RESIDENTS IN ASSISTED LIVING FACILITIES AND VISITATION PATTERNS: THE FREQUENCY OF CONTACT AND THE INFLUENCE OF LIFE SATISFACTION

By

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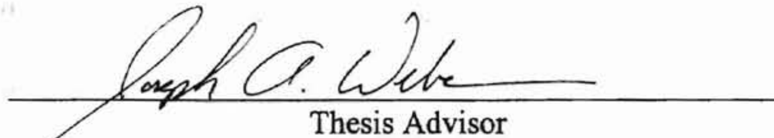

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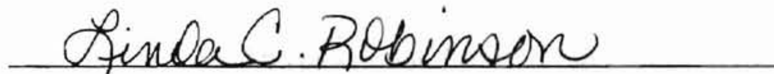

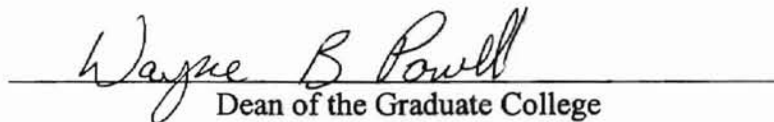

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CHAPTER I

INTRODUCTION

The population of individuals 65 years of age and older constitutes 12.7% of the United States population. According to future projections, by the year 2040, this same population will increase to almost 22% of the total population (Crandall, 1991). The population segment aged eighty-five and older is the fastest growing cohort in the United States (Cavanaugh, 1997). As the population ages there is an increase in the percentage of individuals experiencing a decline in health (Crandall, 1991). The human body's major systems, including the cardiovascular, respiratory, nervous, and digestive systems, experience changes. Bone mass decreases and muscles become weaker as an individual ages, thus adding to the already changing aging body (Crandall, 1980). These changes cause the body to work less efficiently and could create chronic health problems for those over the age of sixty-five (Crandall, 1991).

These changes experienced by a growing aging population increase the probability of there being more frail elderly. The frail elderly could experience more chronic health problems and will need more assistance. Some frail elderly are placed in these homes to receive formal assistance. In fact, presently 5% of all persons 65 years of age and older occupy nursing homes at any given point in time; 9% spend some time in a long-term care facility during a given year; and 23% to 38% of the 65 and older

population will live in a long-term care facility at some point in their lives (Pruchno, Peters, Kleban, & Burant, 1994).

As the aging population is growing in size because seniors are living longer, there is a need for more services especially designed to meet the demands of the elderly population. Some of the services needed are adult day care, home health, nutrition centers, senior citizen centers, and assisted living facilities. These services provide options for assistance available to senior adults and their families. However, some older adults require more care and assistance than some of these services can provide or families can afford.

Nursing homes and assisted living facilities are the two most common types of formal care offering elderly individuals 24 hour monitoring. However, this choice between a nursing home and an assisted living facility could not have been made a decade ago. Families usually placed a relative in a nursing home only as a last resort, because of the few alternatives available. The creation of different kinds of services like assisted living provide a choice to family members and elderly adults (Cavanaugh, 1997). The new industry of assisted living provides housing with a variety of personalized and supportive services (Cerne, 1994). The staff primarily delivers aid with activities of daily living such as walking, bathing, dressing, eating, and using the bathroom (Cerne, 1994). A typical assisted living resident would be classified as unable to live alone, but not require 24 hour skilled medical care provided in nursing home facilities (Cerne, 1994).

Whether a senior adult lives in an assisted living facility or a long-term care facility, the amount of social contact the resident receives is important to examine. For

instance, how often are residents visited by family members and friends? What types of visitation patterns prevail? Are the residents impacted by the visitation?

Family members and friends are often seen visiting a resident of a long-term care facility. However, the amount of visitation varies from resident to resident and different visitation patterns often occur (Regnier, 1995). Some families visit less frequently than others, and some do not visit their relative at all. It is one of the consequences of placement into a long-term care facility.

Researchers have documented the majority of elderly persons are not abandoned by family and friends; many maintain social contact through visitation (Hook, Sobal, & Oak, 1982; Shanas, 1979). Thus, the myth of total detachment between a resident and a family member is not always the case. Researchers have claimed that contact is vital for a resident's well-being (Greene & Monahan, 1982). In fact, the contact provided by family members and friends can enable a person to cope better with stressful events such as a decline in health or the adjustment to a new living environment (Pearlman & Crown, 1992).

Problem Statement

This study investigated the amount of social contact a resident receives and the effects visitation has on a resident's life satisfaction. It was anticipated that those residents receiving more social contact or visitation would seem to have a higher degree of life satisfaction than a resident with less contact. However, researchers have not identified consistent benefits of visitation on residents' life satisfaction. For instance, Larson (1978) found that visitation does have a positive association with the well-being

of senior adults. Ishii-Kuntz (1990) pointed out there is no correlation between the well-being of elderly individuals and their interaction with family members. However, both these studies focused on elderly adults living independently, not taking into account those adults living in residential care environment. Overall, these studies display there are minimal benefits between visitation and life satisfaction. To date, no study has examined visitation and its benefits among a population of residents residing in assisted living facilities. Therefore an examination is warranted to answer the following question: What is the relationship between the assisted living resident's level of visitation and their life satisfaction?

Purpose of Study

Visitation studies with nursing home residents were common in the 1970's and 1980's (Hook et al., 1982; Greene & Monahan, 1982; York & Calysn, 1977). Few studies in recent years have investigated the role visitation plays in the life of a resident in a long-term care facility. Many of these studies only determined what influences a visitor to visit someone and were less concerned with the benefits of visitation for the resident. Consequently, few studies have investigated life satisfaction in relation to family and friend visitation. Research evaluating resident visitation and life satisfaction will first help family members and friends realize the value of visiting a resident. Secondly, this study will alert long-term care administrators and staff members to encourage and educate family members not to abandoned relatives and be open to visiting residents.

Assisted living facilities are growing in popularity. In fact, the industry of assisted living will double in size in the next five years making it more available to

elderly adults and their families searching for alternatives to nursing home placement (Tinsley, 1996). Few studies have included the residents of assisted living to generalize to a larger population. This study involved residents with higher cognitive and physical functioning abilities compared to a sample of nursing home residents requiring more assistance. This enabled the researcher to gain more useful results involving higher functioning residents.

This study also examined the size of the social network (the number of family members and friends) of residents residing in an assisted living facility. Overall, it is the purpose of this research to reevaluate the role of visitation and its relationship to residents' life satisfaction, thus obtaining information that will be useful in helping improve the visitor/resident relationship in assisted living facilities.

Conceptual Framework

Symbolic Interactionism

The development of a resident/visitor relationship is dependent on a social interaction. Meanings evolve as a result of the interaction between the resident and visitor, most likely a family member. Symbolic interactionism centers on the connection between symbols and interactions. The goal of symbolic interactionism is to understand how humans create symbolic worlds and how these worlds shape human behavior (LaRossa & Reitzes, 1993). Thus, symbolic interactionism is a useful tool to examine the interaction between residents and visitors.

The theoretical perspective of symbolic interactionism is well equipped for its use with family science research. This theoretical framework views families as social groups

and proposes that individuals develop a sense of self and their identities through social interactions (LaRossa & Reitzes, 1993). Symbolic Interactionism holds the following basic assumptions: 1) human beings act toward things on the basis of the meanings that things have for them; 2) meaning arises in the process of interaction between people; 3) the meaning enables the person to respond to the social environment by manipulating changes and anticipating the actions of others through their roles; 4) individuals are not born with a sense of self but develop their self concept through social interaction; 5) self concepts, once developed, provide an important motive for behavior; and 6) it is through social interaction in everyday situations that individuals work out the details of social structure (LaRossa & Reitzes, 1993; Knott, 1974).

Symbolic Interactionism utilizes several concepts. These concepts should be defined to gain a clearer insight to the theory. First, "identities" refer to self-meanings in a role (LaRossa & Reitzes, 1993). For example, within the role of an adult child, individuals construct their identities as distinct adult sons or daughters, possibly caring for aging parents. The adult child might view him/herself as a parent or as a companion to their aging parent. The identity is formed when the individual accepts the role in which he/she is placed (LaRossa & Reitzes, 1993).

"Roles" are positions in the family or society that an individual holds (LaRossa & Reitzes, 1993). Since meanings are connected to roles, there are anticipated behaviors for those individuals in a particular role. For example, if an aging parent is placed in a long-term care facility, the adult child has an expected role. This expected role would be to visit elderly parent providing a connection to the outside world and determine if his or her needs were being met. Symbolic Interactionism integrates both the stable and

dynamic aspects of role behavior, resulting in two associated concepts of "role taking" and "role making" (LaRossa & Reitzes, 1993). Role taking refers to the ability to understand the behaviors involved in a certain role and to put that particular individual in that role; whereas, role making is the process of creating and modifying roles so that they better fit that particular individual (LaRossa & Reitzes, 1993).

The last concept discussed is "interaction". It refers to the contact individuals make with other individuals involving verbal and nonverbal communication (LaRossa & Reitzes, 1993). Through interactions, individuals are able to define and create symbols of the world to develop self. In addition, individuals can use symbols to create shared meanings with others (LaRossa & Reitzes, 1993). The relationships with significant others, like those of elderly parents and their adult children, can have a dramatic affect on how elderly parents think and feel about themselves. The situations are based on what is projected regarding the interactive setting, thus permitting actions appropriate for that situation (LaRossa & Reitzes, 1993).

Objectives of the Study

The following objectives have been developed for this research:

1. To determine the relationship between the amount of visitation and resident life satisfaction.
2. To determine the relationship between the amount of visitation and social network size (the number of friends and family members).
3. To determine the residents' perceptions of family and friend visitation patterns.

4. To determine the residents' perceptions of the quality of visitation he/she receives.

Research Questions

Visitation by friends and family members is of vital importance to elderly individuals, especially due to the continual adjustment to changes elderly experience (i.e., decline in health, widowhood). In addition to the typical adjustment most elderly individuals experience, elderly residents of assisted living facilities have to adjust to a new living environment. The frequency of visitation in relation to increases in life satisfaction is the focal point of this research. The main research questions of this study are:

1. Does life satisfaction (LSI-Z Scale) in assisted living residents improve when visitation (number of social contact) increases?
2. Does the social network size (number of family and friends) for a resident increase the amount of visitation a resident receives?
3. What are the residents' perceptions of the amount of visitation they receive?
4. What are the residents' perceptions of the quality of visitation they receive?

Definitions

Concepts and terms used in this study are defined as follows:

Visitation is social interaction between at least two persons, in this case resident and visitor.

Social contact is the visitation a resident receives by family members and friends.

Life Satisfaction is defined as living in contentment or acceptance as measured by the LSI-Z scale (Wood, Wylie, & Shaefor, 1969).

Social Networks consist of individuals a person can count on to provide ongoing assistance, emotional support and affirmation, and information and personal assistance in times of crisis (Atchley, 1991).

Assisted living is a residential long-term care facility providing assistance in daily living with 24 hour monitoring (Cerne, 1994).

Family member is defined as a relative of the resident (spouse, child, grandchild, sibling).

Friend is defined as a significant other as described by the resident.

Summary

The population of the United States is aging. As life expectancy increases there will be more elderly individuals living longer in the United States than ever before. With this increase in elderly adults and the fact that life expectancy is increasing, there will be a need to assist those elderly who are frail and needing aid. This demand for assistance is beginning to be met, but additional senior services will be needed in the future.

One service already in existence is assisted living facilities. These facilities provide supportive services in a residential setting to those elderly individuals needing 24 hour monitoring. Once a family places a family member into an assisted living facility, it is important for that family not to rely solely on the facility or other residents to give their relative the social interaction needed. The importance of visitation by family and friends could have an impact on the life satisfaction of those placed in assisted living facilities.

CHAPTER II

REVIEW OF LITERATURE

Visitation

For individuals living in long-term care facilities, family and friends are the primary sources of social support. Maintaining this social support is done through contact with the resident, most likely through visitation. There has been an assumption by researchers that visiting a resident in a long-term care facility is beneficial to the resident (Gubrium, 1976; Hook et al., 1982). Visitation provides the resident social contact with the outside world.

Researchers have examined visitation patterns between residents and visitors (Greene & Monahan, 1982; Hook et al., 1982; Minichiello, 1989; York & Calysn, 1977). Hook et al., (1982) and Minichello (1989) determined the type and the amount of visitation, variables determining frequency of visitation (e.g., sex, race, distance between resident and visitor, visitor employment status), and who the visitor was in relation to the resident (e.g., spouse, relative, neighbor, friend).

The role families play in an older relative's life have been shown to be associated with shorter lengths of stay in a nursing home. For male residents, having a living spouse decreased the number of months in a nursing home by an average of four months (Freedman, 1993). As for female residents, having a living spouse and children

shortened the length of stay by six months (Freedman, 1993). Some family members, especially the primary caregiver, continue to have feelings of stress and burden even after the placement of their relative into a long-term care facility. Studies have shown families had fewer disruptions in their social and interpersonal activities, but did experience added stress due to their relative's behavioral problems and the lack of caregiving support from others in the family (Stephens, Kinney, & Ogrocki, 1991).

