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The relationship between occupational balance and quality of life among older adult populations: A systematic review

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ABSTRACT

Background: The world's aging population has increased interest in factors that support independence and quality of life (QoL). Occupational balance, a harmonious distribution of meaningful daily activities, has been proposed as a determinant of well-being in older adulthood.

Objectives: This review aimed to synthesize evidence on the relationship between occupational balance and QoL among older adults.

Materials and methods: Searches were conducted in PubMed, Scopus, Embase, CINAHL, and Web of Science up to July 15, 2025. The inclusion criteria were quantitative observational studies involving adults aged ≥65 years that examined associations between occupational balance and QoL. We assessed risk of bias for all included studies using the Newcastle-Ottawa Scale.

Results: Of 443 records, three cross-sectional studies (N=46-208) met the inclusion criteria. Two studies of community-dwelling older adults in South Korea reported significant positive associations (r=0.258-0.461; β=0.157-0.249). A Norwegian nursing home study found no overall association, though it found a significant relationship among men (r_s=0.61, *p*=0.01). Leisure satisfaction, stress, and identity-related occupations were identified as moderating factors.

Conclusion: Although the evidence base is limited by the small number of studies, cross-sectional designs, and restricted cultural representation, the findings suggest a positive association between occupational balance and QoL, particularly among community-dwelling older adults. Further longitudinal, cross-cultural, and intervention research is needed to clarify the strength and direction of this relationship.

Introduction

The world's aging population is growing at a rapid rate, which has increased interest in elements that support independence, health, and quality of life (QOL) as people age.[1] By 2050, adults over the age of 65 are projected to comprise nearly 16% of the world's population, with even higher proportions in many high- and middle-income countries.[2] Given that aging-related physical, cognitive, and behavioral changes can have a significant impact on well-being, this demographic shift presents significant problems for health systems, social structures, and rehabilitation professions.[3]

QOL is widely recognized as a multidimensional construct extending beyond disease management to encompass physical health, psychological well-being, social relationships, and environmental conditions.[4] For older adults, QOL reflects not only longevity but also the capacity to maintain meaning, autonomy, and participation in daily life. Evidence highlights a broad range of determinants, including sociodemographic characteristics, chronic conditions, lifestyle behaviors, social networks, and the built environment.[5,6] Many of these determinants are modifiable, underscoring opportunities for early intervention and policy action to support healthy aging.

Within occupational therapy and occupational science, occupational balance has emerged as a construct of growing importance. Wilcock[7] defines it as "a balance of engagement in occupation that leads to well-being. For example, the balance may be among physical, mental, and social occupations; between chosen and obligatory occupations; between strenuous and restful occupations, or between doing and being" (p. 343). Later scholars have elaborated on this definition, describing occupational balance as the perceived harmony or satisfaction in how activities are distributed across domains such as self-care, productivity, and leisure.[8] Beyond activity levels, it reflects whether occupational patterns are experienced as diverse, meaningful, and sustainable.[9,10] Disruptions to this balance through overload, monotony, or lack of meaningful engagement are linked to negative consequences for psychosocial functioning and QOL.[11,12]

Maintaining occupational balance can be particularly difficult for older adults. Transitions such as retirement, bereavement, or institutionalization disrupt established roles and routines, while physical limitations, cognitive decline, and shrinking social networks may further restrict opportunities for engagement.[13,14] These changes heighten the risk of occupational imbalance, which in turn may adversely affect health and QOL. Evidence shows that older adults who sustain a varied mix of occupations, aligned with their values and abilities, report higher levels of well-being, whereas imbalance is associated with stress, social isolation, and poorer health-related QOL.[12-14] Moreover, occupational balance is shaped not only by time use but also by the interaction between activity patterns and individual resources, values, and social context.[9]

Despite growing attention, evidence on occupational balance remains fragmented and inconsistent. Studies employ varied definitions and measurement approaches, including self-report instruments such as the Occupational Balance Questionnaire (OBQ) and its adaptations, the Life Balance Inventory (LBI), and personal project analyses,[8,15,16] each capturing different facets of balance.[16,17] This diversity reflects the lack of a unified definition: occupational balance has been described both as the "right amount and variation of occupations," and as a state of harmony and congruence among roles and activities.[8,18] Research on QOL reveals similar

heterogeneity, with measures ranging from single-item global ratings to multidomain instruments, such as the WHOQOL-BREF, SF-36, EQ-5D, and EORTC QLQ-C30, each underpinned by distinct conceptual models.[19]

