EXPRESSED LIFE SATISFACTION IN OLDER ADULTS LIVING IN A RETIREMENT HOME

By

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ABSTRACT

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With the increasing number of American's entering the age group categorized as elderly, concern arises regarding living arrangements for this segment of the population. The retirement home setting is one housing alternative available for older adults who are able to maintain some degree of self-care but who are unable or do not wish to remain in their own personal homes or condominiums. However, little is known concerning the perceived levels of life satisfaction among those who live in the retirement home setting. The purpose of this study was to examine the expressed life satisfaction levels of adults 65 years of age or older six months or more after entry into a retirement home, utilizing the Adams (1969) revision of the Life Satisfaction Index-A and three open ended questions. The instrument was administered to a sample of eleven retirement home residents and results of this pilot project indicate that there was a high degree of life satisfaction present among this sample of generally healthy middle class retirement home residents.

DEDICATION

This project is dedicated with love to my Grandparents:

Simon & Carrie Boerema

Arthur & Hazel Maricle

From them I learned to love, respect and admire the elderly.

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CHAPTER ONE

Introduction

With the increasing number of Americans entering the age group categorized as older adult or elderly, there arises concern as to living arrangements for this segment of the population. Prior to World War II, older people were generally taken into the homes of their children and cared for there (O'Neill & Boosinger, 1981). However, with the increasingly mobile and fast paced society of today's culture this is not always appropriate. Only a small segment (approximately five percent) of the

population over 65 years of age is institutionalized at any one time. The U.S. Senate Special Committee on Aging states that at any given time, two percent (295,000) of those age 65 to 74 years will be in a nursing home compared to about seven percent (627,000) of persons age 75 to 84 years, and about 16 percent (489,000) of those persons over 85 years of age (1986, p. 97). Therefore, in consideration of the distribution of the elderly residing in long term care facilities especially since this percentage so dramatically increases with age, various housing options must be considered for these older adults (O'Neill & Boosinger, 1981, p.99). Potential housing options for these individuals include retirement condominiums, senior citizen apartment highrise structures, retirement communities, and retirement homes. Many older adults are in a unique situation in which they are no longer able to or do not wish to remain in their own home, but are not at a point where nursing home or skilled care is required. The retirement home provides congregate living, private living quarters, and group meals. Twenty-four hour security and planned social activities are also incorporated, and in many cases, accessible skilled nursing care is available within the same institution. However, for the older adult relocation

into any type of housing option presents a major "upheaval involving loss and requiring a redefinition of self," and this upheaval must be taken into consideration when examining relocation and the older adult (Gubrium, 1974, p.221).

Rosswurm (1983) describes the transition from a residence to an institution for the first time as a "drastic environmental change" (p.634). Individuals are often forced to give up a degree of autonomy and independence upon relocation into a retirement home and this loss may lead to a diminished sense of life satisfaction and feelings of depression. Diamond, King, and Burt (1979) state that literature concerning relocation of the elderly, and our knowledge of the phenomena related to relocation are "sketchy and incomplete" (p.135). People bring with them into the new setting enduring psychosocial and biological characteristics which influence the degree of satisfaction experienced in the new environment (Lawton & Cohen, 1974). Residing in a retirement home necessitates potential changes in life style and daily living. A question arises relating to the perceived feelings of life satisfaction of those living in retirement homes; therefore, the research question for this study is:

What is the expressed level of life satisfaction of adults over 65 years of age six months or more after entry into a retirement home?

This scholarly project will take the format of a pilot project in an effort to examine the single variable life satisfaction. In addition, this project will not make an intentional attempt to measure or control for extraneous variables. The pilot study can provide valuable data to guide further research, as well as provide information for improvements in future research (Polit & Hungler, 1983). The pilot study approach may be particularly beneficial with this sample since little research on the perceived levels of life satisfaction among retirement home residents has been completed at the present.

DEFINITIONS OF CONCEPTS

A. Elderly Individual:

The elderly individual is one who is experiencing the aging process. Aging is "healthy, inevitable, and irreversible" (Boettcher, 1985, p.27). It is not an illness; rather it is a developmental stage (Boettcher,

1985). Atchley (1983) further describes the older person as "an individual in the later maturity or old age stages of the life cycle. Socially, people are usually classified as older if they are chronologically sixty-five or older" (p.294). Therefore for the purposes of this study "elderly individual" will be defined as one who is chronologically age sixty-five or older.

B. Retirement Home:

The retirement home is a specific alternative form of housing for older adults. Beland (1984) describes senior housing in general as "a place where some protection is available, while enabling them (the resident) to preserve personal autonomy" (p.184). Beland (1984) further characterizes senior housing as including a congenial environment and opportunities for friendship. Maves (1983) depicts retirement homes as congregate living in which an emphasis is placed "on providing convenient access to social activities, on companionship, on security, and on the availability of a continuum of care in meeting changing needs all in one location" (p. 82). For the purposes of this study a retirement home will be defined as congregate living with private sleeping and

dwelling quarters, group meals and opportunities for social activities and security.

C. Life Satisfaction:

Life satisfaction is defined as "a global assessment of life quality, derived from comparison of one's aspirations to the actual conditions of life" (George, 1986, p.5). Life satisfaction differs from the concepts of happiness and mood. Happiness and mood tend to be related to emotional judgments, while life satisfaction may be viewed as being on a continuum with evaluation based on the perception of the differences between achievements and aspirations (George, 1986). Happiness and mood are fluctuating states, however life satisfaction is more stable and since it is more cognitively based than other subjective indicators of well-being, it has been a "more attractive candidate for the study of the quality of life in old age" (George, 1986, p.5).

Borup (1981) discusses the negative attitudes older adults often have towards relocation, and how these attitudes tend to become more positive with time after relocation. Dissatisfaction may be viewed as "a discrepancy between aspirations and achievements" (George, 1986, p.6).

Diamond et al. (1979) cite life satisfaction as being a coping resource influencing relocation. Life satisfaction is a measurement of perceived well-being which includes five components: "zest for life as opposed to apathy; resolution and fortitude as opposed to resignation; congruence between desired and achieved goals; high physical, psychological and social self-concept; and a happy, optimistic mood tone" (Adams, 1969, p. 470).

For the purposes of this study, life satisfaction will be defined as a subjective personal judgement of life quality arising from a comparison between individuals' aspirations and the actual situation in which they find themselves.

D. Relocation:

Although relocation is not a focus of this project, it is a concept which must be examined because the body of literature connecting life satisfaction with retirement home residency is closely related. In review of the literature, relocation is a frequently used term, but specific definition of the term appears to be inadequate. Rosswurm (1983) describes relocation as a transfer from a residence to an institution. She further states that

"older persons relocating from a residence to an institution for the first time will probably experience the most drastic environmental change" (Rosswurm, 1983, p.634). Because relocation is such a radical change for an individual, it poses great risk for coping and adaptation as well as health status and requires adaptation and new learning (Gubrium, 1984). It appears that the prior characteristics of an individual may determine to a great extent his/her reaction to relocation, especially physical condition, cognitive ability, and personality characteristics (Gubrium, 1974).

When addressed in this study, relocation will be defined as the transfer of residence from an independent situation such as a private home, condominium, or apartment to a residential institution (retirement home) for the first time.

Assumptions

This will be a descriptive study dealing with a specific segment of the older adult population. Levels of perceived life satisfaction will be assessed in individuals who have moved into a retirement home at least six months prior to measurement. 1) It will be assumed

that life satisfaction is measurable, and that 2) individuals will understand the questions and give truthful answers.

Limitations

1) Volunteers will be used in this study and may be systematically different than nonvolunteers; therefore, generalizations should not be made beyond this group. 2) The small number of subjects due to the pilot nature of the project limits forms of analysis and generalizability of the results. 3) In addition, other intervening and influencing variables affecting the older adult's perceptions related to life satisfaction such as enduring personality characteristics, declining health or mental status, and/or financial insecurity may be present and are not measured as a part of this study. 4) All subjects are from the same retirement facility.

IMPORTANCE AND SIGNIFICANCE OF THIS PROJECT

Borup (1981) and Rosswurm (1983) both state that relocation is potentially a very stressful life event for the older adult and that "a change in residence can result

in a major disruption of a person's activities, regardless of his/her age" (Borup, 1981, p.501). Lawton & Cohen (1974) found that individuals who make voluntary changes of residence tend to show more positive outcomes. Ferraro (1982) also states that it would be expected that relocation would have fewer negative effects when the move is a voluntary choice. However, in his study it was found that regardless as to whether or not the move was a voluntary choice, relocation does adversely effect physical health as determined by physical disability, ability to perform own activities of daily living, and number of days spent ill at home or in the hospital (Ferraro, 1982).

Gubrium (1974) states that "it seems eminently clear that the characteristics of persons prior to relocation, particularly their functional adequacy in terms of physical condition and cognitive ability, play a crucial role in accounting for those who react negatively to relocation" (p.221). Bourestrom & Pastalan (1981) also point out that readjustment to change in residence is also influenced by such characteristics as age, physical health, psychiatric disturbance, and cognitive functioning. Also, preparation for relocation may influence the effects of relocation. All of these are

variables which may influence to some degree levels of life satisfaction found in persons who reside in retirement homes. Relocation may result in radical changes in the life style of a person in an age group which is characteristically reluctant to venture into new and unexplored areas.

Therefore, in light of the lack of documentation related to the elderly in retirement home settings and their perceived levels of life satisfaction, assessment in this area is indicated. Information collected from this investigation will provide background for those working with the elderly in the retirement home setting as well as provide an area for further research.

Chapter one has provided an introduction to the concepts of life satisfaction among retirement home residents. Chapter two will introduce the theoretical framework which will provide a foundation for this project. A review of the relevant literature will be presented in chapter three. Chapter four will include a description and discussion of the methodology used for the project. Discussion of the project results will be addressed in chapter five. Chapter six will present areas for future research and implications for advanced nursing practice.

CHAPTER TWO

Theoretical Framework

Overview

In this study of perceived life satisfaction of retirement home residents, King's theory of goal attainment serves as a model. Analysis will be made of perceived life satisfaction in older adults utilizing King's model. Observations can be made as to whether or not residing in a retirement home is accompanied by a sense of life satisfaction by applying the concepts of goal attainment. In addition, objectives for nursing

interventions may be made by utilizing the model. Nursing actions for those living in the retirement home setting may be directed towards interventions in which the client's perceived life satisfaction levels might be maintained or improved.

Iomogene M. King was one of the pioneers of nursing theory. She presented her conceptual model in her first book Toward a Theory in Nursing (1971). Since its publication she has updated and revised her theory in another publication, Theory for Nursing (1981). In her revised theory, she addresses the systematic and theoretical approach to professional nursing. The theory's conceptual framework links concepts relating nursing to the health care system and provides a method to develop concepts to apply knowledge in nursing in practice (King, 1981). Assumptions of King's model include:

> -Individuals are social, sentient, rational reacting, perceiving, controlling, purposeful, action orientated, and time-orientated beings (King, 1981, p. 143).
>
> -The interaction process is influenced by perceptions, goals, needs, and values of both the client and the nurse (King, 1981).

-Individuals have the right to obtain information and to participate in decisions that influence their life, health, and community services, as well as to accept or reject care (King, 1981).

-Health care members have a responsibility to inform individuals of their health care and to assist them in making "informed" decisions (King, 1981).

-There may be incongruence between the goals of the health care providers and the client (King, 1981).

-Clients want to be active participants in the health care process.

