

CHAPTER 4. GENERAL FINDINGS

In this chapter, the general background of the participants and the selected sites is described. Characteristics of the participants are identified including socio-demographic characteristics, such as age, gender, length of stay in assisted living facilities (ALFs), and the residents' former housing experiences. In addition, overall homelike features provided by the ALFs are described. Homelike features include: physical environment, such as private rooms, public spaces, and exterior spaces; social environment, such as interaction with residents, interaction with staff, and interaction with family and friends; and organizational environment, such as services, activities, and rules.

General Characteristics of the Sites and Participants

Facility Characteristics

Five ALFs were selected for this study (Table 1). Ash Meadow is a nonprofit organization which was located in a rural area. This one-story building was opened in 1994 with a capacity of 84. There were 12 males and 72 females in the facility. The monthly cost ranged from \$2,087 to \$2,610. The size of the private rooms was about 400 square feet. Most of the residents came from an area around Bedford and Smith Mountain Lake with some coming from Blacksburg and Radford. The residents showed a diverse background in their previous occupations, such as doctors, nurses, schoolteachers, professors, engineers, railroad workers, housewives, and so on.

Table 1. Profile of Five Assisted Living Facilities Selected

Facility	Capacity	Location	Age of Structure	Sponsor -ship	Monthly Rent	Building Type	Room Size
Maple Terrace	34	Suburban	Over 50 Years	For-Profit	\$1,560-\$2,005	One-story	150 ft ²
Pine Ridge	90	Suburban	3 years	For-Profit	\$2,295-\$2,950	Two-story	275-435 ft ²
Locust Lane	90	Suburban	2 years	For-Profit	\$1,980-\$3,050	Three-story	300-450 ft ²
Ash Meadow	84	Rural	7 years	Non-Profit	\$2,087-\$2,610	One-story	400 ft ²
Walnut Hill	191	Suburban	Over 20 years	Non-Profit	\$1,272-\$1,993	One-story	350 ft ²

Locust Lane is a for-profit facility that was opened in 1999. This three-story building, which was located in a suburban area, had 90 beds. The monthly cost was estimated between \$1,980-\$3,050. The room size was between 300 and 450 square feet. Similar to Ash Meadow, most of the residents of Locust Lane came from Roanoke and the Smith Mountain Lake area. According to the administrator, the major marketing target of Locust Lane was the upper financial bracket.

Maple Terrace is a for-profit organization which was originally opened in the 1950s and remodeled in the 1990s. The capacity of this one-story building was 34 and the monthly cost was between \$1,560-\$2,005. The size of the rooms was 150 square feet.

According to the administrator of Maple Terrace, most of the residents were in a lower to middle income bracket. Most of the residents have too much income to qualify for auxiliary grant placement, but they are not able to afford the larger and newer facilities which have extra amenities.

Walnut Hill, a nonprofit ALF, was opened in the 1980s. This one-story building is located in a suburban area. The capacity of this facility is 191 residents and the monthly payment was between \$1,272 and \$1,993. The room size was about 350 square feet.

Pine Ridge, a for-profit organization located in a suburban area, was opened in 1998, and the capacity of this two-story building is 90. The monthly cost range was from \$2,295 to \$2,950. The size of the private rooms is between 275 and 435 square feet. Most of the residents came from the Salem and Roanoke areas.

Resident Characteristics

As a whole, the residents of ALFs showed diversity in their social background. The age range of the participants was 64 and 95, and the average age of the participants was 82. Six males and 19 females were interviewed in this study, and most of them were widowed. All of them were white. Most of the participants came from Virginia, but some of them came from a variety of locations such as Maryland, Michigan, Illinois, North Carolina, Pennsylvania, and West Virginia. Many of the participants have children or other family members nearby. The participants had an average of two children. The main reason for moving into the ALF was deteriorating health conditions or lack of social support. The length of stay ranged from three months to eight years.

In most cases, residents obtained the information about the facility from their children or from a doctor's recommendation. Before moving into the ALF, many did not

compare other facilities with their current dwelling. A majority of the respondents had minimal to moderate assistance with activities of daily living (ADLs), such as bathing or dressing, and instrumental activities of daily living (IADLs), including cooking or housekeeping. Only one female resident of Maple Terrace had a high intensity of assistance need. Table 2 shows the profile of the respondents of this study.