Given this heterogeneity, the present review adopted a specific conceptual boundary for occupational balance, defining it as an individual's subjective perception of having the right amount and variation of occupations,[8] rather than as a construct inferred from occupational patterns, time use, or overall satisfaction with daily activities. Constructs that are conceptually related but distinct, including satisfaction with daily occupations,[20] and approaches that characterize occupational patterns or time allocation without directly capturing perceived balance, such as time-use diaries and activity logs,[21] were therefore considered outside the scope of occupational balance as defined in this review.

Cultural context further complicates this field. Most studies have been conducted in Western, particularly Scandinavian, contexts where work-life integration is emphasized, while fewer examine cultural frameworks in regions such as East Asia, where family and social role obligations are more central.[18,21] Findings are also mixed: some studies report direct associations between occupational balance and QOL, while others describe indirect or mediated relationships through constructs such as stress, leisure satisfaction, or life satisfaction.[15,22]

To date, no systematic review has synthesized evidence on how occupational balance relates to QOL specifically among older adults. It remains unclear whether occupational balance is a consistent determinant of QOL or whether its influence varies by demographic, cultural, or contextual factors.

Therefore, this review aimed to examine the association between occupational balance and QOL in older adults, guided by two questions: 1) What is the relationship between occupational balance and QOL?, and 2) What evidence exists on the strength and nature of this relationship? The findings are intended to clarify the role of occupational balance in supporting QOL and to inform evidence-based occupational therapy practice and future research on healthy aging.

Materials and methods

This systematic review was designed and reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 statement.[23] The review protocol was registered on PROSPERO.

Eligibility criteria

The eligibility criteria were defined using the Population-Concept-Context framework. Eligible studies included older adults aged 65 years or above and explicitly assessed occupational balance, defined as an individual's subjective perception of the amount and variation of occupations,[8] using a published self-report instrument specifically intended to assess perceived occupational or life balance; and measured quality of life using validated scales, such as the WHOQOL-BREF, SF-36, EQ-5D, or EORTC QLQ-C30. Occupational balance was not inferred from measures primarily assessing related constructs, occupational patterns, or time use. Only quantitative observational studies, including cross-sectional, cohort, or longitudinal designs, were included if they reported statistical associations between occupational balance and quality of life. Publications had to be peer-reviewed, written in English, and present original data. Studies were excluded if they did not provide stratified results for older adults, if they focused exclusively on clinical samples such as stroke or dementia without separate reporting for general aging populations, or if they were qualitative studies, reviews, protocols, editorials, commentaries, or dissertations. Intervention studies were excluded unless they reported baseline associations between occupational balance and quality of life.

Data source

The search strategy was developed in collaboration with a health sciences librarian and tailored for each database. Comprehensive research was conducted in five electronic databases: PubMed, Scopus, Embase, CINAHL (EBSCOhost), and Web of Science Core Collection. Controlled vocabulary was combined with free-text keywords, focusing on three main concepts: occupational balance, quality of life, and older adults (Refer to Appendix 1 for a comprehensive list). The occupational-balance search block was built around the broad construct-level terms "occupational balance" and "life balance"; instrument-specific terms (e.g., "Life Balance Inventory," "Occupational Balance Questionnaire," "OBQ," "OBQ-11") were added only to enhance sensitivity for studies referencing a specific instrument by name in the title or abstract and were not intended to restrict eligibility to these instruments. Searches were limited to peer-reviewed studies published in English from database inception to 15 July 2025.

The initial search was conducted in May 2025 and updated in July 2025 to ensure that all publications up to 15 July 2025 were captured before synthesis. To identify additional relevant studies, the reference lists and citation records of included articles were screened using Scopus. Scopus was incorporated into the search strategy not only as a bibliographic database but also to expand coverage beyond primary healthcare sources. Its broad disciplinary scope and integrated citation analysis tools facilitated both reference list screening and citation tracking, enabling the retrieval of studies not indexed in primary health care databases. This approach is consistent with recommendations in the Cochrane Handbook[24] to ensure a comprehensive and rigorous literature search.

