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Communication and Aging: Perceptions of Family and Friend Interaction on Self Reported Life Satisfaction Among Selected Residents of Three Nursing Homes

Patricia J. Fetzner
Eastern Illinois University

This research is a product of the graduate program in Speech Communication at Eastern Illinois University. Find out more about the program.

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COMMUNICATION AND AGING: PERCEPTIONS OF FAMILY AND FRIEND INTERACTION ON SELF REPORTED LIFE SATISFACTION AMONG SELECTED RESIDENTS OF THREE NURSING HOMES

BY

Patricia J. Fetzner

THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF Master of Arts IN THE GRADUATE SCHOOL, EASTERN ILLINOIS UNIVERSITY CHARLESTON, ILLINOIS

1989 YEAR

I HEREBY RECOMMEND THIS THESIS BE ACCEPTED AS FULFILLING THIS PART OF THE GRADUATE DEGREE CITED ABOVE

DATE

ADVISER

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DEPARTMENT HEAD
The study of communication and aging provides great potential for enriching the lives of the elderly. Of course this should be of great interest to each of us as we are all inevitably aging. One rapidly growing area in communication research deals with how communication affects the life satisfaction of the elderly. Of particular interest is the attitudinal effect of family and friend interaction.

Early research dealing with the elderly focused on two theories: 1. Activity theory, which is the idea that social activity is essential to an older person’s sense of well being and; 2. Disengagement theory, which suggests that there is a mutual withdrawal of person and society marked by a decreasing level of activity with age.

Recent years have sparked studies dealing with the quality of interaction. Researchers are now saying that it is the meaningful interaction with others, not merely the activity, that makes the difference.

John Nussbaum’s studies (1983, 1988) were among the first to recognize this new approach. These studies paved the way for this project. The purpose of this study was threefold:

1. to examine the content of interaction between elderly individuals and their family and friends and this relationship, if any, to life satisfaction.
2. to determine if perspectives of these elderly people have changed towards friends and family members since coming to the nursing home.

3. to investigate the degree of self-reported satisfaction in the population surveyed.

Although previous studies dealt with three different environments for the elderly, this study included only residents from nursing homes. The nursing homes included in this study were Frankfort Terrace in Frankfort, Illinois; The Imperial in Joliet, Illinois; and Hilltop Convalescent Center in Charleston, Illinois.

A condensed version of the Adult Communication Survey, containing 15 questions, was administered to 75 elderly residents to assess the interaction content of the elderly individuals between family and friends in relation to life satisfaction. The data were then tabulated and averaged.

Results showed that family interaction, in particular, for all three nursing homes was very high in relation to life satisfaction. Overall there were no significant differences in the satisfaction levels among the three nursing homes. Perceptions of family and friends remained consistent with only non-significant attitudinal differences in an overall comparative analysis.
ACKNOWLEDGEMENTS

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And lastly, to the one who was there with me through every torturous moment--Samantha--my kitten who without her playful distractions could have cost me my sanity.
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I. INTRODUCTION

The aging process has both fascinated and frightened man since the beginning of time (Nussbaum, 1983b, p. 313). For years researchers have studied aging in the areas of psychology and sociology. And since the mid-seventies there has been growing interest in the communication needs of older persons and those who relate to them. The importance of this latter area of study is best stated by Carmichael, Botan and Hawkins (1988, p. ix):

"We feel that the attention to the communication aspects of aging is warranted because while the aging have communicative needs which are common to all people, these needs must be met somewhat differently as a result of the aging process and the images which people have of it."

The Field of Gerontology

Gerontology is a field that brings together information about aging and older people (Decker, 1980, p. 4).

Atchley, (1988, pp. 3-4) says that complete understanding of the aging process requires knowledge on physical aging, psychological aging, social psychological aging, and social aging. Physical aging includes understanding the physical effects of aging on the body and what steps, if any, can be used to stop or even reverse this aging process. Psychological aging includes knowledge of sensory processes, perception, mental and coping capacity. Social psychological aging means gaining knowledge about how aging influences interaction of the individual with his/her
environment and includes such things as beliefs, values, etc. Social aging deals with society's, past, present and future attitudes toward aging and the influence that such entities as community and church groups have on aging. It also considers social policies that affect aging and older people, from legislative decisions to senior citizen's discounts. Last, it considers the impact that aging individuals have on our society. For instance, the aging individual's impact on our history, values and family.

It is obvious that aging is not one process, but many, with many possible outcomes. Some are positive and some negative. On the positive side, healthful aging can bring opportunity for greater wisdom and skill, and can be a time of freedom and personal fulfillment. On the negative side, aging can bring physical or mental disability, financial chaos and the loss of spouse, family and friends (Atchley, 1988, p. 5).

The Field of Communication

Communication is also a process. A key characteristic of communication is interaction, therefore, communication involves a sender, a message, and a receiver (Dance, 1988, p. 11).

Communication, much like gerontology, involves categories. These include intrapersonal, interpersonal, group communication, organizational communication and mass communication. Intrapersonal is studying a person's own
Life Satisfaction

thinking and feelings, inside an individual’s mind. Interpersonal is often dyadic, and focuses on the perceptions and responses of individuals, usually in oral face-to-face settings. Group communication is defined as three to about twenty people engaged in face-to-face communication. Organizational communication addresses communication within an organization and mass communication involves radio, television, etc. that serve as a source of information and entertainment for the aging (Botan, Carmichael and Hawkins, 1988, p. 21).

This study will focus on communication and perceived satisfaction levels among the aged. It is hoped that this study will provide greater insight into the relationship of interaction and mental health in older people.

Communication and Aging

Gerontology and communication combined have great potential for enriching the lives of the elderly. One rapidly growing area in communication research deals with how communication affects the life satisfaction of the elderly. Of particular interest is the attitudinal effect of family and friend interaction.

The Adult Communication Survey

The Adult Communication Questionnaire (Nussbaum, 1983)
was designed to gather information about elderly individuals' perceived communication behavior and their ability to adapt to aging. All items were constructed in an objective closed-end format consisting of 131 questions. The questionnaire consisted of five distinct parts: communicator characteristics, family talk scale, friend talk scale, topic scale and the adaptation to aging.

