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An Examination of Social Support, Contentment with Life and Time Spent in an Assisted Living Setting.

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Walden University

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Rebecca Esliker

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Walden University
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Abstract

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Living Setting

By

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MS, Walden University, 2009

MA, University College Dublin, 1989

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Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy
Psychology

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Abstract

Policies at assisted living facilities should be designed to develop high quality social relationships among older persons that could increase the contentment of the residents. Despite the broad consensus on this mission, the role of social support in the perceived contentment of assisted living facility residents has not been adequately explored. Using social network theory as the framework for this study, the purpose of this quantitative study was to determine whether (a) perceived level of social support was related to perceived level of contentment with life among assisted living facility residents, (b) the length of time spent in the facility was related to perceived levels of contentment, and (c) perceived social support moderated the relationship between the length of time in the facility and perceived levels of contentment with life. The sample included 100 residents from 2 assisted living facilities in North Carolina. The Multidimensional Scale of Perceived Social Support and the Generalized Contentment Scale were used in this study. Linear regression analyses were employed to answer the research questions. Participants with higher levels of perceived social support tended to have higher levels of perceived contentment with life, and the length of time residents had spent in the facility was not related to their perceived contentment with life. In addition, levels of social support did not moderate the relationship between the length of time respondents had been in the facility and contentment; age, gender, ethnicity, and marital status were not related to perceived contentment with life. This study leads to positive social change by providing long-term care providers with information on social support systems and how staff can create conditions for them to enjoy better social relationships and experience greater support, thereby facilitating their contentment with life.

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Dedication

To my mother who left us at a very young age. She would have been very proud of my achievement. To my family members and close friends who sustained me in my most difficult moments.

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Chapter 1: Introduction to the Study

Many people in the United States require long-term care due to age or health conditions. According to the U.S. Department of Health and Human Services (USDHHS, 2010), 39.6 million persons in the United States were aged 65 years or older in 2009, representing 12.9% of the current population or approximately 1 in 8 persons in the United States. By 2030, the number of persons aged 65 or over is expected to double to approximately 72.1 million and to include 19% of the U.S. population (USDHHS, 2010). The USDHHS (2008) estimated that by 2020 the number of persons requiring long-term care would be approximately 12 million. Persons needing long-term care are persons who have a chronic illness or disability and who require assistance with the essential activities of daily living (ADLs) such as getting in and out of bed or a wheelchair, dressing, walking to the bathroom, dining room, as well as other activities such as washing and bathing. Assisted living facilities provide older and other disabled persons who may be ambulatory with help with some ADLs (Street, Burge, Quadagno, & Barrett, 2007).

When individuals enter assisted living facilities, they are likely to have difficulty adjusting to their new living environment (Umberson, Crosnoe, & Reczek, 2010). They may feel a loss of control over personal decision making, which may, in turn, affect their overall ability to function and their satisfaction with life. Researchers have found that social interactions are a factor in the psychological well-being of assisted living residents and have recommended that activities be designed to encourage social interaction and development of social relationships (Street et al., 2007; Umberson et al., 2010; Umberson & Montez, 2010).

Long-term care policies and programs in the United States have traditionally been based on a model that does not consider the quality of life for residents to be important (Calkins, 2007; Street et al., 2007). Rather, traditional long-term care and assisted living arrangements focus primarily on custodial and physical care (Street et al., 2007). Some authors have concluded that assisted living facilities need to improve the quality of life for their residents (Street et al., 2007). However, little research about the social aspects of the long-term care has been conducted (Kellogg, 2010), and there is a high level of variability among these facilities in terms of the extent to which meaningful social interactions are emphasized and achieved (Park, 2009). It is important to understand the beliefs of residents of assisted living facilities regarding their contentment with life and social networks because their quality of life depends, to some extent, on these variables (Calkins, 2007; Street et al., 2008).

Henneberry (2000) defined assisted living facilities as an alternative to nursing facilities that are more medically oriented; they provide a different kind of supervision and care to residents within a setting that is supposed to resemble their homes. Kellogg (2010) described the ideal assisted living residence as an environment where residents feel the warmth, peace, and safety that any happy home possesses. Assisted living residents are supposed to feel an overall improvement in their mental, emotional, and physical conditions after moving to such an environment (Kellogg, 2010). Little research about the social aspects of the long-term care of the aging population in assisted living facilities has been done (Kellogg, 2010), especially about the formal aspects about how the social support system works. Some research on the social networks of residents of assisted living facilities exists (e.g., Park, 2009), but these scholars have not examined the

potential interaction between the duration of time spent in the facility and social support in predicting contentment with life. According to Golant and Hyde (2008) and Ziembra et al. (2008), the long-term care policies and programs in assisted living facilities may not contribute to positive quality of life for residents because the policies are based on keeping residents physically healthy without sufficient attention given to psychological and social health. Factors such as social climate, dignity, relationships with others, autonomy, privacy, staff support and encouragement, and providing meaningful activities are not typically the areas of focus (Ziembra et al., 2008).

Problem Statement

The problem addressed in this study was based on the unknown interaction between time spent in an assisted living facility and social support. Park (2009) contended that the policies at assisted living facilities could be designed to develop high quality social relationships among older persons, which, hence, will add positive gains in their self-contentment. In Park's study, no relationship between duration of time spent at the facility and contentment levels was found. Kemp (2008) also found that time spent in a facility was not an important predictor of contentment. However, findings related to the lack of a relationship between time spent in the facility could be the result of failing to consider an important moderator variable: social support. If it is the case that the relationship between time spent in the facility and contentment is moderated by social support, then failing to consider this moderation could result in conclusions such as those from Park and Kemp that there is no relationship between time in the facility and contentment. In effect, grouping all individuals together (i.e., failing to distinguish between those with high levels of social support and those without) could have masked

the potential effect of time spent in the facility on contentment. Failing to consider this moderator variable (social support) could result in mixing residents for whom time in the facility is negatively related to contentment (i.e., those without substantial social support) and those for whom time in the facility is unrelated or even positively related to contentment (i.e., those with substantial social support) and it was this possibility that the current study was designed to address.

Often, contentment with life increases over time for residents of assisted living facilities, but this not true for every resident (Imamoglu & Imamoglu, 2006). Because social relationships are important to contentment with life among those living in assisted living facilities (Street et al., 2007; Umberson et al., 2010; Umberson & Montez, 2010), it may be the case that contentment with life increases over time only for those whose have quality social relationships but not for those without quality social relationships. If this is true, then perceived levels of social support would be a moderator of the relationship between time spent and contentment. Specifically, to the extent that high-quality social relationships exist, time spent would be positively correlated with time spent, but for those without quality social relationships, time spent may be uncorrelated or even negatively correlated with contentment with life.

Purpose of the Study

The purposes of this quantitative study were to determine (a) if perceived social support was related to perceived levels of contentment with life, (b) if the length of time was related to the perceived levels of contentment, and (c) if perceived social support affected the relationship between the length of time and the perceived levels of contentment with life. Park (2008) and Kemp (2008) found that there was no relationship

between time spent in the facility and contentment but they failed to distinguish between residents with high levels of social support and those without (i.e., they failed to consider the possible moderating role of social support on the potential relationship between time spent in the facility and contentment). Thus, although Park and Kemp found no relationship between the amount of time spent in the facility and contentment with life, this may be due to a failure to consider whether or not this relationship may exist for some residence such as those with higher or lower levels of social support.

A quantitative correlational research design was employed. A brief demographic survey (contained in Appendix A), the Generalized Contentment Scale (GCS; Hudson, 1992) and the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988) were completed by residents of an assisted living facility. The sample included residents between 65- and 85-years-old in an assisted living facility in Raleigh, North Carolina. Data analysis included linear regression analyses and was performed using the Statistical Package for the Social Sciences (SPSS; Levesque, 2007).

Research Questions

The purposes of this quantitative study were to determine (a) if perceived social support was related to perceived levels of contentment with life, (b) if the length of time was related to the perceived levels of contentment, and (c) if perceived social support affected the relationship between the length of time and the perceived levels of contentment with life. Contentment with life was assessed using the GCS (Hudson, 1992) and perceived social support was assessed using the MSPSS (Zimet et al., 1988). The research questions for this study were

RQ1. To what extent, if any, does the perceived level of social support relate to the perceived contentment with life among residents of an assisted living facility in Raleigh, North Carolina?

RQ2. To what extent, if any, does the length of time residents have spent in the assisted living facility relate to their perceived contentment with life among residents of an assisted living facility in Raleigh, North Carolina?

RQ3. To what extent, if any, does the existence of social support moderate the relationship between the length of time residents have spent in the assisted living facility and contentment with life among residents of an assisted living facility in Raleigh, North Carolina?

Hypotheses

Specific hypotheses derived from these research questions translated into the following null (H_0) and alternative (H_A) hypotheses. The null hypotheses were statistically tested through the inferential statistical tests discussed in Chapter 3 while the alternative hypotheses represented the inverse of the null hypotheses and specify the relationships that are hypothesized to exist.

H_{01} : Perceived level of social support does not relate to the perceived contentment with life of residents (as measured with the GCS) among residents of an assisted living facility in Raleigh, North Carolina.

H_{a1} : Perceived level of social support relates to the perceived contentment with life of residents (as measured with the GCS) among residents of an assisted living facility in Raleigh, North Carolina.

H₀₂: Length of time residents have spent in the assisted living facility does not relate to perceived contentment with life (as measured with the MSPSS) among residents of an assisted living facility in Raleigh, North Carolina.

H_{a2}: Length of time residents have spent in the assisted living facility relates to perceived contentment with life (as measured with the MSPSS) among residents of an assisted living facility in Raleigh, North Carolina.

H₀₃: The existence of social support (as measured with the MSPSS) does not moderate the relationship between the length of time residents have spent in the assisted living facility and contentment with life (as measured with the GCS) among residents of an assisted living facility in Raleigh, North Carolina.

H_{a3}: The existence of social support (as measured with the MSPSS) moderates the relationship between the length of time residents have spent in the assisted living facility and contentment with life (as measured with the GCS) among residents of an assisted living facility in Raleigh, North Carolina.

Nature of the Study

This study employed a quantitative correlational research design. Two survey questionnaires, the GCS (Hudson, 1992) and the MSPSS (Zimet et al., 1988) were completed by the participants in order to obtain data about the residents' social relationships and contentment with life. In addition, a brief demographic survey was administered to collect data regarding the participants' gender, age, ethnicity, marital status, and the number of months they have lived in the assisted living home in which they currently reside. The GCS is a 25-item measure assessing "the degree of general life contentment that individuals experience in their lives and in their environment" (Darling,

Olmstead, Lund, & Fairclough, 2009, p. 117). Scholars have shown that high levels of contentment as measured by the GCS are strongly negatively correlated to depression as assessed with the Beck Depression Inventory (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961), with correlations ranging from $-.76$ to $-.85$ across samples (Hudson, 1992). High levels of contentment as measured by the GCS are also negatively related to depression scores from the Zung Depression Inventory (Zung, 1967), with correlations ranging from $-.81$ to $-.92$ in different samples (Hudson, 1992).

The MSPSS is a 12-item scale designed to measure perceived social support from family, friends, and a significant other. Vaingankar, Abdin, and Chong (2012) reported reliability coefficients of $.90$ or higher for the MSPSS scales. In addition, confirmatory factor analysis techniques were used to assess the internal validity of the three factors from the MSPSS (Vaingankar et al., 2012). This technique is used to determine if the division of the items on the scale into the three scores (family, friends, and significant others) is empirically justified by the relationships among the items. The results from confirmatory factor analyses of the MSPSS items have supported the theoretical three-factor structure of the instrument (Vaingankar et al., 2012).

The sample in this study included residents who were between the ages of 65 and 85 and who resided in an assisted living facility in Raleigh, North Carolina. The participants included males and females who voluntarily agreed to take part in the study. I anticipated that individuals who chose to participate fit the study criteria; that is, the individuals were unable to function on their own due to various physical or mental conditions. Residents diagnosed with dementia were not included in this study.

The key variables in this study were the length of time that the individual has lived in the assisted living facility, their perceptions about their level of social support as measured by the MSPSS, and their perceived contentment with life as measured by the GSC. Data analysis included linear regression analyses and was performed using the Statistical Package for the Social Sciences (SPSS; Levesque, 2007). A more detailed discussion of the study methodology is included in Chapter 3.