Selection process

All identified records were imported into Catchii[25] for reference management and deduplication. Screening

occurred in two stages: title and abstract screening, followed by full-text review. Two reviewers (YY and CT) independently screened all records at both stages. Discrepancies were resolved through discussion or by consulting a third reviewer (NY). Inter-rater reliability was calculated using Cohen's kappa. Percent agreement between reviewers was 95.6 percent, and the kappa statistic was 0.39 (standard error 0.20, 95% CI=-0.01 to 0.78), reflecting fair agreement beyond chance despite high raw agreement. Disagreements were resolved by consensus, and reasons for exclusion at the full-text stage were recorded systematically.

Data extraction

Data extraction was conducted independently by two reviewers (YY and CT) using a predefined data extraction form. Extracted data included bibliographic details, study design, country and setting, sample characteristics such as mean age, sample size, and gender distribution, instruments used to measure occupational balance and quality of life (with psychometric properties if reported), type of statistical analyses, effect sizes with measures of precision, and any confounders or moderator variables examined.

Risk of bias assessment

Two reviewers independently assessed the methodological quality of each study using the NOS-xs: the adaptation of the Newcastle-Ottawa Scale for cross-sectional studies-association studies.[26] The tool evaluated three domains: study sample selection, assessment of exposure and outcome, and confounding factors. Each study was assigned a score between zero and nine points, with classifications of low risk (7-9), moderate risk (4-6), or high risk (≤3). Any disagreements were resolved through consensus.

Results

Study selection

The database search initially identified 443 records. After removing 209 duplicates, 234 records remained for title and abstract screening. Of these, 223 were excluded as clearly not relevant. Eleven full-text articles were sought; one could not be retrieved as it was a conference poster presentation. The remaining ten full-text articles were assessed for eligibility, of which seven were excluded: three due to study populations not limited to older adults and four due to the absence of a reported association between occupational balance and quality of life. A total of three studies met the eligibility criteria and were included in the review. No additional studies were included through snowballing. The full selection process is illustrated in the PRISMA flow diagram (Figure 1). Due to the small number of eligible studies and substantial heterogeneity in study designs, populations, and measurement approaches, a quantitative synthesis (meta-analysis) was not performed.