Definition of Concepts

Nursing helps "individuals maintain their health so they can function in their roles" (King, 1981, p. 4). In acting as a helping profession which meets a social need, Fawcett (1984) describes the service of nursing as including "care of individuals and groups who are ill and hospitalized, those who have chronic diseases and require rehabilitation, and those who require guidance for the maintenance of health" (p. 96). Situations in which

nursing care is given may be influenced by various factors including the geographical setting, the perceptions of the nurse and patient, communication patterns, expectations, mutual goals, and nurse and patient interdependent roles (King, 1981).

Three other key concepts of domain defined by King include person, environment, and health. King describes Person as a "rational, sentient, social being, perceiving, thinking, able to choose between alternative actions, able to set goals, to select means toward goals, to make decisions, and have a symbolic way of communicating thoughts, actions, customs, and beliefs (p. 19). Environment is comprised of internal and external components. The internal environment enables individuals to adjust to a constantly changing external environment. The external environment is the boundary system which includes "social roles, behaviors, and practices developed to maintain values and the mechanisms to regulate practice and rules" (King, 1981, p. 115). King (1981) defines Health as "the dynamic life experiences of a human being, involving growth and development, and which implies continuous adjustment to stressors in the internal and external environment through optimum use of one's

resources to achieve maximum potential for daily living" (p. 5,143).

There is an interrelationship between the environment, health, and nursing in King's model. King differentiates the environment into the concepts of internal and external environment. She states that the "internal environment of human beings transforms energy to enable them to adjust to continuous external environmental changes" (1981, p. 5). In this interaction model, the nurse is included as part of the external environment. The focus of nursing is to enable the patient to function in a social role interacting with their environment. "Adjustments to life and health are influenced by individual's interactions with environment" (King, 1981, p. 141).

Within the concept of the person, King identifies three interacting systems; individuals (personal systems), groups (interpersonal systems), and society (social systems) (See Figure 1). An individual is characterized as being rational and one who "perceives, thinks, desires, imagines, decides, identifies goals, and selects means to achieve them" (Fawcett, 1984, p. 90). Persons are described as the sum of their parts, and the self is described as the sum of ones parts. Body image, another component of the person, includes behavioral changes and

those things which take place to help an individual move toward maturity. Body image is the combination of self-perception and others' reactions to self. Time is defined as "the duration between the occurrence of one event and the occurrence of another event" (King, 1981, p.45). Space, the final dimension of the individual, "exists in all directions and is the same everywhere." It is the "physical area called territory and by the behavior of individuals occupying space" (King, 1981, p.37-38). King linked the above concepts together by stating that "an individuals perception of self, of body image, of time and space influence the way he or she responds to persons, objects, and events in his or her life" (King, 1981, p.19).

The interpersonal system is comprised of two or more individuals interacting within a particular situation. In this situation goals are set and achieved and communication takes place. Concepts relevant to the interpersonal system include interaction, communication, transaction, role, and stress (George, 1985). Interaction is a dynamic process involving communication, values, perceptions, and transactions. It includes the thoughts, feelings, perceptions, expectations, and reactions of the other person and what that person does to the individual.

Communication is "a process whereby information is given from one person to another either directly or ... indirectly" (King, 1981, p.74). Transactions are interaction process between the environment and the person to achieve goals. Roles involve "a relationship between two or more individuals who are functioning in two or more roles; learned; social; complex; and situational" and includes reciprocity (George, 1985, p. 240). Stress is a process of interaction with the "environment to maintain balance for growth, development, and performance" (King, 1981, p. 98) An exchange of energy and information is involved to regulate and control the stressors between the person and the environment. Although life satisfaction might be considered to be a personal perception of well-being, the components of the interpersonal system influence the individual's life satisfaction levels. Interaction with others, communication, and the other interpersonal system concepts all greatly contribute to feelings of satisfaction with self and the environment.

Within the unit of the social system, individuals carry on the activities of daily living. This social system is the broader aspect of society and includes the social roles, behaviors, and practices which help to maintain the order of society (King, 1981).

Characteristic concepts of the social system which King (1981) states relate to nursing include organization, authority, power, status, and decision making.

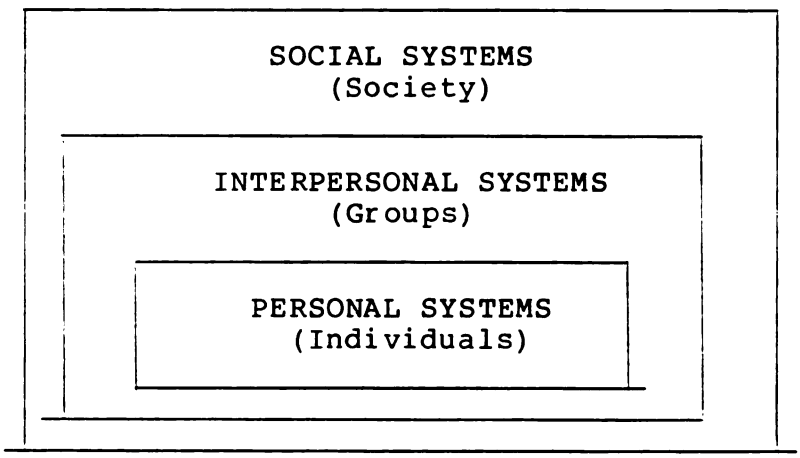

Figure 1. The interacting systems of King's model

The model of goal attainment which is a major focus of King's framework evolves from the interpersonal system. Goal attainment is achieved through a process of interaction between the nurse and the client which includes perception, judgement, action, reaction, interaction, and transaction (Figure 1). This process is congruent with the goals of nursing to facilitate role achievement, and demonstrates how the nurse-client

relationship is an interactive process in which the communications, expectations, and mutual goals of the client and nurse are shared and actions taken to achieved these goals.

Perception is "each person's representation of reality" (King, 1981, p. 146). The awareness of persons, objects, events, and self gives meaning to a person's subjective world of experience. Judgement is the value placed on the perceived event; and an action may be a set of behaviors, either verbal or nonverbal, which lead to the acknowledgement of efforts to control the events or situations which are occurring (George, 1985).

Reaction includes demonstration of what the perception of reality is in an action or activity component. Interaction is an exchange process of communication either between persons or person and environment and is goal directed. In person to person interactions, individuals bring knowledge, past experiences, and perceptions to the situation which then influence present interactions. During this phase inferences are made about what the other person is perceiving and feeling (King, 1981).

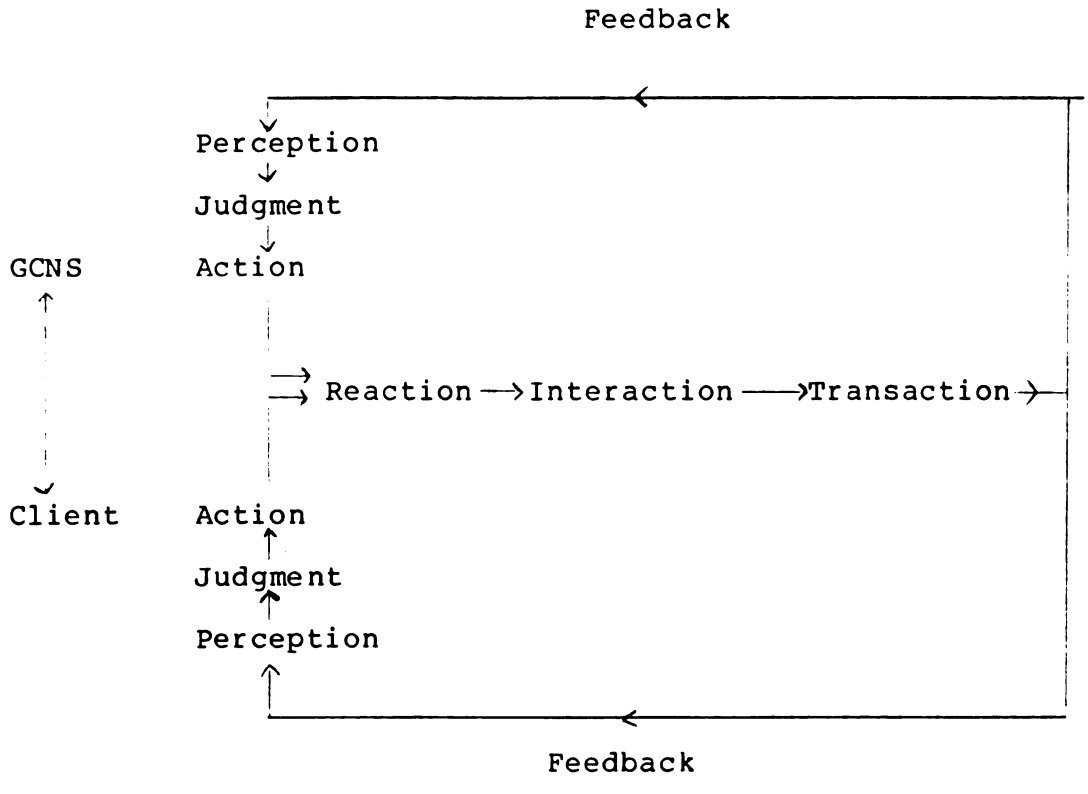

Figure 2. Representation of King's Model

Transaction involves observable human behavior. It can consist of the client and the nurse communicating in an effort to achieve mutual goals. It is in this phase that goals are achieved. Since transaction is an action phase it may not always be achievable because both parties

must take part (George, 1985). Transactions lead to changes in behavior through active participation in working toward a desired goal.

Relationship of King's Theory to this Study

In light of King's model, clients entering the retirement home are complex beings and bring with them in this move their own expectations and perceptions of what is expected from the new situation (a change in their external environment). One's perception would be their view themselves, others and their environment (the retirement home). Life satisfaction is a subjective experience, and the level of life satisfaction of persons who reside in retirement homes is of interest. The personal determination of life satisfaction may be considered the client's judgement when viewing life satisfaction as the internal environment as defined by King (1981). These judgement concerning both the internal and external environment will be reflected through scores on the LSIA and the three open ended questions which specifically address the decision to live in the retirement home setting. Action may be the behavior displayed in response to feelings of satisfaction or

dissatisfaction with both the internal and external environment.

Reaction, as defined by King (1981), of the client who has changed residence will exhibit a positive or negative attitude. The assessment phase of the nursing process directs the nurse to observe for such behaviors. Depending on the individual, a positive attitude may be demonstrated by active participation and involvement in the activities of the retirement home. In contrast, negative behavior may be evidenced by a pattern of withdrawal and isolation. Care must be taken to assess whether attitudes reflect levels of life satisfaction or long term personality traits such as those individuals who have always been withdrawn and isolated. For the purposes of this project, evidence of these tendencies may be reflected through the results of the Life Satisfaction Index and the other questions used in this project.

The relationship of goal attainment to nursing can be examined utilizing the King model. Life Satisfaction, or the internal environment, of the older adult will be influenced by past methods of coping, previous life-style, health status, and other stressors which may be occurring. The GCNS is prepared with skills to assess reactions to the relocation experience, the aging process, and the

significance of perceived levels of life satisfaction. In addition, the nurse's perceptions are influenced by previous personal and professional experiences related to relocation. Judgments by the nurse, based on documentation from literature concerning older adults, lead to action directed towards efforts to enable the relocation to be a positive experience with high levels of perceived life satisfaction (King, 1981).

This study will focus on the perceptions, judgement, and reactions of the older adult who is living in a retirement home setting. How individuals perceive their present status (six months or more after relocating) influences the judgement made regarding this perception (generally positive or negative) to determine level of life satisfaction. The LSIA is an appropriate tool to measure life satisfaction within the framework of King's interactive model.

