THE NURSING HOME SEARCH AND SELECTION PROCESS:
GENDER AND RELATIONSHIP ISSUES

by

Won-Kyung Yang

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APPROVED:

William J. McAuley, chair

Rosemary Blieszner

Marcia Safewright

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Blacksburg, Virginia
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(Abstract)

This study examined how the nursing home search and selection process may vary depending upon the sponsor's gender and relationship to the patient. Based on previous studies on caregiving, I assume that different gender and kin roles are associated with varying self-perceptions as caregivers according to societal expectations. Symbolic interactionism suggests that these differential caregiving self-perceptions may be reflected in actual searching activities and in perceptions about the search and selection process.

The data set for this investigation was taken from the Virginia Nursing Home Search and Selection Survey. Relationship- and gender-based group differences (spouses/adult children/others, females/males, and daughters/sons) in searching activities and perceptions about the search and selection process were assessed among 149 respondents who identified themselves as responsible parties for the process.

The results showed that closer kin, females, and daughters did not differ from their counterparts in most cases of searching activities, such as searching time, the number of facilities considered and visited, and the number of facility attributes considered. The only significant differences were found in male-female
comparisons regarding the number of facility attributes considered. On the other hand, there were significant group differences across gender and relationship type in the degree of negative feelings about the search and selection process: adult children, females, and daughters were found to have more negative perceptions about their experience than others, males, and sons, respectively. Moreover, daughters were found to be the most negatively affected group during the search experience. The need for an educational campaign or program to reduce family members' negative perceptions about the search and selection process is discussed.
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CHAPTER 1

INTRODUCTION

Approximately 5% of the older population are now living in nursing homes (Jarboe & McDaniel, 1985). Yet it has been estimated that about 20% of all older people will spend at least some part of their life in such an institution (Palmore, 1976). More recently, Liang and Tu (1986) estimated that the lifetime risk of institutionalization is 29.7%, with the possibility of entering a nursing home increasing to 45.6% by the age of 90. Given that the likelihood of one's being in a nursing home increases with the age of the person, the increasing growth in the number of older persons who reach an age of 80 or more years will result in a greater demand for nursing homes unless policy changes lead to adequate alternatives. Moreover, middle-aged women who have traditionally been the major source of family support for the very old are not as available for this task as earlier, because more and more they are in the labor force (Siegel & Taeuber, 1986). Due to these demographic trends, the need to address the issue of institutionalization is increasing.

In order to better understand the institutionalization of older relatives, it may best be examined as a process (Pruchno, Michaels, & Potashnik, 1990). Caregivers may go through a series of stages of institutional decision-making over a period of time: recognition of the institutional option, discussion with others, implementation, and actual placement (Gonyea, 1987). The implementation stage, which can be regarded as the process of selecting an appropriate nursing home, will be the main focus of this study. The process of selecting a suitable nursing home may be very important to the well-being of older people and their family
members. In spite of the critical nature of the nursing home search and selection process, it has not been explored extensively.

The basic assumption of this study is that a sponsor's characteristics, such as gender and relationship to the patient, may affect the process of institutionalization. "Sponsors" are referred to as the individuals identified by nursing homes as the primary contact person or the responsible person for the patient. Various groups (e.g., spouses/adult children/others or male/female) may react differently in each element of this process. Prior research has shown that various caregiving groups experience differential role strain, a predictor of institutionalization, in the caregiving situation (Cantor, 1983; George & Gwyther, 1986; Mui, 1992; Young & Kahana, 1989), and that caregiver characteristics, such as gender and relationship type, are better predictors of institutional placement than are patient characteristics (Colerick & George, 1986; Lieberman & Kramer, 1991).

Even though nursing home placement can relieve caregivers from the heavy burdens of physical care, it does not mean that family caregiving ends after institutionalization. The persistence of family members' caregiving burden after institutionalization has been frequently mentioned (George & Gwyther, 1986; Stephens, Kinney, & Ogrocki, 1991). In addition, caregiver gender and relationship to the patient have also been found to result in differential emotional outcomes after the institutionalization of their relatives (Brody, Dempsey, & Pruchno, 1990; Grau, Teresi, & Chandler, 1993). Thus, we need to look at family caregiving along a continuum from community care through institutionalization (Grau et al., 1993), and the nursing home search and selection process needs to be regarded as part of family caregiving.
The purpose of this study is to investigate how the actual nursing home search and selection process may vary depending on the sponsor’s gender and relationship to the patient. By filling the research gap on the nursing home search and selection process, this study will make a unique contribution to caregiving research regarding the effect of caregiver gender and relationship type on the caregiving situation. Depending on sponsor gender and relationship type, the nursing home placement of older relatives may be perceived differently and defined in a variety of ways. In that sense, the theory of symbolic interaction forms a conceptual basis for this study.
CHAPTER 2

LITERATURE REVIEW

Conceptual Framework: Symbolic Interactionism

One of the major concerns in symbolic interaction theory is that of socialization—how human organisms acquire the ways of behaving, the values, norms, and attitudes of the social units of which they are a part. On entering an ongoing social situation, one initially responds to that situation by defining it. This definition includes the assignments of position to others, and thus the setting up of expectations concerning their behavior. It further includes an assessment of self, that is, the assignment of positional identities to oneself (Stryker, 1972). Cooley's (1909) notion of the "looking-glass self," which represents the idea that individuals come to identify themselves in the mirror of others' actions, and Mead's (1956) conception of the "generalized other," which denotes the individual's internalization of the sentiments of others, are quite related terms. For Mead (1956), the self serves as a perceptual base for the conduct of interpersonal relationships. In other words, Mead believed that self-perception is very crucial in understanding the nature of interaction and the related processes of role fulfillment. Consequences of the socially defined situation may be formal/informal roles; self-identity; and meanings attached to events, objects, and people through socialization. The meaning of events will vary across individuals, and each person will be influenced differentially by a particular event because different people performing the same role may give different weights to the identities associated with that role (LaRossa & Reitzes, 1993).