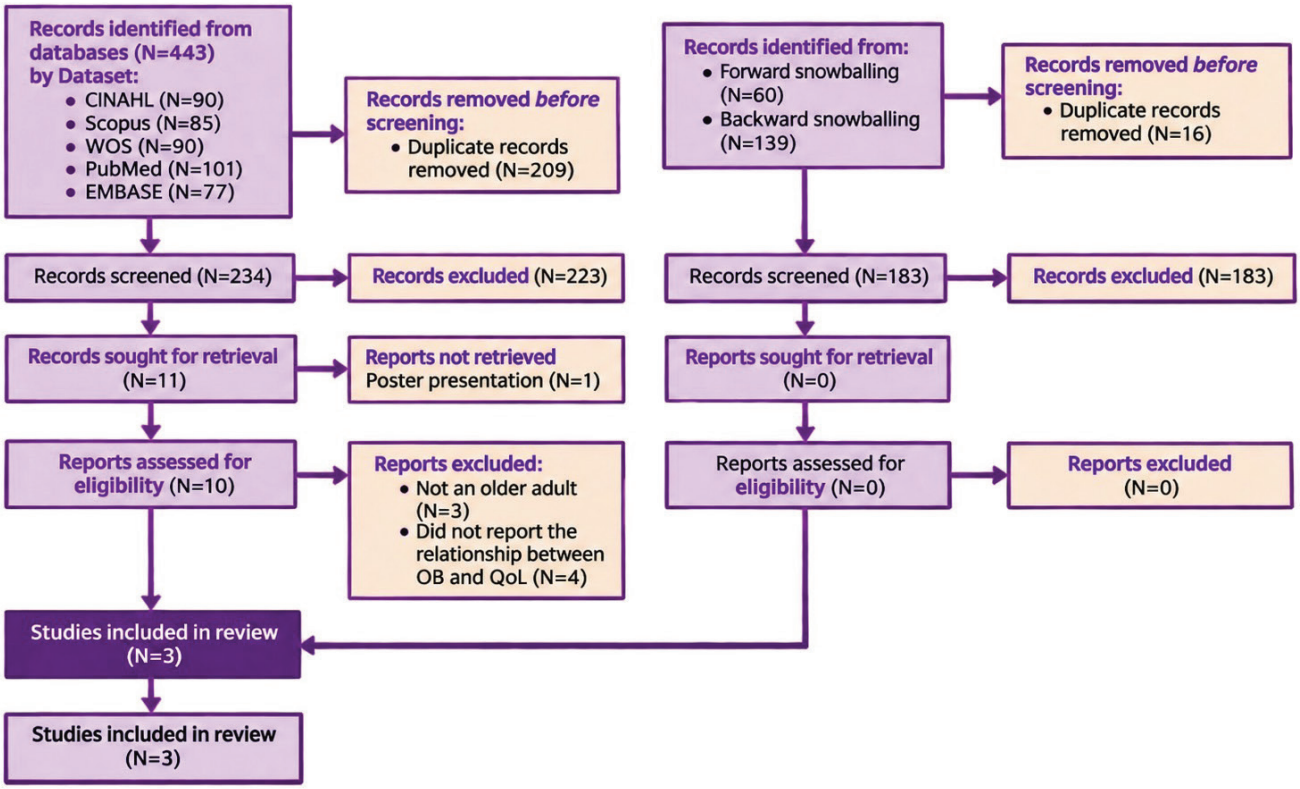


Figure 1. The PRISMA flow diagram.

Study characteristics

Three cross-sectional studies, published between 2020 and 2022, were included (Table 1). Two were conducted in South Korea with community-dwelling older adults,[27,28] and one was conducted in Norway with nursing home residents.[29] Sample sizes ranged from 46 to 208 participants, with mean ages between 68.0 and 89.0 years. The proportion of female participants ranged from 60.9% to 73.6%. Occupational balance was measured using the Korean Life Balance Inventory (K-LBI) in the South Korean studies[27,28] and the Norwegian version of the Occupational Balance Questionnaire (OBQ11-N) in the Norwegian study.[29] Quality of life was measured using the WHOQOL-BREF in the South Korean studies and a single-item global QOL question from the EORTC QLQ-C30 in the Norwegian study. All measures had reported validity and reliability (Table 1).

Table 1. Summary of included studies.

Author(s), Year	Country	Population and setting	Sample size, mean age; % female	Statistical analysis approach	OB measure	QOL measure	Key findings on OB-QOL relationship
Aas *et al*.[29] 2020	Norway	Nursing home residents	N=46; mean age 89.0 (range 69-101); 60.9% female	Spearman's correlation coefficient rho	OBQ11-N	Single-item global QOL (EORTC QLQ-C30)	No significant association in total sample (r_s=0.18, p=0.23); strong positive association in men (r_s=0.61, p=0.01), none in women (r_s=0.04, p=0.86).
Park *et al*.[28] 2021	South Korea	Community-dwelling older adults, metropolitan and medium-sized cities	N=208; mean age 70.21; 73.6% female	Structural equation modeling (SEM)	K-LBI	WHOQOL-BREF	No direct path OB-QOL; OB positively associated with leisure satisfaction (β=0.238, p=0.002) and negatively with stress at 90% CI (β=-0.143, p=0.060); indirect effect on QOL via leisure satisfaction and stress (β=0.212, p=0.004).
Park and Lee[27] 2022	South Korea	Urban community-dwelling older adults (Seoul, Gyeonggi, Chungcheong)	N=90; mean age 68.03; 64.4% female	Pearson's correlation Stepwise multiple regression	K-LBI	WHOQOL-BREF	Moderate positive correlation between OB and QOL (r=0.386, p<0.01); role value also positively correlated with OB and QOL; "appearance management" sub-item predicted QOL (R^2=0.517, p<0.001).