If the family member was the main caregiver to the relative placed in the nursing home, the caregiver does not give up the caregiving role, the role changes, but the caregiver no longer has to provide continuous service and care to the relative. Families now can visit their relative in the facility, provide assistance with activities of daily living, and interact with staff to guarantee that the resident's needs are being met (Zarit & Whitlatch, 1992). Zarit and Whitlach (1992) determined family caregivers experienced changes in their daily routines. They felt less overwhelmed, less tired, less pressured, and had more time for their activities.

Visiting a relative or a friend in a long-term care facility is a voluntary decision. The decision to visit, however, can be forced because of feelings of guilt and/or obligation (Minichello, 1990). Still, there is a temptation to visit less frequently because visiting a family member or friend in a nursing home could remind the visitor of the impending death of the resident (Butler, 1975). Regardless of these feelings families and friends have, receiving visitors is one of the focal points of a resident's life. Residents notice and remember who receives visitors and who receives visitors more frequently (Minichello, 1989). In fact, residents who continued having social relationships tend to have a better outlook on life (Greene & Monahan, 1982). Contact between residents and

visitors allows residents to reminiscence about past life events and extend contact with the outside world (Minichello, 1989).

Frequency of Visitation. Studies have also been interested in determining the frequency of visitation by calculating the number of visits by family members and friends. Most researchers distinguished visitation patterns into daily, weekly, monthly, and yearly categories. A nursing home national survey in the 1970's, revealed 88% of the residents received visitors occasionally. Of this 88%, 61% received at least weekly visitors and 27% received visitors less than weekly. Twelve percent of the residents in the survey never received visitors (National Center for Health Statistics, 1979). A study by Kahana, Kahana, & Young (1985) found similar findings. They reported that 64% of their surveyed residents received at least one visitor per week (Kahana, et al., 1985).

Research reveals that few families visit daily, reporting that only one percent of family members or friends visit a long-term care facility everyday (Minichello, 1989). To determine family involvement in nursing homes, the research study by York and Calysn (1977) found families visit on an average of twelve times a month (York & Calysn, 1977). Their study also revealed that, out of a total sample of seventy-six families, only two families visited less than twice a month.

The literature also has examined who is visiting residents of long-term care facilities. Several studies have found women to be more concerned about the maintenance of close bonds with friends and family members (Minichello, 1989). This maintenance can be seen in the amount of visitation comparing females and males. Studies have revealed daughters provide more care prior to nursing home placement and also visit the nursing home more frequently than sons (Grau, Teresi, & Chandler, 1993).

In addition, Hook et al. (1982) found daughters, sisters, aunts, and nieces visited more than sons, brothers, uncles, and nephews. This study found visitors were primarily visiting residents of the same sex; for instance sons were more likely to be visiting their fathers in the nursing home (Hook et al., 1982). Female residents outnumber males in nursing home facilities. This may explain the reason why females visit more frequently than males.

Comparing family members, adult children of the resident report more visitation. However, the strength of the parent-child relationship is associated with the frequency of visitation (Pruchno, Peters, Kleban, & Burant, 1994). Studies also reveal, the oldest child and the never married child provide the most paternal assistance (Montgomery & Hirshorn, 1991).

Friends of residents in long-term care facilities visit less frequently than family members (Bitzan & Kruzich, 1990). Researchers have concluded friends of residents are of a similar age and might not be able to visit due to their own health problems (Minichello, 1989). Bitzan and Kruzich (1990) asked nursing home residents if they see friends and family members as often as they desired. It was discovered that 52% of the subjects said they were happy and 46% stated they were unhappy with the visitation patterns of friends and family members (Bitzan & Kruzich, 1990).

Factors Influencing Visitation. Researchers have assumed the greater size of the resident's social support system, the more likely it is that the older person will interact with someone in that support network. Having more family and friends available increases the probability of visitation taking place (Minichello, 1989). In the Bitzan and Kruzich (1990) study, 62% of their sample of residents had living children. The residents

with more children in the study tended to be visited more frequently; however this finding was not statistically significant. Other studies investigating marital status and visitation resulted in interesting findings. For example, in the Greene & Monohan (1982) study, marital status was not a predictor of visitation frequency. Furthermore and somewhat surprising, the never married residents in the Minichello (1989) study were visited more frequently compared to married residents. This finding confuses the issue of having a larger support system versus a smaller network to influence the frequency or probability of family members visiting a resident of a long-term care facility.

One factor in determining visitation is proximity. The distance between a resident and a visitor and its influence on visitation has been researched. Basically, contact is dependent on proximity between two persons. Long distances require more time and expense for a visitor making contact with a resident (Minichello, 1989). Therefore, family and friends who are closer in distance are more likely to visit more frequently. Hook et al. (1982) found these same results in their study of nursing home visitors. The study concluded the distance traveled to the facility by a visitor was significantly related to the frequency of visitation (Hook et al., 1982). Not only does proximity reveal visitation patterns, but it also explains feelings of obligation by family members and friends to an older person (Montgomery & Hirshorn, 1991). The further the distance between a resident and a family member, the lesser the obligation and the likelihood that visitation would occur.

Another factor in determining visitation is the length of residence in a long-term care facility. Researchers have agreed that the duration of residence in a nursing home has a negative relationship to visitation. The Greene and Monahan (1982) study found

with each passing month of residence, residents showed a decline in the amount of visitation they received. Similarly, Hook et al., (1982) found that residents residing for a longer period of time in a nursing home accounts for fewer visits compared to residents residing for a shorter period of time.

Most would expect a resident who is declining in health to be visited less frequently than a resident of a higher level of health functioning. York and Calysn (1977) conducted one of the few studies to examine health functioning and the impact on visitation. The study determined that visitation was not influenced by the amount of resident impairment (York & Calysn, 1977). Thus, this finding indicates families are willing to visit their older relative despite the resident's physical or mental deterioration. However, a study by Moss and Kurland (1979) discovered the more cognitively intact the resident, the more enjoyable the visit.

Some researchers have examined other influences of visitation in a nursing home. One study in particular, found family members would visit more often if they felt welcomed in the long-term care facility (Tobin & Kulys, 1981). Another study reported visitation was more common with families who funded a resident's care through family resources (Hook et al., 1982).

Visitation Relationships. If a resident and a visitor perceive their interaction to be mutually meaningful and rewarding, less problems will exist and preservation of visitation patterns will continue. However, not all visitors enjoy their visitation. Forty-two percent of families in the York and Calsyn (1977) study reported enjoying less than half of their visits. Thirty percent of the families indicated mood disturbances (e.g., depression) of the relative were the most upsetting to the visitor (York & Calsyn, 1977).

Another study assessed the level of attachment of adult children and their parent residing in a long-term care facility. Pruchno et al. (1994) found the more negative the parent's mood, the lower the level of attachment felt by the child/visitor.

A startling indication resulted from the York and Calsyn (1977) study. Several family members stated they did not know what to do during their visits to a long-term care facility. However, 83% of the families in the study claimed they would want to participate in programs provided by the nursing home for their own personal benefit. The study suggested that classes on visitation would be beneficial for both the resident and the family member (York & Calsyn, 1977).

Research suggests that residents who receive more visitors receive better treatment from long-term care facilities (Toblin & Kuyls, 1981). This is one benefit shown by research indicating the importance of visitation frequency. Few studies have examined other benefits in regards to the resident. For instance, does life satisfaction improve when a resident receives more visits? Most studies assume visitation is therapeutic for the resident; however, few studies have actually supported this presumption.

Social Support

Researchers of nursing homes have tried to diminish the myth of abandonment. This myth has existed as long as nursing homes have been established. The elderly are not deserted by families once placed in a nursing home facility. In fact, placement into a home is usually the last resort of families with an older relative (Pruchno et al., 1994).

Residents of retirement villages, assisted living facilities, or nursing homes continue to have support networks. The social support mainly comes from close relatives

and some friends (Hook et al., 1982). Social supports are either formal or informal (Bogat & Jason, 1983). Formal support are described as social clubs, religious organizations, and government sources. Relatives, friends, and neighbors create informal support (Bogat & Jason, 1983). Informal social support provide emotional aid and socialization to elderly individuals. The roles of a social support network can vary from individual to individual. Mainly, they respond to emergencies, coordinate services such as having meals brought in, or act as mediators with the nursing home or resident's facility (Pruchno et al., 1994).

Social Support Networks. There is only partial support for the position that the older individual's social support network reduces in size. Reasons for this decline include financial limitations, poor physical health, loss of friends and family, proximity, and transportation problems (Revicki & Mitchell, 1990). If an individual is placed in a facility, the loss of relationships with others occurs (Bitzan & Kruzich, 1990). Relationships with friends and neighbors become almost non-existent with an older resident. Once placement occurs, those ties are sometimes stretched and then eventually become restricted or even extinct (Bitzan & Kruzich, 1990). However, not all research has agreed with the decline of social network size. According to Ishii-Kuntz (1990), social network size remains relatively stable across the life span. Kahn and Antonucci (1981) sampled 719 adults over the age of fifty and found social support size does not decline with age.

Older adults lose their friends and spouses to death, further limiting their social support network (Bitzan & Kruzich, 1990). Differences in social support between elderly men and women do exist. Fifty percent of women seventy years of age and older are

widows (Atchley, 1991). Even though widows continue to receive social support from families and friends, they are at-risk for lower social support compared to widowers. The widowers commonly remarry, adding a new member to their social support network. Men are able to remarry because older women greatly outnumber them (Atchley, 1991). Atchley (1991) compared widowhood between widowers and widows and found that widows were more likely than widowers to be isolated. These differences have shown that women are at a greater likelihood of having a decline in social support compared to men.

Although residents are limited in their social support, the relationships with family and friends continue to be viewed as important to elderly residents (Bitzan & Kruzich, 1990). In fact, in the Bitzan and Kruzich (1990) study, 90% of the residents in a nursing home identified a person outside the facility to whom they felt close. Most residents identified or named a child (41%), sibling (11%), spouse (4.5%), another relative (21%), or a friend (12%) (Bitzan & Kruzich, 1990).

Social support networks are predictive in relation to placement in a long-term care facility. Older individuals who are currently married, live with others, have children in the home or nearby, or have relatives willing to provide care are less likely to be placed in a nursing home (Pearlman & Crown, 1992). These findings suggest social support is important in preventing institutionalization of an older person. However, not all research agrees, Freedman et al. (1994) claims social support is usually not a factor considered to predict nursing home placement. This study finds the strongest predictors of nursing home placement are a decline in functional status, mental status, and age (Freedman et al., 1994).

If the social support system of a resident of a long-term care facility declines, depression can result. Researchers have found that a changing social environment increases the possibility of depression in an older individual (Mitchell, Matthews, & Yesavage, 1993). Life changes such as widowhood, retirement, or a loss of personal control contribute to depression in the elderly. The transition of moving from a personal residence to a long-term care facility would most likely be interpreted as a life change. This type of change would increase the likelihood of depression emerging in a resident.

There is evidence that social support enables an older person to cope better with stressful events, such as the decline in one's health or the loss of a spouse (Pearlman & Crown, 1992). Researchers have found that the individuals who cope best in crisis situations have an accessible informal social support system (Bogat & Jason, 1983). Not only can social support decrease depression and increase coping skills, but a social support network also can have positive effects on a person's sense of well-being (Atchley, 1991). Bogat and Jason (1983) found those elderly having at least one close relationship were happier and healthier than those without social support.

Life Satisfaction

Researchers have been interested in determining what factors affect or influence an individual's psychological well-being or level of life satisfaction in late life (Neugarten, Havinghurst, & Toblin, 1961). Before researchers could determine what affected or influenced well-being, the term had to be defined. Therefore, researchers have described psychological well-being as being free of depression or anxiety; perceiving life as more happy than unhappy over an extended period of time; and experiencing positive affect or feelings regarding life at the moment (Atchley, 1991).

There have been numerous studies determining conditions that reduce or increase life satisfaction and well-being of older people (Atchley, 1991; Sherman & Wood, 1989). Lower feelings of well-being were associated with the following: poor health, low level of activity, difficulty performing activities of daily living, satisfaction with the amount of interaction with friends, satisfaction with physical environment, and cognitive capability (Atchley, 1991). Similar results were found with another study, reporting life satisfaction was most influenced by a senior's health (Sherman & Wood, 1989). Other factors reducing life satisfaction were feelings of social isolation and being dependent on others for transportation (Larson, 1978; Sherman & Wood, 1989).

Influence of Social Interaction on Life Satisfaction. Some studies have investigated the role social interaction or contact has on an older adult's well-being or life satisfaction. However, few researchers agree that it improves the level of life satisfaction or morale. According to Ishii-Kuntz (1990), research has found a lack of correlation between psychological well-being and interaction with family members. Ishii-Kuntz's (1990) research has found the following: frequent interaction with adult children does not increase the senior adult's well-being; senior adult's well-being is unaffected by the interaction with their grandchildren; and sibling interaction only demonstrates marginal effects on well-being. On the other hand, Larson (1978) reviewed the influence of well-being on older adults. Larson (1978) determined that the actual tabulations of the frequency of informal activities, such as visiting with friends or neighbors, had a positive association with well-being.

