

## **CHAPTER 7. CONCLUSIONS**

This chapter includes an overview of the study and the summary of findings for this study. It also contains a discussion of conclusions and implications based on the findings, as well as recommendations for further research.

### **Overview of Study**

The purpose of this study was to examine the features of assisted living facilities (ALFs) in Southwest Virginia that make residents feel “at home” and to suggest further policy and design guidelines to make ALFs feel more like “home.” For this purpose, residents’ needs, experiences, and opinions about the physical and social environment, and policies and programs of ALFs were identified. Three research objectives directed this study: 1) to identify general background of the residents of ALFs, 2) to document homelike features and policies of ALFs, and 3) to identify residents’ perceptions of ALFs as a “home.” Face-to-face interviews with 25 residents and five administrators of five ALFs in Southwest Virginia were conducted during April and June 2001. In addition, as the researcher, I observed residents and facilities, conducted a document review, and kept a personal journal.

### **Major Findings**

The respondents’ age range was 64 to 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. Most of the respondents came from Virginia and had lived in single-family homes for a long time. Many had children or family members nearby.

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, techniques like using a sloped roof, residentially scaled attached porches, traditional residential materials, and residential doors and window details gave the building a friendly and approachable look and feeling. However, the older the structure, the fewer the homelike features provided.

Many of the respondents did not have active interaction with other residents because of different lifestyles, experiences, education level, geographic origin, or physical and mental health condition. During meals, people had active interaction with one or two residents. All of them had close relationships with the staff. The staff's attitude and behavior seemed to greatly influence the residents' feeling "at home." Friends and family members also played an important role in helping residents adjust to their new environment.

Despite the provision of diverse formal and informal activities by the facilities, many residents did not participate in the programs. Among the services provided, there were only a few complaints about food and mealtimes. Most of the residents agreed that the rules and regulations were fair; however, one person disagreed with the smoking rules.

When asked about the meaning of "home," many residents talked about love, fellowship, privilege, children, stability, and security. The administrators tried to make the residents feel "at home." However, they mentioned the limitation of providing a real

“home” for the residents due to the residents’ diverse backgrounds. Although over half the respondents called their current dwelling a “home,” several did not perceive their residence as a real “home” but as a “homelike” environment. Some categories which could contribute to the perception of ALFs as a “home” were classified by the researcher: safety and security, services and care, autonomy/privacy, independence, social life/friendship, family support, daily routine, personal belongings, physical environment, and management.

Regardless of the type of facilities and the residents’ characteristics, most of the respondents were satisfied with their current dwelling. Among the four factors --personal, physical, social, and organizational-- that influence the resident satisfaction with ALFs, many of the residents emphasized the importance of social factors such as relationships with the staff and residents, and social support from their family or friends. In spite of high satisfaction with the facility, many people did not think of their current dwelling as a real “home.” As the biggest difference between living in their own homes and living in the ALFs, people pointed out a lack of independence, freedom, and autonomy. Moreover, they talked about the loneliness stemming from living with strangers who are not their family or friends.

### **Conclusions and Implications**

The residents’ perceptions of ALFs as a “home” can be explained in the context of person-environment matching. If a person puts the highest priority on *A* in his or her life and his or her current dwelling provides him or her enough features related to *A*, then he/she would be satisfied with the residence and perceive it as a “home.” Only a few

respondents in this study corresponded to this type of matching. When people thought they were provided what they wanted by the facility, they felt “at home” in their dwelling. If there is a mismatch between resident’s priorities and their dwelling, people may negotiate with their current life situation by reordering their priorities or try to adapt to their residence. In most cases, respondents moved into their current facilities due to deteriorating health or loss of family members to support them. Through making tradeoffs or the adaptation corresponding to their life situation, some people felt “at home” in their current dwelling. However, some people did not feel “at home” at all because of life-long values, lifestyles, and/or personality. For them, the current residence was only a pleasant, comfortable, convenient homelike setting. Providers need to know what their residents really want in their dwelling to provide them better quality “homelike” environments.

