

LIFE SATISFACTION AND ADJUSTMENT OF THE ELDERLY
IN TWO DIFFERENT ENVIRONMENTS

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BY
MAXINE J. VESTRE, R.N., B.S.N.

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DEDICATION

To my father, Nick Vestre, and my brother, Clarement
G. Vestre, who are both deceased.

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CHAPTER I

INTRODUCTION

At no other time in history has any group of people experienced as many changes as the elderly population of today. Prolonging man's life span is possible with the advances of scientific knowledge. The quality of life has not kept pace with the length of life. This has produced many psychological needs in the lives of elderly people. The ability to adapt to environmental changes tends to diminish as competence diminishes. The elderly with decreased capabilities have less opportunity to manipulate the environment; therefore, the relationship between man and his environment becomes an important factor in his life.

In the modern American system of values, prestige goes to the young, to the prosperous, to the educated, and to the independent individual. In American culture, productive work is still equated with personal value. Very little value is placed on the nonproductive individual.

Since the enactment of the Older Americans Act a decade ago, sociologists, psychologists, and health professionals have become more concerned with environmental effects as they relate to life satisfaction and adjustment

of the elderly. The degree of life satisfaction and adjustment is measured by past and present life phenomena and future life expectations. Satisfaction with life involves feelings of self-worth.

All human beings have a need to feel useful, to be recognized as human beings, and to have control over their destiny. Some elderly are placed in living accommodations for the convenience of others, and concern is not always manifested about the personal adjustment necessary when moving to a totally different environment. Frequently, valued life styles and personal needs are forgotten. The elderly have been stereotyped as an intellectually declining homogeneous group. Many programs, services, and housing facilities are planned within this context.

Environmental influences on life satisfaction and adjustment become a complicated issue and should not be underestimated. Some health professionals and families are not cognizant of the impact these factors have on the elderly.

To ensure a more successful aging process, the quality of life for the present and the future elderly must be improved. Health professionals must seek guidance from the elderly themselves in this endeavor. Two independent groups of elderly individuals were interviewed in this

study to determine if the social and physical environment affects life satisfaction and adjustment.

Statement of the Problem

The problem of this study was to compare the life satisfaction and adjustment of an elderly population residing in a low-income housing project to those of an elderly population residing in a retirement home.

Purposes

The purposes of this study were the following:

1. To identify the life satisfaction of the elderly in a low-income housing project.
2. To identify the life satisfaction of the elderly in a retirement home.
3. To compare the life satisfaction of the elderly in the two different environments.
4. To identify the adjustment of the elderly in a low-income housing project.
5. To identify the adjustment of the elderly in a retirement home.
6. To compare the adjustment of the elderly in the two different environments.

Background and Significance

One of the critical issues in the United States today is the psychological well-being of older people. Old age brings many changes in a person's life style. The change in environment many times is a traumatic experience for the elderly. Sadowski and Weinsaft (1974) state that "the structure of day to day existence may undergo a complete breakdown" because of environmental changes.

Although adequate housing for the elderly has been identified as a priority problem, many of the studies seem to be more concerned with the physical design of the housing units rather than with satisfaction of the resident. Blonsky (1975) found in a study that the amount of living space and a separate bedroom were viewed as important factors by a group of prospective elderly tenants. Blonsky (1975) also found in this study that respondents judged their own living arrangements to be better than those in a private new apartment building.

In a study done by Tucker, Combs, and Woolrich (1975) it was found that the elderly respondents were dissatisfied with small rooms, lack of storage space, and lack of adequate eating and laundry space. These desires conflict with previous ideas that the elderly need or are satisfied in a small, compact living unit. It seems imperative that

the individuals who will use the housing facility be consulted when construction of the housing unit is in the planning stage.

There is also evidence in the literature that the elderly were more satisfied in a different physical and social environment if they were given the option of moving. Carp (1975) suggested not only that the option of moving increased satisfaction in a new environment but also that satisfaction increased after one year of residence. After eight years of residence in a low-rental public housing unit, the occupants, according to the study's findings, became more satisfied with their living arrangements. In this particular study the only item that the occupants were not satisfied with was shopping. As time went on they became more and more dissatisfied. The author states that occupants complained about the lack of local stores and eating places and that this was possible due to the location of the housing unit. This clearly indicates that, when given the opportunity, the elderly have opinions regarding their needs.

Zweig and Csank (1975) stated in an article that relocation of approximately 350 disabled elderly patients to a new medical building did not have adverse effects. However, the authors went on to say that an elaborate

program preparing the patients psychologically was done over a lengthy period of time prior to actually moving the patients. There have been a number of studies which have reported an increase in the mortality rate in the period following a similar move. It would appear that under controlled circumstances relocation of this group of elderly individuals had a favorable outcome.

Retirement housing projects are becoming very popular. It is estimated that approximately 500,000 or more elderly individuals are currently on the waiting list for government housing (Fishbein, 1975). Fishbein (1975) stated that the elderly are happier and adjust very well to this non-institutional type of living. In a recent survey the residents saw companionship, the safety of a fireproof building, and security as some of the main advantages to living in a retirement housing project. Social activities, convenience in the building, and having someone to check on them were also listed as advantages. A major problem was the long waiting period before admission. After a long waiting period many individuals' health deteriorated so that they no longer met the admission criteria and had to be admitted to a nursing home.

In 1973, it was estimated that 800,000 of the 20 million elderly in the United States were in institutions

(Arthur, Donnan, and Lair, 1973). A majority of these individuals were in nursing homes. According to the authors, studies indicate that many rest home residents adjust to social situations poorly and have low self-esteem. Arthur, Donnan, and Lair (1973) conducted a study utilizing college student volunteers who served as companions to thirty aged residents. The study showed an improvement in the morale of the residents after the companionship therapy. The personal adjustment of the residents also improved.

Loss of self-esteem appears to be a cause of depression in many elderly individuals. Loss of vocational status, family, and friends tends to contribute to the loss of self-esteem. Power and McCarron (1975) stated that depression in the elderly is not always recognized, and that "when it is unrecognized it is untreated." The authors said that two behaviors associated with depression are "lack of personal communication and a distinct withdrawal of interest in the environment." Findings in a study done by Power and McCarron (1975) on depressed nursing home residents indicate that body contact and social interaction help alleviate the depression. A majority of the residents in the study were confined to a bed or wheelchair.

It is estimated that one out of every four persons over the age of 65 lives at or below the poverty level (Caldwell and Hegner, 1975). Many of the elderly of today were not fortunate enough to have employers who contributed toward retirement pensions or did not have the finances to invest in stocks or bonds during their working years. For these elderly retirement merely created more economic insecurity. According to Caldwell and Hegner (1975), most of the expenses for the elderly are for housing, food, transportation, and health care.

Usually the well elderly person who is not incapacitated has more choices as to living arrangements. The incapacitated person has very few alternatives and in some cases must be placed in a nursing home. Many elderly people would be able to remain in their homes longer if financial resources were available to them (Caldwell and Hegner, 1975). Some families attempt to care for the elderly at home but physical or psychological impairments make it very difficult. Moving to a different environment would not be as difficult if the elderly person was assured that he would not be deserted (Caldwell and Hegner, 1975). Knowing this, the nurse should encourage visitation by family and significant others. The authors also stated that the nurse plays a vital role in the emotional adjustment of the

elderly person. The nurse also plays an important role in preventive health care for the elderly.

In attempting to create a therapeutic environment the nurse is faced with many problems such as architectural design, staff attitude, and lack of staff. The environmental effects upon behavior should not be underestimated (Manfreda, 1974). These include the physical aspects of the environment as well as the interactions between people.

According to Rossman (1971), the elderly have complex needs because many of them are frail and ill. The variations in abilities and disabilities of the individual and the number of elderly also make the problem more complex. Environmental decisions are not always planned, and very little thought is given to the actual environment in which the elderly person lives. The idea of institutions, long-term care, and custodial care is not necessary in many cases. In many communities the elderly may be able to live in their own homes without any difficulty because of the close relationships of interested neighbors, friends, and family.

According to Rossman (1971), the physician must know the person's social and physical environment as well as his health status before a decision is made regarding a change in environment. Burnside (1976) also alluded to

this when she stated that we fail to see the importance of looking for the wellness of the elderly person. Burnside (1976) believes that a narrow negative view only constricts individual viewpoints and that alternative living arrangements should be explored only after assessment of the present environment.

From the literature cited, the importance and inter-relationship of the physical and social environment, role changes, availability of family, financial status, and health status are obvious as they relate to life satisfaction and adjustment of the elderly individual. The scope of the problem is great.

Hypotheses

The following null hypotheses were tested:

1. There is no difference in the life satisfaction of the elderly in a low-income housing project and a retirement home.
2. There is no difference in the adjustment of the elderly in a low-income housing project and a retirement home.

Definition of Terms

For the purpose of this study, the following terms were defined:

1. Activities of daily living--the self-care activities, such as eating, bathing, dressing, and toileting.

2. Adjustment--the ability to alter self to accommodate environmental conditions.

3. Aging process--the normal biological and behavioral changes that occur in the individual because of chronological age.

4. Elderly--individuals who are age 65 or older.

5. Environment--the physical and social atmosphere.

6. Intellectual function--the capacity for rational or intelligent thought and action.

7. Life satisfaction--a state of personal fulfillment in life.

8. Low-income housing project--a public housing unit owned by the federal government with rent based on income.

9. Retirement home--a private, nonprofit, residential home designed for those who are able to care for themselves.

Limitations

The limitations of this study were the following:

1. The environment in both institutions was not controlled in any manner.

2. The influence of family and significant others was not known.

3. The influence of supportive resources in either institution was not known.

Delimitations

The delimitations of this study were the following:

1. One sample group consisted of those individuals who were residing in a low-income housing project.

2. One sample group consisted of those individuals who were residing in a retirement home.

3. The sample groups consisted of those individuals who were age 65 or older.

4. The subjects were alert, oriented individuals capable of self-care.

5. The subjects were capable of speaking and understanding English.

Assumptions

The assumptions of this study were the following:

1. The aging process begins at conception and continues throughout life.

2. The aging process is a universally shared experience.

3. The basic needs of individuals remain the same throughout life.

Summary

The relationship of life satisfaction and adjustment of elderly individuals to their physical and social environment, role change, availability of family, financial status, and health status has become an important issue today. It was the purpose of this investigation to determine whether or not life satisfaction and adjustment of two independent groups of elderly individuals were affected by the environment.

Chapter II, the review of literature, includes historical events in the evolution of nursing homes and low-income housing, environmental effects on life satisfaction and adjustment, and stereotypes of the elderly. The method for collection and treatment of data is presented in Chapter III. The setting, population, and tool utilized to determine whether or not life satisfaction and adjustment of two independent groups of elderly individuals are altered by the environment are presented in this chapter, as well as the method of data collection and treatment of data. The statistical analysis of the data and interpretation of the findings are presented in Chapter IV. Chapter V presents the summary, conclusions, recommendations, and a discussion of the implications derived from this study.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

Since the purpose of this study is to investigate whether life satisfaction and adjustment of the elderly are affected by environment, the review of literature includes historical events in the evolution of nursing homes and low-income housing projects, environmental effects in life satisfaction and adjustment, and the influence of stereotyping individuals upon the emotional climate of the environment. The literature review regarding historical events is presented first, followed by surveys of environmental effects on life satisfaction and adjustment and the influence of stereotyping.

History of Nursing Homes

Nursing homes have gained tremendous publicity during the past two decades and have often become an object of criticism from the American public. With the prospect of better health care facilities and better education for their staffs, possibly the negative attitude of the public will change.