Even though inconsistency is noticeable in determining benefits of social interaction and life satisfaction, some consistency exists. The consistency lies with the

interaction with friends. Ishii-Kuntz (1990) found numerous studies showing interaction with friends was positively related to well-being. Speculation into the reason why this might be the case centers on the differences between the interaction of residents with friends or family members. An older adult might view the interaction with family members as a burden to the family member, possibly visiting because they feel obligated to visit. However, the interaction with a friend might provide the older adult with complimentary support. Aging friends can reciprocate help and support to one another, due to the mutual life events they are experiencing (e.g., loss of spouse, retirement). This reciprocity effect is not as common for a family member and the older adult (Ishii-Kuntz, 1990).

Studies have tried to predict why there is a reduction in life satisfaction. Gies and Klein (1984) tried to predict the reasons of decreasing life satisfaction in older individuals in relation to life change (i.e., relocation, widowhood). The study found those with higher levels of life change reported lower life satisfaction (Gies & Klein, 1984). This study did not include a report of social support networks of the individuals to determine if life satisfaction declined in subjects who had less social support or contact.

Benefits of Visitation Programs. Some researchers have created visiting programs to determine the benefits to the resident. Arthur, Donnan, and Lair (1973) used undergraduates to visit residents of long-term care facilities. The study indicated morale scores improved in those residents receiving visits from undergraduates compared to those residents in a control group (Arthur, et al., 1973). Parallel to the Arthur et al. study, Korte and Gupta (1991), looked at a visitor program which illustrated similar findings.

The study showed increases in morale, health, mental status, and grooming upkeep in those subjects who received visitors (Korte & Gupta, 1991).

Summary

This review of literature indicates several important points. Families and friends are the primary sources of social support for a resident living in a long-term care facility. Visitation to a facility is a way family and friends can maintain contact with a resident. Since an older adult's social support network size is decreasing in size, it is vital for families to maintain this contact through visiting. It is even more important to visit senior adults if they reside in a nursing home or assisted living facility. This social support decreases levels of strain and stress and increases the coping behavior of residents of long-term care facilities as they adjust to a new living environment.

CHAPTER III

METHODOLOGY

This study was designed to explore the current resident and visitor relationships in assisted living facilities. It evaluates how social contact with assisted living residents is related to the residents' life satisfaction. The social contact is measured through visitation a resident receives from relatives and friends. This study determined how the residents' social network size is related to visitation frequency and examines the residents' perception of the family and friend visitation patterns.

As previously stated, few studies in recent years have examined visitation patterns of long-term care residents. Far fewer have determined the benefits visitation plays in the life of a resident in a long-term care facility. This study is revisiting the role of visitation to understand the effects on life satisfaction and to acquire useful information regarding the visitation from the perspectives of the residents. It is anticipated that the results of this study will provide a better understanding of the impact visitation possesses on residents' lives.

Research Design

This was an exploratory study incorporating a combination of qualitative and quantitative methods. Utilizing the qualitative design enabled the researcher to describe

existing behaviors or attitudes regarding visitation patterns, identify the needs of assisted living residents as they describe them, and evaluate the impact of visitation from a residents' perspective (Blieszner & Shea, 1987). The use of the quantitative design allowed the researcher to quantify data in order to manipulate and analyze for statistical findings (Babbie, 1983). Semi-structured interviews were used to determine the frequency of visitation, the resident's social support network size, the quality of visitation patterns family members and friends provide residents, and the level of a resident's life satisfaction of assisted living residents.

Participants

The participants in this study were residents of assisted living facilities. They were obtained from five separate facilities in central and northeast Oklahoma. Three of the five facilities were common in design, averaging 30 to 35 residents at each facility. The two remaining facilities were larger, housing around 150 residents. All five facilities offered similar levels of care for their residents.

The participants constituted a convenience sample and were recruited to participate either by the researcher or the facility's administrators. Two facilities were approached by the researcher during a dining time, which was a time when most residents were present and grouped together. The researcher described the intent of the study and asked for volunteers to participate in interviews regarding their visitation. The remaining three facilities had administrators select residents interested in participating in the visitation study. This yielded a sample size of 30 residents. The participants ranged in age from 64-97, with a mean of 83.5. There were no gender restrictions, 27 residents

(90%) were female and three residents (10%) were male. Twenty-six of the residents (87%) were widowed, three residents (10%) were married, and one resident (3%) had never been married. The low sample size was due to the difficulty in recruiting willing participants. The barriers to participation will be discussed in greater detail in a later section.

Instrumentation

To explore assisted living residents' visitation patterns and the influence it has on their life satisfaction, an interview questionnaire (Appendix A) was used. The researcher interviewed participants currently residing in assisted living facilities. The semi-structured interviews were broken into separate sections. The resident was asked to discuss their basic background, social network size, level of life satisfaction, amount and frequency of visitation, and quality of their visits.

Background Information (demographic)

The first section of the semi-structured interview (Appendix A) included 15 questions. The participants were asked the following information: gender; age; highest education level; marital status; occupation or career; ethnic heritage; length of residence in the facility; lived prior to placement in the facility; the number of living sons, daughters, grandchildren, brothers, sisters; the number of friends residing outside the facility; and the number of friends that visit. The participants were also asked to rank from a scale of one to five their level of health, church involvement, and satisfaction with the facility.

Life Satisfaction Index Z (LSIZ)

In the second section, life satisfaction was measured using the Life Satisfaction Index Z (Wood, Wylie, & Shaefor, 1969). LSIZ (appendix A) is a self-report instrument designed to measure morale. However, in this study the LSIZ was read by the researcher orally to the participants. The LSIZ totals 13 statements, asking if the participant agrees or disagrees with the various statements. The researcher marked an "X" in the spaces under one of three columns: "AGREE", "DISAGREE", or "?". The "?" response was for respondents who were unsure of their answer. Answers indicating satisfaction were scored two points, answers with "?" or no responses were scored one point, and answers indicating dissatisfaction were scored no points (Wood, et al., 1969). A sample question from the LSI-Z is: "As I grow older things seem better than I thought they would be." The responses were tabulated for each resident. The maximum score on the index is a total of 26. An individual scoring high on this index would be regarded as having pleasure from activities, having a meaningful life, feeling major goals have been accomplished, having a positive concept, and having a happy and optimistic mood (Neugarten et al., 1961).

LSIZ is a modification of the Life Satisfaction Index A (LSI-A), which is a revision of the Life Satisfaction Rating (LSR), both created by Neugarten et al., (1961). LSI-A is a self report instrument, whereas the Life Satisfaction Rating (LSR) is a rater-determined measure (Neugarten et al., 1961). However, the two measures experienced low validity standards. LSI-A consisted of twenty items, but seven items were found to be insufficiently correlated. Those seven items were eliminated, leaving thirteen items which formed the shorter version called Life Satisfaction Index Z. The Kruder-

Richardson 20, coefficient alpha applied to the LSI-Z scores, produced a test reliability of .79 (Wood et al., 1969).

Quantity and Quality of Visitation (QQVS)

The final section of the semi-structured interview employed the Quantity and Quality of Visitation Survey (QQVS) (Appendix A). The survey was designed by the researcher to assess the frequency of contact a resident receives and the participants' perception regarding the quality of visitation.

Part one of the QQVS determined the amount of visitation family members (e.g., spouse, sibling, child, grandchildren) or friends (e.g., self-indicated significant other) provide to a resident. Friends named by the resident were friends residing outside the facility. The number of questions to determine the frequency of visitation was based on the size of the resident's family network size (i.e., the number of adult children, number of living siblings). A sample question asked how often son/daughter #1 visits, and could be answered from the following range of frequencies: daily, semi-weekly (2-3 times a week), weekly (once a week), semi-monthly (2-3 times a month), monthly (once a month), semi-yearly (3-5 times a year), yearly (once a year), or not at all. The researcher circled the response given by the participant regarding the frequency of visitation of each family member and friend. The researcher accounted for additional family members or friends if space did not permit in part one of the QQVS. Each frequency of visit category was corresponded with a numerical value. The researcher assigned the following numerical values with each category: daily = 30 (visits); semi-weekly = 10; weekly = 4.3; semi-monthly = 2.5; semi-yearly = .333; yearly = .0833. These numerical values were based from daily averages for a month, for example if a resident stated a visitor visited

two to three times a month, that visitor was given the value of 2.5. A total was tabulated of the visits to give the average number of visits for each resident.

Part two of the QQVS focused on residents' perceptions regarding the quality of the visitation. Open-ended questions were utilized to give the participant an opportunity to express their feelings to each questions. Participants were asked to respond to twelve questions. The first question asked the participant if they were basically satisfied with the amount of visitation they receive. The second asked how often they saw their family and friends prior to moving into the assisted living facility. The third and forth questions asked if the participants wished more of their family members and friends would visit. The fifth question asked how far the residents live from family members and friends. The sixth question asked the participants if they believed the distance they lived from their family had an effect on the amount of visitation they received. Question seven and eight asked the residents if they enjoy the visits they receive from family members and friends. The ninth question asked how long on average the visits were and asked the participants if they wished they were shorter or longer. The tenth question asked the residents if they leave the facility during the visits or if they remain on the grounds of the facility. The eleventh question asked what the residents usually do during their visit with their friends or family members. The last question asked the residents how important it was to them that their family members and friends visit them at the facility.

Data Collection

To conduct this research several steps had to be taken to obtain participation from residents. First, the researcher contacted the directors or administrators of five assisted

living facilities. The researcher discussed the purpose and intent of the study either by phone or face-to-face meetings. Once, the administrators gave the approval to use their facilities, the researcher discussed ways of obtaining volunteers to participate in the study. An option given to the administrators was to have the researcher come to the facility during a meal time and discuss the purpose of the study with the facilities' residents and ask for willing participants. Two of the five administrators selected this option for the use with their residents. The remaining three administrators used their own discretion in obtaining participants for the study. Most of these administrators would ask a resident if they wanted to participate in a study regarding visitation.

Residents who volunteered directly to the researcher to participate in the study were allowed to select their interview times and ask any questions regarding the study, which were answered by the researcher. If the residents were recruited by the administrators interview times were scheduled by the facilities and the researcher was provided a list of willing participants. The interviews took place in either the resident's room, or in the facility's common area. The location of the interview was determined either by the administrator or the resident of the facility. Each interview took approximately one hour to an hour and fifteen minutes with five to ten minutes allotted for open discussion, introduction, and questions. A consent form was discussed with each participant at the initial part of the interview and a signature was obtained from each resident.

The interviews were semi-structured, with the researcher administering the interview questionnaire (Appendix A). The questionnaire provided an organizing format of the various topics discussed in the interviews. The participants were asked to respond

to general background questions, a life satisfaction index, the amount and frequency of visitation the resident receives, and the residents' perception of the visitation. The Life Satisfaction Index Z (LSIZ) was used to measure the life satisfaction of each resident. The Quantity and Quality of Visitation Survey (QQVS), a survey design created by the researcher, assessed the frequency and the residents' perception of the quality of visits.

There were advantages in this technique of interviewing the resident as opposed to a written questionnaire, especially using elderly individuals. The face-to-face interview provided greater depth and resulted in more complete and accurate data (Miller, 1986). This enabled the researcher to have the ability to notice and correct the participants' misunderstandings and probe inadequate or vague responses (Judd, Smith, & Kidder, 1991). If the participants were unable to understand or hear a question asked, they were able to visually see the question.

At the completion of the interviews at each facility, the researcher mailed an administrator's checklist in a self-addressed stamped envelope. The administrator's checklist was intended to retrieve reliability information regarding residents' health, level of care, and their opinion of the frequency of visitation of each resident interviewed ranging from a scale of one to five.

Statistical Analysis

Statistical measures for this research included: frequency distributions, measures of central tendency, and Pearson r correlation. Frequency distributions were obtained to gather descriptive statistics on the residents and their visitors. This was attempted to determine how participants were distributed on different variables and to generate a

profile of an assisted living resident. Mean scores were calculated offering statistical insight to the center of distribution of demographic data. The Pearson correlation was utilized to evaluate the study's research questions. The correlation coefficients were used to indicate variable relationship and the strength of relationships.

Limitations

1. This study does not include a random sample. The sample was drawn from willing volunteers and selected participants.
2. The sample in this study was not a representative sample; it was limited to five facilities in central and northeastern Oklahoma.
3. The sample size used in this study was small.
4. The sample could be biased as a result of the use of an all Caucasian sample and residents with higher SES's resulting from the private pay dollars required to live in assisted living facilities.
5. Data collection was limited to one interview for each participant and there was no attempt to re-test the participant for reliability testing of the responses given.
6. This study included qualitative research, which limited the number of participants involved in the study.

The following is a discussion to further explain the small sample size used in this study. It was the goal of this researcher to include a sample size of 35 to 40 residents. Several reasons contributed to a lower sample size. There was difficulty in getting facilities willing to participate. For instance, some facility directors gave their approval for the researcher to do the study at the particular facility, but later changed their

approval, claiming "it would not be a good time right now for their residents to participate." This created time constraints for data collection for the researcher. Some facility directors wanted control of who was to participate in the study. There is the assumption that these facility directors probably approached residents who were more social and active in the facility and would most likely want to participate in an interview with a researcher. This created a limitation to collect data on residents less social and possibly less visited.

Another barrier was encountered involving the administrators/directors' checklist. It was attempted by the researcher to obtain inter-rater reliability on residents' visitation frequency, level of health, and level of care. The directors were mailed a simple three item questionnaire on each resident interviewed by the researcher. They were asked to respond to each question, thus gaining reliability of data given by the residents. Of the 30 questionnaires mailed to the directors, only 23 were returned and 16 completely answered. Some directors for confidentiality reasons felt they did not want to respond to the questionnaire.

