

the day and they really concentrate on that. Some residents complained about tasteless healthy diets and the short interval between mealtimes:

I have so much chicken. I think I'll begin laying an egg soon...I don't see anything I want except dirt [laughing]...I hear a lot of complaining...They are mostly Southern down here. Their menus are very different from a Yankee kind of menu. But it's a good healthy diet. I think menu, that's one good thing that I hate. It's so healthy. [But] It's no fun. (77 year-old female, Locust Lane)

There is something that we would like to have changed. We eat breakfast from 7:30 to 9:00...Then you have lunch at 11:30. See how close that is. I have never been hungry since I have been here. (82 year-old female, Ash Meadow)

Activities

I cannot see any active participants whenever I visit here, in spite of various activity programs provided by the facility. Why? (Fieldnotes, May 31, 2001, Ash Meadow)

Activity involvement can provide residents of assisted living variety and stimulation, social roles that preserve positive self-concepts, and interpersonal contacts that provide support and maintain social skills. Empirical evidence generally confirms the positive nature of active involvement (Larson, 1978). For example, a social environment that facilitated resident activity seemed to promote longevity among residents of a congregate apartment facility (Carp, 1978).

Activities can also give residents personal control that contributes to residents' sense of self-direction and autonomy. Overall, active groups of residents tend to enhance

social cohesion, to provide role models that promote participation, and to invite and motivate other residents to engage in activities. In terms of personal characteristics, residents who have more social and functional resources may contribute to the development of a cohesive social climate. A harmonious, resident-directed, and well-organized social atmosphere may influence individual residents' activity involvement (Moos & Lemke, 1994). Residents' functional ability may also moderate the relationship between activity programs and individual outcomes (Kontos, 1998).

Personal characteristics can be related to involvement in activities, particularly informal activities. According to research (Carstensen, 1991), residents whose functioning was more intact and those with better social resources such as higher education and occupational status were more likely to engage in informal activities, both within the facility and in the community. Older residents were less likely to go into the community for activities than were younger residents, but were more likely to be involved in formal activities. These findings show that health and functional ability are major determinants of activity level. Women are somewhat more involved in activities with family and friends and in a combination of organizations and informal socializing, and married older people tend to be more active in organizations (Cutler & Hendricks, 1990; Russel, 1990). In addition, better-educated older people were more likely to participate in age-related programs and to take an active role in formal organizations (Bapchuk, Peters, Hoyt, & Kaiser, 1979; George, 1978). They also spent more time in recreational activity (Lawton, Moss, & Fulcomer, 1986). Education and occupation may influence activity by developing skills and stimulating interests that carry over into leisure time and by their relationship to economic status and access to resources.

In this study, the least active residents who do not have an interest in social gatherings with others were not involved in any organized activities provided by the facility. Active persons who enjoy a communal life with others said that they participated in many activities available in their facility. In general, respondents were more involved in informal activities in the facility, including watching TV, playing cards, participating in a hobby such as reading a newspaper, taking a walk, games, and so on, than in formal ones.

Residents were encouraged to participate and share in the control of facility events affecting their lives. Administrators said they made a heightened effort to provide their best to the residents. In addition to some standard activities such as playing cards and games, religious services, and bible study, the residents go on walks, go to the malls, go on fishing trips, have outdoor cookouts, go to the theater, and so on. Every facility has a birthday party once a month for everyone. Most of the facilities have an outside group coming in to sing, play the piano, or give concert type performances. Some facilities have a cooking activity once or twice a week. According to the administrators, the residents feel so much more involved with those activities. Sometimes families are invited to come to the special activities such as Mother's Day. Administrators said that they try to provide activities to residents' individual interests and their physical and cognitive capabilities. To the question of activity programs that contribute to a homelike atmosphere, the administrators mentioned things like cooking, games, watching movie, trips, and so on:

I think [these are] going out on the fishing trip, cookouts, and stuff. I think it keeps them more active and healthier. (administrator of Walnut Hill)

The movie is one of the things that they really enjoy. They also like spiritual gospel music and we try to get it all. We try to cater, if we can, to their wants and suggestions and that is why I think it works so well.
(administrator of Ash Meadow)

They do things like cooking. A lot of activities are things [that] they would do at home. Well, I think bridge is probably a homelike activity [laughing] because they all like bridge. But they do the cooking activities [too]. We've done some woodworking activities. The men like building the birdhouses and things like that. So these are the kinds of things that they would do at home. (administrator of Pine Ridge)

A few residents actively participated in the activities provided by the facility. They tried to get along with others and to have a positive mind towards group living. Among the diverse facility-planned activity programs, residents liked the parties, games, or musical activities. In particular, activities that include children or family drew many participants. When I asked the residents "What activities do you participate in?" people responded:

We have bingo, card games, happy hour, birthday parties. We have a birthday party once a month. We have a social coming up on the 10th. They will have refreshments. We have what we call "Show and Tell." We have that twice a year and you can take anything, like something you had made, and that is nice. I love to read so usually I will read something. Living here is what you make it. You can make yourself feel good or bad. It is all up to you. We can go on a bus ride once a week. (70 year-old female, Walnut Hill)

Whatever they have, I like to go [to the activities] except the ones they have early in the morning. Now I can't get to the ones that they have at nine to ten o'clock because I can't get up. But if they have different programs in the afternoon, whatever type of entertainment I usually go. And ones at night also. I'm never lonely because it's something or someone's, you know, group that we can get together often. (88 year-old female, Ash Meadow)

They are just always doing something to keep people occupied. They take people to the outside court for exercises. They have these balls they bounce a lot which is exercise. I enjoy the bingo...I think that being here you have to have a state of mind to stay in a place like this. You have got to have the idea that you are going to stay here and make this your substitute home and more or less try to live like you would live at home. That is what I try to do. (82 year-old female, Ash Meadow)

This afternoon...we go down there [big room down the hall] and fold napkins. There will be a big package of napkins and all we do is fold them one at a time and stack and put them in special containers, then they are put into the dining room to be used with meals. It is to keep our hands busy. We also have crafts at various times that we do...there are lots of things going on. There are games of all kinds. We have what we call a leisure ride that lasts about an hour...Always one or two usually I take part in. (88 year-old female, Pine Ridge)

Except for some active and sociable people, most of the respondents did not actively participate in facility-planned activities because of the poor quality of the activities, different lifestyles, unsociable personality, or frail health conditions, in spite of the facility's efforts to encourage residents' activity involvement. To the question about

their favorite activity, most of the respondent said that they just stay in their room and watch TV:

They have a group that comes here and sings...I would rather stay in my room and read and watch TV. I never have liked to socialize...I make my own entertainment and I take care of my own business. (94 year-old female, Ash Meadow)

Their activities aren't the activities that excite me at all. They have musical groups and a children's group come in to entertain. They do things. That's it. And I'm usually just not interested enough to get myself down there to...And that's too bad except I am a person who can take a lot of being alone. Some people can't. They really get frustrated and lonely. (77 year-old female, Locust Lane)

They [other residents] seem to be content living that kind of life together...They used to do bingo for charities and I love to do that...But I can't do it anymore and I like to just sit in this room. I struggle getting dressed, struggle to go anywhere. It is difficult for me as I used to be very active. I am limited now. (70 year-old female, Locust Lane)

As the reason for the low activity participation, people indicated low quality and lack of diversity of existing programs. A few people suggested some ideas concerning the activity program as follows:

But you know, when you have free entertainment, you cannot get the best and that's what all of entertainment is not paid for...put that way. I appreciate the people that come here and play and sing and do the best they can. But they are not professional. (88 year-old female, Ash Meadow)

I think we could do more things, but I don't know what that would be because I am not involved in that. But I think we all enjoy doing things as a group. (82 year-old female, Ash Meadow)

Rules

This 70 year-old lady does not like the rule about the dressing: "I like slumpy dresses. I like to be comfortable. [But] They don't want you coming down in curls, nightgowns, sleepers, you know. They want you dress clean. You have to follow certain code." Because ALF is a group residential setting, people have to follow some rules. I think, however, these rules may never make the residents feel "at home." (Fieldnotes, May 23, 2001, Locust Lane)

In general, larger community facilities tend to have policies that provide more opportunities for personal control. They have more choice in activities of daily living, more resident control, and more privacy. Moreover, larger facilities are more likely to institute procedures for systematically communicating policies to residents and staff (Moos & Lemke, 1994). However, I could not find any major differences in policies among the five ALFs in this study. Most of the facilities provided similar rules to their residents regardless of the facility size or sponsorship.

Except for one resident of Locust Lane who complained about the prohibition of smoking, most of the residents agreed that the rules were fair. Many of them did not even recognize the rules provided by the facilities were a rule. They just tried to adapt to the new environment. Residents were allowed to furnish their apartments with their own items. Some people did not like the way other people behave because the ALF was not

their own home but a common facility. It might be due to different lifestyles of diverse residents:

Just the rules of normal decorum. That is all. There are people who will come into the dining room with slippers and I don't like that. Thank goodness they don't let women come in with curlers. I don't like that either. I don't like people to come in barefoot. Some people will do anything. Remember most of them don't have much left up here. They don't function like they used to, that is part of living here. (81 year-old male, Locust Lane)

You can't bring any alcohol in here and no smoking. That is a good thing. They do smoke in some of the rooms here. (79 year-old female, Walnut Hill)

Summary

The respondents' ages ranged between 64 and 95 and the average age was 82. All of them were white. There were 6 males and 19 females among the respondents, and most of them were widowed. Mostly they came from Virginia. The majority of them had lived in single-family homes for a long time. Many had children or family members near their current dwelling. The participants had diverse background including education level, lifestyles, and so on. Compared to general residents of ALFs, most of the respondents in this study were pretty affluent people who could afford nearly \$2,000 of monthly rent without receiving any reimbursement from auxiliary grant funding such as Medicare or Medicaid.