The nursing home is a product of the tremendous medical achievements of the past sixty years and the growth of a rapidly developing civilization. A century ago the elderly person was either cared for by a relative or became the "town's responsibility," as stated by Hooper and McWilliams (1967). According to these authors, an individual who became the "town's responsibility" was placed in twelve different homes during a year, spending only a month in each of them. The owners of the homes received from the town a small payment which hardly covered the cost of food for the elderly boarder, much less nursing care. The concept that nursing homes were almshouses or country poor farms originated at this time. Abbott (1941) stated that the principle of public responsibility for medical care began in the seventeenth century in many New England states.

The medical advances of the past three decades have increased the individual's chances for survival; consequently, the average life span has been extended and more people are achieving it. With the advances in medicine, general hospitals have restricted their services to the acutely ill and the short-term patient. Nursing homes or extended care facilities thus became a necessity because some provision had to be made for patients who needed nursing care after the acute stage of their illness had passed.

Hooper and McWilliams (1967) stated that, since World War II, fewer and fewer families have been able or willing to care for their elderly members in their own homes because more women are employed outside the home, houses are smaller, and many families move frequently because of job requirements or opportunities. These social problems, medical achievements, and the complexity of society have forced city, state, and federal governments to become involved in issues which affect the well-being of elderly persons.

According to Holle (1968), in 1968 all states required licensure of nursing homes, with the majority licensed through the state departments of health and the remainder by welfare departments. Holle (1968) also stated that in the early days of licensure the licensing agencies were primarily concerned with sanitation and fire hazards, whereas now nursing care, medical care, and recordkeeping are also included.

Licensure brought about an improvement in nursing home conditions, but in each state laws, rules, and regulations varied considerably. Thus, in order to ensure a higher quality of care it seemed evident that a nationwide uniform standard of accreditation should be instituted.

According to Holle (1968), the American Medical Association, the American Hospital Association, and the American Nursing Home Association began discussing the feasibility of accreditation of nursing homes in 1959. The American Nursing Home Association initiated accreditation in 1961; however, in the spring of 1963, the National Council for the Accreditation of Nursing Homes was organized, consisting of both the American Medical Association and the American Nursing Home Association.

Holle (1968) stated that soon after the organization of the council its board of directors established standards for accreditation at three levels of care--intensive, skilled, and intermediate. The standards which governed accreditation were identical for all three levels except for differences in staffing with professional nurses. The underlying thought for establishing three levels of care was the number of hours of supervision by a registered professional nurse the patients required. The nursing home applied for accreditation; then, the council decided the level of accreditation it would receive after a survey of the facility.

According to Holle (1968), because of the urgency of getting a national accreditation program underway only facilities which provided nursing care were eligible for

accreditation. Although nursing homes which provided custodial care were the first ones to exist, the accreditation process did not provide for them at this time. Holle also stated that in May, 1964, the National Council had accredited 287 nursing homes and denied accreditation to 17 facilities. This was the beginning of the licensure and accreditation which help bring nursing homes up to the standards required by these agencies. Nursing homes are currently recognized as a public service and are consequently subject to a number of controls such as the standards set by the health department, fire department, and building department.

Another important factor for nursing home residents during the 1960s, as noted by Lewin (1971), was the addition of two amendments to the Social Security program. One amendment established Medicaid, a federal-state program to provide medical services to the needy; the second amendment established Medicare, a federal program of hospital insurance for nearly everyone 65 years of age and older. Medicare, which was initiated in 1966, also covers some of the costs for physicians' care and services provided by extended care facilities such as nursing homes, if the patient and the facility meet the necessary requirements.

Medicare and Medicaid currently reimburse nursing homes for some of the services their patients receive.

Lewin (1971) states that the concept of a national prepaid health care plan goes back to November, 1945, when President Harry S Truman asked Congress to consider a comprehensive medical insurance plan for all people, regardless of age, to be financed by an increase of four per cent in Social Security taxes. The issue of "socialized medicine" created such a storm of controversy, however, that Truman's idea was not promoted by Congress until twenty years later, in 1965, with the approval of the Medicaid and Medicare amendments.

In 1961, Jacobs (1968) stated that there were a total of 23,000 non-hospital health care facilities in the United States which provided nursing care and rehabilitation to chronically ill and elderly persons. He also stated that 9,700 of these facilities provided skilled nursing care and 2,000 provided residential care without skilled nursing care. Residential care is long-term care but encompasses more than simply providing for survival needs.

Because of the number of elderly, the high cost of hospital care, changes in family living patterns, and the demands for better care for the elderly in nursing and

retirement homes, the public has realized that nursing homes are here to stay. At the present time nursing homes are in the mainstream of health activities and are a valuable and vital type of extended health care facility. As such they will be required to provide a variety of rehabilitative services for their residents.

The literature indicates that nursing homes have been in existence for a number of years; not until recently, however, did they gain popularity. This change in public attitude was the result of the rising cost of and change in hospital care as well as of the social problems of the present time.

History of Low-Income Housing

Housing, like food and clothing, is a basic human need, and many efforts are currently being made to meet the housing needs of the elderly. Housing for the elderly has been the scene of great activity during the past decade with the development of numerous housing projects, the majority of which are supported by federal funds.

The early history of governmental interest in housing dates back as far as 1892. Beyer (1965) stated that Congress was concerned with the slums in the United States during that time, but nothing was done until 1931, when

President Herbert Hoover held a Conference on Home Building and Home Ownership. Beyer (1965) stated that although the topic of slums was not officially included in this Conference, one of the committees devoted its entire attention to the cause of slums, how slums could be prevented, and how slum areas could be converted to more desirable neighborhoods. The committee also listed many projects to remedy slum housing problems, all of which required legislative action. According to Beyer (1965), however, no legislative action developed due to the controversial nature of the issue and the laissez-faire philosophy that was prevalent at that time.

Beyer (1965) stated that public housing began in the United States under the Emergency Relief and Construction Act of 1932, which authorized loans to corporations to provide housing for low-income families. According to Beyer (1965), only two loans were granted under this act, due to the lack of interest in investment and the fact that the cost of the housing was out of reach for the families for whom it was intended.

According to Beyer (1965), Congress passed another act the following year, the National Industrial Recovery Act, the main purpose of which was to create jobs rather than provide needed housing. With the building of some

50 low-rent housing projects in 37 cities, this act did help provide employment during the Depression, and these housing projects accommodated approximately 21,600 families. The program encountered many problems, however, one being the acquisition of land by the federal government. Beyer (1965) stated that the pioneering task of this program contributed greatly to the development of public housing in the United States. Local housing authorities such as those in existence today were also established at this time to encourage state legislation so that land could be more easily acquired.

Beyer (1965) stated that the United States saw an increase in the building of single-dwelling homes in 1935 and 1936, but many low-income families could not afford to buy them. At this time, low-rent housing specifically for the elderly did not exist.

The United States Housing Act of 1937, according to Beyer (1965), a program of federally assisted low-rent public housing was established to provide standard private housing. It gave local housing authorities the power to select tenants according to eligibility requirements. This act also provided for payment to persons who were displaced by the construction of low-rent housing projects.

Although public housing was a utopia for many individuals, it was also the subject of much criticism. Beyer (1965) stated that many real estate groups and builders oppose public housing because it is a move toward socialization and because it competes with the private housing enterprise. Many who oppose public housing believe that old homes should be remodeled rather than new ones built and object that private homeowners are required to pay taxes whereas tax exemption is granted to government projects. Another question, according to Beyer (1965), is whether low-income families should have better housing than the families with income levels immediately above them.

In spite of these controversies, public housing did not die but continued to drag along for the next two decades. It was evident that issues involving public housing needed to be reexamined.

According to Beyer (1965), the entire federal housing program was reviewed in 1959, as requested by the Housing and Home Finance Administration. Recommendations included combining all federal housing agencies into one agency and establishing a local agency in each community with the authority to manage the funds supplied by the federal government. Also recommended was the matching of federal funds with local funds at a ratio to be set by Congress.

But, as Beyer (1965) stated, none of the recommendations was implemented.

Two major programs which currently provide housing assistance for the low-income elderly are Section 202 of the Housing Act of 1959 and Section 8 of the Housing and Community Development Act of 1974, which began as the United States Housing Act of 1937. Both are administered by the Department of Housing and Urban Development.

The Department of Housing and Urban Development makes up the difference between what the members of a lower-income household can afford to pay for rent and the fair market rental value of a unit of housing. No tenant pays more than 25 per cent of his adjusted income for rent. These housing units subsidized by HUD must meet certain standards of safety and sanitation. Local public housing agencies administer the housing program.

Section 202 of the Housing Act of 1959 provides housing for the elderly or handicapped and offers long-term direct loans to private, nonprofit sponsors for financing rental or cooperative housing facilities for these individuals. The interest rate was set at 3 per cent until the 1974 revision, which stated that the interest rate would in the future be based on the average rate paid on federal obligations during the preceding

fiscal year. The resident or head of household must be 62 years of age or older or be handicapped to qualify for this program. According to the Department of Housing and Urban Development, loans for 45,275 housing units were approved from 1959 to 1972, for 26,400 units from 1974 to 1976, and for 21,000 units in 1977. The literature indicates that in recent decades tremendous strides have been made in attempting to meet the housing needs of the elderly, but housing remains a vital issue confronting the elderly and the general public today.

Environmental Effects on Life Satisfaction and Adjustment

The growth and development of the human being are individual processes. Changes in appearance, as well as in the ability to adjust to internal and external factors affecting existence, begin during prenatal life. The unique personality of the individual is developed during the growth process and is influenced by the acquired characteristics which influence adjustive behavior. Sociological and psychological factors in one's environment also influence adjustive behavior. Adjustment is a complex phenomenon which implies compromises, modifications, and adaptability to the limits imposed by the

environment as well as earlier life experiences which have set the stage for successful adjustment.

Life satisfaction, or psychological self-worth, is a state in which the person is able to accept the events that have occurred in the past; present life, however, also appears to affect life satisfaction. Life satisfaction, like adjustment, is determined by both previous life experiences and present environmental conditions; therefore, the review of literature presented here includes both life satisfaction and adjustment.

Based on data reported by Edwards and Klemmack (1973) on 274 females and 233 males, the best predictors of life satisfaction are socioeconomic status, perceived health status, and informal nonfamilial social relationships. Edwards and Klemmack (1973) stated that role loss with retirement was not found to be a factor in level of satisfaction and that age was not related to activity level. This study indicated that those who were younger, were currently married, had larger families, and were involved with church-related activities were more satisfied with life.

A study involving 301 non-institutionalized persons 65 years of age and older of both sexes, as reported by Medley (1976), indicated that satisfaction with family

made the greatest single impact on life satisfaction. The second and third most important single variables for females were satisfaction with standard of living and health satisfaction; males, however, rated health satisfaction second and satisfaction with standard of living third. Medley's study (1976) revealed that financial situation had no direct relationship to life satisfaction for either sex.

Schonfield (1973) concluded that a study done on 100 non-institutionalized females aged 65 or over showed the number of future appointments to be positively correlated to successful adjustment. According to Schonfield (1973), the respondents in this study indicated that mobility should be the highest priority when planning for the aged; concern regarding health, happiness, activities, and usefulness was also reported in the study. Havighurst (1968) reported on a study done on 159 male and female non-institutionalized individuals, aged 50 to 90, to determine whether personality and activity relate to life satisfaction in old age. Havighurst (1968) reported that individuals who continued to be active as long as possible had high satisfaction scores, whereas the apathetic had very little activity and had either medium or low satisfaction scores. Havighurst (1968) stated that data from this study indicate that

personality is an important factor in describing aging patterns and predicting relationships between life satisfaction and level of activity.