In general, older adults are more likely to interact with their immediate neighbors than with those who live at a greater distance, even closest friends (Adams, 1985). In addition, many elderly people are more dependent on their current residence and the other people in it because they are isolated from social roles and community activities. Due to the diversity among residents, however, residents felt isolation and loneliness in their residences. Therefore, some people could not think of their current dwelling as their real “home” in spite of the fact that they are highly satisfied with their residences. Their immediate environment and neighbors did not fulfill their desire to interact with each other.

In some ways, homogeneity and similarity in social and cultural background among residents may enhance resident interaction and satisfaction. For example,

homogeneous settings in terms of age and health condition may foster social activity, higher morale, and reduce role conflict among residents. However, by decreasing the diversity of residents' daily experiences, homogeneous settings may not provide enough stimulation and may fail to maintain maximum levels of cognitive and behavioral functioning (Cohen, Bearison, & Muller, 1987). Many respondents thought that the people in their facilities were not interesting to them because all of them were old and had some kind of illness or disability. In other words, homogeneity in age and health condition among residents caused a boring and un-stimulating atmosphere for the residents.

In contrast, heterogeneity of individuals in a facility can create a more stimulating environment for the residents in a group living situation such as an ALF. According to Sherwood, Greer, Morris, and Mor (1981), a mix of high- and low-need individuals in terms of physical condition can improve staff morale and foster mutual assistance networks among residents. Although the residents of ALFs in this study were homogeneous in age and health condition, they were quite different in many other characteristics including education, geographic origin, life history, personality, lifestyle, and so on. Considering diverse characteristics of the residents, therefore, programs that facilitate more active social involvement among them need to be developed.

As Regnier (1994) suggested, Northern European housing models for the elderly might be an alternative to address the diversity issue. The basic strategy of this model is "to deliver health and personal care services to purpose built housing for the frail as well as older people living in normal housing in the community" (Regnier, 1994, p. 21). In this model, common services such as swimming pools, restaurants, health services,

physical therapy equipment, recreational programs, and meeting room space are shared by the residents of housing for the elderly and older people living in the surrounding neighborhood. As both symbolic and substantive place in the community, senior housing facilitates sense of community for all older people in the community. Unlike the European models, the ALFs in the United States seem to have encouraged separation among different age groups and community neighborhoods. As a community resource not just for older frail people, restaurants or activity rooms of ALFs may be opened to all age groups in the community and co-located in the service house of children's day-care centers (Regnier, 1994).

One of the important issues for residents of ALFs is maintaining their independence. People want to remain independent and to control their own lives, even though they have some kind of illness or disability. In fact, independence is directly linked to the ability to live at one's own "home." In terms of independence, therefore, home is significant for elderly people as it fosters their awareness of physical decline and provides a forum to negotiate that decline (Sixsmith, 1986). Many of the residents of ALFs in this study feared that they would not be able to care for themselves which would call for a higher level of institutional care in the future. People were uncomfortable with the possibility of leaving their current dwelling due to poor health because the next move would be to a nursing home.

### Physical Environment

Homelike physical features of ALFs can certainly enhance residents' comfort, onsite social interaction and recreation, spatial orientation, security and safety, and space allowances for residents. A physical environment that supports resident activity

engagement and control by way of amenities and social-recreational aids can help communicate to residents that they are viewed as autonomous (Moos & Lemke, 1980). Thus, an accessible and safe environment contributes to the feeling of independence, and the availability of space for resident functions is related to their level of control or autonomy. Although the results of this study did not show active use of public spaces by the residents, these places must provide an important role to enhance the quality of interpersonal engagement among residents in a group residential setting. Considering diverse characteristics of residents, different levels of public spaces need to be provided in terms of openness and privacy.