Summary

This study was designed to determine the relationship between the frequency of visitation and the level of residents' life satisfaction. In addition, this study determines the relationship between residents' social network size and visitation frequency and examines the residents' perceptions of family and friend visitation patterns. The sample included residents of assisted living facilities. The Life Satisfaction Index Z was utilized to assess residents' well-being. Residents were asked to report their frequency of

visitation and discuss their perceptions of family and friend visitation patterns. Pearson r correlation was utilized to evaluate the study's research questions, determining variable relationship. Several open-ended questions were designed to address residents' perceptions into the frequency and quality of the visitation.

CHAPTER IV

Residents in Assisted Living Facilities and Visitation Patterns: The Frequency of Contact and the Influence of Life Satisfaction

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Abstract

This study examined the relationship between assisted living residents' visitation patterns and their level of life satisfaction. It also investigated residents' perceptions of family and friend visitation. Thirty assisted living residents from Oklahoma participated in a comprehensive interview that included demographics, life satisfaction, visitation frequency, and perceptions into visitation patterns. The age of the residents ranged from 64 to 97 with a mean of 83 years. Respondents included both genders, 90% were female and 10% were male. Pearson $\underline{r}$ correlation indicated a weak relationship between visitation amounts and residents' life satisfaction. However, an overwhelming majority of the respondents perceived family and friend visitation as "important" to "very important" in their life. Visitation allows residents to reminiscence with family members and friends, provides a need to have outside contact, and reassures a sense they have not been forgotten. Results indicate residents do desire continued relationships with family and friends through visitation. This study has implications for family members and friends to understand they have a value in a resident's life. Family and friends can enable a resident to cope better and decrease levels of strain and stress. It is also important for administrators and staff members of assisted living facilities to realize this same importance. Facilities should encourage activities involving outside members of a resident's support network and should be aware of residents less visited, developing programs creating social contact and support.

Introduction

The population of individuals 65 years of age and older constitutes 12.7% of the United States population. According to future projections, by the year 2040, this same population will increase to almost 22% of the total population (Crandall, 1991). The population segment aged eighty-five and older is the fastest growing cohort in the United States (Cavanaugh, 1997). With this population increasing, there is a need for more services especially designed to meet the demands of the elderly population. Some of the services needed are adult day care, home health, nutrition centers, senior citizen centers, and assisted living facilities. The creation of different kinds of services like assisted living provide a choice to family members and elderly adults (Cavanaugh, 1997). The new industry of assisted living provides housing with a variety of personalized and supportive services (Cerne, 1994). The staff primarily delivers aid with activities of daily living such as walking, bathing, dressing, eating, and using the bathroom (Cerne, 1994). A typical assisted living resident would be classified as unable to live alone, but not require 24 hour skilled medical care provided in nursing home facilities (Cerne, 1994).

Whether a senior adult lives in an assisted living facility or a long-term care facility, the amount of social contact the resident receives is important to examine. For instance, how often are residents visited by family members and friends? What type of visitation patterns prevail? Are the residents impacted by the visitation?

Family members and friends are often seen visiting a resident of a long-term care facility. However, the amount of visitation varies from resident to resident (Regnier, 1995). Some families visit less frequently than others, and some do not visit their relative at all. It is one of the consequences of placement into a long-term care facility.

However, researchers have documented that the majority of elderly persons are not abandoned by family and friends; many maintain social contact through visitation (Hook, Sobal, & Oak, 1982; Shanas, 1979). Thus, the myth of total detachment between a resident and a family member is not always the case. Researchers have claimed that contact is vital for a resident's well-being (Greene & Monahan, 1982). In fact, the contact provided by family members and friends can enable a person to cope better with stressful events such as a decline in health or the adjustment to a new living environment (Pearlman & Crown, 1992).

Few studies in recent years have investigated the role visitation plays in the life of a resident in a long-term care facility. Many of these studies only determined what influences a visitor to visit someone and were less concerned with the benefits of visitation for the resident. Consequently, few studies have investigated life satisfaction in relation to family and friend visitation. Furthermore, to date, no study has examined visitation and its benefits among a population of residents residing in assisted living facilities.

This study provides an understanding of the value of visitation in assisted living facilities, from the perspective of the resident. It is the purpose of this research to reevaluate the role of visitation and its relationship to residents' life satisfaction, thus obtaining information that will be useful in helping improve the visitor/resident relationship in assisted living facilities. In addition, the size of the social network (the number of family members and friends) of assisted living residents was also examined and insight is provided regarding residents' perceptions of the amount of visitation and the quality of visits.

It is important for social scientist and practitioners to have a better understanding of the impact family and friend visitation has on life satisfaction, especially with a population of assisted living residents. As this industry of assisted living is growing in size, doubling in the next five years, we need to know the role visitation plays in the life of a resident.

Relevant Literature

Visitation

For individuals living in long-term care facilities, family and friends are the primary sources of social support. Maintaining this social support is done through contact with the resident, most likely through visitation. There has been an assumption by researchers that visiting a resident in a long-term care facility is beneficial to the resident (Gubrium, 1976; Hook et al., 1982). Visitation provides the resident social contact with the outside world.

Researchers have examined visitation patterns between residents and visitors (Greene & Monahan, 1982; Hook et al., 1982; Minichiello, 1989; York & Calysn, 1977). Hook et al., (1982) and Minichello (1989) determined the type and the amount of visitation, variables determining frequency of visitation (e.g., sex, race, distance between resident and visitor, visitor employment status), and who the visitor was in relation to the resident (e.g., spouse, relative, neighbor, friend).

The role families play in an older relative's life have been shown to be associated with shorter lengths of stay in a nursing home. For male residents, having a living spouse decreased the number of months in a nursing home by an average of four months (Freedman, 1993). As for female residents, having a living spouse and children

shortened the length of stay by six months (Freedman, 1993). Some family members, especially the primary caregiver, continue to have feelings of stress and burden even after the placement of their relative into a long-term care facility. Studies have shown families had fewer disruptions in their social and interpersonal activities, but did experience added stress due to their relative's behavioral problems and the lack of caregiving support from others in the family (Stephens, Kinney, & Ogrocki, 1991).

If the family member was the main caregiver to the relative placed in the nursing home, the caregiver does not give up the caregiving role, the role changes, but the caregiver no longer has to provide continuous service and care to the relative. Families now can visit their relative in the facility, provide assistance with activities of daily living, and interact with staff to guarantee that the resident's needs are being met (Zarit & Whitlatch, 1992). Zarit and Whitlach (1992) determined family caregivers experienced changes in their daily routines. They felt less overwhelmed, less tired, less pressured, and had more time for their activities.

Visiting a relative or a friend in a long-term care facility is a voluntary decision. The decision to visit, however, can be forced because of feelings of guilt and/or obligation (Minichello, 1990). Still, there is a temptation to visit less frequently because visiting a family member or friend in a nursing home could remind the visitor of the impending death of the resident (Butler, 1975). Regardless of these feelings families and friends have, receiving visitors is one of the focal points of a resident's life. Residents notice and remember who receives visitors and who receives visitors more frequently (Minichello, 1989). In fact, residents who continued having social relationships tend to have a better outlook on life (Greene & Monahan, 1982). Contact between residents and

visitors allows residents to reminiscence about past life events and extend contact with the outside world (Minichello, 1989).

Visitation Frequency. Studies have determined the frequency of visitation by calculating the number of visits by family members and friends. Most researchers distinguished visitation patterns into daily, weekly, monthly, and yearly categories. A nursing home national survey in the 1970's, revealed 88% of the residents received visitors occasionally and 12% never received visitors (National Center for Health Statistics, 1979). A study by Kahana, Kahana, & Young (1985) found similar findings. They reported that 64% of their surveyed residents received at least one visitor per week (Kahana, et al., 1985).

Research reveals that few families visit daily, reporting that only one percent of family members or friends visit a long-term care facility everyday (Minichello, 1989). To determine family involvement in nursing homes, the research study by York and Calysn (1977) found families visit on an average of twelve times a month (York & Calysn, 1977). Their study also revealed that, out of a total sample of seventy-six families, only two families visited less than twice a month.

The literature also has examined who is visiting residents of long-term care facilities. Several studies have found women to be more concerned about the maintenance of close bonds with friends and family members (Minichello, 1989). This maintenance can be seen in the amount of visitation comparing females and males. Studies have revealed daughters provide more care prior to nursing home placement and also visit the nursing home more frequently than sons (Grau, Teresi, & Chandler, 1993). In addition, Hook et al. (1982) found daughters, sisters, aunts, and nieces visited more

than sons, brothers, uncles, and nephews. This study found visitors were primarily visiting residents of the same sex; for instance sons were more likely to be visiting their fathers in the nursing home (Hook et al., 1982). Female residents outnumber males in nursing home facilities. This may explain the reason why females visit more frequently than males.

Comparing family members, adult children of the resident report more visitation. However, the strength of the parent-child relationship is associated with the frequency of visitation (Pruchno, Peters, Kleban, & Burant, 1994). Studies also reveal, the oldest child and the never married child provide the most paternal assistance (Montgomery & Hirshorn, 1991).

Friends of residents in long-term care facilities visit less frequently than family members (Bitzan & Kruzich, 1990). Researchers have concluded friends of residents are of a similar age and might not be able to visit due to their own health problems (Minichello, 1989). Bitzan and Kruzich (1990) asked nursing home residents if they see friends and family members as often as they desired. It was discovered that 52% of the subjects said they were happy and 46% stated they were unhappy with the visitation patterns of friends and family members (Bitzan & Kruzich, 1990).

Factors Influencing Visitation. Researchers have assumed the greater size of the resident's social support system, the more likely it is that the older person will interact with someone in that support network. Having more family and friends available increases the probability of visitation taking place (Minichello, 1989). In the Bitzan and Kruzich (1990) study, 62% of their sample of residents had living children. The residents with more children in the study tended to be visited more frequently; however this

finding was not statistically significant. Other studies investigating marital status and visitation resulted in interesting findings. For example, in the Greene & Monohan (1982) study, marital status was not a predictor of visitation frequency. Furthermore and somewhat surprising, the never married residents in the Minichello (1989) study were visited more frequently compared to married residents. This finding confuses the issue of having a larger support system versus a smaller network to influence the frequency or probability of family members visiting a resident of a long-term care facility.

One factor in determining visitation is proximity. The distance between a resident and a visitor and its influence on visitation has been researched. Basically, contact is dependent on proximity between two persons. Long distances require more time and expense for a visitor making contact with a resident (Minichello, 1989). Therefore, family and friends who are closer in distance are more likely to visit more frequently. Hook et al. (1982) found these same results in their study of nursing home visitors. The study concluded the distance traveled to the facility by a visitor was significantly related to the frequency of visitation (Hook et al., 1982). Not only does proximity reveal visitation patterns, but it also explains feelings of obligation by family members and friends to an older person (Montgomery & Hirshorn, 1991). The further the distance between a resident and a family member, the lesser the obligation and the likelihood that visitation would occur.

Another factor in determining visitation is the length of residence in a long-term care facility. Researchers have agreed that the duration of residence in a nursing home has a negative relationship to visitation. The Greene and Monahan (1982) study found with each passing month of residence, residents showed a decline in the amount of

visitation they received. Similarly, Hook et al., (1982) found that residents residing for a longer period of time in a nursing home accounts for fewer visits compared to residents residing for a shorter period of time.

Most would expect a resident who is declining in health to be visited less frequently than a resident of a higher level of health functioning. York and Calysn (1977) conducted one of the few studies to examine health functioning and the impact on visitation. The study determined that visitation was not influenced by the amount of resident impairment (York & Calysn, 1977). Thus, this finding indicates families are willing to visit their older relative despite the resident's physical or mental deterioration. However, a study by Moss and Kurland (1979) discovered the more cognitively intact the resident, the more enjoyable the visit.

Some researchers have examined other influences of visitation in a nursing home. One study in particular, found family members would visit more often if they felt welcomed in the long-term care facility (Tobin & Kulys, 1981). Another study reported visitation was more common with families who funded a resident's care through family resources (Hook et al., 1982).

Visitation Relationship. If a resident and a visitor perceive their interaction to be mutually meaningful and rewarding, less problems will exist and preservation of visitation patterns will continue. However, not all visitors enjoy their visitation. Forty-two percent of families in the York and Calsyn (1977) study reported enjoying less than half of their visits. Thirty percent of the families indicated mood disturbances (e.g., depression) of the relative were the most upsetting to the visitor (York & Calsyn, 1977). Another study assessed the level of attachment of adult children and their parent residing

in a long-term care facility. Pruchno et al. (1994) found the more negative the parent's mood, the lower the level of attachment felt by the child/visitor.

A startling indication resulted from the York and Calsyn (1977) study. Several family members stated they did not know what to do during their visits to a long-term care facility. However, 83% of the families in the study claimed they would want to participate in programs provided by the nursing home for their own personal benefit. The study suggested that classes on visitation would be beneficial for both the resident and the family member (York & Calsyn, 1977).

Research suggests that residents who receive more visitors receive better treatment from long-term care facilities (Toblin & Kuyls, 1981). This is one benefit shown by research indicating the importance of visitation frequency. Few studies have examined other benefits in regards to the resident. For instance, does life satisfaction improve when a resident receives more visits? Most studies assume visitation is therapeutic for the resident; however, few studies have actually supported this presumption.