Relationship between occupational balance and quality of life

Two studies of community-dwelling older adults in South Korea reported significant positive associations between occupational balance and quality of life (QoL). In a cross-sectional study (N=90), occupational balance measured by the Korean Life Balance Inventory (K-LBI) correlated significantly with overall QoL and its subdomains (r=0.386, p<0.01).[27] In a larger sample (N=208), structural equation modeling demonstrated both direct and indirect effects of occupational balance on QoL through leisure satisfaction, stress, life satisfaction, and subjective health, with standardized path coefficients of β=0.157-0.249.[28] In contrast, a study of Norwegian nursing home residents (N=46) found no significant overall association (r_s=0.18, p=0.23); subgroup analysis showed that the association was significant in men (r_s=0.61, p=0.01) but not in women (r_s=0.04, p=0.86).[29]

Strength and nature of the relationship

In community-dwelling samples, correlation coefficients across QoL subdomains ranged from r=0.258 to r=0.461,[27] and standardized effects from occupational balance to QoL ranged from β=0.157 to β=0.249.[28] In nursing home residents, the overall association was nonsignificant (r_s=0.18, p=0.23), although a significant association was observed among men (r_s=0.61, p=0.01) and not among women (r_s=0.04, p=0.86) (Table 2).[29]

Table 2. Comparison of the strength and nature of the relationship between occupational balance and quality of life.

Population type	Author(s)	Strength of association	Nature of relationship	Notes
Community-dwelling	Park and Lee[27]	Moderate positive (r=0.386, p<0.01)	Direct correlation; regression identified "appearance management" as a significant predictor (R^2=0.517, p<0.001)	Role value also positively correlated with OB and QOL; the urban Korean sample aged ≥60.
Community-dwelling	Park *et al.*[28]	Small positive total effect (β=0.212, p=0.004)	Indirect association via leisure satisfaction and stress; no direct OB-QOL path	SEM model with multiple mediators; metropolitan and medium-sized city sample aged ≥55.
Institutionalized (nursing home)	Aas *et al.*[29]	None in total sample (r_s=0.18, p=0.23); strong positive for men only (r_s=0.61, p=0.01)	Gender-dependent correlation	No association for women (r_s=0.04, p=0.86); Norwegian sample aged 69-101.

Moderators of the occupational balance-QoL relationship

The included studies reported several factors examined in relation to the occupational balance-QoL relationship.

Gender

Among nursing home residents, gender differences were reported: occupational balance was associated with QoL in men (r_s=0.61, p=0.01) but not in women (r_s=0.04, p=0.86).[29] In community-dwelling samples, gender was not examined.[27,28]

Psychosocial factors

In one study, leisure satisfaction and stress were identified as mediators of the relationship, contributing to indirect effects in addition to direct associations.[28] Another study reported stronger correlations between occupational balance and the psychological and social domains of QoL compared to other domains.[27] The nursing home study did not investigate psychosocial variables.

Identity dimension of occupational balance

In one study, appearance management, categorized within the identity dimension of the K-LBI, was identified as a significant predictor of QoL (β=0.308, R^2=0.517, p<0.001).[27] This dimension was not examined in the other studies.

Study setting

Community-based studies reported positive associations between occupational balance and QoL,[27,28] while the nursing home study reported no overall association, with significance observed only in men.[29]

Risk of bias within studies

Risk of bias was assessed using the NOS-xs. Park *et al.*[27] scored 8/9 stars, with strong performance in sample representativeness, exposure ascertainment, and outcome assessment, but a minor limitation in confounder control. Park *et al.*[28] also scored 8/9 stars, showing similar strengths and the same limitations. In contrast, Aas *et al.*[29] scored 4/9 stars, with weaknesses in sample representativeness and confounder adjustment, though exposure ascertainment and outcome assessment were adequate. Overall, two studies were rated as low risk of bias, while one was judged higher risk (Table 3).

Table 3. Risk of bias assessed by NOS-xs: adaptation of the NOS for cross-sectional studies-association studies.

	Representativeness of the study sample	Sample size	Assessment of the exposure(s)	Assessment of the outcome(s)	Adjustment for confounder(s)	Assessment of confounder(s)	Interpretation
Aas *et al.*[29]	1	0	2	1	1	0	Moderate
Park *et al.*[28]	1	1	2	2	1	1	Low
Park and Lee[27]	1	1	2	2	1	1	Low

Discussion

This systematic review sought to examine the association between occupational balance and QoL among older adults. Only three cross-sectional studies met the inclusion criteria, underscoring both the promising nature of this research area and the urgent need for further empirical work. Despite the limited evidence, several important insights emerge regarding the strength and nature of the occupational balance-QoL relationship, its contextual moderators, and implications for occupational therapy practice.