Lawton, Brody, and Turner-Massey (1978) concluded from a study on 82 subjects over a six-month period in a community housing project that generalized well-being is significantly affected by environmental characteristics of the dwelling. The study indicated that such variables as the number of stairs in the house, neighborhoods of single-family homes, and commercial versus residential neighborhoods were not as significant as the size of the dwelling unit. The study conducted by Lawton, Brody, and Turner-Massey (1978) indicated that a smaller size dwelling unit was associated with greater satisfaction and improvement in functional ability of the subjects.

Cutler (1975) noted a difference in life satisfaction based on available personal transportation, according to a longitudinal study done over a two-and-one-half-year period for a sample of 104 non-institutionalized elderly persons. Cutler (1975) stated that the elderly without transportation were not as satisfied with life as those with transportation. Cutler's study (1975) also revealed that individuals who had transportation at the first interview but not two and one-half years later and those persons

without transportation during the two-and-one-half-year period had a 54 per cent decline in life satisfaction scores, whereas only 36 per cent of those with transportation showed a decline in life satisfaction scores. Sixty-four per cent of the elderly who acquired personal transportation during the period of the investigation or continued to have transportation showed similar life satisfaction scores or an increase in their scores compared to the scores made two and one-half years previously. Cutler (1975) stated that the data from this study indicate that the quality of life for an older person is partly dependent on availability of personal transportation.

In a longitudinal study of nearly 400 community residents between 40 and 70 years of age, as reported by Palmore and Kivett (1977), no significant changes in life satisfaction scores appeared between age and sex categories. Among Palmore and Kivett's (1977) subjects about one-fourth exhibited either an increase or a decrease in their life satisfaction; the scores of the other three-fourths, however, remained basically the same. According to Palmore and Kivett, significant predictors of life satisfaction were self-rated health and, to a much lesser extent, sexual enjoyment and social activity hours.

According to Wolk and Telleen (1976), several researchers reported that residents of institutional type settings with numerous sources of constraint tended to be less satisfied than residents who were not constrained. Wolk and Telleen's study (1976) included two groups of elderly, one residing in a retirement home with well-defined rules and a rigid schedule of events and the other owning homes in a retirement type village but able to lead independent lives. All respondents in both groups were Caucasian; slightly more female than male residents were reported in both groups. The median age of the sample living in the more constrained environment was 77, compared to 74 in the other group. Wolk and Telleen (1976) stated that in this study the group that resided in the more constrained environment had a lower level of life satisfaction than the individuals living in the retirement village.

Cameron (1975) stated that old age has been labeled as the least happy time of life by both lay and professional people. According to Cameron (1975), many researchers also support this stereotype, whereas others interpret research findings as indicating that happiness does not vary across the life span because it is associated with a person's tendency toward a certain disposition.

Cameron (1975) stated that a person's affect is uniquely related to happiness or life satisfaction and that emotions and mood are both components of affect. In a report on four studies utilizing over six thousand persons aged 4 to 99, Cameron (1975) questioned whether age, sex, and factors such as leisure, home, school, and work affect mood. He stated that 45 per cent of the respondents were happy, 45 per cent neutral, and 10 per cent unhappy, and that mood was not affected by age, although two of the studies indicated that younger adults are happier than older ones. Cameron (1975) also reported that females more frequently than males reported that they were either in a happy or unhappy mood and that respondents of higher socioeconomic status reported more happy moods than those of lower status. Many research studies indicated a positive relationship between religion and life satisfaction, but Cameron (1975) reported that religious thoughts were positively correlated with unhappy moods.

Routh (1968) stated that different individuals consciously use their personalities in different ways and at different times, depending on the occasions and the people they encounter. Routh (1968) also stated that the personal adjustment and happiness of any person depend on the feelings, attitudes, and emotional reactions he has

toward himself, toward others, and toward life in general. Routh (1968) indicated that nursing home patients will not adjust to their environment unless they feel that they are accepted, safe, and significant persons.

Longitudinal data on elderly men over an eleven-year period in a study reported by Youmans and Yarrow (1971) indicated that the subjects had a high degree of stability in their activities, relationships, and general outlook on life. According to this study, there was no tendency for the men as a group to withdraw from their social environments. This finding is in opposition to the disengagement theory which states that the normal aging person withdraws from society. Although the men had a high degree of stability, death and departed family members and close friends had a deteriorating effect which seemed to have more devastating results after eleven years, as reported by Youmans and Yarrow (1971).

Burnside (1977) discussed the need to manipulate the environment to improve mental health in all health care settings. Burnside (1977) stated that nurses must be keenly aware of the symptoms of anxiety, grief, loneliness, and paranoia. In addition, the aged, like all people, utilize various coping mechanisms, but many elderly individuals can conceal some emotional problems better than

the young. Many elderly persons in this society complain that their life has no meaning and that they are lonely. Burnside (1977) stated that nursing care for the lonely is not an easy task, but that old people respond to interest and patience just as younger members of society do. Burnside (1977) stated that old people in this society are not taken seriously and that many emotional problems consequently go unnoticed and untreated. Burnside (1977) also stated that nurses should make every attempt to reduce environmental threats to elderly individuals.

A longitudinal study was done by Storandt, Wittels, and Botwinick (1975) to determine whether there was a relationship between adjustment to relocation and factors such as age, sex, and marital status. The 122 subjects in the study had moved to a highrise apartment building, but the building was located in the same community in which they had lived previously. Most of the subjects were Jewish and foreign born. Storandt, Wittels, and Botwinick (1975) concluded that healthy people age 62 and over can successfully adjust to relocation and that age, sex, marital status, and health were not predictors of poor adjustment.

Filsinger and Sauer (1978) reported in a study done on 214 elderly subjects that low adjusters or "self-haters" tend to be lonely and exhibit little enthusiasm for life.

They are also very anxious and not optimistic. The "accepters" or well-adjusted individuals were found to be somewhat passive and relatively free of anxiety. The angry or "fighter" group had a negative attitude toward aging. Filsinger and Sauer (1978) also stated that, according to the theories of adjustment (the activity theory and the disengagement theory), maintaining activity in aging should be positively correlated with adjustment, but in this study there was no difference between the types relative to activity. The literature reviewed indicates that adjustment and life satisfaction require the continuous effort of the individual since the internal and external environmental factors affecting life are always in flux.

Stereotypes of the Elderly

Attitudes vary between individuals and cultures. Although attitudes can be changed, they are relatively resistant to change. The following review of literature includes general attitudes regarding the elderly in a youth-oriented culture and attitudes of health professionals and how the latter influence health care.

An attitude questionnaire utilized by Weinberger and Millham (1975) indicated that college students expressed

significantly more negative attitudes toward 70-year-old persons than toward 25-year-olds. In this study a vast majority of the college students were Caucasians between 16 and 22 years of age, and approximately one-half were female. The college students were also given autobiographies of a 25-year-old and a 70-year-old individual, and it was discovered that their perceptions of a personalized 70-year-old were more favorable than those of a personalized 25-year-old. Material in the autobiographies was presented so as to maintain neutrality prior to the study to prevent both unwarrantedly favorable or unfavorable reactions from the students. A majority of the students chose to avoid meeting the elderly, but the number of age-group options they were given in this part of the study was limited.

Thorson's report (1975) of a study done on 218 subjects indicated that positive attitudes toward the elderly increased with the number of years of education an individual had received; a significant difference in attitude appeared between the non-college group and the subjects having some post-secondary education. The subjects in this study consisted of 59 teachers, 61 university graduate or undergraduate students, and 98 high school students and were limited to the black and white races.

The normal social role of American society is one of achievement and responsibility. Hard work and productivity are valuable assets. The sick role is similar to a deviant role in that both have negative connotations. Jones (1974) stated that the role assigned to the aged in America resembles a "terminal sick role" because they are not expected to get well, in contrast to a "sick role" which is often viewed as a temporary state. Jones (1974) believed that society has assigned this role to the elderly and that aged individuals are expected to conform to it.

Morrison (1975) stated that American society is youth-oriented and that productivity and materialistic success are important factors in it. Morrison (1975) believed society has stereotyped the elderly in a negative manner but that they should be viewed as mature individuals who have become fuller and wiser persons because of their life experiences. The youth-oriented American society was also reflected in a study done by Longino and Kitson (1976) on a sample of 654 American Baptist parish clergy. The authors reported that the study indicated that the clergy prefer ministering to the young and middle-aged adults rather than to the elderly.

Strumpf (1978) stated that the importance of youth in American society has reinforced the negative stereotyping

of the elderly and moved the aged even farther away from being respected individuals. Two examples of deliberate planning by society to ensure the elderly's withdrawal from society, according to Strumpf (1978), are mandatory retirement and special communities for the elderly. Strumpf (1978) stated that a majority of research during the past half century has been done on aging persons confined to institutions, which tends to categorize all elderly as a homogeneous group. Strumpf (1978) also pointed out that a positive attitude toward aging is not guaranteed by education and that aging should not be viewed as an illness but as a progressive phenomenon worthy of dignity.

Caldwell and Hegner (1975) stated that the general attitude of Western society toward elderly persons is one of rejection, viewing them as individuals to be tolerated, a strong contrast to the respectful attitudes of Eastern cultures. That the basic needs of the elderly do not differ from the basic needs of other age groups was revealed by the authors. The elderly need more purpose and direction to their lives because retirement has caused a change in their responsibilities and life roles. Caldwell and Hegner (1975) stated that the characteristic roles of adulthood are essentially authoritative, building identity and self-esteem, and yielding satisfaction. When these

roles are altered, individual adjustments must be made. One of the reasons why the elderly often do not engage in activities after retirement is that society has not developed expectations for older persons, and their role has not been defined by society (USDHEW, 1972). Clark and Anderson (1967) stated that it is not enough that the elderly individual reevaluate himself to preserve self-esteem; he must also find a new place for himself in order that his life may have meaning.

Tibbitts (1977) stated that during the past twenty years the middle generation has gradually developed less negative attitudes toward the older generation. Instead of viewing the elderly as chronically ill, infirm, socially isolated, and financially dependent, they view them as friendly, warm, healthier, better educated, and financially better off than their grandparents. However, members of the middle generation do believe that many elderly have problems with declining health, loneliness, and insufficient income and that they are not as alert or active as they once were. According to Tibbitts (1977), a majority of the elderly shared some views with their children but viewed themselves as better off, more useful, alert, and flexible than the middle generation.

Tibbitts (1977) also stated that the middle generation tends to have a more positive attitude toward their parents when the parents are active, independent, and in good health than when they are ill or dependent. He also stated that grandchildren tend to develop the attitude their parents have toward the elderly.

Arnhoff, Leon, and Lorge (1964) studied negative stereotypes of aging in different countries and cultures by administering a 100-item list of statements about old people to college students. The six countries in this study were the United States, Great Britain, Sweden, Japan, Greece, and Puerto Rico. The study concluded that the aged dislike change, respect tradition, like to think about the past, like to give advice, and are proud of their children. According to the data, Arnhoff, Leon, and Lorge (1964) stated that negative attitudes toward the elderly are not unique in the United States; in fact, in some instances American attitudes are perhaps more favorable than those in other countries. Logan (1970) stated that in Britain, in the modern system of values, prestige goes to the young and prosperous and that there is prejudice against those who do not have a work role, such as the elderly, the poor, and the dying. Logan (1970) also stated that society has deprived the elderly of a work

role because in Britain retirement from work is set by statute at age 65. According to Logan (1970), this rigid rule was made in the 1930s when young men needed to work to support their families, and for a number of years neither the trade unions nor employers appeared interested in making any changes. When the elderly no longer have a work role they tend to retreat from society because the opportunity for social interaction is not great when one sits idle at home.