Overall, the five sites selected presented homelike features showing the philosophy of assisted living which combines housing and services. Each facility was designed to be a single-family house or multi-family dwelling in outside appearance. In addition, people agreed that techniques like using a sloped roof, residentially scaled attached porches, traditional residential materials, and residential doors and window details gave the buildings a friendly and approachable look and feeling. As a whole, the older the structure, the fewer homelike features were provided.

Most of the respondents in the five sites thought that their current residences provided them enough homelike features. Among the five facilities in this study, residents of Pine Ridge seemed to be the most pleased with homelike features of their dwelling. Every resident I met in Pine Ridge highly recommended his or her residence. Although Locust Lane was the newest facility among the five sites and provided plenty of homelike features to the residents, the relatively shorter length of stay of the residents compared to the residents of other facilities seemed to be insufficient to build a deep emotional attachment to their current dwelling as a “home.” Respondents of Ash Meadow agreed that their physical environment was homelike. Especially, respondents who had frequent visits from their family members were very pleased with their dwelling. One resident who used to be a roommate of a shared room was highly contented with her private room because of increased space and privacy. Unlike the other facilities explained above, there was no visitor’s reception area in Walnut Hill. However, most of the residents of Walnut Hill thought that the physical environment of their current dwelling offered them homelike features. Compared to other facilities, Maple Terrace was much smaller and older. Many of the respondents seemed to have more health problems than

the residents of 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. All the private rooms of five sites examined were highly personalized with the residents' personal belongings.

As a whole, the respondents did not have active interaction with other residents because of different lifestyles, experiences, education level, geographic origin, or physical and mental health conditions. Many people did not think of their current dwelling as a permanent residence, 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 appreciated an opportunity to avoid being alone based on their optimistic personality. A few thought that they just got along with others to avoid disagreements or personal conflicts among residents. Others tried to adjust to their new environment for a better life. Many respondents desperately wanted to connect with each other. Nonetheless, they were reluctant to be forced to live with strangers. In terms of daily routine, some residents were almost completely self-sufficient but some were not. To escape from the stressful encounter or unwanted relationships with others, many people tended to stay back in their rooms.

Residents and staff reported as much cohesion in large facilities as in smaller facilities. In general, respondents wanted to have intimate relationships with the staff and they had close relationships with the staff members. The administrators emphasized respect, dignity, and harmonious relationships between staff and the residents. Residents agreed that the staff tried to become familiar with them. Some people even thought of the staff as their family members. Friends and family members provided an important role

for the residents to adjust to their new environment. Close relationships with family and friends seemed to be very helpful for many residents to escape from loneliness. Many family members visited the facility on a daily basis or weekly basis to keep some kind of contact with the residents.

Administrators of ALFs tried to provide enough services and programs to make residents feel “at home.” Every facility in this study provided full services including meals, housekeeping, nursing, laundry, and transportation. For many residents, meal service was the most controversial issue. Among the several services, there were only a few complaints about food and mealtime due to the residents’ different tastes and daily routines.

Administrators thought that more diverse activities can provide more choices in residents’ daily lives and can help them build self-esteem. Despite the provision of diverse activities by the facility, most of the residents did not participate in those programs. A few residents actively participated in the activities provided by the facility to get along with others and to have a positive attitude towards group living. In general, respondents were more involved in informal activities in the facility including watching TV, playing cards, participating in a hobby, such as reading a newspaper, taking a walk, games, and so on, than in formal ones. Among the diverse activity programs, some residents liked facility-planned activities such as parties, games, or musical activities. In particular, activities that included children or family drew many participants. As the reasons for not participating in facility-planned activities, some mentioned low quality of activities, lack of diversity of existing programs, different lifestyles, unsociable personality, or frail health condition.

Five facilities in this study provided similar services, amenities, activities, and rules to their residents regardless of the facility size or sponsorship. Most of the residents agreed that the rules and regulations were fair. Only one person disagreed with the smoking rules. Some people did not like the way other people behave because the ALF was not their own home but a common facility.