Theoretical Base

The theoretical basis for this study lies in social network theory. Social network theory posits that humans are social beings who exist in relationship to one other. According to social network theory, a social network consists of a social structure of individuals or organizations labeled nodes, in which persons are tied together in some form of interdependency based on as friendship, kinship, or beliefs (Borgatti, Mehra, Brass, & Labianca, 2009). Networks investigated by social scientists have been classified as falling into three categories: egocentric, and sociocentric. Egocentric networks are connected with a single node or individual, for example, a best friend or, in organizations, a connection between one staff member and another staff member (Berkman & Kawachi, 2000). Sociocentric networks consist of patterns of relationships within a particular group or groups such as a church congregation (Berkman & Kawachi, 2000).

Social network theory is based on several assumptions. According to Takahashi (2005), an underlying assumption of social network theory is that humans are born into and live within social environments from the day they are born and seek and have a variety of social relationships with others beyond the traditional family relationships of

mother and child, brother and sister, and so on, for their survival and well-being (as addressed in the first research question of this study). Close relationships include those that involve sharing emotional experiences with others and providing support to others when needed. Social network theory and analysis of social networks explain how social relationships affect well-being and how people attach meaning and understanding to relationships.

As applied to the current study, supporters of social network theory contend that time is required for social relationships to develop (Takahashi, 2005). If an individual enters an assisted living facility without a well-developed social network they may either develop one or not develop one. As time passes, their contentment with life may decline or not (as addressed in the second research question), and whether it declines or not may depend on whether or not they have a well-developed social support network (as addressed in the third research question).

Operational Definitions

Activities of daily living (ADLs): The performance of basic daily activities such as eating, grooming, toileting, and dressing by individuals (Wunderlich & National Research Council, 2009).

Affective social relationships: Relationships with friends of either sex or with family in which the individual gives and receives help care, and support and shares emotional experiences (Street et al., 2007; Takahashi, 2005).

Assisted living facility: A type of long-term care facility for senior persons or persons with disabilities who are able to get around on their own but who may need help with some ADLs (Street et al., 2007).

Emotional stability: Perceptions of satisfaction with living conditions in an assisted living facility and the absence of symptoms of psychological distress symptoms such as anxiety, depression, anger, fear, unhappiness in the residents who live there (Street et al., 2007).

Independence: The ability to perform ADLs without supervision, direction, or the assistance of another person (Ball et al., 2004).

Instrumental activities of daily living: Activities that are more complex ADLs; these can include driving or traveling, shopping, and managing medication (Wunderlich & National Research Council, 2009).

Long-term care: This includes a variety of services that can be provided at home, in the community, in assisted living settings or in nursing homes. It can include medical and nonmedical care for individuals with a chronic illness or disability as well as assistance with ADLs (USDHHS, 2011).

Physical well-being: Perceptions of overall general good health while acknowledging aged-related changes in physical conditions (Aldwin, Park, & Spiro, 2007).

Psychosocial stability: Perceptions of satisfaction with social conditions in an assisted living facility and the absence of symptoms of psychological distress symptoms such as anxiety, depression, anger, fear, unhappiness in the residents who live there (Street et al., 2007).

Assumptions, Limitations, Scope, and Delimitations

It was assumed that individuals who meet the criteria for participating in the study were willing to participate and that they responded to the survey instruments honestly and

completely. A limitation involved the use of Likert-scaled instruments such as the GCS and the MSPSS that were used in this study. Participants may or may not have selected the responses that accurately reflected their true beliefs, feelings, and attitudes and may have selected the most neutral response or may have responded based on what they believed to be a correct response rather than how they truly felt (Creswell, 2008). This was a greater possibility with instrument measures than with interviews because an interviewer who can clarify or reword questions does not guide the respondent. A delimitation of this study was that the study was limited to only a selected number of participants at two facilities and that the findings may not generalize to all assisted living facilities.

Significance of the Study

The study results could provide information regarding the effects of assisted living on residents, with specific emphasis on their affective social relationships and contentment with life. Researchers have pointed out the importance of social relationships in ensuring the well-being of assisted living care residents (Street et al., 2007). Some residents in assisted living facilities have family support structures that can help them meet their emotional or social needs, while others do not have family or significant others on whom they can rely. In this study, a distinction was made between affective and nonaffective social relationships and between friend and family-dominant relationships by using the GCS (Hudson, 1992) and the MSPSS (Zimet et al., 1988) in order to assess participants' level of perceived social support and contentment with life in an assisted living facility in Raleigh, North Carolina.

The findings from this study could help personnel associated with assisted living facilities help to create conditions for assisted living residents so that they may enjoy better social relationships and experience greater support, thereby facilitating their contentment with life. Assisted living facilities could use the findings of this study in order to provide more adequate and appropriate social activities for all residents to ensure that they have better social relationships and a better quality of living in their assisted living residential situations. An understanding of findings could also help guide future directions for research as the U. S. population continues to age and the need for long-term care in assisted living facilities increases.

Summary

The number of persons requiring long-term care will increase in the next decade because of increasing life spans (Kellogg, 2010; Street et al., 2007; USDHHS, 2010). Social interactions are an important factor in the psychological well-being of assisted living residents. More research is necessary to determine the extent to which long-term care facilities promote socialization and contentment with life. In this study, I explored whether residents in an assisted living facility believed that the facility meets social needs. The theoretical foundation for this study was social network theory.

I used a quantitative correlational research design. Data were collected from residents between the ages of 65 and 85 who resided in one of two assisted living facilities in Raleigh, North Carolina using the GCS (Hudson, 1992) and the MSPSS (Zimet et al., 1988) to obtain data about the residents' social relationships and contentment with life. Data were analyzed with descriptive statistics and two-tailed tests at an alpha level of .05. In Chapter 2, the currently available literature concerning

assisted living, geriatric populations and social relationships and the quality of life of geriatric populations are reviewed.

Chapter 2: Review of the Literature

In this chapter, the literature relevant to assisted living, aging and social relationships, quality of life, and the life satisfaction of older persons are reviewed. The theoretical framework for this study was social network theory. The key variables in this study were the length of time that the individual has lived in the assisted living facility, their perceptions about their level of social support as measured by the MSPSS, and their perceived contentment with life as measured by the GSC. Searches were conducted using the PsychINFO, ABI/Inform, and ProQuest academic search engines. Search terms and phrases included *assisted living*, *assisted living facilities*, *senior living*, *senior living facilities*, *nursing homes*, *extended care facilities*, *life satisfaction*, *life contentment*, *social networks*, *socialization*, *friends and family*, and *happiness*. The emphasis was placed on articles published within the last 5 years but older sources were used as needed. In addition, the reference lists for relevant articles were searched to identify other potential sources.

Background of Assisted Living

During the past decade, the growth of assisted living and assisted living facilities has become a significant trend in long-term care for frail older persons. This growth reflects the growth in the population of older persons in the United States (Stevenson & Grabowski, 2010). According to the Assisted Living Federation of America (ALFA, 2009), assisted living has become the most preferred and fastest growing long-term care option for older persons. The ALFA attributes this growth to several factors: (a) the growth in the numbers of older persons, a factor supported by the USDHHS (2010) statistics; (b) the increase in the number of older persons who live alone; (c) the increase

in the number of older persons with incomes sufficient to afford assisted living; and (d) the affordability of assisted living facilities compared to nursing homes or home health care.

In the past, assisted living facilities were designed in anticipation of the need for such facilities to be converted to nursing homes (Calkins, 2007). However, there has been an increased emphasis on assisted living as the care of older persons in a way that recognizes their needs, desires, and preferences and respects their dignity. Assisted living facilities are different from nursing homes. Residents of assisted living facilities can receive personal care, supportive services, and housing but they do not receive the specialized medical services that are provided in nursing home facilities. Assisted living facilities endeavor to provide a home-like setting for residents and support for residents' independence while providing access to certain services and assistance. In response to this new focus of caring for older persons, nursing homes today are being built so that they can more easily be converted into assisted living facilities (Calkins, 2007). A major difference between assisted living facilities and nursing homes is the method of funding. Care in assisted living facilities is typically privately funded by the resident while nursing home care is most often financed using state Medicaid funding (Calkins, 2007).

Other factors should be taken into account when considering how best to design residences for elderly individuals. Ziembra, Perry, Takahashi, and Algase (2008) proposed a more holistic view of assisted living residents separate from the medical definition that emphasizes physical needs or medication. Their model was oriented toward the social needs of residents, including adjustment to the assisted living environment and providing shared spaces and rituals that reflect the uniqueness of the

residents and therefore the facility. Ziembra et al. noted that all residents have such social needs as needing to make friends and build trusting relationships with other residents and staff members. Building relationships with staff members may be especially challenging because of the power implications of such relationships. The resident may be vulnerable because of physical or emotional dependence on a staff member; however, the resident is also a consumer who can register complaints about a staff member or concerns about their care.

Ziembra et al. used their findings to develop a set of values upon which long-term care facilities should be designed. Specifically, Ziembra et al. (2008) proposed a new vision for long-term care that consists of five core values: (a) transcend place and view long-term care as a system, not a place. Instead of viewing long-term care as solely involving physical spaces, envision long-term care as a consisting of a wide variety of needs, resources, preferences, and housing options; (b) transcend the medical and social divide with holism by viewing residents as more than their physical needs and medications and as also having social needs; (c) transcend the myths of aging and disability and acknowledge the differences in and complexity of aging and disability in individuals; (d) transcend the traditional disciplinary boundaries, recognize the role of all health care professionals in long-term care, and work toward cross disciplinary collaboration; and (e) recognize interdependence by understanding the long-term care environment and the degrees to which everyone in that environment is interconnected.

The goals of assisted living facilities have been examined by other researchers. According to Henneberry (2000) and Kellogg (2010), the goal within assisted living facilities is that residents feel the same warmth, sense of peace, and safety that they may

feel at home. Assisted living residents should experience overall improvement in their mental, emotional, and physical conditions (Henneberry, 2000; Kellogg, 2010). However, the actual focus in assisted living has remained based upon the medical model of custodial and physical care. Having reviewed the literature in this area, few studies were found in which the social and emotional aspects of long-term care of residents in assisted living facilities has been explored. In the present study, the extent to which residents in assisted living facilities believed that the facility in which they resided met their social needs was examined in order to help fill the research gap in this area. Specifically, in this study, the relationship of the social support residents perceived that they received, the length of spent time in an assisted living facility, and their perceived level of contentment with life were examined.

Types of Assisted Living

The terms retirement home, assisted living, and nursing home are often used interchangeably. Each term, however, refers to something that is distinct. Retirement homes are typically condominium-style and have selective admissions processes that open them only to older persons. Retirement homes provide few services, are expensive, and are intended for able, independent, and active older adults (Yee-Melichar, Boyle, & Flores, 2010). Unlike the condominium model of retirement homes, assisted living facilities are organized in a fashion similar to that of a hotel. Residents lease or rent their living space paying monthly or annually rather than by costly upfront investments. Assisted living facilities provide protection and security for the residents and services that can be brought to the residents' apartments as necessary (Yee et al., 2010). Nursing homes more closely resemble hospitals because of their focus on medical care and their

institutional structure. Nursing home residents do not have the same degree of freedom, number of choices for social interactions, and degree of independence that assisted living residents have because nursing home residents typically require assistance with several ADL and instrumental ADLs (IADLs). Many nursing home residents have dementia, are completely disabled, or have minimal functioning abilities (Bernstein & Remsburg, 2007; Zimmerman et al., 2003).

Assisted living is often the best and most attractive option for older persons who may need assistance with one or more ADLs or IADLs but who are generally still cognitively able and physically fit. Various services can be found in typical assisted living facilities including 24-hour, 7-day-a-week assistance for scheduled and unscheduled nursing or health services, assistance with ADLs and IADLs; entertainment, social, recreational and wellness activities; and meals, laundry, housekeeping, and transportation services. Other services can include assistance with medication, an emergency call system, social services, physical and occupational therapy, memory care, podiatry, and exercise classes. Cable television, beauty salons, recreation rooms, exercise equipment, libraries, small shops, and chapels can also be among the amenities offered by assisted living facilities (ALFA, 2009).

