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ADJUSTMENT TO THEIR ENVIRONMENT

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A STUDY OF FACTORS INFLUENCING NURSING HOME RESIDENTS'
ADJUSTMENT TO THEIR ENVIRONMENT

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A STUDY OF FACTORS INFLUENCING NURSING HOME RESIDENTS'
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CHAPTER I

INTRODUCTION

Throughout the history of man the aged have received varying treatment from their society. There have been times and places where great power has been granted to the aged; others where they have been left vulnerable to neglect and suffering. The classic work of Leo W. Simmons, The Role of the Aged in Primitive Society, provides one of our best sources for the comparative study of aging and the aged (1).

In this country, particularly in recent years, the aged have commanded much attention. Not only is their number increasing, but their needs have been a subject of focus of many concerned groups, organizations, and individuals (2).

With the breakdown of Western tradition of a family obligation to support aging members, new means of handling persons in their later years is developing in our society. When possible, the desired goal in American society is for the aged person to be self supporting through a prearranged plan for retirement from active economic life, by some either personally or governmentally sponsored program (2). The person can live out his life with respect and comfort in his own community; or, as in the case of persons needing special care services, an appropriate institution

can provide such services. The nursing home is one such institution that has developed in our society. Its purpose is to provide long term residence facilities, and nursing services as needed by its residents.

The study undertaken by this investigator was an effort to gain a better understanding of persons who reside in nursing homes, and to examine several selected factors which may have an effect on their adjustment to nursing home living.

Theoretical Orientation

Gerontology, especially social gerontology, has produced little scientific theory. The emphasis in most research on aging has been directed toward "action" or program building rather than development of organized frameworks or perspectives to guide research efforts. Some other reasons for lack of development of gerontological theory have been suggested by Koller (3). As in many of the sciences, the division of labor between researchers and theorists has tended to polarize gerontologists. Also, the assumption is often made that current theory in related fields, such as sociology and anthropology, is adequate for gerontological purposes. Still another reason is the strong humanistic concern which motivates the majority of research in this field.

The theoretical orientation of the vast majority of the gerontological studies has centered around the question of engagement or disengagement of the aged individual and his society.

Engagement Theory

The engagement, or activity theory, relates to the maintenance of activities and attitudes of middle-age. Successful aging is achieved to

the extent that the individual maintains role and attitudinal continuity from his middle years into his later years (4). Several studies have shown positive association between activity and personal adjustment or high moral (5, 6, 7). Some leading gerontologists, however, have found major shortcomings with this orientation. One of them, Rosencranz (8) has emphasised that the frequent use of middle-age "norms" and middle-age "activity" assumptions in development of indexes of adjustment for the aged have tended to bias many studies.

Disengagement Theory

The disengagement theory has as its model the accommodation principle. Both individuals and society must accommodate themselves to the fact that people do grow old; they must restrict and/or redirect their activities and roles as their abilities decline; and, ultimately people must die. When society and the individual are prepared for this inevitable sequence of events the natural equilibrium necessary for the functioning of both is preserved. This functionalist theory of aging has been developed by Cummings and Henry (9, 10, 11), and clarified by Rose (4).

While the engagement theory has received strong support from those whose goals have been toward action programs to provide for and prolong bonds between aging individuals and their society, the disengagement theory is now receiving much consideration (12, 13). A review of the social gerontological literature seems to suggest that as studies of the social adjustment of the aged becomes more oriented toward the development of a body of scientific knowledge the basic premise of disengagement theory becomes more applicable.

The study reported in this dissertation employs the disengagement theory as its orientation. Persons who have entered a nursing home as a place of extended residence provide the subjects for this analysis. Removal of the individual from his former environmental setting and previous roles, and entry into the nursing home environment constitute a definite form of disengagement of the individual from the life style of the general community environment to the life style of the nursing home environment. A major purpose of this study was to explore several selected factors which may have a bearing on this adjustment process. This has been a neglected area of gerontological research. While the study of good adjustment of the aged, or what is often referred to as "successful aging", has received considerable attention in studies of noninstitutionalized aged, almost none has been given to the institutionalized aged, such as those residing in nursing homes (14). Most studies of the nursing home have dealt with its physical features, health and medical services, or standards for the improvement of these aspects of care for the resident.

CHAPTER II

STATEMENT OF THE PROBLEM

The adjustment of the individual resident of a nursing home to the people, facilities, and services provided there is a major factor in determining the success of any particular home in accomplishing its goal of providing for its residents needs.

The concept of adjustment, being somewhat ambiguous, has led researchers into a variety of approaches for the measurement of adjustment. Taves and Hansen (15), sought to measure the adjustment of 6,700 persons over the age of 65 by using a scale covering six areas: health, family, work, friendship, religion, and morale. Thompson, Streib, and Kosa (16), used the three indices of satisfaction with life, dejection, and hopelessness. They found that the person who was satisfied was unlikely to be either dejected or to feel hopeless; and that the most extreme form of personal maladjustment was marked by a feeling of hopelessness.

A common theme that appears to run through these studies attempting to measure adjustment is a concern with the individual's feeling of well-being and self-fulfillment, the main emphasis being on the individual's evaluation of himself and his present circumstances.

The adjustment problems encountered by most persons entering a nursing home are often complex. For most, failing health, or a recent

accident or illness, have precipitated their move into such a facility. For some, there is a feeling of rejection by their family. Others suffer a loss of interest in their current status when they can no longer function in the roles they formerly played. On the other hand, many find real satisfaction in a new environment. They develop new interests and acquire new friends as well as maintaining connections with previous ones. They see their lives as having real meaning and this period of their lives as enjoyable and rewarding.

The difference in the adjustment of individuals to a nursing home is complex and little understood. Throughout a persons life, adjustment is a constant process; and it is likely that the way a person responds to entry into a nursing home environment follows the general pattern that person has established in adjustments throughout his life.

With the hope of gaining greater insight into this adjustment process, an exploratory study of nursing home residents in Oklahoma City was undertaken. The purpose of this study was three-fold: (a) to determine the kind of research that was needed to improve the overall understanding of nursing home residents' adjustment in Oklahoma City, and also the feasibility of any such research; (b) to determine the number, distribution, and characteristics of Oklahoma City nursing home residents; and (c) to explore a number of factors which may have a bearing on the adjustment of these people to the physical and social environment of the nursing home.

This study sought to test no specific theory, and no hypothesis was stated. The objective of this study was a better general understanding of the phenomena under investigation and to suggest further research

which may provide information regarding more specific aspects of the general adjustment process.

CHAPTER III

DESIGN OF THE INVESTIGATION

Survey of Agencies and Individuals Concerned with Oklahoma City Nursing Homes

The initial step in this study was begun during June and July of 1968. In order to determine the existing level of information concerning the Oklahoma City nursing homes and the people residing in them, agencies and/or individuals involved with nursing home operation or other related activities were contacted and a series of pertinent questions were asked. The instrument used for this survey, and a listing of the individuals and agencies contacted, may be found in Appendix A.

As a result of the information obtained from this survey it was determined that little general information concerning Oklahoma City nursing home residents was available and that which was available was not well organized. The majority of available information pertained to the quality or standards of physical features required of the homes, or to services offered by the homes. The greatest lack of information seemed to be that concerning the residents themselves, such as their number, distribution, and compositional factors within the city.

Another major purpose of this survey was to determine what kind of research the persons of this area connected with nursing homes saw as being needed or possible. A major need seen by almost all of them was for basic demographic data. Another was for information which would

give a better understanding of how existing facilities and those planned for the future could best serve the needs of the people using them.

To determine what kind of person is likely to make a successful adjustment to nursing home life, the investigation of several specific factors of adjustment were suggested by the persons contacted in this survey. These factors pertaining to specific aspects of a person's general adjustment included the health of the person, his occupational experiences, level of education, previous living arrangements, participation in social interaction, family background, religious beliefs, and his general outlook on both the present and the future.

Before any investigation could be carried out, however, a census of the nursing home residents of Oklahoma City was undertaken to provide the basic data from which respondents could be selected for a more detailed analysis.

Nursing Home Census

A census of nursing home residents in Oklahoma City was taken during the month of April 1969. The data collection instrument used for this census may be found in Appendix B. Information collected included the name, age, sex, and length of time in that home for each person.

A listing of all twenty-nine licensed nursing homes in Oklahoma City, including the name, address, number of beds each home was licensed for, and the name of the administrator in charge, was obtained from the Oklahoma State Health Department, Hospital Division (17).

Using this information, three categories of home size was established to be used in the census of nursing homes so comparisons could be made among the homes by some more general category than any attempt to

compare each of the twenty-nine homes with any other home or homes. Home size would also be a factor to be investigated later with regard to the general adjustment of the resident to nursing home living. The category of small nursing homes included those licensed to accommodate less than fifty residents; a category of medium sized homes included those licensed to care for fifty to ninety-nine residents; and large homes were those licensed for one hundred or more residents. These three categories were selected because each size represents a type of nursing home setting somewhat different from the other two. The small homes are usually the older ones and often are buildings which formerly served a different function and then had been converted into a nursing home. In these there often seemed to be a "large family" type of atmosphere. The medium size homes often had characteristics of both the small and the large ones. Some had been in operation for several years, and long-term residents had developed a variety of firmly established friendship patterns. The "one big family" atmosphere was not present, however. In the large homes, many of which have been built only very recently, interaction patterns are not as well developed and a more "hospital like" atmosphere prevails. In these larger homes, however, a wider range of services and facilities are available to the resident. Using this criterion, Oklahoma City had eleven small, eight medium size, and ten large nursing homes.

Contacting the administrator of the home, explaining the purpose of the study, and obtaining permission to interview the nursing staff, and gain access to the residents' records so accurate information could be obtained on the items included in the census, were the next steps taken. In all but two of the homes this permission was granted, and in

those two some limited information was provided, but individual records of the residents were not made available. Information was given on the number of residents in the home as of that date, however. Therefore, the census data on total number of nursing home residents in Oklahoma City as of April 1969 can be considered accurate. The more detailed information, such as age, sex, and length of time in the home could not be obtained for the residents of those two homes, but information from the other twenty-seven homes was complete. This information is shown in the tables found in Appendix C.

The basic purpose of the census, other than to provide general data about Oklahoma City nursing home residents, was to provide a population from which a sample would be drawn for further investigation into the factors which lead to a successful adjustment to this kind of environment.

The Interview Study Population

From the total population of 1,583 persons, in all 29 nursing homes, a sample was drawn, to be the subject of a more extensive investigation regarding the residents adjustment to living in a nursing home.

Since many persons in nursing homes are physically or mentally incapable of giving information, some means of eliminating them from any study population was necessary before selecting a sample. At the time of the census of homes the nursing staff of each home made a professional judgement as to the ability of each resident to take part in the study by being interviewed for a period of approximately 30 minutes. Judgement was made with regard to each resident and they were classified either not interviewable or interviewable.

Another criterion for inclusion in the study population was that the person must have been a resident of that nursing home for a minimum period of six months. This period of residency was felt to be necessary for the person to make any kind of measurable adjustment to a new environmental setting.

A final criterion for persons in the study population was that they be at least 65 years of age. This was because the adjustment measurement instruments to be used in the study were designed for the aged, and the study was intended to be a gerontological study rather than a general study of individuals in nursing homes. Tables 1, 2, 3, and 4 show the number of persons excluded from the study in each home and the reason for their exclusion. The total number of persons excluded from the census population of 1,583 for all reasons was 1,244. This left 339 persons in the study population from which a stratified random sample was drawn.

The Sample

A sample of 169 persons was drawn from the study population of 339 persons. This was done by stratifying the population on the basis of home size, sex, and age, and then using a table of random numbers, taking a simple random sample from each stratum (18). The resulting sample was proportionally representative of the study population based on these factors. It should be kept in mind, however, that this sample of persons who were interviewed does not represent the total population of Oklahoma City nursing home residents, but only those 339 persons who were qualified to participate in this study as determined by the criteria listed earlier.

TABLE 1
NUMBER AND REASONS FOR EXCLUSION FROM STUDY
POPULATION (SMALL HOMES)

Home Number	Beds Licensed For	Total Population	Number Persons Excluded For:*					Total
			1	2	3	4	5	
1	24	27	4	7	5	11	0	27
2	24	21	4	4	2	8	0	18
3	27	25	1	1	5	2	0	9
4	12	12	0	6	5	0	0	11
5	25	15	1	2	4	7	0	14
6	6	6	1	0	0	3	0	4
7	14	13	3	0	1	9	0	13
8	15	13	3	2	3	5	0	13
9	43	44	4	11	14	6	0	35
10	18	18	0	1	2	6	0	9
11	30	29	5	2	7	7	0	21
Total	238	223	26	36	48	64	0	174

***Key to Exclusions**

1. Less than 6 months in nursing home.
2. Under age 65.
3. Physical health too poor to interview.
4. Mental health too poor to interview.
5. Administrator of home refused to participate in study.

TABLE 2
NUMBER AND REASONS FOR EXCLUSION FROM STUDY
POPULATION (MEDIUM HOMES)

Home Number	Beds Licensed For	Total Population	Number Persons Excluded For:*					Total
			1	2	3	4	5	
1	98	102	2	49	0	50	0	101
2	83	69	8	30	16	3	0	57
3	85	77	7	4	7	17	0	35
4	51	47	9	5	5	4	0	23
5	64	56	7	13	9	10	0	39
6	58	59	4	17	10	16	0	47
7	55	52	5	12	2	33	0	52
8	52	40	10	5	2	6	0	23
Total	546	502	52	135	51	139	0	377

***Key to Exclusions**

1. Less than 6 months in nursing home.
2. Under age 65.
3. Physical health too poor to interview.
4. Mental health too poor to interview.
5. Administrator of home refused to participate in study.