Symbolic interactionism has long been applied to family research. According to LaRossa and Reitzes (1993), it has uniquely contributed to family science in the
sense that it emphasizes the proposition that families are social groups, and it asserts that individuals develop both a concept of self and their identities through social interaction, enabling them to independently assess and assign value to their family activities. For instance, individuals may have differential self-identity as a caregiver depending upon others' expectations concerning their behavior. As a result, they may assign different values to the institutionalization of their older relatives, and each one will go through the process of institutionalization differently.

This study addresses how sponsors' differential self-perceptions as caregivers may be reflected in their actual performances in the nursing home search and selection process and in their assignments of meanings to their search and selection experience. Given that the nursing home search and selection process is a part of the family caregiving context, I may consider sponsors for this process as responsible caregivers. In this study, only the sponsors who described themselves as responsible persons for the search and selection process were considered. If all of these persons perceive themselves as responsible parties, how can it be possible to explain variations in their involvement in the search and selection process? This study presumes that differences in the sponsor's relationship type and gender may be associated with differences in level of involvement in the process.

Generally, more involvement in caregiving may be expected from closer kin, especially spouses and adult children, than other relatives, neighbors, and friends (Cantor, 1979). Thus spouses and adult children may have more salient self-identities as caregivers than others have. Moreover, females may have higher societal expectations regarding caregiving than males have. Males are expected to contribute little to caregiving. Therefore, it seems that legitimation of the relative
value of males' contributions regarding caregiving is societally defined, just as housework and child care are (Finley, 1989). Consequently, both men and women seem to be willing to consider men's meager involvement as "good enough." These societal gendered expectations regarding caregiving may lead them to have differential self-perceptions as caregivers.

The salience of self-identities as caregivers for spouses and adult children, and for female caregivers may affect the extent and quality of their caregiving performances because they may differ from others in assigning meanings to the caregiving situation. Research on caregiving does suggest that this is, indeed, the case. Spouses and adult children are the predominant service and health care providers to the impaired elderly (Cantor, 1983), and women spend more time than men and are frequently in the primary caregiver role (Horowitz, 1985).

Do these different gender- and relationship-related societal role expectations and self-perceptions as caregivers result in differential involvement in the nursing home search and selection process? There is no measure of the salience of caregiving self-perceptions in the survey. However, based on previously presented literature on caregiving and institutionalization and symbolic interaction theory, I assume that different gender and kin roles are associated with varying self-perceptions as caregivers and that these caregiving self-perceptions influence their search activities and perceptions about their search and selection experience.

**Long-Term Care Mobility Decision-Making**

Due to the demographic trends in this society, the need to address the issue of health- and disability-related residential mobility in old age is increasing. With regard to residential mobility in old age, Litwak and Longino (1987), taking a developmental perspective, hypothesized that there are three types of moves that a
person might make after retirement: (a) an immediate post-retirement move, primarily for amenity reasons; (b) a move to be near a primary caregiver when the person becomes moderately disabled and can no longer manage without help; and (c) a final move to an institutional setting, when the caregiver can no longer handle the burden. Despite the fact that institutionalization seems to be a relatively common type of residential mobility in old age, few studies have examined the process of institutionalization. The nursing home search and selection process has chiefly been a major focus of researchers who are concerned with long-term care marketing.

McAuley, Travis, Safewright, and Greenberg (1993) provided valuable information on the nursing home selection process from a gerontological perspective. Their research is worth being described in detail, not only because it was based on a theoretical model, but also because it employed both quantitative and qualitative methods that could help them capture in more detail major elements of the search and selection process. They developed a model of long-term care mobility decision-making, based on Wiseman's (1980) general model of mobility decisions in old age. According to their model, triggering mechanisms, individual and interpersonal factors, public policy factors, and long-term care provider factors each influence decisions made by older impaired individuals and their caregivers regarding the type of long-term care move to be made: a move to a board and care facility or a nursing home, a relocation to the home of a relative, a relative moving to the home of the older person, or a decision to make no move. As Litwak and Longino (1987) demonstrated that a move to an institutional setting is associated with caregiver burden, this model also suggested that caregiver factors, including caregiver stress/burden and caregivers' perceptions of physical
and decision ability of patients are important in the nursing home mobility decision-making process.

Investigating the planning by family members for the institutionalization of their elderly relatives, Gonyea (1987) conceptualized institutional decision-making as having four stages: recognition of the institutional option, discussion with others, implementation, and placement. The stage of implementation includes such activities as requesting the names of specific nursing homes or institutions from others, contacting or visiting facilities, obtaining and submitting admission applications, and placing the person's name on a waiting list. The actual nursing home search and selection process, the main focus of this study, can be seen as the implementation stage of the institutional decision-making model of Gonyea (1987). Thus, this study centers on the question of how individuals go through the implementation stage of institutional decision-making.

**Institutionalization as a Process**

The institutionalization of older relatives may best be examined as a process (Pruchno et al., 1990). Caregivers may undergo a series of stages of institutional decision-making over a period of time, as indicated above (Gonyea, 1987).

In addition, institutionalization is not a random event; rather, each stage of institutional decision-making has been associated with some predictors. Gonyea (1987) demonstrated that in the recognition stage, the affective relationship between the caregiver and receiver is the strongest predictor of making the caregiver recognize the institutional option, whereas the performance of personal care tasks is the most significant predictor of both discussion and implementation stages. It has also been well documented that caregiver characteristics, such as relationship type and gender, emerge as important predictors of institutionalization
(Colerick & George, 1986; Lieberman & Kramer, 1991), and that the impacts of these characteristics on caregiving situations are also reflected after the nursing home placement of older relatives (Brody et al., 1990; Grau et al., 1993).