Concept Development from the Literature

Goal attainment is the desired outcome in the King model. This is achieved through nurse-client interaction which focuses upon perceptions of the client related to goal attainment. King (1981) states that "goal setting

depends upon the client population to be served and the specific events that bring individuals to health care systems in which nurses function" (p.3). Communication between nurse and client is an essential element in mutual goal setting and is necessary in order to make decisions related to the perceived problem. This decision-making process is a collaborative effort on the part of the patient, nurse, family, and other health professionals.

George & Bearon (1980) state that "perhaps the most crucial subjective assessment of life quality that individuals can report is their relative satisfaction with life in general" (p.7). The issue of life satisfaction has played a major role in the development of the psychosocial theories of aging. Both activity and continuity theory discuss life satisfaction as an outcome (George & Bearon, 1980). The following social characteristics have been found to be important in regards to high levels of life satisfaction in adults of all ages; 1)relationship to the social structure, 2)achievements both occupationally and economically, 3) physical health, 4) active support system, and 5) meaningful social and leisure activities (George, 1986).

The four subscales of the LSIA (Adams version, 1969) fit well theoretically with King's interaction model. The

questions addressing Mood Tone interface with the concepts of human interaction and transactions. Interactions with others and communication contribute to feelings of Zest vs. Apathy. Scores on the Congruence subscale may reflect transactions and roles. Finally, the Resolution and Fortitude subscale examines stress and roles.

In the older adult who has relocated to the retirement home, those concepts which are a part of the interpersonal system may greatly influence the degree of life satisfaction experienced. Zest versus Apathy may indicate a degree of involvement with other people or with new ideas. Those adjusting positively to relocation might be expected to maintain a high level of involvement, while negative adjustment may be evidenced by withdrawal and isolation. Resolution and Fortitude includes the extent that persons take responsibility for their own lives. In a retirement home setting this may be evidenced by what part the individuals took in planning the move and future plans for activities within the new environment. Congruence is the extent to which life goals are achieved. The extent to which individuals feel their goals have been achieved is significant and may influence perceived life satisfaction. In retirement home residents, consequences might be evidenced by whether or not individuals feel they

have been able to attain their desired goals. Mood tone is indicated by whether the person holds optimistic attitudes and happy feelings. These individuals are spontaneous, positive in outlook, and express and take pleasure from life (Neugarten, Havinghurst, & Tobin, 1961).

Living in a retirement home could potentially have negative effects on perceived levels of life satisfaction if individuals living in such a setting would become increasingly isolated, relinquish responsibility for themselves and their activities, and no longer have any goals to be achieved. Other signs of low levels of life satisfaction might be evidenced by depression, bitterness, and anger as well as complaints of being "a burden" and speaking negatively of self and older people in general (Neugarten, Havinghurst, & Tobin, 1961).

George (1986) points out that examining life satisfaction is necessary to facilitate adaptation in aging because "we should be interested in enhancement as well as rehabilitation, in the good life as well as the bad times" (p.8). Also life satisfaction illustrates that "social and psychological factors are as important for understanding life's triumphs as well as life's problems" (George, 1986, p.8). At the personal level, life

satisfaction is important because people care about the quality of life for their loved ones. George (1986) concludes that "it reminds us to strive for health as well as the absence of disease and to invest in mental health as well as the amelioration of mental illness" (p.8).

This chapter has presented King's Theory of Goal Attainment and the theory has been utilized to provide a framework for this project examining life satisfaction among retirement home residents. Chapter three will review the relevant literature concerning life satisfaction of older adults.

CHAPTER THREE

REVIEW OF THE LITERATURE

Overview

In this chapter the literature relevant to the concepts of relocation (external environmental change) and perceived life satisfaction (internal environment) of adults in later life will be examined. Little research to date has specifically explored levels of life satisfaction in persons who live in retirement homes. However, documentation is present within the literature exploring the effects of relocation on the older adult (Borup, 1981; Borup, 1982; Wolanin, 1978; Lawton & Cohen, 1974), and characteristics of

perceived life satisfaction over the later years of life (Diamond, King, & Burt, 1979; Carp, 1975; Morris, 1975; Brand & Smith, 1974; Neugarten, Havinghurst, & Tobin, 1961). Both of the above concepts are influential in the lives of those older adults residing in a retirement home setting. The concepts discussed in this chapter will be divided between relocation and life satisfaction.

External Environmental Change

Relocation literature is being considered because of the fact that it is a large body of literature that does deal with life satisfaction of those who have changed residence. The focus of study concerning relocation of older adults has changed significantly over the past twenty years. Relocation studies began in the 1950's when concern had arisen over the potential harm caused by governmental imposed relocation (Coffman, 1981). During the 1960's studies focused on exploration of the emotional trauma and negative effects of relocation; specifically, examining those effects in relation to mortality rates following relocation (Coffman, 1981). Researchers in the next decade placed an emphasis multidimensional factors affecting relocation (Borup, 1981). Research trends of this present

decade have focused on identifying the effects of relocation into long-term care settings on older adults and determining methods which would best diminish negative effect of relocation (Burnette, 1986; Coffman, 1981; Lawton & Cohen, 1974). However, the emphasis throughout the relocation literature has been on interinstitutional (transfer from one institution to another) (Liebowitz, 1974; Wolanin, 1978; Eckert & Haug, 1984) and intrainstitutional (transfer within an institution) (Borup, 1981; Lawton & Cohen, 1976; Beland, 1984; Carp, 1975) rather than transfer from home to an institution.

Aleksandrowicx (1961) and Lieberman (1961) suggested that a "pure relocation effect" influenced the survival rates of relocated older adults. Aleksandrowicx (1961) studied patients after being transferred to other hospitals several weeks following a fire, and Lieberman (1961) investigated nursing home applicants from time spent in a waiting period until one year after relocation. Both researchers cited higher mortality rates following relocation and attributed the increased death rates more or less to the relocation experience.

In research on low and middle income older people (N=2908) using multiple linear regression to determine if the effects of relocation from one noninstituational

residence to another led to decreased health status, Ferraro (1982) found that movers were more likely than nonmovers to experience health status declines such as increased amount of time spent ill in bed. Four variables were used to assess health status: physical disability, ability to perform self-care activities, number of days spent ill in bed, or number of days spent ill in a hospital or institution per year. Ferraro hypothesizes that the possible relationship of stress, decrements in health status prior to relocation, and the influence of level of volunteerism associated with the move may be related utilizing multiple linear regression to compare movers with the community at large. However, he concludes that neither the house type or satisfaction with the housing significantly affected the health status of those who moved ($p>.05$), and that when the decline in health status was more pronounced in those who moved, it may have been a result of stress related to moving.

Brand and Smith (1974) studied 68 subjects to determine the effects of forced relocation to another community as measured by the life satisfaction index in relationship to the control group of 69 nonrelocated subjects. Utilizing the Chi square measure of association, the life satisfaction index measuring personal and social adjustment of the two

groups revealed that the relocation group had more negative effects for females than males as evidenced by greater verbalized dissatisfaction, and that blacks appeared to adjust more positively than whites. Brand and Smith (1974) found that these negative effects for females may be related to the loss of their household and its' accompanying roles. Additionally, poor health was correlated with lower levels of life satisfaction. The relocated individuals had less frequent social interaction with friends and family members than did the nonrelocated individual. Brand and Smith (1974) concluded that involuntary relocation may have significant negative consequences on the life adjustment of older adults due to changes in social networks, and that social interaction with the environment is imperative for a positive adjustment in the relocation experience.

Borup, Gallego and Heffernan (1979) examined mortality rates among 529 patients experiencing forced relocation because of nursing home regulations within the state of Utah and 453 patients residing in 19 randomly selected nursing homes who did not move. In contrast to previous research findings, no increase in mortality among patients was found among the nursing home residents who had relocated. The study sought to examine the effects of relocation on mortality rates to determine if specific groups of

individuals such as the handicapped might be at greater risk in relocation. Mortality rates between the groups were not found to be significantly different (p=.05). Borup, et al (1979) also addressed methodological limitations of previous relocation research including types of experimental designs and methodology used. In addition, Lieberman (1974) indicates that the emphasis on mortality rates fails to address broader questions related to well-being of older adults who are relocating.

Further studies by Borup (1981) investigated results of a statewide study involving nursing home patients (N=326) who relocated because their current nursing home residence did not meet national safety standards. Results gathered based on a longitudinal impact design (time 1= 2-3 weeks prior to relocation, time 2= 2-3 weeks after relocation, and time 3= 3-6 months after relocation) indicated that attitudes of residents toward relocation became more positive following the move, including the large percentage of females (44%) who viewed the relocation with more stress than did the males. After an initial settling-in phase, these females expressed more positive attitudes (Borup, 1981, p.509). Those who did not want to move initially did develop negative attitudes, but after moving and adjusting the majority verbalized positive attitudes. In further

study, examining the effects of degrees of residential change experienced on the areas of mortality, health and functioning, Borup (1982) noted that mortality rates were not affected by radical or moderate environmental change using the analysis of variance for selected variables. He concluded that the "degree of environmental change does not affect mortality, self-evaluated health, stamina, hypochondria, daily functioning, responsiveness, life satisfaction, alienation, or self concept" (Borup, 1982, p. 414).

Borup (1983) indicated that there is a changing perspective taking place among researchers in the 1980's as evidenced by the statement "we need to direct our attention to possible adverse conditions that are causal to an individual's vulnerability to mortality when relocating" (p. 241). This statement demonstrates a change in focus from mortality to factors which improve or impede older adult adaptation to the relocation process.

In a longitudinal comparison group design Lawton and Cohen (1974) compare senior housing residents (N=574) and elderly community residents (N=324) on measures of state of well being, demographic characteristics, and initial state of health using multiple regression analysis. In follow up interviews one year later, the residents who had relocated

to the senior housing project demonstrated significantly (p=.05) higher morale and housing satisfaction. A relative decline in health status was noted by the researchers and the precise reasons for this remain unclear. It is hypothesized that this decline may have been related to an increased vulnerability of the relocated and that these individuals may have perceived themselves as more vulnerable. Also, the environment itself may have decreased the functional capacity (ie. less need to leave neighborhood, climb stairs, etc.) and this was reflected through the tool used. "The mechanism associated with the direct negative effect of rehousing is unclear" (Lawton & Cohen, 1974. p. 202). Conclusions of Lawton and Cohen (1974), based on the findings of this study, were that relocation can be a positive experience particularly if the elderly individual judges it based on current conditions which have changed over the past year. Increased involvement in activities was observed, and self perceived changes for the better was the most marked indicator of a positive housing effect.

Eckert and Haug (1984) investigated the effects of forced relocation on the health status on a group of older hotel dwellers (N=38) who were forced to relocate due to an urban renewal project. This population was compared to a

randomly selected comparison group (N=32) living in similar conditions. Individuals were interviewed at 3-6 months pre-relocation and then again at 3-6 months post-relocation utilizing a quasi experimental design. Unexpectedly, the results found that emotional health (measured by using the Affect Balance Scale) actually improved among the movers. Movers showed no significant declines in the two physical health indicators used. Eckert and Haug (1984) conclude that perhaps because of the similarity between the living situations in this study, the "transfer trauma" referred to in literature did not exist in this population.

Wolanin (1978), a gerontological nurse researcher, in looking retrospectively at studies completed on relocated older adults validated the hypothesis that mental status changes measured by urinary incontinence, wandering, nocturnal wakefulness, and disorientation can be avoided through careful orientation and planning for the move. Wolanin (1978) arrived at these conclusions based on a study of nursing home residents moved from a hospital type of nursing facility to an attractive extended care unit. In addition, Wolanin (1978) reported that no increases in mortality occurred and that improvement in socialization was noted. Neither the instruments, or the data analysis methods used in the study are described, but she states that

"the relocation did not cause more problems to the elderly" (Wolanin, 1978, p. 49).