TABLE 3
NUMBER AND REASONS FOR EXCLUSION FROM STUDY
POPULATION (LARGE HOMES)

Home Number	Beds Licensed For	Total Population	Number Persons Excluded For:*					Total
			1	2	3	4	5	
1	114	80	19	2	11	30	0	62
2	100	92	16	2	10	24	0	52
3	142	101	19	14	16	15	0	64
4	100	87	49	2	7	6	0	64
5	100	63	63	0	0	0	0	63
6	100	52	44	8	0	0	0	52
7	105	96	14	36	4	19	0	73
8	103	101	24	15	5	33	0	77
9	108	106	0	0	0	0	106	106
10	100	80	0	0	0	0	80	80
Total	1072	858	248	79	53	127	186	693

***Key to Exclusions**

1. Less than 6 months in nursing home.
2. Under age 65.
3. Physical health too poor to interview.
4. Mental health too poor to interview.
5. Administrator of home refused to participate in study.

TABLE 4

NUMBER AND REASONS FOR EXCLUSION FROM STUDY
POPULATION (ALL HOMES)

Total Homes in Study	Beds Licensed For	Total Population	Number of Persons Excluded For:*					Total
			1	2	3	4	5	
29	1856	1583	326	250	152	330	186	1244

*Key to Exclusions

1. Less than 6 months in nursing home.
2. Under age 65.
3. Physical health too poor to interview.
4. Mental health too poor to interview.
5. Administrator of home refused to participate in study.

Development of the Interview Schedule

The purpose of this phase of the study was to obtain basic information about nursing home residents so certain selected factors or variables could be analyzed with regard to their effect on that person's adjustment to his present environmental setting and living conditions.

The measurement of adjustment in this study was accomplished with the use of two basic instruments that have been specifically designed for this purpose, and appropriate for the over age 65 individual. The two instruments employed were the Social Adjustment Scale, designed originally by Cavan (19), and refined by Taves and Hansen (20), and the Life Satisfaction Index, developed by Neugarten, Havighurst, and Tobin (13).

The use of these two basic adjustment measurement instruments resulted from the recommendations of two of this country's leading authorities in gerontological research: Dr. C. T. Pihlblad (21) of the

University of Missouri, and Dr. Rodney M. Coe (22) of the Medical Care Research Center in St. Louis, Missouri. After explaining the nature and purpose of this study, these instruments were suggested as being appropriate and possibly the best available for the purpose of this research undertaking. These two adjustment measurement devices are found in the interview schedule in Appendix D.

The Pilot Study

Before interviewing any of the sample of Oklahoma City nursing home residents, a pilot study was made in three nursing homes in Guthrie, Oklahoma. This was done basically to test the interview schedule and work out any problems that may not have been anticipated in the development of the schedule. The homes in Guthrie were selected for this purpose so as not to contaminate the Oklahoma City population to be used in actual study.

Twelve persons were interviewed, either with a completed schedule or an abbreviated schedule. One of the major conclusions reached as a result of this pilot study was that the schedule originally developed for the study was too long for a successful interview with many aged persons. Several items were ambiguous, such as that dealing with social status identity; others overlapped or duplicated other questions. The changes made, therefore, were in clarification of wording and elimination of unnecessary duplication. As a result, the instrument was shortened in the revised form to be used in the Oklahoma City study.

The Interviews

All interviews were conducted by a single interviewer. Contact

was made with the 169 subjects of the investigation during the months of May and June, 1969. Twenty-two of the interviews were not made or completed. Table 5 details the reasons why these interviews were not made or completed.

TABLE 5
REASONS FOR INCOMPLETE INTERVIEWS

Number of Persons	Reasons
4	Refused to be interviewed
6	Their physical health too poor to be interviewed*
3	Their mental health too poor to be interviewed*
5	Left nursing home; gone to hospital
3	Left nursing home; gone to another nursing home
1	Left nursing home; returned to own home
TOTAL 22	

*Professional judgement of the nursing staff in each home.

The 147 completed interviews provided the data which were analyzed. Interview time in most cases was approximately twenty to thirty minutes per person. Interviewing was geared to the type of respondent, and as expected with persons in the aged category, some special problems appeared. Although there was some communication difficulty, little hostility or failure to cooperate in the study was encountered. This was attributed, to a great extent, to the cooperation and help of the nursing staffs of the homes in preparing the residents for the interview by creating a friendly, receptive atmosphere for the interview, and also scheduling the interviews at times convenient to the individual

respondent.

The data resulting from these interviews are summarized in Appendix E.

Data Analysis Procedure

After the data were categorized and tabulated, charts showing distribution of respondents with regard to each item on the schedule were prepared. The distribution of adjustment scores in quartiles were then compared to the categories of responses of each respondent concerning each item.

The quartile ranges for both basic adjustment measurement instruments were not exactly 25%, but were computed from the actual distribution of all 147 respondents' scores as near as possible to quartiles. (Tables 6 and 7).

Chi Square tests of significance for each factor on the interview schedule, were computed by comparing the observed quartile distribution of adjustment scores for categories of each factor to an expected distribution based on the quartile distribution of scores for the total population. The total population's quartile distribution of scores thus served as the theoretical distribution of expected scores.

TABLE 6
DISTRIBUTION OF SOCIAL ADJUSTMENT SCALE SCORES

	1st Quartile	2nd Quartile	3rd Quartile	4th Quartile	Total
Range of scores	8-32	33-43	44-53	54-70	8-70
Number of persons	39	35	36	37	147
Percent of total	26.5	23.8	24.5	25.2	100

The range of Social Adjustment Scale scores in this study was from 8 to 70. The possible range is from 0 to 74. The above is a quartile distribution of the scores from this study. The higher the score the better the adjustment of the person.

TABLE 7
DISTRIBUTION OF LIFE SATISFACTION INDEX SCORES

	1st Quartile	2nd Quartile	3rd Quartile	4th Quartile	Total
Range of scores	0-6	7-9	10-13	14-19	0-19
Number of persons	41	37	33	36	147
Percent of total	27.9	25.2	22.4	24.5	100

The range of Life Satisfaction Index scores in this study was from 0 to 19. The possible range is from 0 to 20. The above is a quartile distribution of scores from this study. The higher the score the better the adjustment of the person.

CHAPTER IV

RESULTS AND DISCUSSION

Comparison of the Two Adjustment Measurement Instruments

Since two adjustment measurement instruments were used in this study, it was necessary to determine the extent to which they had actually measured the same thing; i.e., the adjustment of the nursing home resident to his present environment. In this way each instrument might be seen as a check or verification of the other.

The scores of the two adjustment measurement instruments for each respondent were compared by computing a coefficient of correlation for the 147 respondent's scores (23). This coefficient of correlation was $+0.75$.

Another comparison was made by comparing the quartile distributions of the two adjustment scores for each respondent. When the quartile distribution of scores of the Social Adjustment Scale were compared with those of the Life Satisfaction Index it was found that 44% were in the same quartile, 52% differed by only one quartile, and 4% differed by two quartiles. None differed by more than two quartiles. Some difference should be expected, since although both instruments were designed to measure adjustment of the person, each stressed different aspects of adjustment. The Life Satisfaction Index takes into account more of the life experiences and previous life patterns established by the person,

while the Social Adjustment Scale is more directed to the adjustment of the person in his present environmental setting.

The evidence from this study may be interpreted to indicate that the two instruments had a high level of validity in measuring what they intended to measure, and that comparable results were derived from their use.

Analysis of Age, Sex, and Size of Home as Factors
Affecting Adjustment to Nursing Home Living

These three factors were analyzed separately and also as inter-related variables in this study. Table 8 shows the distribution, by home size, of the sexes and their mean average ages. The sex ratio decreases with the increase in home size; the ratio being 44 males per 100 females in small homes, 42 males per 100 females in medium homes, and 34 males per 100 females in the large homes.

TABLE 8

MEAN AGE AND SEX COMPOSITION BY SIZE OF HOME

Size of Home	Males		Females		Total Number	Mean Age*	
	No.	%	No.	%		Males	Females
Small	8	(35)	15	(65)	23	78	78
Medium	15	(28)	38	(72)	53	77	81
Large	19	(27)	52	(73)	71	80	81
Total	42	(29)	105	(71)	147	79	81

*Rounded to nearest whole number.

Distribution of adjustment scores from both adjustment measurement instruments were plotted on charts to reveal any difference between

the three home sizes, the sexes, and five year age intervals from age 65 to 99. Mean average adjustment scores were computed for each sex, in each of the five year age categories, in each of the three home size categories. This procedure revealed only slight differences in mean adjustment scores between the various sex, age, and home size categories; and no general trends were discernible. For example, it could not be said that there was any evidence that adjustment increased or decreased with the increase in either age or size of the home. This was the same for both males and females. A great deal of variation in adjustment scores could be found among the 147 respondents, but the combined factors of age, sex, and size of home appeared to offer no clear evidence of having any major effect on the distribution of these scores. However, because of the small total number of respondents and the even smaller number that fall into each of the sex, age, or home size categories this kind of analysis is at best hazardous; and since no obvious trends did appear in this approach, each factor was then analyzed separately.

Age

It might be assumed that the age of the person would have a major effect on their adjustment to nursing home living. In order to test this assumption with the data from this study, all respondents were divided into two categories; those under the age of 80 and those 80 or older. The adjustment scores for persons in each of these categories were then distributed in terms of their rank in quartiles. The first quartile could be termed the "low adjustment" group and those in the fourth quartile the "high adjustment" group. The second and third quartiles represent "normal adjustment". Tables 9 and 10 show the

TABLE 9
AGE RELATED TO SOCIAL ADJUSTMENT SCORES

Age	RESPONDENTS IN EACH "QUARTILE"								Total	
	1		2		3		4			
	No.	%	No.	%	No.	%	No.	%	No.	%
Under 80	16	(26)	14	(23)	16	(26)	15	(25)	61	(100)
80 and over	23	(27)	21	(24)	20	(23)	22	(26)	86	(100)
Total	39	(26.5)	35	(23.8)	36	(24.5)	37	(25.2)	147	(100)

$$\chi^2 = .18 \quad df = 3 \quad P = .98$$

TABLE 10
AGE RELATED TO LIFE SATISFACTION SCORES

Age	RESPONDENTS IN EACH "QUARTILE"								Total	
	1		2		3		4			
	No.	%	No.	%	No.	%	No.	%	No.	%
Under 80	17	(28)	15	(25)	16	(26)	13	(21)	61	(100)
80 and over	24	(28)	22	(26)	17	(19)	23	(27)	86	(100)
Total	41	(27.9)	37	(25.2)	33	(22.4)	36	(24.5)	147	(100)

$$\chi^2 = 1.12 \quad df = 3 \quad .70 < P < .80$$

distribution of respondents in each quartile for each category. Tests of significance were computed using the Chi Square test to determine if this observed distribution was different from the expected distribution. The distribution of both Social Adjustment Scale scores and Life Satisfaction Index scores showed no significant difference between the observed and expected frequencies for the two age categories. It would appear the age alone had little effect on a person's adjustment to nursing home living.

Sex

The same procedure followed in analyzing adjustment difference due to age was followed to determine any difference that might exist as a result of the sex of the respondents. The quartile distribution of scores for males and females were compared with expected distribution computed from the total study population scores.

The Chi Square test indicates no significant difference between males and females in their adjustment scores. (Tables 11 and 12).

Size of Home

The effect of the size of the home on the adjustment of the resident was approached by comparing the observed quartile distribution of scores for respondents in each of the three previously established home size categories; small, medium, and large, with the expected quartile distribution. A Chi Square was computed for each of the three home size categories separately. In each case no major difference was indicated. The greatest difference was observed in the medium size home, where the source of this difference appears to be a greater than should be expected

TABLE 11
SEX RELATED TO SOCIAL ADJUSTMENT SCORES

Sex	RESPONDENTS IN EACH "QUARTILE"									
	1		2		3		4		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Male	10	(24)	11	(26)	13	(31)	8	(19)	42	(100)
Female	29	(28)	24	(23)	23	(22)	29	(27)	105	(100)
Total	39	(26.5)	35	(23.8)	36	(24.5)	37	(25.2)	147	(100)

$$\chi^2 = 2.17 \quad df = 3 \quad .50 < P < .60$$

TABLE 12
SEX RELATED TO LIFE SATISFACTION SCORES

Sex	RESPONDENTS IN EACH "QUARTILE"									
	1		2		3		4		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Male	15	(32)	7	(15)	10	(21.5)	10	(21.5)	42	(100)
Female	26	(24)	30	(30)	23	(22)	26	(24)	105	(100)
Total	41	(27.9)	37	(25.2)	33	(22.4)	36	(24.5)	147	(100)

$$\chi^2 = 3.04 \quad df = 3 \quad .30 < P < .40$$

number of persons in the "low adjustment" quartile and the "high adjustment" quartile, while in the normal ranges there are fewer. (Tables 13 and 14).

Marital Status and Adjustment

The marital status of 147 respondents and their mean Social Adjustment Scale and mean Life Satisfaction Index Scores are shown in Table 15. Adjustment, as measured by both instruments, was slightly poorer for the single person than in the other marital status categories.

When single, married, or divorced persons as one category were compared with widowed persons, it was found that some difference in adjustment was apparent. The widowed group had a somewhat better adjustment than that found in the other category. Neither instrument showed a difference at the .05 level, but the level of significance was such as to suggest that the marital status of nursing home residents may have had some effect on their adjustment to nursing home living. (Tables 16 and 17).