Most of the respondents were in their late 70s and 80s and had an illness or disability which ranged from low to high levels. Some residents who have been healthier, more active, independent, and sociable residents in the past felt their current dwelling had a boring and inactive atmosphere. In addition, changes such as a restriction of movement or isolation from other residents seemed to be a part of a pattern of detachment in response to initial adaptive responses to the stress of relocation:

They are all different people. Some of them are close to you. But it is just something that you have to put up with. You just have to accept it when you are by yourself. (91 year-old female, Maple Terrace)

You can't dance, you can't sing, your teeth are gone [chuckling]. You got heart trouble so you can't do very much...Majority of us passed eighty. And we have one person that will soon be a hundred. We have lots of them in their nineties and I'm 88...Some people are just dissatisfied. That's their life. They cannot accept the fact that they are worn out. (88 year-old female, Ash Meadow)

Table 2. Profile of Respondents

Facility	Gender	Age	Geographic Origin	Length of Stay	No. of Children	Pre-Occupation
Ash Meadow	F	82	VA	3 years	2	Department store worker
	F	82	VA	6 months	6	School teacher
	F	94	VA	4 years	1	Housewife/ Volunteer
	F	88	VA	3 months	3	School teacher
	F*	84	WV	4 years	1	Grocery business
Pine Ridge	F	75	VA	15 months	2	Operator/ Banker
	F	86	IL	1 year	None	Government employee
	M	95	NC	2.5 years	1	Publisher
	F*	74	PA	2 years	2	School teacher
	F	88	WV	1.5 years	2	School teacher
Walnut Hill	M	64	VA	8 years	None	Army
	F	79	PA	7 years	None	Housewife
	F	70	VA	8 years	1	Housewife
	F	84	VA	1 year	None	Pastor's wife/ Writer
	M*	75	VA	6 years	3	–

(table continues)

Table 2. Profile of Respondents

Facility	Gender	Age	Geographic Origin	Length of Stay	No. of Children	Pre-Occupation
Maple Terrace	M	75	MS	2 years	1	Navy
	M*	72	WV	2 years	None	Company
	F	91	VA	2 years	3	Housewife
	F*	93	VA	2 years	1	Professor/Nurse
	F*	78	VA	1.5years	1	Housewife
Locust Lane	F**	73	WV	1 year	1	Nurse
	M	81	MD	2 years	2	Businessman/ Professor
	F	80	VA	1 year	3	Housewife
	F	70	MI	5 months	2	Secretary/ Bookkeeper
	F	77	MD	6 months	3	Nurse

* Because of inaudible audiotapes due to a low voice or machine sound in the background, six interviews could not be transcribed completely. Therefore, I primarily relied on the fieldnotes and personal journal for these six interviews in the final data analysis.

** She originally came from Germany.

Relocation, such as moving to a new house or leaving home, is an important factor influencing the feeling of loneliness for the older adults. When moves occur, it is always challenging to develop new relationships, and is often more so for older persons who have spent most of their lives in long-term relationships (Hansson & Carpenter, 1994).

In this study, some sociable residents showed more negative changes after relocation than less-sociable residents did. Separation from friends appeared to be more stressful for more-sociable residents. When asked about the biggest change after moving into the ALF, some mentioned the cultural difference among the residents based on the geographic origin:

Ok. Mainly in that I don't have as much company as I had in my own home. This is very carefully organized but there's no casual visiting between apartments or rooms to speak of. To get into the main stream of residents you have to go downstairs to the parlors. And I found that it limits me. It's a behavior of Southern old women [laughing]. I'm a Yankee [laughing]. (77 year-old female, Locust Lane)

Housing Experiences of Residents

This 73 year-old lady, former nurse, had lived in West Virginia over 40 years. She has a lot of memories about her family and her former home that had three bedrooms, living room, dining room, kitchen, and two bathrooms. During the interview, she kept talking about her nice neighborhood. Since moving here a year ago, she still keeps in contact with her friendly neighbors. Although living in the current dwelling is just nice, she also says that there are some differences that she did not even realize before she came here between her former home and ALF. She said she could do anything at will in her own home but there are some rules that she has to follow in her current dwelling. Thus, housing experiences related to the resident's former home seem to influence the residents' perception of ALFs as a "home" directly or indirectly. (Fieldnotes, May 22, 2001, Locust Lane)

Moos and Lemke (1994) suggest that a move may have a different impact on residents who have varying physical and mental competencies. According to them,

mobile and mentally-able residents specifically display more diversity of behavior and are better able to accommodate increased environmental demands. Conversely, an increase in environmental resources, such as physical aids to access, may affect residents with moderate impairment more than those whose functioning is intact or those who are very impaired.