Nursing Home Data

The work involved in collecting data from elderly subjects for such research can be quite frustrating at times due to memory loss, sickness, etc. This is especially true of the elderly people residing in nursing homes. Although many are in nursing homes for such reasons, this is not true of all residents. Some residents may be visually disabled, or simply not able to live on their own while still perfectly alert.

Past research has explored three living environments: elderly individuals living at home, in a retirement village, or in a nursing home. However, the main focus of most studies involving nursing homes did not deal with their interaction patterns and perceptions on life satisfaction—with the exception of Nussbaum's work (1983). Moreover, the focus has been on quality of care, communication problems, socialization and adaptation to staff and the nursing home,
Life Satisfaction


Need for Aging Studies

By the year 2000, persons 65 and older are expected to represent 12.2 percent of the population. This percentage may climb to 18.3 percent by 2030 (Illinois Department on Aging, 1987).

Of these aging individuals, more than 1.3 million now reside in nursing homes in the U. S. While only 5 percent of the elderly population reside in a nursing home at any point in time, 9 percent will need nursing home care at some time during any given calendar year. There is a 20 percent chance that a person 65 years or older will use the services of a nursing home during his/her lifetime (Wilcoxon, Young and Wilcoxon, 1988 p. 186). Over 30 percent of these nursing home residents have no relatives and, surprisingly, almost 60 percent of nursing home residents do not have weekly visitors (Illinois Department on Aging, 1989).

Regardless of the difficulties of collecting data from residents in a nursing home, it is research that is essential. As Nussbaum states: "After all, it is much easier to study the communication behavior of college sophomores and never leave the safe environment of a college campus. Yet, college sophomores can tell us very little about communication as we age and practically nothing about communication when we are old" (1988. p. 259).
Life Satisfaction

Research in this field is essential for we are all inevitably aging.

The Problem

While there have been numerous studies involving psychological and physical aging, considerably less has been done in the area of social aging, especially with the concentration in nursing homes.

Social gerontologists have advanced two theories of successful aging during the past few decades in an attempt to explain not only the social behavior of elderly individuals, but to link this behavior with the ability of the aged to adapt successfully to later life. These theories are the disengagement theory; the idea that as people age they begin to disengage from society and society from them; and the activity theory; the idea that keeping active is the key to successful aging (Nussbaum, 1983a, p. 229).

The Purpose

The focus of more recent communication studies deals with the content of interaction, specifically with family and friends. The purpose of this study is threefold and deals only with elderly individuals in nursing homes:

1. to examine the content of interaction between elderly individuals and their family and friends
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and this relationship, if any, to life satisfaction.

2. to determine if the perspectives of these elderly people have changed towards friends and family members since coming to the nursing home.

3. to investigate the degree of self reported satisfaction with the population surveyed.
II. RESEARCH QUESTIONS

This study was designed to answer the following questions:

R1--What effect did family and friend interaction have on the life satisfaction of elderly individuals in nursing homes?

R2--Did the perceptions of elderly individuals living in the nursing homes change toward their family and friends after coming to the nursing home?

R3--Is there any difference in the above results between nursing homes in different areas?

Residents studied were found in Frankfort Terrace Nursing Home in Frankfort, Illinois, a south suburb of Chicago, Hilltop Convalescent Center in Charleston, Illinois, a small central Illinois college community and The Imperial Nursing Home in Joliet, Illinois, which provided an industrialized city sampling.

Definitions

Recognizing the need for a common vocabulary, this study will define terms in reference to related studies as follows:

Successful Aging: One possible definition of successful aging has been suggested by Kalish (1975, p. 60) as "A feeling of happiness and
satisfaction with one’s life.” This definition assumes that if someone is aging successfully then he feels satisfaction with his present and past life and would make few, if any, major changes.

Life Satisfaction: Conner, Powers and Bultena (1979, p. 121) imply that “life satisfaction” is an expression of the quality or meaning of the life experience. So in essence if an elderly individual is satisfied with his life then he has aged successfully by meeting or exceeding their expectations.
III. REVIEW OF LITERATURE

Introduction

Only recently, theoretical advancements within the field of human communication have prompted scientific investigations which concentrate on the developmental nature of interaction as we mature (Haslett, 1983; Knapp, 1978).

Most research has dealt with correlates of life satisfaction as opposed to a direct study of family and friend interaction as related to life satisfaction (Edwards and Klemmack, 1973, p. 497).


Activity Theory

Two major theories have been advanced during the last few decades. Activity theory is probably the most common theory discussed when dealing with aging and life satisfaction. Activity theory states that a high level of social activity is essential to the maintenance of an older person's sense of well being (McClelland, 1982, 723; Hendricks and Hendricks, 1986, p. 89-90). Some theorists believe that everything revolves around this. Nussbaum

1. formal activity is time spent with other individuals in clubs, organizations, or doing volunteer work.
2. informal activity is the time spent with other individuals which is not organized and has no goals or set outcomes.

When it came to high levels of life satisfaction, formal and informal activity levels were not directly correlated. It is not activity in general but only particular types of activity that contribute to life satisfaction (Edwards and Klemmack, 1973, p. 500).

Hendricks and Hendricks (1986, p. 90) state that it is the meaningful interaction with others and not merely the activity that makes the difference. This finding sparked more interest in the quality of interaction (Nussbaum, 1983; Conner, Powers and Bultena, 1979; Essex and Nam, 1987).
Disengagement Theory

The other theory commonly discussed is the disengagement theory. It suggests that there is a mutual withdrawal of person and society marked by a decreasing level of activity with age (Hendricks and Hendricks, 1986, p. 87). This withdrawal is hypothesized to be universal as well as inevitable. The elderly who accept this withdrawal are likely to successfully adapt to aging (Nussbaum, 1983b, p. 313).

The activity theory and disengagement theory are two very logical theories. However, although some older persons may find happiness in a crowd, others seek solitude with equally positive results (Conner, Powers and Bultena, 1979, p. 120-121).