Educational Attainment and Adjustment

The amount of formal education for the sample is shown in Table 18, along with the mean adjustment scores of each educational category. Except for the category of no formal education, little difference appears between the categories; and, the total number of subjects with no education was so small that the high adjustment scores for these people may be somewhat misleading in any attempt to draw a general conclusion. Generally speaking, the data indicate little difference in adjustment to nursing home living based on educational attainment. The

TABLE 13

SIZE OF HOME RELATED TO SOCIAL ADJUSTMENT SCORES

Size	RESPONDENTS IN EACH "QUARTILE"									
	1		2		3		4		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Small	4	(17)	8	(35)	6	(26)	5	(22)	23	(100)
Medium	19	(36)	7	(13)	12	(23)	15	(28)	53	(100)
Large	16	(23)	20	(28)	18	(25)	17	(24)	71	(100)
Total	39	(26.5)	35	(23.8)	36	(24.5)	37	(25.2)	147	(100)

Small Homes	- $\chi^2 = 2.00$	df = 3	.50 < P < .60
Medium Homes	- $\chi^2 = 4.55$	df = 3	.20 < P < .30
Large Homes	- $\chi^2 = 1.06$	df = 3	.70 < P < .80

TABLE 14

SIZE OF HOME RELATED TO LIFE SATISFACTION SCORES

Size	RESPONDENTS IN EACH "QUARTILE"									
	1		2		3		4		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Small	6	(26)	5	(22)	7	(30)	5	(22)	23	(100)
Medium	16	(30)	11	(21)	9	(17)	17	(32)	53	(100)
Large	19	(27)	21	(30)	17	(24)	14	(19)	71	(100)
Total	41	(27.9)	37	(25.2)	33	(22.4)	36	(24.5)	147	(100)

Small Homes	- $\chi^2 = .82$	df = 3	.80 < P < .90
Medium Homes	- $\chi^2 = 2.43$	df = 3	.40 < P < .50
Large Homes	- $\chi^2 = 1.31$	df = 3	.70 < P < .80

TABLE 15
MARITAL STATUS OF THE STUDY POPULATION

Marital Status	Males		Females		Total	Mean SAS ^a	Mean LSI ^b
	No.	%	No.	%			
Single	5	(45)	6	(55)	11	38	8
Married	12	(71)	5	(29)	17	44	10
Widowed	25	(22)	91	(78)	116	44	10
Divorced	0	(0)	3	(100)	3	--	--
Total	42	(29)	105	(71)	147		

^aSocial Adjustment Scale Score

^bLife Satisfaction Index Score

TABLE 16
MARITAL STATUS RELATED TO SOCIAL ADJUSTMENT SCORES

Marital Status	RESPONDENTS IN EACH "QUARTILE"								Total	
	1		2		3		4			
	No.	%	No.	%	No.	%	No.	%	No.	%
Single										
Married										
Divorced	13	(42)	5	(16)	7	(23)	6	(19)	31	(100)
Widowed	26	(22)	30	(26)	29	(25)	31	(27)	116	(100)
Total	39	(26.5)	35	(23.8)	36	(24.5)	37	(25.2)	147	(100)

$$\chi^2 = 5.14 \quad df = 3 \quad .10 < P < .20$$

TABLE 17
MARITAL STATUS RELATED TO LIFE SATISFACTION SCORES

Marital Status	RESPONDENTS IN EACH "QUARTILE"									
	1		2		3		4		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Single										
Married										
Divorced	13	(42)	5	(16	9	(29)	4	(13)	31	(100)
Widowed	28	(24)	32	(27.5)	24	(21)	32	(27.5)	116	(100)
Total	41	(27.5)	37	(25.2)	33	(22.4)	36	(24.5)	147	(100)

$$\chi^2 = 6.97 \quad df = 3 \quad .05 < P < .10$$

TABLE 18
EDUCATIONAL ATTAINMENT OF THE STUDY POPULATION

Educational Attainment	Males		Females		Total	Mean SAS ^a	Mean LSI ^b
	No.	%	No.	%			
None	2	(50)	2	(50)	4	57	14
Grade School	23	(34)	45	(66)	68	43	10
High School	10	(20)	39	(80)	49	42	9
College	4	(21)	15	(79)	19	42	9
Professional	3	(43)	4	(57)	7	38	10
Total	42	(29)	105	(71)			

^aSocial Adjustment Scale Score

^bLife Satisfaction Index Score

Chi Square test was used to compare those persons with grade school education only and those with more than grade school education. The indication was that there was no great difference between the two categories. (Table 19 and 20).

Former Occupation and Adjustment

The former occupations of the 147 respondents were categorized into thirteen categories used by the U. S. Bureau of Census (24). The occupational distribution for males is shown in Table 21, and for females in Table 22. Occupations for males were grouped into white collar or blue collar occupations for the purpose of comparing the mean adjustment scores of these two categories. Females were grouped into housewives and working women for comparative purposes.

The males from former blue collar types of occupations showed a slightly better adjustment on both scaling devices than did the white collar occupations. This can also be seen in the quartile distributions of scores in Tables 23 and 24. The Chi Square could not be computed, however, because the expected frequencies for some of the quartiles were less than five.

A comparison of working women and housewives showed even less difference in their adjustment to the home. In the case of each adjustment measurement instrument, each category differed in mean score by only a single point, and the two instruments showed conflicting evidence for the two categories. The Chi Square, (Tables 25 and 26) computed for both instruments' comparisons of working women and housewives indicated the difference in adjustment to be at a low level of significance.

The general conclusion seems to be that the former occupation

TABLE 19
EDUCATIONAL ATTAINMENT RELATED TO SOCIAL ADJUSTMENT SCORES

	RESPONDENTS IN EACH "QUARTILE"									
Education	1		2		3		4		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
0 - 8 years	17	(23)	15	(21)	22	(31)	18	(25)	72	(100)
9+ years	22	(29)	20	(27)	14	(19)	19	(25)	75	(100)
Total	39	(26.5)	35	(23.8)	36	(24.5)	37	(25.2)	147	(100)

$$\chi^2 = 3.13 \quad df = 3 \quad .30 < P < .40$$

TABLE 20
EDUCATIONAL ATTAINMENT RELATED TO LIFE SATISFACTION SCORES

Education	RESPONDENTS IN EACH "QUARTILE"								Total	
	1		2		3		4			
	No.	%	No.	%	No.	%	No.	%	No.	%
0 - 8 years	21	(29)	16	(22)	13	(18)	22	(31)	72	(100)
9+ years	20	(27)	21	(27.5)	20	(27)	14	(18.5)	75	(100)
Total	41	(27.9)	37	(25.2)	33	(22.4)	36	(24.5)	147	(100)

$$\chi^2 = 3.94 \quad df = 3 \quad .20 < P < .30$$

TABLE 21
FORMER OCCUPATIONAL CATEGORIES OF STUDY POPULATION
(MALES)

Former Occupation	Male	Mean SAS ^a	Mean LSI ^b
1. Professional, Technical workers	5	White Collar Occupation:	White Collar Occupation:
2. Farmers, and farm managers	6	42	8
3. Managers, officials, proprietors	8	Blue Collar Occupation:	Blue Collar Occupation:
4. Clerical, and kindred workers	0	44	11
5. Sales Workers	5		
6. Craftsmen, foremen	4		
7. Operatives, and kindred workers	3		
8. Private household workers	0		
9. Service workers, except private household	3		
10. Farm laborers, foremen	2		
11. Laborers except farm and mine	5		
12. Housewife	0		
13. Unemployable	1		
TOTAL	42		

^aSocial Adjustment Scale Score

^bLife Satisfaction Index Score

TABLE 22
FORMER OCCUPATIONAL CATEGORIES OF STUDY POPULATION
(FEMALES)

Former Occupation	Female	Mean SAS ^a	Mean LSI ^b
1. Professional, technical workers	11	Working Women:	Working Women:
2. Farmers, and farm managers	1	42	10
3. Managers, officials, proprietors	4	Housewife: 43	Housewife: 9
4. Clerical, and kindred workers	4		
5. Sales Workers	2		
6. Craftsmen, formen	3		
7. Operatives, and kindred workers	4		
8. Private household workers	4		
9. Service workers, except private household	11		
10. Farm laborers, foremen	0		
11. Laborers except farm and mine	1		
12. Housewife	59		
13. Unemployable	1		
TOTAL	105		

^aSocial Adjustment Scale Score

^bLife Satisfaction Index Score

TABLE 23

OCCUPATION OF MALES RELATED TO SOCIAL ADJUSTMENT SCORES

Occupation	RESPONDENTS OF EACH "QUARTILE"								Total	
	1		2		3		4			
	No.	%	No.	%	No.	%	No.	%	No.	%
White Collar	8	(44)	3	(17)	5	(28)	2	(11)	18	(100)
Blue Collar	5	(21)	5	(21)	10	(42)	4	(16)	24	(100)
Total	13	(30.9)	8	(19.1)	15	(35.7)	6	(14.3)	42	(100)

Expected frequencies too small for χ^2 test.

TABLE 24

OCCUPATION OF MALES RELATED TO LIFE SATISFACTION SCORES

RESPONDENTS OF EACH "QUARTILE"										
Occupation	1		2		3		4		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
White Collar	5 (28)		6 (33)		3 (17)		4 (22)		18 (100)	
Blue Collar	7 (30)		4 (16)		5 (21)		8 (33)		24 (100)	
Total	12 (28.6)		10 (23.7)		8 (19.1)		12 (28.6)		42 (100)	

Expected frequencies too small for χ^2 test.

TABLE 25
OCCUPATION OF FEMALES RELATED TO SOCIAL ADJUSTMENT SCORES

Occupation	RESPONDENTS IN EACH "QUARTILE"									
	1		2		3		4		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Worker	13	(29)	8	(18)	11	(24)	13	(29)	45	(100)
Housewife	16	(26)	16	(26)	12	(24)	16	(26)	60	(100)
Total	29	(27.6)	24	(22.9)	23	(21.9)	29	(27.6)	105	(100)

$$\chi^2 = 1.75 \quad df = 3 \quad .50 < P < .60$$

TABLE 26
OCCUPATION OF FEMALES RELATED TO LIFE SATISFACTION SCORES

Occupation	RESPONDENTS IN EACH "QUARTILE"									
	1		2		3		4		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Worker	12	(27)	10	(22)	10	(22)	13	(29)	45	(100)
Housewife	14	(23)	20	(33)	13	(22)	13	(22)	60	(100)
Total	26	(24.8)	30	(28.5)	23	(21.9)	26	(24.8)	105	(100)

$$\chi^2 = 2.79 \quad df = 3 \quad .40 < P < .50$$

of the resident of a nursing home, as a single factor, has little bearing on his adjustment to that home.

Former Residence and Adjustment

The difference in adjustment that was shown by the data of this study between categories of persons based on former residence was negligible. Table 27 shows the distribution of persons residence before entering the nursing home, and the mean adjustment scores for each residence category. The Chi Square test also showed almost no difference between the persons who came to the nursing home from their own homes, and those who had been a resident of any other place for a period of at least six months before entering the nursing home where they presently lived, Tables 28 and 29.

Location of Former Residence and Adjustment

Familiarity with a general area of the country and an established identity with a particular state or city are often felt to have a bearing on an individual's general adjustment to events in the person's life. For this reason, the former residence of persons now living in Oklahoma City nursing homes was one factor selected to relate to their overall adjustment to nursing home living. Table 30 shows the location or type of residence the 147 respondents had before coming to the home where they presently lived. The largest number of persons, 102, were from Oklahoma City; 45 were from communities other than Oklahoma City. We can see that the majority of persons living in Oklahoma City nursing homes are long-time residents of this area. When the mean scores of both adjustment instruments were compared, little difference could be seen between those

TABLE 27
RESIDENCE BEFORE COMING TO THIS NURSING HOME
OF STUDY POPULATION

Residence Before Coming to This Nursing Home	Males		Females		Total	Mean SAS ^a	Mean LSI ^b
	No.	%	No.	%			
Own Home	25	(29)	61	(71)	86	43	10
Relative's Home	2	(10)	18	(90)	20	42	10
Other Nursing Home	14	(38)	23	(62)	37	41	9
Other	1	(25)	3	(75)	4	--	--
Total	42	(29)	105	(71)	147		

^aSocial Adjustment Scale Score

^bLife Satisfaction Index Score

TABLE 28

WHERE THE PERSON LIVED BEFORE COMING TO NURSING HOME
RELATED TO SOCIAL ADJUSTMENT SCORES

Where Person Lived	RESPONDENTS IN EACH "QUARTILE"									
	1		2		3		4		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Own Home	24	(28)	20	(23)	21	(24.5)	21	(24.5)	86	(100)
Other	15	(24.7)	15	(24.7)	15	(24.7)	16	(25.9)	61	(100)
Total	39	(26.5)	35	(23.8)	36	(24.5)	37	(25.2)	147	(100)

$$\chi^2 = .22 \quad df = 3 \quad .95 < P < .98$$

TABLE 29

WHERE THE PERSON LIVED BEFORE COMING TO NURSING HOME
RELATED TO LIFE SATISFACTION SCORES

Where Person Lived	RESPONDENTS IN EACH "QUARTILE"									
	1		2		3		4		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Own Home	23	(27)	20	(23)	21	(24.5)	22	(25.5)	86	(100)
Other	18	(30)	17	(28)	12	(19)	14	(23)	61	(100)
Total	41	(27.9)	37	(25.2)	33	(22.4)	36	(24.5)	147	(100)

$$\chi^2 = .86 \quad df = 3 \quad .80 < P < .90$$

TABLE 30
LOCATION OF FORMER RESIDENCE OF STUDY POPULATION

Location of Former Residence	Males		Females		Total	Mean SAS ^a	Mean LSI ^b
No.	%	No.	%				
Oklahoma City	28 (27)		74 (73)		102	For Urban:	For Urban:
Urban Other Than Oklahoma City	3 (27)		8 (73)		11	42	9
Town	3 (19)		13 (81)		16	For Non Urban:	For Non Urban:
Village	6 (46)		7 (54)		13	44	10
Rural	2 (40)		3 (60)		5		
Total	42 (29)		105 (71)		147		

^aSocial Adjustment Scale Score

^bLife Satisfaction Index Score

who had come to an Oklahoma City nursing home from elsewhere. The same results are found when Oklahoma City people are compared to persons from other areas with a Chi Square test (Tables 31 and 32). The individual adjustment scores within each category of former residence showed great variation, but between the categories there was little difference.