Most of the respondents have lived in single-detached homes in suburbia or rural areas for a long time before moving into ALFs and many missed their former homes:

I had a cute little house. It's in the city. I lived [in there for] 30 some years. [But] I had to sell it. (79 year-old female, Walnut Hill)

My husband and I established a home. It would have been 60 years that he and I had a home together. (84 year-old female, Walnut Hill)

My former home was a one-floor house with two bedrooms, a living room, a dining room, and den. Everything [was] convenient that you would need...I lived in my home for 40 years. (94 year-old female, Ash Meadow)

Therefore, the experiences related to their former homes were unforgettable memories. In spite of efforts to remain at home independently, many were unable to do so because of functional limitations of the need for ongoing health care or loss of family members to care for them. People told me about their former homes and the reason for moving into their current dwelling:

It [my former home] was one story, but it had a basement. It was very comfortable. Dining room, kitchen, two bedrooms upstairs. It was very comfortable and I hated to give it up but it is one of the things you have to. I could not stay there by myself. (82 year-old female, Ash Meadow)

I had a stroke in 1993 and like I said I could not stay by myself. It upset my daughter. She could not quit work to take care of me, so I came out here and have been here since then. (70 year-old female, Walnut Hill)

I moved here because I was physically unable to live in my house because in the meantime I had had a hip replacement and a knee replacement so it was difficult for me to do all that I had to do in my house. So my daughter and I decided that it was time for us to make other arrangements so we sold the house. I don't want to see the house. I am afraid that the people haven't taken care of it like I did. (94 year-old female, Ash Meadow)

[I came here] Because I could not take care of myself. I was living in an apartment...I was just not able to do it myself and I did not have any assistance. It was not satisfactory. So my children found this place and then I moved in up here and have been here about a year and a half. (88 year-old female, Pine Ridge)

My husband passed away and the children all were grown and married and there was nobody home to stay with me. In this day and time, you don't want to stay by yourself. (91 year-old female, Maple Terrace)

Because I was single and I was renting a place upstairs and I started having trouble with my knees and I had to move. So my daughter come down and got me and moved me to her place and then she found this home here. (75 year-old male, Maple Terrace)

As seen in the above, most of the residents moved into the facilities because of deteriorating health or loss of social support. This involuntary relocation seemed to cause a feeling of loss and loneliness and a lack of control for the residents.

Homelike Features of Assisted Living Facilities

Our goal is to create an environment that is much like a large “home” filled with loving and helpful “family” rather than individual apartments linked together by formal community areas. Our staff is essential in maintaining this relaxed and comfortable atmosphere. (Document: Mission Statement & Philosophy, Maple Terrace)

Physical Environment

Properly designed physical features of ALFs can help to improve residents’ activity level, social contacts, well-being, and satisfaction. In addition, improved physical access can moderate the stress of relocation and improve residents’ adaptation (Butterfield & Weidemann, 1987).

Five ALFs were selected for this study and the homelike features of each facility were observed using Pastalan et al.’s (1993) observation sheet to rate the physical attractiveness and diversity of each facility. Physical attractiveness included ratings of several items such as building exterior, hallway and corridors, and public spaces, as well as the noise level, odors, illumination, cleanliness, and condition of the facility. In addition to the public and exterior spaces of the ALFs, I rated the variation and personalization of the private spaces of the residents. As a whole, most of the facilities examined provided residents many homelike features including residential appearance in type of building, entry, visitor’s reception area, wall finish, flooring materials, lighting, arrangement of public spaces, use of furnishings, and so on.

Among the five ALFs, Locust Lane, a for-profit organization, was built most recently. The three-story building of Locust Lane looked like an apartment complex in appearance and was clean and luxurious. There was an elevator for residents' easy access to every space in the building. The public spaces, such as the parlor and library, had a residential atmosphere that included a fireplace, comfortable sofa and furniture, and homelike finishing materials including carpet and wallpaper. As a whole, the public spaces were very quiet. The private rooms of each resident were uniquely personalized with a corner shelf near the doorway to help find the individual room. Each room had a full bathroom and a sink with refrigerator.

Respondents of Locust Lane agreed that their physical environment was very nice and gave them a homelike atmosphere. Although Locust Lane was the newest facility among the five sites and provided plenty of homelike features for the residents, a relatively shorter length of stay of the residents compared to that of other facilities seemed to be insufficient to build for residents a deep emotional attachment to their current dwelling as a "home."