According to Hamner (1977), a number of studies indicated that nurses and other health professionals have a negative attitude toward the elderly and that this increases the fear of growing old as well as causing misconception of their parents' and/or grandparents' aging process. Since the literature indicates the presence of negative stereotypes toward the aging, Hamner (1977) stated that nursing instructors should explore with their students the attitudes and feelings they have regarding aging. Hamner (1977) also stated that students would develop more positive attitudes toward aging if nursing instructors provided better experiences for the students. Consequently, health care for the aged in this society would be upgraded.

According to Burnside (1976), nurses will have to struggle to overlook the youth orientation in American society and to present a more optimistic view of the elderly. Burnside (1976) also warned that the negative image of the elderly will not improve as long as nurses do not care to admit to their peers that they are employed in geriatric settings.

Robb and Lantz (1975) stated that a study utilizing 67 junior and senior nursing students as respondents revealed that negative attitudes toward the elderly are still prevalent. Questionnaire results showed that many of the students believed that more elderly individuals reside in institutions than is actually the case. The authors stated that elderly individuals, like pupils in school, tend to accept the predicted negative roles of significant others. Thus, the negative expectations of the elderly which are apparent in the verbal and nonverbal behavior of the nurse should be changed to attitudes that are more optimistic.

Conclusions from a study done by Hart, Freel, and Crowell (1976) utilizing approximately 500 nursing students indicated that attitudes toward the aged can be significantly improved when nursing experiences are structured to identify needs and potentials of healthy

elderly persons and frequent contact with well elderly are provided. The students' attitudes toward the aged remained positive when a structured learning experience with ill elderly followed a structured experience with healthy elderly persons. Even though attitudinal change was reported in the study, the authors stated that the study did not indicate an increase in the students' desire to work with the elderly, although the structured learning did not produce a negative interest.

Findings of a study done on attitudes of physicians, nurses, and social workers as reported by Futrell and Jones (1977) indicated that all three professional groups had a slightly positive attitude toward old people, with that of social workers being the most positive, followed by nurses and then physicians. Data from Futrell and Jones's study (1977) indicated that the older nurses and the younger social workers had the most positive attitudes toward the elderly. Futrell and Jones (1977) also revealed that the fewer years the physicians and social workers had been practicing the more positive their overall attitude toward the elderly. Futrell and Jones (1977) stated that the most positive attitudes among nurses were found in the nurses with the most years of service.

In a study done to examine how graduate students in the fields of social work, law, and medicine view the elderly, Geiger (1978) stated that there is an absence of knowledge about basic facts regarding the elderly. Of the 83 subjects one-third were in each of the professional groups. All of the three groups overestimated the number of people in the United States aged 65 and over by about 100 per cent. Geiger also stated that, although only 5 per cent of the elderly in America reside in institutions, all three groups had a distorted picture of the elderly, with estimated percentages four and five times higher. Geiger (1978) found that approximately twice as many social work students as medical students were correct about intellectual ability being maintained if health of the older person was maintained. In this study all three groups of students ranked loneliness as the most important problem of the elderly; however, Geiger (1978) stated that the elderly rank fear of crime as their number one problem. Also documented in the study by Geiger (1978) was that all three future professional groups did not select working with the elderly as their first preference. According to Geiger (1978), the professional students believed that a large percentage of the elderly have many important problems, but all of the students declined working with them.

That the attitude a person has toward the elderly may influence nursing care was stated by Humphrey and Hewitt (1979). Among society's common stereotypes are that the elderly are slow and mentally confused, do not wish to learn new things, behave like children, are plagued by disease, and are burdens to their families and to society. The authors also stated that if the nurse has these negative attitudes toward the elderly the nursing approach will be one of negative expectations and will only reinforce the elderly person's feelings of uselessness.

Miller (1976) believed that, because attitudes are learned and are expressed in actions, it is imperative that nurses convey a favorable attitude toward people young and old. According to Miller (1976), learning also occurs from imitating role models, and attitudes affect nursing care. Miller (1976) also stated that in long-term health care facilities nurses most often are placed in leadership positions and that personnel and patients tend to imitate their behavior whether it is favorable or not. According to Miller (1976), nurses employed in nursing homes were surveyed in 1966, and survey results indicated that a majority of nurses preferred to work with younger individuals rather than with older persons.

Ahern, Diekelmann, and Panicucci (1978) presented two basic views of aging: one focuses on irreversible decrement and the other on adaptation. The authors stated that until recently most people viewed aging as an irreversible progressive decline in functional ability. In adaptation one recognizes that a decline does occur with age but attempts to discover whether the causative factor is intrinsic or extrinsic in nature. Ahern, Diekelmann, and Panicucci (1978) felt that nurses' beliefs about aging have a great impact on the nursing care they give or plan to give. According to this study nurses had a more positive attitude toward death than toward old age.

A questionnaire designed to reflect stereotypic views of old people, as reported by Solomon and Vickers (1979), was administered to 155 medical students, 46 house staff doctors in an American medical school, and 39 geriatric staff members. The majority of respondents in all three groups were American-born and American-trained, had recently graduated from their training programs, and were white and under 35 years of age. The geriatric staff members were predominantly female, whereas the medical students and house staff were predominantly male.

Solomon and Vickers (1979) stated that their study revealed that female house staff doctors had a very

pessimistic view of the world and that young women house staff doctors had a much more depersonalized attitude toward older people than did the male house staff doctors. That the knowledge, experience, and skill of the staff had less influence on stereotyping than a positive care environment was also reported by Solomon and Vickers (1979) in the study.

Even though the facts about aging are now more widely disseminated and the public is more concerned about problems of the elderly than in the past, the Solomon and Vickers study (1979) indicated that the stereotyped views of the elderly have not significantly changed over the past 25 to 30 years and that stereotyped views are influenced by culture. Solomon and Vickers (1979) believed that if this negative stereotyping sets the tone for the population who gives health care, the elderly, like other minority groups, will either attempt to comply with the stereotype or avoid seeking health care.

Negative stereotyped images of the elderly are misleading and detrimental for both those who have them and those who are subjected to them. These images tend to increase the fear of growing old and serve to reinforce the elderly individual's feelings of worthlessness.

It is evident from the literature reviewed in this chapter that American culture continues to be youth-oriented and that health professionals and students in various health fields continue to have negative stereotyped attitudes toward the elderly. Also evident in the literature is the influence attitudes have on the health care the elderly receive.

Summary

The literature review presented in this chapter indicates that, with regard to the elderly, health care, attitudes of health care workers, and housing appear to be vital issues confronting the public today. That the continuous effort of the individual is necessary to adjust to environmental changes is also indicated in the literature.

CHAPTER III

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

This descriptive study was conducted to compare the life satisfaction and adjustment of an elderly population residing in a low-income housing project to an elderly population residing in a retirement home. The research was approved by the Human Research Review Committee of Texas Woman's University (see Appendix A). This chapter discusses the setting, population, pilot study, research tools, methods used in collecting data, and the plan for analysis of the data.

Setting

The setting for this study was in North Central North Dakota in a city with a population of approximately 32,920 persons. Two groups of elderly individuals were studied. One group resided in a low-income housing project and the other in a retirement home. The low-income housing project was a 3.4 million dollar highrise retirement home owned by the federal government. The fourteen-story apartment complex was situated in the heart of the city and was constructed in 1972. The 220 apartments all contained one or two bedrooms. Each apartment had a kitchen, living area,

bedroom, and bath. The kitchens were furnished, but the resident was responsible for furnishing the living area and the bedroom. A library and recreation room were located in the building. Cooking and shopping were the responsibility of the resident. Dairy products could be delivered to the individual apartments, and a Meals on Wheels program was available. The City Housing Authority Office was located on the main floor of the building and was open from 8:30 to 5:00 daily, Monday through Friday. The manager of the housing unit resided on the main floor of the building and supervised the maintenance of the building. The residents could contact the manager by telephone at any time during the day or night.

The retirement home was a private, Protestant, non-profit residential home. The three-story brick building was constructed in 1967. All of the fifty-six rooms were carpeted and attractively furnished. Each room had its own bath and could accommodate one or two residents. The retirement home had four lounge areas, two recreational areas, and a chapel. A chaplain service was available to meet the spiritual needs of the residents. All residents ate in a central dining room during the scheduled time of meal service. Barber and beauty shop services were available. The retirement home was designed

for those who were able to care for their activities of daily living. A registered nurse was on duty during the day shift, a practical nurse during the evening shift, and a nurse's aide on the night shift. A registered nurse was on call in an adjacent building during the evening and night shifts.

Population

The sample for this study consisted of 63 individuals, 33 residing in the low-income housing project and 30 residing in the retirement home. The subjects for the study were selected by the convenience sampling method (Abdellah and Levine, 1965). With this type of sampling, subjects were selected because they happened to be present during the particular time the study took place. According to Abdellah and Levine (1965), convenience sampling is a common type of non-probability sampling which has a degree of randomness.

All of the elderly individuals met the predetermined criteria for inclusion in the study. They were alert, oriented individuals, were capable of self-care, and could communicate in English. They were 65 years of age or older and were residents of either the low-income

housing project or the retirement home during the time the study took place.

An explanation of the study was given to the individuals who agreed to participate in the study, with the assurance that anonymity of the individual would be preserved. A written consent form was obtained from each participant. An example of the subject's consent form is found in Appendix B.

Prior to initiating this study, written permission was obtained from the appropriate authorities in the low-income housing project and in the retirement home. Examples of the forms for agency permission to conduct the study are found in Appendix C.

Pilot Study

Prior to initiating the study, a review of the literature uncovered some of the problems in interviewing the elderly as well as some of the techniques used in interviewing. Burnside (1973) stated that the interviewer must assess the ability of the respondent to comprehend the questions early in the interview; otherwise, valuable time is lost with individuals who cannot produce the correct data. After interviewing many elderly people, Burnside (1973) found that a conversational approach was

more effective because many of the elderly enjoyed talking. Garrett (1972) and Burnside (1973) both stated that the pace of the interview must be adjusted to each individual. The importance of using familiar terms to avoid misunderstanding the question was stated by Garrett (1972) and O'Brien (1974).

The researcher also found evidence in the literature of difficulty in understanding some of the questions in the life satisfaction questionnaire. For example, questionnaire item 18 was many times misinterpreted to mean only males rather than people in general. Due to the above research and consultation with three graduate students in nursing, a doctoral student in molecular biology, and a clinical psychologist (Ph.D), the instruments were pre-tested for clarity and understanding.

According to Treece and Treece (1973), when pilot studies are done, the subjects used should be similar to those who will be used in the final sample. Four individuals who met all the criteria for the study except for residence in the low-income housing project or the retirement home were asked to fill out the demographic data and the life satisfaction and adjustment questionnaire items. All four subjects had difficulty with the annual income question on the demographic data sheet and required

individual assistance. The best approach was to obtain monthly income from Social Security and other pensions and multiply by twelve, then adding other income such as interest from savings.