Loneliness

Other research has focused on loneliness. Elwell and Maltbie-Crannell (1981, p. 225-226), Liang, Dvorkin, Kahana, and Mazian (1980, p. 747), and McClelland (1982, p. 724-728) tested this concept and found that perceived loneliness is directly related to life satisfaction. That is, less life satisfaction results in more of a feeling of loneliness.

Some formal and informal activity did actually reduce feelings of loneliness among the elderly, and those same activities produced feelings of high life satisfaction. However, nothing was found to pinpoint activity that reduced feelings of loneliness. One method of measuring loneliness
used by Essex and Nam (1987, p. 94) was a single item question asking the elderly respondents, "In general, how often do you feel lonely?" The response categories ranged from 1 (never) to 10 (very often). The mean score being 3.8, or tending to a fairly low level of loneliness.

Nussbaum's (1983b) Study

Nussbaum's (1983b) study "Perceptions of Communication Content and Life Satisfaction among the Elderly," was the study used as the basis for the present study. His study had five research questions:

R1: Do elderly individuals with a high level of life satisfaction report entering into interaction with different content than elderly individuals with a low level of life satisfaction?

R2: Do the young-old (individuals 65-74) report entering into interaction with different content than the old-old (individuals over 74)?

R3: Do elderly females report entering into interaction with different content than elderly men?

R4: Do elderly individuals living in a retirement community report entering into interaction with different content than elderly individuals living at home or in a nursing home?
R5: Do elderly individuals with close bonds to family and friends tend to maintain high levels of life satisfaction?

Procedure

Research question 5 will be retested in my study. A survey, called the Adult Communication Survey, was conducted in the winter and spring of 1980-1981. Nussbaum distributed seven hundred (700) questionnaires in Indiana, Illinois, Michigan and Pennsylvania. Three hundred seventy-three (373) individuals over the age of sixty-five completed a questionnaire.

Three separate living environments were chosen for this investigation. The first environment was a home-neighborhood environment. All individuals who owned their own house and resided there for more than ten months out of a year were considered to be part of the home/neighborhood environment.

The second environment was the retirement village. This environment consisted of elderly individuals who had moved to an age segregated community which catered to the needs of individuals beyond their sixty-fifth birthday. Only individuals who had lived in the retirement villages for more than one year were included in this investigation.

The final living environment was the nursing home. The population for this investigation were those individuals over sixty-five years of age living in the three
environments discussed above. All respondents were living in moderate sized college communities.

**Measurements for Life Satisfaction**

Over the years there have been several models for the measurement of life satisfaction and successful aging.

Since the first attitude scale of 56 items was introduced in 1949, a number of such scales have appeared in gerontology literature with a primary purpose of testing the activity and disengagement theories. However, Neugaarten, Havighurst and Tobin (1961, 141) introduced the Life Satisfaction Index A (LSIA) (Appendix A).

The LSIA consisted of 20 items representing each of the five components associated with life satisfaction: zest for life; resolution and fortitude; congruence between desired and achieved goals, high physical, social and psychological self concept and a happy, optimistic mood tone (Adams, 1969, p. 470). Scoring was done by giving two points for every positive response zero points for a negative response and one point for every uncertain response. This scale has undergone some revisions, therefore bringing us some modified versions such as the LSIB and the LSIZ (Appendix B and C).

Another popular life satisfaction measure is the Adult Communication Survey used in the above study by Nussbaum (1983b, pp. 234-235). This survey was designed to gather information about elderly individuals' perceived
communication behavior and their ability to adapt to aging. The survey is a closed-end format using a Likert type scale. It consists of 131 questions broken into five distinct parts:

1. **communicator characteristics**--identification information, year born, age, sex, marital status, where presently living.

2. **family talk scale**--information concerning the subject's communicative behavior with his/her five closest family members. The name, age and relationship was asked in addition to rating the frequency of interaction on a seven-point scale. The closeness of interaction and enjoyment received was rated on a five-point scale. The mode in which communication transpired was also indicated.

3. **friend talk scale**--information concerning the subject's communicative behavior with his/her five closest friends. First name, age, the rate of closeness felt toward each friend on a five-point scale, the rate of frequency of interaction with each friend on a seven-point scale, the rate of enjoyment received from the friend on a five-point scale, and the mode in which they communicated were all asked.

4. **topic scale**--ten topics of conversation were
included: old times, your family, your health, community events, religion, household things, world or national events, problems of old age, hobbies and death.

5. adaptation to aging—a 20-item, 5 point Likert-type version of LSIA was used to measure each subject's reported ability to adapt to aging. The scale used four dimensions: mood tone, zest for life, resolution fortitude, and congruence between desired and achieved goals.

Data Collection

Nussbaum (1983b, p. 316) claims that the data for this investigation represent a convenient sample. Elders living at home were contacted by a community organization; the return rate for them was 97%. The return rate for the questionnaires given in the retirement village was approximately 40% and 48% in nursing homes. This low rate came about because several of the questionnaires were incomplete and could not be used.

Results

The first thing Nussbaum's study revealed was that closeness felt by the elderly is a function of where the elderly live. Specifically, closeness toward friends increases when the elderly person is a woman and has a
positive attitude toward life. This result supports the conclusions of Lowenthal and Haven (1968, p. 28), Powers and Bultena (1979, pp. 742-743) and Bell (1981, p. 182-183). Bell (1981, pp. 183-184) also suggests that women have more close friends than men. He draws this conclusion from the difference in life expectancy between men and women and the social norms that restrict men. From early childhood, men learn patterns of behavior appropriate for their respective social networks. Through play, team sports, work, etc, men are taught the importance of competitive behavior. The masculine sex role emphasizes aggressiveness and unemotional behavior whereas women are more apt to be the opposite, opening them up for closer friendships (Powers and Bultens, 1976, p. 739-740).

Results also reveal that closeness with friends is a function of mood tone. Elderly people with positive, optimistic outlooks form close friendships. An elderly person's mood tone is a function of that person's reported feelings of closeness felt toward family and friends.

Next the study revealed that an elderly person's feeling of zest for life and congruence between desired and achieved goals is a function of feelings of having accomplished desired goals in life. These impressions are related to feelings of closeness with friends. The importance of friendship for the elderly has been discussed by Connor, Powers and Bultena (1979, p. 120); Nussbaum
(1981a, p. 239) and Bell (1981, pp. 175-182). Bell (1981, pp. 187-189) also reported that close friends in old age help each other combat isolation.