Most of the respondents of five sites agreed that the facility provided them homelike features and they were highly satisfied with their current dwelling. Respondents emphasized safety, adequate space, and convenience and comfort in their dwelling. Residents' perception of ALFs as a "home" would be related to several factors such as length of stay, family support, personality, health condition, and so on. Design and management decisions are influenced by ideas concerning the potential impact of the setting for the residents and by information about what prospective users desire. As a real voice, information about resident preferences should be used to design and to plan facilities in the future. Designing ALFs should be approached comprehensively by considering many characteristics about residents.

All of the respondents agreed with the homelike atmosphere of the exterior and interior of the building. Many residents did not mention specific needs and expectations about the physical environment of their current dwelling. This can be attributed to the fact that they think of their current dwelling as a real "home" or they may not be much

interested in physical aspects of their dwelling. The interior space of private rooms may be more important for the residents than the exterior of the building and public spaces because people stay in their private rooms most of the time. However, designers of ALFs still need to plan and develop a more homelike environment including the interior and exterior of facilities focusing on diverse user needs.

### Social Environment

Although many people emphasized the importance of physical aspects in adjusting to a new environment, when people moved into a group living situation from their own homes in this study, the most important thing that made the residents feel “at home” was the social environment, including interaction with people. Administrators at five ALFs tried to encourage independence, autonomy, and choice among their residents. However, due to the difference between providers’ ideals and the residents’ realities of suffering from feelings of loss and loneliness because of relocation, most of the residents did not think of assisted living as their “home” in a real sense. Providers need to bridge the gap between residents’ own homes and the group living situation of ALFs by concentrating on the social and emotional needs of residents. Focusing on the interpersonal environments can help increase residents’ sense of competence, community, and empowerment.

Communal living with other people in group residential settings such as assisted living has both potential benefits and drawbacks. It offers the possibility of a supportive community for the residents who become less able to sustain relationships over physical distance. On the other hand, the forced contacts in such settings may give more stress and conflict in interpersonal relationships among residents. An important goal for facility



administrators should be to establish a cohesive social atmosphere in which conflict is low to moderate.

Although the respondents in this study had close relationships with the staff, there was not much close interaction among the residents. In turn, this caused social isolation and a great feeling of loneliness for several of the residents. However, the administrators thought of the few interactions among residents as a normal and uncontrollable situation. One lady in Maple Terrace complained that the facility did not let the residents visit each other's room. According to the administrator of Maple Terrace, some people occasionally put their personal possessions such as earrings in other residents' rooms and forget. This can cause a problem. Although it was not a written regulation, restraining residents from visiting other's room may be a controversial issue in terms of residents' rights.

The staff needs to be aware of not only the interpersonal problems likely to arise among specific groups of residents but also the benefits of interaction among residents through more frequent communication and contacts. It is also recommended that the staff help residents maintain a moderate to high level of personal interaction and control, which is beneficial for functionally independent residents, and to provide sufficient support and structure to enable impaired residents to achieve their adaptive potential.

The suggestions for improving the homelike social atmosphere in assisted living imply an active planning role for residents, staff, and family members. Most of the residents moved into the ALFs because they take on a bigger hardship if they stay in their own home. This relocation may cause them an emotional hardship. Therefore, conflicts caused from major life changes need to be considered in helping residents' adaptation when they move in the ALFs. For example, common experiences with their neighbors

and friends should be provided for the residents who are suffering from the major life change.

To implement such change effectively, better training is needed and staff with more experience in psychological and behavioral areas must be employed. Selecting motivated people with true affection for older people is an important hiring pre-requisite. Providing training that leads to a deeper understanding of the behavioral side effects of aging allows the staff to better understand the human conditions underlying aging. In addition, the staff must recognize the importance of their contribution to the overall success of the organization (Regnier, 1994).

### Organizational Environment

To create a more homelike atmosphere in assisted living, not only is an appropriately designed physical environment needed, but social interaction among people must occur. Moreover, programs and policies that support domestic activities and a committed staff must exist. The program can also contribute to active involvement by providing a broad range of facility-planned activities in public areas and by offering opportunities for residents to meet other people outside of their rooms. In turn, this can result in lessening the feeling of isolation and loneliness and increase the feeling of being “at home.”

