory, mid-range theory, and program theory.

Improvement knowledge and tools

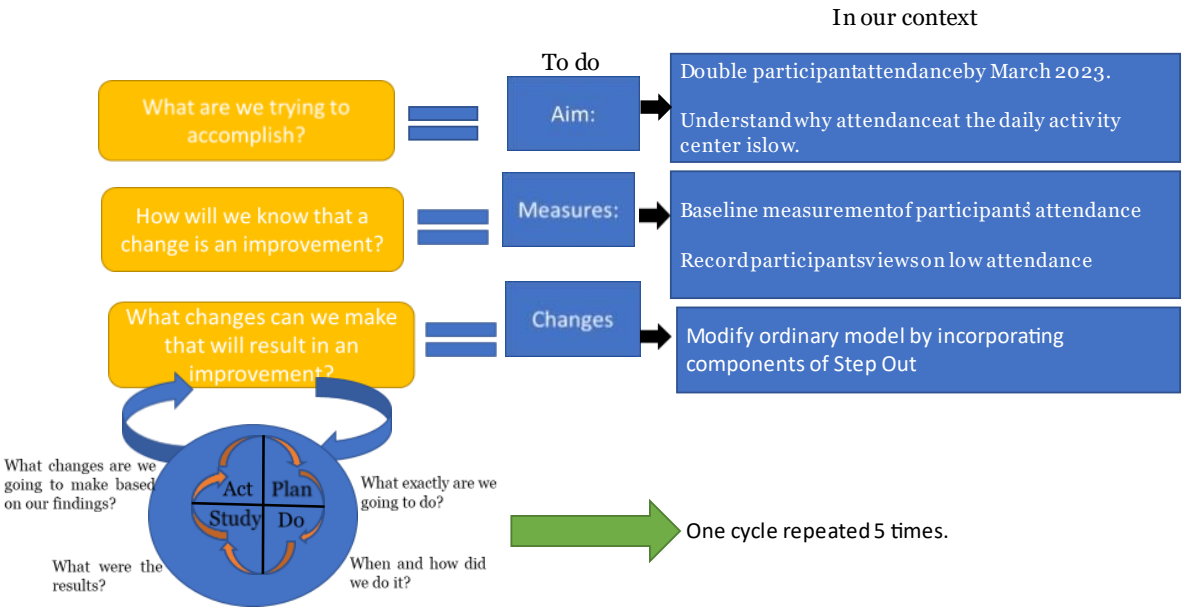
Improvement knowledge is a broad term that describes the areas for improving the performance of a complex system (Bergman & Klefsjö, 2020). The four areas that Deming considered important in improvement knowledge include knowledge of variation, psychology, theory of knowledge, and system understanding (Bergman & Klefsjö, 2020). The four areas can also be used to help management in an organization to increase the organization's ability to improve (Bergman & Klefsjö, 2020). Improvement knowledge is suitable for practical improvement work and uses proven techniques and methods to improve systems, rather than scientific methods and studies (Thor, 2002). According to Langley et al. (2009) using improvement knowledge together with improvement science increases the organization's ability to improve its performance.

Nolan's model for improvement

The Nolan model for improvement is a tool for planning an upcoming change so that the change can lead to an improvement (Langley et al., 2009). The model was chosen as the approach to test whether implementing the intervention would double the attendance of the participants. The model according to Nelson et al. (2007) is based on three questions (Figure 1) and ends with the PDSA cycle founded by W. Edwards Deming (Bergman & Klefsjö, 2020). When the goal is determined, a measure needs to be developed that can answer the question of whether the change has led to an improvement. Thereafter, ideas are developed about which changes to implement.

Figure 1

Nolan's model of improvement with own adjustment for our context.



Comment: Modified model of improvement in the context of DAC. Original source from Nelson et al. (2007)

PDSA

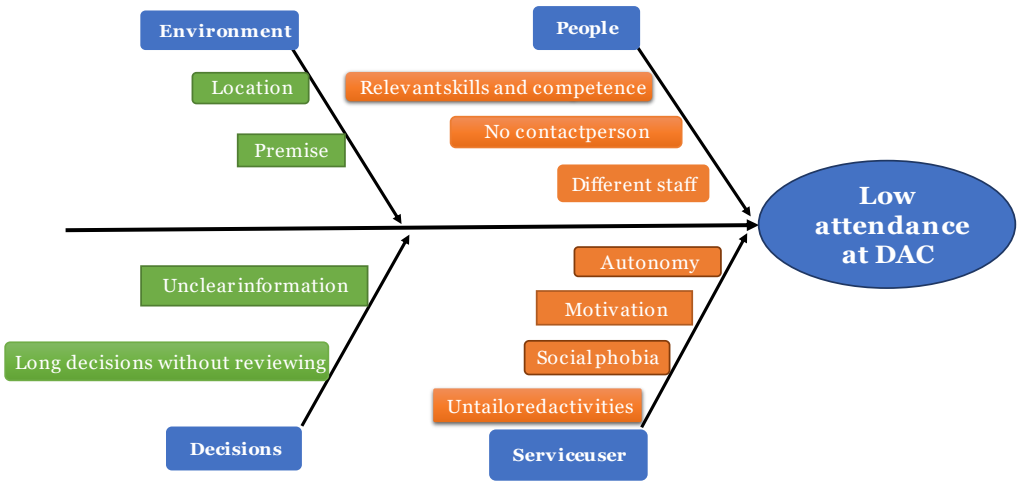
PDSA is a testing model used in improvement work and stands for Plan, Do, Study, and Act. If the change does not produce the desired result, an adjustment is made in the cycle and tested again (Nelson et al., 2007). In between, it is studied why the change did not produce the desired result (Nelson et al., 2007). Positive aspects of using PDSA cycles is allowing for the option of small-scale testing which leaves a window of adjustment and is practical. However, some downsides of a PDSA cycle are that the model cannot stand on its own and often need to be used with other improvement models such as the Ishikawa diagram (Nelson et al., 2007).

Ishikawa diagram

According to Bergman & Klefsjö (2020), it is important to identify possible causes of a problem before embarking on a PDSA cycle. One way to visualize the causes of a problem is through the Ishikawa diagram (Bergman & Klefsjö, 2020) as an Ishikawa diagram (Figure 2) can also help to reveal areas of weakness in the current processes.

Figure 2

Ishikawa Diagram showing possible causes of low attendance. Source: Bergman & Klefsjö, 2020



Comment: Identified causes of low attendance by the professionals at DAC during the project planning course in 2022.

Rationale

Despite the increasing cases of HFA in the last few years (The National Board of Health and Welfare, 2010), improvement work on adults with HFA and the issues they face such as social isolation is limited. HFA is an invisible disability that is often overlooked in society compared to other disabilities and conditions, hence the need for more improvement work on this population. Conducting this improvement work would thereby, assist to promote awareness of the challenges that people with HFA face when trying to overcome isolation and the causes that predispose them to social isolation. This has the potential to yield increased public understanding and support for people with HFA in society. In addition, the findings on why their attendance at daily activities is low can be used to build evidence-based methods that help individuals with HFA reduce social isolation and strengthen social contacts.

This improvement work is important as it offers the participants an opportunity to interact with other people and hopefully develop social skills necessary to overcome social isolation. This improvement work also included a study to understand the professionals' perception of working with Step Out to motivate participants to attend the daily activities.

Aim

Aim of improvement work

This improvement work aims to understand why the attendance of participants is low and to increase participants attendance through the Step Out intervention. Increasing participants attendance would thereby, reduce their risk of ending up in social isolation.

Smart goal

The smart goal was to double the average attendance days of four participants in the intervention period compared to the measurement period Jan-Aug 2022. This was achieved by implementing the Step Out intervention between September 2022 and March 2023.

Aim of the study

The study aimed to gain an understanding of the professionals' perception of working with Step Out in the improvement work to motivate participants with low attendance to attend daily activities.