An additional result of the life satisfaction study reveals a relationship between mood tone and closeness with family. Woods and Robertson (1978, pp. 370-371) and Nussbaum (1983a, p. 238) found no relationship between family contact and life satisfaction. They suggested that an inverse relationship may exist. Bell (1981, p. 192) suggests that closeness with family tends to remind the elderly individual of their loss and dependency, and this, in turn, leads to depression or negative feelings toward living. This is true because family may remind an elderly person of the good times when their spouse was alive and the family was young and all together. A time when family was dependent on these elderly individuals. Because of the spouse's death the only people to turn to for companionship, comfort and help are other family members to whom they may not feel really close. This makes the elderly individual feel dependent and left with only memories, which brings on feelings of loneliness.

Conclusion

In Nussbaum's study, (1983b, pp. 313-319), an attempt was made to analyze aging in terms which linked elderly background characteristics to feelings of closeness and frequency of interaction with family and friends. These
were then linked to the elderly individual's feelings toward these friends and family. This data then laid the foundation for the present study.

**Family and Friends**

The preceding are all important factors dealing with life satisfaction and much past research has been devoted to these factors. However, more recent research has been focusing on actual communication levels. Nussbaum (1983a, p. 231) stressed the weaknesses of previous studies and measures of social activity and operationalized elderly interaction to reflect more than just formal and informal activity. He stated that within the operationalization are both frequency and intimacy components of the interaction of the elderly with family and friends. He also stated that the results from these studies suggest a possible causal link between frequency and closeness of interaction with several dimensions of life satisfaction. For example, the more frequency/closeness, the higher life satisfaction.

Conner, Powers and Bultena (1979, 120) say that life satisfaction hinges not on "how often" or with "how many" one interacts. Instead it depends on the circumstances, purposes and the degree of intimacy and caring.

The affectional and supportive functions of the family emerge as crucial integrative mechanisms for the elderly in our society. In fact, these family ties are
among the last and most important social stronghold to which the elderly adhere. People, as they age, tend to become more involved with their families (if they can) than with non-kin or other types of activities (Hohnson and Bursk, 1977, p. 90-91; Medley, 1976, p. 449).

In times of need, the elderly tend to turn first to daughters and sons, and in cases of their unavailability, to other relatives (Wood and Robertson, 1978, p. 367).

But only assessing the amount of interaction between older people and their children alone is not an accurate measure of satisfaction between them. High interaction between older persons and their adult children may be based on a feeling of obligation rather than any strong, positive and emotional bonds (Bell, 1981, p. 177-178; McGhee, 1985, p. 85; Wood and Robertson, 1978, p. 368). So felt closeness is more vital than frequency of communication.

Close intergenerational ties are based upon mutual affection, interdependence and reciprocal giving. Satisfying relationships between the elderly and their children do not appear to be dependent on geographical proximity, but are related to communication between parents and children. In short, being related to a person is often not enough. Supportive kinship requires that something be achieved in the relationship—that it become a friendship as well as kinship (Bell, 1981, p. 178-179; Johnson and Bursk, 1977, p. 91).
This kin/friendship is important because friendship rests on mutual choice and mutual need and involves voluntary exchange of socialization. This sustains a person's sense of usefulness and well being more than kin relationships where there are only feelings of obligation. Obligation versus choice is a key element in the different underlying sentiments on which friendship and kinship are predicated (Wood and Robertson, 1978, pp. 310-371; McGhee, 1985, p. 86).

Wood and Robertson (1978, p. 372) go on to say that friendships are found to be more important in old age after individuals retire and lose their spouses. This is not to say that friendships are not important in younger years: it is just that familial links seem to become more precious as family attrition increases.

Satisfaction with an intimate relationship is related to life satisfaction and psychological well being (Nussbaum, 1983a, p. 95); Lowenthal and Haven 1968, pp. 25-26). This communicatively intimate relationship can be a family member or a friend, someone of the opposite sex or the same sex. Thompson and Nussbaum (1988, p. 108) believe that the successful maintenance of close relationships may be a key to successful adaptation to the aging process. This supports the findings that frequency of interaction is not as important as quality of interaction. For this reason it is necessary to study the interactive behavior of the
elderly as it relates to life satisfaction and qualitative substance.

Summary of Literature

Communication is an essential part of our every day lives whether we are nine or ninety. The people we probably interact with most are our families and friends. This interaction is directly related to life satisfaction. Results of studies dealing with the activity theory showed how important interaction is to the aging process. This doesn't mean the frequency of interaction but the quality and content of interaction. Therefore the activity theory pointed further research in the direction of the actual communication process as opposed to how often and with how many interaction occurred.

There have been indepth studies showing health and income as direct correlates to life satisfaction. But present and future research needs to focus on interaction between the elderly and their family and friends. This then should be correlated to show how that relates to life satisfaction and successful aging.

I also found that although three living environments were explored, the elderly living at home, elderly living in a retirement village and elderly in a nursing home, more (of the above research) needs to focus on those living in nursing homes. Mainly because very little research has dealt with elderly in nursing homes.
There have been numerous methods devised to measure life satisfaction and successful aging. One of the most useful is the Adult Communication Survey which has been the measure used in the most recent studies, especially those dealing with the elderly and their perceptions of family and friends. It was the intent of this study to explore the interaction of family and friends with elderly people in nursing homes as related to life satisfaction with the use of a modified version of the Adult Communication Survey.
IV. METHOD AND PROCEDURE

The Subjects

This study was conducted during the spring and summer of 1989. Subjects included in this study were drawn from three nursing homes. Frankfort Terrace Nursing Home in Frankfort, IL, a south suburb of Chicago, gave the study an urban/suburban slant. Hilltop Convalescent Center in Charleston, IL, provided a college town and rural mix. While The Imperial Nursing Home in Joliet, IL, provided input from residents drawn largely from an industrialized city sampling.