Social Support

Researchers of nursing homes have tried to diminish the myth of abandonment. This myth has existed as long as nursing homes have been established. The elderly are not deserted by families once placed in a nursing home facility. In fact, placement into a home is usually the last resort of families with an older relative (Pruchno et al., 1994).

Residents of retirement villages, assisted living facilities, or nursing homes continue to have support networks. The social support mainly comes from close relatives

and some friends (Hook et al., 1982). Social supports are either formal or informal (Bogat & Jason, 1983). Formal support are described as social clubs, religious organizations, and government sources. Relatives, friends, and neighbors create informal support (Bogat & Jason, 1983). Informal social support provide emotional aid and socialization to elderly individuals. The roles of a social support network can vary from individual to individual. Mainly, they respond to emergencies, coordinate services such as having meals brought in, or act as mediators with the nursing home or resident's facility (Pruchno et al., 1994).

Social Support Networks. There is only partial support for the position that the older individual's social support network reduces in size. Reasons for this decline include financial limitations, poor physical health, loss of friends and family, proximity, and transportation problems (Revicki & Mitchell, 1990). If an individual is placed in a facility, the loss of relationships with others occurs (Bitzan & Kruzich, 1990). Relationships with friends and neighbors become almost non-existent with an older resident. Once placement occurs, those ties are sometimes stretched and then eventually become restricted or even extinct (Bitzan & Kruzich, 1990). However, not all research has agreed with the decline of social network size. According to Ishii-Kuntz (1990), social network size remains relatively stable across the life span. Kahn and Antonucci (1981) sampled 719 adults over the age of fifty and found social support size does not decline with age.

Older adults lose their friends and spouses to death, further limiting their social support network (Bitzan & Kruzich, 1990). Differences in social support between elderly men and women do exist. Fifty percent of women seventy years of age and older

are widows (Atchley, 1991). Even though widows continue to receive social support from families and friends, they are at-risk for lower social support compared to widowers. The widowers commonly remarry, adding a new member to their social support network. Men are able to remarry because older women greatly outnumber them (Atchley, 1991). Atchley (1991) compared widowhood between widowers and widows and found that widows were more likely than widowers to be isolated. These differences have shown that women are at a greater likelihood of having a decline in social support compared to men.

Although residents are limited in their social support, the relationships with family and friends continue to be viewed as important to elderly residents (Bitzan & Kruzich, 1990). In fact, in the Bitzan and Kruzich (1990) study, 90% of the residents in a nursing home identified a person outside the facility to whom they felt close. Most residents identified or named a child (41%), sibling (11%), spouse (4.5%), another relative (21%), or a friend (12%) (Bitzan & Kruzich, 1990).

Social support networks are predictive in relation to placement in a long-term care facility. Older individuals who are currently married, live with others, have children in the home or nearby, or have relatives willing to provide care are less likely to be placed in a nursing home (Pearlman & Crown, 1992). These findings suggest social support is important in preventing institutionalization of an older person. However, not all research agrees, Freedman et al. (1994) claims social support is usually not a factor considered predicting nursing home placement. It finds the strongest predictors of nursing home placement are a decline in functional status, mental status, and age (Freedman et al., 1994).

If the social support system of a resident of a long-term care facility declines, depression can result. Researchers have found that a changing social environment increases the possibility of depression in an older individual (Mitchell, Matthews, & Yesavage, 1993). Life changes such as widowhood, retirement, or a loss of personal control contribute to depression in the elderly. The transition of moving from a personal residence to a long-term care facility would most likely be interpreted as a life change. This type of change would increase the likelihood of depression emerging in a resident.

There is evidence that social support enables an older person to cope better with stressful events, such as the decline in one's health or the loss of a spouse (Pearlman & Crown, 1992). Researchers have found that the individuals who cope best in crisis situations have an accessible informal social support system (Bogat & Jason, 1983). Not only can social support decrease depression and increase coping skills, but a social support network also can have positive effects on a person's sense of well-being (Atchley, 1991). Bogat and Jason (1983) found those elderly having at least one close relationship were happier and healthier than those without social support.

Life Satisfaction

Researchers have been interested in determining what factors affect or influence an individual's psychological well-being or level of life satisfaction in late life (Neugarten, Havinghurst, & Toblin, 1961). Before researchers could determine what affected or influenced well-being, the term had to be defined. Therefore, researchers have described psychological well-being as being free of depression or anxiety;

perceiving life as more happy than unhappy over an extended period of time; and experiencing positive affect or feelings regarding life at the moment (Atchley, 1991).

There have been numerous studies determining conditions that reduce or increase life satisfaction and well-being of older people (Atchley, 1991; Sherman & Wood, 1989). Lower feelings of well-being were associated with the following: poor health, low level of activity, difficulty performing activities of daily living, satisfaction with the amount of interaction with friends, satisfaction with physical environment, and cognitive capability (Atchley, 1991). Similar results were found with another study, reporting life satisfaction was most influenced by a senior's health (Sherman & Wood, 1989). Other factors reducing life satisfaction were feelings of social isolation and being dependent on others for transportation (Larson, 1978; Sherman & Wood, 1989).

Influence of Social Interaction on Life Satisfaction. Some studies have investigated the role social interaction or contact has on an older adult's well-being or life satisfaction. However, few researchers agree that it improves the level of life satisfaction or morale. According to Ishii-Kuntz (1990), research has found a lack of correlation between psychological well-being and their interaction with family members. Ishii-Kuntz's (1990) research has found the following: frequent interaction with adult children does not increase a senior adult's well-being; senior adult's well-being is unaffected by the interaction with their grandchildren; and sibling interaction only demonstrates marginal effects on well-being. On the other hand, Larson (1978) reviewed the influence of well-being on older adults. Larson (1978) determined that the actual tabulations of the frequency of informal activities, such as visiting with friends or neighbors, had a positive association with well-being.

Even though inconsistency is noticeable in determining benefits of social interaction and life satisfaction, some consistency exists. The consistency lies with the interaction with friends. Ishii-Kuntz (1990) found numerous studies showing interaction with friends was positively related to well-being. Speculation into the reason why this might be the case centers on the differences between the interaction of residents with friends or family members. An older adult might view the interaction with family members as a burden to the family member, possibly visiting because they feel obligated to visit. However, the interaction with a friend might provide the older adult with complimentary support. Aging friends can reciprocate help and support to one another, due to the mutual life events they are experiencing (e.g., loss of spouse, retirement). This reciprocity effect is not as common for a family member and the older adult (Ishii-Kuntz, 1990).

Studies have tried to predict why there is a reduction in life satisfaction. Gies and Klein (1984) tried to predict the reasons of decreasing life satisfaction in older individuals in relation to life change (i.e., relocation, widowhood). The study found those with higher levels of life change reported lower life satisfaction (Gies & Klein, 1984). This study did not include a report of social support networks of the individuals to determine if life satisfaction declined in subjects who had less social support or contact.

Benefits of Visitation Programs. Some researchers have created visiting programs to determine the benefits to the resident. Arthur, Donnan, and Lair (1973) used undergraduates to visit residents of long-term care facilities. The study indicated morale scores improved in those residents receiving visits from undergraduates compared to those residents in a control group (Arthur, et al., 1973). Parallel to the Arthur et al. study,

Korte and Gupta (1991), looked at a visitor program which illustrated similar findings. The study showed increases in morale, health, mental status, and grooming upkeep in those subjects who received visitors (Korte & Gupta, 1991).

Research Questions

1. Does life satisfaction (LSI-Z Scale) in assisted living residents improve when visitation (number of social contact) increases?
2. Does the social network size (number of potential family and friends) for a resident increase the amount of visitation a resident receives?
3. What are the residents' perceptions of the amount of visitation they receive?
4. What are the residents' perceptions of the quality of visitation they receive?

Methodology

This study was designed to explore the current resident and visitor relationships in assisted living facilities. The major purpose of this study evaluates how social contact with assisted living residents is related to the residents' life satisfaction. Social contact is measured through visitation a resident receives from relatives and friends. This study investigates how the residents' social network size is related to visitation frequency and examines the residents' perception of the family and friend visitation patterns.

Few studies in recent years have examined visitation patterns of long-term care residents. Far fewer have determined the benefits visitation plays in the life of a resident in a long-term care facility. This study is re-visiting the role of visitation to understand

the effects on life satisfaction and to acquire useful information regarding the visitation from the perspectives of the residents.

Participants and Characteristics

The participants in this study were residents of assisted living facilities. They were obtained from five separate facilities in central and northeast Oklahoma. Three of the five facilities were common in design, averaging 30 to 35 residents at each facility. The two remaining facilities were larger, housing around 150 residents. All five facilities offered similar levels of care for their residents.

The participants constituted a convenience sample and were recruited to participate either by the researcher or the facility's administrators. Two facilities were approached by the researcher during a dining time, which was a time when most residents were present and grouped together. The researcher described the intent of the study and asked for volunteers to participate in interviews regarding their visitation. The remaining three facilities had administrators select residents interested in participating in the visitation study. This yielded a sample size of 30 residents. The barrier to participation will be discussed in greater detail in a later section. There were no age requirements or restrictions for participating assisted living residents. Participants ranged in age from 64-97, with a mean age of 83.5 years. There were no gender restrictions; 27 residents (90%) were female and three residents (10%) were male. Twenty-six of the residents (87%) were either widows or widowers, three residents (10%) were married, and one resident (3%) had never been married.

Instrumentation

To explore assisted living residents' visitation patterns and the influence it has on their life satisfaction, an interview questionnaire was used. The researcher interviewed participants currently residing in the five targeted assisted living facilities. The semi-structured interviews were broken into separate sections. The resident was asked to discuss their basic background, social network size, level of life satisfaction, amount and frequency of visitation, and quality of their visits.

Background Information. The first section of the semi-structured interview (Appendix A) included 15 questions. Participants were asked the following information: gender; age; highest education level; marital status; occupation or career; ethnic heritage; length of residence in the facility; lived prior to placement in the facility; the number of living sons, daughters, grandchildren, brothers, sisters; the number of friends residing outside the facility; and the number of friends that visit. The participants were also asked to rank on a five point scale their level of health, church involvement, and satisfaction with the facility.

Life Satisfaction Index Z (LSIZ). In the second section, life satisfaction was measured using the Life Satisfaction Index Z (Wood, Wylie, & Shaefor, 1969). LSIZ (appendix A) is a self-report instrument designed to measure morale. However, in this study the LSIZ was read by the researcher orally to the participants. The LSIZ totals 13 statements, asking if the participant agrees or disagrees with the various statements. The researcher marked an "X" in the spaces under one of three columns: "AGREE", "DISAGREE", or "?". The "?" response was for respondents who were unsure of their answer. Answers indicating satisfaction were scored two points, answers with "?" or no

responses were scored one point, and answers indicating dissatisfaction were scored no points (Wood, et al., 1969). A sample question from the LSI-Z is: "As I grow older things seem better than I thought they would be." The responses were tabulated for each resident. The maximum score on the index is a total of 26. An individual scoring high on this index would be regarded as having pleasure from activities, having a meaningful life, feeling major goals have been accomplished, having a positive concept, and having a happy and optimistic mood (Neugarten et al., 1961).

LSIZ is a modification of the Life Satisfaction Index A (LSI-A), which is a revision of the Life Satisfaction Rating (LSR), both created by Neugarten et al., (1961). LSI-A is a self report instrument, whereas the Life Satisfaction Rating (LSR) is a rater-determined measure (Neugarten et al., 1961). However, the two measures experienced low validity standards. LSI-A consisted of twenty items, but seven items were found to be insufficiently correlated. Those seven items were eliminated, leaving thirteen items which formed the shorter version called Life Satisfaction Index Z. The Kruder-Richardson 20, coefficient alpha applied to the LSI-Z scores, produced a test reliability of .79 (Wood et al., 1969).

Quantity and Quality of Visitation (QQVS). The final section of the semi-structured interview employed the Quantity and Quality of Visitation survey (QQVS) (Appendix A). The survey was designed by the researcher to assess the frequency of contact a resident receives and the participants' perceptions regarding the quality of visitation.

Part one of the QQVS determined the amount of visitation family members (e.g., spouse, sibling, child, grandchildren) or friends (e.g., self-indicated significant other)

provide to a resident. Friends named by the resident, were friends residing outside the facility. The number of questions to determine the frequency of visitation was based on the size of the resident's family network size (i.e., the number of adult children, number of living siblings). A sample question asked how often son/daughter #1 visits, and could be answered from the following range of frequencies: daily, semi-weekly (2-3 times a week), weekly (once a week), semi-monthly (2-3 times a month), monthly (once a month), semi-yearly (3-5 times a year), yearly (once a year), or not at all. The researcher circled the response given by the participant regarding the frequency of visitation of each family member and friend. The researcher accounted for additional family members or friends if space did not permit in part one of the QQVS. Each frequency of visit category was corresponded with a numerical value. The researcher assigned the following numerical values with each category: daily = 30 (visits); semi-weekly = 10; weekly = 4.3; semi-monthly = 2.5; semi-yearly = .333; yearly = .0833. These numerical values were based on daily averages for a month, for example if a resident reported a visitor visiting two to three times a month, that visitor was given the value of 2.5. A total was tabulated of the visits to give the average number of visits for each resident.