This research, therefore, fulfilled the aim by answering the following research questions:

Question (s)

- Did Step Out give the professional new tools to strengthen participants autonomy, competence, and sense of belonging?
- What challenges or barriers did the professionals face when implementing Step Out?

Method and materials

Context

This improvement work was conducted in a social welfare context.

Clinical microsystem

The clinical microsystem in this improvement work was a DAC located in a small town in Southern Sweden. According to Nelson et al. (2007), a clinical microsystem comprises a small team of professionals, information, and information technology who collaborate to ensure that the participant's needs are met. Accessing a clinical microsystem is the first step towards improving the microsystem and a microsystem can be described using the 5 P model (Nelson et al., 2007).

Purpose

The purpose of DAC is to contribute to personal development and promote engagement in society through meaningful activities thereby, increasing participant's QoL and reducing social isolation.

Participants

The total population of participants at DAC during the onset of the intervention was 20. Four participants were selected and included in this improvement work. The inclusion criteria used to select the four included all the participants who did not follow their implementation plan and as such had sporadic attendance, recurring culpable absenteeism such as failure to report to DAC without giving any explanation, excessive lateness, and lowest attendance rate in comparison to the other participants. The four had all expressed the wish to remain enrolled at DAC but previous efforts by the professionals to reach them had failed. Among the four participants, only one was female and they ranged between the years of 20-35.

Professionals

The professionals at DAC included one group manager, two work consultants, and two supervisors: in all five full-time employers. The professionals had an educational or social background and were predominantly female and only one male. The ages of the professionals' range between 25 - 65 years old. The duration that the professionals have worked at DAC is an average of 25 months. The professionals working hours are between 7.30-16.00 Monday -Friday.

Process

The processes at DAC start after receiving a decision from the social workers at the social authority office. The group manager afterwards delegates these decisions to the work consultants. The work consultants, thereafter, conduct general mapping of the participants to match suitable activities and placements for the participants based on the decisions received. The work consultants then create a new implementation plan with each participant, which includes the expected frequency of attendance. Thereafter, the participants start their activities and placements on their own. While at their daily activities and placements, different supervisors contact the participants to check on their progress. The implementation plans are reviewed after six months.

Patterns
The participant's implementation plan is used as a guideline to show the participant's expected attendance at DAC. To ensure that the implementation plan is adhered to, the work consultants record each participant's weekly attendance on a monthly registry form. The ordinary attendance and frequency of the four participants differ as shown below (Table 1):

Table 1

Part of the ordinary frequency attendance of the four participants.

Participants	Expected attendance	Frequency
1st participant	4 days a week	1-3 hours in the afternoon
2nd participant	4 days a week	4 hours in the morning
3rd participant	5 days a week	2 hours in the afternoon.
4th participant	4 days a week	4 hours in the morning

The professionals hold weekly meetings to discuss the processes and operations at DAC. It is during these meetings that the professionals identified the 10 causes of low attendance and shortcomings of the ordinary working model. It is also at these meetings that the initiative to modify the ordinary model was arrived at.

Method for the improvement work

Intervention Step Out

The intervention was to modify the ordinary working model by incorporating a model called Step Out. The five components of Step Out adapted from Nytida (2023) include clear and meticulous information, in-depth mapping, and matching, building trust and personal relationships, cooperation with family members and other relevant authorities, and lastly, setting realistic goals. These are described below:

Clear and meticulous information
The first component is a new approach that ensures that the participants and the work consultants get clear and meticulous information from the social workers on what is expected once they receive a decision on DAC. Similarly, social workers need to get feedback from the participants on whether DAC is considered meaningful, comprehensible, and manageable. To promote information transfer and better planning for the participants, this intervention introduced joint meetings between the social workers, work consultants, and participants. The joint meetings for the four participants were called follow-up meetings and were held at DAC once a month.

In-depth mapping
The second component modified general mapping to in-depth mapping. To match meaningful activities to each participant, wish and interest, the work consultants do an in-depth mapping after meeting the participants twice. To avoid making the same mistakes, in-depth mapping also entails a deeper understanding of the participants situation. This was by finding out from the participant what has previously been tested and worked or failed. Four new placement options and activities namely: placement at a plastic industry among HFP, learning guitar at the music school, kitchen placement at the care of disabled person unit, and taking walks with a dog belonging to one of the work consultants, were introduced. The dog was at the DAC center three days a week during the entire intervention period. None of the 20 participants at DAC was allergic or afraid of dogs. Placement options at the DAC premise continued to be offered as was in the ordinary model.

Building personal and social relations
Building personal and social relations with participants with HFA takes time. To enable continuity for the participants, the third component of this intervention introduced the concept of one contact person (supervisor). The contact person was responsible for initiating, motivating, and maintaining social interactions with the participants. This involved meeting the participants either in their homes, at the DAC or taking walks together.

Cooperation with family members and relevant authorities
The fourth component was a new approach brought about by the intervention and involved cooperation with the participants family members and relevant authorities such as Social Insurance Agency, adult habilitation, and general psychiatry. This was only possible with participant's consent.

Setting realistic goals
To avoid setting unrealistic goals, the professionals and the participants set individual interim goals based on the participants capacity to participate. The intervention plans were reviewed weekly by the work consultants and the contact person.

Table 2

Ordinary model at DAC and Newly adapted model (Step Out) from Nytida (2023).

Ordinary model at the DAC	**Newly adapted model (Step Out)**
Each case starts with the group manager receiving a decision from the social worker and later distributing the decision to one of the work consultants.	Each case begins with a meeting between the social workers, participant, and work consultants. Clarify the decisions made by the social workers, inform participant about DAC and what happens after received the decisions of daily activities. Understand why participant has chosen to apply for daily activities.
The work consultants do a general mapping of the participants needs and wishes based on the decisions from the social workers, and after one meeting with the participant.	Work consultants do an in-depth mapping after meeting the participant two times. Relatives can attend if consent by participant is given. This to find out the participants interests, what has previously been offered, what worked and what failed.
The work consultants decide which activities the participant can engage in and frequency of attendance. Activities and placement options are withing the municipalities organizations.	The work consultant and the participant together decide which activity is suitable for the participant, and how often it is realistic for the participant to attend the activities.
The participant starts their daily activities on their own. Different supervisors contact the participant during their daily activities.	The participant starts their daily activities with a contact person who follows them to all their activities.
No co-operation with family members. Implementation plan is reviewed after six months by the work consultant.	Co-operation with family member if participant gives consent. Implementation plan is reviewed weekly by the work consultant and the contact person.

Comment: Comparison of the ordinary model and Step Out from Nytida (2023).

Use of PDSA cycle in improvement work
One PDSA cycle (Appendix 1) was used to prepare, test, and evaluate the intervention. The cycle was thereafter repeated five times. The first cycle to prepare for the implementation of Step Out was conducted by the project leader and the improvement team between April – May 2022. The second cycle which involved implementing the intervention was conducted in two phases. The first phase was conducted by the project leader and improvement team between September- October 2022 and involved stakeholders. The second phase was conducted by the work consultants in October 2022. The third cycle to modify the second cycle was conducted by the contact persons between October – November 2022. The fourth cycle which involved following up on the modified cycle to identify negative outcomes was conducted by work consultants in December 2022. The last cycle which was to follow up on the negative outcomes was conducted by the improvement team and social workers in January 2023.

Author's role

The author of this research who is also the project leader of this improvement work has for the past four years worked as a group manager in the personal assistance department LSS. In this position, the author has acquired experience and communication skills, coaching skills, delegation, and involvement when leading subordinate staff. Using communication skills, the author was able to communicate the project's

aims and smart goal as well as the instructions and time frame of the improvement work to the team members. The author also communicated the progress of the project to management once a month during the intervention period. Nelson et al. (2007) mention that team members rarely meet to discuss processes and patterns in the microsystem. To ensure that the team was actively involved in the project, the author met the team members every Monday for 30 min – 1 hour. It was during these reflective meetings that the project was discussed and reviewed, and necessary adjustments made (PDSA). To ensure that the team members remained motivated, the author applied the agile approach as recommended by Gustavsson (2020). This was by involving the team members in decision-making processes since they are the ones who work closely with the participants. In addition, the author used coaching skills such as active listening and asking follow-up questions (Gjerde, 2015) when listening to the ideas of the team members.