Pine Ridge was a for-profit organization which was opened in 1998. The two-story building of Pine Ridge was finished with bricks and white wood shingles. The lounge area had a homelike atmosphere with tables, lamps, comfortable sofa, chairs, books, and a fireplace. The interior of the building also was clean and neat, and private rooms of the residents were well personalized with resident's own furniture and personal items. The public spaces and private rooms were arranged along the long corridor and gave a somewhat institutional look. However, by providing small sitting areas with sofas and tables here and there, it seemed to be easy for the residents to find the way to their

rooms. In addition, they used different color schemes, textures, and patterns on each floor and in the private rooms. However, there was a little glare problem around window areas in the public space.

Among the five facilities in this study, residents of Pine Ridge seemed to be the most satisfied with their dwelling. Every resident I met highly recommended his or her facility and was very satisfied with the physical environment. All of them have lived in their current dwelling at least one year.

Ash Meadow, a nonprofit organization, was opened in 1994. The exterior of Ash Meadow is finished with bricks. Especially the outside garden and grounds were well kept and managed. The interior public spaces were quite pleasant and luxurious, but the lighting levels were too low for older residents. There were many public spaces for different activities, but they did not seem to be used frequently by the residents. When I observed the public spaces of Ash Meadow, most of the residents in the lobby or lounge area were just sitting and staring or dozing there without any interaction with others. Most of the private rooms were very clean and neat and highly personalized with the residents' own furniture and personal belongings such as pictures and other decorative items. All rooms come furnished with a twin bed, a dresser, a chair, window treatments, full carpeting and private baths with sit-down shower. Residents can bring their own furnishings as they want.

Respondents of Ash Meadow agreed that their physical environment was homelike. Residents who had frequent visits from their family members were more likely to be pleased with their dwelling. Except for one person who complained about living with others in the current dwelling, residents of Ash Meadow viewed their facility as

their “home,” regardless of their length of stay. One female resident, who used to be a roommate of a shared room, was highly contented with her private room because of more space and increased privacy compared to her former living situation.

Walnut Hill, a nonprofit organization, was opened in the 1980s. The one-story building looked like a home on the outside. The exterior of the building was made of white wood siding. The interior was also clean, but looked institutional because of the long corridor, finishing materials such as vinyl tile flooring, and painted walls with no detailing. There was also an institutional odor such as urine and disinfectant. Without an activity room, the dining room was used as a multipurpose room.

Unlike the other facilities in this study, there was no visitor’s reception area in Walnut Hill. Private rooms were personalized by the residents’ own items. Although most of the residents of Walnut Hill thought that the physical environment of their current dwelling offered them homelike features, two of them did not feel “at home.”

Maple Terrace was a for-profit facility and was originally opened in 1957 and remodeled in 1997. It was the oldest building and most poorly furnished compared to the other four sites studied. The floor was covered with vinyl and the walls were painted with a solid white color that created an institutional look. The size of each unit was much smaller –150 ft² – than those in other facilities. Private rooms were personalized with the residents’ own things, but the beds were provided by the facility. Unlike the other facilities, which had full bathrooms in every private room, common bathrooms had to be shared by all residents in Maple Terrace. There was a sink in each room to brush one’s teeth and wash one’s hands. The toilet was shared with one other person in the adjoining room. However, the door of the restroom was too narrow for wheelchair users. Many of

the respondents seemed to have more physical and cognitive infirmities than the residents of the other facilities. Two female residents of Maple Terrace said that their apartment was just basic but good. One lady complained about the small size of the room and inexpensive materials.

Exterior and Public Spaces

Most of the residents of all five facilities felt the outside appearance of the building was acceptable. To the question of “What do you think about the outside appearance of the facility?” responses were: “Very peaceful looking,” “Very beautiful,” “Definitely good,” “It is pleasant,” and “It’s attractive and very comfortable.” Some people in Walnut Hill voiced a negative opinion: “It’s Ok...but it’s an old building. They remodeled it. It’s very old.”