Number of Months in the Home and Adjustment
to the Home

Does a person tend to improve in his ability to live within a specific environmental setting with time? This is often believed to be a major factor in human adjustment. The data from this study tend to offer some support for this proposition. Table 33 shows the distribution of respondents in terms of the length of time they had been a resident of that particular home, and the mean adjustment scores for persons in selected time periods. A sharp increase in adjustment scores can be seen for those persons who had been a resident of the home for five years or longer. It should be noted, however, that this group is represented by only nine of the total respondents. Tables 34 and 35 shows a comparison of persons with less than two years in the home and those with two or more years in their nursing home. For both adjustment instruments, the difference between the two categories showed Chi Squares near the .10 level of significance. This suggests that the length of time a person spends in a nursing home may be a factor in the adjustment of that person to that home. The data suggest that there is an improvement in adjustment among these respondents; but, under adverse conditions in the home, the opposite may be the case.

TABLE 31

FORMER PLACE OF RESIDENCE RELATED
TO SOCIAL ADJUSTMENT SCORES

Residence	RESPONDENTS IN EACH "QUARTILE"								Total	
	1		2		3		4			
	No.	%	No.	%	No.	%	No.	%	No.	%
Oklahoma City	28	(27)	26	(25)	25	(25)	23	(23)	102	(100)
Other	11	(24.5)	9	(20)	11	(24.5)	14	(31)	45	(100)
Total	39	(26.5)	35	(23.8)	36	(24.5)	37	(25.2)	147	(100)

$$\chi^2 = 1.37 \quad df = 3 \quad .70 < P < .80$$

TABLE 32

FORMER PLACE OF RESIDENCE RELATED
TO LIFE SATISFACTION SCORES

RESPONDENTS IN EACH "QUARTILE"										
Residence	1		2		3		4		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Oklahoma City	30	(29)	27	(26)	23	(23)	22	(22)	102	(100)
Other	11	(25)	10	(22)	10	(22)	14	(31)	45	(100)
Total	41	(27.9)	37	(25.2)	33	(22.4)	36	(24.5)	147	(100)

$$\chi^2 = 1.68 \quad df = 3 \quad .60 < P < .70$$

TABLE 33
NUMBER OF MONTHS IN THE HOME FOR THE STUDY POPULATION

Months in Home	Males		Females		Total	Mean SAS ^a	Mean LSI ^b
	No.	%	No.	%			
6-12	9	(23)	30	(77)	39	44	10
13-24	15	(31)	34	(69)	49	40	9
25-36	5	(20)	20	(80)	25	45	10
37-48	7	(47)	8	(53)	15	42	9
49-60	1	(10)	9	(90)	10	44	10
62-120	5	(63)	3	(37)	8	50	12
120+	0	(0)	1	(100)	1	66	17
Total	42	(29)	105	(71)	147		

^aSocial Adjustment Scale Score

^bLife Satisfaction Index Score

TABLE 34

NUMBER OF MONTHS IN THE HOME RELATED
TO SOCIAL ADJUSTMENT SCORES

Months	RESPONDENTS IN EACH "QUARTILE"									
	1		2		3		4		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
6-23 Months	23	(27)	24	(29)	21	(25)	16	(19)	84	(100)
24+ Months	16	(25)	11	(18)	15	(24)	21	(33)	63	(100)
Total	39	(26.5)	35	(23.8)	36	(24.5)	37	(25.2)	147	(100)

$$\chi^2 = 4.87 \quad df = 3 \quad .10 < P < .20$$

TABLE 35

NUMBER OF MONTHS IN THE HOME RELATED
TO LIFE SATISFACTION SCORES

Months	RESPONDENTS IN EACH "QUARTILE"								Total	
	1		2		3		4			
	No.	%	No.	%	No.	%	No.	%	No.	%
6-23 Months	23	(27)	27	(32)	18	(22)	16	(19)	84	(100)
24+ Months	18	(28)	10	(16)	15	(24)	20	(32)	63	(100)
Total	41	(27.9)	37	(25.2)	33	(22.4)	36	(24.5)	147	(100)

$$\chi^2 = 6.29 \quad df = 3 \quad .05 < P < .10$$

Involvement in Choosing the Home and Adjustment

This study provided some evidence that involvement of the person entering the home in making the choice of that home can facilitate his adjustment to it. Table 36 shows the person responsible for the choice of the home for the people in this study. Over two-thirds of the residents had the home selected for them by some member of their family, usually a son or daughter. Only twenty-one persons stated they had personally made the choice of the home where they presently lived.

TABLE 36

CHOICE OF NURSING HOME MADE BY WHOM FOR STUDY POPULATION

Choice of Nursing Home Made by Whom	Males		Females		Total	Mean SAS ^a	Mean LSI ^b
	No.	%	No.	%			
Self	7	(33)	14	(67)	21	48	11
Physician	1	(16)	5	(83)	6	35	8
Family	29	(28)	76	(72)	105	42	9
Other	5	(33)	10	(67)	15	44	10
Total	42	(29)	105	(71)	147		

^aSocial Adjustment Scale Score

^bLife Satisfaction Index Score

Because of this small number who had personally chosen the home, the Chi Square could not be computed for Tables 37 and 38. However, comparison of the percentages shown in these tables does seem to indicate a much greater likelihood of good adjustment when the person chooses the home himself.

TABLE 37
CHOICE OF HOME RELATED TO SOCIAL ADJUSTMENT SCORES

Choice Made By	RESPONDENTS IN EACH "QUARTILE"								Total	
	1		2		3		4			
	No.	%	No.	%	No.	%	No.	%	No.	%
Self	3	(14)	4	(19)	4	(19)	10	(48)	21	(100)
Other	36	(29)	31	(25)	32	(25)	27	(21)	126	(100)
Total	39	(26.5)	35	(23.8)	36	(24.5)	37	(25.2)	147	(100)

Expected frequency too small for χ^2 test.

TABLE 38
CHOICE OF HOME RELATED TO LIFE SATISFACTION SCORES

Choice Made By	RESPONDENTS IN EACH "QUARTILE"								Total	
	1		2		3		4			
	No.	%	No.	%	No.	%	No.	%	No.	%
Self	5 (24)		3 (14)		6 (29)		7 (33)		21 (100)	
Other	36 (29)		34 (27)		27 (21)		30 (23)		126 (100)	
Total	41 (27.9)		37 (25.2)		33 (22.4)		37 (24.5)		147 (100)	

Expected frequency too small for χ^2 test.

Social Participation and Adjustment

While it is true that persons entering a nursing home usually undergo some disengagement from many of their previous roles and social patterns, it is also true that for most of them new patterns of social interaction develop within the home. Social participation and interaction with others with common interests is undoubtedly a prime factor in the adjustment of all people throughout their life. Man is a social being.

The forms of social participation found among persons in nursing homes vary widely. For some, members of their family, friends, and others outside the home provide a major share of the opportunities for social interaction. Others find adequate opportunity for social participation within the home, with fellow residents or staff members. Whatever the source, the evidence from this study is clear that participation, actively or passively, in some form of meaningful social interaction is a key factor in making a good adjustment to the home. Table 39 shows the social participation ratings achieved by the subjects of this study, and the mean adjustment scores for the three categories of high, medium, or low adjustment. It appears obvious from this data that the greater the social participation of the person the better his adjustment to that environmental setting. The distribution of respondents' scores into quartiles, and computation of the Chi Square comparing each level of participation, also indicates an improvement of adjustment with increasing social participation. (Tables 40 and 41).

Estimate of Own Health and Adjustment

A person's health influences every aspect of his life. This is particularly true for older people, when illness and infirmity tend to

TABLE 39
SOCIAL PARTICIPATION RATINGS OF THE STUDY POPULATION

Social Participation Rating	Males No. %	Females No. %	Total	Mean SAS ^a	Mean LSI ^b
High	14 (25)	41 (75)	55	52	12
Medium	24 (34)	46 (66)	70	39	8
Low	4 (18)	18 (82)	22	30	7
Total	42 (29)	105 (71)	147		

^aSocial Adjustment Scale Score

^bLife Satisfaction Index Score

TABLE 40

SOCIAL PARTICIPATION RATING RELATED
TO SOCIAL ADJUSTMENT SCORE

Participation Rating	RESPONDENTS IN EACH "QUARTILE"									
	1		2		3		4		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
High	2	(4)	8	(15)	16	(29)	29	(52)	55	(100)
Medium	21	(30)	24	(34)	17	(24)	8	(12)	70	(100)
Low	16	(72)	3	(14)	3	(14)	0	(0)	22	(100)
Total	39	(26.5)	35	(23.8)	36	(24.5)	37	(25.2)	147	(100)

High - $\chi^2 = 30.06$ $df = 3$ $P > .001$
Medium - $\chi^2 = 8.77$ $df = 3$ $.02 < P < .05$
Low - $\chi^2 = 25.54$ $df = 3$ $P > .001$

TABLE 41

SOCIAL PARTICIPATION RATING RELATED
TO LIFE SATISFACTION SCORES

Participation Rating	RESPONDENTS IN EACH "QUARTILE"								Total	
	1		2		3		4			
	No.	%	No.	%	No.	%	No.	%	No.	%
High	1 (2)		13 (24)		18 (33)		23 (41)		55 (100)	
Medium	27 (38.5)		20 (28.5)		13 (18.5)		10 (14.5)		70 (100)	
Low	13 (59)		4 (18)		2 (9)		3 (14)		22 (100)	
Total	41 (27.9)		37 (25.2)		33 (22.4)		36 (24.5)		147 (100)	

High - $\chi^2 = 22.76$ $df = 3$ $P > .001$
Medium - $\chi^2 = 6.68$ $df = 3$ $.20 < P < .10$
Low - $\chi^2 = 11.05$ $df = 3$ $.01 < P < .02$

become more frequent and more severe.

There is no perfect correlation between a person's actual health status and his own perception of his health, but in terms of contentment and overall adjustment to current conditions the latter may be just as important. When the people in this study were asked to rate their present health as excellent, good, fair, or poor, a clear trend appeared in the adjustment scores of these people. The better the person perceived his health to be, the higher his adjustment score. Table 42 illustrates this by showing the distribution of the mean adjustment scores for each category. Tables 43 and 44 show the quartile distribution of scores for the excellent or good health persons, compared to the fair or poor health persons. For both instruments, the difference between the two categories was highly significant; and the evidence is clear that a feeling on the part of the individual that he is in good health is closely related to his adjustment to the nursing home.

Self-Concept of Age and Adjustment

A person's self-concept of his age is not merely a matter of the chronological age of that person. The old saying, "you are only as old as you feel", appears to find some support in scientific investigations. The determining factors in a person's attitude toward his age are based on many things, and his attitude is probably a major factor in the adjustment processes of the individual. In this study the subjects were asked to make a self-evaluation of their age by classifying themselves as either middle-aged, elderly, or old. Over half classified themselves as old.

Table 45 shows the distribution of persons into the three

TABLE 42
ESTIMATE OF OWN HEALTH BY THE STUDY POPULATION

Estimate of Own Health	Males		Females		Total	Mean SAS ^a	Mean LSI ^b
	No.	%	No.	%			
Excellent	2	(40)	3	(60)	5	58	13
Good	13	(32)	28	(68)	41	50	12
Fair	17	(29)	42	(71)	59	42	10
Poor	10	(24)	32	(76)	42	34	7
Total	42	(29)	105	(71)	147		

^aSocial Adjustment Scale Score

^bLife Satisfaction Index Score

TABLE 43

ESTIMATE OF OWN HEALTH RELATED TO SOCIAL
ADJUSTMENT SCORES

Health Estimate	RESPONDENTS IN EACH "QUARTILE"									
	1		2		3		4		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Excellent or Good	2	(4)	10	(22)	12	(26)	22	(48)	46	(100)
Fair or Poor	37	(36.5)	25	(25)	24	(23.5)	15	(15)	101	(100)
Total	39	(26.5)	35	(23.8)	36	(24.5)	37	(25.2)	147	(100)

$$\chi^2 = 26.22 \quad df = 3 \quad P > .001$$

TABLE 44

ESTIMATE OF OWN HEALTH RELATED TO LIFE
SATISFACTION SCORES

Health Estimate	RESPONDENTS IN EACH "QUARTILE"									
	1		2		3		4		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Excellent or Good	4	(9)	9	(19.5)	15	(32.5)	18	(39)	46	(100)
Fair or Poor	37	(36.5)	28	(27.5)	18	(18)	18	(18)	101	(100)
Total	41	(27.9)	37	(25.2)	33	(22.4)	36	(24.5)	147	(100)

$$\chi^2 = 18.45 \quad df = 3 \quad P > .001$$

TABLE 45
SELF-CONCEPT OF AGE OF THE STUDY POPULATION

Self Concept	Males		Females		Total	Mean SAS ^a	Mean LSI ^b
	No.	%	No.	%			
Middle-Age	7	(41)	10	(59)	17	50	13
Elderly	14	(27)	38	(73)	52	45	10
Old	21	(27)	57	(73)	78	39	9
Total	42	(29)	105	(71)	147		

^aSocial Adjustment Scale Score

^bLife Satisfaction Index Score

categories, indicating their self-conception of age. Table 46 and 47 compare the middle-aged and elderly with the old in terms of quartile distribution's of adjustment scores. The Chi Square test indicates a highly significant difference between the two categories; with the persons thinking of themselves as either middle-aged or elderly showing distributions in the "good adjustment" quartile much more than those persons who conceive of themselves as being old. The data of this study give a strong indication that the adjustment a person makes to nursing home living is strongly related to how that person views himself.