Method for the study

Design

This qualitative study was conducted as an in-depth study of the improvement work in May 2023. The qualitative study aimed to gain an understanding of the professionals' perception of working with Step Out to motivate participants to attend daily activities. Semi-structured in-depth interviews (IDIs) (Bryman, 2018) were used to collect data in this study. The researcher chose to collect data using IDIs because of their approach. IDIs allow the researcher to adjust the questions or conversation based on the respondent's responses, which can lead to richer and more detailed data (Bryman, 2018). IDIs also allow the respondents to provide their perspectives, experiences, and stories in their own words – providing a more nuanced understanding of the research topic (Bryman, 2018). One disadvantage of using IDIs is that it can be time-consuming, both in terms of conducting the interviews, transcribing, and analyzing the data (Bryman, 2018). A total of five IDIs were conducted. IDIs with the work consultants and supervisors were used to elicit their opinions on the aim of the study. IDIs with the group manager incorporated a managerial perspective and served to triangulate data collected from the work consultants and supervisors.

Selection/respondents

According to Bryman (2018), research questions guide the selection of respondents in qualitative research. The respondents were purposively selected and included in this study because they were professionals at DAC. Thus, the respondents in this study were the professionals who tested Step Out and included two work consultants and two supervisors. Similarly, the respondents in this study also included the professionals at the managerial level whose decisions influenced and affected the operations and processes at DAC. This included one group manager. To ensure diversity, respondents were selected purposively for participation in IDIs to represent variations in age, parity, occupation, and gender. All the respondents were between the ages of 25 and 60 years, predominantly female with one male. The gender distribution was because the study was conducted in a female-dominated occupation. Before conducting this study, the researcher met with each respondent and explained the study's aim and obtained written informed consent (Appendix 2; Appendix 3). The respondents were also informed about the option of choosing not to participate in this study.

Data collection

The data collection instrument (guide) (Appendix 4) included a list of two broad questions covering the topic, with more detailed sub-questions and probes to clarify specific issues. The IDIs guide was semi-structured, allowing the interviewer to ask the questions in any order to accommodate the flow of the interview. All the questions in the interview guide remained the same. All five IDIs were conducted at DAC and each IDI lasted 45 minutes. Saturation was achieved when the researcher found the same responses in every IDI (Glaser & Strauss,1967). During the IDIs, the interviewer reiterated the fact that this study was interested to hear their perspectives and was not looking for right/wrong answers. In addition, the respondents were reassured that their responses would not influence their work at DAC. The respondents were reassured of confidentiality in that identifiable responses would not be shared. Confidentiality was reassured by coding the respondent's name to "respondent". The collected data was locked safely at the researcher's office.

Data analysis

All IDIs were digitally recorded, repeatedly replayed, and later transcribed verbatim following data collection. The transcribed data was read severally and thereafter an inductive approach which allowed the researcher to search for patterns across the collected data was used to generate an understanding of the research aim. To maintain meaning and integrity, the researcher who is fluent in English transcribed

the primary data in Swedish and later selectively translated it to English. The researcher thematically analyzed the transcripts and identified recurring patterns using Braun & Clarke (2006) six-step framework. The emerging patterns were manually coded by the researcher and later classified into categories and themes. Below is an example of how the themes were arrived at:

Table 3: Example of thematical analysis and themes that are presented in the results.

Transcribed data	**Code**	**Category**	**Theme**
Respondent 1: It has been that they have come and ahhhh maybe their presence has been great for 3 months, then comes Christmas, and with longer vacation, their attendance goes down again and then you must build up again and that's how it has been…	Long vacation effects	Attendance fluctuation	Social barriers
well, the organization is built up to meet the participant wishes and needs (pause) and then you realize again that the problem is not here, the problem is what the participants do at home. (pause) some stay up all night and they don't have any staff or relatives to tell them that it's time to go to bed.	Stay up all night.	Limited supervision at home	
Respondent 2: ehhh what I still think is not great is ehhhh I think that if a participant who once had a decision that is completed applies for a new decision again, it is often the same old decision that is sent to us by the social workers mhhh and they haven't looked into the participants new situation, and sometimes a lot has happened in the participants life ehhh….	Recycled decisions	Monotony	Organizational barrier
Respondent 2: We might want to spend more time on the participants ehhh focus more on them, maybe go home, and pick them or just do something fun together but being a municipal organization, we do not always have the resources needed and the regulations do not allow us to work more than we should.	We do not always have the resources needed.	Resource inadequacy	Structural barrier

Ethical considerations

The DAC operations manager approved both the improvement work and the study. This improvement work and study was conducted under the act (2003:460) on ethical review of research involving humans and whose main aim is to protect and respect the human rights of individuals in research (Henricson, 2017). To ensure no ethical dilemmas arose, the ethical self-review form was filled out with the help of the researcher's supervisor before the start of the study as required by Jönköping School of Health Science (Jönköping University, 2021).

According to the Helsinki Declaration, the interests and welfare of the respondents in a study are of greater value than the needs of society or research (Swedish Research Council, 2017). The four main ethical principles according to Beauchamp and Childress (2009) are autonomy, beneficence, non-maleficence, and justice. An ethical dilemma that could arise was that the respondents would feel that the research questions were aimed to criticize the way they worked. However, the study aimed to investigate their perception of working with Step Out. To enable a free and fair selection of respondents, the researcher chose to include all the professionals at DAC. To protect the identity of the participants in the improvement work under the Publicity and Confidentiality Act (SFS 2009:400), their identity was coded as 1st to 4th participant.

Results

The results are divided into two sections, where the result of the improvement work is presented first, and thereafter the results of the study.
The results of the improvement work showed how the intervention was implemented, the outcome of participant attendance and lastly, why participant attendance was low at DAC. The results of the study were presented based on the thematic analysis carried out according to Braun & Clarke (2006) recommendations.

Results of the improvement work

a) How Step Out was implemented

The components of Step Out were applied to match each participant's needs and interests. How Step Out was implemented is illustrated and described below (Table 3). This will be followed by an example of one PDSA cycle that was used during the intervention.

Table 3

How Step Out was implemented

Participant	Follow-up meeting	In-depth mapping	Activity/ Placement	Contact person	Cooperation with family	Cooperation with relevant authorities	Realistic goals.
1st participant	C	Yes	Guitar lessons at music school/ taking walks	Yes. No interaction	Partial consent	Consent with adult habilitation and general psychiatry.	
2nd participant	A	Yes	Plastic industry/ taking walks	Yes. A lot of interaction	Full consent	No consent	
3rd participant	B	Yes	The kitchen at the care of disabled persons unit/ taking walks	Yes. Partial interaction	No consent	Consent with the Social insurance agency.	
4th participant	A	Yes	Assembling, labelling, and packaging products at DAC /taking walks	Yes. A lot of interaction	No consent	Consent with Social insurance agency.	

Follow-up meeting.

A total of seven follow-up meetings were scheduled during the intervention period. However, attendance of the meetings was achieved differently among the participants. A, B, and C were used to differentiate how the participants attended the scheduled meetings. A represented all seven follow-up meetings attended, B represented two – six follow-up meetings attended and, C represented no follow-up meeting attended.

In-depth mapping

During the intervention, all four participants had in-depth mapping. Three in-depth mappings were conducted at DAC, and one was conducted over the phone.

Activity/Placement
The different activities and placement offered during the intervention included learning how to play the guitar at the music school for one hour every week, molding, and casting at a plastic industry two days a week, cleaning the kitchen at the Care of disabled persons unit two afternoons in a week and lastly, assembling products, putting labels, and packing products at DAC four days a week. All four participants had taking walks as part of their daily activities.