Part two of the QQVS focused on residents' perceptions regarding the quality of the visitation. Open-ended questions were utilized to give the participant an opportunity to express their feelings to each questions. Participants were asked to respond to twelve questions. The questions ranged from if they were basically satisfied with the amount of visitation they receive to determining the importance of family and friend contact at the facility.

Results

Descriptive Characteristics

The descriptive characteristics of the assisted living resident are presented in Table 1. Participants' highest education level ranged from eighth grade to post graduate work. Three percent named below eighth grade; 17% high school; 33% business college; 20% some college; 17% college; and 10% post graduate. Fifty-seven percent of the participants had a professional career (i.e. nurse, banker, teacher), 23% were homemakers, 17% had a clerical career (i.e. secretary), and 3% was a missionary. The majority of the participants were of Christian denominations, for instance, Twenty-three percent of the participants named Baptist as their religious affiliation, 20% Methodist, and 17% Christian church as their religious affiliation.

Insert Table 1 about here

The participants' length of residence in the assisted living facilities ranged from 1 to 84 months, with a mean of 24 months. Sixty percent of the participants lived in their own home prior to placement in the facility; 13.3% lived in a retirement community; 13.3% lived in the adult child's home; 10% lived in a nursing home; and 3.3% lived in another assisted living facility. Ninety percent of the participants stated they did not drive or own a car and were dependent on their transportation from family members, friends, services, or the facility.

The participants ranked from a scale of one to five (lowest/poor to highest/good) their level of health, church involvement, and satisfaction with the facility. Level of health yielded a mean of 3.6; level of church involvement 3.03; and level of satisfaction with the facility 4.37.

Relationship between life satisfaction and amount of visitation

Resident life satisfaction was measured with the life satisfaction index Z (LSI-Z) The point scale ranges from 0 to 26. The participants' life satisfaction scores in this study ranged from a low of 7 to a high of 25, with a mean of 18. The amount of visitation was determined by the average visits per month for each resident. This amount ranged from 1.8 to 43.6 visits per month, with a mean of 14.3 visits per month. In addition, average family visits were determined for each resident. They ranged from .2 to 39.3 visits per month, with a mean of 11.2 visits per month. These figures are shown on Table 2.

Insert Table 2 about here

The relationship between resident life satisfaction and the amount of contact was determined by utilizing the Pearson r correlation. As shown in Table 3, a correlation of .24 was found between life satisfaction and the amount of contact a resident receives. A

lower correlation of .18 was found between life satisfaction and the amount of contact provided by family members. Neither of these correlations was statistically significant.

Insert Table 3 about here

Relationship Between Social Network Size and Amount of Visitation

Social network size was determined by residents' reports of their total family members and friends. The participants' social network size ranged from 3 to 36 members , with a mean of 17. 9 (Table 2). The amount of visitation was determined by the average number of visits per month for each resident.

The relationship between residents' social network size and amount of visitation was determined by utilizing the Pearson $\underline{r}$ correlation. As shown in Table 4, a correlation of .33 was found between social network size and the amount of visitation a resident receives. This correlation was found not to be statistically significant.

Insert Table 4 about here

Residents' Perception of Family and Friend Visitation Patterns

Open-ended questions developed by the researcher were used to assess the residents' perceptions of family and friend visitation patterns. The first question asked residents if they were basically satisfied with the amount of visitation they receive. Ninety-three percent of the residents stated they were satisfied with the amount of visitation. Many of the residents responded to this question claiming that they were satisfied with the visits they receive due to the fact that they did not want to seem selfish or interfere with their families' lives. One resident stated the following, "I would like to have more company, but I can see what they are doing and how busy they are and if they have time they will visit me, but they have other obligations. If I were to call them to come and see me they would be here for me."

Another question to assess the residents' perception of visiting patterns asked if residents wished more of their family would visit them. Fifty percent of the residents did not wish for more visits by family members or stated they were content with the visits they receive from family members. A resident stated, "No...I do not want to burden them...some people here at the facility talk bad about their children who do not do enough for them, but I am glad my family does not feel obligated to come and visit me." Thirty percent of the residents said they did wish their family would visit them more. The majority of these residents wanted more contact because they had not seen their family members for a number of years. This was due to the geographical distance between the family member and resident or the family member's health condition. One resident in particular stated, "It would be nice to see my brother and sister...but it isn't practical, they are unable to visit because of their health and age". Seven percent of the residents wished

they could visit their family in their home. Another 7% stated they had not even thought about more visitation by family members.

A similar question was asked regarding visits by friends. Fifty-three percent of the residents wanted more friends to visit them at the facility. The researcher asked residents why they wanted more visitation from friends. Some of the responses were "to have the companionship" and "they (friends) understand where I come from; for the most part we are in the same situations". Thirty-seven percent of the residents claimed they did not wish for more visitation from friends. Regarding the wish of more visits by friends, a resident stated, "This may sound bad, but I really don't...I treasure the quiet times...I have developed friends here in this facility with facility staff members and other residents". Ten percent of the residents responded to this question by claiming they did not have any friends and that many of their friends have died.

An open-ended question asked residents to describe the visitation frequency of family members and friends prior to placement in the facility. Fifty-three percent of the residents stated their visits by family members have remained the same since they moved into the facility. Twenty percent stated visitation increased, while 27% stated family visits have decreased in frequency. As for friend visitation, 67% of the residents stated the visits have decreased in frequency. Thirty percent stated they have remained the same, while only 3% stated they have increased. Residents explained the decrease in friend contact as a result of the lack of transportation, moving into a facility away from their own home, and the fact that their friends are experiencing health related problems.

The last question in the interview asked how important it was for the residents that their family members and friends visited them at the facility. Ninety percent of the

residents stated it was "important" to "very important" that their family members and friends visit. Many of the residents based their reasons, revealing similar themes. A sense of connection and emotional support were two common themes. For example residents responded, "I would be lost with out them;" "that is my life...that is all I have right now is that touch with the outside world;" and "I would have down days without them...especially when I am not feeling well or need them". Other residents discussing the importance responded differently. Themes of reassurance for family members and residents' role continuity were also discussed. For instance, "I want them to know where I live and see that I am well taken care of and content...I think it is important for a family to know, relieving feelings of guilt...this makes it easier for them" and "It is important that I am still regarded as a friend, a parent, and a grandparent...I have lived my life in such a way that I hope they want to be around me."

Ten percent of the residents did state they felt it was not important for their family and friends to visit them. One resident responded by stating, "My family does not get any good out of the visits they give." Another responded by stating, "It is not important at all...I talk to them...I do not want to interfere and I do not want them to take off work just to visit...they call and check on me and I am satisfied."

Residents' Perception to the Quality of Visitation

Open-ended questions were developed to assess the residents' perception of the quality of visits. These questions centered on the length of visitation, activities participated in during visitation and the enjoyment of family and friend visitation. The length of the visits residents received ranged from 15 minutes to visits lasting 3 to 5 days.

The length of time spent visiting was found to be dependent on the distance traveled for the visitor. If a resident's family lived in town, many visits were shorter than those with family living out of town. Family members dropping off things that the resident requested or needed primarily described a shorter visit. The longer visits were described by residents as more of a quality visit, involving a discussion of the family news and happenings.

The residents were asked if they wished the visits were longer or shorter. Fifty-seven percent said they were content with the length of the visit and were happy they could just make the visit. Thirty-seven percent stated they wished the visits were longer. Many residents wishing the visits lasted longer understood that their family members had their own lives and did not want to interfere.

Residents were asked if they stay at the facility or go somewhere outside the facility during the visits by family members and friends. Ten percent of the residents stated they, "always stay at the facility"; 23% stated they "primarily stay at the facility"; 60% stated they "sometimes go out or sometimes stay at the facility"; and 7% stated they "primarily go out during the visit." The residents also discussed activities participated in during the visit. The residents named twenty different activities, Table 5 displays these frequencies of these activities. They fall into three main categories consisting of activities participated outside the facility, interpersonal communications, and needs for a resident provided by a visitor.

Insert Table 5 about here

The residents were asked if they enjoyed the visits by their family members. A majority of 93% of the residents enjoyed the visits by their family. In addressing the reasons for the agreement, the researcher asked the residents why they enjoyed them. Many responded by stating that they "enjoyed the company"; "being around them"; or "seeing them." One resident stated, "I think it is wonderful when your children become adults and can carry on adult conversations...there is more of an exchange of ideas." Another resident stated, "The reason is we start to talk about memories together...we talk about when we were younger and the times with their father and the funny things we did." Some residents depend on family members, "I don't know what I would do without them...on a day they can not come something seems really wrong...they make life comfortable for me."

The residents were also asked if they enjoyed their visits by their friends. Seventy percent of the residents said they did enjoy their visits, while the remaining 30% claimed they did not have any friends that have visited or had any friends able to visit them. Many residents enjoyed the friend visits because of the things they had in common, revealing a sense of connection, mutual support, and companionship. One resident stated, "I enjoy the general conversations...it always seems to be a positive input...keeping up with physical conditions of others…we try to help each other". Others stated they enjoyed "catching up on the local gossip" or discussing “old times” with their visiting friends.

A common theme with many residents was the decline in the number of friends reported. Seven friends per resident was the mean in the study. Many residents stated they have out lived their friends. However, some residents have developed relationships

with younger friends. These residents stated they met most of their younger friends through church activities. A resident with younger friends commented, "I appreciate these young people, because not many do, but there are some and I am glad they are in my life."

Limitations

Several limitations affected the results of this study and are listed below.

1. This study did not include a random sample. The sample was drawn from willing volunteers and selected participants.
2. The sample in this study was not a representative sample, it was limited to five facilities in central and northeastern Oklahoma.
3. The sample size used in this study was small, (n=30).
4. The sample could be biased as a result of the use of an all Caucasian sample and includes residents with higher SES's resulting from the private pay dollars required to live in assisted living facilities.
5. Data collection was limited to one interview for each participant and there was no attempt to re-test the participant for reliability testing of the responses given.
6. This study included qualitative research which limited the number of participants involved in the study.

The following is a discussion to further explain the small sample size in this study. It was the goal of this researcher to include a sample size of 35 to 40 residents. Several reasons resulted in a lower sample size. There was difficulty in getting facilities

willing to participate. For instance, some facility directors gave their approval for the researcher to do the study at the particular facility, but later changed their approval, claiming "it would not be a good time right now for their residents to participate." This created time constraints for data collection for the researcher. Some facility directors wanted control of who was to participate in the study. There is the assumption that these facility directors probably approached residents who were more social and active in the facility and would most likely want to participate in an interview with a researcher. This created a barrier to collect data on residents less social and possibly less visited.

Another barrier was encountered involving the administrators/directors' checklist. It was attempted by the researcher to obtain inter-rater reliability on residents' visitation frequency, level of health, and level of care. The directors were mailed a simple three item questionnaire on each resident interviewed by the researcher. They were asked to respond to each question, thus gaining reliability of data given by the residents. Of the 30 questionnaires mailed to the directors, only 23 were returned and 16 completely answered. Some directors for confidentiality reasons felt they did not want to respond to the questionnaire.

Discussion

Few studies have explored the resident/visitor relationship from the perspective of the resident. This study is unique in the evaluation of visitation and the relationship to residents' life satisfaction. Findings help provide insight into the resident/visitor relationship and identify the impact and role of visitation in a resident's life.

The main research question in this study was to determine if there was a positive relationship between residents' visitation amounts and their level of life satisfaction. This would assume the more visits a resident received, the higher their level of life satisfaction. The results in this study concluded that there was a positive relationship between the two variables, but the correlation displayed a weak relationship and was not statistically significant. This finding supports past literature attempts determining the lack of relationship between psychological well-being and an older adults' interaction with family members.

In an attempt to examine the impact of family visiting only, the researcher removed the numerical values that were generated from visits by the residents' friends. By isolating visits by family members, this study surprisingly found a lower correlation than what was originally observed for total visitors. This phenomenon could lead one to believe that residents' life satisfaction maybe improved as a result of visits by friends. This too supports past research. Past research has found that friend visitation is more positively related to a senior adults' well-being compared to other visits by family members (Ishii-Kuntz, 1990).

A correlation was found in the study between residents' social network size and the amounts of visitation residents' receive. This finding was not statistically significance ($p = .08$). Residents with larger social networks in the study tended to have an increase in visitation. This finding corresponds with Bitzan and Kruzich (1990), which claimed residents with more children had a tendency to be visited more frequently.

It was encouraging to find that a majority of the residents were basically satisfied and content with the amount of visitation they receive from family members and friends.

Many do not expect their family members to do any more. Throughout this research many residents emphasized that they did not want their family members to feel obligated to visit them. Residents believed making family members feel obligated to visit would disrupt or add burden to their families' lives. The residents expressed that they were satisfied and content with their lives, partly because they were not creating this burden for family members.

Despite the residents' positive satisfaction with overall visitation amounts, over half of the residents expressed their desire for more visits by friends. This desire for more friend visitation is most likely associated with the fact that most residents reported few visits from friends. Several residents in the study reported numerous friends they had, but never see them. Residents claimed the decline in visits by friends was due to the decline in health, lack of transportation, and proximity between friend and a resident.