Except for Maple Terrace, which was the oldest facility, the remaining four facilities had enough pleasant public spaces for the residents. Administrators thought that open spaces needed to be provided to encourage socialization among residents and to make the facility feel like the residents’ home. In spite of providing diverse public spaces in the facility, many people did not use those places because of different personalities among residents or not having interesting activities in public spaces. The dining room was an exception. To the question of “How much do you use public spaces in here?” some responded as following:

I don’t use the lounge much. A lot of people don’t communicate. They just sleep. If I want to sleep, I sleep in here [my room]. They get into some pretty good quarrels in that room. They have to have people to call them down. They are childish. (82 year-old female, Ash Meadow)

Although the public spaces were decorated homelike, some people could not use them frequently because of their frail health condition. One lady in Locust Lane, who uses a wheelchair, mentioned the inaccessibility to the public spaces even though there was an elevator in the facility:

Do I use that space? Oh not at all. A couple of things [occasions] I have been down to, when your family come, they are up here...and so there's nothing I go down for especially and that mostly is because it can frustrate you to death to go to transportation. If I could go down myself, I think I would spend more time. But I don't like inconveniencing them by having to call for help and I don't like waiting for help when I call for [it].

They're doing a good job...But if I managed this place, I'd have one person whose only job was take patients back to their room...I would have people assigned to get residents up and down for meals. They would not have other assignment but that...My biggest complaint is getting down to and up for the meals. (77 year-old female, Locust Lane)

Private Rooms

Every environment, especially for the elderly, needs to have a unique personality that gives it unity and coherence. Different settings can affect the behavior of the people in them. Settings with unique characteristics can develop a distinctive social climate and consequently have quite different impacts on residents (Lemke & Moos, 1989).

Most of the private rooms examined in this study were highly personalized with residents' personal belongings such as furniture, lamps, pictures, and so on. Figure 2 to figure 5 illustrate the various types of personalization of private rooms with the



Figure 2. Personalization of doorway (Locust Lane)



Figure 3. Personalization of private room (Ash Meadow)



Figure 4. Personalization of private room (Maple Terrace)



Figure 5. Personalization of private room (Locust Lane)

residents' personal things. As a whole, personalization of private rooms was quite useful in making the residents' feel "at home."

Social Environment

About 10-12 residents are sitting in the lobby and library area [these areas are adjacent to each other] here and there. Chairs and sofas are arranged along the wall of the lobby. There are no separated sitting areas for small group gathering. It looks like a waiting room in a hospital to me. Two ladies sitting side by side are talking to each other. The others are just sitting and watching people. Two people are taking a nap beside the large window. Every staff member here is so cheerful. They say "Hi" to the residents and have short conversations with them. However, overall the atmosphere here is too dull, calm, quiet, and bored. There is no active interaction among people except the staff. (Fieldnotes, June 6, 2001, Ash Meadow)

Interaction with Residents

A large part of what makes people comfortable in their environment is the people around them. In their own homes, people know their roles and can choose whom they live with. It seems ideal that the residents would be pleased to have companions in their dwelling. However, this is not the same in communal settings such as assisted living. In a study of residents' experiences in assisted living, people often felt alone (Frank, 1999).

Similar to the results of Frank's study, over half of the respondents I interviewed felt isolation and loneliness in spite of being surrounded by other people. When I asked the residents what kind of interactions they have with other residents, most of them responded that they did not have active interactions with others. They had one or two persons with whom they had a close relationship, and most of the conversation took place at the table in the dining room:

At lunchtime, we sit at the same table and I have really a very old, you know, chit chatty time at meals. So I'm very glad not to be eating alone. Think that will make me feel more lonely. (77 year-old female, Locust Lane)

There are two others that I eat with. One I have known all my life. I have a nice time at mealtime just chatting. (80 year-old Locust Lane)

I have one person I usually talk to a lot and then I have one friend who has been sick and I try to check on her. (82 year-old female, Ash Meadow)

Most of the residents in ALFs wanted friends but seemed to have difficulty in finding them. Although some of the respondents said they had good friends here, the others did not think their cohabitants were very interesting because of their different social background. To the question about the interaction with other residents, some said:

I have not been around any other residents. I think they are all friends but I don't mingle with them too much. Most of them are older than me. Some of them cry a lot because nobody comes around much. So I just stay back here. (79 year-old female, Walnut Hill)

No. Not at all...I used to like people but the older...Roanoke to me is beautiful but as long as the overall class of people or not the class, the level of sophistication, it is a typical Southern town that is dumb and I don't like most of the people. I don't like their accent and I don't like the way they don't think and all of that...(81 year-old male, Locust lane)

Thus, making friends was difficult for many residents because of diverse characteristics of the residents such as age, hometown, education, health, lifestyles, and so on. Even if

the respondents made new friends, they tended to be reluctant to spend a great deal of time with them:

[When my wife and I first came here] We got to meet a bunch of people [here] the ones that we have something in common with. But for the most part, they are Southern and as far as I am concerned all Southerners think with their butt. (81 year-old male, Locust Lane)

I don't have too much [interaction with others] because I suffer from exhaustion and I don't go to the things [activities] they have here. I don't take the bus drive. I don't play bingo. I want to write. So I don't talk to them when I go over at lunchtime. I give my papers to them. If they say they want to talk to me about something, then I'm available. I don't know how many of them do, but I don't have the strength to. But I could help much so I guess maybe I'm selfish now...using my time when I feel like I can read something. I write in bed. They have groups of singing. They have services. People here are too active. (84 year-old female, Walnut Hill)

I know who they are but nobody to come and sit and talk with you, nothing like that. So I just make my life what I want it to be and I have a telephone in my room. I have some friends in Roanoke and we keep up with each other. When I was in Roanoke, I belonged to a bridge club for 40 years and a garden club for 40 years. But the clubs broke up because of the travel. I did a lot of traveling before I had to have some artificial parts. (94 year-old female, Ash Meadow)

A lot of them are in and out. When new people come in, it is very hard to get to know them. (74 year-old female, Pine Ridge)

It is assumed that length of stay is related to close relationships with other residents and resident satisfaction in the assisted living. However, I could not find any consistent answers from the respondents in terms of length of stay and resident satisfaction. Although some people who have resided in the facility longer than others said that they do not have any intimate friends in their ALFs, some who have lived much shorter period said they have many friends and are highly satisfied with their current dwelling. In general, people who have lived in the facility less than six months felt more loneliness and showed fewer active interactions with other residents than did people who have lived in the facility longer.

A former study (Frank, 1999) showed that many residents thought assisted living was a temporary stop and might not feel strong enough to take the emotional risk of making new friends. Instead of gaining a sense of belonging to a group that offers emotional support and commonality of experience, residents remained suspended and isolated. They were detached from their old community and way of life, yet they had no real connection to their new setting (Frank, 1999). Similar to this finding, some respondents in my study did not think of their current dwelling as a permanent residence. As a consequence, they often isolated themselves from others and spent a great deal of time alone in their private rooms.

Although they did not enjoy living with others or could not escape from loneliness, some people appreciated an opportunity to avoid being alone. They tried to get along with others to avoid disagreements or personal conflicts among residents and to adjust to their new environment for a better life.

In fact, many residents at the five ALFs desperately wanted to connect with each other. Nonetheless, residents were reluctant to being forced to live with strangers who had different backgrounds and capabilities. In terms of daily routine, some residents were almost completely self-sufficient but some were not. In addition, the younger and the healthier residents did not want to interact with the older and the frailer residents. To escape from the stressful encounter or unwanted relationships with others, many people seemed to stay back in their rooms:

Sometimes they [residents] are frustrating but some people, as I said, they get really impatient. Some people are very confused. (74 year-old female, Pine Ridge)

I told you I had a very nice relationship with residents at the other home. We got along beautifully... They were there to entertain the people. I miss them very much. But now I am living somewhere else and I wish I could say they were the same. I am the youngest one here. They have their own clicks. I feel that if you want to be friendly you have to be friendly. The people are more compatible. They just want to be peaceful and enjoy themselves. Most of them have Alzheimer's too. (70 year-old female, Locust Lane)

Above all, many residents that I met emphasized the importance of "people" such as close friends or family members rather than services or homelike features of the facility to feel "at home." They wanted to stay in the same culture and lifestyles that they have had. If possible, residents' former culture and lifestyles needs to be thoroughly considered and provided to them to lessen loneliness, complaints, or mal-adaptation to their new environments. (Journal, May 21, 2001)

Interaction with Staff

After lunchtime, I am sitting in the small lobby. Furniture such as chairs and side tables look very old and worn out. There are some printed paintings and pictures of residents on the wall. Noise of dishwashing and staff conversation comes out from the dining and kitchen area. Most of the residents are in their rooms and they left the door opened. Maybe they are taking a nap during the daytime. TV sound comes out from some of the rooms. Only one male resident is sitting across the hallway, closing his eyes. At this time, there is no other sound except staff conversation, telephone ringing, and TV sound. A black female staff member [she is wearing a uniform] shouts to call one resident who is in the end of the hallway in a very loud voice. He must have some hearing problem. I know every staff is very kind and friendly, but this seems to be very annoying and somewhat rude to other residents and visitors like me. (Fieldnotes, May 14, 2001, Maple Terrace)