A total of 75 elderly nursing home residents served as subjects for this investigation. Seventy-five questionnaires were distributed and completed. There were a total of 32 males and 43 females. All were over the age of 65 with the exception of two males. One 42 and the other 57, from Frankfort Terrace Nursing Home.

The Survey

A condensed version of the Adult Communication Survey was used to assess the interaction content of the elderly individuals between family and friends in relation to life satisfaction. (see pp. 27-30)

The survey contained fifteen (15) questions. Items in the questionnaire were stated in both a closed-end and
open-ended format for the purpose of generating more information on individual perceptions. Four, less detailed sections consisted of:

1. Communicator Characteristics.
   This section consisted of three questions, year of birth, gender and marital status.

2. Family Talk Scale.
   The next four questions sought to determine the frequency and type of interaction with family. Family members were listed and the type and frequency of interaction was ranked with a five-point Likert-type scale.

3. Friend Talk Scale.
   The next four questions concerned the frequency and type of interaction with friends. Friends were listed and type and frequency of interaction were ranked with a five-point Likert-type scale.

4. Life Satisfaction.
   The four final questions on the survey ranked personal perceptions of overall success/satisfaction of life as related to the above information.
Lif e Sati sfac tion

SURVEY

1. What year were you born? __________

2. Are you male or female? __________

3. What is your marital status? (Check one)
   ____ single
   ____ married
   ____ divorced
   ____ widowed

4. Name five members of your family with whom you communicate the most.
   
   (1)_______________________________________
   (2)_______________________________________
   (3)_______________________________________
   (4)_______________________________________
   (5)_______________________________________

5. Rank the frequency of interaction with each family member named above.

<table>
<thead>
<tr>
<th>very often</th>
<th>often</th>
<th>sometimes</th>
<th>seldom</th>
<th>very seldom</th>
</tr>
</thead>
<tbody>
<tr>
<td>(daily)</td>
<td>(weekly)</td>
<td>(monthly)</td>
<td>(holidays or special occasions)</td>
<td>(once or twice a year)</td>
</tr>
<tr>
<td>(1) 1------2--------3--------4------5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) 1------2--------3--------4------5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) 1------2--------3--------4------5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) 1------2--------3--------4------5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) 1------2--------3--------4------5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6. Rank the type of interaction (1-5) with each family member named above.

<table>
<thead>
<tr>
<th>very close (share everything)</th>
<th>close</th>
<th>neutral</th>
<th>distant</th>
<th>very distant</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
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<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
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<td>(4)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Of the five family members you listed, what is the major topic of discussion.

<table>
<thead>
<tr>
<th>Family member</th>
<th>Major topic of discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
</tbody>
</table>

8. Name the five friends with whom you communicate the most.

| (1)         |
| (2)         |
| (3)         |
| (4)         |
| (5)         |
9. Rank the frequency of interaction with each friend named above.

<table>
<thead>
<tr>
<th></th>
<th>very often (daily)</th>
<th>often (weekly)</th>
<th>sometimes (monthly)</th>
<th>seldom (holiday or special occasion)</th>
<th>very seldom (once or twice a year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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</tr>
<tr>
<td>(2)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>(3)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>(4)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>(5)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

10. Rank the type of interaction (1-5) with each friend named above.

<table>
<thead>
<tr>
<th></th>
<th>very close (share everything)</th>
<th>close (family, financial, health)</th>
<th>neutral (small talk)</th>
<th>distant (weather)</th>
<th>very distant (we don't)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>(2)</td>
<td>1</td>
<td>2</td>
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<tr>
<td>(3)</td>
<td>1</td>
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<td>3</td>
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<tr>
<td>(4)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>(5)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

11. Of the five friends you listed, what is the major topic of discussion.

<table>
<thead>
<tr>
<th>Friend</th>
<th>Major topic of discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
</tbody>
</table>
12. What is your idea of success in life? ________________

13. Has your life been different from what you had expected it to be?
   expected goals achieved____  expected goals not achieved____
   If expected goals have not been achieved, why?_____________________________

14. Do you feel your family and friends had a positive or negative impact on your success in life? (check one)
   _____positive
   _____negative,
   why?________________________________________________________

15. Have your perceptions of these people changed since coming to the nursing home?
   _____yes
   why?________________________________________________________

   _____no
Data Collection

The method of data collection in the nursing homes most often involved reading the questionnaire to the subject in a one-on-one interview format. In most cases, each question was read to the subject and the response was recorded by the interviewer.

Limitations

Only subjects that were in touch with reality and responded in a logical manner were included in this study. Those with memory disorders, Alzheimer's disease and the senile were excluded.

The mental capacity of subjects was judged by those working at the nursing homes. Each center provided the researcher with a list of residents and starred residents that would be good candidates to interview.

Other limitations include the small number of nursing homes included in this study. This investigation dealt with only three of possible thousands and included only basic demographics, number of visits, closeness of interaction and these relationships to life satisfaction.

Due to time limitations, only 75 surveys were administered, as it took approximately two hours to collect information for ten surveys, provided they were one-on-one interviews, most of which were done by the researcher. Other interview help was provided by the researcher's mother.
V. Results

Average Age

Of the 75 elderly individuals surveyed 32 were male and 43 were female. The average age of individuals at each of the three nursing homes was lower and more varied than initially thought. The average age at Hilltop Convalescent Center was 79, Imperial, 73.9 and Frankfort Terrace 76. The overall average age of the three nursing homes was 77.65 for all three (Table 1).

Marital Status

Forty-five of 75 individuals reported being widowed. 12 were divorced, while nine were still married. The remaining nine were single. Individual marital status breakdowns for each nursing home can be seen in Table 2.

Frequency of Interaction

The study revealed that the subjects were most frequently visited by immediate family members. These included sons, daughters, sisters, brothers and grandchildren. This is not to say other extended family did not visit. Cousins, son and daughters-in-law, nieces, nephews and, in some cases, even an ex-husband or ex-wife was a reported visitor. More often than not, though, immediate family visits were the most frequent. Of the
immediate family members, daughters and sons were most commonly mentioned. This was true of all three nursing homes.