During the pilot study the researcher found that rewording the directions on the life satisfaction and adjustment questionnaire to terms more easily understood was advantageous. The terms reworded were mainly "agree" or "disagree" to "most of the time would you agree or disagree" with the statement in question. Similar rewording of the directions on the adjustment questionnaire from mainly "yes or "no" to "most of the time would your answer be yes or no" was also done. Both of the reworded directions were more easily understood and consequently utilized in the final study. Question 18 in the life satisfaction questionnaire was also misinterpreted to mean males rather than people in general by these four subjects.

Methodology

Each subject in the final study was interviewed on a one-to-one basis as a result of the above research, consultation, and the pilot study. Anticipated hearing loss, loss of visual acuity in many of the elderly, and

the personal nature of some of the questions (for example, level of education and income) were also factors in selecting this interviewing technique.

After each subject was introduced to the purpose of the study and gave his or her consent to participate in the study, the researcher asked each subject the questions on the demographic data sheet. This was done first to determine whether the subjects met the criteria regarding age, alertness, and orientation (see Appendix D).

The subjects were then asked if most of the time they agreed or disagreed with each of the eighteen life satisfaction questionnaire items which were designed to measure life satisfaction with present and past life phenomena. The order of questions was followed as printed in Appendix E.

The researcher then asked the subjects if most of the time they would answer "yes" or "no" to each of the fourteen adjustment questionnaire items, which were designed to assess behavior and acceptance of or attitude toward the individual's life tasks identified in the tool. The questions were asked in the order in which they appear in Appendix F.

The most appropriate answers were not designated on the researcher's questionnaire. The interviewer read the

statements and recorded the responses. Two subjects in the low-income housing project requested to fill in the questionnaire themselves to avoid a possible biased response due to the presence of their spouse. Most of the subjects were interviewed in their own apartment or room.

Description of the Research Tool

The instruments used in data collection were two standardized questionnaires used to measure life satisfaction and adjustment (Appendices E and F) and a demographic data sheet (Appendix D). The demographic data sheet contained spaces for age, sex, race, marital status, education, length of residence in the low-income housing project or retirement home, source of income, and approximate annual income.

The Life Satisfaction Questionnaire (Appendix E) was developed by Neugarten, Havighurst, and Tobin (1961) and modified by Adams (1969). According to Adams (1969), the Life Satisfaction Questionnaire was the result of an extensive five-year study done on an urban, middle-class, relatively healthy Kansas City sample. Adams (1969) also stated that in 1966 the reliability of the instrument was restudied in a rural Kansas City sample consisting of

508 subjects. According to Adams (1969), Kurtz and Wolk (1975), and Wolk and Telleen (1976), the Life Satisfaction Questionnaire is a widely-used instrument with demonstrated validity. The eighteen questions in the Life Satisfaction Questionnaire are divided into five components which are designed to measure attitude toward life satisfaction. The five components established by Havighurst (1963) and Adams (1969) are mood tone, zest for life, congruence between desired and achieved goals, resolution and fortitude as opposed to resignation, and psychological and social self-concept. Each question asks for agreement or disagreement and represents the degree of satisfaction with each questionnaire item as well as a total score which represents the degree of satisfaction.

The Adjustment Questionnaire developed by Kurtz and Wolk (1975) is based on the concept of developmental tasks described by Havighurst (1972) and has been widely accepted in the field of child and adolescent development for a number of years. According to Filsinger and Sauer (1978), various modes of adjustment and types of adjustors have been studied by a number of authors for more than twenty years, but measurement of adjustment by developmental task accomplishment is limited to the past decade. Kurtz and Wolk (1975) stated that the validity of the

instrument has been tested by colleagues, various studies, and statistical analysis.

The Adjustment Questionnaire items are found in Appendix F and consist of fourteen statements prepared in pairs. According to Kurtz and Wolk (1975), one statement in each pair attempts to obtain from the individual the success or failure in accomplishing developmental tasks, and the other statement attempts to assess attitude toward or acceptance of each task. Each question asks for a mainly yes or mainly no answer and represents the degree of accomplishment of the task and the attitude toward the task. Higher scores indicate more successful adjustment to the developmental tasks of later life and positive acceptance of each task.

Treatment of Data

The data collected from the questionnaires of both independent samples were compiled and presented in appropriate tables. The frequency distribution with percentages was determined for each of the questionnaire items. Means, standard deviations, and ranges were calculated for the variables. To compare the life satisfaction and adjustment of both groups, the Student's "t" test for two independent groups was used (Abdellah and Levine, 1965).

Summary

This research study was done to determine if there was a difference in attitudes toward life satisfaction and adjustment of elderly persons living in a low-income housing project as compared to those of individuals living in a retirement home. The study was done in a city in North Central North Dakota. The sample consisted of 63 individuals, 33 residents of the low-income housing project and 30 in the retirement home. The demographic data, life satisfaction questionnaire items, and adjustment questionnaire items were collected, and statistical analysis of the data was done by computer.

CHAPTER IV

ANALYSIS AND TREATMENT OF DATA

This descriptive study was conducted to compare the life satisfaction and adjustment of an elderly population residing in a low-income housing project to those of an elderly population residing in a retirement home. A total of 63 subjects were interviewed in the study, 33 residing in the low-income housing project and 30 in the retirement home.

Distribution of samples by sex, race, marital status, education, and source of income is presented in tables and in narrative form. Means, standard deviations, and ranges were calculated for age, length of time in present residence, approximate annual income, and life satisfaction and adjustment questionnaire items; these are also presented in tables and narrative form. The data comparing each of the life satisfaction and adjustment questionnaire items for both independent groups are presented in tables to facilitate clarity and comprehension. These data were used to test the hypotheses of this study. This chapter is concerned with the presentation, statistical analysis, and interpretation of the data gathered in the course of this research.

Description of the Sample

The subjects of this study were selected by means of convenience sampling from the individuals residing in the low-income housing project or the retirement home during the time the study took place. The data were collected during the five-week period from November 27, 1976, to December 30, 1976.

Table 1 contains the statistical comparison of age for both samples. The mean age for the subjects in the

Table 1
Statistical Comparison of Age for Both Samples

Sample	N	Mean	Standard Deviation	Range
Low-income housing project	33	75.64	5.75	65-90
Retirement home	30	83.33	6.09	72-94
Overall	63	79.30	7.03	65-94

low-income housing project was 75.64, compared to 83.33 for the subjects in the retirement home. The subjects' age ranged from 65 to 90 in the low-income housing project and from 72 to 94 in the retirement home. The overall mean age of the 63 members of the sample population was 79.30, and

the overall age ranged from 65 to 94. The average ages of the two groups were compared using the Student's "t" test, which determined the difference between the two independent samples (Abdellah and Levine, 1965). The difference was significant at the 0.0001 level. The sample in the low-income housing project was significantly younger, on the average, than the sample in the retirement home.

Frequency and percentage of the total sample for each age are presented in Table 2. In the sample population, 83 per cent of the subjects were in their seventh and eighth decade of life. Eight per cent were in the sixth and 9 per cent in the ninth decade of life.

In this study there were a total of 15 subjects between the ages of 65 and 74; according to Neugarten (1975), this age group is considered to be the "young old." The "old old," as described in Neugarten's study (1975), are those individuals who are over 75; there were 48 such individuals in this sample.

Table 3 presents the distribution of both samples by sex. The chi-square contingency table analysis was used to determine whether there was a significant difference between the number of females and males in the sample (Abdellah and Levine, 1965). A borderline significant difference by gender was found ($p = .056$). Findings indicate that in

Table 2

Frequency and Percentage of the Total Sample
for Each Age

Age	Low-Income Housing Project		Retirement Home		Total	
	F	%	F	%	F	%
65	1	3.0	0	0.0	1	1.6
67	1	3.0	0	0.0	1	1.6
68	3	9.1	0	0.0	3	4.8
70	1	3.0	0	0.0	1	1.6
71	2	6.1	0	0.0	2	3.2
72	2	6.1	1	3.3	3	4.8
73	1	3.0	0	0.0	1	1.6
74	1	3.0	2	6.7	3	4.8
75	6	18.1	2	6.7	8	12.7
76	2	6.1	0	0.0	2	3.2
77	1	3.0	1	3.3	2	3.2
78	2	6.1	1	3.3	3	4.8
79	4	12.1	1	3.3	5	7.9
80	0	0.0	3	10.0	3	4.8
81	1	3.0	0	0.0	1	1.6
82	2	6.1	2	6.7	4	6.3
83	1	3.0	2	6.7	3	4.8
85	0	0.0	4	13.3	4	6.3
86	0	0.0	1	3.3	1	1.6
87	0	0.0	1	3.3	1	1.6
88	1	3.0	2	6.7	3	4.8
89	0	0.0	2	6.7	2	3.2
90	1	3.0	2	6.7	3	4.8
92	0	0.0	1	3.3	1	1.6
93	0	0.0	1	3.3	1	1.6
94	0	0.0	1	3.3	1	1.6
Total	33	100.0	30	100.0	63	100.0

the total sample 71.4 per cent were females, more than twice the number of males.

Table 3
Statistical Comparison of Sex for Both Samples

Sex	Low-Income Housing Project		Retirement Home		Total	
	F	%	F	%	F	%
Female	27	81.8	18	60.0	45	71.4
Male	6	18.2	12	40.0	18	28.6
Total	33	100.0	30	100.0	63	100.0

All of the 63 subjects in this study were white; there are very few members of other races in North Dakota except for the American Indian. Many of the elderly Indians are living on one of the three Indian reservations in the state. According to the Atlas of North Dakota (1976), there is an almost complete dominance of American-born and foreign-born individuals of European stock living in North Dakota. The most commonly-represented countries are Germany, Norway, Sweden, and Russia.

Distribution of both samples according to marital status is presented in Table 4. Approximately half, or 50.8 per cent, of the total number of subjects in the study were widows. The chi-square contingency table analysis was

used to determine how significant the difference was between the two samples for each category in Table 4 (Abdellah and Levine, 1965). From the values ($p = .317$), the distributions of marital status by group were found to be similar.

Table 4
Statistical Comparison of Marital Status
for Both Samples

Marital Status	Low-Income Housing Project		Retirement Home		Total	
	F	%	F	%	F	%
Never Married	5	15.2	3	10.0	8	12.7
Married	8	24.2	6	20.0	14	22.2
Divorced	1	3.0	1	3.3	2	3.2
Widow	18	54.5	14	46.7	32	50.8
Widower	1	3.0	6	20.0	7	11.1
Total	33	100.0	30	100.0	63	100.0

Table 5 presents the distribution of educational level for both samples, using the chi square contingency table analysis. From the values ($p = .325$), the distributions were found to be similar. Thirty-six, or 57.1 per cent, of the 63 subjects had an eighth-grade education or less. Seven of these 36 were age 74 or less, and 29 were 75 or over. This is consistent with the literature which indicates that more of the individuals age 75 and over have less education than the younger age group.

Table 5

Statistical Comparison of Educational Level
for Both Samples

Education	Low-Income Housing Project		Retirement Home		Total	
	F	%	F	%	F	%
Some Grade School	4	12.1	5	16.7	9	14.3
Grade School Graduate	13	39.4	14	46.7	27	42.9
Some High School	4	12.1	2	6.7	6	9.5
High School Graduate	3	9.1	2	6.7	5	7.9
Some College	9	27.3	4	13.3	13	20.6
College Graduate	0	0.0	3	10.0	3	4.8
Total	33	100.0	30	100.0	63	100.0

Length of residence in years for both groups is found in Table 6. The length of time in residence for the sample living in the low-income housing project ranged from 0.50 years, or 6 months, to 4 years, with a mean of 3.59 years. In the retirement home the range was 0.083 years, or 1 month, to 9 years, with a mean of 2.74 years. The two groups were compared using the Student's "t" test for

two independent groups; the difference was not statistically significant ($p = .10$).