**Predictors of institutionalization.** Most families may prefer to care for their relatives at home as long as possible. Caregivers' decisions to institutionalize their relatives may frequently be difficult due to an intense bond with the patient. Then, why do some families decide upon nursing home placement for their impaired relatives at some point, while others continue to shoulder the burden of care? Research has shown that there is a variety of factors that predispose families to place the older relatives in a nursing home. These factors may include the elder's physical and mental impairment (McAuley et al., 1993) and demographic characteristics of the older persons, such as being unmarried, female, being older, living alone, and the absence of spouse or children (Dolinsky & Rosenwaike, 1988). But in general, characteristics of the caregiver are found to be better predictors of institutional placement than are patient characteristics. Deimling and Poulshock (1985) demonstrated that caregivers' attitudes concerning institutional care are important predisposing factors of nursing home care. As to caregiver relationship type, adult children are found to be more likely to institutionalize their impaired relatives than spouses (Colerick & George, 1986; Lieberman & Kramer, 1991), and the more distant the kinship bond between caregiver and care receiver (i.e., niece, nephew, or grandchild, rather than spouse or adult child), the more likely institutional decision-making (Gonyea, 1987).

Findings regarding caregiver gender have been mixed. Gonyea (1987) found that male caregivers are more likely to act on institutionalization, whereas both Cohen et al. (1993), and Colerick and George (1986) showed that females are
more likely to institutionalize their dependents than males. The latter findings may be possible because female caregivers are more stressed and males can expect and depend upon both emotional and concrete support from others, such as their wives or children (Horowitz, 1985).

According to Cantor's (1979) "hierarchical compensatory theory of social supports," kin—particularly spouses and children— are preferred as the source of support in most situations, followed next by friends, neighbors, and eventually formal organizations in a well-ordered hierarchical selection process. Most caregiver research to date has examined a heterogeneous caregiver population and found that various caregiving groups may react differently in the caregiving situation (Cantor, 1983; George & Gwyther, 1986; Mui, 1992; Young & Kahana, 1989). Stress and strain are not uniform across areas of life, nor are they felt uniformly by all caregivers.

Spouses are found to be the most vulnerable group with regard to the greatest degree of physical, financial, and emotional strain. Children seem to be more vulnerable to emotional strain than any other strain. Friends and neighbors appear to be the least involved in caregiving and to have the least amount of strain in the role of primary caregiver (Cantor, 1983; George & Gwyther, 1986). However, findings regarding the role of spouses and children have been mixed, because Young and Kahana (1989) found that adult children experience higher burden and greater role conflict than do spouses. Mui and Morrow-Howell (1993) demonstrated that among the oldest caregiving groups (e.g., spouses and siblings), spouses report higher levels of strain than do siblings. Consequently, Cantor's (1979) concept of a hierarchical social support system has been well supported in explaining the differential impact of caregiving depending upon the caregiver/
patient relationship (spouses/children > other relatives > friends/neighbors). In other words, spouses and children, who are expected to be more involved in caregiving, seem to experience greater caregiving burden than other relatives, followed by the least involved group, friends and neighbors.

It has also been well documented that caregiver gender may result in differential strain. Sons tend to be less negatively affected than daughters (Horowitz, 1985), and daughters are singularly the most affected group (Young & Kahana, 1989). Gender differences in caregiving strain may relate to gender differences in the actual provision of caregiving. Research on gender differences in caregiving has demonstrated that men and women provide different patterns of assistance—patterns consistent with a gender-based division of labor (Stoller, 1990). Matthews and Rosner (1988) indicated that daughters provide more of the routine and backup care, while sons provide assistance in specific or narrowly defined situations. Men are found to spend less time and make less intimate commitment to caregiving, and they are frequently in the secondary, rather than primary, caregiver role (Horowitz, 1985).

However, Horowitz (1985) pointed out that even when the extent of caregiving involvement was controlled, the relationship between gender and the level of strain remained. Thus, she suggested that gender-related subjective reactions resulting from sex-role socialization patterns provide better explanations about differential level of caregiving strain.

On the other hand, Finley (1989) offered some socio-structural explanations for gender differences in caregiving as a type of family division of labor. Testing four popular hypotheses of family labor—the time-available hypothesis, the socialization/ideology hypothesis, the external-resource hypothesis, and the
specialization-of-tasks hypothesis, she revealed that these theories of gender differences do not adequately explain caregiving for the elderly on the individual level. Rather, she suggested that gender differences in caregiving appear to have been institutionalized on the societal level. Society seems to have gendered expectations regarding caregiving. Specifically, society may expect little of the caregiving work from males. Males and females may differ on what are legitimate contributions. Thus, these differential societal expectations may lead them to have differential self-perceptions as caregivers, differential involvement in caregiving, and, consequently, differential caregiving strain.

In sum, societal expectations depending upon caregiver gender and relationship to the patient are found to result in differential involvement in caregiving, and to lead to differential caregiving strain. These characteristics of caregivers are regarded as important predictors of the institutionalization of their relatives.