Friends most often mentioned were those at the nursing home. Others listed were old neighbors, past colleagues, and an occasional chum from school days. Hilltop was the only nursing home where residents named nurses and other staff members as friends.

The frequency of interaction for family averaged between often (weekly) to very often (daily) for all three nursing homes. The numerical average was 77 visits per year for each person. This would be 1 to 1.5 visits per week per person. Visits to Imperial residents averaged the lowest at about 68 a year. Visits to Frankfort Terrace residents and Hilltop Convalescent Center individuals averaged 81 visits per year (Table 3). This was somewhat surprising because the researcher felt that most people in Hilltop were from the Charleston area since most had grown up there. This would make visitor travel time minimal. On the other hand, people from Frankfort Terrace seemed to come from different areas, including urban Chicago. This would imply considerably more distance to drive for Frankfort Terrace visitors: yet visitors seemed willing to do so.

Surprisingly, friends were recorded as visiting more often than family. Hilltop residents had approximately
three "friend" visits a week (167). Imperial had approximately two such visits a week (104) and Frankfort Terrace had the highest number of friend visits per week (199) for an average of 3.5 visits a week. This high correlation of friend visitation could be explained because most of the friends named were elderly people who were also residents at the nursing homes. Another factor for such a high visitation rate at Frankfort Terrace could be that residents there were younger than those at Hilltop. This provided the possibility that a larger network of friends outside the nursing home were still ambulatory and able to visit.

Closeness of Interaction

Closeness was measured on a Likert type scale. One being very close and five being very distant. The average of these numbers was taken for felt closeness of interaction.

The closeness felt by respondents as a result of interaction with family and friends was probably the most surprising of all. The researcher's initial assessment would have put Hilltop very high in the closeness factor simply because of proximity of family and friends. Of course this was speculation based on the assumption that smaller communities would have closer relationships, and therefore,
provide closer interaction with family and friends. However, when involving family, Hilltop averaged neutral to close (2.05) on the closeness scale. Frankfort Terrace also averaged into the neutral to close category with a 2.112 and, to my surprise, The Imperial averaged a 1.984 for a close to very close average (Table 4). The overall interaction score for all three homes together was 2.05 or close interaction (Table 4).

Respondents recorded interaction with friends as being neutral to close. Again the results were surprising. Hilltop scored almost a neutral score (2.89). The Imperial averaged 2.54 or neutral to close interaction and Frankfort Terrace averaged neutral to close with an average of 2.22. The overall closeness felt by residents in all three nursing homes combined was 2.54 or neutral to close interaction (Table 4). Again Hilltop scored much lower than I had anticipated. This could simply be that people from a smaller community tend to be more selective in how much they tell friends, limiting certain topics of conversation to family. The closeness factor at The Imperial could be higher because these people are from a more liberal area and are not as selective in conversational content, Therefore, they would tend to disclose more.

Topic of Discussion

The major topic of discussion was asked in an open
Life Satisfaction

ended format. Residents and their family members at Hilltop discussed, in order, family, health, financial security, old times and farming. Imperial residents discussed family, health, old times, financial security, and their family's lives. Frankfort Terrace residents discussed family, health, financial security, their family's lives, and work. It was not surprising that residents would be comfortable discussing such topics with family. Family members are most often the logical choice for discussing personal matters such as health and finances. After all, family members are usually most concerned with such matters. Friends may show concern but not commitment, particularly on financial matters.

Friends at Hilltop discussed topics such as: (1) family, (2) old times, (3) health, (4) daily events and (5) politics. The Imperial residents talked about (1) family, (2) old times, (3) sports, (4) health and (5) the nursing home. Frankfort Terrace discussed (1) family, (2) old times, (3) health, (4) the nursing home and (5) the old neighborhood. Imperial and Frankfort Terrace residents seemed to talk about the nursing home more because they tended to respond that they were not happy there more often than those at Hilltop. In fact, the residents at Hilltop seemed quite content. One resident at Hilltop responded that she always prayed that she would
never have to come to a nursing home. But, she said, after being at Hilltop, "it's not so bad." While not a ringing endorsement, it did indicate willing acceptance.

**Life Satisfaction**

Life satisfaction was also measured with an open ended question. Four items showed up consistently among residents of Hilltop, The Imperial and Frankfort Terrace. They are, in order of importance, family with 46 responses, health (28), friends (27) and financial security (18). These were the most important factors for life satisfaction among these elderly residents (Table 6). Family and friends are high in life satisfaction for obvious reasons. They fill an inherent need that we all have, to be loved and needed and to have someone to share things with. Health and financial security directly affect our independence. When these things are unsatisfactory, we must depend on family and friends. This creates a feeling of being a burden on our loved ones and apparently causes a decrease in felt life satisfaction.

**Achievement of Goals**

When asked if goals in life had been achieved, 57 respondents said yes (Table 5). The 19 that responded no reported reasons such as:

1. tragedy in the family
2. loss of sight
3. wanted to marry and have a family
4. ended up in a nursing home
5. never worked
6. not enough education
7. was an alcoholic
8. concentrated too much on family and not enough on myself—cut my own goals short
9. never followed through on dreams (ex. competitive skating, opening night club)

Family and Friend Impact on Success in Life

Overall, all but four respondents felt that family and friends had a positive impact on their success in life. Instances where family and friends were looked upon with a negative impact had reasons such as:

1. "no one thought I would be successful"
2. "people don't come to visit, I've been forgotten"
3. "no one ever pushed me to excel"

There was also one neutral response. One respondent felt that he would have successfully done everything he had without the support of family and friends.

Overall Perceptions

Overall perceptions of family and friends had not
changed upon coming to a nursing home. Sixty-four responses were "no change", while only 11 were "yes" responses. The reasons for perception changes were mainly due to three causes:

1. "lack of visitation because no one wanted to be bothered."
2. "feel forgotten and out of the way" and
3. lack of personalized care family and friends could provide.

A final reason for this change in attitude could be that many of these people are not there by choice and resent those responsible for putting them there.

Summary of Results

My results showed that family, in particular, for all three nursing homes was very high (61%) in related life satisfaction.