Table 6

Statistical Comparison of the Length of Residence
in Years for Both Samples

Sample	N	Mean	Standard Deviation	Range
Low-income housing project	33	3.59	0.91	0.50-4.00
Retirement Home	30	2.75	2.86	0.083-9.00
Overall	63	3.19	2.11	0.083-9.00

The source of income for both samples is found in Table 7. Of the 63 subjects interviewed, 62, or 98.4 per cent, stated self as the source of income; none stated family as the source of income.

The distribution of the approximate annual income for both samples is presented in Table 8. The approximate annual income for the sample in the low-income housing project ranged from \$1056.00 to \$5000.00, with a mean of \$2890.00, compared to the sample in the retirement home who stated annual income ranges of \$5000.00 to \$9500.00, with a mean of \$7411.80. The Student's "t" test was used to compare the two independent groups. The difference was

Table 7

Statistical Comparison of Both Samples According
to Source of Income

Source of Income	Low-Income Housing Project		Retirement Home		Total	
	F	%	F	%	F	%
Self	33	100.0	29	96.7	62	98.4
Family	0	0.0	0	0.0	0	0.0
Other	0	0.0	1	3.3	1	1.6
Total	33	100.0	30	100.0	63	100.0

significant at the .0001 level. The retirement home residents had higher incomes, on the average.

Table 8

Statistical Comparison of the Approximate
Annual Income for Both Samples

Sample	N	Mean	Standard Deviation	Range
Low-income housing project	33	\$2890.70	\$ 944.30	\$1056.00- \$5000.00
Retirement home	30	\$7441.80	\$1011.68	\$5000.00- \$9500.00
Overall	63	\$5057.89	\$2487.71	\$1056.00- \$9500.00

In summary, the demographic data indicated the statistical comparison of both samples according to education and marital status was found to be similar. The source of income for both samples was the same and all the subjects were white. The comparison of both samples by sex and length of residence was not statistically different. Findings revealed that in the total number of subjects in the study 50.8 per cent were widows and 71.4 per cent were females.

The demographic data also revealed that there was a significant difference in age and annual income for the two samples. The sample in the low-income housing project was younger on the average than the sample in the retirement home, and the retirement home sample had a higher average income than those in the low-income housing project.

Description of Life Satisfaction Findings

The first hypothesis stated that there will be no difference in life satisfaction of the elderly in a low-income housing project and in a retirement home. Life satisfaction scores were obtained for each participant; Table 9 lists information for the comparison of the scores of both samples. The results for each item in the life

satisfaction questionnaire for both samples are presented in Table 10.

Table 9

Statistical Comparison of Life Satisfaction Scores
for Both Samples

Sample	N	Mean	Standard Deviation	Range
Low-income housing Project	33	11.94	3.61	5-17
Retirement home	30	8.83	3.37	2-16
Overall	63	10.46	3.81	2-17

In Table 9 the scores for the life satisfaction questionnaire show a mean of 11.94 and a range of 5 to 17 for the sample in the low-income housing project, compared to a mean of 8.83 and a range of 2 to 16 for the retirement home. The overall mean for the 63 subjects in the study was 10.46, with a range of 2 to 17.

The two groups were compared using the Student's "t" test for two independent samples. The difference was found to be significant at the 0.001 level, indicating rejection of the null hypothesis and acceptance of an alternate hypothesis which states that there is a significant difference in the life satisfaction between the two groups.

The members of the low-income housing group, on the average, were more satisfied than the residents of the retirement home. The discussion of the findings regarding the life satisfaction questionnaire items are divided into five theoretical components. The five components established by Adams (1969) and Havighurst (1963) are (1) mood tone, (2) zest, (3) congruence, (4) resolution and fortitude, and (5) self-concept. The questionnaire items that have similar content or are related have been grouped together.

Questionnaire items 3, 4, 5, 6, 7, and 16 all relate to mood tone. The most appropriate answer, a happy or optimistic mood tone, for each item is indicated by an asterisk in Table 10. Questionnaire items 3, 4, and 5 show that most of the respondents in the low-income housing project gave answers that were happier and more optimistic than those of the sample of the retirement home, who indicated a much less happy mood by their responses. In response to questionnaire items 6 and 7 the sample in the low-income housing project indicated a better mood than the sample in the retirement home; however, the difference was not as great as that in items 3, 4, and 5. It is interesting to note that in questionnaire item 16, "Compared to other people, I get down in the dumps too

often," the majority of both independent samples indicated that they disagreed with the statement.

Questionnaire items 1, 8, 9, 10, 13, and 14 all relate to zest for life. The most appropriate response to each item which indicates zest for life as opposed to apathy is indicated by an asterisk in Table 10. In questionnaire items 1, 8, and 14 the low-income housing group indicated slightly more zest for life than did the retirement home group. The low-income housing group selected considerably more positive responses to items 9 and 10 than did the retirement home group. Nearly all of the respondents in both samples selected the most appropriate response to questionnaire item 13.

Congruence, or harmony between desired and achieved goals, is the third theoretical component. Questionnaire items 11, 12, and 17 relate to congruence. Most of the respondents in both samples selected positive responses to items 11 and 17. Table 10 shows a slightly higher positive response to item 12 for the retirement home group compared to the low-income housing group's response.

Adams (1969) and Havighurst (1963) did not agree as to whether items 2 and 15 of the questionnaire measure congruence or resolution and fortitude. Adams (1969) seemed to think that item 15 measures congruence. Of the

sample, 86.6 per cent in the retirement home and 66.6 per cent in the low-income housing group stated that they disagreed with questionnaire item 15, which was the most appropriate answer. In questionnaire item 2, 63.3 per cent in the low-income housing group and 46.6 per cent in the retirement home selected the most appropriate answer.

Questionnaire item 18 is designed to measure resolution and fortitude as opposed to resignation. Of the low-income housing group, 60.6 per cent indicated by their responses more resolution and fortitude, compared to 23.3 per cent in the retirement home. The majority (76.6 per cent) of the retirement home group indicated resignation.

Psychological and social self-concept, the fifth component, does not have any specific questionnaire items correlated with it but is inherent in all the items. As stated previously, the low-income housing group, on the average, scored higher than did the retirement home group. Therefore, the null hypothesis was rejected and an alternative hypothesis accepted, which states that there is a significant difference in the life satisfaction between the two groups, by inference, the low-income housing group's social self-concept was more positive than that of the retirement home group.

Table 10

Summary of Data from Questionnaire, Life Satisfaction Items

Question Number	Low-Income Housing Project				Retirement Home			
	Agree		Disagree		Agree		Disagree	
	F	%	F	%	F	%	F	%
1. As I grow older, things seem better than I thought they would be.	*21	63.6	12	36.3	*16	53.3	14	46.6
2. I have gotten more of the breaks in life than most of the people I know.	*21	63.6	12	36.3	*14	46.6	16	53.3
3. This is the dreariest time of my life.	8	24.2	*25	75.7	21	70.0	* 9	30.0
4. I am just as happy as when I was younger.	*21	63.6	12	36.3	* 5	16.6	25	83.3
5. My life could be happier than it was. My life could be happier than it is now.	10	30.3	*23	69.6	27	90.0	* 3	10.0
6. These are the best years of my life.	*12	36.3	21	63.6	* 4	13.3	26	86.6
7. Most of the things I do are boring and monotonous.	5	15.1	*28	84.8	12	40.0	*18	60.0
8. I expect some interesting and pleasant things to happen to me in the future.	*10	30.3	23	69.6	* 7	23.3	23	76.6
9. The things I do are as interesting to me as they ever were.	*25	75.7	8	24.2	*13	43.3	17	56.6
10. I feel old and somewhat tired.	13	39.3	*20	60.6	20	66.6	*10	33.3

Table 10--Continued

Question Number	Low-Income Housing Project				Retirement Home			
	Agree		Disagree		Agree		Disagree	
	F	%	F	%	F	%	F	%
11. As I look back on my life, I am fairly well satisfied.	*30	90.9	3	9.0	*29	96.6	1	3.3
12. I would not change my past life even if I could.	*15	45.4	18	54.5	*20	66.6	10	33.3
13. Compared to other people my age, I make a good appearance.	*30	90.9	3	9.1	*28	93.3	2	6.6
14. I have made plans for things I'll be doing a month or a year from now.	*11	33.3	22	66.6	* 5	16.6	25	83.3
15. When I think back over my life, I did not get most of the important things I wanted.	11	33.3	*22	66.6	4	13.3	*26	86.6
16. Compared to other people, I get down in the dumps too often.	4	12.1	*29	87.8	3	10.0	*27	90.0
17. I have gotten pretty much what I expected out of life.	*31	93.9	2	6.0	*24	80.0	6	20.0
18. In spite of what some people say, the lot of the average man is getting worse, not better.	13	39.3	*20	60.6	23	76.6	* 7	23.3

*The most appropriate response for each item is indicated by an asterisk.

Description of Adjustment Findings

The second hypothesis stated that there will be no difference in adjustment of the elderly in a low-income housing project and in a retirement home. The data presented in Tables 11 and 12 indicate rejection of this null hypothesis because the adjustment of these two samples differed significantly ($p > 0.001$). The alternate hypothesis that there is a difference in adjustment between these two samples is accepted.

Table 11 illustrates the distribution of the scores for both samples. The results for each item in the adjustment questionnaire for both samples are presented in Table 12.

Table 11

Statistical Comparison of Adjustment Scores
for Both Samples

Sample	N	Mean	Standard Deviation	Range
Low-income housing project	33	9.88	1.65	6-13
Retirement home	30	7.63	3.16	1-14
Overall	63	8.81	2.71	1-14

In Table 11 the scores for the adjustment questions show a mean of 9.88 for the group in the low-income housing project and a range of 6 to 13, compared to a mean of 7.63 for the retirement home with a range of 1 to 14. The overall mean for the 63 subjects in the study was 8.81, with a range of 1 to 14.

The two groups were compared using the Student's "t" test for two independent groups. The difference was significant at the .001 level. The low-income housing group had a higher, or better, score on the average than did the retirement home group.

The adjustment questionnaire items will be discussed in pairs. According to Kurtz and Wolk (1975), the first questionnaire item attempts to measure success or failure in adjusting to developmental tasks of the late years. The following statement is an assessment of the attitude or acceptance of each task. The authors indicated that in some circumstances the individual may have successfully adjusted to the task without acceptance.

Questionnaire items 1 and 2 have reference to the adjustment to decreased physical strength and health. According to Table 12, the majority (66.6 per cent) in the low-income housing group indicated successful adjustment, compared to 33.3 per cent in the retirement home.

Attitude or acceptance of decreased strength is indicated in item 2; 100 per cent in the low-income housing group indicated acceptance, compared to 66.6 per cent in the retirement home.

Items 3 and 4 refer to adjustment to retirement and reduced income. In the low-income housing group 100 per cent indicated adjustment to limited income and retirement, compared to 70.0 per cent in the retirement home. Table 12 shows that the low-income housing group had a much more favorable attitude toward or acceptance of retirement and limited income than did the retirement home group.

Adjustment questionnaire items 5 and 6 refer to adjustment to death of a spouse. Twice the number of favorable responses to item 5 were indicated by the low-income housing group compared to the retirement home group. As is evident in Table 12, a majority of both groups showed similar favorable attitudes toward or acceptance of the fact that a surviving husband or wife can learn to get along by their response to item 6.