Issues in Assisted Living

There is no consistent definition of assisted living nor does a systematic way to describe these facilities or explain their functions exist. The term assisted living is also defined differently in each state and can describe anything from small, individual residences to single apartments within continuing care retirement communities. The confusion about the definition of assisted living is sometimes reflected in facilities'

reluctance to identify themselves as assisted living facilities despite their similarity in size, services, staffing, admission and discharge criteria, and resident characteristics to facilities that are described as assisted living facilities (Yee-Melichar et al., 2010).

Only recently have researchers begun to explore issues related to quality of life for residents of assisted living facilities (Martin, Fiorentino, Jouldjian, Josephson, & Alessi, 2010; Park, 2009). Golant and Hyde (2008) agreed with Ziemba et al. (2008) that long-term care policies and programs in assisted living facilities may not support a positive quality of life for older persons because the policies are based on the medical model of care. Golant and Hyde argued that quality of life factors such as clean and safe facilities, social climate, dignity, relationships with others, autonomy, privacy, staff support and encouragement, and meaningful activities must be integral to the management of assisted living facilities to provide a positive physical, emotional, and social environment for older persons.

The criteria for admission as a resident to different types of facilities are often not strictly delineated. As a result, persons with varying levels of cognitive and physical functioning may reside in assisted living facilities. Further, policies relative to addressing the needs of persons with such conditions as dementia may not be specific about the stage at which the person needs to transfer to another setting or the ways in which the needs of such persons can be met. There are also older persons who enter long-term care facilities temporarily for prolonged rehabilitation or some terminal conditions. The varied nature of the residents in assisted living facilities poses a challenge to staff and administrators for serving older persons in meaningful ways that can support their individual needs (Ziemba et al., 2008).

Social Aspects of Aging

The aging process involves physical, social, and psychological changes that vary from person to person. Social changes can be related to retirement, role changes, relationships and living environment. Physical and social changes can cause psychological changes that may or may not be problematic. Some older persons may suffer from depression and anxiety while others may feel a renewed vigor or sense of release from responsibilities they had at a younger age (Horowitz & Vanner, 2010; Park, 2009).

The changes mentioned above, taken together, affect the social structures of older persons. As persons age and lose physical abilities such as mobility or cognitive abilities such as memory loss or dementia, older persons can turn to assisted living as transitional housing between living in their own homes or as aging-in-place housing and having the need for more medically oriented facilities such as nursing homes. Thus, what is involved in the aging processes and how assisted living facilities need to operate are related (Resnick, Galik, Gruber-Baldini, & Zimmerman, 2010).

Social Networks Among Older Adults

The social aspects of living in an assisted living facility can have a significant effect on the quality of life and well-being of older persons. Park (2009) examined the relationship between social engagement and psychological wellbeing among older adults in assisted living facilities in the United States. This quantitative study consisted of regression analyses of data from 82 residents in a southern state. Residents' perceptions of their relationships with other residents and staff were associated with perceived well-being; residents with perceptions that these relationships were of high quality tended to

have better perceptions of their own well-being. Park concluded that rules and procedures at assisted living facilities could be designed to foster high quality relationships with consequent improvements in perceived wellbeing. Although this study examined social relationships and quality of life among residents of assisted living facilities, no examination of the duration of time spent at the facility was included.

Researchers employing cross-cultural research methodologies have shown that the social aspects of living in assisted living facilities are central to the residents' quality of life. For example, Sato et al. (2008) examined the nature of social relationships among 637 elderly Japanese persons aged 62 to 82 years in assisted living facilities. A baseline investigation was conducted in 1992 and participants were followed for 12 years. Sato et al. compared social relationships with mortality rates for three separate time periods: 1992 to 1998, 1998 to 2004, and 1992 to 2004. The baseline variables used were the effects of social network, social support and an active lifestyle. Sato et al. also examined psychological and mental health factors such as depression, anxiety, loneliness, and symptoms of dementia. The results showed differences between men and women. For men, close friends, group membership and finding life worth living were significantly associated with their mortality in the time period 1992-1998 but not in the time period 1998-2004. In addition, living arrangement was not significantly related to mortality in the time period 1998-2004. For the time period 1992-2004, there was a significant relationship between instrumental support and mortality. For women, there was no significant relationship between marital status and job in the time period 1992-1998; however, in the time period 1998-2004 there was a strong association. Thus, Sato et al.'s study suggested that the relationship of the factors of close friends, group membership

and finding life worth living with mortality decreased as time passed; instrumental support, however, was positively associated with mortality throughout the entire 12 years. The relationship of marital status and job to mortality increased for women as time passed.

Quality of life for older persons in assisted living facilities was the focus of Ball et al.'s (2000) study. Ball et al. defined quality of life along three dimensions: the resident's social relationships, his or her psychosocial and emotional stability and his or her physical condition. Ball et al. studied the quality of life from the perspective of 55 residents in 17 assisted living facilities in the Atlanta, Georgia area of the United States. Data were collected from face-to-face structured interviews with assisted living service providers and residents, observations of the assisted living environment, and the records of participating residents. Data analysis was done using grounded theory methodology. Ball et al. identified 14 domains that he suggested make up one's quality of life. In one domain, social relationships and interactions, Ball et al. found that for 95% of the residents, family relationships, especially with children, were critical to their quality of life. In another domain, psychological well-being, 94% of the residents reported positive attitudes about the care they received but their general attitudes towards life ranged from "despair to resignation to happiness" (p. 312). The general attitudes towards life were generally contingent upon the residents' physical condition; however, even residents with significant physical impairments expressed satisfaction with life. Most residents valued each of the domains; however, there were differences in the degree to which they valued different domains. For most residents, the psychological domains held more value than those related to physical conditions (i.e., safety and security, food, etc.). Ball et al.

concluded that a key to the quality of life for individuals in such settings was the presence of an individualized approach to care for a person's unique needs and the ability of a facility to meet them.

Street et al. (2007) examined social relationships in assisted living and its effects on residents' wellbeing. Specifically, they examined the relationship of organizational characteristics, social relationships, and transition experiences to life satisfaction, quality of life, and perceptions of the home-like feel of the assisted living facility. Data were collected from 384 assisted living residents interviewed for the Florida Study of Assisted Living that was conducted from the summer of 2004 through the spring of 2005. Interviewers first assessed cognitive function by administering the Short Portable Mental Status Questionnaire (Pfeiffer, 1975). Interview questions focused on residents' transition to assisted living, their perceptions about the assisted living environment, cognitive and physical health, and other psychosocial issues such as their degree of contact with family and friends and friends made after entering assisted living. Street et al. found that higher resident well-being was related to facility size, perceptions of adequate privacy, and facility acceptance of state payments for low-income residents. Sharing a room with someone who was not a relative was related to having less life satisfaction. Food quality was positively related to well-being. Internal social relationships (i.e., relationships with friends within the assisted living facility) were most consistently related to positive well-being. Persons who formed new support networks reported higher levels of well-being. Current relationships were more influential than past relationships or the surrounding physical characteristics of the facility.

Over a decade ago, Sloan, Zimmerman, and Walsh (2001) studied the environment for older adults in residential care and assisted living settings. Sloan et al. focused on the physical aspects of the facility but also emphasized how the physical aspects contributed to social relationships and residents' overall quality of life. Sloan et al. used data from the Collaborative Studies of Long-Term Care (CS-LTC), which consisted of a sample of 193 assisted living facilities and 40 nursing homes in four states. They also gathered data from direct observation using the Therapeutic Environment Screening Survey for Residential Care (Sloan et al., 2002). From these data, Sloan et al. (2001) identified seven key dimensions of the physical environment that are necessary in residential care and assisted living facilities: (a) safety and security, including fire and injury protection and mechanisms for assistance (e.g., call buttons in rooms); (b) resident orientation to location and place. They suggested that for older adults with Alzheimer's disease or dementia, an assisted living facility should provide a map with visual cues for residents (e.g., labels with the residents' names, placing one or more pictures of the residents near the doorway, color coding, etc.); (c) stimulation without stress, which means accommodating visual and auditory changes that often accompany the aging process in order to help older persons perform normal daily tasks; (d) privacy and personal control, including individualized heating and air conditioning controls, windows, kitchen appliances, telephone connections beyond the facilities, door locks on residents' rooms, and bathroom access; (e) facilitation of social interaction with public spaces and living areas (e.g., library, chapel, crafts rooms, etc.); (f) continuity with the residents' pasts, such as having the ability to post personal pictures and furnishing the facility with homelike furniture and décor; and (g) cleanliness and maintenance, including safe

handrails, doorknobs that work and eliminating exposed wires or extension cords and broken fixtures.

Street et al. (2007) agreed that physical characteristics such as those described by Sloan et al. (2001) could create a sense of home for older persons in assisted living facilities. Ball et al.'s (2004) qualitative study of aging in place in assisted living facilities found that facility size affected residents' satisfaction and well-being; residents in smaller facilities tended to be more satisfied because such facilities are less bureaucratic and residents seem better able to form closer relationships with others. Privacy was an important factor in the results of Zimmerman et al.'s (2003) quantitative study that compared satisfaction and preference of residents in assisted living facilities and nursing homes. Zimmerman et al. collected data for 2,078 residents from the Collaborative Studies of Long Term Care, a four-state study of 193 assisted living facilities and 40 nursing homes. Zimmerman et al. found that in large assisted living facilities with self-contained individual apartments, residents felt more at home because of the privacy of the apartments instead of having to share accommodations. In their quantitative study of the relationship of physical environment to resident outcomes including neuropsychiatric symptoms, quality of life, and risk of falling, Bicket et al. (2010) found that a significant association between a higher quality of the physical environment of assisted living facilities and the presence of neuropsychiatric symptoms, particularly for residents without dementia. Further, mechanisms that increase privacy, such as call buttons and telephones, were found to have a positive effect on resident wellbeing for residents with and without dementia.

Kim (2002) conducted a multicase study examining features that make residents feel at home in five assisted living facilities in Southwest Virginia and identified a variety of factors that were related to residents' feelings about living in an assisted living facility including the social environments. The five sites had homelike features and were designed to look like single or multifamily houses. Kim conducted 60-minute semi-structured interviews with 25 residents (6 males, 19 females) and five administrators from the five facilities. Resident participants ranged in age from 64 to 95 years with the average age being 82 years. Most residents had lived in single-family homes and had children or family members nearby. Residents were asked questions pertaining to the social environment among other things. The social environment, including interaction with people, was the most important factor for residents who moved into a group living situation from their own homes in order to feel at home in the assisted living facility. Programs and policies that support social interaction for residents and a committed staff were needed. Residents expressed that the staff's attitude and behavior made them feel at home.

Among the four factors (i.e., personal, physical, social, and organizational) that affect the residents' perception of assisted living facilities as a home, residents indicated that social factors such as relationships with the staff and residents and social support from their family or friends were the most important. Resident councils in the facility that provided a forum for residents regarding management programs, services, and policies facilitated good relationships with the staff. Frequent visits from family and friends helped residents better adjust to the assisted living environment.

Reed, Cook, Sullivan and Burrige (2003) focused on persons relocating from one assisted living facility to another and examined the experience of relocations in relation to such factors as residents' individual needs and preferences, local organizational characteristics, and family dynamics. Interviews of these respondents suggested four patterns relative to the older persons' participation in decisions about facility preference relocations: preference, strategic, reluctant, and passive. The preference pattern referred to residents' choosing the facility over nursing homes. With the strategic pattern, residents planned to relocate because of changes in circumstances. The reluctant pattern referred to residents' resistance to relocating. In the passive pattern, others made decisions about the residents' relocation. Residents who were involved in preference relocations emphasized the importance of choice for their initial and subsequent moves into, within and between care homes. Many residents who initiated relocation decisions indicated that when they were unable to access adequate information to help them make an informed choice, they bypassed the customary health and social services professionals. When working with these professionals, older persons believed they had less control over their decisions and that their choices were restricted. Therefore, they solicited the help of others, such as children, home health aides, or other caregivers.

Older persons with private funding retained much of the control over their decisions and the outcomes of their decisions, a finding consistent with Burge and Street's (2010) conclusion that the ability to pay privately affects residents' perception of choice and having control over decisions to move into assisted living. Thus, Thetford and Robinson (2006) concluded that choice, control, and independence were mere rhetoric, and that care actually was decided upon by eligibility criteria, budgets, and

responsibilities. Older persons were restricted to two options: to accept or to decline the care that was offered and to choose their service provider on the basis of minimal information. Thetford and Robinson found that residents developed strategies to structure their lives according to their preferences, such as having weekly conversations with children or a night in with a friend. Thetford and Robinson also found themes common to all residents in their new home. An overarching theme was the importance of older persons having choice of and control over how they live their lives in assisted living facilities and having the necessary supports to ensure that they can remain independent. To the participants in this study, having the necessary supports meant having access to a wide range of support services that are tailored to them as individuals rather than being fitted into current existing services.