**The nursing home search and selection process.** The nursing home decision-making process is often traumatic. The fact that decision makers must select a service for older relatives who are often unwilling to receive the service, coupled with their own guilt and confusion, often leads to a highly stressful situation for all concerned (Jarboe & McDaniel, 1985). Although there is a growing literature concerning the initial decision to seek a nursing home, that is, predictors of institutionalization (Cohen et al., 1993; Colerick & George, 1986; Lieberman & Kramer, 1991), few researchers other than those concerned with long-term care marketing have examined the process that results in the selection of a particular nursing home.
Because the selection of a suitable nursing home may seriously affect the well-being of the elderly care recipients and caregivers, prior research has suggested that persons seeking a nursing home placement for an older relative should approach the selection process in a careful and critical manner (Nassau, 1975). But there are only limited, and somewhat conflicting empirical findings on the search and selection process. The findings are grouped according to relevant issues.

**Searching time.** In Dove’s (1986) study, 47% of the respondents made the decision regarding which facility the patient should enter in less than a week. Families that were less aware of alternative facilities tended to make the decision more rapidly. Froebe, Balitsis, Beckman, Dolphin, Hayes, and Morrissey (1982) reported similar findings: the mode for placement time was one week and the median placement time was two weeks. On the other hand, McAuley et al. (1993) found that among most of their respondents there were at least two months from the date of serious consideration to the date of admission, and that hospitalization prior to placement was associated with shorter time periods for decision making.

**Influential persons.** Time constraints, a lack of previous experience with nursing homes, and the emotional pressure to make "the very best decision" often result in an individual's heavy reliance upon "significant others" (Jarboe & McDaniel, 1985). Physicians and other health care employees were cited as the major influential professionals in facility selection (Dove, 1986; Froebe et al., 1982; McAuley et al., 1993).

**Number of facilities considered and visited.** With regard to the number of facilities considered, Dove (1986) found that 54% of the respondents considered only one facility, and children of patients were more likely than other relatives to
consider multiple facilities. York and Caslyn (1977) reported that 51% of families in their study had not visited the home their relative was placed in prior to placement. In the study by McAuley et al. (1993), 39% of the respondents visited one or no facilities as part of the search and selection process, whereas 20% visited four or more facilities. Moreover, 87% reported they had visited the final choice prior to admission.

**Characteristics of nursing homes.** As there is considerable variation in the quality and other relevant characteristics of nursing homes, researchers and some popular evaluation guides have suggested some decision criteria for selecting a nursing home (Bausell & Rooney, 1983; Birge, 1988; Craig, 1987; Nassau, 1975). But previous studies have implied that sponsors seem to evaluate nursing homes on a number of different criteria. Generally, characteristics related to basic resident care, such as quality of care, staff concern and courtesy, and cleanliness, are frequently identified as most important factors for sponsors in choosing a nursing home (Froebe et al., 1982; Roff, 1983; Rogers, Buchanan, & Johnson, 1988).

However, it is interesting to note that in the study by McAuley et al. (1993), the telephone interview results suggested that many facility characteristics were given importance in the final decision, whereas the face-to-face interviews indicated that a small number of factors (especially location and the advice of friends or professionals) was truly important in the decision. Telephone interview respondents seemed to provide socially desirable responses. Similar to the findings of the face-to-face interviews conducted by McAuley et al. (1993), York and Caslyn (1977) also indicated that location and availability of a bed were the only criteria used by a majority of their respondents.
Location. With regard to location, Litwak and Longino (1987) indicated that the facility in which the older relative is institutionalized must be a setting where the family members can maintain regular contact and provide meaningful services to the older person. It is very important for the mental well-being of the institutionalized older person and the sponsor that the location ensures maintenance of close personal relationships with both family and friends (Birge, 1988). Thus, most family members tend to consider local facilities. Generally it has been found that sponsors choose facilities that are closer to their own residence than to the patient's former residence (McAuley et al., 1993; Rogers et al., 1988).

Despite some studies on the search and selection process for a nursing home, there is a research gap about how the sponsor's characteristics such as gender and relationship to the patient may affect the process itself. The gap seems to be partly due to the fact that long-term care marketing has been the primary focus of research investigating nursing home search and selection.

**Outcomes of institutionalization.** The process of selecting an appropriate nursing home is important to the well-being of older people and their family members. Prawitz, Lawrence, Draughn, & Wozniak (1991) examined relationships between steps taken in selecting a nursing home and subsequent consumer satisfaction. Families with agreement among all members about the home selected and families who investigated all homes in an area before selecting one reported greater satisfaction. Those families who decided quickly, felt a lack of time to investigate homes, and chose the first home with space available were found to be less satisfied.

Although institutionalization represents a transition of caregiving responsibility and burden from the informal to the formal system of care, studies have indicated
that caregiving burden and stress may continue after nursing home placement (George & Gwyther, 1986; Stephens et al., 1991). Thus, it is better to consider family caregiving along a continuum from community care through institutionalization (Grau et al., 1993). Stephens et al. (1991) found no difference between in-home caregivers and nursing home caregivers in depression or somatic complaints, in spite of the fact that nursing home caregivers are no longer primarily responsible for the day-to-day care of their family member. The only relief that is experienced by nursing home caregivers seems to be fewer social and interpersonal disruptions.