Staff members' attitude and behavior influence the residents' feeling "at home." For some residents, staff's sanctions can be perceived as interference of privacy or a challenge to their independence, control, and sense of identity (Kontos, 1998). Residents and staff in larger community facilities report more conflict and somewhat poorer organization because large facility size appears to reduce efficiency and to cause more strain and conflicts in relationships between residents and staff (Moos & Lemke, 1994). Due to somewhat more crowded conditions and more complex social structure, large institutions may be more impersonal, discordant, and chaotic. In a large facility, staff may be less able to give personal attention to residents. On the other hand, large facility size may reduce pressure to conform and to suppress anger because of greater privacy and a broader range of possible friendships that may lead residents in larger facilities to express some feelings more openly. Residents may have somewhat more freedom because of their greater anonymity in larger facilities.

Residents and staff in this study reported as much cohesion in large as in smaller facilities. In general, residents and staff in larger facilities report more conflict and somewhat poorer organization because large facility size may reduce efficiency and to cause more strain in relationships (Lemke & Moos, 1989). However, the findings of this study revealed that the establishment of supportive relationships between residents and staff was not more difficult in large facilities such as Walnut Hill. In general, respondents wanted to have intimate relationships with the staff and it seemed to be successful in most cases. All of the respondents agreed that the staff tried to become familiar with them. Some people even thought of the staff as their family members:

They [staff] love to talk to me. And it doesn't take too much strength to talk except they are busy, however. But all of them have been very good to me. (84 year-old female, Walnut Hill)

I like all the staff members. There is nothing that I don't like. I like it when you can say something funny to them, joke with them. I think that is good. It makes you feel like you are special. (70 year-old female, Walnut Hill)

[I] Get along fine with them. We never had any problems...I find them very cooperative. I think it's like friendship. If you want to be a friend or if you want friend, you have to be a friend. And you have to consider other people's being and wellness, your desires. (75 year-old female, Pine Ridge)

The mission statements of all the facilities clarified the importance of the residents' dignity and independence, and the administrators emphasized respect and

harmonious relationships between staff and the residents. They were compassionate and good caregivers to extend beyond the caregiving and get to know the residents.

The philosophy of Locust Lane is to provide each resident the independence, respect, and dignity to enhance their lives and security.
(Document: Mission Statement & Philosophy, Locust lane)

When I asked the administrators “What do you think is the most important thing for staff to keep in mind?” they responded:

Just give them the same respect and kindness that you would your family members. (administrator of Locust Lane)

[I think] Probably dignity [is the most important thing for staff to keep in mind]. Dignity of the residents. We really emphasize that because we are very careful that the staff doesn’t make comments that might be embarrassing to residents like “she’s weird,” you know... We are very careful to teach our staff to discretely take that person back and assist with whatever they need. So I guess, respect and dignity are the two areas that we’ve emphasized most. (administrator of Pine Ridge)

I think...to treat our residents as their family...Our staff needs to realize that most of our residents who have come here have had probably at least one major life impacting loss. Be it a loss of family or loss of independence, loss of the physical health, and that affects their emotional condition... We staff give them an intimate care. (administrator of Maple Terrace)

Interaction with Family or Friends

Youngjoo: "How often do your family members visit you?"

Resident: "Practically everyday. I have a son and daughter who live here. And both of them have called this morning. If they don't call, they come...I do have a loving family...I don't have any trouble that way with family because they are right here with me. Even my grand-children call and they send cards and flowers...I'm not lonely."

This 88-year old lady has just moved here three months ago. However, she has a quite positive feeling for living at ALF. One of the reasons that makes her feel so comfortable and secure seems to be her family's frequent visits and contacts with her.

(Fieldnotes, June 1, 2001, Ash Meadow)

In addition to material assistance, emotional caring is also important. Families and friends together form an informal support network that provides assistance for those individuals who become less able to manage on their own. Especially at the ALF, the development of mutual support, reciprocal dependence, shared experiences and feelings among family and friends are major sources of cohesion, and are the basis for social organization. Research has shown that families and friends provide the residents with practical and emotional support, and help them find appropriate ways of adapting to the personal, physical, and social changes that occur in a new environment (Kontos, 1998).

According to the administrators, continuous communication with the residents and the family members was another way of developing close relationships with residents and staff. By using the telephone, or by going to the room and visiting them, the staff communicates with the residents all the time. Periodically, the facilities send out a newsletter to communicate with the family members if there are any changes in policies

and procedures. According to the administrators, most of the family members visit the residents on a routine basis.