Items 7 and 8 have reference to establishing relationships with one's own age group. Both groups indicated similar favorable responses to both of these questionnaire items.

Adjustment questionnaire items 9 and 10 refer to flexibility in adopting or adapting to social roles, such as retirement. The low-income housing group, according to data obtained regarding item 9, showed a considerably higher positive response (75.7 per cent) in adapting to social roles than did the retirement home group (33.3 per cent). In item 10 more than half in both groups indicated unfavorable attitudes toward adopting or adapting to social roles by responding that younger people can do things better than older people.

Adjustment questionnaire items 11 and 12 have reference to establishing satisfactory physical living arrangements. Almost 100 per cent in the low-income group indicated a positive response to this item, compared to 70.0 per cent in the retirement home. Both groups scored very low on item 12, indicating a negative acceptance.

Items 13 and 14 refer to maintaining appropriate affectional relationships. The majority of both groups selected a favorable response to item 13. About one-half of the respondents in each group selected a favorable response to item 14.

As previously stated, Table 11 shows higher scores for the low-income housing group compared to the retirement home group. This indicates that the members of the

Table 12

Summary of Data from Questionnaire, Adjustment Items

Question Number	Low-Income Housing Project				Retirement Home			
	Agree		Disagree		Agree		Disagree	
	F	%	F	%	F	%	F	%
1. Reduced strength keeps me from doing the things I need to do.	20	60.6	*13	39.3	20	66.6	*10	33.3
2. One can learn to live a good life even in reduced health.	*33	100.0	0	0.0	*20	66.6	10	33.3
3. I manage to live a good life even with limited income.	*33	100.0	0	0.0	*21	70.0	9	30.0
4. Retirement is as worthwhile as work.	*23	69.6	10	30.3	* 7	23.3	23	76.6
5. I find it (or would find it) difficult to live alone.	12	36.3	*21	63.6	20	66.6	*10	33.3
6. A surviving husband or wife can learn to get along.	*32	96.9	1	3.0	*24	80.0	6	20.0
7. I avoid being with old people.	6	18.1	*27	81.8	4	13.3	*26	86.6
8. Making new friends is hard for me.	10	30.3	*23	69.6	8	26.6	*22	73.3
9. I still do many worthwhile things.	*25	75.7	8	24.2	*10	33.3	20	66.6
10. Younger people can do most things better than older people.	19	57.5	*14	42.4	19	63.3	*11	36.6
11. My living arrangements suit me fine.	*32	96.9	1	3.0	*21	70.0	9	30.0
12. I would be satisfied only living in my own household.	30	90.9	* 3	9.0	24	80.0	* 6	20.0

Table 12--Continued

Question Number	Low-Income Housing Project				Retirement Home			
	Agree		Disagree		Agree		Disagree	
	F	%	F	%	F	%	F	%
13. Family and friends help when I have troubles.	*32	96.9	1	3.0	*24	80.0	6	20.0
14. I could accept being dependent on my children or on others.	*15	45.4	18	54.5	*17	56.6	13	43.3

*The most appropriate response for each item is indicated by an asterisk.

low-income housing group were more successful in adjusting to developmental tasks of later life and had more positive acceptance of each task than did residents in the retirement home.

Summary

The data were analyzed to determine if there was a difference in life satisfaction and adjustment of the elderly residing in two different environments. The sample consisted of 33 individuals residing in the low-income housing project and 30 in the retirement home.

The demographic data established that the mean age for the combined samples was 79.3 and that all the subjects were Caucasian. There was a borderline significant difference when comparing both samples by sex. The statistical comparison according to marital status and education found both samples to be similar. The comparison of years in present residence for both groups was not statistically significant. The source of income for both groups was the same, although the retirement home residents had a much higher income, on the average, than did the low-income housing group.

The Student's "t" test was used to compare the life satisfaction and adjustment for both independent groups.

The difference in life satisfaction scores was found to be significant at the 0.001 level. The low-income housing group, on the average, was more satisfied than the retirement home group. The difference was significant at the .001 level for the adjustment scores. The low-income housing group had higher scores than the retirement home group, indicating more successful adjustment to later life.

CHAPTER V

SUMMARY, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

This study was conducted to compare the life satisfaction and adjustment of an elderly population residing in a low-income housing project to those of an elderly population residing in a retirement home. The instruments used in data collection were a demographic data tool, a Life Satisfaction Questionnaire designed to measure the degree of satisfaction with past and present life phenomena, and an Adjustment Questionnaire designed to assess behavior and attitude toward individual life tasks. The Life Satisfaction and Adjustment Questionnaires are both standardized. The Life Satisfaction Questionnaire was developed by Neugarten, Havighurst, and Tobin, with modifications by Adams, and the Adjustment Questionnaire was developed by Kurtz and Wolk.

The hypotheses were that there would be no difference in the life satisfaction of the elderly in a low-income housing project and a retirement home and that there is no difference in the adjustment of the elderly in a low-income housing project and a retirement home. The research sample consisted of 63 subjects, 33 residing in a low-income

project and 30 in a retirement home located in North Central North Dakota. All subjects communicated in English; were 65 years of age or older, alert, oriented, and capable of self-care; and agreed to participate in the study.

The literature review presented in Chapter II revealed three issues about which authors disagreed with regard to effect on life satisfaction and adjustment. Two authors reported that individuals with a higher socioeconomic status were more satisfied than those of a lower socioeconomic status; Medley (1976), however, stated that financial status was not related to life satisfaction and adjustment but, rather, that satisfactory relationships with family had the greatest impact on life satisfaction. Discrepancies were also found in the literature regarding church-related activities. Edwards and Klemmack (1973) stated that individuals involved in many church-related activities were more satisfied with life than those with limited church contact, but Cameron (1975) reported that individuals with close church relationships had less happy moods. Four authors stated that self-rated health status had a positive effect on life satisfaction, but three other authors stated it was not a predictor of adjustment.

Informal social relationships and social engagements were reported by several authors as having a positive effect on life satisfaction and adjustment.

Burnside (1977) and Routh (1968) both stated that individuals will be happier and adjust better if environmental threats are reduced and if the individual is treated with patience and respect. Personality of the individual, as stated by Havighurst, Filsinger, and Sauer (1978), is a determining factor in life satisfaction and adjustment. Age and sex did not appear to influence life satisfaction and adjustment in the literature reviewed. Neugarten, Havighurst, and Tobin (1961) stated that married people had higher life satisfaction scores than non-married persons. Wolk and Telleen (1976) reported that residents of a retirement home which had many rules and schedules were less satisfied and not as happy as the residents who had less rigid schedules.

Each subject was interviewed by a researcher on a one-to-one basis, as suggested by the results of a pilot study. The convenience sampling method was used in the research study. The researcher asked each question on the demographic data tool first to determine if the subjects met the criteria regarding age, alertness, and orientation. The demographic data collected in this study included age, sex, race, marital status, education,

length of residence in the facility, source of income, and approximate annual income.

The overall mean age of the 63 members of the sample population was 79.3. The sample in the low-income housing project was younger on the average when the two groups were compared. The overall sample was 71.4 per cent female and 28.6 per cent male; all members of the sample were Caucasian. Approximately half, or 50.7 per cent, of the total number of subjects in the study were widows. Education and length of residence in facility for both groups were not statistically significant. The source of income for both samples was the same. The retirement home residents had a higher income on the average than the sample in the low-income housing project, with mean average income for the former group being approximately \$7411.80, compared to \$2890.70 for the low-income housing group.

Assessment of life satisfaction was made using a standardized Life Satisfaction Questionnaire which consisted of 18 questions designed to measure the individual's degree of satisfaction with past and present life phenomena. The 18 questions were divided into five theoretical components by Adams (1969) and Havighurst (1963), namely, mood tone, zest, congruence, resolution and fortitude, and self-concept.

Assessment of adjustment was made using a standardized Adjustment Questionnaire, which consisted of 14 statements. These 14 statements are paired, according to Kurtz and Wolk (1975). The first statement in each pair measures success or failure in adjusting to developmental tasks of the late years; the following statement is an assessment of the attitude or acceptance of each task.

Statistical analysis of the data was performed by computer. Means, standard deviations, and ranges were calculated for the variables. The frequency distribution with percentages was determined for each of the life satisfaction and adjustment questionnaire items. The Student's "t" test for two independent groups was used to compare the life satisfaction and adjustment of both groups.

Scores for the Life Satisfaction Questionnaire indicated that the members of the sample in the low-income housing group, on the average, were more satisfied than the retirement home group. Most of the respondents in the low-income housing project were happier and more optimistic than the sample in the retirement home, who indicated by their questionnaire responses a much less happy mood. A majority of both independent samples indicated that they disagreed with questionnaire item 16, which also measures mood tone.

Six of the 18 questionnaire items relate to zest for life as opposed to apathy. In three of the questionnaire items the low-income housing group indicated slightly more zest for life and in two questionnaire items selected a considerably more positive response than the retirement home group. Nearly all of the respondents in both samples selected the most appropriate response in one of the questionnaire items.

Most of the respondents in both samples selected positive responses to two questionnaire items which indicate congruence, or harmony between desired and achieved goals, which is the third component of the Life Satisfaction Questionnaire. The retirement home group showed a slightly higher positive response to one of the questionnaire items which measures congruence than did the low-income housing group.

The authors did not agree as to whether items 2 and 15 on the Life Satisfaction Questionnaire measure congruence or resolution and fortitude. The most appropriate answer for questionnaire item 15 was selected by 86.6 per cent of the sample in the retirement home and 66.6 per cent in the low-income housing group. For questionnaire item 2, 63.6 per cent in the low-income housing group and

46.6 per cent in the retirement home selected the most appropriate response.

One questionnaire item was designed to measure resolution and fortitude as opposed to resignation. Of the low-income housing group 60.6 per cent indicated more resolution and fortitude by their responses, compared to 23.3 per cent in the retirement home. The majority (76.7 per cent) of the retirement home sample members indicated resignation.

Psychological and social self-concept, the fifth component of the Life Satisfaction Questionnaire, does not have any specific items correlated with it but is inherent in all the questionnaire items. The low-income housing group, on the average, scored higher than the retirement home group, indicating a more positive social self-concept for the low-income housing group.

Scores for the Adjustment Questionnaire indicated that the sample in the low-income housing group had a higher, or better, score on the average than did the retirement home group. The majority in the low-income housing group (66.6 per cent) indicated successful adjustment to decreased physical strength and health, compared to 33.3 per cent in the retirement home; and 100 per cent in the low-income housing group indicated

acceptance of decreased strength, compared to 66.6 per cent in the retirement home.

The low-income housing group indicated 100 per cent adjustment to limited income, compared to 70.0 per cent in the retirement home. The low-income housing group indicated a more favorable attitude toward limited income than did the retirement home group.

The low-income housing group also indicated twice the number of favorable responses to adjustment to death of a spouse compared to the retirement home group. A majority of both groups showed similar favorable attitudes toward the fact that a surviving husband or wife can learn to get along.

Both groups indicated similar favorable responses to establishing relationships with others of their own age group and that making new friends was not difficult for them. The low-income housing group showed a considerably higher positive response (75.7 per cent) in adapting to social roles than did the retirement home group (33.3 per cent); however, more than half of the respondents in both groups indicated unfavorable attitudes toward adapting to social roles.

Almost 100 per cent of the respondents in the low-income housing group indicated that their living

arrangements were satisfactory, compared to 70.0 per cent in the retirement home. A negative acceptance of the living arrangements was indicated by both groups.