Contact person
All four participants were assigned one contact person during the intervention period. However, interaction with the contact persons varied from no interaction, partial interaction, and a lot of interaction. During the intervention two participants had to change their contact person.

Cooperation with family members.
Cooperation between the work consultants and family members was only possible with the participants consent. Among the four participants, only two consented. One participant gave full consent, and the second participants gave partial consent.

Cooperation with relevant authorities.
Cooperation between the work consultants and relevant authorities was only possible with the participants consent. Among the four participants, three gave consent.

Realistic goals
The realistic goals were set after each in-depth mapping and were recorded in the participants implementation plan and action plan. Achieving realistic goals were recorded as red, orange, and green. Red represented no goals achieved, orange represented partly achieved goals, and the green represented achieved goals.

PDSA
An example to show how the changes of the Step Out intervention were tested during the intervention is the fourth cycle which is illustrated below. The PDSA cycle 4 involved following up on the previous modified PDSA cycle 3 as a way of identifying negative outcomes of the improvement work. PDSA cycle 4 was conducted by work consultants in December 2022.

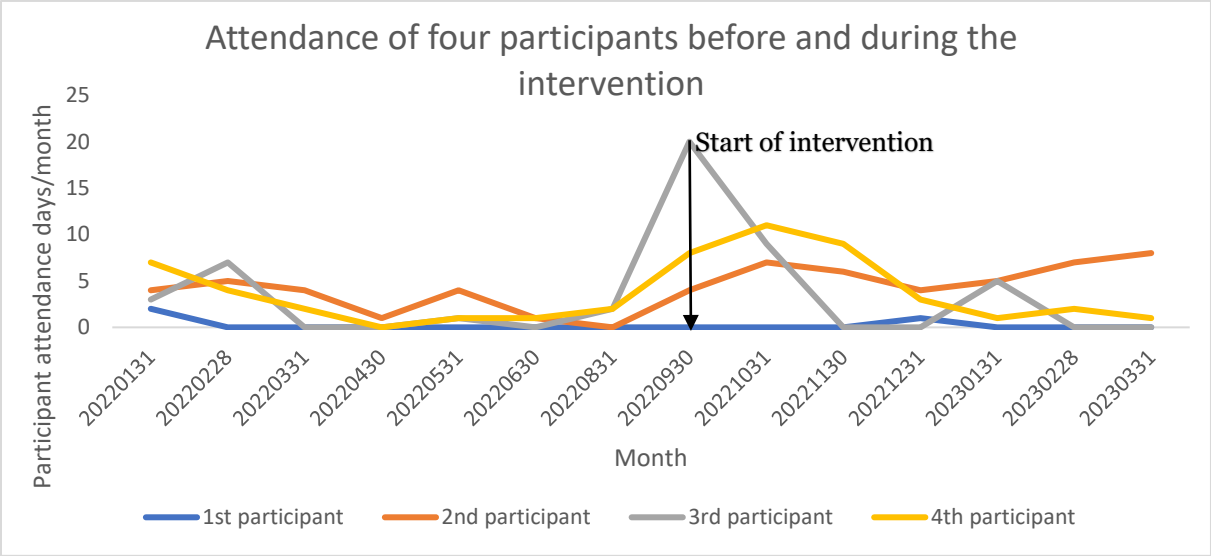
Plan	**Do**	**Study**	**Act**
a) Work consultant schedules a meeting with adult habilitation and general psychiatry for 1st participant. b) Work consultant schedules a meeting with social insurance agency for 3rd participant who has stopped attending DAC. c)Continue implementation plan of positive results (2nd and 4th participants)	a) Discuss the 1st participant's implementation plan and ask what the participant wants from his daily activities. b) Find out what the 3rd participant thinks is meaningful at DAC and find out the participant perspective on contact person. c)Continue documenting action plan. d) Ask 4th participant if he wants to change implementation plan.	a) 1st participant expresses wish to change activity days. b) Feedback from the meeting shows that 3rd participant appreciated having the same contact person in September - October 2022. Participant stopped attending DAC because of winter depression and different diagnosis at one premise. c)Documented action plan shows that 2nd participant enjoys their daily activities. d) Response shows that 4th participant enjoys his daily activities and wishes to remain at DAC.	a) Change implementation plan and frequency of 1st participant. b)3rd participant wishes to remain enrolled at DAC. Work consultant continue motivating participant to visit DAC after winter, as DAC will have relocated to a bigger premise. c)Continue implementing 2nd and 4th participants implementation plan till March 2023.

b) Outcome of the attendance

A line graph was used to present the results of the four participants. The average attendance (Figure 3) of the participants is presented below:

Figure 3

Total attendance of the four participants per month



Comment: The line graph (figure 3) shows the average attendance of the four participants before and during the Step Out intervention. The average attendance of the 2nd, 3rd, and 4th participant during the previous period Jan-Aug 2022 was 2.7, 1.8, and 2.4 respectively. During the intervention period, their average attendance was 5.8, 4.8, and 5 respectively. The average attendance of the 1st participant during Jan-Aug was 0.2 and during the intervention, the period was 0.1.

c) Why participant attendance at the DAC was low.

Six reasons were shared by the participants on why their attendance at DAC was low. Among the six reasons, lack of a contact person and overcrowding were the two overarching reasons that were expressed by all the participants. Multiple diagnoses, change in sleep pattern, lack of motivation and seasonal change were mentioned by only some of the participants. The six reasons (Table 4) shared by participants on why they did not attend daily activities are described below:

Table 4

Reasons shared by participants *on low attendance.*

Reason for no attendance	**Description**
Multiple diagnoses	Two participants shared about having other diagnoses besides HFA. Medication from this other diagnosis altered their moods and affected their attendance at DAC.
Change in sleep pattern	Two participants revealed that they were addicted to internet gaming and would often sit up late at night. They struggled to come to DAC between 08:00 – 16:00, as they often woke up in the afternoons.
Lack of motivation	One participant mentioned that he did not find the activities at DAC meaningful and therefore lacked interest and motivation to be at DAC.

Crowding	All four participants expressed those other participants with varying conditions shared the same premise, and contact person at the same time. They mentioned that this often led to disorganization and even fights
Change in season	One participant associated winter months with depression and antidepressants did not make the participant feel better.
Low interaction with the contact person	All four participants mentioned the need to interact with one contact person and not different staff reaching out to them.

Results of the Study

The result of the study begins with highlighting ways that Step Out gave the professionals new tools to strengthen participants' autonomy, competence, and belonging. Lastly, it presents the barriers faced when implementing Step Out.

Question 1: Ways Step Out gave New Tools to Strengthen participants' Autonomy, Competence, and Belonging

The thematic analysis drew out three salient ways Step Out gave professionals new tools to strengthen participants' autonomy, competence, and belonging. These were: user ability to influence, feed-back, and trust-building activities.

Theme #1: Ability to influence.

Participants ability to influence was the single overarching mechanism through which stepping out strengthened participants autonomy and competence. This manifested through two themes which were freedom of choice, and joint decision-making. Respondents expressed that they met participants on their (participants individual) terms and involved family members only with the consent of the participants. Step Out also fostered participants' ability to influence through joint decision making and this potentially built a sense of competence and autonomy. Through in-depth mapping professionals were able to match activities to participant's interests by discovering what their interests are and seeing how they could match their skills and interest to activities, offer skills and activities according to the participant's own choice and wishes, and provide individualized solutions. For example, this was evident in the verbatim excerpts of respondent 5 thus:

> "I've had to test, do you like this, do you want to do that, do you want to try this activity, and so on, and then I write down what the participants does; this one thinks like this and so on, previously this was not documented, and it was hard for new staff, so we have started with it" (Respondent 5).