Samus et al.'s (2006) study examined the quality of life of assisted living residents diagnosed as having dementia due to Alzheimer's disease. The study sample consisted of 198 assisted living residents who resided in 22 facilities including 10 large facilities (16 beds or more) and 12 small facilities (15 beds or fewer). The majority of residents were women (79%), widowed (71%), and Caucasian (83%). A total of 76% were living in large facilities. The mean age was 85.7 years.

Several instruments were used, included the Alzheimer Disease-Related Quality of Life Scale (ADRQL; Rabins, Kasper, & Kleinman, 1999), the Neuropsychiatric Inventory (NPI; Cummings, 1997) the Mini-Mental State Exam (MMSE; Folstein, Folstein, & McHugh, 1975); the Psychogeriatric Dependency Rating Scale-Physical Dependency subscale (PGDRS-P; Wilkinson & Graham-White, 1980), the General Medical Health Rating (GMHR; Lyketsos et al., 1999), and the Cornell Scale of

Depression in Dementia (CSDD; Alexopoulos, Abrams, Young, & Shamoain, 1988).

The ADRQL was administered to 93 caregivers of residents. Respondents completed the ADRQL based on observable behaviors that had occurred over the preceding 2 weeks.

The NPI, the MMSE, the PGDRS-P were administered to the residents' formal caregivers to rate overall functional impairment in ADL. The GMHR and the CSDD, which measures depressive symptom severity, were also administered to the caregivers.

Activity participation was measured by asking residents and caregivers to estimate the number of hours in the past month residents had participated in structured group activities and in solo activities (Samus et al., 2006)

Samus et al. (2006) found that assisted living residents gave themselves a high quality of life rating regardless of their cognitive status, suggesting that assisted living facilities and the care received do contribute to a high quality of life for residents.

Depression was found to be the only symptom affecting quality of life in the residents in this study. Of note is that Samus et al.'s findings are contrary to the findings of previous researchers who showed that participation in activities and the size of the facility was associated with better quality of life ratings. Such was not the case in Samus et al.'s study. Samus et al. explained that such a finding may indicate that problem behaviors or depression affect the relationship between social activity and quality of life. In other words, persons with behavior problems or depression were not likely to participate in activities often. Samus et al. suggested that facility size might not be an accurate indicator of the quality of the environment. Specifically, other aspects of the facility and of the participants were better predictors of the quality of the environment in the facility than merely facility size. A significant aspect of this study was that caregivers' ratings

were solicited whereas other researchers only used residents' feedback. When researchers solicited residents' feedback, the focus was on their perceptions and feelings. In Samus et al.'s study, caregivers were asked to focus on observable behaviors and the study did not ask questions about residents' perceptions.

When we refer to contentment in this study, this means the general outcomes seen in older persons as residents of assisted living facilities and consumers of its services in the areas of the personal, the physical, the social, as well as organizational aspects. It has been found that residents with perceptions that their social relationships with other residents and staff were of high quality tended to have better perceptions of their own well-being (Park, 2009.) Among other aspects that have been found in the literature to affect residents' quality of life are mentioned in the following paragraphs.

The social aspects of living in assisted living facilities have been found to be central to the residents' quality of life. The effects of a social network, the presence of social support and an active lifestyle greatly influence the well-being of older persons (Sato et al., 2008.). The social relationship of marital status and job to mortality increased for women as time passed in this study (Sato et al., 2008.). In this context, there are several qualitative research methods that can be utilized in the process of obtaining data and information as presented by Ball et al. (2000). Data collection methods included structured interviews with providers and residents, observations of the physical environment, and review of residents' records. Interviews were tape-recorded and transcribed, except in instances where participants refused. In such cases, detailed responses were handwritten, typed, and entered into the database. Apparently, the responses expectedly dealt with a wide range of subjects. The interviews included

forced-choice and open-ended questions and addressed daily routines, personal characteristics, attitudes and values, health status and functional ability, care needed and provided, social relationships, facility characteristics, policies and procedures, and staffing. The residents self-report experiencing loneliness, depression, and anxiety, and interviewers made subjective assessments about their cognitive status. Providers and residents also completed an assessment form for each home. This discussed the presence of safety features such as handrails in halls and on stairs and emergency call systems, amenities, and comfortable seating. Assessment by the residents about the homelike quality of the facility was also inquired into. No standardized instruments or scales were used (Ball et al. 2000).

In the related studies mentioned, the quality of life has been measured along three dimensions: the resident's social relationships, his or her psychosocial and emotional stability and his or her physical condition (Ball et al., 2000). Older persons in the 17 assisted living facilities at Atlanta, Georgia area of the United States utilized in this study showed positive attitudes about the care they received while at assisted living facilities, but their general attitudes towards life ranged from despair to resignation to happiness that were choices in the structured interviews.

In the Ball et al. (2000) study, the general attitudes towards life that were reported were generally contingent upon the residents' physical condition; however, even residents with significant physical impairments expressed satisfaction with life. Beside these, there are other factors related to the following

- **Autonomy.** Most residents reported limited physical and cognitive functioning, which alters and limits their sense of autonomy. Autonomy is associated with independence. Most of the respondents in Ball et al. study (2000, p. 315) study have little or no control “over the decision to move into the facility, and only one third made the decision themselves.”
- **Social relationships and interactions.** The respondents indicated three types of valued relationships in the facility: (a) with family and friends outside the facility, (b) with other residents, and (c) with their formal caregivers.
- **Meaningful activities.** These included activities like watching television (70% response rate) and church activities, although 64% have never attended.

The existence of behavior problems and the presence of depression are said to be only symptoms of the quality of life in residents (Ball et al., 2000). For the purposes of the present study, it is more important to consider the effects of an assisted living facility on the cognitive status of its residents.

In cases of the patients who were diagnosed with Alzheimer’s disease who gave themselves high ratings on the quality of life regardless of their cognitive status, the researchers suggested that it was the assisted living facilities and the care the patients receive that contributed to reaching contentment. However, the size of facilities does not seem to directly affect the welfare of Alzheimer’s disease patients in terms physical ability and psychosocial activities. This was a finding from the study by Samus et al. in 2006, where 22 facilities including 10 large facilities (16 beds or more) and 12 small facilities (15 beds or fewer) were studied (Samus et al., 2006). Moreover, in the same study, residents in these types of residents had been interviewed and were able to share

their perceptions and feelings about experiencing a high quality life residing in assisted living facilities. Sloan, Walsh and Zimmerman did a related study with a similar topic in 2001. They analyzed the environmental conditions in 193 assisted living facilities and 40 nursing homes in four states. After, the study arrived at seven key dimensions of the physical environment that were considered to be necessary in residential care and assisted living facilities such as providing a residential map for Alzheimer's disease patients (Sloan et al., 2001.)

In general, the literature has found that when an older person comes to live in an assisted living facility, there is likelihood for dramatic changes to occur. These can include reported positive attitudes and satisfactions that can negatively or positively affect his or her life while remaining in the facility (Ball et al., 2000).

Persons who have theorized about life in assisted living settings have come to several conclusions about how their residents should be treated. One key to the quality of life for individuals in such settings seems to be the application of an individualized approach to care for each person's unique needs and the ability of a facility to meet them (Ball et al., 2000). Physical characteristics social relationships and transition experiences to life satisfaction also influence the wellbeing of residents in an assisted living facility (Ball et al., 2000). Perceptions about a home-like feel of the assisted living facility have showed that such can improve a higher resident well-being (Street et al., 2007). It has been said that in smaller facilities, older persons tended to be more satisfied, because such facilities are less bureaucratic and residents seem better able to form closer relationships with each other (Ball et al., 2004). However, in large assisted living facilities with self-contained individual apartments, residents felt more at home because

of the privacy of the apartments instead of having to share accommodations (Zimmerman et al., 2003). On the other hand, the perceptions about adequate privacy and facility acceptance of state payments for low-income residents were also found to influence the quality of life (Street et al., 2007). It seems that economic means is also a big factor for older persons when it comes to choosing the right assisted living facilities for them. Another factor is sharing a room with someone who was not a relative, which is said to result to having less life satisfaction in older persons (Street et al., 2007). Food quality also adds a good result for wellbeing (Street et al., 2007). Internal social relationships (such as with staff members and other residents) seemed to be highly effective for promoting a positive well-being (Street et al., 2007). Furthermore, when there were, already, new support networks for a resident, there are reported higher levels of changes in his or her well-being (Street et al., 2007). The surrounding physical characteristics of the facility also had an influencing factor on the quality of life on residents in an assisted living facility (Street et al., 2007).

It has been suggested that the seven key dimensions of the physical environment in residential care and assisted living facilities: (a) safety and security (having call buttons in rooms for fire emergencies), (b) resident orientation to location and place (this could be achieved by providing maps of the facility for the residents), (c) stimulation to aid these older persons in performing normal daily tasks, (d) encouraging social interaction by added public spaces and living areas like chapel or crafts rooms, (f) allowing the residents to bring memoirs of their past and post personal pictures or add their own furniture in the room, and (g) maintenance of rooms with an eye to resident safety through adding handrails and eliminating exposed wires (Sloan et al., 2001).

It has been said that the social environment, including interaction with people, is the most important factor for residents who moved into a group living situation from their own homes in order to feel at home in the assisted living facility (Kim, 2002). Residents have expressed the opinion that the staff's attitude and behavior made them feel at home (Kim, 2002) The provision of resident councils in the facility has also been suggested in order to provide a forum for residents to air their views about management programs, services, and policies. Providing this has seemed to facilitate better relationships with the staff (Kim, 2002).

Residents who have the capability to pay for their own expenses privately felt that they had greater choice and control over decisions to move into assisted living (Burge and Street, 2010). It has been said that choice, control, and independence were mere rhetoric used with older persons, and that care actually was decided upon by eligibility criteria, budgets, and responsibilities (Thetford & Robinson, 2006). Usually, older persons are given two options: to accept or to decline the care that was offered and to choose their service provider on the basis of minimal information It seems that the nature of care has too often been decided upon by eligibility criteria, budgets and staff responsibilities rather than concern for the individual her or himself (Thetford & Robinson, 2006).

We need to consider the fact that assisted living facilities differ widely in ownership, auspice, size, and philosophy. Each follows different standards and methods for services, staffing, room policies about admission and retention of residents, accommodations and price (Street et al., 2007).

Relationship Between Time in Assisted Living and Life Satisfaction

Very few researchers have incorporated variables related to time in assisted living in relation to either social networks or life satisfaction and commitment. That is, length of time spent in the assisted living facility is typically not been used as a predictor variable or control variable in studies of social networks or life satisfaction among assisted living residents. Some researchers have included length of stay in hospitals for assisted living residents (e.g., Graverholt et al., 2011) but any effects of the length of stay in the assisted living facility itself seems rarely to have been studied.

Despite the lack of a large body of research exploring the role that length of stay in the assisted living facility may play in the residents' social networks or contentment with life, social network theory can be applied to understand the potential role of length of stay. According to social network theory, a social network consists of persons who are tied together in some form of interdependency based on as friendship, kinship, or beliefs (Borgatti et al., 2009). It is not likely that social relationships are established immediately upon entry into a new situation. In the context of the current study, when an individual initially enters an assisted living facility, it is unlikely that they will already have a strong social network involving the individuals in the immediate surroundings. Certainly there are cases where an individual moves into a facility where they have already established relationships with many people, but these cases are likely to be the exception rather than the rule. Social network requires time to develop. Based on the need for time to pass before a social network can be in place, the role of duration of time spent in an assisted living facility is being considered to be an important variable to study

in the current examination of the relationship between social support and contentment with life in an assisted living facility.

Because only a small number of studies have been conducted about the effects of the length of time individuals have lived in the facility and the quality of life in an assisted living facility, one can only guess about what its impact is on the life of the older persons. As the number of care homes grows in the United States and there is continued growth in the number of older persons in the population within them, it is not unreasonable to consider that the length of time residents have stayed in an assisted living facility might be a factor for considering that this might contribute to their wellbeing or lack of it.