Two studies of community-dwelling older adults in South Korea demonstrated positive associations between occupational balance and QoL, with effect sizes in the small-to-moderate range. These findings align with longstanding theoretical perspectives that balance across daily occupations support well-being and health. As Backman argued, occupational balance has historically been conceptualized as an organizing principle of occupational therapy, rooted in Meyer's notion that health requires a rhythm of work, play, rest, and sleep.[30] More recently, Anaby *et al*. highlighted that occupational balance represents not only the quantity but also the harmony of engagement across meaningful activities.[15] Together, these perspectives reinforce the interpretation that engaging in a balanced mix of occupations supports psychological and social aspects of QoL.

A study in the nursing home context did not find an overall association between occupational balance and QoL; however, a significant relationship was observed among men.[29] This finding may be understood in light of ethnographic evidence showing that residents in institutional settings often spend long periods in passive occupations, with limited opportunities for self-selected and meaningful activities.[31] Similarly, Wagman and Håkansson highlighted the interpersonal dimension of occupational balance, noting that opportunities for balance are shaped not only by individual preferences but also by the activities and expectations of others.[12] These perspectives suggest that institutional environments may restrict engagement in meaningful occupations and thereby weaken the influence of occupational balance as a determinant of QoL.

One study highlighted the identity dimension of occupational balance, with appearance management emerging as a significant predictor of QoL.[27] This finding illustrates how balance is tied not only to the mix of activities but also to occupations that reinforce personal identity and social meaning. Previous qualitative studies have shown that older adults conceptualize balance in ways that encompass identity preservation and valued roles, particularly in later life transitions.[13] Psychosocial mediators, including leisure satisfaction and stress, were also reported to influence the occupational balance-QoL relationship,[28] consistent with prior research demonstrating that occupational balance contributes to resilience, stress reduction, and subjective well-being.[7,21]

Although occupational balance is an important concept in occupational science, its measurement varies considerably across studies. Instruments such as the Korean LBI and Norwegian OBQ-11 both measure occupational balance but capture different aspects of the construct, which may partly explain divergent results. The OBQ reflects subjective satisfaction with the amount and variation of occupations,[32] whereas the LBI emphasizes need-based dimensions of health, relationships, identity, and challenge.[16] A recent systematic review found that no self-report measure demonstrates robust psychometric properties; the LBI showed high-quality evidence for insufficient structural validity, and the OBQ/OBQ-11 showed indeterminate structural validity and internal consistency despite widespread use.[33] These limitations complicate cross- population comparisons and highlight the need for further refinement. Anaby *et al*.[15] also suggested that occupational balance and imbalance may represent distinct constructs, underscoring the need for multidimensional measurement.

Moreover, cultural and contextual influences shape perceptions of balance, emphasizing the importance of cross-cultural validation.[21] Thus, while standardized instruments exist, their conceptual differences and limited psychometric evidence continue to challenge meaningful comparisons across populations.

Overall, these findings reinforce the importance of occupational balance as a potential determinant of QoL in older adulthood. A scoping review by Wagman and Håkansson[12] highlighted the role of interpersonal relationships in shaping balance, and Lentner *et al*.[22] showed that interventions promoting occupational balance can enhance health, social participation, and life satisfaction in adults. For occupational therapy, these points highlight the need to address balance at both individual and contextual levels-supporting older adults' engagement in meaningful activities while also advocating for institutional and policy changes that expand occupational opportunities later in life.

This review has notable strengths, including a systematic search strategy, duplicate screening, and transparent reporting, which enhance rigor and reproducibility. To our knowledge, this is the first systematic review to synthesize evidence on the relationship between occupational balance and QoL in older adults, providing a foundation for further research in this area.

Confidence in the findings

Overall, confidence in the finding of a positive association between occupational balance and QoL is judged to be low. This judgment reflects the small evidence base (N=3 studies), variation in findings across community and institutional settings, and heterogeneity in the measurement of occupational balance and QoL. Accordingly, the observed association

should be interpreted as suggestive rather than conclusive.