Theme #2: Feedback

Through Step Out's components, respondents were able to provide feedback to participants, which was important for building a sense of competence. For instance, respondent 2 expressed the following:

> "I usually complement and recognize the participants for the efforts that they make, I also tell them that I am happy to see them when they come back to the daily activity center after a long time, nobody wants to be judged and asked why they did not come, instead we should all notice when they come" (Respondent 2).

Theme #3: Trust-building activities

Findings from the respondents indicated that trust-building was a central mechanism through which Step Out powered professionals with tools to strengthen participants' sense of belonging. Respondents recognized that when participants experienced trust, they were more likely to engage in social interactions, develop relationships, and feel a sense of belonging. The data for instance showed that Step Out also introduced the concept of reflective listening, which potentially enabled professionals to listen to participants and respond in a way that demonstrates understanding and empathy. Reflective listening came across as a valuable skill that promoted effective communication, deepened connection with, and

fostered mutual trust and respect in conversations with participants. For example, Respondent 3 reported below:

> "I do a lot of reflective listening when talking to the participants and my colleagues. When I am taking a walk with the participants I ask a lot of open-ended questions to find out their perspectives and views about attending their daily activities, this has often led us to discuss a lot of things that we did not have in mind before like one participant once shared how she was bullied while in school, and since then her social phobia became worse" (Respondent 3).

To some professionals, trust-building activities played out in very practical ways courtesy of Step Out. One recurrent example often cited by the respondents was the dog trick, whereby walking the dog became an activity through which new professionals could build relationships with participants. For instance, respondent 4 had the following to say:

> "I have no previous relation to use so I use the dog trick to build new relations with the participants. This gives me a door into the individual and helps me build a relationship with them and helps the participants engage in their planned activities and even train social skills necessary to break social isolation" (Respondent 4).

Question 2: Barriers Faced when Implementing Step Out

Concerning barriers, the evidence from the qualitative analysis showed that structural barriers were the greatest hindrance to adapting Step Out. This was followed by social barriers while organizational barriers were the least manifest.

Theme #1: Structural Barriers

Structural barriers manifested in the form of resource/budgetary constraints. Limited financial resources and budgetary constraints adversely impacted the availability and accessibility of support services, interventions, and accommodations that were crucial for implementing Step Out. For instance, the concept of one contact person implied individualized attention to participants – something that took time and required continuity for participants. However, this was constrained by inadequate staffing due to limited resources/funding. This sentiment was expressed by most of the respondents as captured in the following verbatim excerpt. An example is Respondent 4 who lamented thus:

> "Well, the challenge is the lack of resources, it requires a lot of resources when we need to individualize our work to meet the needs of every participant, but we try as much as we can. Sometimes it just doesn´t work when we have no more resources to meet each participant's need" (Respondent 4).

Structural barriers also manifested in the form of inadequate facilities such as premises for daily activities. For instance, Respondent 1 expressed the challenge of meeting the unique and sometimes conflicting needs of each participant within the same premise:

> "It's hard when we sit with a participant who has social phobia, and we can't meet the needs of others. At the same time, we only have one premise for everyone…" (Respondent 1).

Theme #2: Social Barriers

Social barriers were the second manifest challenge inhibiting implementation of Step Out. In this respect, participants failure to turn up to scheduled activities lowers the morale of staff, which in turn, make it difficult for them to sustain engagement at the DAC. For instance, respondent 3 expressed this:

> "I would say it is a challenge to get staff not to lose motivation when participants do not show up and when it feels heavy. I see both the work consultants and the supervisors that after a while when the person doesn't come, maybe they lose a little motivation and drive to continue… and it's clear in the end so it gets difficult. I find it difficult to maintain the staff once they lose motivation and the staff must not take defeat personally" (Respondent 3).

Related to the challenge of participants failure to turn up was the home environment and the activities participants engaged in while at home, as well as the reality of long holidays that disrupt participants routines at the center. This was identified as a challenge by respondent 1 who narrated thus:

> "It has been that they have come and maybe their presence has been great for 3 months, then comes Christmas, and with longer vacation, their attendance goes down again and then you must build up again and that's how it has been…Well, the organization is built up to meet the participants wishes and needs and then you realize again that the problem is not here; the problem is what the participants do at home. Some stay up all night and they don't have any staff or relatives to tell them that it's time to go to bed and then they don't come to their daily activities the next morning. … you see if they had been motivated themselves, like this person I'm supposed to be going for a walk with now if he had been a little motivated himself then it would have been a lot easier to motivate them as we would have met rather than trying to motivate them on a text message. I've tried but it's hard when the participant is not motivated and does not find the activities interesting" (Respondent 1).

Theme #3: Organizational Barriers

Organizational barriers were also manifested as a challenge inhibiting implementation of Step Out. In this respect, the professionals at DAC shared the view that the social workers usually recycled the same decisions which did not reflect on the participants new situations. For instance, respondent 2 expressed this:

> Respondent 2: ehhh what I still think is not great is ehhhh I think that if a participant who once had a decision that is completed applies for a new decision again, it is often the same old decision that is sent to us by the social workers mhhh and they haven't looked into the participants new situation, and sometimes a lot has happened in the participants life ehhh. Ahh like when I had one participant whom I previously worked a lot with, and who finally just said no, I don't want this ehhhh and now I've got him back again, and I thought YES now he wants this ehh but no, everything is the same as the last time.

Theme # 4: Solution-focused methods of Dealing with Barriers

In terms of how respondents dealt with the situation, the themes of solution-focused methods with barriers were recurrent from the verbatim comments. This manifested in terms of becoming a support system and improvisation. Some professionals turned into a support system for their colleagues by being a source of motivation and encouragement. This was captured in the voice of respondent 3 thus:

> "I usually go in and motivate the staff, I call and text, or yes, I am available for my staff either on the phone or every Wednesday when I come to the daily activity center. By being a present group manager, I can easily identify when one of the staff is starting to lose motivation. So how I deal with the situation is by using a lot of motivational talks with the staff and I have a good relationship with all the staff…" (Respondent 3).

Other respondents improvised solutions to overcome social and structural barriers at the personal level. For instance, when professionals detect that a proposed activity is not appealing or is no longer appealing, the professional suggests an alternative solution, such as going for a walk. For instance, respondent 1 narrated thus:

> "It's hard when we sit with a participant who has social phobia, and we can't meet the needs of others at the same time we only have one premise for everyone, so what we do in such situations is that we go for a walk instead with the participants with social phobia to let the others stay in the house or vice versa" (Respondent 1).

Discussion

The discussion chapter is divided into two sections. The results of the improvement work and the study are discussed first, followed by the method of the improvement work and study.

Results Discussion, improvement work

The overall objective of the improvement work was to understand why the attendance of participants was low and to increase their attendance through the Step Out intervention, thereby, reducing the risk of social isolation. The author of this improvement work believes that when attendance at the DAC is improved, the likelihood of social isolation among participants will also reduce.

According to Nelson et al. (2007) a key component of the improvement work is the use of measurements to determine if changes result in improvements. Data collection on the attendance of the four participants was compiled using a line graph during the intervention period as a way of determining whether the modified working model had led to an improvement. Visualizing data across time with various measurement points is crucial as only then can measurements add to insights by studying the fluctuation of the outcome (Provost & Murray, 2011). The results from the line graph indicate that the smart goal to double the average attendance days of the four participants in the intervention period, compared to the previous period Jan-Aug 2022 was achieved among three participants (2nd 3rd and 4th participant). The smart goal was, however, not achieved in one participant. However, achieving the smart goal in the 3rd participant is misleading as the overall improvement of the 3rd participant only increased during the month of September 2022 and there was no improvement during the rest of the intervention period.

The findings of why participant attendance is low indicated both identical and differing reasons from the participants. The results, however, suggest that although some similarities existed the views shared by the participants were subjective as each shared their own perception. According to Thor (2002), it is important to understand the system to find relevant improvement ideas and be able to implement them successfully. Through modifying the working model at DAC, the work consultants during the interactions with the participants were able to find out why the participants did not fully participate at their daily activities thus, gaining new knowledge on what affected the participants attendance.