According to the social network theory, people require some length of time in order to develop new relationships (Borgatti et al., 2009). This idea can be applied to understand the potential role of length of stay. It is not likely that social relationships are established immediately upon entry into a new situation. In the context of the current study, when an individual initially enters an assisted living facility, it is unlikely that they will already have a strong social network involving the individuals in the immediate surroundings (although there may be exceptions).

An example when length of time was an active variable considered to affect the quality of life on residents is the cross-cultural study that was done by Sato et al. (2008) about the nature of social relationships among 637 elderly Japanese persons aged 62 to 82 years in assisted living facilities. A baseline investigation was conducted in 1992 and participants were followed for 12 years. Sato et al. compared social relationships with mortality rates for three separate time periods: 1992 to 1998, 1998 to 2004, and 1992 to

2004. The baseline variables used were the effects of social network, social support and an active lifestyle. It was found that the social relationship included the close friends, group membership and finding life worth living with mortality decreased as time passed in men. Instrumental support, however, was positively associated with mortality throughout the entire 12 years. The social relationship of marital status and job to mortality increased for women as time passed.

Summary

In this chapter, literature relevant to assisted living, aging, and social relationships, quality of life, and life satisfaction of older persons was reviewed. There are substantial differences between nursing homes and assisted living facilities including a new emphasis in assisted living facilities toward care that recognizes the needs, desires, and preferences of older persons and respects their dignity (Golant & Hyde, 2008; Ziembra et al., 2008). Researchers have been critical of the medical model that dominates nursing home care (Ball et al., 2000; Kim, 2002; Sato et al., 2008; Sloan et al., 2001; Street et al., 2007).

Golant and Hyde (2008) were especially critical of the traditional medical model often used in nursing homes and argued for a holistic and systematic view of assisted living that includes quality of life factors such as clean and safe facilities, social climate, dignity, relationships with others, autonomy, privacy, staff support and encouragement, and meaningful activities. Research has established the importance of residents in assisted living facilities having social relationships and interactions in order to successfully proceed through the natural process of aging and to understand and cope

better with the physical, social, and psychological changes associated with aging (Calkin, 2007; Ziemba et al., 2008).

The research reviewed in this chapter has indicated that the quality of life for the elderly seems to be based largely on friendships and family relationships (Ball et al., 2000; Sato et al., 2008). Within assisted living centers, quality of life has been found to be based on these factors as well as the physical characteristics of the facility (Sloan et al., 2001; Street et al., 2007), privacy (Zimmerman et al., 2003), the social environment (Kim, 2002), and a feeling of choice and control (Reed & Stanley, 2006; Thetford & Robinson, 2006). In Chapter 3 the methodology of the present study is described. The setting and sample, the test instruments, and methods of data collection and analysis are discussed.

Chapter 3: Research Methodology

The key variables in this study were the length of time that the individual has been in the assisted living facility, their perceptions about their level of social support as measured by the MSPSS (Zimet et al., 1988), and their perceived contentment with life as measured by the GSC (Hudson, 1992). In addition to examining the bivariate relationships between time spent in the assisted living facility, perceived social support, and perceived contentment with life, a test of moderation was employed. Specifically, this study allowed for a test of the hypothesis that the relationship between the amount of time spent in the assisted living facility and perceived contentment with life differed as a function of perceived level of social support (i.e., is moderated by perceived social support).

Research Design

This study employed a quantitative, correlational research design. I administered survey questionnaires to residents living in assisted living facilities in order to obtain data about the residents' social support and contentment with life. Demographic information about the residents' gender, age, ethnicity, marital status, and the number of months they have lived in the assisted living home was also obtained. The GCS (Hudson, 1992) was used to measure the degree that the participant was content with life. The MSPSS (Zimet et al., 1988) was used to measure perceived social support. Pearson correlation coefficient and moderated multiple regression analysis were used to test the three null hypotheses of this study.

Population

The study took place at two assisted living facilities in Raleigh, North Carolina.

The same management group managed both facilities, and each facility had the same philosophy and values. These facilities were divided into three units with the rehabilitation and alzheimer units separated from the main building which house the majority of the residents. There were a total of 145 residents with 60% females and 40% males. The ethnicity make up was 70% White, 20% African American, 5% Hispanic, and 5% others. The staff to resident ratio was one staff member to every eight residents. Staff shifts were divided into three blocks to cover the 24 hours.

The population of interest in this study consisted of residents of assisted living facilities who were between the ages of 65 and 85. I did not consider the ethnicity of the participants. The participants included males and females who voluntarily agreed to take part in the study. Study participants did not include individuals who were unable to function on their own because of mental health issues such as dementia or alzheimer's disease. I anticipated that individuals who chose to participate fit all study criteria.

The target number of participants in this research study was 92, and the final sample consisted of 100 individuals. I selected additional resident candidates for the study because of the possibility of attrition. I requested staff to assist with recruiting volunteers who were willing to participate in the study. Residents were asked verbally to volunteer. This process continued until the desired number of participants was reached. Residents who volunteered to participate were given a detailed explanation of the study process and were asked to sign a consent form.

Permission was obtained from the facility to speak to the residents regarding the study and the collection of data (see Appendix B). Participants were asked on an individual basis if they were interested in participating in the study. Participants signed

an informed consent statement (shown in Appendix C) prior to completing the surveys. The informed consent statement included information on the purpose of the study, the procedures followed, the voluntary nature of the study, the risk and benefits associated with participation, their rights to privacy and confidentiality, and who to contact if they had questions or concerns. The participants were provided with a copy of the consent form to keep. The hard copies of the informed consent forms and surveys will be kept for a period of 3 years and then destroyed. The specific procedures followed for data collection are described in a subsequent section of this chapter.

Research Questions and Hypotheses

The purposes of this quantitative study were to determine (a) if perceived social support was related to perceived levels of contentment with life, (b) if the length of time was related to the perceived levels of contentment, and (c) if perceived social support affected the relationship between the length of time and the perceived levels of contentment with life. Contentment with life was assessed GCS (Hudson, 1992) and perceived social support was assessed using the MSPSS (Zimet et al., 1988).

The research questions for this study were

RQ1. To what extent, if any, does the perceived level of social support relate to the perceived contentment with life among residents of an assisted living facility in Raleigh, North Carolina?

RQ2. To what extent, if any, does the length of time residents have spent in the assisted living facility relate to their perceived contentment with life among residents of an assisted living facility in Raleigh, North Carolina?

RQ3. To what extent, if any, does the existence of social support moderate the relationship between the length of time residents have spent in the assisted living facility and contentment with life among residents of an assisted living facility in Raleigh, North Carolina?

The null and alternative hypotheses corresponding to each of these null hypotheses were

H_{01} : Perceived level of social support does not relate to the perceived contentment with life of residents (as measured with the GCS) among residents of an assisted living facility in Raleigh, North Carolina.

H_{a1} : Perceived level of social support relates to the perceived contentment with life of residents (as measured with the GCS) among residents of an assisted living facility in Raleigh, North Carolina.

H_{02} : Length of time residents have spent in the assisted living facility does not relate to perceived contentment with life (as measured with the MSPSS) among residents of an assisted living facility in Raleigh, North Carolina.

H_{a2} : Length of time residents have spent in the assisted living facility relates to perceived contentment with life (as measured with the MSPSS) among residents of an assisted living facility in Raleigh, North Carolina.

H_{03} : The existence of social support (as measured with the MSPSS) does not moderate the relationship between the length of time residents have spent in the assisted living facility and contentment with life (as measured with the GCS) among residents of an assisted living facility in Raleigh, North Carolina.

*H*_{a3}: The existence of social support (as measured with the MSPSS) moderates the relationship between the length of time residents have spent in the assisted living facility and contentment with life (as measured with the GCS) among residents of an assisted living facility in Raleigh, North Carolina.

Setting and Sample

The sample in this study included residents who were between the ages of 65 and 85 and who resided in one of two assisted living facilities in Raleigh, North Carolina. The participants included males and females who voluntarily agreed to take part in the study. It was expected that those who chose to participate fit the criteria I was looking for, that is individuals who were unable to function on their own due to various physical or mental conditions. Residents diagnosed with dementia were not included in this study. Potential participants who would have had difficulty completing the surveys due to physical problems (but who were mentally capable of responding) had the option of having the surveys read to them by me.

A statistical power analysis was conducted to determine the sample size required for this study using the G*Power computer program. The power analyses were conducted specifying two-tailed tests, an alpha level of .05, desired power of .80, and medium effect sizes. For the multiple regression analyses for the first two research questions, there were five predictor variables (the four demographic controls and one independent variable). An effect size estimate of $f^2 = .15$ was specified and G*Power indicated that 92 participants were required to obtain power of .80. For the third research question there were six predictors in the first block (the four demographic controls and the two independent variables) but the relevant test was whether or not the interaction

term entered in the second block caused a statistically significant increase in R^2 . With a medium effect size estimate of $f^2 = .15$ for the entry of the interaction term in the second block of a regression model that already contains six predictors, G*Power indicated that 77 participants were required to achieve power of .80. Based on these analyses, the minimum required sample size for this study was set at 92 participants, although a total of 100 individuals participated in the study.

Instruments and Materials

Three instruments were administered including a demographic survey, the GCS, and the MSPSS. I wrote a brief demographic survey written in order to assess participants' gender, age, ethnicity, marital status, and the length of time (number of years and months) that they have lived in the assisted living home (see Appendix A). The GCS is a 25-item measure that was developed using a group of 2,140 respondents which included persons from clinical and nonclinical populations, students, married couples and single people above the age of 12 years, and persons from several different cultures although they were primarily Caucasian. The 25 items are rated on a 7-point Likert scale from 1 = *none of the time* to 7 = *all of the time* and are summed to arrive at the total score after reverse scoring 13 of the items. Sample items include "I feel powerless to do anything about my life," and "I feel blue."

The GCS reliability has a mean alpha of .92, indicating excellent internal consistency, and excellent (low) SEM of 4.56. The GCS also has excellent short-term stability, with a two-hour test-retest correlation of .94 (Corcoran & Fischer, 2000). The GSC has a good concurrent validity, correlating in two studies .85 and .76 with the Beck Depression Inventory and .92 and .81 for tow samples using the Zung Depression

Inventory. The GCS has excellent known-group validity, having been shown to discriminate significantly between members judged to be clinically depressed and those judged not to be depressed. The GCS also has good construct validity, correlating poorly with a number of measures with which it should not correlate, and correlating at high levels with several measures with which it should, such as measures of self-esteem, happiness and sense of identity (Corcoran & Fishcher, 2000).

The MSPSS (Zimet et al., 1988) is a 12 items measure that was developed to assess perceived social support. The items are divided into three subscales. Items 3, 4, 8, and 11 assess family support, items 1, 2, 5, 6, 7, 9, and 12 assess friends, and items 1, 2, 5, and 10 assess significant others. Items are Likert scaled (1 = *very strongly disagree* to 7 = *very strongly agree*). Scoring is done by summing the items for a total and subscale scores and dividing by the number of items. Sample items include “My family really tries to help me,” and “I can count on my friends when things go wrong.” Higher scores indicate higher levels of perceived support.

The MSPSS was developed using a diverse sample student group of varied ages, genders, and ethnicities (Zimet et al., 1988). The MSPSS has been studied with numerous samples of diverse ethnic and socioeconomic backgrounds (Zimet et al, 1988). Alphas are .91 for the total scale and .90 to .95 for the subscales. The MSPSS has good factorial validity and good concurrent validity, correlating with the presence of depression (Basol, 2008; Fischer & Corcoran, 1994). The MSPSS consists of three subscales: Family, Friends, and Significant Others. Investigations have revealed MSPSS as a three-factor construct that demonstrates well to excellent internal consistency and test-retest reliability (with a Cronbach’s alpha of 0.81 to 0.98 in non-clinical samples, and

0.92 to 0.94 in clinical samples) (Perdesen, Spinder, Erdman, & Denollet, 2009). Stanley, Beck and Zelbb (1998) first raised the issue of instability in the MSPSS's factor structure when they found that it provides a two-factor structure in older adults suffering from Generalized Anxiety Disorder (GAD). However, due to the small sample size ($n = 50$), the authors of this study were precluded from making a definitive conclusion. On the other hand, Clara, Cox, Enns, Murray and Torgrudc (2003) provided confirmatory analysis endorsing the a priori structure of the three-factor model for MSPSS, and their study included a sample of both students and depressed patients, contained a sufficient sample size ($n = 549$ and $n = 156$ for the student and outpatient samples, respectively) and thus confirmed that the three-factor construct provided a much better fit than the two-factor model for this instrument in both the samples (Clara et al., 2003).