Self-Happiness Rating and Adjustment

Although a perfect correlation between the happiness of a person and his general life adjustment would probably never be found, the two characteristics do seem to be closely associated. The evidence from this study (Tables 48, 49, and 50) give a clear picture of the relationship between the self-happiness ratings of these nursing home residents and their scores on the two adjustment measurement instruments. A feeling of well-being, security, and general satisfaction with life by the individual obviously plays an important role in nursing home residents' adjustment to his current status in life.

Discussion

The items covered by the interview schedule used in this study may be divided into three categories for discussion purpose: (a) items dealing with personal characteristics of the respondents, (b) items dealing with the former and present residence of the respondent, and (c) items requiring a rating or judgement by the respondent or the interviewer.

TABLE 46

SELF-CONCEPT OF AGE RELATED TO SOCIAL ADJUSTMENT SCORES

Self-Concept	RESPONDENTS IN EACH "QUARTILE"								Total	
	1		2		3		4			
	No.	%	No.	%	No.	%	No.	%	No.	%
Middle-Aged or Elderly	11	(16)	17	(24.5)	17	(24.5)	24	(35)	69	(100)
Old	28	(36)	18	(23)	19	(25)	13	(16)	78	(100)
Total	39	(26.5)	35	(23.8)	36	(24.5)	37	(25.2)	147	(100)

$$\chi^2 = 10.24 \quad df = 3 \quad .01 < P < .02$$

TABLE 47

SELF-CONCEPT OF AGE RELATED TO LIFE SATISFACTION SCORES

Self-Concept	RESPONDENTS IN EACH "QUARTILE"								Total	
	1		2		3		4			
	No.	%	No.	%	No.	%	No.	%	No.	%
Middle-Aged or Elderly	12	(17)	15	(22)	21	(30.5)	21	(30.5)	69	(100)
Old	29	(37)	22	(28)	12	(15)	15	(20)	78	(100)
Total	41	(27.9)	37	(25.2)	33	(22.4)	36	(24.5)	147	(100)

$$\chi^2 = 11.25 \quad df = 3 \quad .01 < P < .02$$

TABLE 48
SELF-HAPPINESS RATINGS OF THE STUDY POPULATION

Self-Happiness	Males		Females		Total	Mean SAS ^a	Mean LSI ^b
	No.	%	No.	%			
Very Happy	7	(23)	23	(77)	30	56	14
Generally Happy	23	(36)	41	(64)	64	45	10
Some Unhappy	12	(27)	33	(73)	45	33	7
Very Unhappy	0	(0)	8	(100)	8	27	5
Total	42	(29)	105	(71)	147		

^aSocial Adjustment Scale Score

^bLife Satisfaction Index Score

TABLE 49

SELF-HAPPINESS RATING RELATED TO SOCIAL ADJUSTMENT SCORES

Happiness Rating	RESPONDENTS IN EACH "QUARTILE"								Total	
	1		2		3		4			
	No.	%	No.	%	No.	%	No.	%	No.	%
Happy	8 (9)		22 (23)		29 (31)		35 (37)		94 (100)	
Unhappy	31 (58)		13 (26)		7 (13)		2 (3)		53 (100)	
Total	39 (26.5)		35 (23.8)		36 (24.5)		37 (25.2)		147 (100)	

$$\chi^2 = 51.56 \quad df = 3 \quad P > .001$$

TABLE 50

SELF-HAPPINESS RATING RELATED TO LIFE SATISFACTION SCORES

Happiness Rating	RESPONDENTS IN EACH "QUARTILE"								Total	
	1		2		3		4			
	No.	%	No.	%	No.	%	No.	%	No.	%
Happy	10	(11)	22	(23)	30	(32)	32	(34)	94	(100)
Unhappy	31	(58)	15	(28)	3	(6)	4	(8)	53	(100)
Total	41	(27.9)	37	(25.2)	33	(22.4)	36	(24.5)	147	(100)

$$\chi^2 = 48.25 \quad df = 3 \quad P > .001$$

Personal Characteristics

Personal characteristics of respondents included: age, sex, marital status, educational attainment, and former occupation. The range of adjustment for the persons in the nursing homes, as measured by two adjustment instruments used in this study, was considerable for each of these factors. However, when the factors were broken into logical categories, such as male or female, or five year age groups, etc., to determine what adjustment differences may exist as a result of differences in that factor, little difference was found. When the Chi Square test was applied to the different categories of each factor, none were shown to be significant at the .05 level. Only marital status of the persons showed a .10 level of significance, with widowed persons having a somewhat better adjustment than married or single persons. Differences in the other personal factors of the nursing home residents showed little relationship, as single factors, to their adjustment scores.

In a study of noninstitutionalized aged in three small communities, Pihlblad and McNamara (7) found similar results with regard to the factors of age, sex, and educational attainment; but, their study found the adjustment of married persons to be better than that of widowed individuals. The difference in setting within which the persons lived may account for some difference in the findings in these two studies. The widowed persons living within the community where they had lived with their former spouse may feel the loss of their mate more than those now living in an institutional setting. The time factor may also play a part, if persons in nursing homes have been without their spouses for a considerably longer period of time than those within the community.

Residence Factors

Two residence factors dealt with in this study pertained to the place a person had lived before coming to the nursing home, and two pertained to the nursing home as the present residence of the person.

The former residence of the person, i.e., whether it was his own home or the home of some other member of his family, or whether it was within Oklahoma City or in some other community, has very little effect on the adjustment of the nursing home resident.

Over two-thirds of the Oklahoma City nursing home residents lived in this city for a period of at least one year before entering the nursing home, and many were long-time residents of this city. This evidence is consistent with the findings of other studies. Koller (3) stated that the preponderance of evidence shows that most elderly people stay in the area where they have always lived.

The explanation for the findings of no major difference in the adjustment of persons from communities other than Oklahoma City and those former residents of this city may be in the type of life setting created by most nursing homes. The person, especially if his health is a major problem, is often completely cut off from the community in which the home is located. The home becomes his total environment, and events within the general community, or any identity with it, are no longer a part of the person's life. This, of course, is not true in all cases. Some nursing home residents maintain strong ties with the community and interest in the events of that area.

In this study two factors pertaining to the nursing home itself, i.e., how long the person had lived there, and the size of the home,

showed some indication of effecting the resident's adjustment. The evidence was inconclusive, but medium size homes had somewhat better adjusted residents than the small or large homes.

The length of time the resident had been in that home showed signs of being a definite factor in the resident's adjustment, with adjustment scores improving with the length of stay in the home. Rose (4) has pointed out that when the aged live in collective settlements, new forms of "re-engagements" may appear for socially disengaged persons after a period of time in which new interests and interaction patterns are formed. Not only the length of time the persons had been in the nursing home, but also the size of the home, probably affect this process. The development of new interaction patterns may have more effect on the adjustment of persons in older small size homes than that found in the larger new homes where residents have not had sufficient time to develop these patterns of social interaction.

Judgement Factors

These items included: the residents' involvement in choosing the nursing home, his social participation, his estimate of his own health, his self-conception of his age, and his self-happiness rating.

All of these factors indicated a strong relationship to the adjustment of the resident to the nursing home. The data suggest that if the person chooses the home for himself, if he has adequate social participation opportunities, if he has a positive attitude about his health and age, and if he considers himself generally happy, he will make a good adjustment to nursing home living. These findings are very similar to those of Pihlblad and McNamara (7) in their study of

noninstitutionalized elderly in three small towns in the mid-west.

It should be pointed out that these judgements or ratings of health, age, and happiness made by the residents themselves are a form of adjustment measurement also, and could be expected to be closely related to the findings of the Social Adjustment Scale and Life Satisfaction Index. In a sense, they act as a verification of the instruments' validity.

Due to the basic exploratory nature of this study, the findings have probably provided no specific answers to questions, but have suggested a few things that may add to our understanding of the adjustment of nursing home residents to the general nursing home environment.

CHAPTER V

SUMMARY AND CONCLUSIONS

Summary

The purpose of this study was to explore the general adjustment of persons over the age of 65 to nursing home living. Although adjustment studies dealing with noninstitutionalized aged have been made, this study represents one of the first attempts to investigate this process among the institutionalized aged. It began with an assessment of the present level of information about Oklahoma City nursing home residents that could be obtained from the various agencies, organizations, and individuals who had some responsibility for, or contact with, these people. This was followed by a census of the twenty-nine licensed nursing homes in Oklahoma City in April of 1969.

The census data provided a population from which a stratified random sample was drawn. The sample of 169 persons was contacted during May and June of 1969, and 147 interviews were completed. These 147 interviews provided the data which were analyzed in this study. Data collected included the age, sex, marital status, educational attainment, and former occupation of each respondent. Also, the size of the nursing home, the length of time the person had been a resident of the home, and the person who chose this particular nursing home for the resident, were determined. The location and type of former residence of the respondent

also provided data for analysis, as well as items pertaining to their self-concept of age, health, and happiness. A final item, rated by the interviewer, was the social participation of the subject.

Two adjustment measurement instruments, especially designed for the over age 65 respondent, were used to determine the present adjustment of each person interviewed. These instruments were: the Social Adjustment Scale, and the Life Satisfaction Index. The scores from each instrument were analyzed to investigate their relationship to the other information collected in the interview. The Chi Square test was the major statistical procedure used for this analysis.

Conclusions

The conclusions from the findings of this study may be summarized by describing the kinds of persons who appeared to make the best adjustment to nursing home living. They are people who tend to have a positive outlook on life, and regardless of their actual age or state of health, still conceive of themselves as having good health and not being old. They have a source of satisfactory social interaction and have been in the nursing home long enough to develop a pattern of social interaction. They were personally involved in the choice of their nursing home, and have a feeling that all things considered, "this is the best place for me".

The personal characteristics of the person: age, sex, marital status, education, occupation, etc., do not appear to be the major determinants in a person's adjustment to nursing home living. However, taken all together, these characteristics are important in the person being who and what he is and having the attitudes and outlook on life that he has.

The exploratory research approach used for this study served the purpose of only gaining a very basic level of understanding of nursing home residents. This form of research can never be viewed as a completion of the task, but only as a starting point for suggesting questions for further investigation which are likely to yield fruitful results. As is often the case in exploratory research, this study often turned down blind alleys, and the results recorded here do not fully cover the knowledge gained from this enterprise.

Future research can always derive some benefit from the mistakes of the past, and one conclusion reached by this investigator, as a result of this study, is that studies of person's adjustment to nursing homes would be more fruitful if single homes were focused on. This is because of the great diversity found among nursing homes. People adjust to specific environments or environment types; and, since no two nursing homes are alike in the conditions they present to their residents, attempts to categorize homes into environmental types is at best hazardous.

Recommendations for Further Research

The study reported here will hopefully contribute to initiating further research efforts aimed at providing a better understanding of persons living in the nursing home environment. There are a few areas which would be high on a list of priorities for further study.

One area of study which needs more attention is the day to day activities of nursing home residents. As in any institutional type of setting, the persons coming into the nursing home are from a variety of backgrounds and represent a wide range of habit patterns. Each individual brings his life experiences, attitudes, and personal habits with him,

and often finds the highly structured pattern of living developed by the personnel of the home hard to accept. No doubt, some order and routine is necessary, but more research is needed to determine the place where overstructuring becomes a major detriment to attaining the goal of the home - the care of the residents. During the time of the interviews in this study, many residents made remarks about such everyday events as eating, sleeping, toilet facilities, etc., which were of major concern to their feeling of well-being and security. In the homes where the adjustment of a vast majority of people was good, one of the comments most often heard was, "Oh, yes this is a nice place, the food is good".

Sleep is another factor which appears to be of major concern to nursing home residents and probably warrants further research. Many persons who had moved from one home to another one, stated that their move was motivated by the lack of sleep they could get due to noise in the first home. The source of the noise is often other residents whose health is very poor or who are very depressed. The effect of noise, of various types and sources, on the adjustment of nursing home residents needs more attention.

A second area where more information is needed is in determining the best size for a nursing home. Almost all of the new homes being built are in the 100 bed or larger category. This has possibly been more with economic considerations in mind than the care of the residents. It would probably be found that different people adjust best to different sizes of homes, and that a variety of home sizes should be made available to choose from, but, as yet this evidence is not available.

A third area of concern is with regard to the kind of care

received by the residents and its effect on their adjustment to the home, and maybe even their life as well. A recent study by Bruckner (25) arrived at the following startling conclusion, "the better the nursing home, the higher the death rate". Her explanation was that in the quality home where everything was done for the person, they were overwhelmed by the efficiency of supervision and got to do very little for themselves, or for each other. On the other hand, the control group who received "less adequate" care in environmental surroundings more like they had been accustomed to before entering the home showed fewer deaths. By the end of the third year of the study, 53 percent of the first group had died, compared to 35 percent of the control group. These findings are, of course, inconclusive; but they suggest a need for more research into the effect of the ultra-modern, highly efficient, nursing home on the adjustment of the person to that home.

Another area of study dealing with adjustment which needs more attention is the attitude of our society toward nursing homes. One problem facing many nursing home residents is that of feeling cut-off from the rest of the community. Some of this is probably inevitable, due to the health of these people, but much of it may result from the public image of nursing homes. Also, the "custodial care" image of nursing homes is often found among employees of these homes.