Rosswurm (1983), a gerontological nurse clinician, in synthesizing recent relocation literature including a crisis intervention paradigm, cites three factors which influence a positive adaptation to the stress of relocation. These are a realistic perception of the event, adequate situational support, and adequate coping mechanisms. According to Rosswurm (1983) these factors enable the older adult to adapt to the stress and maintain equilibrium and thus avoid crises which may result from a disequilibrium and inability to cope with the stressors of reaction. She states that if these factors are absent, the results may include increased anxiety and depression, helplessness and disorganization, and/or rapid deterioration/crisis. She also states that it is imperative that the process by which the elderly are relocated needs to be examined in order to determine the factors that are present to enable a positive relocation process.

Beland (1984) studied results of data gathered on three random samples of urban elderly in Quebec concerning ten broad observational categories related to the decision to leave their homes and move into an institutional setting. Beland (1984) concluded that physical and mental impairments

and functional capacities as measured by an ADL scale were not related to indicators of desire to leave home. Many social interrelations such as cohabitation with children and health status appear to be associated with increased desire to leave home. Frequent visits to professionals led to wishes to leave home associated with increased use of health services and poorer health status. In addition, assistance of volunteers, friends and/or relatives does not seem to affect the desire to leave home. It was noted however, that demographic and housing variables were important in indicating which factors influenced decisions by these older adults to leave their homes.

Diamond, King, and Burt (1979) conducted a longitudinal study in which a sample (N=37) of elderly individuals experienced forced relocation to another community because of a major industrial expansion project. Objectives of the study were aimed at determining factors which served to facilitate and/or hinder adjustment to relocation as well as to identify those elderly at highest risk for difficulty in adjusting to the change and what times were most significant for nursing intervention. A model was utilized to examine individual, social, and cultural characteristics in the pre-move, the moving transition itself, and post relocation outcomes. Eight measures and indicators of well-being were

utilized including areas of perceived health, symptoms, affect balance, general happiness, subjective stress index, self esteem, depression, and life satisfaction index. Utilizing descriptive analysis, a pattern of factors which appeared to be related to well-being in relocation emerged. Marital status, high self rated health, social participation, support systems, and greater numbers of resources appear to influence a more positive relocation experience based on the results of this study.

In summary, the literature supports the premise that relocation can be a stressful life change occurring in the later years of adulthood (Borup, 1981). Brody, Kleban, and Moss (1974) found that a positive change in attitude among relocated individuals occurred two weeks after the move, and that these attitudes gradually became more positive as time progressed. However, although an adjustment phase to relocation may take place, relocation in general does not lead to increased mortality rates, and indeed, may lead to more positive feelings of life satisfaction, personal security, and happiness in some studies and some settings (Carp, 1975; Lawton & Cohen, 1974; Borup et al, 1979). Few studies examine life satisfaction in individuals who had moved from the community to a retirement home setting. Only Beland (1984) has reported on this group of individuals, and

his study was concerned with the decision-making processes involved in the move rather than life satisfaction.

Life Satisfaction

Life satisfaction has been defined as "a global assessment of life quality, derived from comparison of one's aspirations to the actual conditions of life" (George, 1986, p.5). George (1986) distinguishes life satisfaction from happiness and mood, stating that life satisfaction is unique in that greater amounts of cognitive judgement are present and that life satisfaction is more of a long term judgement concerning state of life. George (1986) also states that an important issue is understanding the antecedents and consequences of life satisfaction.

Neugarten, Havinghurst, and Tobin (1961) were among the first researchers to attempt to operationally define and develop a tool to measure life satisfaction. In research as part of a larger examination of the Kansas City Study of Adult Life, Neugarten, et al (1961) developed a measure that utilized the individual's perceptions of state of well-being independent of activity level or social interaction. This would therefore provide a measure of well-being against which other social and psychological variables could be

evaluated. Data for the development of the tool was derived from information from in depth interviews of 177 men and women ages 50-90, and validated by the judgement of a clinical psychologist who rated and reinterviewed 50 subjects.

A method of rating life satisfaction was devised which incorporated five areas including 1) Zest vs. Apathy, 2) Resolution and Fortitude, 3) Congruence between desired and achieved goals, 4) Self Concept, and 5) Mood Tone (Neugarten et al, 1961). Areas under each of these categories were then rated on a five point scale (with 5 being high) and an overall rating score ranging from 5 to 25 was obtained. Intercorrelations of the components were calculated (ranging between .48-.84) and it was determined that there was a degree of interrelationship present as well as a degree of independence which might indicate that more than one dimension may be present in the scales (Neugarten, et al, 1961). With the 177 subjects studied by Neugarten et al (1961), no correlation between life satisfaction and age (r=.07) was found. A correlation of .39 was found between the index of social characteristics (level of education, area of residence, and occupation) and life satisfaction ratings. No significant sex differences were found (17.9 mean for women and 17.5 mean for men). Ratings were

validated by a clinical psychologist who re-interviewed 80 subjects using the same instrument in an effort to establish validity. In relation to marital status, nonmarried individuals had significantly lower life satisfaction ratings among both sexes and all age groups of the study. A limitation of this study was that the majority of the participants tended to have a middle class background.

From the information obtained using the Life Satisfaction index with the Kansas City study, it was decided that the Life Satisfaction Ratings (LSR) may prove to be too lengthy and detailed for practical use and so a sample of 60 subjects was selected representative of age, sex, and social class to develop two short self report indexes of life satisfaction Life Satisfaction Index A (LSIA); a 25 item attitude questionnaire with answers of agree, disagree, or "?", and Life Satisfaction Index B (LSIB); a 17 item open ended questionnaire and checklist which was then measured based on a three point scale. The same five concepts were included in both the LSIA and the LSIB. These concepts included: Zest, Resolution and Fortitude, Congruence, Self-Concept, and Mood Tone (Neugarten, et al 1961). Scores of the 60 cases correlated LSIA .52 with the LSR, and LSIB correlated .59 with LSR. As a result of this data, five items of the LSIA and seven

items of the LSIB were eliminated. The strength of the correlation of scores on the two indexes was the 0.61 level. To aid in validity, the scores of the clinical psychologist were also compared. The researchers concluded that "if used with caution, the Indexes will perhaps be useful for certain group measurements of persons over 65" (Neugarten et al, 1961, p.143).

In an effort to further analyze the Life Satisfaction Index A, Adams (1969) studied results of the LSI administered to a sample of 508 noninstitutionalized persons residing in towns in Missouri from 1,000-2,500 in size. Results indicated a mean score of 12.5 with a standard deviation of 3.6 which compares with a score of 12.4 and standard deviation of 4.4 for the Kansas City sample of Neugarten et al (1961). Results were then further studied to determine the reliability in the areas of test items, number of items which the question measured, and the number of characteristics which the index represented. Analysis methods which were then implemented included a calculation of discrimination value based on the percentage of positive answers to items of the high and low total score groups. Reliability was established by use of a biserial correlation between the mean of the affirmative response group of each item and the LSIA mean score for the whole sample. The

biserial correlations ranged from .16-.55. Ideally, items have a score greater than .30. Based on data analysis, Adams (1969) concluded that the LSIA provides "a fair estimate of life satisfaction for a small town elderly sample as it does for the urban and rural samples on which it had been previously tested" (p.473). He further recommended that two items be deleted from the index based on their low scores on the biserial correlation. The two items deleted were those which addressed the concept of Self-Concept.

Bull and Aucoin (1975) carried out a replication study comparing results from Oberlin, Ohio in 1970 with those of Kansas City in 1973. Using the LSIA, results indicated that among the elderly, socioeconomic status and health are closely related and that those who tend to be "participants" generally describe better levels of health and socioeconomic status than "nonparticipants." "With respect to the net effect of subjective health, controlling for voluntary association participation and socio-economic status, the same level of net significance was reached in both studies ($p < .05$)" (Bull & Aucoin, 1975). Further evidence of the noteworthy relationship among self-reported health, activity, and life satisfaction was cited by Markides & Martin (1979).

Lohmann (1977) used the Pearson Product Moment to determine the correlation among seven measures of life satisfaction, adjustment, and morale on a sample of 259 older adults in Knoxville, Tennessee. The measures examined were the Cavan Adjustment Scale, the Kutner Morale Scale, the Dean Scale, the Life Satisfaction Indexes A and B (LSIA and LSIB), the Philadelphia Geriatric Center Morale Scale, and a global question ("How satisfied are you with you life?"). Three modified scales including the Adams modification of the LSIA and the LSIZ (a scale which is very similar to the Adams version of the LSIA), and the Morris-Sherwood modification of the Philadelphia Geriatric Center Morale Scale were also used (Lohman, 1977, p.73). The cluster samples were from institutionalized, housebound, and community elderly. The Adams version of the LSIA was most closely correlated with modifications of the scale including the LSIZ (.952) and the original LSIA of Neugarten et al (.989), and fairly highly correlated with the Cavan (.799) and Philadelphia Geriatric Center Morale Scale Morris-Sherwood modification (.779). Results indicated that there was a common construct present among the seven different scales which indicated that the scales were all directed towards examining some aspect of satisfaction or morale with life thus supporting the validity of the LSIA.

Carstenensen and Cone (1983) examined the discriminant validity of the Life Satisfaction Index-B and the Philadelphia Geriatric Center Morale Scale, two commonly used measures of evaluating perceived well-being among the elderly. A sample (N=55) of alumni of the West Virginia University who graduated between 1917-1936 completed questionnaires and correlations between the Philadelphia Geriatric Center Morale Scale and the LSIB were significant ($r=.64$, $p < .0001$). Because both of these measures are commonly cited in the gerontology literature, it is helpful to know that the convergent validity of both is supported as an outcome of this study.

In research on a modified random probability sample of 325 older persons who were self-ascribed handicapped or nonhandicaped from the metropolitan Phoenix area, Stock and Okun (1982) found that internal consistency reliability estimates for the LSI were high with reliability estimates of approximately .80. Hoyt and Creech (1983) provided evidence to further support the methodological structure of the LSIA when they analyzed data from the 1974 Myth and Reality of Aging Survey. Utilizing exploratory factor analysis they found that modification of the LSIA to a four factor, 11 item model, and a three factor, 8 item model were more useful in calculating life satisfaction. Both of these

models represented the revisions of the LSIA by Adams' (1969) and Wood, Wylie, and Sheafor (1969) respectively. Hoyt and Creech (1983) conclude that the three factor, 8 item model which includes measuring satisfaction with the past, satisfaction with the present, and future orientation/optimism was best suited for a more heterogeneous population than the population that comprised Neugarten et al's (1961) study. Wilson, Elias, and Brownlee (1985) concluded, based on a study of 791 University of Missouri retirees and the effects of a preretirement counseling program, that the 8 item, three factor instrument was the most useful form of the LSI for their study. In addition, they "suggest caution when using the LSI with younger low-income retired groups, because they appear to attach different meanings to the items than other groups.

Baur and Okun (1983) reported that the life satisfaction scores of members of their longitudinal analysis of retired individuals residing in a retirement community did demonstrate some changes in variances over a three year period but not in the mean scores of life satisfaction using Neugarten, et al's (1961) LSIB and Adams (1969) revision of the LSIA. Factors which were significantly related to higher levels of life satisfaction (utilizing correlation coefficients) included higher levels of self-perceived

health, and not being neglected by friends. However, these factors did not allow for explanation of significant changes in life satisfaction levels. Baur and Okun (1983) also state that "despite the relative stability of the life satisfaction variable, it can be affected by life events" (p. 265). Changes of at least four points occurred in 33% of the sample of this particular study (Baur & Okun, 1983, p. 265).