Data Collection and Analysis

This study employed a quantitative correlational research design. I administered survey questionnaires to residents living in assisted living facilities in order to obtain data about the residents' social relationships and contentment with life. Demographic information about the residents' gender, age, ethnicity, marital status, and the number of months they have lived in the assisted living home were also obtained. The GCS (Hudson, 1992) was used to measure the degree that the participant is content with life. The MSPSS (Zimet et al., 1988) was used to measure perceived social support. Pearson correlation coefficients and moderated multiple regression analysis were used to test the three null hypotheses of this study.

Data analyses were performed using Statistical Package for the Social Sciences (SPSS). Initially, descriptive statistics were tabulated including frequencies for the

categorical demographic variables, ranges, means, and standard deviations for continuous variables, and Cronbach's alpha reliability coefficients were computed for the composite measures of social support and contentment with life.

Inferential analyses were performed to test the three null hypotheses of this study. The three research questions of this study were focused on time in the facility, social support, and contentment, but the analyses for these research questions were performed with gender, age, ethnicity, and marital status as control variables. Two-tailed tests and an alpha level of .05 were employed. The first null hypothesis was tested using a multiple regression analysis. The independent variable was the Perceived Social Support scale from the MSPSS. The dependent variable was the Perceived Contentment with Life scale from the GCS. Gender (coded as 0 = *male*, 1 = *female*), age (number of years old), ethnicity (coded as 0 = *Caucasian*, 1 = *other ethnicity*) and marital status (coded as 0 = *married*, 1 = *other*) were included as control variables.

The second null hypothesis was also tested using a multiple regression analysis. The independent variable was time in the facility. The dependent variable was the Perceived Contentment with Life scale from the GCS. Gender, age, ethnicity, and marital status were included as control variables.

In order to test the third null hypothesis, moderated multiple regression (Aguinis & Gottfredson, 2010) was employed. Specifically, a multiple regression analysis was performed with Perceived Contentment with Life scores from the GCS as the dependent variable, and length of time residents have spent in the assisted living facility and Perceived Social Support scores from the MSPSS as predictors. Gender, age, ethnicity, and marital status were used as control variables. In addition to the main effects of the

two-predictor variables, an interaction term was created as the product of centered scores on the two predictors. This interaction term was entered in the second block of the regression analysis and if the increase in R^2 due to this interaction was statistically significant, the null hypothesis was rejected.

Ethical Assurances

Participants read an informed consent statement prior to participation (see Appendix B). The participants were not asked for their names or any other information that could be used to identify them, indicating that participation was anonymous. Because no identifying information was collected from the participants, no information that could be used to identify the participants were disseminated in any form. Only summary information (e.g., means, correlations, etc.) was presented in research results contained in the dissertation or conference presentations, journal publications or in any other public forum presentation that might result from this study. The participants were informed that they are free not to participate in the study and that they could withdraw their participation at any time with no penalty. No rewards or incentives were offered for participation.

Summary

This chapter has presented the methodology employed to answer the research questions of this study. The quantitative, correlational research design was described in this chapter as the most appropriate research design to achieve the purposes of this study. The setting for this study, two assisted living facilities in Raleigh, North Carolina, the population, and the sample (100 residents between the ages of 65 and 85 who resided in these facilities and who have not been diagnosed with dementia) were described. The

instruments used in this study included a brief demographic survey, the GCS (Hudson, 1992), and the MSPSS (Zimet et al., 1988). The data collection procedures were described, as were the descriptive statistics, Pearson correlation coefficients, and moderated multiple regression analysis that were used to test the null hypotheses of this study. Finally, ethical issues in the performance of this study were discussed.

Chapter 4: Results

The problem addressed in this study was that the role of social support in the relationship between time residents spent living in an assisted living facility and their contentment with life was unknown. Therefore, the purposes of this quantitative study were to determine (a) whether the perceived levels of social support received by residents was related to their perceived levels of contentment with life, (b) whether the length of time individual had spent in the facility was related to the residents' perceived levels of contentment, and (c) whether the perceived social support received by the residents affected the relationship between the length of time the individuals had spent in the facility and their perceived levels of contentment with life. In accord with this purpose, the research questions for this study were

RQ1. To what extent, if any, does the perceived level of social support relate to the perceived contentment with life among residents of an assisted living facility in Raleigh, North Carolina?

RQ2. To what extent, if any, does the length of time residents have spent in the assisted living facility relate to their perceived contentment with life among residents of an assisted living facility in Raleigh, North Carolina?

RQ3. To what extent, if any, does the existence of social support moderate the relationship between the length of time residents have spent in the assisted living facility and contentment with life among residents of an assisted living facility in Raleigh, North Carolina?

Descriptive Statistical Results

Table 1 shows descriptive statistics for the participants' demographic and background characteristics. Most of the participants (57.0%) were female. Most were single (54.0%), with 24.0% having been divorced, 16.0% widowed, and 6.0% currently married. The most common racial categories were White (46.0%) and African American (45.0%). The average age of the participants was 70.55-years-old ($SD = 6.16$) and they had been in residence for an average of 6.94 years ($SD = 5.08$).

Table 1

Descriptive Statistics for Participants' Demographic and Background Characteristics (N = 100)

Variable		
Gender		
Male	43	43.0
Female	57	57.0
Marital status		
Single	54	54.0
Divorced	24	24.0
Married	6	6.0
Widowed	16	16.0
Race		
African American	45	45.0
White	46	46.0
Hispanic	6	6.0
Asian	3	3.0
	<i>M</i>	<i>SD</i>
Age	70.55	6.16
Years in residence	6.94	5.08

Descriptive statistics for the Perceived Contentment with Life scores and the Perceived Social Support scores are shown in Table 2. For the Perceived Contentment with Life scale, scores ranged from 25 to 145 with a mean of 96.99 ($SD = 18.37$). For the MSPSS, scores ranged from 15 to 128 with a mean of 72.62 ($SD = 22.67$). The large ranges and standard deviations for the scores from these two scales indicated that there was substantial variability in the scores for this sample. That is, some participants had low levels of perceived contentment with life (e.g., scores on the Perceived Contentment with Life scale near the low end of 15) while others reported having high levels of perceived contentment with life (e.g., scores on the Perceived Contentment with Life scale near the high end of 145). The same comparisons can be made of scores on the MSPSS. The potential relationship between the scores on the Perceived Contentment with Life scale and the Perceived Social Support scale are presented in the following sections.

Table 2

Descriptive Statistics for the Perceived Contentment with Life and Perceived Social Support Scales (N = 100)

Variables	<i>M</i>	<i>SD</i>
Perceived Contentment with Life	96.99	18.37
Perceived Social Support	72.62	22.67

Research Question 1

The first research question of this study was To what extent, if any, does the perceived level of social support relate to the perceived contentment with life among residents of an assisted living facility in Raleigh, North Carolina? The null hypothesis for this research question was

H_{01} : Perceived level of social support does not relate to the perceived contentment with life of residents (as measured with the GCS) among residents of an assisted living facility in Raleigh, North Carolina.

This null hypothesis was tested with multiple regression analysis. In this analysis, Perceived Social Support was the independent variable, Perceived Contentment with Life was the dependent variable, and gender (coded as 0 = *male*, 1 = *female*), age (number of years old), ethnicity (coded as 0 = *Caucasian*, 1 = *other ethnicity*), and marital status (coded as 0 = *married*, 1 = *other*) were used as control variables.

Table 3 shows the results from the regression analysis for the first research question. Overall, the regression model was not statistically significant, $R^2 = .07$, $F(5, 94) = 1.42$, $p = .226$. This indicated that the set of predictor variables did not explain a statistically significant amount of variance in Perceived Contentment with Life scores. None of the control variables were related to Perceived Contentment with Life scores. However, Perceived Social Support scores were statistically significant on an individual basis, $\beta = .20$, $p = .045$. The positive regression coefficient indicated that participants with higher Perceived Social Support scores also tended to have higher Perceived Contentment with Life scores when controlling for age, gender, ethnicity, and marital status. Therefore, the first null hypothesis of this study was rejected and it was concluded

that the perceived levels of social support were positively related to the perceived levels of contentment with life among the respondents who were residents of an assisted living facility in Raleigh, North Carolina.

Table 3

Results from Linear Regression Analysis for the First Research Question (N = 100)

	B	SEB	B	t	P
Constant	59.60	23.14		2.58	.012
Gender	1.49	3.73	.04	.40	.691
Age	.20	.30	.07	.68	.497
Ethnicity	3.46	3.67	.09	.94	.348
Marital status	8.76	7.71	.11	1.14	.259
Perceived Social Support	.16	.08	.20	2.03	.045

Notes. Gender was coded as 0 = *male* and 1 = *female*; ethnicity was coded as 0 = *Caucasian* and 1 = *other ethnicity*; marital status was coded as 0 = *married* and 1 = *other marital status*. Model $R^2 = .07$, $F(5, 94) = 1.42$, $p = .226$.

Research Question 2

The second research question was To what extent, if any, does the length of time residents have spent in the assisted living facility relate to their perceived contentment with life among residents of an assisted living facility in Raleigh, North Carolina? The null hypothesis for this research question was

*H*₀₂: Length of time residents have spent in the assisted living facility does not relate to perceived contentment with life (as measured with the MSPSS) among residents of an assisted living facility in Raleigh, North Carolina.

The second null hypothesis was tested using a multiple regression analysis. The independent variable was time in the facility. The dependent variable was Perceived Contentment with Life scores. Gender, age, ethnicity, and marital status were included as control variables.

Table 4 shows the results from the linear regression analysis for the second research question. This regression model was not statistically significant, $R^2 = .05$, $F(5, 94) = .94$, $p = .457$. None of the control variables were related to Perceived Contentment with Life scores. In addition, the independent variable, years in residence, was not statistically significant in this model, $\beta = -.14$, $p = .180$. Based on these results, the second null hypothesis of this study was not rejected and it was concluded that the length of time residents had spent in the assisted living facility did not relate to the perceived contentment with life among the respondents who were residents of an assisted living facility in Raleigh, North Carolina.

Table 4

Results from Linear Regression Analysis for the Second Research Question (N = 100)

	B	SEB	B	t	P
Constant	69.38	22.67		3.06	.003
Gender	1.69	3.79	.05	.45	.657
Age	.28	.31	.10	.91	.364
Ethnicity	3.38	3.72	.09	.91	.366
Marital status	8.93	7.82	.12	1.14	.256
Years in residence	-.51	.38	-.14	-1.35	.180

Notes. Gender was coded as 0 = *male* and 1 = *female*; ethnicity was coded as 0 = *Caucasian* and 1 = *other ethnicity*; marital status was coded as 0 = *married* and 1 = *other marital status*. Model $R^2 = .05$, $F(5, 94) = .94$, $p = .457$.

Research Question 3

The third and final research question of this study was To what extent, if any, does the existence of social support moderate the relationship between the length of time residents have spent in the assisted living facility and contentment with life among residents of an assisted living facility in Raleigh, North Carolina? The corresponding null hypothesis was

H_{03} : The existence of social support (as measured with the MSPSS) does not moderate the relationship between the length of time residents have spent in the assisted living facility and contentment with life (as measured with the GCS) among residents of an assisted living facility in Raleigh, North Carolina.

This null hypothesis was tested with moderated multiple regression analysis. As discussed in Chapter 3, in addition to entering years in residence and Perceived Social Support scores as predictors of Perceived Contentment with Life scores, the interaction between years in residence and Perceived Social Support was entered into the second block of the regression equation.

Table 5 shows the results from linear regression analysis for the third research question. In the first block of the regression model (without the interaction term), the result was not statistically significant, $R^2 = .08$, $F(6, 93) = 1.39$, $p = .228$. None of the control variables were statistically significant. In addition, years in residence and Perceived Social Support scores were not statistically significant in this model. The statistical significance of the addition of the interaction term in the second block of the model was also not statistically significant, $\Delta R^2 = .00$, $\Delta F(1, 92) = .23$, $p = .636$. Based on these results, the third null hypothesis was not rejected and it was concluded that the existence of social support did not moderate the relationship between the length of time respondents who were residents have spent in the assisted living facility and contentment with life among residents of an assisted living facility in Raleigh, North Carolina.