The average attendance of the participants recorded a high attendance at the start of the intervention, but later dropped. A significance of this variation in attendance is that it aligns with the Hawthorne effect (Lally et al., 2010). This effect suggests that the propensity of the professionals and the participants to perform better or respond more favorably could have been due to receiving a new intervention and dropped over time as the intervention becomes more commonplace. Possible reasons that could be used to explain why the smart goal was achieved include the impact of follow-up meetings and contact persons. This is because a similarity among the three participants who achieved the smart goal shows that they attended all or partly attended the scheduled follow-up meetings and had either a lot of interaction or partial interaction with their contact persons. In addition, the results suggest that some components of Step Out are perhaps stronger than others, example is interaction with contact persons compared to setting realistic goals.

Possible factors that might have led to low attendance of the participants during December and January might include holiday breaks such as Christmas and New year which meant longer breaks for both the participants and professionals. This possible assumption correlates with a study by DeRubeis et al. (2005) that explains interventions and treatments conducted during the holiday season were less effective due to disruptions in routine during the holidays. Secondly, the results show that despite initiating the intervention at the same time the outcome of attendance in the four participants differed greatly. A plausible explanation might be that individual differences might have contributed to the variation in the outcome of attendance among the participants. Lev-Ran et al. (2013) suggest the importance of service providers to consider individual differences and tailor interventions to match the needs of each participant further highlighting the reason for the variation in attendance.

An unexpected result that was identified was with the 1st participant whose attendance did not improve despite having an in-depth mapping and giving consent to cooperation with both relatives and other relevant authorities. However, based on the findings of Irfan et al. (2017) and Browne et al. (2019) a

more plausible explanation is that underlying factors such as health issues, personal obstacles, or environmental circumstances can hinder one's progress, despite good interventions. Important highlights in the above studies are understanding and addressing underlying factors when helping participants. Overall, the results of this intervention agree with the self-determination theory which mentions that external factors can either support or thwart an individual's psychological needs and motivation (Deci & Ryan 2000).

A study by Thor et al. (2014) highlights that the success of improvement interventions depends on an improvement leader who facilitates the change process. The author's role as a member of management at the unit for the care of physically disabled persons might have also played a significant role in the outcome of the improvement work as the author already had an established relationship with the improvement team and this fostered easier communication during the improvement work. Correspondingly, the idea to modify the working model was initiated by the professional at DAC, thereby the success of the intervention was a result of the improvement team using the opportunity of modifying the working model to work as a team when trying to increase participant attendance at DAC. The author weekly informed the improvement team on the progress of the improvement work, thereby ensuring that the team members remained motivated and engaged in the improvement work (Nelson et al., 2007).

Implications

The results support the SDT and strengthen that motivation and motivational interviewing are important when implementing interventions for people with HFA. Ng et al. (2012) mention that interventions based on the three SDT principles have been found to enhance intrinsic motivation, well-being, and behavior change in various settings. The results of the improvement work suggest that the participants whose smart goals were achieved exercised autonomy by being involved in the follow-up meetings, they chose activities and skills that they felt they were competent with following the in-depth mapping, and lastly, interacted with their contact persons thus fostering a sense of belonging. The results also indicate that the smart goal was not achieved where the three principles were not fully realized. A new contribution from the results is that motivation is subjective and therefore applies differently to the participants. Being placed in the plastic industry for the 2nd participant is an example of intrinsic motivation, as the participant had before the intervention wished to be placed among HFP. According to Deci & Ryan (2000), intrinsic motivation occurs when an individual engages in an activity because it is inherently enjoyable or satisfying while extrinsic motivation occurs when an individual engages in an activity to obtain a separate outcome or reward.

Limitations

Due to the lack of data in July 2022, the results cannot fully confirm the average attendance of participants during the measurement period from January – August 2022. An assumption is that the average attendance of participants would have been different if DAC had been opened in July. Another limitation is the small sample of participants that was selected for this improvement work. The generalizability of the results in this improvement work is limited by the fact that the sample size was small therefore it is not possible to say that the results obtained would cover the entire population. A larger sample would require extra resources that were not available during this intervention. According to Portela et al. (2018) small- scale samples are usually limited in data collection, as such this often affects the results. Nonetheless, the validity of the results is justified due to the intervention's high success rate in half the participants.

Future studies should consider underlying factors that affect a participant's attendance when implementing new interventions. In addition, further research is needed to establish evidence-based working methods when motivating participants with HFA. As a way of solving the incurred limitations in this thesis, more resources should be channeled towards interventions that aim to help HFA and alleviate their quality of life.

Results discussion, Study

The results showed that in terms of components of Step Out that worked well, in-depth mapping was the most outstanding component underpinning the aspects that enabled professionals' work when motivating participants with low attendance to daily activities. This was found to facilitate the alignment of activities with the wishes and interests of participants in keeping with the precepts of MI, wherein Lang et al. (2010) highlight that it can help an individual find meaningful ways to engage in society through working with the individual's specific interests and passions. The study thus validates MI as an

effective methodology for fostering autonomy, competence, and belonging among individual users. The present study established that most of the professionals wanted to match meaningful activities to each participant. This resulted in the greater interest of the participants in participating in the daily activities, thereby enhancing participation during the intervention thereby improving their attendance at DAC. What is implied, in effect, is that motivation of participants increased upon the identification and matching of their interests with suitable activities. This finding is consistent with Lang et al (2010) study whose results identified that motivation increased among the participants when they were helped to identify their interests and connect them to their work tasks.

The component of in-depth mapping was found to foster joint-decision making, which confers a sense of competence, thanks to meeting with participants that was not hitherto in existence. The study has demonstrated that through such meetings, professionals can involve, listen to, and ask participants what they want – in essence, making participants the center of focus. This potentially accrued gains concerning fostering a sense of competence. This went a long way in fulfilling the basic need for self-determination as theorized by Deci and Ryan (2000).

Nilsen et al. (2020) mentions that improvement science uses scientific methods such as theories to generate and test hypotheses, evaluate results, and disseminate effective solutions. The results of the study showed that through Step Out, professionals were able to mine out participants' inner motivations, suggesting that the intervention created a supportive environment that unlocked the participants' intrinsic motivation. This finding agrees with Ng et al. (2012) who postulated that interventions based on SDT principles enhance intrinsic motivation and behavior change. In this case, the outward manifestation of behavior change among users was increased participation at the DAC, thereby leading to an improvement in attendance.

The study yielded that cooperation with family members and relevant authorities was a useful addition to the intervention: it fostered a supportive environment that addressed the specific needs of individual participants besides promoting their social integration. This promoted continuity in line with the principles of LSS (1993).

Through the various components, the notion of autonomy was particularly manifest from the results of the present study, and this was signified by respondents' enabled ability to influence choices and decisions that affected them. The finding suggests that the intervention was compliant with the six principles governing entitlement law (LSS, 1993). The intervention was found to provide autonomy support through understanding and respecting individual participants' needs, preferences, and boundaries. This potentially underlined the increased attendance at the DAC. This may be explained by the fact that when individuals with HFA can make choices and have control over their lives, they may feel more confident and motivated to engage in social activities.

Nelson et al. (2007) mentions that members in a microsystem rarely meet to discuss ways of improving the microsystem. However, the study established that the intervention created a platform for the provision of feedback which is a key element of building a sense of competence as mentioned by Deci & Ryan (2000). It means that the feedback mechanism, through various interaction platforms such as joint meetings with participants, collaborative meetings with family and other authorities, and one-on-one interaction time through walks, gave professionals new tools to strengthen participants' autonomy, competence, and belonging. These findings agree with Thor (2002) that understanding the system in key to finding relevant improvement ideas and ways to implement the ideas successfully.