Limitations

Several limitations should be considered when interpreting the findings. Firstly, only three studies were identified, all of which used cross-sectional designs, precluding conclusions regarding temporality or causality. The studies were conducted in Europe and Asia, with two originating from the same country, which limits geographical and cultural representation. Although the search included broad construct-level terms for occupational balance, the instrument-specific terms used to enhance search sensitivity were not exhaustive; therefore, studies using alternative terminology without explicitly referring to occupational or life balance may not have been retrieved. In addition, the exclusion of grey literature and non-English-language publications may have introduced publication and language biases. Finally, the small number of studies and heterogeneity in populations and measurement approaches precluded meta-analysis.

Future study

Future research should employ longitudinal and intervention designs, investigate potential sex and cultural differences, and use clearly defined and comparable measures of occupational balance and QoL across more diverse populations.

Conclusion

This review provides limited evidence suggesting a positive association between occupational balance and QoL among older adults, particularly those living in community settings. However, overall confidence in this finding is low because of the small and heterogeneous evidence base. The findings should therefore be regarded as suggestive rather than conclusive. Further rigorous, culturally diverse, and longitudinal research is needed to clarify the strength and generalizability of the relationship between occupational balance and QoL and to determine its potential relevance to healthy aging.

Ethical approval

This study is a systematic review of published literature and did not involve human participants or primary data collection. Therefore, ethical approval and informed consent were not required.

Declaration of generative AI and AI-assisted technologies

During the preparation of this work, the author(s) used Claude (Anthropic) to improve language and readability. After using this tool, the author(s) reviewed and edited the content as needed and take full responsibility for the content of the published article.

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Conflict of interest

The authors declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

CRediT authorship contribution statement

Chirathip Thawisuk: conceptualization, methodology, investigation, writing-original draft, review and editing; **Yuki Yamada**: conceptualization, methodology, investigation, project administration, writing-review and editing; **Nanako Yamane**: conceptualization, investigation, writing-review and editing.

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Supplementary data

Appendix 1: Search strategy

Database	Search terms	N
Pubmed	("Aged, 80 and over"[MeSH Terms] **OR** "Aged"[MeSH Terms] **OR** "Aging"[MeSH Terms] **OR** older adult*[tiab] **OR** senior citizen*[tiab] **OR** "Frail Elderly"[MeSH Terms] **OR** dementia[tiab] **OR** "Dementia"[MeSH Terms] **OR** "Nursing Homes"[MeSH Terms] **OR** "Homes for the Aged"[MeSH Terms] **OR** nursing home*[tiab] **OR** care home*[tiab] **OR** long-term care facilit*[tiab] OR "Long-Term Care"[MeSH Terms] **OR** "Residential Facilities"[MeSH Terms] **OR** residential care*[tiab] **OR** retirement home*[tiab] **OR** oldest*[tiab] **OR** senior*[tiab] **OR** "Senior Centers"[MeSH Terms] **OR** elder*[tiab] **OR** frailty[tiab] **OR** "Frailty"[MeSH Terms] **OR** frail*[tiab]) **AND** ("occupational balance"[tiab] **OR** (life balance[tiab] NOT "work life balance"[tiab] NOT "work/life balance"[tiab]) **OR** "Life Balance Inventory"[tiab] **OR** "Occupational Balance Questionnaire"[tiab] **OR** OBQ[tiab] **OR** OBQ-11[tiab])	101
CINAHL	(MH "Aged+" **OR** TI "older adult*" **OR** AB "older adult*" **OR** TI "senior citizen*" **OR** AB "senior citizen*" **OR** MH "Frail Elderly+" **OR** TI dementia **OR** AB dementia OR MH "Dementia+" **OR** MH "Nursing Homes+" **OR** MH "Homes for the Aged+" **OR** TI "nursing home*" **OR** AB "nursing home*" **OR** TI "care home*" **OR** AB "care home*" **OR** TI "long-term care facilit*" **OR** AB "long-term care facilit*" **OR** MH "Long-Term Care+" **OR** MH "Residential Facilities+" **OR** TI "residential care*" **OR** AB "residential care*" **OR** TI "retirement home*" **OR** AB "retirement home*" **OR** TI oldest* **OR** AB oldest* **OR** TI senior* **OR** AB senior* **OR** TI elder* **OR** AB elder* **OR** TI frailty **OR** AB frailty OR MH "Frailty+") **AND** (TI "occupational balance" **OR** AB "occupational balance" **OR** (TI "life balance" **OR** AB "life balance") NOT (TI "work life balance" **OR** AB "work life balance" **OR** TI "work/life balance" **OR** AB "work/life balance") **OR** TI "Life Balance Inventory" **OR** AB "Life Balance Inventory" **OR** TI "Occupational Balance Questionnaire" **OR** AB "Occupational Balance Questionnaire" **OR** TI OBQ **OR** AB OBQ **OR** TI OBQ-11 **OR** AB OBQ-11)	90