Recent investigations by Coe (26) have found indications that in nursing homes where potential interaction patterns might be such as to form patient subcultures, these subcultures did not emerge. The basic reasons they did not were because of the repressive measures of the staff, which made meaningful interaction impossible; and, also many patients

had lost contact with reality and become withdrawn. Both of these factors are related to the general adjustment of the person, and are no doubt instrumental in the apathetic feeling prevalent among many nursing home residents. It was also suggested that from an organizational perspective, patients are judged as "good" or "bad" by their acquiescent mode of adjustment in submitting to institutional procedures.

A final recommendation for research activities would be for nursing homes themselves to become more involved in a form of continuous collection and analysis of information about their residents. This may best be accomplished by state or national nursing home associations which have vested interests in seeing the quality of nursing home care improved.

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APPENDIX A

SURVEY INSTRUMENT FOR PERSONS CONCERNED WITH OKLAHOMA CITY
NURSING HOMES, AND A LISTING OF THOSE CONTACTED
IN THIS SURVEY

SURVEY OF AGENCIES AND INDIVIDUALS CONCERNED
WITH OKLAHOMA CITY NURSING HOMES
SUMMER 1968

Name of Agency _____

Address _____ Phone No. _____

Name of Director or Executive _____

Name of Interview Respondent _____

Date of Contact _____

* * * * *

The purpose of this interview is:

1. to determine what information is now available about Nursing Home Residents in Oklahoma City, and who has this information.
 2. to determine what these people who work with Nursing Home Residents feel to be the needs for research about these people (special reference to the residents of Nursing Homes as individuals, or collectively as a special group within the community; rather than to Nursing Home facilities or services).
 3. to determine willingness to cooperate in various types of research projects.
- I. What is the purpose of your organization in relation to Nursing Home Residents?

II. What records or information about N. H. R. of Oklahoma City do you have available at this agency?

III. What kind of questions (about N. H. R.) do you feel there needs to be more information about?

IV. Do you feel that Nursing Home operators and residents of these homes would be cooperative in research of this type?

V. Are you aware of any information about N. H. R. of Oklahoma City dealing with such things as:

	<u>YES</u>	<u>NO</u>
1. Their own self-concept?	_____	_____
2. Their outlook on the rest of the community and their relationship to it?	_____	_____
3. Their main interest, activities, and sources of interaction.	_____	_____
4. Factors effecting their adjustment to nursing home living.	_____	_____

REMARKS:

LIST OF INDIVIDUALS AND AGENCIES CONTACTED
IN THE SURVEY

Sister Alexis, R. N., Head Nurse
St. Ann's Home, Inc.
3825 N.W. 19th
Oklahoma City, Oklahoma

Miss Elizabeth Barnhill, Consultant
Office of Program Services
Oklahoma State Department of Health
Oklahoma City, Oklahoma

Claude M. Bloss, Jr., M.D., Director
Bureau of Public Health Research
632 N.E. 15th
Oklahoma City, Oklahoma

Mr. Jack Brumley, Administrator
Rosa's Shady View Nursing Home
1163 Madison
Oklahoma City, Oklahoma

Mr. Gene Bynum, A.C.S.W.
Consultant for Maternal and Child Health Services
Oklahoma State Department of Health
Oklahoma City, Oklahoma

Mr. Lynn Carr, Supervisor
Office of Planning, Research, and Development
Oklahoma State Department of Health
Oklahoma City, Oklahoma

Mr. Robert R. Clifton, Administrator
Four Seasons Nursing Center of Northwest Oklahoma City, Inc.
5301 N. Brookline
Oklahoma City, Oklahoma

Rodney M. Coe, Ph.D., Executive Director
Medical Care Research Center
216 South Kingshighway
St. Louis, Missouri

Mr. Tom Gilmore, Staff Assistant
Office of Planning, Research and Development
Oklahoma State Department of Health
Oklahoma City, Oklahoma

Mrs. Elma Griesel, Consultant in Gerontology
Oklahoma State Department of Health
Oklahoma City, Oklahoma

Mrs. Gussie Hawley, Owner and Administrator
Woodside Nursing Home
3601 N. Eastern
Oklahoma City, Oklahoma

Mrs. Louise Hawley, Administrator
Godwin's Nursing Home, Inc.
1210 N. Broadway Drive
Oklahoma City, Oklahoma

Mrs. Marie Hazleton, R. N., Director
Oklahoma City-County Health Department
Visiting Nurses Association
Oklahoma City, Oklahoma

Mrs. Minta Holcomb, Owner and Administrator
Korthaus Nursing Home
2764 N. W. 23rd
Oklahoma City, Oklahoma

John Hopis, Supervisor
Special Unit on Aging
Department of Public Welfare
Box 25352 State Capitol Station
Oklahoma City, Oklahoma

Mrs. P. Johnson, R. N., Head Nurse
Lou Len Manor
505 E. Wilshire Blvd.
Oklahoma City, Oklahoma

Miss Carole Jones, Ward Clerk
Northwest Nursing and Convalescent Home
2801 N. W. 61st
Oklahoma City, Oklahoma

Mr. Ray Knight, R.P.S.
Oklahoma City-County Health Department
Nursing Home License Division
Oklahoma City, Oklahoma

Mr. Robert L. Leavitt, R. N., Administrator
South Western Convalescent Manor
5512 S. Western
Oklahoma City, Oklahoma

Mr. John Mackey, Owner and Administrator
Northeast Nursing Home
1215 N. E. 34th
Oklahoma City, Oklahoma

Mrs. Theresa Morris, Head
State Information and Referral Service
Oklahoma State Department of Health
Oklahoma City, Oklahoma

M. L. Peter, M.D., Medical Director
Oklahoma City-County Health Department
331 W. Main
Oklahoma City, Oklahoma

C. T. Pihlblad, Ph.D.
Department of Sociology
University of Missouri
Columbia, Missouri

Mrs. Pat Poynter, Executive Secretary
Oklahoma State Nursing Home Association
4040 N. Lincoln
Oklahoma City, Oklahoma

Mr. Floyd D. Roach, Owner and Administrator
Colonial Estates Nursing Home
131 N. E. 4th
Oklahoma City, Oklahoma

Joe Rodgers, Director
Medicare Division
Oklahoma State Department of Health
Oklahoma City, Oklahoma

Inci Terry, Ph.D., Director
Southwest Center for Gerontological Studies
Center for Continuing Education
University of Oklahoma
Norman, Oklahoma

Mr. Norman L. Thompson, Administrator
Bellevue Convalescent Home
436 N.W. 12th
Oklahoma City, Oklahoma

Mrs. Oma L. Ward, Administrator
Fairview Lodge
3223 N.W. 10th
Oklahoma City, Oklahoma

APPENDIX B

OKLAHOMA CITY NURSING HOME CENSUS FORM

CENSUS OF OKLAHOMA CITY NURSING HOMES
April 1969

Name of Home _____

Administrator of Home _____

Address _____

Phone _____

Home licensed for _____ persons in 1969.

Date census taken _____

Number of residents in home this date _____.

Rate of turnover in this home _____

<u>Name of Person</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>Date of entry into home</u>
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1.

APPENDIX C

CENSUS DATA FOR OKLAHOMA CITY NURSING
HOME RESIDENTS

TABLE 51

AGE COMPOSITION OF FEMALES IN SMALL NURSING HOMES*
IN OKLAHOMA CITY

Total Female Population of Each Home	AGE								
	Under Age 65	65-69	70-74	75-79	80-84	85-89	90-94	95-99	100+
24	1	0	6	5	5	6	0	1	0
9	0	2	4	1	1	0	1	0	0
27	10	5	4	1	5	1	0	1	0
5	1	0	1	2	0	0	1	0	0
9	1	1	0	2	2	1	2	0	0
5	0	0	1	1	0	2	1	0	0
11	1	0	1	2	1	3	2	1	0
6	2	0	0	2	1	1	0	0	0
19	1	0	1	2	5	5	4	1	0
15	0	1	1	4	4	0	4	1	0
19	1	4	4	3	2	4	1	0	0
Totals									
149	18	13	23	25	26	23	16	5	0

*Homes licensed to accommodate less than 50 persons.

TABLE 52

AGE COMPOSITION OF FEMALES IN MEDIUM SIZE NURSING
HOMES* IN OKLAHOMA CITY

Total Female Population of Each Home	AGE								
	Under Age 65	65-69	70-74	75-79	80-84	85-89	90-94	95-99	100+
62	29	6	4	9	5	7	1	0	1
36	15	5	3	2	6	3	2	0	0
58	2	2	5	8	15	13	8	4	1
38	3	2	7	6	8	9	3	0	0
30	2	2	2	7	8	8	1	0	0
36	11	2	2	8	2	8	3	0	0
37	7	1	5	10	10	3	0	1	0
32	4	0	1	5	10	7	4	1	0
Totals									
329	73	20	29	55	64	58	22	6	2

*Homes accommodating 50 to 99 persons.

TABLE 53

AGE COMPOSITION OF FEMALES IN LARGE NURSING HOMES*
IN OKLAHOMA CITY

Total Female Population of Each Home	AGE								
	Under Age 65	65-69	70-74	75-79	80-84	85-89	90-94	95-99	100+
68	2	4	7	12	16	20	5	2	0
71	2	2	7	13	21	15	9	1	1
73	8	2	5	14	13	18	7	6	0
67	1	3	7	11	22	13	8	2	0
40	2	4	7	6	10	9	2	0	0
34	4	4	5	8	5	4	2	2	0
45	16	3	11	4	4	4	3	0	0
73	12	7	9	10	18	15	1	1	0
Totals									
471	47	29	58	78	109	98	37	14	1

*Homes accommodating 100 or more persons.

TABLE 54

AGE COMPOSITION OF MALES IN SMALL NURSING HOMES*
IN OKLAHOMA CITY

Total Male Population of Each Home	AGE								
	Under Age 65	65-69	70-74	75-79	80-84	85-89	90-94	95-99	100+
5	1	0	0	2	1	1	0	0	0
9	1	2	1	1	3	1	0	0	0
17	4	7	2	3	0	1	0	0	0
8	3	3	0	2	0	0	0	0	0
4	0	1	0	0	1	2	0	0	0
1	0	0	0	0	0	0	0	1	0
4	1	1	0	1	0	1	0	0	0
6	4	0	0	1	1	0	0	0	0
6	1	1	3	0	0	0	0	1	0
6	4	0	0	2	0	0	0	0	0
8	7	0	0	1	0	0	0	0	0
Totals									
74	26	15	6	13	6	6	0	2	0

*Homes licensed to accommodate less than 50 persons.

TABLE 55

AGE COMPOSITION OF MALES IN MEDIUM SIZE NURSING
HOMES* IN OKLAHOMA CITY

Total Male Population of Each Home	AGE								
	Under Age 65	65-69	70-74	75-79	80-84	85-89	90-94	95-99	100+
40	21	3	4	4	4	1	2	1	0
33	16	6	4	3	2	1	1	0	0
19	4	0	3	4	5	3	0	0	0
9	3	1	2	2	0	0	1	0	0
26	14	2	3	3	1	3	0	0	0
23	7	1	2	6	2	3	1	1	0
15	7	0	1	2	2	3	0	0	0
8	1	0	1	3	0	3	0	0	0
Totals									
173	73	13	20	27	16	17	5	2	0

*Homes accommodating 50 to 99 persons.

TABLE 56

AGE COMPOSITION OF MALES IN LARGE NURSING HOMES*
IN OKLAHOMA CITY

Total Male Population of Each Home	AGE								
	Under Age 65	65-69	70-74	75-79	80-84	85-89	90-94	95-99	100+
12	0	1	1	3	3	2	1	1	0
21	1	0	5	4	4	5	2	0	0
28	8	2	2	4	3	4	4	1	0
20	3	1	1	4	3	6	1	1	0
23	4	2	1	3	6	6	1	0	0
18	4	3	3	2	5	1	0	0	0
51	25	8	3	5	6	3	1	0	0
28	7	4	4	4	2	5	1	1	0
Totals									
201	52	21	20	29	32	32	11	4	0

*Homes accommodating 100 or more persons.

TABLE 57

AGE COMPOSITION OF FEMALES IN ALL NURSING HOMES*
IN OKLAHOMA CITY

Total Female Population	AGE								
	Under Age 65	65-69	70-74	75-79	80-84	85-89	90-94	95-99	100+
949	138	62	110	158	199	179	75	25	3

*Two of the twenty-nine homes in Oklahoma City refused to provide data, and are not included here.

TABLE 58

AGE COMPOSITION OF MALES IN ALL NURSING HOMES*
IN OKLAHOMA CITY

Total Male Population	AGE								
	Under Age 65	65-69	70-74	75-79	80-84	85-89	90-94	95-99	100+
448	151	49	46	69	55	55	16	8	0

*Two of the twenty-nine homes in Oklahoma City refused to provide data, and are not included here.

TABLE 59

LENGTH OF TIME FOR FEMALES IN SMALL NURSING HOMES*
IN OKLAHOMA CITY

Total Female Population of Each Home	MONTHS							
	Less Than 6	6-12	13-24	25-36	37-48	49-60	61-120	120+
24	4	20	0	0	0	0	0	0
9	0	0	2	0	2	2	3	0
27	6	4	5	7	1	2	2	0
5	1	2	1	1	0	0	0	0
9	3	1	3	1	1	0	0	0
5	1	2	2	0	0	0	0	0
11	1	3	6	0	0	0	0	1
6	0	1	1	2	2	0	0	0
19	0	5	6	4	1	2	1	0
15	4	1	2	4	1	1	2	0
19	3	2	1	4	0	1	8	0
Totals								
149	23	41	29	23	8	8	16	1

*Homes licensed to accommodate less than 50 residents.