McClelland (1982) utilized data drawn from a national survey by the Louis Harris organization for the National Council on Aging. Sample A (N=1324) consisted of those who preferred social interaction with people of all ages and sample B (N=439) consisted of older adults over age sixty-five who preferred social interaction only with those of a similar age group. McClelland (1982) proposed a model including four central variables: social activity, social adequacy, self-conception, and life satisfaction. Self-conception was shown to be strongly dependent on social activity and in effect have a significant impact on the level of life satisfaction. The model applies analysis of covariance to data from two subsets of the sample to arrive at these conclusions.

Herzog and Rodgers (1981), in analyzing data from several large surveys of American adults, examined

relationships between increased age and specific areas of life satisfaction. Bivariate standardized regression coefficients and beta values were applied to indicate strengths of relationships. Herzog and Rodgers (1981) concluded that older adults tended to show progressively increased satisfaction in regards to finances/income, standard of living, and leisure/sparetime. However, such positive results were less clearly documented for family, marriage, friends, and global well-being. Areas which appear to facilitate higher satisfaction levels included increased sense of religiosity, greater desire to behave in a socially acceptable manner, and fewer changes in life conditions. Satisfaction with health showed a significant decrease with age. In addition, lower educational levels and lower family incomes appeared to be related to decreased life satisfaction levels.

Duff and Hong (1982) in examining a subsample (N=335) of adults over 60 years from the 1974 Spring General Social Survey conducted by the National Opinion Research Center measured life satisfaction utilizing two questions and then analyzed these with other demographic and social interaction information. Five variables were found to be significantly related to life satisfaction ($p=.01$). These included income, health, frequency of attending religious services,

satisfaction with friendships, and satisfaction with family life. The beta weight of these variables ranged between .13-.21 compared with the highest value of .08 for the remaining variables. Further data analysis demonstrated that the greatest degrees of life satisfaction were observed among those who got a great deal of satisfaction from relationships without spending a lot of time in these relationships; thus hypothesizing that "it is not how often one interacts with friends and relatives, but how much satisfaction one derives from such interactions that is important in whether the older persons are happy and view life as exciting" (Duff & Hong, 1982, p. 429). Data from this study indicates that interaction with and satisfaction with relationships with friends and relatives is very important in the life satisfaction and happiness of older adults.

Romsa, Bondy, and Blenman (1985) studied a sample of 300 retirees to examine the relationship between Maslow's hierarchy of needs and recreational activities and perceived feelings of life satisfaction. Utilizing multiple regression analysis, recreational dimensions which had been identified as meeting Maslow's hierarchy of needs were assessed for their impact on life satisfaction. Maslow specifies a hierarchy of basic needs common to human beings

consisting of physiological needs, safety and security needs, love and belonging needs, self-esteem needs, and self-actualization (Hunter, 1983). Romsa et al (1985) found all the dimensions being examined to be statistically significant (at the .05 level). This data provides information concerning the relationship between recreational patterns and life satisfaction of older adults. Related to Maslow's hierarchy, a greater need for love and association seems to take place within the retirement stage for some older adults.

In another study concerning life satisfaction and adjustment to retirement, Beck (1982) analyzed data gathered from the National Longitudinal Surveys of Mature Men (N=3,348) to examine levels of life satisfaction in older men following retirement. Beck (1982) indicates that those men who retired earlier than expected were significantly less happy with their lives than those men who continued to work ($p<.05$). Men who retired closer to the expected time of retirement were not significantly different in regards to life satisfaction than other retirees ($p>.35$). It was felt that unexpected retirement, along with the variables of health and income, played an important role in the levels of personal happiness and life satisfaction expressed by older men.

Utilizing data from the 1975 Harris survey of the myths and reality of aging, subjective well-being was measured using the 18 item LSIA of Neugarten, et al (1961). George, Okun, and Landerman (1975) examined life satisfaction using multiple regression and found that age was an important moderator on the life satisfaction levels of older adults in relation to marital status, income, health, and social support ($p < .05$).

In a longitudinal study of retirement home residents (N=91) in Phoenix, Arizona, Bauer and Okun (1983) concluded that life satisfaction was fairly stable over time. Self-perceived health, contact with friends, and the availability of transportation were examined in relation to life satisfaction initially and then controlled by means of a regression equation to determine changes in level of life satisfaction. Contact with friends was noted as an important indicator of life satisfaction.

The relationship between external environmental change and life satisfaction

Little research has been completed examining older adults who have relocated into retirement homes and their perceived levels of life satisfaction. Brand and Smith (1974) and

Lemon, Bengtson, and Peterson (1972) cite the importance of social interaction and informal activity with friends as being associated with positive levels of life satisfaction among older adults who had relocated into a congregate living setting. Using the LSIB Lemon, Bentson, and Peterson (1972) assessed a sample (N=411) of retirement community residents in southern California, and the relationship between social activity and life satisfaction was examined. Results using coefficient of ordinal association indicated that among this highly homogenous sample positive life satisfaction was significantly ($p < .05$) related to informal activities with friends. Formal and solitary activities were not found to be significantly related, and therefore, the conclusion was reached that these factors may not be "important sources of role support for subjects in this sample" (Lemon, Bentson, & Peterson, 1972, p. 518).

It appears that relocation may be perceived as a positive experience for certain groups of individuals such as those for whom the new residence will enhance their health status or represent an improved living environment (Morris, 1975; Carp, 1975). Utilizing analysis of variance on a sample (N= 269) of applicants for the Hebrew Rehabilitation Center for the Aged in Boston, a portion of the Philadelphia Geriatric Center Morale Scale was

administered to determine whether the relocation experience was perceived with greater levels of satisfaction when it was considered to be an "appropriate" move. Findings indicated that for those whom residency changes were considered to be appropriate in relation to their need, reaction was viewed as positive, and that an increase rather than decrease in morale was evident.

Carp (1975), in follow-up studies of residents of a public housing project eight years after moving compared to a control sample of nonmovers, reports that movers were happier in their new residence and verbalized increased satisfaction with life ($p < .05$). Other positive factors included increased feelings of security with both the physical structure and in a sense of having somewhere nice to live. Carp (1975)concludes that "these results indicate the importance of the living environment upon morale and life satisfaction during the later years. The residents... were also happier in their new environment than their peers who remained elsewhere in the community and for the most part in unsatisfactory living arrangements" (p. 515).

Golant (1982) examined a random sample (N=400) of elderly community residents to identify the relationship between dwelling satisfaction as a subjective indicator of perceived quality of life and of possible residential

relocation plans and preferences. Multiple regression revealed that only four variables were significant ($p < .05$). The elderly persons who were more satisfied with their home environment displayed the following characteristics: comfort with familiar surroundings, fairly high levels of satisfaction with life at the present, little travel beyond their own dwelling, and considerable length of time at their present residence. Golant (1982) states that "an older person's level of happiness serves as a summary indicator of this complex past" (p. 127). In addition, low or high psychological well-being will be transferred into all environmental transactions and these good or bad feelings will dominate the lives of individuals. This study does not specifically relate to the retirement home resident; however, it does illustrate the significance of dwelling satisfaction on perceived life satisfaction.

Diamond, King, and Burt (1979) state that general life satisfaction is one of several factors which must be considered regarding adaptation of the elderly to relocation. In their sample (N=37) of rural Utah residents forced to relocate, individuals with fewer informal supports were more likely to describe lower levels of general happiness, self-esteem, and general satisfaction along with higher levels of depression. The number of physical

symptoms and the level of depression were found to be indicators of post-relocation well-being. Life satisfaction was described in this study as a coping resource. Other coping measures included in this study were self-reported health, social support, happiness, affect balance, self-esteem, and perceived stress of the move.

Summary

In summary, life satisfaction levels can be measured utilizing instruments which have been developed and administered by many researchers within the field of gerontology, taking into account that these tools are not without limitations, but do allow for some objective measure to be used to assess life quality of groups of elderly individuals. Life satisfaction is a significant determinant of the perceived feelings of general well being and happiness of the elderly (Bauer & Okun, 1983; Markides & Martin, 1979; George, Okun, & Landerman, 1985; Duff & Hong 1982). In addition, George (1986) notes that "there is almost no knowledge about the distribution of life satisfaction among institutionalized older adults", and that although the institutionalized elderly are in the minority "from a policy perspective, institutionalized older adults

are a group whose life satisfaction is of particular importance" (p.6). Further research is indicated on the order of that done by Bauer & Okun (1983) to examine the effects living in a retirement home setting has on the life satisfaction of the elderly.

This chapter has been a review of the literature relevant to the concepts of life satisfaction among retirement home residents who have relocated. Chapter four will describe the instrument, the sample, the protection of human rights, and the proposed methodology for the project. Chapter five will present the results of the pilot project, and chapter six will address areas of future research, implications for advanced nursing practice, and the relevance to the conceptual framework.

CHAPTER FOUR

METHODOLOGY AND PROCEDURES

Overview

The purpose of this project is to examine the levels of perceived life satisfaction among retirement home residents and factors which may influence the level of satisfaction or dissatisfaction in this population. The Life Satisfaction Index A (LSIA), (Adams, 1969 version) was the tool chosen as most appropriate for this project. The methods and procedures to be used in this pilot project will be examined in this chapter.

Research Question

The instrument used in this project was selected to provide information concerning the following research question:

What is the expressed level of life satisfaction of adults over 65 years of age six months or more after entry into a retirement home?

Sample

The sample for this project consisted of eleven individuals selected randomly from the 152 residents of a "church affiliated" retirement home for the aged in Grand Rapids, Michigan. The roster of residents, which listed residents by room number, was used to obtain the names of those living in the retirement home. The investigator and the Retirement Home Manager then selected each fourth name from the roster of residents, for a total of forty potential subjects. All residents selected met the criteria for this project. Using a table of random numbers, the list of forty residents was randomized into a list with each resident receiving a number from one to forty. From this list of forty, the first fifteen names were initially used. Eleven

of the fifteen residents agreed to participate in the project, and four individuals chose not to participate.

Criteria specified for those individuals to be included in the sample were: 1) age 65 or older, 2) able to read and write in English, 3) no known terminal illness, 4) resident of the retirement home for longer than six months.

Operational Definitions

For the purposes of this study, residents were considered to be those persons who had moved their place of residence from an independent situation such as a private home, condominium or apartment to a retirement home for the first time. For the purposes of this study, length of retirement home residence was determined by asking residents how long they had lived within the retirement home and where they had resided prior to their relocation.

Elderly individual was defined as one who is chronologically age sixty five or older. This was determined by asking participants of the study to state their date of birth.

Life satisfaction was defined as a subjective personal judgement of life quality arising from a comparison between individual's aspirations and the actual situation in which

they find themselves. Life satisfaction was measured using the Life Satisfaction Index A (Adams, 1969) (see Appendix A). In addition, in an effort to gain a more thorough understanding of life satisfaction specifically among retirement home residents, the following additional questions were asked:

1. Overall what makes you the most satisfied/dissatisfied with life?
2. How happy are you with your decision to relocate to the retirement home setting?
3. What have you been going through the past two months? (ie. death, change in financial status, serious illness, etc.).

Procedure

Participants for the pilot study were comprised of eleven individuals selected randomly from the retirement home roster of residents. A total of forty individuals were first obtained by selecting every fourth name, and after eliminating those who did not meet the study criteria, a final sample of fifteen subjects was be reached. The fifteen potential subjects were then mailed a letter

explaining the purpose of the project (see Appendix B), the support of the retirement home director, and that information given in the questionnaire would remain confidential. After receiving the letter in the mail the potential subjects were reached by phone to arrange an appointment time for the administration of the questionnaire. From the initial mailing of fifteen letters, eleven residents agreed to participate in the project. Participants were informed that they could discontinue their involvement in this project any time without consequences, and a written form of consent was signed by each participant (see Appendix C).