The recent study by Brody et al. (1990) compared predictors of depression and emotional effects between sons and daughters whose parents resided in nursing homes. Daughters experienced higher levels of parent care strain than did sons. Thus, gender differences in caregiving appeared to continue to occur between sons and daughters when their parents lived in nursing homes just as when they were being cared for in the community. Grau et al. (1993) extended the study by Brody et al. (1990) by investigating demoralization among a sample of sons, daughters, spouses, and other relatives of nursing home residents. Demoralization is a nonspecific psychological distress, associated with anxiety, reduced self-esteem, helplessness/hopelessness, and sadness. Spouses were the most vulnerable group, experiencing the highest demoralization, followed by daughters, sons, and other relatives. Consequently, despite the same kind of care and treatment from nursing home staff, sponsors perceived differently the caregiving situation in nursing homes just as in the community, depending upon their gender and relationship to the patient.
In sum, previous studies showed not only that various caregiving groups, depending on their gender and relationship type, experience differential role strain in the caregiving situation before institutionalization due to their differential involvement (Cantor, 1983; George & Gwyther, 1986; Mui, 1992; Young & Kahana, 1989), but also that they undergo differential psychological distress after the institutionalization of their relatives (Brody et al., 1990; Grau et al., 1993). In order to fill a research gap regarding the search and selection process, I investigated how the actual nursing home search and selection process may vary depending upon the sponsor's gender and relationship to the patient. The gender and relationship variables were considered separately and jointly in this study. Simultaneous investigation of gender and relationship is best considered in comparison of wives, husbands, daughters, and sons. However, due to the insufficient sample size of wife (n = 15) and husband (n = 9) sponsors, husband-wife comparisons could not be made in this study. Among the topics I investigated are: (a) the time involved in the search and selection process, (b) the number of facilities considered, (c) the number of facilities actually visited, (d) the importance of facility attributes in the final selection, and (e) the sponsors' perceptions of their search and selection experience.

Research Hypotheses

Relationship type:

1. (a) Three groups of sponsors (e.g., spouses, adult children, and others) will vary in searching time.

   (b) Three groups of sponsors (e.g., spouses, adult children, and others) will vary in the number of facilities considered.
(c) Three groups of sponsors (e.g., spouses, adult children, and others) will vary in the number of facilities actually visited.

(d) Three groups of sponsors (e.g., spouses, adult children, and others) will vary in the number of facility attributes considered.

(e) Three groups of sponsors (e.g., spouses, adult children, and others) will vary in the degree of negative perceptions of their search and selection experience.

Societal expectations regarding caregiving may vary depending upon the caregiver's relationship to the patient. Closer kin, especially spouses and adult children, are expected to be more involved in caregiving than others (Cantor, 1979). Higher societal expectations for closer kin may lead them to have more salient self-perceptions as caregivers. Consequently, spouses and adult children are found to be predominant in the actual provision of caregiving (Cantor, 1983). The first set of hypotheses deals with whether the salient self-perceptions of spouses and adult children as caregivers may result in variations in actual performances in selecting a suitable facility (hypotheses 1(a), (b), (c), and (d)), and in assignments of meanings to their search and selection experience (hypothesis 1(e)).

**Gender:**

2. (a) Females will spend more time than males in searching for facilities.

(b) Females will consider more facilities than males.

(c) Females will visit more facilities than males before the final selection.

(d) Females will consider more facility attributes than males in the final selection.
(e) Females will perceive their search and selection experience more negatively than do males.

**Relationship type & gender:**

3. (a) Daughters will spend more time than sons in searching for facilities.
   (b) Daughters will consider more facilities than sons.
   (c) Daughters will visit more facilities than sons before the final selection.
   (d) Daughters will consider more facility attributes than sons in the final selection.
   (e) Daughters will perceive their search and selection experience more negatively than do sons.

Society may have gendered expectations regarding caregiving. Males are expected to contribute little to caregiving (Finley, 1989). Both men and women seem to take men's meager involvement for granted. These gendered societal expectations may result in differential self-perceptions as caregivers and, in turn, lead to differential involvement in caregiving. Actually, women are found to spend more time and provide more extensive caregiving tasks than men, and are frequently in the primary caregiver role (Horowitz, 1985; Matthews and Rosner, 1988). Then is the salient self-identity of women as caregivers reflected in major elements of the nursing home search and selection process? The second set of hypotheses concerns overall gender differences in the search and selection process and the third set of hypotheses deals with daughter-son comparisons regarding role performances and perceptions about their search and selection experience.
CHAPTER 3

METHOD

Data Source

This study is based on a secondary data analysis of the Virginia Nursing Home Search and Selection Survey conducted by the Virginia Tech Center for Gerontology and funded by the AARP Andrus Foundation. The overall goal of the SEARCH (Searching for Effective and Appropriate Residential Care Homes) project was to explore the factors involved in the nursing home search and selection process and to disseminate the findings to those who need information about how to select an appropriate facility. The SEARCH project was based on interviews with nursing home patient "sponsors." Sponsors were the individuals identified by nursing homes as the primary contact person or the responsible person for the patient. McAuley and his colleagues (1993) employed two approaches for data collection: telephone interviews and in-depth personal interviews. Telephone interviews were used to obtain information for qualitative analysis of the nursing home search and selection process and generalization to the larger population of nursing home consumers/decision makers.

Participants

The sampling strategy of the SEARCH project was to identify individuals who were either in the process of decision-making or who had completed it recently enough to permit reasonably accurate retrospective descriptions of the decision process. Thus, only the sponsors of individuals who had been in facilities for fewer than 90 days were selected. Those who were transfers, readmissions, or within-complex movers were excluded from the original study sample, because the
sponsors might have experienced the actual search and selection process so far in the past that they could not readily remember the details of the process.

Identifying those individuals who met the criteria required the cooperation of nursing homes, because the facilities needed to provide the names and telephone numbers of qualified individuals. Sixty-three nursing homes agreed to participate in the project. According to OBRA regulations, nursing homes must have permission from the resident or responsible party before names can be released. Thus, the project team mailed each facility a set of information packets, including: (a) SEARCH project descriptions to be used, (b) release of information forms for residents and responsible parties, (c) forms to be used by facilities to transmit information about the responsible party and resident, and (d) a set of instructions describing how the facility staff should use the materials. Copies of these materials are attached in Appendix A.