Table 5

Results from Linear Regression Analysis for the Third Research Question (N = 100)

	B	SEB	B	t	P
Constant	57.73	23.28		2.48	.015
Gender	.93	3.77	.03	.25	.806
Age	.28	.31	.09	.92	.362
Ethnicity	3.10	3.69	.08	.84	.404
Marital status	9.66	7.78	.13	1.24	.217
Perceived Social Support	-.42	.38	-.12	-1.11	.270
Years in residence	.15	.08	.19	1.86	.066
Perceived Social Support by Years in residence interaction	.01	.02	.05	.47	.636

Notes. Gender was coded as 0 = *male* and 1 = *female*; ethnicity was coded as 0 = *Caucasian* and 1 = *other ethnicity*; marital status was coded as 0 = *married* and 1 = *other marital status*. Block 1, $R^2 = .08$, $F(6, 93) = 1.39$, $p = .228$; Block 2, $R^2 = .08$, $F(7, 92) = 1.21$, $p = .305$; $\Delta R^2 = .00$, $\Delta F(1, 92) = .23$, $p = .636$.

Conclusions

The first research question of this study was To what extent, if any, does the perceived level of social support relate to the perceived contentment with life among residents of an assisted living facility in Raleigh, North Carolina? The results indicated that perceived level of social support was positively related to the perceived contentment with life among residents of an assisted living facility in Raleigh, North Carolina.

Participants reporting higher levels of social support also tended to report higher levels of contentment with life.

The second research question was To what extent, if any, does the length of time residents have spent in the assisted living facility relate to their perceived contentment with life among residents of an assisted living facility in Raleigh, North Carolina? The results showed that the length of time residents had spent in the assisted living facility did not relate to their perceived contentment with life among residents of an assisted living facility in Raleigh, North Carolina.

The third research question of this study was To what extent, if any, does the existence of social support moderate the relationship between the length of time residents have spent in the assisted living facility and contentment with life among residents of an assisted living facility in Raleigh, North Carolina? The results showed that the existence of social support did not moderate the relationship between the length of time residents have spent in the assisted living facility and contentment with life among residents of an assisted living facility in Raleigh, North Carolina.

Summary

This chapter contained the results from the statistical analyses performed to answer the three research questions of this study. Initially, the problem that motivated this study, the purpose of the study, and the specific research questions were reviewed. Then, descriptive statistical results were presented for the participants' demographic and background characteristics and for the Perceived Contentment with Life and the Perceived Social Support scores. Next, the results from the inferential analyses performed to answer the three research questions were presented and then the conclusions

from the study were provided. In the next chapter, these findings are discussed in the context of past research in this area and recommendations are offered for clinical practice and future research.

Chapter 5: Discussion

This study was performed because the relationships between perceived levels of social support, the duration of time that an individual had been in an assisted living facility, and their perceived contentment with life were not well understood. Therefore, the purposes of this quantitative study were to determine (a) whether the perceived levels of social support received by residents was related to their perceived levels of contentment with life, (b) whether the length of time individual had spent in the facility was related to the residents' perceived levels of contentment, and (c) whether the perceived social support received by the residents affected the relationship between the length of time the individuals had spent in the facility and their perceived levels of contentment with life.

In order to achieve the purpose of this study, three research questions were developed. The first research question was To what extent, if any, does the perceived level of social support relate to the perceived contentment with life among residents of an assisted living facility in Raleigh, North Carolina? According to study results, participants with higher Perceived Social Support scores also tended to have higher Perceived Contentment with Life scores when controlling for age, gender, ethnicity, and marital status. This was interpreted to mean that perceived levels of social support were positively related to the perceived levels of contentment with life among the respondents who were residents of an assisted living facility in Raleigh, North Carolina.

The second research question of this study was To what extent, if any, does the length of time residents have spent in the assisted living facility relate to their perceived contentment with life among residents of an assisted living facility in Raleigh, North

Carolina? Based on the results presented in Chapter 4 of this dissertation, it was concluded that the number of years in residence was not predictive of perceived contentment with life. It was, therefore, concluded that the length of time residents had spent in the assisted living facility did not relate to the perceived contentment with life among the respondents who were residents of an assisted living facility in Raleigh, North Carolina.

The third research question was To what extent, if any, does the existence of social support moderate the relationship between the length of time residents have spent in the assisted living facility and contentment with life among residents of an assisted living facility in Raleigh, North Carolina? According to the results of the study, the existence of perceived social support did not moderate the relationship between the length of time respondents who were residents have spent in the assisted living facility and contentment with life among residents of an assisted living facility in Raleigh, North Carolina. Therefore, it was concluded that social support, while being related to perceived contentment with life, did not affect the relationship between the length of time residents had spent in the assisted living facility and contentment with life.

The remainder of this chapter contains a discussion about the findings from this study. The next section of this chapter consists of the interpretation of the findings. Then, the limitations of the study are reviewed. Recommendations for further study based on the methodology used in this study and the obtained results are provided in the next section of this chapter. Then, the practical implications of the results are discussed. The chapter ends with the conclusions from the study.

Interpretation of the Findings

The primary conclusions from this study were

1. Participants with higher levels of perceived social support also tended to have higher levels of perceived contentment with life.
2. The length of time residents have spent in the assisted living facility was not related to their perceived contentment with life.
3. The existence of social support did not moderate the relationship between the length of time respondents had been residents of the assisted living facility.
4. Age, gender, ethnicity, and marital status were not related to perceived contentment with life.

The positive relationship obtained between perceived social support and perceived contentment with life was consistent with the results of several past studies in this research area. For example, Street et al. (2007) concluded that social relationships were important in ensuring the wellbeing of assisted living care residents. The results from the current study are therefore consistent with those obtained by Street et al.; participants with higher levels of social support in the current study also tended to be those with higher levels of perceived contentment with life. Other prior studies such as those by Park (2009) who examined the relationship between social engagement and psychological wellbeing among older adults in assisted living facilities, and Sato et al. (2008), who performed a cross-cultural study to examine these relationships, similarly concluded that social support was positively related to contentment with life. Therefore, the results from the current study were consistent with the bulk of past studies in this area

in terms of the relationship between perceived social support and perceived contentment with life.

The theoretical framework for this study was based on social network theory. According to social network theory, humans are social beings who exist in relationship to one other, and these relationships are organized with an individual's social network. The network is based on interdependency based on as friendship, kinship, or beliefs (Borgatti et al., 2009). In the current study, the applicability of social network theory was examined in relation to the adjustment of individuals in assisted living facilities. According to Takahashi (2005), social networks take time to develop and to have their desired positive effects on adjustment. It may be the case that after social networks have had a chance to develop (i.e., after individuals have been in a facility for a substantial period of time), contentment increases.

Despite the predictions based on the results from Takahashi (2005) and the tenets of social network theory, according to the results from the second research question, the number of years that a participant had been in residence was not predictive of perceived contentment with life. This is inconsistent with the tenets of social network theory as well as the conclusions from Takahashi; the length of time that the individual had been in residence at the assisted living facility was not predictive of adjustment as measured with perceived contentment with life. The reasons why the length of time that an individual had been in residence at the assisted living facility did not predict contentment with life are not clear. It could be the case that the sample used in this study was unique in some way that resulted in the lack of applicability of social network theory, or it could be that social network theory requires revision. It could also be the case that the inclusion of or

lack of inclusion of various control variables has an impact on whether or not the relationship between time spent in the facility and contentment with life is statistically significant in any given study. In the current study, age, gender, ethnicity, and marital status were used as control variables. Although none of these variables reached the level of statistical significance, it may be the case that their inclusion or the lack of inclusion of other control variables such as economic status is responsible for the discrepancies between what would be predicted from social network theory and the results from the current study. As noted below, future studies will be required before the reasons for the discrepancies between the results from the current study and those that would be predicted from social network theory are fully understood.

The third research question of this study predicted, based on social network theory, that participants with a strong social network may be buffered against the deleterious effects of spending a long period of time in an assisted living facility on perceived contentment with life. However, the findings from the current study were also not consistent with social network theory. Specifically, the results from the current study showed that social support did not moderate the relationship between the duration of time that an individual had spent in the assisted living facility and their perceived contentment with life. This is not supportive of social network theory; if social networks were operating to facilitate the perceived contentment of life then it would have been expected that those participants with higher levels of social support should have had a smaller relationship between time spent in the facility and perceived contentment with life; instead, in the current study it was determined that there was no difference in the

relationship between time spent in the facility and perceived contentment with life based on the level of social support.

The specific reasons why the results from the current study are not consistent with some past studies in this area are not clear. One possibility is that in the current study there was no relationship between time spent in the assisted living facility and perceived contentment with life. This may be why social support did not moderate the relationship between time spent in the assisted living facility and contentment with life. However, the lack of an overall relationship between time spent in the assisted living facility and contentment with life did not preclude the possibility that there may have been moderation between these two variables. For example, there could have been a positive relationship between time spent in the assisted living facility for those with low levels of social support but a negative relationship for those with high levels of social support. It was not possible to ascertain whether this was so in this study.

Limitations of the Study

One of the limitations of this study was that Likert-scaled instruments such as the GCS and the MSPSS were used. For these types of questions, participants may not have selected the responses that accurately reflected their true beliefs, feelings, and attitudes either intentionally or unintentionally. For example, some of the participants may have tended to select the neutral response option or responded in a socially desirable way rather than responding with the response options that reflected how they truly felt (Creswell, 2008).

In this study the participants came from only two facilities. These two facilities were from the same geographic area and may differ from facilities in other states or other

regions of the country. Therefore, the findings may not generalize to all assisted living facilities. In the next section, recommendations for future research based in part on the limitations of this study are presented.

Recommendations

Based on the results from the current study, five recommendations for future research were developed. First, it is recommended that future researchers incorporate additional variables in the statistical models. In the current study, four key demographic variables were used in the regression models to provide statistical control for the potential confounding effects. The four demographic variables included in this study were gender, age, ethnicity, and marital status. This strengthened the results from this study but the inclusion of other variables as controls could produce even stronger studies. Variables such as the educational attainment, and geographic proximity to family members could be included in future studies in order to develop a more comprehensive model.

Second, it is recommended that the results from this study should be replicated in other samples in order to examine the generalizability of its findings. For example, in the current study, nearly all of the participants were either White (46%) or African American (45%). The results for individuals from other ethnic groups may or may not be the same as those found in this study. These replication studies could take the form of studies targeting specific ethnic or racial groups such as Hispanics, or they could be based on stratified sampling procedures designed to produce a sample that is representative of the population of interest.

The third recommendation for further study is based on the finding that the results from the current study were not supportive of social network theory and the conclusions

from Takahashi (2005). It was noted above that in the current study, the number of years that a participant had been in residence was not predictive of perceived contentment with life. Therefore, it is recommended that further studies should be performed to determine whether or not social network theory and the conclusion from Takahashi or the results from the current study are more applicable to the adjustment of individuals in assisted living facilities.

The fourth recommendation for future research is that longitudinal studies should be conducted. In the current study, a cross-sectional research design was employed; this was consistent with the purpose and research questions of this study. However, inherent in the variables measured in this study is the issue of time; that is, one of the key variables in this study was the duration of time that the participant had spent in the assisted living facility. Although answering the research questions of this study did not require that a longitudinal study be performed, it may be the case that a thorough understanding of how the time spent in the assisted living facility relates to contentment with life would require tracking individuals over a period of time. Longitudinal studies could be performed that track individuals' levels of social support and contentment with life from their entry into the assisted living facility for a period of years in order to understand how changes in the relationship between these two variables occur over time.

The fifth and final recommendation for future research is that additional measures of social support and wellbeing should be employed. In the current study, self-report measures of perceived social support and perceived contentment with life were used. It is also possible to use external raters such as family members or staff members to provide ratings of the social support and contentment with life of residents of assisted living

facilities. In addition, other variables could be used in place of contentment with life as the operationalization of wellbeing. For example, participants could be given measures of depression as an alternative to the measure of contentment with life used in the current study.