TABLE 60

LENGTH OF TIME FOR FEMALES IN MEDIUM SIZE NURSING
HOMES* IN OKLAHOMA CITY

Total Female Population of Each Home	MONTHS							
	Less Than 6	6-12	13-24	25-36	37-48	49-60	61-120	120+
62	1	2	3	4	10	5	32	5
36	2	4	4	5	3	4	13	1
58	4	8	11	10	6	3	9	7
38	6	8	6	4	4	4	6	0
30	1	6	7	10	6	0	0	0
36	3	5	7	2	2	3	13	1
37	3	14	13	7	0	0	0	0
32	6	5	9	4	1	7	0	0
Totals								
329	26	52	60	46	32	26	73	14

*Homes accommodating 50 to 99 persons.

TABLE 61

LENGTH OF TIME FOR FEMALES IN LARGE NURSING HOMES*
IN OKLAHOMA CITY

Total Female Population of Each Home	MONTHS							
	Less Than 6	6-12	13-24	25-36	37-48	49-60	61-120	120+
68	16	14	12	15	11	0	0	0
71	10	8	28	16	9	0	0	0
73	15	10	21	13	14	0	0	0
67	39	28	0	0	0	0	0	0
40	40	0	0	0	0	0	0	0
34	34	0	0	0	0	0	0	0
45	7	4	19	13	1	1	0	0
73	15	20	29	9	0	0	0	0
Totals								
471	176	84	109	66	35	1	0	0

*Homes accommodating 100 or more persons.

TABLE 62

LENGTH OF TIME FOR MALES IN SMALL NURSING HOMES*
IN OKLAHOMA CITY

Total Male Population of Each Home	MONTHS							
	Less Than 6	6-12	13-24	25-36	37-48	49-60	61-120	120+
5	1	4	0	0	0	0	0	0
9	1	0	2	1	4	0	1	0
17	4	2	3	5	2	1	0	0
8	3	1	2	2	0	0	0	0
4	0	2	2	0	0	0	0	0
1	0	1	0	0	0	0	0	0
4	0	3	0	1	0	0	0	0
6	0	2	0	2	0	1	1	0
6	1	1	0	2	0	0	2	0
6	0	2	2	1	1	0	0	0
8	1	1	0	5	1	0	0	0
Totals								
74	11	19	11	19	8	2	4	0

*Homes licensed to accommodate less than 50 persons.

TABLE 63

LENGTH OF TIME FOR MALES IN MEDIUM SIZE NURSING
HOMES* IN OKLAHOMA CITY

Total Male Population of Each Home	MONTHS							
	Less Than 6	6-12	13-24	25-36	37-48	49-60	61-120	120+
40	2	2	4	6	6	1	18	1
33	6	1	10	4	1	3	8	0
19	3	5	1	2	2	1	4	1
9	2	3	4	0	0	0	0	0
26	9	3	11	1	1	1	0	0
23	2	3	4	2	2	3	7	0
15	3	7	3	2	0	0	0	0
8	5	2	0	0	1	0	0	0
Totals								
173	32	26	37	17	13	9	37	2

*Homes accommodating 50 to 99 persons.

TABLE 64
LENGTH OF TIME FOR MALES IN LARGE NURSING HOMES*
IN OKLAHOMA CITY

Total Male Population of Each Home	MONTHS							
	Less Than 6	6-12	13-24	25-36	37-48	49-60	61-120	120+
12	4	3	2	2	1	0	0	0
21	7	3	6	4	1	0	0	0
28	6	2	10	8	2	0	0	0
20	10	10	0	0	0	0	0	0
23	23	0	0	0	0	0	0	0
18	18	0	0	0	0	0	0	0
51	8	11	15	13	2	2	0	0
28	8	8	7	5	0	0	0	0
Totals								
201	84	37	40	32	6	2	0	0

*Homes accommodating 100 or more persons.

TABLE 65
LENGTH OF TIME FOR FEMALES IN ALL NURSING HOMES*
IN OKLAHOMA CITY

Total Female Population	MONTHS							
	Less Than 6	6-12	13-24	25-36	37-48	49-60	61-120	120+
949	225	177	198	135	75	35	89	15

*Two of the 29 homes who refused to participate in the study are not included.

TABLE 66
LENGTH OF TIME FOR MALES IN ALL NURSING HOMES*
IN OKLAHOMA CITY

Total Male Population	MONTHS							
	Less Than 6	6-12	13-24	25-36	37-48	49-60	61-120	120+
448	127	82	88	68	27	13	41	2

*Two of the 29 homes who refused to participate in the study are not included.

TABLE 67
 MEAN AVERAGE AGE AND LENGTH OF RESIDENCY
 IN SMALL NURSING HOMES*

Home Number	Total Population	Males	Females	Mean Age ^a	Mean Months ^b
1	29	5	24	79	8
2	18	9	9	75	48
3	44	17	27	64	23
4	13	8	5	67	13
5	13	4	9	80	15
6	6	2	6	86	9
7	15	4	11	80	21
8	12	6	6	62	31
9	25	6	19	82	27
10	21	6	15	77	27
11	27	8	19	69	44
Total	223	74	149	73	25

*Homes licensed to accommodate less than 50 residents.

^{a&b} Mean age and mean number of months in the nursing home are shown rounded to nearest whole number.

TABLE 68
MEAN AVERAGE AGE AND LENGTH OF RESIDENCY
IN MEDIUM SIZE NURSING HOMES*

Home Number	Total Population	Males	Females	Mean Age ^a	Mean Months ^b
1	102	40	62	67	64
2	69	33	36	65	42
3	77	19	58	81	49
4	47	9	38	77	27
5	56	26	30	71	20
6	59	23	36	73	47
7	52	15	37	72	14
8	40	8	32	80	21
Total	502	173	329	72	40

*Homes licensed to accommodate 50-100 persons.

^{a&b} Mean age and mean number of months in the nursing home are shown rounded to nearest whole number.

TABLE 69
MEAN AVERAGE AGE AND LENGTH OF RESIDENCY
IN LARGE NURSING HOMES*

Home Number	Total Population	Males	Females	Mean Age ^a	Mean Months ^b
1	80	12	68	81	18
2	92	21	79	82	19
3	101	28	73	78	21
4	87	20	67	81	5
5	63	23	40	78	2
6	52	18	24	74	3
7	96	51	45	63	19
8	101	28	73	74	15
9	106	INFORMATION NOT AVAILABLE			
10	80	INFORMATION NOT AVAILABLE			
Total	858				
Total for 8 Homes	672	201	471	76	14

*Homes licensed to accommodate over 100 persons.

^{a&b} Mean age and mean number of months in the nursing home are shown rounded to nearest whole number.

TABLE 70
 MEAN AVERAGE AGE AND LENGTH OF RESIDENCY
 IN ALL NURSING HOMES*

Total Population	Males	Females	Mean Age ^a	Mean Months ^b
1583 ^c	448	949	74	25

*Two of the 29 homes who refused to participate in the study are not included.

^{a&b} Mean age and mean number of months in the nursing home are shown rounded to nearest whole number.

^cData on 186 persons not available.

APPENDIX D

INTERVIEW SCHEDULE FOR NURSING HOME
RESIDENTS' STUDY

Schedule No. _____

NURSING HOME RESIDENTS' STUDY

Oklahoma City, Oklahoma

May-June 1969

Respondent _____ **Age** _____

Sex: Male Female Marital Status: Single - Married
Widowed - Divorced

Length of time in Nursing Home (date of entry) _____

Where did you live before coming to this nursing home?

Own home Home of children Another N.H. Other _____
 or relative

Where located? _____

Size of that community _____

Former occupation of respondent _____

Highest educational attainment

Name of Nursing Home _____

Address _____

Size: **Large** _____ **Medium** _____ **Small** _____

Date and time of interview _____

Results

I. RATING OF SELF-CONCEPTION OF AGE

Do you consider yourself: Middle-aged Elderly Old

II. ESTIMATE OF OWN HEALTH

Would you rate your general level of health as:

Excellent Good Fair Poor

III. SOCIAL PARTICIPATION

Which of the following do you participate in regularly, and how often during the week?

1. Visiting with friends
2. Visiting with family or relatives
3. Social group meetings (Sr. Citizens Clubs, etc.)
4. Community organizations or activities
5. Church or religious meetings
6. Other _____

Social Participation rating: High Medium Low

IV. DO YOU CONSIDER YOURSELF:

1. Very happy and well satisfied with my present way of life.
2. Generally happy and satisfied with most things in my present way of life.
3. Somewhat unhappy and not satisfied with my present way of life.
4. Very unhappy and not at all satisfied with the way I now live.

V. THE CHOICE OF THIS NURSING HOME, AND THE DECISION TO COME TO THIS NURSING HOME WAS MADE BY:

1. The resident himself
2. The resident's physician
3. A member of the resident's family
4. Other (specify) _____

SOCIAL ADJUSTMENT SCALE

	<u>Agree</u>	<u>Disagree</u>	<u>Undecided</u>
1. I never felt better in my life.	4	0	0
2. If I can't feel better soon, I would just as soon die.	0	4	0
3. My health is just beginning to be a burden to me.	0	2	0
4. I feel just miserable most of the time.	0	4	0
5. I have more friends now than I ever had before.	4	0	0
6. I have no one to talk to about personal things.	0	2	0
7. I have so few friends that I am lonely much of the time.	0	4	0
8. My many friends make my life happy and cheerful.	4	0	0
9. I am happy only when I have definite work to do.	0	2	0
10. I am satisfied with the work I now do.	4	0	0
11. I have no work to look forward to.	2	0	0
12. I have more free time than I know how to use.	0	4	0
13. Religion is a great comfort to me.	4	0	0
14. Religion doesn't mean much to me.	0	4	0
15. Religion is the most important thing in my life.	2	0	0
16. My life is still busy and useful.	2	0	0
17. This is the most useful period of my life.	2	0	0
18. I am just as happy as when I was younger.	4	0	0

SOCIAL ADJUSTMENT SCALE

	<u>Agree</u>	<u>Disagree</u>	<u>Undecided</u>
19. My life is full of worry.	0	4	0
20. These are the best years of my life.	4	0	0
21. My family is always trying to boss me.	0	4	0
22. I wish my family would pay more attention to me.	0	2	0
23. I am perfectly satisfied with the way my family treats me.	2	0	0

Scoring Key - Score is total of points as indicated by subjects response to the 23 statements. Range is 0 - 74.

LIFE SATISFACTION INDEX

Here are some statements about life in general that people feel differently about. I will read each statement on the list, and ask you to tell me whether you agree or disagree with it.

	<u>Agree</u>	<u>Disagree</u>
1. As I grow older, things seem better than I thought they could be.	<u>x</u>	<u> </u>
2. I have gotten more of the breaks in life than most of the people I know.	<u>x</u>	<u> </u>
3. This is the dreariest time of my life.	<u> </u>	<u>x</u>
4. I am just as happy as when I was younger.	<u>x</u>	<u> </u>
5. My life could be happier than it is now.	<u> </u>	<u>x</u>
6. These are the best years of my life.	<u>x</u>	<u> </u>
7. Most of the things I do are boring or monotonous.	<u> </u>	<u>x</u>
8. I expect some interesting and pleasant things to happen to me in the future.	<u>x</u>	<u> </u>
9. The things I do are as interesting to me as they ever were.	<u>x</u>	<u> </u>
10. I feel old and somewhat tired.	<u> </u>	<u>x</u>
11. I feel my age, but it does not bother me.	<u>x</u>	<u> </u>
12. As I look back on my life, I am fairly well satisfied.	<u>x</u>	<u> </u>
13. I would not change my past life even if I could.	<u>x</u>	<u> </u>
14. Compared to other people my age, I've made a lot of foolish decisions in my life.	<u>x</u>	<u> </u>
15. Compared to other people my age, I make a good appearance.	<u> </u>	<u>x</u>
16. I have made plans for things I'll be doing a month or a year from now.	<u>x</u>	<u> </u>

LIFE SATISFACTION INDEX

	<u>Agree</u>	<u>Disagree</u>
17. When I think back over my life, I didn't get most of the important things I wanted.	_____	_____ x _____
18. Compared to other people, I get down in the dumps too often.	_____	_____ x _____
19. I've gotten pretty much what I expected out of life.	_____ x _____	_____
20. In spite of what people say, the lot of the average man is getting worse, not better.	_____	_____ x _____

Scoring Key: The responses indicated above represent the scoring key for this index. Score one point for every x response given by the subject.

GENERAL DESCRIPTION OF NURSING HOME, AND OTHER OBSERVATIONS WHICH
INDICATE THE ENVIRONMENTAL SETTING IN WHICH THESE PEOPLE LIVE.