After the consent form was signed, the LSIA was administered to the participant by the researcher who asked the questions and recorded the participant's responses categorically according to agree, disagree, or uncertain. Following the LSIA, the three open ended questions were asked and the answers recorded by the researcher (see Appendix C). Confidentiality was assured and neither name or code number was assigned to the questionnaire form.

Instrument Development

The LSIA was utilized to operationalize life satisfaction in this study. In an effort to develop a tool to measure psychological well-being using individuals' own perceptions of life in a focus independent of activity and social participation levels, Neugarten, Havinghurst, and Tobin (1961) developed the Life Satisfaction Rating. Utilizing data from the Kansas City Study, five components were examined and then questions developed to address these areas. The term life satisfaction was chosen because it appeared to most closely describe the following five components: Mood Tone, Zest vs. Apathy, Congruence between Desired and Achieved Goals, Resolution and Fortitude, and Positive Self-Concept (Neugarten et al, 1961, p. 137). The instrument was comprised of open ended questions which could potentially be too time consuming; therefore, revisions on the instrument were carried out to develop two separate scales. The Life Satisfaction Index A (LSIA) consisted of 25 items requiring agree, disagree, or uncertain responses; and the Life Satisfaction Index B (LSIB) was comprised of 17 opened questions and check list items, with responses scored on a three point scale (Neugarten et al, 1961, p. 141).

In an effort to further analyze the Life Satisfaction Index A, Adams (1969) studied results of the LSIA administered to a sample of 508 noninstitutionalized persons residing in towns in Missouri from 1,000-2,500 in size. Results indicated a mean score of 12.5 with a standard deviation of 3.6 which compares with a score of 12.4 and standard deviation of 4.4 for the Kansas City sample of Neugarten et al (1961) Results were then further studied to determine the reliability in the areas of test items, number of items which the question measured, and the number of characteristics which the index represented. Analysis methods which were then implemented included a discrimination value based on the percentage of positive answers to items of the high and low total score groups. Reliability was established by use of a biserial correlation between the mean of the affirmative response group of each item and the LSIA mean score for the whole sample. The biserial correlations ranged from .16-.55. Ideally, items have a score greater than .30. Based on data analysis, Adams (1969) concluded that the LSIA provides "a fair estimate of life satisfaction for a small town elderly sample as it does for the urban and rural samples on which it had been previously tested" (p.473). He further recommended that two items, which were the two questions

under the category entitled Self-Concept, be deleted from the index based on their low scores on the biserial correlation thus making the total number of items on the questionnaire 18.

The LSIA (Adams, 1969 version) was chosen for this project because the tool is well suited for a relatively well educated, middle class, small sample such as those individuals who reside at the retirement home selected for this project. The responses were recorded on a three point Likert Type scale. Responses were categorized as agree, disagree, or uncertain. For questions A, B, G, H, I, J, K, M, N, O, and R positive responses reflect higher levels of life satisfaction, and in questions C, D, E, F, L, P, and Q, negative responses are indicative of high life satisfaction. For each item, responses are scored 1 or 0. For those questions in which the positive response indicates the higher level of life satisfaction a score of 1 was given and a score of 0 for a negative response. Uncertain responses were also scored as 0. In the remaining questions in which a negative response indicates higher life satisfaction levels, a score of 1 was given, and a score of 0 for a positive response in these questions. The maximum score on the scale is 18 points.

The three open ended questions at the conclusion of the LSIA allowed participants to further verbalize their feelings and elaborate on their perceptions of the retirement home residency experience. The data from these questions was examined for any tendencies which seem to appear consistently among participants.

Reliability

Polit and Hungler (1983) define reliability as "the degree of consistency or dependability with which an instrument measures the attribute it is designed to measure" (p. 621). Use of the instrument in this project was for the purpose of measuring the perceived life satisfaction levels of retirement home residents. Three aspects of reliability warrant closer examination. These areas include stability, internal consistency, and equivalence. Stability "refers to the extent to which the same results are obtained on repeated administrations of the instrument" (Polit & Hungler, 1983, p. 387). Life satisfaction is considered to be fairly stable over time and therefore, repeated administrations of the tool would most likely yield consistent responses. Stability may be computed by determining the correlation coefficient which can range from

-1.00 to +1.00. A higher coefficient reflects a more stable instrument. If an instrument is internally consistent, it measures the same characteristic throughout. Within each subgroup of the instrument (ie. Zest vs. Apathy and Resolution and Fortitude), the items of the LSIA measure a different component of life satisfaction.

Adams (1969) examined the reliability and multidimensionality of the LSIA. Reliability was examined using discrimination values and biserial correlations and reliability was established except on two items which were then deleted in his version of the scale.

Stock and Okun (1982) report a reliability estimate of approximately .80 for the LSIZ which is very similar to the Adams version of the LSIA. The LSIZ is a shortened 13 item scale. Stock and Okun (1982) state that "the results presented here offer substantial evidence for the construct validity of life satisfaction. The multi-item scales exhibited relatively high reliability" (p. 627).

Validity

Validity "refers to the degree to which an instrument measures what it is supposed to be measuring" (Polit & Hungler, 1983, p. 384). An instrument must be reliable in

order to be valid, and yet validity itself is very difficult to establish. Content validity looks at the ability of an instrument to cover the amount of information being considered. For the purposes of this project, the Adams (1969) version of the LSIA covers the four broad categories most frequently referred to when examining general well-being of the elderly.

Construct validity attempts to determine what the instrument is really measuring and is difficult to establish. Construct validity of the LSIA has come under some criticism (Hoyt & Creech, 1983; Wilson, et al, 1985). Wilson, et al (1985) stated that care must be taken with the items since some of the items have different meanings to differing groups of people, particularly with low income retired groups. However in light of the homogeneity and higher income level among retirement home residents, the LSIA would be appropriate and useful in assessing life satisfaction. For the purposes of this project, it is important that the instrument measures the concept of interest, ie. life satisfaction.

Lohman (1977) indicates that construct validity of the Adams version of the LSIA is present. "Data indicate that there is a high level of correlation among several measures of life satisfaction, adjustment, and morale" (Lohman,

1977). In comparing several measures of well-being significant intercorrelations of the LSIA Adams were .989 with the Neugarten et al LSIA version, .952 with the LSIZ, .799 with the Cavan Adjustment Scale, and .779 with the Philadelphia Geriatric Center Morale Scale.

Proposed Scoring and Statistical Analysis

The data obtained from the administration of the questionnaire was analyzed in an attempt to describe life satisfaction present among the residents concerning their perceived levels of life satisfaction.

Data obtained from the demographic section including age, marital status, and number of years of residency at the retirement home was summarized using percentages and means. The results of the Life Satisfaction Index A were scored using the guidelines of the Adams (1969) version and similarities among respondents would be noted.

The LSIA was used in this project with responses recorded on a two point Likert Type scale as described in detail earlier in this paper. Responses were categorized as agree, disagree, or uncertain. The minimum possible score is zero (if the subject would respond "uncertain to all the questions), and the maximum score on the scale is 18 points.

The four subscales were computed separately with scores recorded for each of the categories (Table 4). In addition, a total mean score for the entire instrument will also be presented in Chapter Five. This allows the researcher to examine which areas tend to represent the highest and lowest levels of life satisfaction. The three open ended questions were analyzed in a qualitative manner and efforts were made to describe these additional findings (Table 9).

In this project general trends and tendencies were recorded using frequency tables, means, and percentages. However, with a larger sample, detailed statistical analysis would take place. The Pearson Product Moment could be utilized to determine the degree of correlation between those who have high LSIA scores and those who verbalize positive responses to the general question of whether or not they were glad they made the move.

This chapter has discussed the methods and procedures to be used in addressing the research question: What is the expressed level of life satisfaction of adults over 65 years of age six months of more after entry into a retirement home? The sample has been described as well as the procedures for administering the research questionnaire. Types of potential data analysis were also presented. Chapter five will discuss the data obtained in the pilot

study. The implications of this pilot study on both advanced nursing practice and areas for future research will be examined in chapter six.

CHAPTER FIVE

Overview

In chapter five, the results of the pilot testing will be presented including a discussion of the characteristics of the participants, and the summary of the responses to the Life Satisfaction Index A (LSIA) and the additional open ended questions. The sample was comprised of eleven retirement home residents selected at random from the roster of residents of a church affiliated retirement home in Grand Rapids, Michigan.

Pre-test Participants

Eleven residents of the retirement home completed the questionnaire. Subjects ranged in age from 71 to 92 years of age with an average age of 84 years.

The length of time residing in the retirement home ranged from six months to twelve years with a mean length of residency of 4.6 years.

The sample was comprised of four males and seven females, 36.3% and 63.6% respectively. Three of the residents were married and eight were widowed. None of the subjects had never been married. The sample was comprised of a majority of widowed females who had moved from a private home or condominium setting to the retirement home.

Prior to moving into the retirement home, five subjects lived in their own private home, three were condominium dwellers, and three lived in apartments. In Table 1 a portion of the demographic data is summarized.

The subjects were similar to those of Neugarten, Havinghurst, and Tobin (1961); Brand and Smith (1983); Baur and Okun (1983); and Lemon, Bengtson, and Peterson (1972) in which residents of the those particular studies were primarily protestant, white, and middle class. In contrast, the studies of Carp (1975; 1977) were comprised of low income housing residents, and Lawton and Cohen (1974) examined residents of five high rise subsidized housing units.

The subjects of this pre-test were similar in age and marital status to those of Baur and Okun (1983) in which 80% of the sample were female and 25% married (p. 261-2). Carp's (1977)

sample was comprised of 21% men and 79% women with a mean sample age of 72.24 years (p. 243). These characteristics resemble those of this project (See table 1). However, 81% of the participants of Lemon, Bengtson, and Peterson's study (1972) were married, and 85% of that sample were less than 75 years of age (p. 516).

Table 1

Sample Characteristics

		(N=11)	(Percent)
Sex:	Males	4	36.3%
	Females	7	63.6%
Marital Status:			
	Married	3	27.3%
	Widowed	8	72.7%
	Single	0	00.0%
Previous Type of Residence:			
	Private Home	5	45.5%
	Condominium	3	27.3%
	Apartment	3	27.3%

Life Satisfaction Index A

Life satisfaction is a subjective personal judgement of life quality arising from a comparison between individual's aspirations and the actual situation in which they find themselves. In this project life satisfaction was measured using the 18 item version of the Life Satisfaction Index A (Adams, 1969). The four subscales of the LSIA include Mood Tone, Zest vs. Apathy, Congruence, and Resolution and Fortitude. Table 2 delineates the items of the LSIA as well as the number of subjects who responded to each statement.

Table 2

Score Distribution of the LSIA

LSIA total score	Number of Subjects (N=11)	%
9	1	9.1
10	0	0.0
11	0	0.0
12	0	0.0
13	5	45.5
14	0	0.0
15	2	18.2
16	3	27.3

Table 3

Life Satisfaction Index A and Scores of Residents

Agree	Disagree	Uncertain	Statement
8	3	0	A. I am just as happy as when I was younger.
1	10	0	B. These are the best years of my life.
4	7	0	C. My life could be happier than it is now.
1	10	0	D. This is the dreariest time of my life.
0	11	0	E. Most of the things I do are boring or monotonous.
0	11	0	F. Compared to other people, I get down in the dumps too often.
9	2	0	G. The things I do are as interesting as they ever were.
7	4	0	H. I have made plans for things I'll be doing a month or a year from now.
10	1	0	I. Compared to other people my age, I make a good appearance.
8	3	0	J. As I grow older, things seem better than I thought they would be.
5	6	0	K. I expect some interesting and pleasant things to happen to me in the future.
11	0	0	L. I feel old and somewhat tired.
10	1	0	M. As I look back on my life, I am fairly well satisfied.
11	0	0	N. I would not change my past life even if I could.