A majority of both groups indicated that they maintained affectional relationships with family and friends. Approximately one-half of the respondents in each group indicated they could accept being dependent on children or others. The study indicated that the members of the low-income housing group were more successful in adjusting to developmental tasks of later life and had a more positive acceptance of each task.

Conclusions

Based on the findings of the study, the first hypothesis, that there will be no difference in life satisfaction of the elderly in a low-income housing project and in a retirement home, was not supported. Statistical comparison of scores for the life satisfaction questions show a mean of 11.94 for the sample in the low-income housing project, compared to a mean of 8.83 for the sample in the retirement home, indicating that the members of the sample in the low-income housing project were more satisfied than those in the retirement home.

Some studies indicate that many individuals in low-income housing may have previously lived in substandard housing, which, generally speaking, is not as safe from fire or crime, and consequently give higher ratings to a newer and safer living environment. This could have some influence on the higher degree of life satisfaction in the low-income group. Over one-third of the subjects in the low-income group stated they were safer as far as crime and fire were concerned than they had been in their previous residence, and approximately one-fourth of the subjects stated that this was the nicest place they had ever lived in, which probably indicates previous residence in substandard housing.

More opportunities for socialization are available in retirement home settings. According to some authors, this increases satisfaction with life; in this study, however, the samples lived in similar environments with regard to availability of social contacts. Previously published reports indicated that personality is also an important factor in predicting relationships between life satisfaction and level of activity. Some studies reported that availability of transportation is an influencing factor on life satisfaction. Both samples in this study had public transportation available to them, but

since the low-income housing group lived in the heart of the city their need for transportation might not be as great as that of the retirement home group, who lived approximately one mile from the heart of the city.

A majority of the retirement home group (76.7 per cent) indicated resignation, compared to 39.3 per cent in the low-income housing group. This may be due to the age difference in the two groups. The mean age for the subjects in the low-income housing project was 75.64, compared to 83.33 for the subjects in the retirement home. Average ages of both groups were compared using the Student's "t" test and were found to be significant at the 0.0001 level; the sample in the low-income housing project was younger on the average. The threat of death seems more imminent to the "old-old," the group generally defined as persons over 75 years of age.

Several studies reported that residents of institutional-type settings with many rules and regulations were not as satisfied as those with fewer constraints. This may have had some influence on the low life satisfaction scores in the retirement home group, who had scheduled times for meals and other activities, whereas the low-income housing group had fewer regulations affecting their daily activities.

Several studies reported that individuals with a higher socioeconomic status were more satisfied than those of a lower socioeconomic status; however, other studies indicated that financial status is not related to life satisfaction. Still other studies also reported that financial worries tend to lower morale among all age groups, including the elderly. The mean average income for the retirement home group was \$7441.80, compared to \$2890.70 for the low-income housing group. Even though the members of the retirement home group had a much higher income, they also voiced many financial concerns which may have lowered the life satisfaction scores for this group. A number of residents in the retirement home group were fearful that the rent would be raised, that lifelong savings would run out, that they would be forced to move to another facility due to lack of finances, and that they would eventually be required to obtain financial assistance from Welfare. The low-income housing group may have adjusted to a lower income much earlier in their lives. In addition, knowing that 25 per cent of their income would be expended for rent might have created a more secure feeling and therefore increased their life satisfaction. The low-income housing group indicated 100 per cent adjustment to limited income, compared to

70.0 per cent in the retirement home. The low-income housing group also indicated, by their response to the Adjustment Questionnaire, that they had a more favorable attitude toward limited income than did the retirement home group. This may also be the reason why almost 100 per cent of the low-income housing group indicated satisfaction with living arrangements, compared to 70.0 per cent in the retirement home. Based on the study's findings, the second hypothesis, that there will be no difference in adjustment of the elderly in a low-income housing project and in a retirement home, was also not supported.

Implications

The findings of this study point out several implications for nurses who care for elderly persons. One of the most important implications is the need for nurses to manipulate the environment to improve mental health for the elderly in all health care settings. A therapeutic environment is planned with the person's total welfare in mind and includes physical and psychosocial aspects of his care. Since many elderly were dissatisfied with life in the study population, dissatisfaction with environmental conditions may also occur in general hospitals and other health care agencies.

Another implication is the need for nurses to encourage other nurses and lay persons to become volunteers in long-term care facilities in an effort to improve emotional climate.

This would also increase the individual attention to residents that is often lacking due to cost containment.

Since research indicates that negative stereotyping of persons interferes with a person's thinking about the potential of people, another important implication of this study is for nurses to attempt to alter this negative stereotyping of the elderly by displaying positive attitudes and by education of both professional and lay persons.

Recommendations

Based on the findings of this study, the following recommendations are made:

1. The present study should be repeated in its present form in a city with a population of less than 3,000, comparing low-income housing residents to nursing home or retirement home residents.
2. The present study should be repeated in its present form comparing elderly individuals residing at home in rural areas to nursing home residents.
3. The present study should be repeated in its present form comparing individuals 65 years of age and older to those 45 to 65 years of age and residing at home.

APPENDIX A

TEXAS WOMAN'S UNIVERSITY
RESEARCH INSTITUTE
DENTON, TEXAS 76204



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BONE METABOLISM LABORATORY
BOX 21548, TWU STATION
PHONE (817) 597-5305

August 27, 1976

Ms. Maxine Vestre
Texas Woman's University
Dallas Center
Dallas, Texas

Dear Ms. Vestre:

The Human Research Review Committee has reviewed and approved your program plan, "Life satisfaction and adjustment of the elderly in two different environments".

Sincerely yours,

George P. Vose, Chairman
Human Research Review Committee

APPENDIX B

TEXAS WOMAN'S UNIVERSITY

(Form E -- Oral presentation to subject)

Consent to Act as a Subject for Research and Investigation:

I have received an oral description of this study, including a fair explanation of the procedures and their purpose, any associated discomforts or risks, and a description of the possible benefits. An offer has been made to me to answer all questions about the study. I understand that my name will not be used in any release of the data and that I am free to withdraw at any time.

Signature Date

Witness Date

Certification by Person Explaining the Study:

This is to certify that I have fully informed and explained to the above named person a description of the listed elements of informed consent.

Signature Date

Position

Witness Date

APPENDIX C

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING
DENTON, TEXAS

DALLAS CENTER
1810 Inwood Road
Dallas, Texas

102

HOUSTON CENTER
1130 H.D. Anderson Blvd.
Houston, Texas 77025

AGENCY PERMISSION FOR CONDUCTING STUDY*

THE Trinity Medical Center

GRANTS TO Maxine Vestre

a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem: The problem of this study is to compare the life satisfaction and adjustment of an elderly population residing in a retirement home to an elderly population residing in a low-income housing project. The sample groups will consist of those individuals who are age 65 or older. The investigator is interested in whether or not there is a difference in attitudes toward life satisfaction and adjustment of these two different groups of elderly individuals living in different environments. The conditions mutually agreed upon are as follows:

1. The agency (may) (may not) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (may) (may not) be identified in the final report.
3. The agency (wants) (does not want) a conference with the student when the report is completed.
4. The agency is (willing) (unwilling) to allow the completed report to be circulated through interlibrary loan.
5. Other: _____

Date

8-6-76

J. B. Harrison
Signature of Agency Personnel

Maxine Vestre
Signature of student

Reis Housh
Signature of Faculty Advisor

*Fill out and sign three copies to be distributed as follows: Original - Student; first copy -- agency; second copy -- T.W.U. College of Nursing.

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING
DENTON, TEXAS

DALLAS CENTER
1819 Inwood Road
Dallas, Texas

103

HOUSTON CENTER
1130 H.D. Anderson Blvd.
Houston, Texas 77025

AGENCY PERMISSION FOR CONDUCTING STUDY*

THE Milton R. Young Towers

GRANTS TO Maxine Vestre

a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem: The problem of this study is to compare the life satisfaction and adjustment of an elderly population residing in a retirement home to an elderly population residing in a low-income housing project. The sample groups will consist of those individuals who are age 65 or older. The investigator is interested in whether or not there is a difference in attitudes toward life satisfaction and adjustment of these two different groups of elderly individuals living in different environments. The conditions mutually agreed upon are as follows:

1. The agency (may) (~~may-not~~) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (may) (~~may-not~~) be identified in the final report.
3. The agency (wants) (~~does not want~~) a conference with the student when the report is completed.
4. The agency is (willing) (~~unwilling~~) to allow the completed report to be circulated through interlibrary loan.
5. Other: _____

Date

8/19/76

Tom Theilend Jr.
Signature of Agency Personnel

Maxine Vestre
Signature of student

Lois Hancock
Signature of Faculty Advisor

*Fill out and sign three copies to be distributed as follows: Original - Student; first copy -- agency; second copy -- T.W.U. College of Nursing.

APPENDIX D

Age _____

Sex

Female _____ Male _____

Race

White _____ Black _____ Brown _____ Yellow _____

Marital Status

Never Married _____ Married _____ Divorced _____

Widow _____ Widower _____

Education

Some Grade School _____ Grade School Graduate _____

Some High School _____ High School Graduate _____

Some College _____ College Graduate _____

Length of Residence in This Facility _____

Source of Income

Self _____ Family _____ Other _____

Approximate Annual Income _____

APPENDIX E

Please answer every question checking whether you mainly agree or mainly disagree.

	Agree	Disagree
1. As I grow older, things seem better than I thought they would be.	x	-
2. I have gotten more of the breaks in life than most of the people I know.	x	-
3. This is the dreariest time of my life.	-	x
4. I am just as happy as when I was younger.	x	-
5. My life could be happier than it was. My life could be happier than it is now.	-	x
6. These are the best years of my life.	x	-
7. Most of the things I do are boring and monotonous.	-	x
8. I expect some interesting and pleasant things to happen to me in the future.	x	-
9. The things I do are as interesting to me as they ever were.	x	-
10. I feel old and somewhat tired.	-	x
11. As I look back on my life, I am fairly well satisfied.	x	-
12. I would not change my past life even if I could.	x	-

	Agree	Disagree
13. Compared to other people my age, I make a good appearance.	x	-
14. I have made plans for things I'll be doing a month or a year from now.	x	-
15. When I think back over my life, I did not get most of the important things I wanted.	-	x
16. Compared to other people, I get down in the dumps too often.	-	x
17. I have gotten pretty much what I expected out of life.	x	-
18. In spite of what some people say, the lot of the average man is getting worse, not better.	-	x

Neugarten et al. (1961); Adams' modification (1969).

x = scoring guide.

APPENDIX F

To contribute to an understanding of the late years, please answer the following questions according to whether for you the answer is mainly yes or mainly no.

	Yes	No
1. Reduced strength keeps me from doing the things I need to do.	-	x
2. One can learn to live a good life even in reduced health.	x	-
3. I manage to live a good life even with limited income.	x	-
4. Retirement is as worthwhile as work.	x	-
5. I find it (or would find it) difficult to live alone.	-	x
6. A surviving husband or wife can learn to get along.	x	-
7. I avoid being with old people.	-	x
8. Making new friends is hard for me.	-	x
9. I still do many worthwhile things.	x	-
10. Younger people can do most things better than older people.	-	x
11. My living arrangements suit me fine.	x	-
12. I would be satisfied only living in my own household.	-	x

	Yes	No
13. Family and friends help when I have troubles.	x	-
14. I could accept being dependent on my children or on others.	x	-

x = scoring guide.

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