Friends (36%) were important but health seemed to average slightly more important overall (37%). This could be due to the fact that many residents lose touch with friends after coming to a nursing home. Family, then becomes much more important and family ties tend to be stronger. Financial security (24%) was also a high consideration.

Overall, all three nursing homes scored similar results
in each category. Therefore, I found no significant differences among the three nursing homes.

Perceptions of family and friends also remained consistent with all three nursing homes. Only non-significant attitudinal differences were found in the comparative analysis.
Tables 1 and 2

Table 1
Average age of individuals

<table>
<thead>
<tr>
<th></th>
<th>Hilltop</th>
<th>Imperial</th>
<th>Frankfort Terrace</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Age</td>
<td>79</td>
<td>73.9</td>
<td>76</td>
<td>77.65</td>
</tr>
</tbody>
</table>

Table 2
Marital Status of Individuals

<table>
<thead>
<tr>
<th></th>
<th>Hilltop</th>
<th>Imperial</th>
<th>Frankfort Terrace</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
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<td>2</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Married</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Divorced</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>Widowed</td>
<td>15</td>
<td>11</td>
<td>19</td>
<td>45</td>
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</tbody>
</table>
Tables 3 and 4

Table 3
Average number of visits per year for each patient

<table>
<thead>
<tr>
<th></th>
<th>Hilltop</th>
<th>Imperial</th>
<th>Terrace</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>81</td>
<td>68</td>
<td>81</td>
<td>77</td>
</tr>
<tr>
<td></td>
<td>appx. 1 1/2 visits a week</td>
<td>1 to 1 1/2 visits a week</td>
<td>1 1/2 visits a week</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Freinds</td>
<td>167</td>
<td>104</td>
<td>199</td>
</tr>
<tr>
<td></td>
<td>appx. 3 visits a week</td>
<td>2 visits a week</td>
<td>appx. 3 1/2 visits a week</td>
<td></td>
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</table>

Table 4
Average closeness felt by individuals

<table>
<thead>
<tr>
<th></th>
<th>Hilltop</th>
<th>Imperial</th>
<th>Terrace</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>family</td>
<td>2.05</td>
<td>1.98</td>
<td>2.11</td>
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<td></td>
<td>appx. close</td>
<td>appx. close</td>
<td>appx. close</td>
<td></td>
</tr>
<tr>
<td>friends</td>
<td>2.89</td>
<td>2.54</td>
<td>2.22</td>
<td>2.53</td>
</tr>
<tr>
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<td>appx. neutral</td>
<td>appx. neutral</td>
<td>appx. close</td>
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</table>

Life Satisfaction
Tables 5 and 6

Table 5
Achievement of desired goals

<table>
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<tr>
<th>Nursing Home</th>
<th>achieved</th>
<th>not achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hilltop</td>
<td>19 (76%)</td>
<td>6 (24%)</td>
</tr>
<tr>
<td>Imperial</td>
<td>16 (80%)</td>
<td>4 (20%)</td>
</tr>
<tr>
<td>Terrace</td>
<td>22 (73%)</td>
<td>8 (27%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>57 (76%)</strong></td>
<td><strong>18 (24%)</strong></td>
</tr>
</tbody>
</table>

Table 6
Success Considerations

<table>
<thead>
<tr>
<th>Considerations</th>
<th>Total</th>
<th>Hilltop</th>
<th>Imperial</th>
<th>Terrace</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family (61%)</td>
<td>46</td>
<td>17 (68%)</td>
<td>12 (60%)</td>
<td>13 (43%)</td>
</tr>
<tr>
<td>Health (37%)</td>
<td>28</td>
<td>11 (44%)</td>
<td>7 (35%)</td>
<td>10 (33%)</td>
</tr>
<tr>
<td>Friends (36%)</td>
<td>27</td>
<td>11 (44%)</td>
<td>11 (55%)</td>
<td>6 (20%)</td>
</tr>
<tr>
<td>Financial (24%)</td>
<td>18</td>
<td>7 (28%)</td>
<td>5 (25%)</td>
<td>6 (20%)</td>
</tr>
</tbody>
</table>
VI. CONCLUSIONS

Unlike previous studies of life satisfaction, this investigation points to the importance of interaction frequency and felt closeness of family and friend interaction as indicators of satisfaction with life as a whole.

Family and Friend Interaction

The data supports the idea of high importance of family and friends on life satisfaction, especially that of family. Whether it be out of obligation or not, our strongest ties seem to be with family supporting the findings of Atchley in 1983 (p. 202)

Most often relationships with sons and daughters are where obligatory feelings are expressed. For example, the elderly may feel that sons or daughters feel they are obligated to visit because it is the "proper" thing for a son or daughter to do. The elderly person may feel their reason for visiting is to check on health or finances. Sibling bonds are more independently associated, serving a social function. For instance, siblings visited to talk about younger years and family as opposed to checking up on their brother or sister. Even hostile feelings associated with sibling rivalry dissipate as individuals age. That is,
old wounds are healed and maturity brings reconciliation (McGhee, 1985, p. 85-86).

This sibling bond is especially important among elderly individuals with no children. The study's results showed that people without children seemed to have the most frequent interaction with siblings. This supports Cicerelli's (1983) findings that siblings do maintain contact with one another in later life. In fact some studies state life satisfaction is higher among the childless, or if they have had children, satisfaction increases after children have left home (Rempel, 1985, p. 343).

Most all respondents said a family made their lives successful. Those who did not have a family responded that that lack was a major element among unachieved goals.

The study also revealed other factors which were of significant importance for life satisfaction. Health and financial status were two of these. For instance health seems to affect all aspects of our lives. An older individual in poor health tends to be more dissatisfied with his/her family life than those in good health (Liang, Dvorkin, Kahana and Mazian, 1980, p. 749; Medley, 1976, p. 454). This could be due to feelings of putting an extra burden on family or it could devolve into the negativism of depression.

Satisfaction with family life is also related to financial satisfaction (Liang, Dvorkin, Kahana and Mazian,
1980, p. 749). This relates to the need to take care of ourselves and be in control of our lives (Doyle, 1984, p. 443). If we are dependent on others, we do not have that desired control.