Overall, the results affirmed the efficacy of Step Out. Thematic analysis of barriers to the implementation of Step Out revealed that the intervention was largely constrained by structural barriers, and, to a limited extent; social barriers, suggesting that the constraints were beyond the control of the implementers. This finding underscores the limitations of MI as a robust method to support people with HFA to deal with various challenges in life as argued by Lang et al. (2010). The finding suggests that the impact of MI is potentially moderated by environmental factors that call for the development of a more robust framework for explaining the attendance of participants at DAC.

Implications

The results of the qualitative study draw managerial attention to the three most salient components of Step Out. The first component is in-depth mapping. The salience of this component underscores the

place of autonomy and building a sense of competence in motivating participants. The managerial implication of this is that programming engagement of individuals with HFA generate desired outcomes when user centered. By actively involving individual participants, DAC can ensure that their preferences, aspirations, and priorities are considered when planning engagement activities. This collaboration empowers the individual and promotes a sense of ownership and competence in the process. Secondly, developing individualized strategies and supports to facilitate social participation underscores the recognition that individuals with HFA may have unique preferences and comfort levels when it comes to social interactions. Thus, providing opportunities for them to select activities, determine the pace of interactions, and have input in the choice of social groupings or settings can go a long way in increasing their interest and active engagement in the local DACs.

Building personal and social relations were the other salient component of Step Out. The key features of this component are continuity and the concept of one contact person. This has implications for resource allocation, as increased staffing of DAC with supervisors offers the best bet for sustained service usage. In addition, the component of cooperation with family members and other relevant authorities offers a golden opportunity for DAC to build consensus, generate wider support, and influence decisions that affect individual participants. The significance of this is in the expansion of the social support system and network that together constitutes a formidable team against the structural and social barriers to the implementation of Step Out. Leveraging this feature may thus be an important step in consolidating the available resources for better implementation and surmounting attendant challenges such as structural and social barriers.

Limitations

Whereas all the professionals at the local DAC were included as respondents, this constituted a total of five participants is such a modest number that at best, provides a limited perspective and the insights gained from this study may not capture the full range of experiences or perspectives that could exist within other DACs. While this limitation may be addressed by scaling up the research to other DACs, there are budgetary implications that also must be balanced.

Method discussion, improvement work

The idea to modify the working model at DAC was initiated by the professionals at DAC following an Ishikawa diagram (Bergman & Klefsjö, 2020) which showed that the ordinary method lacked a systematic approach to motivating participants with low attendance to attend DAC. The modified working model incorporated components of Step Out, however, Step Out was implemented differently among the four participants due to their uniqueness and interests.

Portela et al. (2018) mentions that it is critical to establish a framework that will be used to gain an understanding and knowledge of the outcome of the improvement work. In this improvement work, the main framework that was used to test the changes of modifying the working model at DAC was the PDSA cycle (Nelson et al., 2007). The PDSA cycle was particularly relevant in this improvement work as the Step Out model was subject to change, people, ideas, and resources and thereby, testing small changes in small scale was important so as not to avoid making unnecessary changes that would not lead to an improvement. However, Reed &Card (2016) mention that a PDSA cycle cannot stand on its own and often need to be used with other improvement models. In this improvement work, an Ishikawa diagram (Bergman & Klefsjö, 2012) was also conducted by the professionals to identify possible causes of low attendance and to reveal areas of weakness in the current processes, thereby initiating the need for this improvement work. Step Out model was applied as a trial-and-error intervention and although it was partly successfully implemented in our context, we cannot conclude the outcome of the same model in another context. Therefore, it is important to consider the microsystems 5 P model and test changes in small scale before implementing or coping other models (Nelson et al., 2007).

Another framework used was the Nolan's model of improvement (Langley et al., 2009). The model has been instrumental in achieving the goal of the improvement work by systematically following and answering the three questions of the model, thereby ensuring that the improvement work followed the right procedure and helped to avoid making unnecessary changes (Langley et al., 2009).

Method discussion, study

IDIs were chosen as the method of data collection because of their approachable and responsive manner (Bryman, 2018). At the initial onset of the intervention, the respondents were informed about the study as a way of psychologically preparing them. The author had initially thought of collecting data by

conducting focus group discussions (FGD) (Bryman, 2018), however, this was not possible as some members had already changed jobs during the time of data collection.

To ensure that all the research questions were asked and that the author obtained the necessary information from each respondent, an interview guide with 10 questions was used during the interview sessions. A total of seven IDIs were initially planned, however, only five IDIs were conducted as one person was sick and the other person did not consent to take part in the study. However, saturation had already been achieved from the other five IDIs (Glaser & Strauss,1967). The author initiated the IDIs by explaining the key principles of SDT to the respondents as although the respondents were aware of the three principles, they had not heard of them being classified as three principles of SDT (Ryan & Deci, 2017).

Qualitative analysis according to Braun & Clarke (2006) was chosen due to its flexible nature. There were other analyzing frameworks, but the author had previously used Braun & Clarke (2006) recommendations and felt comfortable using it.

Recommendations

Future studies should consider addressing underlying factors that affect a participant's attendance. As a way of solving the incurred limitations in this thesis, more resources should be channeled towards interventions that aim to help HFA and alleviate their QoL.

Conclusions

It was worth modifying the ordinary model to see whether doing things differently would produce different results. Some important lessons gained from this improvement work are that participants are unique with unique skills and interests and therefore, the professionals at the daily activity center must use an individualized approach that focuses on the individual's skills and interests. Secondly, motivating participants with HFA may take time but with the right prerequisites e.g., consistency, patience, and genuine interest in the individual positive change can be achieved.

Practical implications

This improvement work has given the participants a platform to raise their voices on why they do not attend daily activities. The reasons shared by the participants will be used to improve operations at DAC. Secondly, the participants have engaged in activities that they have chosen and deem meaningful. The improvement work has also fostered better cooperation between the DAC and relevant authorities, further emphasizing the need to always put the participants at the center of society's efforts. Lastly, the intervention has enabled participants who did not attend DAC despite the intervention to have their decisions re-evaluated, through follow-up meetings, thereby finding alternative options for the participants.

The improvement work has helped the work consultants and supervisors acquire new tools and skills that have helped them understand their participants better. Hopefully, these will also be applied to the entire population at DAC. While most improvement work is initiated by management, this improvement work was initiated by the professionals who understand the everyday challenges of trying to reach participants with low attendance. Therefore, this improvement work serves as a positive example of involving subordinate staff in the improvement of the organization, further motivating them to come up with new improvement ideas.

Following this improvement work, the next step would be to find out the impact of Step Out on social isolation among the four participants, as alleviating social isolation is in tandem with the realization of the third and eighth sustainable development goal, namely good health and well-being and decent work and economic growth respectively (United Nations, 2016).

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Appendixes

Appendix 1: PDSA cycle for STEP OUT

PDSA 1 cycle 1: Preparation for implementation of Step Out from Nytida.
Conducted between April – May 2022.

Plan	Do	Study	Act
a) Project leader and the improvement team contact Nytida to inquire about Step Out and find out how if it is applicable in the context of the local daily activity center's	a) Briefing from Nytida's operational manager and group leader on how they have worked with Step Out. b) Improvement team asks relevant questions about what works best with Step Out, and what is good to think about or avoid when implementing Step Out. c)Collect feedback from the improvement team on whether Step Out is applicable in our context or not.	a) Feedback from the improvement team showed a positive response to Nytida's model. b) Feedback from the improvement team shows that the model is applicable in our context but some few adjustments such as sample size of participant and selection criteria must be made.	a) Unanimous decision to test the newly adapted model (Step Out). b) Four participants are selected to be included in the improvement work.