Due to high occupancy rates (and therefore little room for new patients) and few admissions who qualified, recruitment was very slow. For each of the individuals meeting the criteria, nursing homes provided information, including: (a) the name of the nursing home; (b) the name of the resident; (c) admission dates; (d) the name, phone number, and address of the responsible party; and (e) the relationship of the responsible party to the resident. Out of a total of 192 potential cases, 150 agreed to be interviewed, for a response rate of 78% (McAuley et al., 1993).

Among 150 respondents, only one respondent mentioned that she was not heavily involved in the search and selection process and that there was another responsible person. This study assumes that every respondent is a responsible person for the search and selection process in order to clearly demonstrate the
effects of the sponsor's gender and relationship type on the search and selection process. Therefore, I eliminated this respondent from the sample, reducing the sample size to 149 sponsors.

**Procedures**

All quantitative data for the SEARCH project were collected by telephone interview. The survey process followed Dillman's (1978) "total design method" for telephone surveys in an effort to assure a high response rate. An advance letter was mailed to each responsible party, indicating they would soon be contacted for a phone survey. The telephone survey was conducted by the Center for Survey Research using experienced and trained interviewers. Up to six call backs (rather than the customary three for most telephone surveys) were made at different times and on different days in an effort to find the sponsor at home. In order to have the interviews take place within a reasonable time of admission, the surveys were completed in two major waves. Surveys were conducted for the first wave during the period March 27 to April 1, 1993 and for the second wave during the period June 8 to 16, 1993. Finally, some late cases were handled by the Center for Gerontology staff, rather than the Center for Survey Research (McAuley et al., 1993).

**Description of the Instrument**

The telephone questionnaire was designed especially for use with the SEARCH project. Initial sources of information on questions included in the telephone survey were prior research (Dove, 1986; Froebe et al., 1982; Jarboe & McDaniel, 1985; Roff, 1983; Rogers et al., 1988) and popular evaluation guides (Bausell & Rooney, 1983; Birge, 1988; Craig, 1987; Virginia Department for the Aging,
1989). Then the project staff carried out a series of individual and group interviews in the process of developing the survey instrument.

As a first step, in February, 1992, they conducted a series of in-depth background interviews with five individuals who had recently been involved in the process of choosing a nursing home. In addition, in October, 1992, they completed a focus group discussion with four individuals who were identified by cooperating nursing homes as people who might provide valuable information for developing the instrument. As a follow-up to these initial efforts, two more individuals were interviewed in-depth.

The draft of the telephone survey instrument was revised several times based upon the results of pre-tests. Initially, four mock pre-tests were conducted with colleagues in order to clarify questions and determine the time required for administration. Later, the research staff conducted two pre-tests with individuals who were willing to participate in the project. The draft was also sent to staff of the Center for Survey Research for their review, and then the survey instrument was finalized.

The telephone survey questionnaire was largely composed of closed-ended responses. Its administration time was approximately 15 minutes. Table 1 is a summary of the topics covered in the telephone survey. Actual interview materials are presented in Appendix B.

Table 1

Major Topics Covered in Telephone Questionnaire

* Demographic/background characteristics of patient and sponsor:

age, gender, relationship, living arrangement, health and functional level, marital status, employment status, race/ethnicity, income.
* Factors related to decision to institutionalize:

triggering event, amount of care provided to patient by sponsor, prior hospitalization.

* The search and selection process:

people involved, level of support from family/friends/others, competing demands, time available, information sources (including use of guides), facility considerations (including number considered, number contacted, number visited, importance of attributes, distance).

* Evaluation of search process and selection made:

agreement/disagreement with a series of phrases (e.g., stressful, confusing, guilty) describing the search and selection process; level of satisfaction with: (a) personal role in the process, (b) support of others, (c) information available, (d) final selection, and (e) evaluation of fit between patient and facility.

(McAuley et al., 1993)

From the topics that were covered in the original study, several appropriate questions were selected for this investigation. As the purpose of this study is to show how the sponsor's relationship type and gender influence each element of the nursing home search and selection process, appropriate variables are: (a) the time involved in the search and selection process, (b) the number of facilities considered, (c) the number of facilities actually visited, (d) the importance of facility attributes in the final selection, and (e) the sponsors' perceptions of their search and selection experience. For background information, demographic characteristics of sponsors were analyzed. Specific questions used in this study have been marked with an asterisk (*) on the instrument in Appendix B.
Measures

Demographic characteristics. Five questions related to the sponsor's age, gender, marital status, employment status, and race, were analyzed for this study.

Sponsor characteristics. The sponsor characteristics of interest in this study are gender and relationship type. Regarding sponsor type, the original data included information on 11 groups of sponsors. The categories of the relationship of patient to sponsor were husband, wife, father, mother, uncle, aunt, brother, sister, other relative, non-relative, and resident him/herself. Based on previous research (George & Gwyther, 1986) and frequency data of this study, these various groups of sponsors were collapsed into 3 groups: spouse (n = 24), adult children (n = 90), other (n = 35). Sponsor gender was measured using dichotomous (male = 1, female = 2) response categories. The frequencies of male and female respondents are 49 and 100, respectively.

Searching time. To measure how much time was involved in the search and selection process, respondents were asked when they first seriously considered nursing homes as a possible care option. The date of admission, which was provided by the nursing home, was also included in the data set. Searching time means time lag between the date of serious consideration and the nursing home admission date.

Number of facilities seriously considered. Respondents were asked how many facilities they seriously considered before making their final selection.

Number of facilities actually visited. Respondents were asked how many facilities they actually visited before their final selection.