One of the biggest problems that contributed to residents not feeling “at home” seemed to be the lack of a sense of community. Due to the diverse background, lifestyles, and life histories, most of the residents did not share their memories, experiences, and feelings with their cohabitants. Although many facilities communicated with their residents and family members through formal council meetings or informal conversations,

people complained that most of the opinions they raised were not reflected in reality. However, respondents who participated in the decision-making process showed stronger feeling of autonomy and control. Providers need to focus on this issue and to develop policies and programs that can enhance the sense of community through more active resident councils or family councils. In addition, better quality activity programs should be developed for diverse residents. For the residents' psychological and emotional comfort from this view, programs that provide a close social network including family, friends, neighbors, and staff should be considered.

In spite of a great amount of homogeneity among the residents including age, economic level, geographic origin, and so on, there are also great diversity among the residents based on their life experiences. Considering different individual lifestyles and diverse personalities, everybody does not have to be active in terms of sense of community. Most facilities provided diverse activity programs for the residents. However, diversity does not mean appropriateness for the residents. Rather than increasing the quantity of activity programs that cannot make everyone happy, age appropriate activity should be provided for diverse residents. Instead of developing activity programs that can be shared by all the residents, different levels of small group activities may be needed for diverse people. Current scheduled mealtimes seemed to be planned for the staff's convenience, not the residents. It needs to be flexible and consider the residents' different daily routines.

## **Recommendations for Future Research**

The following recommendations are made for further research regarding the appropriateness of ALFs as a “home.”

1. This study was confined to ALFs located in Southwest Virginia. In the future, more studies need to be conducted on ALFs in different geographic locations to examine if the findings of this study are applicable to other samples. In addition, further studies should include a larger sample.

2. To find user needs and preferences, residents’ perceptions provide an essential perspective on assisted living facilities because they live in the facility and experience it in their daily lives. Their durable impressions of a facility can give accurate information for researchers. Considering the importance of the family role for the residents in adjusting to a new environment, researchers need to include family members in their future study related to the elderly to get more accurate and in-depth data.

3. To get supplementary information, I observed private rooms of the respondents and public spaces confined to lobby or lounge area only for short times. For more detailed space use and behavior patterns among residents, non-participant observation methods including video-taping or more planned observation technique as a major research method can be used in the future.

4. As qualitative research, this study did not focus on the generalization of the results. For the purpose of generalization, a quantitative study for this topic needs to be done to explore and to compare the similarities and differences among diverse resident groups such as gender, age, health condition, length of stay, geographic origin, and so on.

This may show important information about variance in resident perception and satisfaction with their dwellings.

5. It is said that sponsorship of the facility can influence several aspects of the ALFs and their residents. Although this study did not show any difference between for-profit and nonprofit facilities, it is recommended that further studies examine the differences between for-profit and non-profit ALFs.

6. This study was done over a short period of time as a qualitative study and, thus, could not find more in-depth information about the residents and the facilities. In the future, a longitudinal qualitative study needs be done to see the changes in the same residents' attitudes and perceptions toward the facility as a "home" over time.

7. In a similar context of a longitudinal study, a Post Occupancy Evaluation (POE) study for newly built ALFs can be done to evaluate the appropriateness of ALFs as a "home" through examining the physical, social, and organizational environment.

8. In this study, all five sites selected were located in suburbia and rural areas. Today, however, the majority of elderly live in urban areas. It is evident from the data that the percentage of elderly living in urban areas in general, and the central city in particular, increases with age. We need to know about the differences of residents and facility characteristics based on the physical location between urban and rural settings.

9. In further studies, personality should be considered as an important factor to describe the residents' perceptions and behavior patterns in ALFs and to predict relationships between level of social activity and satisfaction.

10. In further studies, residents who share one room of ALFs need to be studied. Because they may have more serious problems than private room users in using a space and it can influence their perception of ALFs as a “home.”