Database	Search terms	N
Web of Science	TS=("older adult*" **OR** "senior citizen*" **OR** "frail elderly" OR dementia **OR** "nursing home*" **OR** "care home*" **OR** "long-term care facilit*" **OR** "residential care*" **OR** "retirement home*" **OR** oldest* **OR** senior* **OR** elder* **OR** frailty **OR** frail*) **AND** TS=("occupational balance" **OR** ("life balance" NOT "work life balance" NOT "work/life balance") **OR** "Life Balance Inventory" **OR** "Occupational Balance Questionnaire" **OR** OBQ **OR** OBQ-11)	90
CENTRAL	("older adult*" **OR** "senior citizen*" **OR** "frail elderly" **OR** dementia **OR** "nursing home*" **OR** "care home*" **OR** "long-term care facilit*" **OR** "residential care*" **OR** "retirement home*" **OR** oldest* OR senior* OR elder* **OR** frailty OR frail*) **AND** ("occupational balance" **OR** ("life balance" NOT "work life balance" NOT "work/life balance") **OR** "Life Balance Inventory" **OR** "Occupational Balance Questionnaire" **OR** OBQ **OR** OBQ-11)	
Scopus	(TITLE-ABS-KEY("older adult*") **OR** TITLE-ABS-KEY("senior citizen*") **OR** TITLE-ABS-KEY("frail elderly") **OR** TITLE-ABS-KEY(dementia) **OR** TITLE-ABS-KEY("nursing home*") **OR** TITLE-ABS-KEY("care home*") **OR** TITLE-ABS-KEY("long-term care facilit*") **OR** TITLE-ABS-KEY("residential care*") **OR** TITLE-ABS-KEY("retirement home*") **OR** TITLE-ABS-KEY(oldest*) **OR** TITLE-ABS-KEY(senior*) **OR** TITLE-ABS-KEY(elder*) **OR** TITLE-ABS-KEY(frailty) **OR** TITLE-ABS-KEY(frail*) **AND** (TITLE-ABS-KEY("occupational balance") **OR** (TITLE-ABS-KEY("life balance") **AND** NOT TITLE-ABS-KEY("work life balance") **AND** NOT TITLE-ABS-KEY("work/life balance") **OR** TITLE-ABS-KEY("Life Balance Inventory") **OR** TITLE-ABS-KEY("Occupational Balance Questionnaire") **OR** TITLE-ABS-KEY(OBQ) **OR** TITLE-ABS-KEY(OBQ-11)	85
EMBASE	('older adult*' **OR** 'senior citizen*' **OR** 'frail elderly'/exp **OR** 'frail elderly' **OR** 'dementia'/exp **OR** dementia **OR** 'nursing home*' **OR** 'care home*' **OR** 'long-term care facilit*' **OR** 'residential care*' **OR** 'retirement home*' **OR** oldest* **OR** senior* **OR** elder* **OR** 'frailty'/exp **OR** frailty **OR** frail*) **AND** ('occupational balance' **OR** ('life balance' NOT ('work life balance'/exp **OR** 'work life balance') NOT ('work/life balance'/exp **OR** 'work/life balance')) **OR** 'life balance inventory' **OR** 'occupational balance questionnaire'/exp **OR** 'occupational balance questionnaire' **OR** obq **OR** 'obq 11')	77