Number of facility attributes considered. Based on previous studies (Dove, 1986; Froebe et al., 1982; Jarboe & McDaniel, 1985; Roff, 1983; Rogers et al.,
1988) and some popular evaluation guides (Bausell & Rooney, 1983; Birge, 1988; Craig, 1987; Virginia Department for the Aging, 1989), the original researchers developed questions designed to measure whether the respondent viewed each of 23 nursing home characteristics as important in making the ultimate selection of a facility. Originally, the set of 23 items was assessed using dichotomous (yes = 1, no = 2) response categories. In order to measure the number of facility attributes considered, the responses needed to be recoded (yes = 1, no = 0). Then, the number of items responded "yes" for each respondent were summed for the analysis.

**Sponsors' perceptions about the nursing home search and selection process.** The respondents were asked to express their level of agreement or disagreement with a number of items designed to elicit their personal assessment of the search and selection process (see Appendix B). This study investigated whether there was any variation in sponsors' perceptions about their search and selection experience by their relationship type and gender.

Based on previous studies on caregiving, I assumed that there are different relationship- and gender-related societal role expectations and self-perceptions as caregivers: closer kin and females are highly expected to assume caregiving responsibilities and, thus, have more salient caregiving self-perceptions. One of the assumptions of symbolic interaction theory is that individuals have different self-identities associated with a role and, as a result, they may perceive the situation differently.

Hypothesizing that closer kin and females may have more negative perceptions about institutionalization and their nursing home search and selection experience due to their salient caregiving self-identities, I selected 10 items that may be
evaluated differently depending upon respondents' self-identities. The following discussion indicates how these items fit into the conceptual framework of this study, which is symbolic interaction theory: how are sponsors' responses to each of these items affected by their differential self-identities?

(a) The experience represented a crisis in my life.

The nursing home placement of older relatives is a traumatic experience for all family members. When closer kin, such as spouses or adult children, are responsible parties, the emotional consequences of institutionalization may be more detrimental. In fact, the institutionalization of a parent has been termed a "nadir of life" (Cath, 1972). Closer kin who are responsible for the institutionalization of their family member are more likely to feel that they are neglecting their duties and are acting against societal norms. Likewise, females, who have been socialized as nurturers and have higher expectations of themselves in caring for others and are emotionally closer to family members than males, are more likely than males to have severe negative feelings during the experience. Thus, closer kin and females are more likely to regard the experience as a crisis in their lives.

(b) The experience was confusing.

Sponsors may have conflicting feelings during the search and selection process. On the one hand, they are making decisions about putting a beloved one into a facility. On the other hand, they are providing care for them. This contradictory situation may lead them to experience role ambivalence. This feeling of role ambivalence may be especially true for closer kin and females, because they are more likely than others to be deeply involved in caregiving and the nursing home search and selection process.
Moreover, in spite of the fact that they may no longer be able to cope with the burden of care and the fact that the nursing home placement of their relatives is necessary given the circumstances, closer kin and females are more likely to fall into a dilemma during the search and selection process. They may feel guilty and think that institutionalization may not be an appropriate decision. Thus, the more salient self-identities they have, the more confused they are during the search and selection experience.

(c) The experience was difficult.

In most cases, because the old patient may have fear and anxiety about institutionalization, family members are unwilling to institutionalize their loved one. It may be hard for family members to find a nursing home when their loved one does not want to be institutionalized. It may be especially difficult when the caregivers are closer kin and females, because they have a more intense emotional bond with the patient and higher caregiving expectations of themselves. They are more likely to think that they should select the best facility. Thus, the search and selection experience may be viewed as more difficult by those individuals who have more salient caregiving self-identities.

(d) The experience was stressful.

Coupled with their own guilt and confusion, closer kin and females are more likely to feel stress during the experience. As indicated above, closer kin and female caregivers are more likely to have the emotional pressure to choose the most appropriate nursing home in order to make up for their seemingly undesirable decision for the patient. Moreover, females may also feel more time pressure. Actually, over 85% of daughter respondents of this study reported that their caregiving responsibility was a competing demand during the search and selection
process. Thus, this pressure may lead them to feel more stress during the experience.

(f) The experience was time-consuming.

Sponsors’ perceptions about their caregiving role and the nursing home placement of their relatives may be closely tied to their responses to this item. Closer kin and females are more likely to think of caregiving tasks as their central responsibility and to regard the institutionalization of their relatives as an important event in their lives. Assuming that the nursing home search and selection process is a part of family caregiving, closer kin and females are less likely to feel that the experience is time-consuming. On the other hand, because distant relatives or friends and male caregivers may consider their caregiving roles to be less salient compared to other roles they perform, they are more likely to feel that the search and selection process is time-consuming.

This item is different from other items concerning the anticipated direction of sponsors’ responses to it. Contrary to other items indicating negative meanings, such as item (a), (b), (c), (d), and (g), closer kin and females are expected to express disagreement with this item. This may suggest the possibility of reverse-coding of this variable. However, overall the scale was designed to measure the degree of sponsors’ negative feelings about the search and selection process and this item implies negative meanings. Therefore, it would not be reverse-coded.

(g) I felt guilty.

Sponsors may set different standards for what are legitimate investments in searching for and selecting a nursing home, depending upon their relationship type and gender. Due to higher societal expectations and their own expectations of themselves regarding caregiving, closer kin and females are more likely to feel
guilty during the search and selection process. They may think that they should have done more. The disparity between what they actually do and what they feel they should do may lead them to feel more guilt. On the other hand, other sponsors, such as distant relatives or friends and males, may think that they have made a legitimate contribution despite little of investment, and may be less likely to feel guilty.

(h) I felt relief.

Even though nursing home caregivers are no longer primarily responsible for the day-to-day care of their family members, nursing home placement does not absolutely relieve family members from caregiver strain. It has been found that nursing home caregivers seem to be relieved only in terms of their social lives, and not in terms of their emotional strain (Stephens et al., 1991). Due to higher societal expectations and the strong emotional bond with the patient, closer kin and female caregivers can not be free of their caregiving responsibility even after institutionalization. Consequently, the more salient caregiving self-identities they have, the less relief they have from nursing home placement.