PDSA 1 cycle 2: Implementation of Step Out (first phase)
Conducted in September 2022

Plan	Do	Study	Act
a) The project leader and the improvement team go through Step Out model with the stakeholders (social workers, participants, family members and other relevant authorities). b) Decide who does what, when.	a) Involved members give feedback on Step Out. b) Participants give feedback on cooperation with family members and other authorities. c)Document who does what, when.	a) Positive feedback from the involved members. b) Involved members agree that decisions must be clarified through the introduction of follow-up meetings. c)Only 1st and 2nd participant gave consent to involve families and other authorities.	a) Decision to have follow-up meetings every month. First follow-up meeting already in September at the DAC. b) Introduce cooperation with family members and other authorities for the two participants. c)Decision that cooperation includes driving the participant to their daily activities, calling DAC when the participant cannot attend his daily activities, joint meetings with adult habilitation and social insurance agency.

PDSA 1 cycle 2: Implementation of Step Out (second phase)
Conducted in October 2022

Plan	Do	Study	Act
a) The work consultants and participant go through the activities and placements that the four participants are interested in. b) The work consultants create an action plan to follow up on how the intervention is implemented for each participant.	a) Work consultants do in-depth mapping and update the implementation plan with the participant new activities and placement. b) Work consultants document action plan.	a) The activities and placement options for the four participants include, industry, music school, kitchen and assembling work at the DAC. b) Documentation from the action plan shows a steady improvement among 3 participants, but no change in one participant	a) One contact person per participant. b) Decision to continue with implementation plan for the three participants with positive attendance. c)Continue documenting the frequency of activities and placement in implementation plan. d)Contact person to find out why there is no progress in one participant

PDSA 1 cycle 3: Modifying cycle 2.
Conducted between October and November 2022

Plan	Do	Study	Act
a) Contact person sends crossword questions to the participant with no improvement, concerning daily activities. b) Contact persons ask the participants to share reasons why their attendance is low. c) Follow up on the 2nd PDSA cycle	a) Participants answers the cross questions. b) Contact persons document the reasons shared by the participants on the action plan. c)Work consultants follow up with the participant's progress.	a) No feedback received from participant with no progress. b) The documented views identify several reasons why participant attendance is low. c)Follow-up with the other participants shows that 2nd participant enjoys his placement and wishes to increase frequency. 1st and 3rd participants contact person has stopped working at DAC and their attendance has reduced, while 4th participant is in contact with a health educator to find out what affects the participant moods.	a) Contact person calls participant's mother to find out if the plan should be adjusted. b) Work consultants and project leader go through the identified views and come up with six reasons of low attendance. c)Decision to increase frequency for 2nd participant who enjoys his placement. Assign a new contact person to 1st and 3rd participants. Adjust implementation plan for 4th participant to include shorter frequencies on days when his moods are low.

PDSA 1 cycle 4: Follow up on modified cycle to identify negative outcome.
Conducted in December 2022

Plan	Do	Study	Act
a) Work consultant schedules a meeting with adult habilitation and general psychiatry for 1st participant. b) Work consultant schedules a meeting with social insurance agency for 3rd participant who has stopped attending DAC. c)Continue implementation plan of positive results (2nd and 4th participants)	a) Discuss the 1st participant's implementation plan and ask what the participant wants from his daily activities. b) Find out what the 3rd participant thinks is meaningful at DAC and find out the participant perspective on contact person. c)Continue documenting action plan. d) Ask 4th participant if he wants to change implementation plan.	a) 1st participant expresses wish to change activity days. b) Feedback from the meeting shows that 3rd participant appreciated having the same contact person in September - October 2022. Participant stopped attending DAC because of winter depression and different diagnosis at one premise. c)Documented action plan shows that 2nd participant enjoys their daily activities. d) Response show that 4th participant enjoys his daily activities and wishes to remain at DAC.	a) Change implementation plan and frequency of 1st participant. b)3rd participant wishes to remain enrolled at DAC. Work consultant continue motivating participant to visit DAC after winter, as DAC will have relocated to a bigger premise. c)Continue implementing 2nd and 4th participants implementation plan till March 2023.

PDSA 1 cycle 5: Follow up on negative outcome of cycle 4.
Conducted in January 2023

Plan	Do	Study	Act
a) Review implementation plans for 1st and 3rd participants with no progress, together with social.	a) Analyze action plan for 1st and 3rd participants.	a) Action plan for 1st participant shows no response and no follow up meetings held. b) Action plan for 3rd participant shows progress only in the beginning of the intervention, and partly attended follow-up	A) Improvement team decide to send back 1st participants decision to social workers for further evaluation. b) Improvement team decide to offer 3rd participant another placement from April 2023.

Appendix 2: Samtycke till att delta i studien

Jag har fått muntlig och skriftlig information om studien och har haft möjlighet att ställa frågor. Jag får behålla den skriftliga informationen.

- Jag samtycker till att delta i projektet: Ett förbättrat arbetssätt på dagligverksamheten.

Ort och datum	Signature Underskrift
	Namn

Appendix 3: Information letter

Informationsbrev och förfrågan om medverkan i en intervjustudie i examensarbetet. Kommer att mejlas ut till all berörd personal.

Ett förbättrat arbetssätt på dagligverksamheten. Ett förbättringsarbete samt en kvalitativ studie om de professionellas uppfattning om att motivera deltagarna med högfungerande autism att delta på daglig verksamhet.

Jag heter Mercy Chebbet och går min sista termin på Mastersprogrammet i kvalitetsförbättring och ledarskap inom hälsa och välfärd vid Hälsohögskolan, Jönköping University. Mitt examensarbete består av ett förbättringsarbete på en dagligverksamhet, samt en studie av förbättringsarbetet. Syftet med mitt förbättringsarbete är att förstå varför närvaron av deltagarna är låg på dagligverksamhet samt öka deltagarnas närvaro genom Kliv UT interventionen. Att öka deltagarnas närvaro skulle således minska risken för de att hamna i social isolering.

Efter förbättringsarbetet skulle jag vilja veta er uppfattning av hur arbetsmodellen Kliv Ut har bidragit i ert motivationsarbete att få deltagarna att komma till daglig verksamhet. Individuella intervjuer kommer att genomföras. Intervjun tar ca 45 minuter och personuppgifter hanteras konfidentiellt. Deltagande är frivilligt, och kan avbrytas utan att ange förklaring. All data sparas på säkra servrar och endast jag kommer att komma åt transkriberingen. För att kunna transkribera kommer intervjun att spelas in. Transkriberingen och ljudfilerna raderas efter att analysen är färdig. Resultatet av analysen kommer att sammanställas och presenteras i examensarbetet. Om du accepterar att medverka i studien ber jag dig att svara på detta e-post med namn och vilken tid som passar bäst för intervjun. Jag återkommer när exakt tid och plats är bestämt. Genom att anmäla dig samtycker du till att delta

Med vänliga hälsningar

Mercy Chebbet

Appendix 4: Interview guide

Intervjuguiden
Forskningsfråga 1:

Gav Kliv Ut de professionella nya verktygen för att stärka deltagarnas autonomi, kompetens och känsla av tillhörighet?

Hur länge har du arbetat på daglig verksamhet med deltagarna som har högfungerande autism.

Hur involverar du brukare i planering av dagliga aktiviteter?

Kan du ge mig ett exempel på hur du hjälpt en deltagare uppnå sina mål.

Hur balanserar du att ge stöd till deltagarna med att främja deras självständighet.

Kan du dela ett exempel på hur du har hjälpt en deltagare att övervinna ett hinder som hindrar dem från att uppnå sina mål på daglig verksamhet

Hur främjar du deltagares eget ansvar på dagligverksamhet?

Vilka strategier har du använt för att främja sociala interaktioner med deltagarna?

Vilka färdigheter är viktiga att ha när man motiverar deltagarna med låg närvaro?

Forskningsfråga 2:

Vilka utmaningar eller hinder mötte de professionella när de implementerade Kliv Ut?

Vilka utmaningar eller hinder upplevdes när du implementerade Kliv Ut?

Hur hanterar du dessa utmaningar och hinder?

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