Overall, the findings in this study were very close to those of Medley (1976). Satisfaction with family life seemed to make the greatest single impact on general life satisfaction. Health, friends, and financial security were the other significant factors in the life satisfaction complex.

Perceptions

The overall perceptions of elderly individuals toward their family and friends seemed not to change from positive to negative or vice versa upon coming to the nursing home. The most prominent reasons for any type of attitude change appeared to be when the elderly individual was confined to a nursing home contrary to his/her own choice (Nussbaum, 1983b, p. 318).

Differences

The difference among nursing homes in different areas was not significant. It was expected there would be great differences in closeness and interaction frequency because of differences in location and population mix. The response consistency may have been because much of the information
obtained from the questionnaire was a report of each resident's own perceptions. Actual observation of interaction between family and friends could provide more accurate cues.

My own observations as a volunteer showed some differences that did not come out in the questionnaire. All three nursing homes were excellent care facilities. However, the care at Hilltop Convalescent Center seemed of highest quality. The residents there were more content to be at the nursing home and the staff seemed more interested in interacting with the residents. The pace seemed less rushed. Staffers took time to stop and talk or give residents a hug or kiss. I feel this was a real bonding element for the residents. This was shown in the Hilltop survey results when staff and nurses were consistently named as friends. It seemed that Frankfort Terrace and The Imperial let the "professional" (more impersonal) relationship between nurses and patients supersede any relationship of an affective nature (Nussbaum, 1983a, p. 241). For example, one resident said "they don't talk to us and that hurts."

One reason for Hilltop's more personalized care could be that most residents are from the immediate Charleston area. Therefore, the staff had probably known some of the residents years before they came to Hilltop. Another factor
Life Satisfaction

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could be the size of the facility. With only 74 residents
the possibility of numerous one-on-one interaction was
greater.

At Frankfort Terrace and The Imperial, residents come
from a much larger surrounding area. This could be a reason
that observed closeness was not as high as at Hilltop.
People in the urban/industrial center nursing homes were
likely new faces. Time was needed at the homes to get to
know one another. At Hilltop some bonding was likely formed
before several local residents came to the facility.
VII. RESULTS SUMMARY AND RECOMMENDATIONS

Summary

Overall, most nursing home residents seemed to be content. This is not to say that if they had a choice they would not choose to be elsewhere. It merely means that contrary to popular belief, since they had to be there, they adjusted.

On the whole, most residents seem satisfied with their lives and are moving through their elderly years with positive attitudes. Although residents may not have achieved all goals in life, they were proud of the goals they did achieve. This contributed to their current generally positive attitude and seemed to enhance the communicative atmosphere.

Those dwelling on their failures seem to have a more negative outlook. This inhibits a positive communicative atmosphere.

In making recommendations based on this study, it seems clear that it is important to keep elderly residents in the nursing home as active as possible. And probably most important of all, the staff and visitors should take an extra few minutes to let them know they are cared for and loved. No one should ever feel forgotten and useless. What we often forget is that we too will be elderly individuals someday.
Recommendations

Several suggestions for further researchers have surfaced as a result of this study. These research suggestions include:

1. A more exacting definition of what is meant by the term "elderly." Many of the studies I found labeled those aged 65 as elderly. This was true years ago. However, today people are living to be considerably older and age 65 is no longer considered elderly in the sense that it connotes considerable loss of thinking and speaking and mobility skills (Aldous, 1987, p. 228).

2. While the survey used was useful, it needed to be adjusted. The list of friends needed to specify the relationship e.g. neighbor, nurse, to give a better indication of length of friendship and degree of intimacy.
## REFERENCES


Appendix A

Life Satisfaction Index A (LSIA)

Here are some statements about life in general that people feel differently about. Would you read each statement on the list, and if you agree with it, put a check mark in the space under AGREE. If you do not agree with a statement, put a check mark in the space under DISAGREE. If you are not sure one way or the other, put a check mark in the space under ?. Please be sure to answer every question on the list.

(Key: score 1 point for each agree, 0 points for each ?, and 0 points for each disagree answer.

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

13. I would not change my past life even if I could.

14. Compared to other people my age, I've made a lot of foolish decisions in my life.

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

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

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

18. Compared to other people, I get down in the dumps too often.

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

20. In spite of what people say the lot of the average man is getting worse, not better.
Appendix B

Life Satisfaction Index B (LSIB)  
(with scoring key)

Would you please comment freely in answer to the following questions?

1. What are the best things about being the age you are now?
   1---positive
   0---negative

2. What do you think you will be doing five years from now? How do you expect things will be different from the way they are now, in your life?
   2---better, or no change
   1---contingent--"It depends"
   0---worse

3. What is the most important thing in your life right now?
   2---anything outside of self, or pleasant interpretation of future.
   1---"hanging on"--keeping health, or job
   0---getting out of present difficulty, or "nothing now," or reference to the past.

4. How happy would you say you are right now, compared with the earlier periods in your life?
   2---this is the happiest time; all have been happy; or, hard to make a choice
   1---some decrease in recent years
   0---earlier periods were better, this is a bad time.

5. Do you ever worry about your ability to do what people expect of you—to meet demands that people make on you?
   2---no
   1---qualified yes or no
   0---yes
6. If you could do anything you pleased, in what part of Illinois would you most likely live.

2---present location
0---any other location

7. How often do you find yourself feeling lonely?

2---never; hardly ever
1---sometimes
0---fairly often; very often

8. How often do you feel there is no point in living?

2---never; hardly ever
1---sometimes
0---fairly often; very often

9. Do you wish you could see more of your close friends than you do, or would you like more time to yourself?

2---ok as is.
0---wish could see more of friends
0---wish more time to self

10. How much unhappiness would you say you find in your life today?

2---almost none
1---some
0---a great deal

11. As you get older, would you say things seem to be better or worse than you thought they would be?

2---better
1---about as expected
0---worse

12. How satisfied would you say you are with your way of life?

2---very satisfied
1---fairly satisfied
0---not very satisfied
## Life Satisfaction Index Z (LSIZ)

(Key: 2 points for each agree, 1 point for each ?, and 0 points for each disagree answer.

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<td>Disagree</td>
<td>?</td>
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