An overwhelming majority of the residents stated it was "important" to " very important" that their family members and friends come to visit them. Residents stated they wanted to relieve family members' feelings of guilt regarding placement in the facility and show them how well they were doing in the facility. Many residents revealed that they need and depend on the contact they receive from visitors. This contact was reported to give ease and comfort to a lonesome resident, recovery from a resident's unfavorable day or enable a resident to have a connection to the outside world.

It is important to continue research on the resident/visitor relationship and their visitation patterns. The following recommendations are made for future research.

(1) Studies using a larger sample size are needed to generate results that carry a stronger statistical significance and may be generalizable to larger populations.

(2) Including more males in the sample will allow the researcher to identify possible gender differences between residents.

(3) Studies investigating the resident/visitor relationship and the existing visitation patterns should include both the resident and visitors, so both can provide insight regarding the visitation and relationship.

(4) When looking at social contact, include other forms of communication or contact involving residents such as telephone conversations and written correspondence. This allows the researcher to gain information and account for other forms of contact besides physical visits.

(5) Studies investigating residents' visitation patterns should assess the residents' socialization inside the facility with other residents and staff members to determine the impact on a residents' life satisfaction.

Implications

Researchers have made the assumption that visitation is beneficial for a long-term care resident. This study attempted to provide evidence for this assumption. However statistically, along with past research efforts, this study found a lack of correlation between social contact and life satisfaction.

The lack of correlation could have resulted from many different possibilities. For instance, the sample drawn from volunteers could have been biased. The willing participants were most likely to be more social and outgoing residents compared to those residents declining to participate in the study, thus not including a more representative sample of assisted living residents. In addition, this study focused on residents' social

contact exclusively from visitors providing face to face contact. This omitted different forms of contact such as telephone conversations and written correspondence between a resident and a visitor. Incorporating a more diverse sample of residents and accounting for different forms of social contact could have made an impact on the correlation between visitation and life satisfaction.

Despite this lack of correlation, this study did provide insight from the perspective of the residents claiming there is importance in the visitation they receive. The visitation allows residents to reminiscence with family members and friends, fulfills their need to have outside contact, and reassures their sense that they have not been forgotten. Residents want to be visited by family members and friends. They look forward to the visits they receive and depend on family members to provide the visitation. However, they do not want to be perceived as selfish or burdensome to their families just to receive visitors.

It is important for family members and friends to understand they have a value in a resident's life. Typically an assisted living resident would most likely be adjusting to a new living environment, described as declining in health and having difficulty performing daily activities of living. All of these have the potential to decrease a residents' life satisfaction. Family and friends can enable a resident to cope better and decrease levels of strain and stress. Friends can provide a more unique relationship with a resident. They can provide complimentary support for a resident. This results from the similar age and experiences of mutual life events between friends. Thus, the resident and friend could reciprocate support to one another.

The shared meaning of the interaction between a resident and a visitor is important to reveal visitation quality for both individuals. A positive interaction enhances the likelihood of more frequent visits from family members and friends. However, visitors must have an awareness of residents' level of satisfaction of the visit to determine their visitation patterns.

It is important for administrators and staff members of assisted living facilities to realize this same importance of family and friend contact with their residents. Facilities should encourage activities involving residents' family members and friends. This open programming would facilitate family members and friends to participate in a different type of visitation. Facilities should also be aware of those residents less visited. These residents could be more likely to be suffering from depression. Visitation programs could be established to provide a support network for those residents and alleviate feelings of isolation.

Summary and Conclusion

This study is one of the first to explore the resident/visitor relationship from the perspective of the resident. Additionally, it evaluated the influence visitation has on a residents' life satisfaction. The influence between life satisfaction and the frequency of contact was found not to be statistically significant. However, this is not to say that visitation does not have some role in residents' life. Ninety percent of the residents felt it was important that their family members and friends visit them in the assisted living facility. Many residents want and depend on visitors. Visitors can provide many unique opportunities for a resident. Residents have the opportunity to reminisce about the past,

go out on a Sunday drive, eat out at a restaurant, go shopping around town, or simply just chat with a visitor. These activities can give residents a sense of connection, emotional support, reassurance for family members, and companionship.

It may be comforting to many to learn there is a lack of correlation between the frequency of contact and the residents' life satisfaction. This comfort can be obtained by knowing that residents' life satisfaction is not dependent on visitation. Other factors may likely play a role in residents' life satisfaction, such as residents' level of health, their level of activity, or their performance of activities of daily living.

What might be more important to assisted living residents' life satisfaction may be their physical environment in which they reside. Are residents similar to them? If so, residents would more likely socialize with other residents, developing relationships inside the facility. If not, residents could be isolated from other residents dissimilar to themselves. In addition, the staff's level of care, sensitivity, and consciousness could be important for residents' well-being. Facilities with high levels of care and sensitivity would most likely be beneficial for residents compared to facilities providing insufficient care.

Family members and friends need to know more about the environment of the facility as they decide on their level of involvement. If a resident is having difficulty adjusting to a facility, the residents' family members and friends need to provide support for a resident who needs to overcome this adjustment. They may also realize that the facility does not match the needs of the resident, therefore a change could be made.

In conclusion, with the increase of assisted living facilities being constructed, this creates an increase in a population of assisted living facility residents. Family researchers

need to know the impact this service has on a senior adult, as well as family members and friends. Researchers need to take an interest to determine the influences on life satisfaction for this specific population. Yet, it is also important to assess the involvement of the social network system of a resident to determine the impact they have on residents' lives. This social support can enable a senior adult to adjust to life changes, something residents of assisted living continually face.

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APPENDIXES

APPENDIX A

RESEARCH INTERVIEW QUESTIONNAIRE

PARTICIPANT CONSENT FORM

Title: Residents of Assisted Living Facilities and Visitation Patterns: The Frequency of Contact and the Influence Life Satisfaction.

Investigator: Dean A. Thompson

I,_______________________________, agree to participate in an interview survey about 45 minutes to one hour in length in which I will answer questions regarding some background questions about myself, my level of life satisfaction, and my family and friends visitation patterns. Some of the questions may be about relationships in my family, thus bringing up personal feelings and emotions.

There are no identifying marks or codes on the survey. Thus, I understand that all the information I give will be completely anonymous and held strictly confidential. I also understand that none of the information will be used for any other purpose than this research project. **I realize that my participation is completely voluntary. I have the right not to answer any question and can withdraw my participation at any time.**

If I have any questions regarding this study, I may contact Dean Thompson at the telephone number: (918) 627-9214 or Dr. Joe Weber at (405) 744-7511.

I may also contact: Gay Clarkson, Executive Secretary
Institutional Review Board, Oklahoma State University
305 Whitehurst
Stillwater, OK 74078
(405) 744-5700.

I have read and fully understand the consent form. I sign it freely and voluntarily.

______________________________ ______________

Participant Signature Date

____

Dean A. Thompson, Investigator

Residents in Assisted Living Facilities and

Visitation Patterns: The Frequency of

Contact and the Influence

of Life Satisfaction

Interview Questionnaire

Section I

This section of the survey will ask basic background questions regarding information about you, your family, and extended family. The researcher will lead you through these survey questions and will record your responses. All information given is held confidential. There will be no identifying names or numbers to identify you and your form.

1) Gender: _____Male
   _____Female

2) Age: ______

3) Highest education level: ________________

4) Marital Status: ______Married
   ______Divorced
   ______Widow/Widower
   ______Never Married

5) Occupation/career: ________________

6) Rate your health from a scale of 1 to 5. One being very poor to five being very good.

   1 2 3 4 5

7) Ethnic Heritage: ________________

8) Religious Affiliation: ________________

10) Rate the level of your church involvement from a scale 1 to 5. One being low to five being high.

1 2 3 4 5

11) Length of residence in facility: ______________________

12) Rate the level of your satisfaction with this facility. One being low to 5 being the highest.

1 2 3 4 5

13) Lived prior to placement: ______________________

14) The number of living sons: ______________

15) The number of living daughters: ______________

16) The number of living brothers: ______________

17) The number of living sisters: ______________

18) Other family members: ______________________

19) The number of friends outside this facility: ______________

Section II

This section of the interview will ask you about your life in general. I will read you a total of thirteen statements. The researcher will ask you if you agree or disagree with each statement read to you. You do not have to agree or disagree with the statement read to you, if you are not sure of your agreement or disagreement.

	AGREE	DISAGREE	?
1) As I grow older, things seem better than I thought they would be.	___	___	___
2) I have gotten more of the breaks in life than most of the people I know.	___	___	___
3) This is the dreariest time of my life.	___	___	___
4) I am just as happy as when I was younger.	___	___	___
5) These are the best years of my life.	___	___	___
6) Most of the things I do are boring or monotonous.	___	___	___
7) The things I do are as interesting to me as they ever were.	___	___	___
8) As I look back on my life, I am fairly well satisfied.	___	___	___
9) I have made plans for things I'll be doing a month or a year from now.	___	___	___
10) When I think back over my life, I did not get most of the important things I wanted.	___	___	___

	AGREE	DISAGREE	?
11) Compared to other people, I get down in the dumps too often.	___	___	___
12) I've gotten pretty much what I expected out of life.	___	___	___
13) In spite of what people say, I feel the world is worse today, then in the past.	___	___	___

Section III

The purpose of this section is to first measure the amount of contact (visits) you receive from family members and friends. The scale is broken into seven different categories; daily, semi-weekly (two to three times a week), weekly, semi-monthly (two to three times a month), monthly, yearly, and none at all. The second part of this section will gain additional information regarding your feeling of visitation.

Quantity and Quality of Visitation Survey (QQVS)
Part I

	daily	semi-weekly	weekly	semi-monthly	monthly	semi-yearly	yearly
Spouse M/F	7	6	5	4	3	2	1
Son/daughter #1	7	6	5	4	3	2	1
Spouse of Son/daughter #1	7	6	5	4	3	2	1
Son/daughter #2	7	6	5	4	3	2	1
Spouse of Son/daughter #2	7	6	5	4	3	2	1
Son/daughter #3	7	6	5	4	3	2	1
Spouse of Son/daughter #3	7	6	5	4	3	2	1
Son/daughter #4	7	6	5	4	3	2	1
Spouse of Son/daughter #4	7	6	5	4	3	2	1

Sibling #1 M/F	7	6	5	4	3	2	1
Sibling #2 M/F	7	6	5	4	3	2	1
Sibling #3 M/F	7	6	5	4	3	2	1
Sibling #4 M/F	7	6	5	4	3	2	1
Sibling #5 M/F	7	6	5	4	3	2	1
Grand-children	7	6	5	4	3	2	1
Cousins	7	6	5	4	3	2	1
Nieces/ Nephews	7	6	5	4	3	2	1
Other Family Member: ____________	7	6	5	4	3	2	1
Other Family Member: ____________	7	6	5	4	3	2	1
Other Family Member: ____________	7	6	5	4	3	2	1
Friend #1	7	6	5	4	3	2	1
Friend #2	7	6	5	4	3	2	1
Friend #3	7	6	5	4	3	2	1
Friend #4	7	6	5	4	3	2	1
____________	7	6	5	4	3	2	1

Quantity and Quality of Visitation (QQVS)
Part II

1) Are you basically satisfied with the amount of visitation you receive? Explain, giving examples.

2) Before moving into this facility, how often did you see your family and friends? Explain, giving examples.

3) Do you wish more of your family members would visit you? Explain, giving examples.

4) Do you wish more of your friends would visit you? Explain, giving examples.

5) How far do you live from your family members and friends?

6) Does the distance you live from your family have an effect on the amount of visitation you receive? Explain, giving examples.

7) Do you enjoy the visits by your family members? Explain, giving examples.

8) Do you enjoy the visits by your friends? Explain, giving examples.

9) On average, how long is each visit? Do you wish the visit were shorter or longer? Explain, giving examples.

10) When a friend or family member visits, do you stay here at the facility or do you go somewhere (i.e. family member's home, church, restaurant)? Explain, giving examples.

11) What do you do during your visit? Explain, giving examples.

12) How important is it for you that family members and friends visit you here in this facility?

Administrator/Director's Checklist

Circle responses:

1) Level of Care of Resident: I II III

2) From a scale of one to five, how often is the resident visited in your opinion? One being low visitation frequency to five being high visitation frequency.

1	2	3	4	5
(Lowest) ←				→ (Highest)

3) From a scale of one to five, what is the level of health of the resident? One being a low level of health, five being a high level of health status.

1	2	3	4	5
(Lowest) ←				→ (Highest)

APPENDIX B

ANALYSIS OF RESEARCH QUESTIONS AND TABLES

Research Question One

Does life satisfaction in assisted living residents improve when visitation increases?