11	0	0	O. I've gotten pretty much what I expected out of life.
0	11	0	P. When I think back over my life, I didn't get most of the important things that I wanted.
4	1	6	Q. In spite of what people say, the lot of the average man is getting worse not better.
10	1	0	R. I have gotten more of the breaks in life than most of the people I know.

Table 4 presents a summary of responses among the four subscales of the LSIA. The maximum score on the scale is 18 points and responses of the subjects ranged from a low of 8 points to a high of 17 points with a mean score of 13.8.

Table 4

Summary of Responses to LSIA

LSIA Category	Low Score	High Score	Mean
Mood Tone	2	5	4.36
Zest vs. Apathy	2	6	4.54
Congruence Between Goals	2	3	2.9
Resolution and Fortitude	2	3	2.0
Overall LSIA Mean Score			13.8

A description of responses within the specific subscales of the LSIA is depicted in Table 5. In the subscale Mood Tone, one subject scored two (9%), four subjects scored four (45.5%), and six subjects scored five (54.5%) out of a possible six points. Ten of the eleven subjects commented that these were not the best years of their lives, and yet the same number also responded that this was not the dreariest time of their lives. All of the participants disagreed with "most of the things I do are boring or monotonous" and "I get down in the dumps too often". Nearly all of the residents were noted to have projects such as needlework and reading sitting nearby. Eight of the eleven agreed that they were "just as happy" as when they were younger, and four individuals agreed that "my life could be happier than it is now." Generally these subjects went on to state that they missed the companionship of their spouse. The participants overall scored very high in the Mood Tone subscale with 90.9% of the subjects scoring four or higher out of a possible total six points.

Table 5

Responses to Mood Tone

	Score	Number (N=11)	%
6 Questions	2	1	9.1%
(Maximum score=6)	4	4	36.4%
	5	6	54.5%

In the Zest vs. Apathy subscale, scores ranged from two to six; with six being the maximum number of possible points (Table 6). One subject scored two (9.0%), one scored three (9.0%), and there were three respondents in each of the levels four, five, and six (27.2% respectively). Nine participants agreed that things were "as interesting to me as they ever were." Four subjects disagreed with making future plans stating that they tended to "take one day at a time" and often also stated that it "all depended on God's will." Ten subjects felt they "made a good appearance," and that "things seemed better than expected." Eight expect "interesting and pleasant things to happen" in the future, and five individuals stated that they did indeed feel "old and somewhat tired." The greatest diversity among the participants was noted in this subscale particularly in items "H" and "K". Subjects often appeared to be hesitant to plan and anticipate the future as is reflected by their scores on these

items. Several subjects stated that they were leaving their future plans "up to God."

Table 6

Responses to Zest vs. Apathy

	Score	Number (N=11)	%
6 Questions	2	1	9.1%
(Maximum Score=6)	3	1	9.1%
	4	3	27.2%
	5	3	27.2%
	6	3	27.2%

Congruence between Desired and Achieved Goals was surprisingly consistent. One subject (9%) scored two, and ten subjects (90.9%) scored three out of a total of three points (Table 7). A great deal of stability of responses was noted in this particular subscale. All eleven subjects responded that the "felt fairly well satisfied with their lives" and that they "had gotten pretty much what they expected out of life". Ten of the eleven subjects stated that they would not change their past life even if they could.

Table 7

Responses to Congruence between Goals

	Score	Number	%
3 Questions	2	1	9.1%
(Maximum Score 3)	3	10	90.9%

Resolution and Fortitude responses included one subject (9.0%) who scored one, nine subjects (81.8%) who scored two, and one subject (9.0%) who scored three out of a possible total of three points (Table 8). These scores reflect moderately high feelings of resolution and fortitude. In verbalizing their responses in this category, all eleven subjects were noted to respond that they did get most of the "important things they wanted in life," and ten out of eleven stated that they had "received more of the breaks in life than many other individuals they knew." However, nearly all respondents hesitated in their answers regarding "the lot of the average man" stating that this depended on whether one was discussing moral and religious values, societal status, and/or material goods and possessions. Four subjects agreed with the statement, one disagreed, and six responded that they were "uncertain" about their response. It is of interest that this was the only question on the entire

instrument in which any of the participants answered with the "uncertain" response.

Table 8

Responses to Resolution and Fortitude

	Score	Number (N=11)	%
3 Questions	1	1	9.1%
(Maximum score=3)	2	9	81.8%
	3	1	9.1%

Discussion

It is difficult to make generalizations based on the LSIA beyond this pilot project because little research was found describing results in other samples in the four subscales. Brand and Smith (1974) selected 12 items from the Life Satisfaction Index (Neugarten, et al, 1961) and scores from 0-5 were considered "low" and scores of 6-12 were considered to be "high." If Neugarten, et al (1961) scoring scale were to be used for this sample, ten of the eleven subjects would be considered to have "high" levels of life satisfaction.

Baur and Okun (9183) utilized the LSIB to examine predictors of change in life satisfaction in residents of a retirement

community complex. Scoring on the individual subscales or of the scale in general was not described in detail. In an effort to develop a causal model of life satisfaction, Markides and Martin (1979) used a 13 item version of the LSI in which 2 points were assigned to responses of high satisfaction, zero to low satisfaction, and 1 point to "uncertain" responses. They concluded that activity and self-reported health were strong indicators of life satisfaction residents in the sample.

Additional Findings

Responses to the three open ended questions which were asked at the completion of the LSIA are summarized in Table 9. Residents listed a variety of factors which they felt contributed to their overall feelings of satisfaction with life. These responses centered primarily around their faith, family, health, professional satisfaction or former occupations, and present hobbies and interests. Several residents also mentioned that the safety of the physical environment and being able to live in a setting in which other residents had similar ethnic heritage and fundamental religious beliefs also contributed to a general feeling of satisfaction.

All of the subjects (100%) responded positively to the question "How happy are you with your decision to relocate to the

retirement home setting?" Several residents commented that the primary reason they relocated was because of their own or their spouses health status requiring assistance and/or monitoring. Others mentioned that they moved because they were no longer able to maintain their own homes. Several residents mentioned that although they may not have been initially happy with their decision to relocate because of their children's insistence that they make the move, they were more than satisfied once they had settled into the new environment and that they were happy with the decision at the time of the interview.

In response to the question "What else have you been going through the past two months?", three subjects cited problems with their own health or the health of a family member or spouse. Three subjects had experienced recent loss through the death of friends or relatives (none had recently lost a spouse). Three subjects had plans to visit family out of town over the upcoming holiday season, and one subject discussed recent changes in the seating arrangements in the dining room which had caused some disruption and unhappiness among residents.

Table 9

Summary of Additional Findings

QUESTION:	N=11	%
Factors contributing to overall satisfaction with life		
Religious Faith	9	81.8%
Family (spouse and/or children)	9	81.8%
Health Status	2	18.2%
Profession/Hobbies	5	45.5%
Safety of the physical setting	2	18.2%
Common interests with others	3	27.3%
Satisfaction with decision to relocate	11	100.0%
Recent events taking place		
Health related	5	45.5%
Deaths of friends or relatives	3	27.3%
Visits to out of town	3	27.3%
Environment (dining room)	1	9.1%

The results of this pilot study indicate that residents of this retirement home verbalize high levels of life satisfaction. This is reflected by scores achieved on the LSIA (see Table 2). In addition, the residents verbalize satisfaction with their decision to live in a retirement home setting. Generalizations

based on this pilot study are limited by the small sample size and the homogenicity of the sample itself. However, it is interesting to note that these subjects did achieve such high scores on the LSIA.

Adams (1969) calculated LSIA scores based on the 20 item scale prior to his recommendations to delete items S and T. A mean LSIA score of 12.5 was obtained by Adams (1969). This compared with a mean of 12.4 for the Kansas City sample (Neugarten, et al 1961), and 11.6 for the rural Kansas sample (Wood, et al 1966). The mean LSIA score for this sample of retirement home residents was 13.8 using the 18 item scale. If the 20 item scale were to be administered to this sample the mean scores would be expected to be even higher.

Carp (1977) discusses the long term effects of residents who moved into subsidized senior housing vs. individuals who did not move 8 years after the initial study. Residents of the senior high rise, Victoria Plaza, were found to have less decline of health over the years, less time spent in health care, and experienced fewer numbers of health problems. It appeared that the new environment was supportive of self-esteem, facilitated self-actualization, and that "at all levels of human need... the new living environment facilitated satisfaction and reduced stress" (Carp, 1977, p. 248).

Palmore and Kivett (1977) report that self rated health is the strongest factor related to life satisfaction among a sample of members of a health insurance association (46-70 years of age) followed longitudinally over four years. Levels of social activity and reported sexual enjoyment also significantly contributed to levels of life satisfaction. In addition, the "best predictor of future life satisfaction appears to be the person's life satisfaction in the past" (Palmore & Kivett, 1977, p. 311). George, et al (1985) also found health to be an important factor in levels of life satisfaction of elderly adults.

Subjects from the Philadelphia Geriatric Center's Community Housing project were compared with subjects from two control groups six months after moving. Those living in the Community Housing "liked their living arrangements, had attained freedom from fear and crime, were more satisfied with their housing, had more close friends, and perceived themselves as in better health" than those who had not moved into the congregate housing setting (Klevan & Turner-Massey, 1978, p. 1311). Subjects from this pilot projects also noted freedom from fear of crime, the importance of friends and health as significantly contributing to their overall level of life satisfaction.

Cohen, Tell, Batten, and Larson (1988) cite access to services and protection for a spouse as the most frequently

stated reasons for entering Continuing Care Retirement Communities. Other frequently stated reasons for entry included "access to services to maintain independence" and "access to nursing home" (Cohen et al., 1988, p. 639). The subjects of this project also cited these same factors as influencing their decision to enter the retirement home. The residents were also noted to describe some of these same reasons when stating why they were glad they had made the decision to live in this particular retirement home (skilled and basic nursing care is available within this same complex).

The subjects in this project were in generally good health and of middle socioeconomic status. Gubrium (1970) notes that good health and solvency made it possible for older adults to be less dependent on their environment to fulfill their needs, and therefore, these individuals may have more flexible behavior which in turn may contribute to greater levels of satisfaction with life in general.

In chapter five, the results of the pilot project using the LSIA and three open ended questions were summarized. Chapter six will address areas of future research, implications for advanced nursing practice, and relevance to the conceptual framework presented in chapter two.

CHAPTER SIX

Overview

Chapter six will explore areas for future research, discuss the relationship to the conceptual model, and examine implications for advanced nursing practice and education.

The purpose of this project was to examine the expressed levels of life satisfaction of adults over 65 years of age six months or more after entry into a retirement home using the Life Satisfaction Index A (Adams, 1969 version) and three open ended questions. This tool could potentially be used by nurses in advanced practice to plan, develop, and implement health care among retirement home residents to optimize levels of life satisfaction.

The sample was comprised of eleven subjects who completed the LSIA in an interview format. As discussed in chapter five, the subjects of this pilot study verbalized high scores on the

LSIA and the three open ended questions. Limitations of this study were that the residents were from the same facility, and that the sample itself was small in in size and fairly homogeneous.