Respondents in this study indicated that their families and friends were a great help in adjusting to their new setting. Most of the residents had their own children or other family members nearby and had frequent contact with or regular visits from them. These close relationships with family and friends seemed to be very helpful for many residents to escape from loneliness. For example, an 88 year-old lady living in Ash Meadow who moved into the facility just three months ago said she was completely satisfied with her residence and feels “at home” because her three children are nearby and they visit her almost everyday.

Administrators also mentioned the importance of close relationships between the residents and their family members. They said that families can provide residents emotional balance for easier adjustment to their new environment. Many family members visit the facility on a daily or weekly basis to keep some kind of contact with the residents. According to the administrators, however, many of the family members still have guilty feelings. Both the residents and the staff try to work through those.

Organizational Environment

Group residential facilities such as assisted living are differentiated from a home as a result of the efficient provision of services by concentrating the recipients in one place. Enforcement of rules and regulations in order to ensure the smooth operation of the facility creates a particular tension for the residents between notions of “home” and institution (Kontos, 1998). Sometimes the residents’ understanding of assisted living as a “home” can be threatened by policies, procedures, guidelines, and constraints which

restrict the residents' independence. In spite of those potential drawbacks, it is clear that well-planned policies and programs are beneficial to residents of assisted living.

Every facility in this study distributed their resident policies to the residents with a resident handbook or a copy of residents' rights upon admission. The resident handbook tells the residents about the rights, rules, and services such as meal time, housekeeping services, fire safety, smoking and alcohol rules, and so on. Administration of ALFs tried to provide enough services and programs to make residents feel "at home." When I asked the administrators what they do to make the residents feel "at home," most of them mentioned the organizational environment such as services and activities. Administrators said that they tried to give their residents independence by offering them activities. They thought that more diverse activities can provide more choices in residents' daily lives and can help them build self-esteem.

Services and Amenities

Residents are afforded an elegant, yet supportive, environment where their medications are administered, meals are prepared, and assistance with personal care is provided. We encourage our residents to maintain their highest level of independence and strive to provide an atmosphere, which preserves the dignity of each individual. (Document: Brochure, Ash Meadow)

In general, larger facilities tend to be richer in physical features and services and less restrictive in their policies (Moos & Lemke, 1980). In this study, every facility provided full services including meals, housekeeping, nursing, laundry, and transportation (Table 3). Among these, meal service was the most controversial issue because everyone has different tastes. In addition, mealtime is the residents' big event of

Table 3. Services and Amenities of Five Sites

Services and Amenities	Pine Ridge	Ash Meadow	Locust Lane	Walnut Hill	Maple Terrace
Basic services					
• Weekly housekeeping and linen services	O	O	O	O	O
• 24 hour professional management	O	O	O	O	O
• Concierge	O	O	O		
• Maintenance and lawn care	O	O	O	O	O
• Utilities	O	O	O	O	O
Convenience and safety features					
• Wall-to-wall carpeting	O	O	O	O	
• Refrigerator	O	O	O	O	
• Window blinds	O	O	O	O	O
• Scheduled transportation for local shopping and other events	O	O	O	O	O
• Centrally located personal laundry areas	O	O	O	O	O
• Centrally located elevator	O		O		
• Individually controlled heating and air conditioning	O	O	O	O	O
• Smoke detectors	O	O	O	O	O
• Fully sprinkled, fireproof construction	O	O	O	O	O
• Security and emergency call systems	O	O	O	O	O

(table continues)

Table 3. Services and Amenities of Five Sites

Services and Amenities	Pine Ridge	Ash Meadow	Locust Lane	Walnut Hill	Maple Terrace
Health related features					
• Three meals daily	O	O	O	O	O
• Therapeutic diets	O	O	O	O	O
• Daily snacks and refreshments	O	O	O	O	O
• Social, educational, devotional and recreational programs	O	O	O	O	O
• Health and wellness program	O	O	O	O	O
• Medication management	O	O	O	O	O
Recreational related features					
• Fully equipped kitchen	O	O	O	O	O
• Ice cream parlor/ bistro	O	O	O		
• Veranda and porches	O	O	O	O	O
• Sunlit solarium	O				
• Spa room with whirlpool bath		O			
• Cozy fireplace lounge	O	O	O		
• Library	O	O	O		
• Arts and crafts room	O				
• Private grounds	O	O	O	O	O
• Gardening areas	O	O	O		O

(table continues)