APPENDIX E
SUMMARY OF DATA FROM 147 INTERVIEWS

KEY TO SUMMARY OF DATA FROM 147 INTERVIEWS

ITEM

- (1) Age
- (2) Sex 1. male 2. female
- (3) Marital Status 1. single 2. married
 3. widowed 4. divorced
- (4) Number of months in this nursing home (as of census date, April 1969).
- (5) Where person lived before coming to this nursing home
1. own home 2. home of children or relatives
3. other nursing home 4. other
or institution
- (6) Location of former residence
1. Oklahoma City 2. Urban other than Oklahoma City
3. town (less than 4. village (less than 5,000 pop.)
25,000 pop.) 5. rural
- (7) Former occupational category
1. professional, technical workers 2. farmers, and farm managers
3. managers, officials, proprietors 4. clerical and kindred workers
5. sales workers 6. craftsmen, foremen
7. operatives and kindred workers 8. private household workers
9. service workers, except private 10. farm laborers, foremen
household
11. laborers except farm and mine 12. housewife
13. unemployable
- (8) Educational attainment
1. none 2. grade school (8 years or less)
3. high school (9-12 years) 4. college (13-16 years)
5. professional training
- (9) Size of nursing home
1. large (100 or more beds) 2. medium (50-99 beds)
3. small (less than 50 beds)
- (10) Self-conception of age 1. middle-aged 2. elderly 3. old

- (11) Estimate of own health 1. excellent 2. good 3. fair 4. poor
- (12) Social participation rating 1. high 2. medium 3. low
- (13) Self-happiness rating 1. very happy 2. generally happy
 3. somewhat 4. very unhappy
 unhappy
- (14) Choice of nursing home made by
 1. resident himself 2. resident's physician
 3. member of resident's 4. other
 family
- (15) Social adjustment scale score
- (16) Life satisfaction index score

SCHEDULE NUMBER

ITEM	1	2	3	4	5	6	7	8	9	10	11	12	13
1	66	81	97	88	82	88	68	76	90	70	76	76	70
2	2	2	1	2	1	1	1	1	2	2	2	2	1
3	3	1	3	3	3	3	2	2	3	4	3	3	3
4	12	25	62	10	22	47	50	9	12	15	26	17	62
5	1	1	1	1	1	3	2	1	2	1	4	1	1
6	1	1	1	5	5	1	4	1	2	1	1	1	1
7	1	1	1	2	2	2	2	3	4	5	8	8	9
8	4	5	5	2	2	2	1	1	3	3	2	2	2
9	3	3	3	3	3	3	3	3	3	3	3	3	3
10	2	3	3	3	3	3	2	1	3	3	3	3	2
11	4	4	3	4	2	3	3	2	2	4	4	4	3
12	2	2	2	3	2	2	2	2	2	3	1	3	1
13	1	4	2	3	3	2	2	2	2	4	1	3	2
14	1	3	3	3	3	3	3	3	3	2	3	2	3
15	48	14	43	23	37	36	51	49	37	27	55	35	53
16	9	6	11	6	6	11	12	13	10	4	14	7	14

SCHEDULE NUMBER

ITEM	14	15	16	17	18	19	20	21	22	23	24	25	26
1	72	68	75	73	72	81	86	72	82	85	79	86	95
2	2	1	1	2	2	2	2	2	2	2	2	1	2
3	2	2	2	2	3	3	3	2	3	3	3	3	3
4	59	24	25	10	10	10	13	13	22	25	82	11	23
5	3	1	1	3	3	3	2	1	1	1	1	1	1
6	2	1	5	1	1	1	1	1	1	1	2	2	1
7	9	9	10	12	12	12	12	12	12	12	1	1	3
8	2	3	3	2	4	2	2	3	4	3	4	3	4
9	3	3	3	3	3	3	3	3	3	3	2	2	2
10	1	1	3	2	2	3	3	3	3	2	1	2	3
11	2	2	1	4	2	4	4	4	2	2	2	2	3
12	1	1	1	2	1	3	1	2	2	2	2	1	2
13	1	3	1	2	1	3	2	2	3	2	2	1	2
14	1	3	1	3	4	4	3	3	4	3	3	1	1
15	56	34	58	42	60	37	44	30	51	56	60	58	24
16	19	9	11	13	18	6	8	4	8	14	15	14	6

SCHEDULE NUMBER

ITEM	27	28	29	30	31	32	33	34	35	36	37	38	39
1	79	81	76	88	84	85	87	72	85	84	71	65	75
2	2	2	1	2	2	2	2	1	2	1	2	2	1
3	3	3	2	3	3	3	3	1	3	3	3	3	3
4	29	15	67	14	11	213	12	42	16	118	19	30	21
5	2	2	1	3	1	3	1	1	1	1	1	1	3
6	1	1	1	1	3	1	1	1	3	1	2	1	1
7	12	12	3	5	12	3	12	7	12	6	8	12	3
8	3	2	2	3	4	2	3	2	3	2	2	3	2
9	2	2	2	2	2	2	2	2	2	2	2	2	2
10	2	2	2	3	3	2	2	2	2	3	1	2	3
11	2	2	4	2	4	1	3	3	3	4	2	3	3
12	2	1	2	1	2	1	1	2	1	2	1	1	2
13	2	1	3	3	3	1	1	2	1	2	2	2	3
14	1	3	3	3	3	1	1	1	1	3	3	3	3
15	36	64	39	60	44	66	56	54	60	32	44	42	27
16	10	17	4	14	7	17	11	8	16	5	13	10	6

SCHEDULE NUMBER

ITEM	40	41	42	43	44	45	46	47	48	49	50	51	52
1	91	92	76	72	65	86	74	85	84	71	73	82	78
2	2	2	2	1	1	2	2	2	2	2	1	2	2
3	3	1	3	2	1	3	3	4	3	3	3	3	3
4	50	60	14	15	18	13	14	10	7	55	7	30	24
5	1	1	3	3	3	3	2	3	1	1	1	2	1
6	2	3	1	1	4	1	1	1	1	3	1	1	4
7	12	1	12	5	13	12	7	1	7	1	9	12	12
8	3	4	3	3	3	2	2	4	3	5	2	2	3
9	2	2	2	2	2	2	2	2	2	2	2	2	2
10	3	3	2	3	2	3	2	3	2	2	1	3	3
11	3	2	3	4	3	4	3	4	3	2	3	3	4
12	3	3	1	2	2	2	1	3	3	1	1	3	3
13	3	2	3	3	3	2	2	3	3	1	2	3	4
14	3	3	3	3	4	3	3	4	3	3	1	3	3
15	51	32	26	25	25	33	48	15	28	59	50	29	31
16	16	12	6	4	4	6	14	1	7	16	12	4	4

SCHEDULE NUMBER

ITEM	53	54	55	56	57	58	59	60	61	62	63	64	65
1	77	74	82	65	85	67	80	88	88	90	80	85	92
2	1	2	2	1	2	2	2	2	2	2	2	2	1
3	3	3	3	1	2	3	3	3	3	1	3	3	3
4	22	30	30	7	13	7	9	41	56	10	65	60	10
5	1	1	1	3	1	1	3	1	4	1	1	1	3
6	1	1	1	3	1	4	1	1	3	1	1	1	1
7	5	9	12	10	12	8	7	12	9	1	4	1	3
8	3	4	2	2	4	2	3	2	2	5	4	3	2
9	2	2	2	2	2	2	2	2	2	2	2	2	2
10	1	1	2	1	3	2	3	2	3	2	1	3	3
11	2	2	1	1	3	3	4	4	2	3	3	4	2
12	1	1	1	1	3	2	2	1	1	2	1	2	1
13	2	2	1	2	3	1	3	2	1	3	3	3	2
14	3	3	4	3	1	3	3	1	3	4	3	3	3
15	58	58	53	51	25	68	37	51	62	24	46	21	40
16	13	15	15	9	5	19	7	14	9	8	12	0	8

SCHEDULE NUMBER

ITEM	66	67	68	69	70	71	72	73	74	75	76	77	78
1	80	91	82	69	79	77	72	87	81	81	82	85	81
2	2	2	1	2	2	2	1	1	1	2	2	2	1
3	3	3	3	3	3	3	3	3	3	1	3	3	3
4	14	18	42	60	10	20	28	73	44	120	49	30	35
5	1	1	1	2	3	3	3	1	4	4	2	1	1
6	1	4	4	4	1	3	1	4	3	3	1	4	1
7	12	12	2	12	9	9	7	6	1	13	12	3	5
8	2	3	2	2	3	2	2	2	4	1	2	3	3
9	2	2	2	2	2	2	2	2	2	2	2	1	1
10	3	3	3	2	3	2	2	3	3	3	3	1	1
11	3	3	3	3	4	4	2	2	4	2	4	1	3
12	1	3	1	2	3	2	1	2	2	2	3	1	1
13	2	2	1	4	2	4	1	1	2	1	3	1	1
14	3	3	3	3	4	4	4	3	1	4	3	3	4
15	29	32	61	20	48	32	44	53	36	70	28	60	62
16	8	7	15	2	11	3	16	17	5	16	8	14	13

SCHEDULE NUMBER

ITEM	79	80	81	82	83	84	85	86	87	88	89	90	91
1	68	90	85	86	82	80	86	88	87	87	68	92	96
2	2	2	2	2	1	2	2	2	2	2	2	1	1
3	1	3	3	3	3	3	3	3	3	3	4	3	3
4	9	8	30	41	21	8	13	31	20	43	30	38	37
5	3	1	1	1	3	3	2	2	1	1	2	3	3
6	2	1	4	1	1	4	1	1	1	1	1	2	1
7	1	1	12	12	3	12	12	9	12	12	4	11	2
8	5	3	3	3	4	3	2	3	4	2	3	2	2
9	1	1	1	1	1	1	1	1	1	1	1	1	1
10	1	3	3	1	2	2	2	3	3	2	2	3	3
11	3	2	2	4	3	3	3	3	4	2	4	4	4
12	1	3	1	1	1	2	2	2	2	1	2	3	3
13	3	3	1	1	2	2	2	3	2	1	3	3	3
14	1	3	3	3	1	3	3	3	3	3	3	3	3
15	55	44	52	39	58	38	50	29	34	62	8	22	20
16	12	16	12	9	14	7	13	2	8	17	4	3	4

SCHEDULE NUMBER

ITEM	92	93	94	95	96	97	98	99	100	101	102	103	104	105
1	75	76	95	89	85	85	67	78	83	72	79	74	88	73
2	1	2	2	2	2	1	1	2	2	2	2	2	2	1
3	1	3	3	3	3	3	3	3	3	3	3	3	3	2
4	20	36	22	44	14	34	42	17	39	38	23	27	15	17
5	1	2	3	3	1	3	1	1	3	1	1	1	2	3
6	1	1	1	1	5	1	2	1	1	1	1	3	1	1
7	1	3	12	12	6	5	11	12	12	12	12	12	12	1
8	5	3	3	2	2	2	4	2	2	3	3	3	2	5
9	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10	3	3	3	3	3	2	1	2	3	3	2	2	3	3
11	4	2	3	3	4	2	2	3	2	4	3	3	2	2
12	3	1	2	2	3	2	2	2	1	2	2	2	1	1
13	3	2	2	2	4	2	2	3	1	3	3	4	3	2
14	2	1	3	3	3	3	3	2	3	1	3	3	3	3
15	22	54	40	44	23	36	47	39	62	22	39	26	37	52
16	3	14	9	3	5	4	7	12	14	6	7	4	7	12

SCHEDULE NUMBER

ITEM	106	107	108	109	110	111	112	113	114	115	116	117	118	119
1	79	84	89	78	70	91	75	90	86	83	87	81	80	66
2	1	2	2	2	1	2	2	2	2	2	1	2	2	2
3	3	3	3	2	3	3	3	3	3	3	2	3	3	1
4	23	20	42	34	21	26	26	24	46	24	9	10	12	7
5	3	1	1	1	1	1	1	1	1	3	1	1	1	3
6	1	1	1	1	1	1	1	1	1	1	1	1	1	3
7	3	12	6	12	3	12	12	12	12	1	5	12	4	7
8	2	2	2	3	4	3	2	2	3	4	3	2	4	3
9	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10	3	2	3	2	2	2	2	3	3	3	2	3	2	2
11	3	3	4	2	2	3	3	4	2	3	2	3	2	3
12	2	1	3	1	2	1	1	2	2	2	2	2	1	1
13	3	2	3	2	3	1	1	1	1	2	3	3	2	2
14	3	3	3	3	3	3	3	3	3	2	3	3	2	1
15	24	57	30	63	38	60	46	29	37	45	32	24	41	41
16	8	12	5	12	4	13	10	14	7	8	4	5	12	8

SCHEDULE NUMBER

ITEM	120	121	122	123	124	125	126	127	128	129	130	131	132	133
1	67	83	80	88	81	83	83	66	78	83	72	76	82	85
2	2	2	2	2	2	2	1	1	1	1	2	1	2	2
3	3	3	3	3	3	3	2	1	2	3	3	2	3	3
4	18	11	12	11	7	12	15	22	31	22	15	17	26	30
5	1	1	1	1	3	2	1	1	1	1	3	1	2	1
6	5	1	3	1	1	2	3	1	4	4	1	1	2	3
7	12	9	12	12	6	9	11	7	11	11	9	3	12	9
8	4	2	3	3	2	2	2	2	3	2	3	3	2	2
9	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10	1	1	2	3	2	2	3	2	2	3	3	2	3	3
11	3	3	3	2	3	2	3	3	2	3	3	4	3	3
12	2	1	2	2	1	1	2	2	2	3	2	2	1	2
13	3	2	2	2	2	2	2	2	2	2	3	2	2	2
14	3	3	3	3	3	3	3	3	4	3	4	1	3	3
15	40	38	40	62	46	55	53	32	48	39	48	42	44	36
16	15	14	7	10	7	13	14	6	12	14	7	5	10	4

SCHEDULE NUMBER

ITEM	134	135	136	137	138	139	140	141	142	143	144	145	146	147
1	69	76	70	88	82	73	80	77	86	82	86	87	78	92
2	2	2	2	2	2	1	2	2	1	2	2	2	2	1
3	3	3	3	3	3	3	3	3	2	3	3	3	3	3
4	19	10	9	28	20	8	11	12	6	53	20	17	11	10
5	2	2	1	3	1	3	2	1	1	1	3	1	1	2
6	1	1	1	3	1	1	1	3	1	1	1	1	1	1
7	12	12	12	12	6	11	12	12	6	12	12	9	12	2
8	3	1	2	2	2	2	3	3	2	2	2	2	2	2
9	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10	3	3	3	3	3	3	3	2	3	2	3	3	3	3
11	4	4	3	4	2	4	3	3	3	3	4	4	2	4
12	2	1	2	2	2	1	2	2	2	1	3	2	1	2
13	3	1	4	2	2	2	2	3	1	2	3	3	2	2
14	3	3	3	3	1	4	3	3	3	3	3	3	3	3
15	43	59	40	54	52	44	48	31	49	56	26	47	58	55
16	9	14	8	8	12	9	12	7	17	9	3	5	8	16