Implications

Based on the results from this study, in combination with past studies in this research area, two recommendations for action were developed. First, given that perceived social support was related to perceived contentment with life, it is recommended that personnel and administrators at assisted living facilities focus on assisting their residents in developing social support networks. This could be done through planned activities at the facility that encourage interaction and the development of social support networks with other residents, and also attention to the residents' external support structures such as those with family members and friends who do not reside in the facility.

The second recommendation for action is that personnel and administrators should not focus attention on the length of time that the resident has been in the assisted living facility. Not only was duration of time spent at the facility not related to perceived contentment with life, it did not interact with perceived social support to predict perceived contentment with life. Thus, it appears that the duration of time spent in the assisted living facility is not a particularly important factor to the residents' well-being, and therefore efforts to increase the quality of life of residents at assisted living facilities should be directed elsewhere.

The significance of this study was based on the premise that the study results could provide important information regarding the effects of assisted living on residents. The specific emphasis was on the residents' affective social relationships and contentment with life. Although some researchers such as Street et al. (2007) had concluded that social relationships were important in ensuring the well-being of assisted living care residents, the role that the social support could have in the relationship between the duration of time an individual had been in the assisted living facility and perceived contentment with life had not been adequately explored. It was noted in Chapter 1 that the findings from this study could help personnel associated with assisted living facilities to create conditions for assisted living residents so that they may enjoy better social relationships and experience greater support, thereby facilitating their contentment with life. More adequate and appropriate social activities for all residents could be provided to ensure that they have better social relationships and a better quality of living in their assisted living residential situations.

In the current study, although it was determined that perceived social support and perceived contentment with life were positively correlated with each other (as expected based on the results from Street et al. [2007] and others), the length of time residents had spent in the assisted living facility was not related to their perceived contentment with life. In addition, the existence of social support did not moderate the relationship between the length of time respondents had been residents of the assisted living facility. This indicated that personnel and administrators at assisted living facilities should focus their efforts on building social support networks regardless of the duration of time that an individual had been in the facility. It appears that the circumstances surrounding each

residents' experiences in assisted living facilities are different enough that the duration of time they had spent there had no role in determining their level of contentment with life.

If the opposite were true, that is, if the duration of time that an individual had been in the assisted living facility had been related to contentment with life and social support, then this information could have been used to determine which residents might be in need of more assistance (e.g., those with a long duration of residence who had nonetheless failed to develop strong social support systems). However, the results from this study indicated that while social support is important to consider (given its relationship with contentment with life), it is not as important to consider duration of residence because it was not only unrelated to contentment with life but did not interact with social support in relating to contentment with life. Thus, the implication for social change is that the lives of residents at assisted living facilities are likely to be improved with more emphasis on their social support systems than by attending to issues related to the duration of time they had spent in the facility.

Conclusion

This chapter contained a discussion of the results from this study. In addition to providing an overview of the findings from this study as they related to each of the research questions, the findings were interpreted in the context of past research and the theoretical framework for this study. The primary implications of the results from this study for social change and recommendations for action were provided.

Recommendations for future research in the area of contentment of life for residents of assisted living facilities were developed and discussed.

There were four primary conclusions from this study. First, participants with higher levels of perceived social support also tended to have higher levels of perceived contentment with life. Second, the length of time residents have spent in the assisted living facility was not related to their perceived contentment with life. Third, the existence of social support did not moderate the relationship between the length of time respondents had been residents of the assisted living facility. Fourth, age, gender, ethnicity, and marital status were not related to perceived contentment with life.

The finding of a positive relationship between perceived social support and perceived contentment with life was consistent with several past studies in this research area such as the studies by Street et al. (2007), Park (2009), and Sato et al. (2008). Combined with the results from these past studies, the results from the current study are one additional piece of evidence of the importance of social support and well-being among residents of assisted living facilities. The goal of the current study, however, was to extend our understanding of these results and to understand how the duration of time that an individual had spent in the assisted living facility interacted with their social support system in relation to their perceived contentment with life. The results showed that the number of years that a participant had been in residence was not predictive of perceived contentment with life, which was determined to be inconsistent with social network theory and the conclusions from Takahashi (2005). In addition, the results from the current study showed that social support did not moderate the relationship between the duration of time that an individual had spent in the assisted living facility and their perceived contentment with life which was also inconsistent with the predictions based on social network theory.

Based on the results from this study, two recommendations for action were described in this chapter:

1. It is recommended that personnel and administrators at assisted living facilities focus on assisting their residents in developing social support networks because of the positive relationship between the measures of perceived social support and perceived contentment with life.

2. Personnel and administrators should not focus attention on the length of time that the resident has been in the assisted living facility because the duration of time spent at the facility not related to perceived contentment with life and did not interact with perceived social support to predict perceived contentment with life.

In addition, five recommendations for future research were developed:

1. Future researchers should incorporate additional variables in the statistical models such as educational attainment or geographic proximity to family members.

2. The results from this study should be replicated in other samples in order to examine the generalizability of the findings.

3. The finding that the results from the current study were not supportive of social network theory and the conclusions from Takahashi (2005) should be examined in further detail.

4. Longitudinal studies should be conducted given that the issue of time is inherent in the topic under study.

5. Additional measures of social support and wellbeing should be employed in future studies.

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Appendix A: Demographic Survey

Please complete the following items by placing an X in the appropriate place or entering the requested information.

1. Please indicate whether you are male or female Male
 Female

2. What is your date of birth? _____

3. What is your background? Caucasian/White
 Hispanic/Latino
 African American
 Asian American

4. What is your marital status? Single
 Married
 Divorced
 Widowed

5. How long have you lived in this assisted living home? _____ years and _____ months.

Appendix B: Facility Permission Letter

July 23, 2014

Rebecca Esliker

5128 Sandy Banks Rd

Raleigh

NC 27616,

Dear Rebecca:

I have reviewed your research proposal and grant permission for you to enter the Autum Wind Assisted Living Facility of Louisburg, talk with our residents about participating in your study, distribute informed consent statements and surveys for data collection, talk with our staff, and perform other activities associated with your research, *An In-Depth Assessment of the Well-Being of Residents in Assisted Living Setting*.

Sincerely,

A handwritten signature in cursive script that reads "Angelica Rambert". The signature is written in black ink and is positioned above a horizontal line.

Angelica Rambert

Facility Director

Appendix C: Informed Consent Forms

CONSENT FORM

Autumn Wind Assisted Living Facility

You are invited to take part in a research study to find out if assisted living residents feel emotionally stable and physically healthy in their assisted living environment. You are being invited to participate in this study because the researcher is inviting residents between the ages of 65 and 85 who reside in this facility to be in the study, and you are such an individual. This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to take part. A researcher named Rebecca Esliker, who is a doctoral student at Walden University, is conducting this study.

Background Information:

The purposes of this quantitative study are to determine (a) if perceived social support is related to perceived levels of contentment with life, (b) if the length of time is related to the perceived levels of contentment, and (c) if perceived social support affects the relationship between the length of time and the perceived levels of contentment with life.

Procedures:

If you agree to be in this study, you will be asked to:

- To answer questions about your age, whether you are a male or female, your background, your marital status and how many months/years you have lived in this facility. This will take approximately five minutes.
- You will complete a questionnaire that addressed your feelings about how content you are with your life. This is a questionnaire that measures the way you feel about your life and surrounding. It is not a test, so there are no right or wrong answers. It contains 25 items. There is no time limit, take your time to answer the question to the best of your knowledge.
- You will also be asked to complete a second questionnaire designed to measure how well you think members of your family, your friends and your significant other support you socially. There are 12 items on this questionnaire.

Voluntary Nature of the Study:

Taking part in this study is voluntary. Everyone will respect your decision of whether or not you choose to be in the study. If you decide to join the study now, you can still change your mind later. You may stop at any time. Your participation or non-participation in this study will not impact your ability to receive services at the Autumn Wind Assisted Living Facility or through any other facility or program.

Risks and Benefits of Being in the Study:

Taking part in this type of study involves some risk that you may experience some minor discomforts that can be encountered in daily life, such as getting tired or upset by some of the questions. Taking part in this study does not, however, pose any harm to your overall safety or well-being. There are no direct benefits to you for participating in the study and there is no

compensation or payment for your participation. However, the findings from this study could help personnel associated with assisted living facilities help to create conditions for assisted living residents so that they may enjoy better social relationships and experience greater support, thereby facilitating their contentment with life. Assisted living facilities could use the findings of this study in order to provide more adequate and appropriate social activities for all residents to ensure that they have better social relationships and a better quality of living in their assisted living residential situations.

Privacy:

Any information you provide will be kept confidential and only apply to studies in which no one other than the researcher will know who participated in the completing the survey. The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you

in the study reports. Data will be kept secure by under lock and key and will be kept for a period of at least 5 years. One exception to your right to privacy is that if any signs, symptoms, or information regarding any kind of abuse experienced by you is uncovered during the course of this study, the appropriate law enforcement agency will be contacted in collaboration with the director of the Essex Manor Assisted Living Facility.

Contacts and Questions:

You may ask any questions you have now. Or if you have questions later, you may contact the researcher via phone 919 609 9156 or email: rebecca.esliker@waldenu.edu. If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Her phone number is 1-800-925-3368, extension 3121210. Walden University's approval number for this study is **07-30-14-0046683** and it expires on **July 29, 2015**.

1. The researcher will give you a copy of this form to keep

2. Please keep this consent form for your records

Statement of Consent:

I have read the above information and I feel I understand the study well enough to make a decision about my involvement. By signing below I understand that I am agreeing to the terms described above.

Printed Name of Participant _____

Date of Consent _____

Participant's Signature _____

Researcher's Signature _____

CONSENT FORM

Essex Manor Assisted Living Facility

You are invited to take part in a research study to find out if assisted living residents feel emotionally stable and physically healthy in their assisted living environment. You are being invited to participate in this study because the researcher is inviting residents between the ages of 65 and 85 who reside in this facility to be in the study, and you are such an individual. This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to take part. A researcher named Rebecca Esliker, who is a doctoral student at Walden University, is conducting this study.

Background Information:

The purposes of this quantitative study are to determine (a) if perceived social support is related to perceived levels of contentment with life, (b) if the length of time is related to the perceived levels of contentment, and (c) if perceived social support affects the relationship between the length of time and the perceived levels of contentment with life.

Procedures:

If you agree to be in this study, you will be asked to:

- To answer questions about your age, whether you are a male or female, your background, your marital status and how many months/years you have lived in this facility. This will take approximately five minutes.
- You will complete a questionnaire that addressed your feelings about how content you are with your life. This is a questionnaire that measures the way you feel about your life and surrounding. It is not a test, so there are no right or wrong answers. It contains 25 items. There is no time limit, take your time to answer the question to the best of your knowledge.
- You will also be asked to complete a second questionnaire designed to measure how well you think members of your family, your friends and your significant other support you socially. There are 12 items on this questionnaire.

Voluntary Nature of the Study:

Taking part in this study is voluntary. Everyone will respect your decision of whether or not you choose to be in the study. If you decide to join the study now, you can still change your mind later. You may stop at any time. Your participation or non-participation in this study will not impact your ability to receive services at the Essex Manor Assisted Living Facility or through any other facility or program.

Risks and Benefits of Being in the Study:

Taking part in this type of study involves some risk that you may experience some minor discomforts that can be encountered in daily life, such as getting tired or upset by some of the questions. Taking part in this study does not, however, pose any harm to your overall safety or well-being. There are no direct benefits to you for participating in the study and there is no compensation or payment for your participation. However, the findings from this study could help personnel associated with assisted living facilities help to create conditions for assisted living residents so that they may enjoy better social relationships and experience greater

support, thereby facilitating their contentment with life. Assisted living facilities could use the findings of this study in order to provide more adequate and appropriate social activities for all residents to ensure that they have better social relationships and a better quality of living in their assisted living residential situations.

Privacy:

Any information you provide will be kept confidential and only apply to studies in which no one other than the researcher will know who participated in the completing the survey. The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you

in the study reports. Data will be kept secure by under lock and key and will be kept for a period of at least 5 years. One exception to your right to privacy is that if any signs, symptoms, or information regarding any kind of abuse experienced by you is uncovered during the course of this study, the appropriate law enforcement agency will be contacted in collaboration with the director of the Essex Manor Assisted Living Facility.

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