Residents were asked to respond to thirteen items from the Life Satisfaction Index Z, measuring life satisfaction, and part one of the Quantity and Quality Visitation survey to assess the relationship between the frequency of visitation and residents' life satisfaction. The Life Satisfaction Index score has a maximum score of 26 and a minimum score of 0. The residents' scoring high on this index would be regarded as having pleasure from activities, meaningful life, and an optimistic and happy mood. Residents in the study yielded a maximum score of 25 and a minimum score of 7. Thirty percent of the residents scored 26 to 22 on the index; 37% scored 21 to 18; 13% scored 17 to 14; and 23% scored 13 or below on the Life Satisfaction Index. Residents were asked how often they saw each member of their social network. The residents' social network included family members and close friends. Their responses were collapsed into eight different categories. The categories were daily, semi-weekly, weekly, semi-monthly, monthly, semi-yearly, yearly, and none at all. These categories equaled a numerical value to provide a total tabulation for residents' average visits per month. Residents' visitation frequency ranged from 2 to 44 visits per month, with a mean of 14 visits per month. Pearson r correlation was utilized to determine the relationship between reported visitation amounts and residents' life satisfaction. Significance was not found in this item. The results of the Pearson r correlation displayed a coefficient of .24 ($p =$ .210). An even lower correlation resulted between the residents' life satisfaction and the

amount of family contact exclusively. The Pearson r correlation revealed a coefficient of .18 ($p = .335$).

Research Question Two

Does the social network size (the number of potential family and friends) for a resident increase the amount of visitation a resident receives?

Residents were asked to respond to seven background questions regarding their social network size and part one of the Quantity and Quality Visitation survey to assess the relationship between a residents' social network size and the amount of contact residents receive. The background questions asked residents to respond to the number of sons, daughters, adult children's' spouses, living brothers and sisters, and the number of grandchildren included in their family. Residents were also asked to discuss the relationship with other family members. The residents usually discussed their relationship with brother and sister in laws , nieces, nephews, and cousins. Additionally, friends were accounted for in the residents' social network. Residents were asked the number of close friends they had living outside the facility. The total family members and friends reported equaled the residents' social network size. The mean of social network size was 18 members, with a maximum size of 36 members and a minimum of 3 members. Residents were asked how often they saw each member in their social network. Their responses were collapsed into eight different categories. The categories were daily, semi-weekly, weekly, semi-monthly, monthly, semi-yearly, yearly, and none at all. These categories equaled a numerical value to provide a total tabulation for each residents' average visits per month. Residents frequency of contact ranged from 2 to 44 visits per month, with a mean of 14 visits per month. Pearson r correlation was utilized to determine the relationship between residents' social network size and the amount of

reported contact residents' receive. The results of the Pearson r correlation displayed a coefficient of .33 ($p = .077$). This correlation in the study was not statistically significant. The use of a larger sample size could statistical significance needed.

Research Question Three

What are the residents' perception to the amount of visitation they receive?

Residents were asked to respond to five open ended questions regarding their perception to the amount of visitation they receive by family members and friends. Residents were asked if they were basically satisfied with the amount of visitation they receive. Ninety percent of the residents felt they were satisfied with the amount of contact family members and friends provide. The reason for this majority of responses resulted from the residents not wanting to be a burden to their family or seem selfish to gain visitation. Residents were asked if they wished more of their family members would visit. Fifty percent of the residents felt they did not desire more visitation by family members. Thirty percent of the residents felt they did desire more family visitation. Many of these residents felt they want more contact because of the rarity of family visitation. This rarity usually resulted from the geographical distance between family members and residents. Seven percent of the residents wished they could travel and visit their family members. Another 7% of the residents maintained they had never thought about more family visitation. Three percent of the residents stated they did not have any family members available to visit. While three percent of the residents felt their family does not gain any satisfaction from the visitation. Residents were asked if they wished more of their friends would visit. Fifty percent of the residents wished more of their friends would visit. One of the reasons more commonly stated for this desire was to have friend companionship again. Thirty-seven percent of the residents did not desire to have more friend visitation. Of those who felt they did not wish to see their friends more,

common reasons were given. Many felt they already had enough to do in the facility or developed relationships with friends in the facility. Ten percent of the residents responded by stating they did not have any friends due to their feelings that they have out lived their close friends. Residents were asked to compare visiting patterns of family members and friends prior to moving into the facility and present visitation patterns. Fifty-three percent of the residents felt the frequency of visitation remained the same since they moved into the facility. Twenty percent of the residents felt the frequency of visitation increased, whereas 27% felt the frequency had decreased. As for friend visitation, 67% of the residents felt it had decreased in frequency, 30% felt it remained the same, and 3% felt there has been an increase in the frequency of friend visitation. Of those who felt friend contact decreased, a variety of reasons were given. Some of the reasons more commonly stated were as follows: the lack of transportation, moving away from original home and friends, and that friends were experiencing health related problems. A question asked how important it was for residents that their family members and friends visit them in the facility. Ninety percent of the residents felt it was important to very important that their family members and friends visit. Of those who felt it was important to have continued contact, several reasons were given. Some of the reasons given were as follows: "I would be lost without them", "that is all I have right now is that touch with the outside world", and "I would have down days without them." Some of the different reasons were as follows: I want them to know where I live see that I am well taken care of and content, and it is important that I am still regarded as a friend, a parent, and a grandparent to my family and friends. Ten percent of the residents felt it was not

important for their family and friends to visit them. Of these residents their responses varied. Some felt their family does not get any satisfaction from visiting so why continue the visitation. Whereas others did not think it was their place to say their family should visit them.

Research Question Four

What is the residents' perception to the quality of visitation they receive?

Residents were asked to respond to five open ended questions assessing their perception of the quality of visitation and activities participated in during the visits. Residents were asked to respond to the length of time visits with family and friends usually took place. The duration of visits ranged from 15 minutes to as long as 3 to 5 days. This length of time was found to be dependent on the distance traveled for a visitor. If a resident's family lived in town, many of the visits were shorter compared to out of town family members. The shorter visits were described by the residents almost like a family member running an errand. A short visits would most likely mean a visitor would drop off items the resident may have requested or check in with the resident to see if they need anything. Residents described the longer visits as more of a quality visit with family members and friends. These visits were primarily described as resident and visitor catching up on news and happenings in the family with each other. The residents were asked to respond if they wished the visits were longer or shorter. Fifty-seven percent of the residents felt they were content with the duration of the visit and were happy that the visitor could just make the visit. Thirty-seven percent of the residents wished the visits lasted longer. Of those residents wishing for more visitation, many understood the reason why visits did not last longer and felt that their family had their own life and they did not want to interfere in that life. Residents were asked if they stay at the facility or go somewhere during the visit. Ten percent of the residents stated they, "always stay at the facility"; 23% stated they "primarily stay at the facility"; 60% stated they "sometimes go

out and sometimes stay at the facility"; and 7% stated they "primarily go out during the visit." The residents also discussed what they do during the visit. Twenty four different activities were discussed. The top four activities were as follows: talking and visiting (24); out to eat at a restaurant (13); go out for a drive (7). Residents were asked to respond if they enjoyed the visits by their family members. Ninety-three of the residents enjoyed the family visitation. Of the residents enjoying the family visits a variety of reasons were given. Some of the reasons given were as follows: enjoy the company, enjoy just being around them, enjoy reminiscing with them. Some of the reasons involved residents' dependence on their family members. These residents felt they would be lost without their family members visiting them at the facility. Residents were also asked to respond if they enjoyed friend visitation. Seventy percent of the residents enjoyed the visits by friends. Of these residents enjoying friend visitation many felt they enjoyed them because of the things they had in common. Such things in common between a resident and a friend of a similar age were health conditions, changes in living situations, and spouses' death. These similarities allowed a resident and a friend visitor to reciprocate support for each other, something unique from family members. Many other residents felt they enjoyed the visits with friends because it allowed the resident to catch up on the local gossip in their home town or their church. Some of the residents formed a unique relationship with younger friends. These residents stated that the relationship with younger friends resulted from their church activities. Many of these residents felt they were a rarity to have such young friends and believed they were lucky to have them. Unfortunately, 30% of the residents claimed they did not have any friends. They felt they

had outlived their friends or their friends were unable to visit them because of their similar residence.

TABLE 1

Descriptive Characteristics of Assisted Living Residents

Categories	n	Residents %	Mean
Gender:			
Female	27	90%	
Male	3	10%	
Age:			
60-69	1	3%	83.5
70-79	8	27%	
80-89	13	43%	
91-99	8	27%	
Marital Status:			
Widow/Widower	26	87%	
Married	3	10%	
Never Been Married	1	3%	
Highest Education Level:			
Below High School	1	3%	
High School	5	17%	
Business College	10	33%	
Partial College	6	20%	
College	5	17%	
Post Graduate	3	10%	
Career:			
Homemaker	7	23%	
Clerical	5	17%	
Professional	17	57%	
Missionary	1	3%	

TABLE 1 (Continued)

Categories	n	Residents %	Mean
Religious Affiliation:			
Baptist	7	23%	
Methodist	6	20%	
Christian Church	5	17%	
Church of Christ	2	7%	
Catholic	2	7%	
Episcopalian	2	7%	
7th Day Adventist	2	7%	
Lutheran	1	3%	
Mormon	1	3%	
Non-denominational	1	3%	
None	1	3%	
Length of Residence in Facility (months):			
1 - 6 months	11	37%	23
7 - 12 months	5	17%	
13 - 24 months	4	13%	
25 - 48 months	4	13%	
49 - 96 months	6	20%	
Lived Prior to Placement:			
Own Home	18	60%	
Retirement Community	4	13%	
Adult Child's Home	4	13%	
Nursing Home	3	13%	
Assisted Living Facility	1	3%	
Transportation:			
Drives Car	3	10%	
No Driving	27	90%	

TABLE 2

Mean Score for Life Satisfaction, Average Visits Per Month, and Social Network Size

Categories	Mean	Standard Deviation
Life Satisfaction:	18.1	4.68
Average Visits Per Month:	14.3	9.98
Average Family Visits Per Month:	11.2	8.87
Social Network Size:	17.9	7.6

TABLE 3

Pearson r Correlation for Frequency of Contact and Life Satisfaction

	Life Satisfaction	p value
Frequency of Contact	.24	.210
Frequency of Family Contact	.18	.335

TABLE 4

Pearson Correlation for Social Network Size and Frequency of Contact

	Frequency of Contact	p value
Social Network Size	.33	.077

TABLE 5

Activities Named by Residents During Visits

Activities	Frequency
Interpersonal Communication	
Sitting and visiting	24
Reminiscing and looking at old photo albums	6
Inquiring about children's family	5
Visiting with grandchildren, great-grandchildren	3
Visiting other Residents	1
Talking about current events	1
	40
Activities Outside the Facility	
Eating out at a restaurant	13
Going shopping	9
Going out on a drive	7
Going to church	2
Going to civic center or meetings	2
Going to movie or opera	1
	34
Needs for a Resident	
Family bringing items needed by resident	6
Family taking care of residents' business	6
Doing laundry with family member	1
	13
Other Activities	
Playing games (e.g., dominoes, bridge)	4
Family eating at the facility	1
Watching TV	1
Praying with minister	1
	7

Note. A total of 94 activities were named by the 30 residents, some residents named several activities.

APPENDIX C

INSTITUTIONAL REVIEW BOARD FORM

OKLAHOMA STATE UNIVERSITY
INSTITUTIONAL REVIEW BOARD
HUMAN SUBJECTS REVIEW

Date: 10-08-97 **IRB#:** HE-98-016

Proposal Title: RESIDENTS IN ASSISTED LIVING FACILITIES AND VISITATION PATTERNS: THE FREQUENCY OF CONTACT

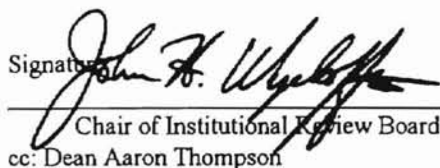
Principal Investigator(s): Joseph A. Weber, Dean Aaron Thompson

Reviewed and Processed as: Exempt

Approval Status Recommended by Reviewer(s): Approved

ALL APPROVALS MAY BE SUBJECT TO REVIEW BY FULL INSTITUTIONAL REVIEW BOARD AT NEXT MEETING, AS WELL AS ARE SUBJECT TO MONITORING AT ANY TIME DURING THE APPROVAL PERIOD.
APPROVAL STATUS PERIOD VALID FOR DATA COLLECTION FOR A ONE CALENDAR YEAR PERIOD AFTER WHICH A CONTINUATION OR RENEWAL REQUEST IS REQUIRED TO BE SUBMITTED FOR BOARD APPROVAL.
ANY MODIFICATIONS TO APPROVED PROJECT MUST ALSO BE SUBMITTED FOR APPROVAL.

Comments, Modifications/Conditions for Approval or Disapproval are as follows:

Signature:

Chair of Institutional Review Board

Date: October 27, 1997

cc: Dean Aaron Thompson

VITA

DEAN AARON THOMPSON

Candidate for the Degree of

Master of Science

Thesis: RESIDENTS IN ASSISTED LIVING FACILITIES AND VISITATION PATTERNS: THE FREQUENCY OF CONTACT AND THE INFLUENCE OF LIFE SATISFACTION

Major Field: Family Relations And Child Development

Biographical:

Personal Data: Born in Stillwater, Oklahoma, November 1, 1972, the son of Jim and Susan Thompson.

Education: Graduated from Broken Arrow High School, Broken Arrow, Oklahoma, in May 1991; received Bachelor of Science degree in Psychology from Oklahoma State University, Stillwater, Oklahoma in May 1995; completed the requirements for the Master of Science degree at Oklahoma State University in May, 1998.

Experience: Graduate Assistant, Department of Human Environmental Sciences, in conjunction with Intergris Mental Health, Oklahoma State University, May, 1996 to June, 1997.

Professional Memberships: Sigma Phi Omega, Golden Key Honors Society.