Recommendations for Future Research

Life satisfaction of the elderly is a concept frequently mentioned in gerontological literature; however, there is a lack of consensus as to definition and measurement of the concept. Various forms of the Life Satisfaction Index (Neugarten, Havinghurst, & Tobin, 1961) have been used to examine well-being among the elderly (George, Okun, Landerman, 1975; Lemon, Bengtson, & Peterson, 1972; Baur & Okun, 1983; Brand & Smith, 1974; Stock, Okun, & Benin, 1986; Liang, 1985). Because the Life Satisfaction Index has been used with little to no consistency in regards to the questions and form of the tool used by researchers, it has little practical value to the clinician for comparison use. Therefore, the following recommendations for future research are presented in an effort to make the Life Satisfaction Index a tool useful for the Gerontological Clinical Nurse Specialist (GCNS) in clinical practice and for use with retirement home residents.

1. One form of the tool should be utilized in a variety of

samples of elderly both in the community and in retirement home settings so that comparisons may be made regarding life satisfaction among the elderly residing in a variety of living situations.

2. A consistent form of coding should be used in research studies using the LSIA and categories indicating degrees of life satisfaction established (ie. score of 0-6 = low life satisfaction, 7-12 = moderate life satisfaction, and 13-18 = high life satisfaction). This would be helpful in identifying individuals at risk and possibly indicate areas in which nursing interventions should be directed.

3. Scores on the four subscales of the LSIA should be reported in the literature to provide a means of comparing subjects in the specific areas of Mood Tone, Zest vs. Apathy, Congruence, and Resolution and Fortitude.

4. The tool should be administered to a larger randomly selected sample of retirement home residents including subjects who had never married as well as those who were married, widowed, or divorced. In addition, the sample should include subjects from a variety of economic and cultural backgrounds.

5. Longitudinal studies are indicated using the tool as a screening measure prior to moving into the retirement home setting. The tool could also be administered upon admission

and then at six month intervals for three years to assess changes in satisfaction levels. This would provide data indicating areas of need for education and support of residents undergoing a relocation experience specifically into this type of setting.

6. Study could be directed towards examination of the relocation experience and what measures could be carried out by the GCNS to facilitate this move to be a positive experience.

7. A comparative study of healthy community residents and retirement home residents could be carried out to assess for differences in life satisfaction related to place of residence.

8. Comparative studies examining the relationship between health status and scores on the LSIA especially in the Mood Tone subscale would be helpful to determine interventions best suited to facilitate and promote higher levels of life satisfaction.

9. Modifying variables such as age at time of moving into the retirement home, sex, marital status, health status, support system, and importance of religious beliefs should be evaluated to determine the extent of influence of these variables on participant's LSIA scores.

10. The relationship of the reasons for relocating (ie. changes in health status of participant or spouse) to scores on the LSIA warrants further investigation.

11. Correlations of the degree of perceived support from family, friends, and religious faith and scores on the LSIA would further indicate just how important these factors are for the retirement home residents and how satisfied they are with their lives.

In summary, although little research to date has been done on life satisfaction in retirement home residents, this is an area amenable to nursing research. The GCNS is in a unique position to assess the needs of this segment of the population and then to formulate strategies and interventions to meet these needs. Actions on the part of the GCNS could be directed towards assisting the client with exploring the decision whether or not to relocate, and in assisting those already residing in the retirement home setting to explore their feelings and concerns in an effort to maintain or improve levels of life satisfaction.

Relationship to Conceptual Framework

King's theory of goal attainment addresses the interrelationship between the environment, health, and nursing.

King provides a framework from which life satisfaction among retirement home residents can be examined and provides a theoretical basis for intervention by the GCNS.

The purpose of this project was not to measure interventions of the GCNS, but rather to examine the perceived life satisfaction levels of elderly individuals residing in a retirement home. Often, long term care for the aged has very negative connotations; however, participants of this project verbalized very high levels of life satisfaction. The retirement home is a form of institutional living which can allow for a great deal of freedom and autonomy. In addition, residents of this sample tended to be in fairly good physical health. King (1981) describes health as a "continuous adjustment to stressors in the internal and external environment through optimum use of one's resources to achieve maximum potential for daily living" (p. 5). It would appear that participants of this project had successfully adapted to the change in their external environment (relocation to the retirement home) and maintained a positive internal environment (satisfaction with life).

The majority of these retirement home residents had a very high level of perceived life satisfaction and probably for the most part these residents had high levels of life satisfaction prior to moving into the retirement home setting. These feelings of satisfaction then persisted as the individuals adapted to

their new external environment. The judgments and actions of the residents in this project demonstrated that they had reacted in a surprisingly positive manner as evidenced by the scores on the LSIA.

The LSIA is helpful in order to more closely examine the relationship between the internal and external environment, and the reactions and perceptions of those living in the retirement home setting. Utilizing the LSIA, the GCNS can obtain objective data on the resident's perceived level of life satisfaction and from this data mutually determine goals which can be directed towards optimizing levels of life satisfaction. Intervention on the part of the GCNS may allow the client to verbalize feelings and concerns related to present levels of life satisfaction (ie his/her reactions) and thus through interaction with the GCNS, the client might be able to achieve a more positive feeling of life satisfaction. It is imperative that throughout this process of goal attainment that the GCNS assess and obtain feedback as to the client's feelings of satisfaction with life. The GCNS may not be able to facilitate all clients to high levels of life satisfaction, but efforts to optimize the level they can personally achieve will benefit the client. The GCNS's role is to assess on an ongoing basis the influence of the external environment on the clients internal environment (level of life satisfaction).

Implications for Nursing Practice

Although this project did not measure interventions of the GCNS, several implications for advanced nursing practice may be noted as an outcome of this project. The GCNS can use advanced counselling and listening skills with retirement home residents to assess their present levels of life satisfaction and to determine areas of nursing intervention which may facilitate residents to achieve higher feelings of satisfaction with their lives. The GCNS may serve as an advocate by facilitating resident's to develop a personal awareness of their life satisfaction levels in an effort to promote self-care activities which would encourage optimum feelings of well-being and satisfaction in individual circumstances.

Counselling may take place with clients and families prior to relocating to a retirement home. The GCNS may be able to help the client with the relocation experience by providing information and anticipatory guidance. The LSIA would provide an objective measure of the client's general level of life satisfaction and indicate areas in which information and guidance is needed. Individualized anticipatory guidance on the part of

the GCNS may help the client to maintain feelings of life satisfaction through the relocation process, including adaptation to the congregate living environment which is present within the retirement home setting.

Education at all levels is an essential role of the GCNS. At both the graduate and undergraduate levels, nurses must be given a realistic perspective of both the aging process and long term care facilities, such as retirement homes. This is necessary because a negative stereotype of long term care facilities exists both among health care professionals and the public. However, the results of this pilot project indicate that retirement home residency can be a very positive and personally satisfying experience. In many instances nurses are not aware of the variety of housing options for the elderly and the various health care services available to residents within these institutions. Settings such as retirement homes are ideal because the older adult can maintain a great deal of independence and autonomy, yet care is readily available if needed. Families of older adults need to be informed that they are not "neglecting" their family member by encouraging retirement home residency. Some children state that they have feelings of guilt concerning relocation of their parents. However, in many instances these older adults are much happier to be among their peers and cohorts than to be living with their children. Dealing

with these types of issues and feelings is an imperative role of the GCNS. The GCNS needs to have clinical experience within the graduate education process to gain knowledge of the physiological, psychological, and social needs of this population.

The results of this project indicate that some residents were reluctant to make long term plans for the future and some residents stated that they did not expect some interesting and pleasant things to happen to them in the future. The GCNS should make efforts to assist these residents to make short term goals to anticipate in the future, thereby giving them "something to look forward to." This would hopefully facilitate feelings of life satisfaction and optimism. Readily achievable, short term goals would be most appropriate.

It is also important for the GCNS in carrying out the role of the clinician to closely examine the client's health status. Given the relationship between health and satisfaction, persons experiencing health status changes would need to be considered to be at risk for satisfaction levels declines. The spouse or significant other of the ill individual would also be at risk for changes in life satisfaction levels. The retirement home provides the GCNS an ideal opportunity to implement primary care which is comprehensive, coordinated, and continuous.

Although to date there has been little research addressing life satisfaction among retirement home residents, this is an opportune area for intervention on the part of the GCNS. The GCNS may be able to function in a variety of roles in both the pre-move and post-move phases, as well as a facilitator to residents to determine their various needs and the best ways in which these needs might be met.

APPENDIX A

Appendix A

Retirement Home Life Satisfaction Index A Questionnaire

DATE:_____

DATE OF BIRTH: _____

MARITAL STATUS:_____

NUMBER OF YEARS RESIDING AT RAYBROOK:_____

PREVIOUS TYPE OF RESIDENCE:_____

LIFE SATISFACTION INDEX A

AGREE	DISAGREE	UNCERTAIN	
_____	_____	_____	A. I am just as happy as when I was younger
_____	_____	_____	B. These are the best years of my life
_____	_____	_____	C. My life could be happier than it is now
_____	_____	_____	D. This is the dreariest time of my life
_____	_____	_____	E. Most of the things I do are boring or monotonous
_____	_____	_____	F. Compared to other people, I get down in the dumps too often
_____	_____	_____	G. The things I do are as interesting to me as they ever were

_____ _____ _____ H. I have made plans for things I'll be doing a month or a year from now

_____ _____ _____ I. Compared to other people my age, I make a good appearance

_____ _____ _____ J. As I grow older, things seem better than I thought they would be

_____ _____ _____ K. I expect some interesting and pleasant things to happen to me in the future

_____ _____ _____ L. I feel old and somewhat tired

_____ _____ _____ M. As I look back on my life, I am fairly well satisfied

_____ _____ _____ N. I would not change my past life even if I could.

_____ _____ _____ O. I've gotten pretty much what I expected out of life

---

_____ _____ _____ P. When I think back over my life, I didn't get most of the important things I wanted

_____ _____ _____ Q. In spite of what people say, the lot of the average man is getting worse, not better

_____ _____ _____ R. I have gotten more of the breaks in life than most of the people I know

1. Overall what makes you feel the most satisfied/dissatisfied with life?

2. How happy are you with your decision to relocate to the retirement home setting?

3. What have you been going through the past two months? (ie. death, change in financial status, serious illness, etc.)

APPENDIX B

Appendix B

Letter to Participants Explaining Purpose of Project

October 31, 1988

Retirement Home Resident
2121 Raybrook Dr. S.E.
Grand Rapids, MI 49506

Dear Retirement Home Resident,

I am a Graduate Student in Nursing at Michigan State University and am interested in people living in retirement homes and in their opinions. I am working on a research project which addresses older adults feelings concerning satisfaction or happiness with life while living in a setting such as Raybrook. Participation in my project will take approximately one hour of your time and will simply consist of answering a few brief questions. I will give you the questions in person so there will be no forms that you have to complete or fill out.

Your answers will be held in complete confidentiality and no attempt will be made to identify you in any manner. You may choose to discontinue answering the questions at any time if you desire without penalty.

This project has been reviewed with the administration and Gary Ellens, and meets with their approval.

I will be contacting you in the near future to arrange a time at your convenience when I can give you the questionnaire. Thank you for your time and willingness to participate.

Sincerely,

Glenes J. Boerema RN, BSN
Gerontological Clinical Nurse Specialist candidate
Michigan State University College of Nursing

APPENDIX C

Appendix C

Consent Form

I _____ state that I understand the study that has been explained to me and agree to participate. I understand that results are confidential and I am free to withdraw from the study at any time without consequence.

Participant's signature_____

Sincerely,

Glenes J. Boerema RN, BSN
Gerontological Clinical Nurse Specialist Candidate
Michigan State University College of Nursing

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