(j) I felt satisfied that I did everything I could.

Higher societal expectations regarding caregiving may lead closer kin and females to have higher standards on their legitimate investment. Because of their higher expectations of themselves, they are more likely to feel that they should have made more efforts during the search and selection experience. In this vein, closer kin and females are less likely to be satisfied with what they have done.

(k) I felt I had enough time to choose a nursing home.

As indicated above, differential societal expectations regarding caregiving may result in the different level of expectations of themselves with respect to searching
efforts. Thus, given the higher level of expectations of themselves, closer kin and females are less likely to feel that they have spent enough time to choose the best facility.

(1) My effort was appreciated by others.

Because society may expect little of caregiving contribution from distant relatives or friends and males, it is relatively easy for them to have others' appreciation with regard to their search efforts. On the other hand, the higher societal expectations toward closer kin and females are less likely to make them feel appreciated by others regarding what they have done during the search and selection process.

The following 3 items in the list were not included in this study, because I did not see any association between these items and the theory. The variation in sponsors' perceptions associated with each of these 3 items may not be attributable to their differential caregiving self-identities depending upon gender and relationship type.

c) The experience was educational.

This item deals with the value of experience as a learning opportunity. Thus, kin types and gender issues should be relatively unimportant to the amount learned in the process.

(1) I felt well-informed.

A sponsor's response to this item is probably a function of knowledge and information obtained through the nursing home search and selection experience. Sponsor gender and relationship type to the patient may not be an important predictor of the amount of obtained knowledge and information about the nursing home search and selection process.
(m) There was consensus among the decision makers.

This item deals with respondents' perceptions of level of agreement or disagreement among decision makers. Other factors than kin types and gender, such as the decision makers' prior attitude toward nursing homes and their different selection criteria, would influence a sponsor's response to this item.

To measure the degree of a sponsor's negative perceptions of the nursing home search and selection experience, each respondent's scores to the selected 10 items were summed. Before summing the scores, four positively worded items, such as (h), (j), (k), and (l), needed to be reverse-coded in order to make scores comparable in a negative direction. Rated on a 4-point scale, from strongly disagree (1) to strongly agree (4), scores on the 10-item scale ranged from 10 to 40, with a high score indicating more negative emotional outcomes.

**Data Analysis**

The SAS (Statistical Analysis System) was used to conduct descriptive and inferential analyses of the data. Descriptive statistics were used to describe the demographic characteristics of the sample regarding age, gender, marital status, employment status, and race of the sponsor. The results regarding these variables were presented, based on major sponsor type (e.g., spouses, daughters, sons, and others).

This study was designed to investigate group differences (based on relationship type and gender) regarding the elements of the nursing home search and selection process. The hypotheses address whether variations in salience of self-identity of caregivers depending upon their gender and relationship type may have impacts on four search variables (e.g., searching time, the number of facilities seriously considered, the number of facilities actually visited, and the number of facility
attributes considered), and on a perception variable (e.g., the degree of the
sponsors' negative perceptions of their search and selection experience). For the
various comparisons, analysis of variance (ANOVA) and t-tests were used. All
hypotheses were tested statistically, using the .05 level of significance.

To test hypotheses 1(a), (b), (c), (d), and (e), examining the effect of
relationship type (e.g., spouses, adult children, and others) on each element of the
nursing home search and selection process, ANOVA procedures were conducted.
Hypotheses 2(a), (b), (c), (d), and (e), investigating overall gender differences, and
hypotheses 3(a), (b), (c), (d), and (e), regarding the differences between sons and
daughters, were tested using t-tests. In using t-tests, one-tailed tests were made
because directionality has been hypothesized.
CHAPTER 4

RESULTS

Descriptive Analysis

Among 150 respondents who participated in the original survey, the respondents who identified themselves as responsible parties in the search and selection process were considered in this investigation. A distribution of the sample according to relationship type was: 24 spouses, 58 daughters, 32 sons, and 35 other relatives and friends. The mean age of the entire group of respondents was 57.9 years, with a range of 31 to 90 years. The vast majority of spouses were over 70, whereas most adult children were between 40 and 59. The mean ages of spouses, adult children, and others were 73, 53, and 60, respectively. In addition, approximately two-thirds of the sponsors (65%) were female. Just over half of the respondents (53%) were employed full or part time. Specifically, 78% of sons and 62% of daughters were working, compared with 8% of spouse caregivers.

These demographic characteristics of the sponsors are consistent with previously presented findings on institutionalization: caregivers who were female, employed, and less central to the patient (e.g., child rather than spouse) have been found to be more likely to institutionalize their older relatives (Colerick & George, 1986). In this investigation, I found that these types of individuals were also more likely to be engaged in the nursing home search and selection process. Moreover, similar to Brody's (1981) findings indicating that 60% of middle-aged women, the age group most likely to confront caregiving responsibilities, were in the labor force, this study demonstrated the predominance of daughter sponsors, 62% of whom were employed. It may lend considerable weight to the "women in the
middle" hypothesis. The pressures on the middle generation were also emerging during the search and selection process. A substantial portion of daughter sponsors reported some competing demands, such as caregiving responsibilities (86%), employment (53%), and their own health care needs (62%), during the process.

Over 80% of the sponsors identified themselves as white, while less than one-fifth were nonwhite. There is no measure of the patient's race in the survey. However, assuming that the patient's race may be the same as that of the respective sponsor, the predominance of white patients in this investigation is consistent with the general nursing home populations: of nursing home residents, 93% are white, whereas 6% are black (Gebhardt, 1988). With respect to marital status, most of the respondents (83%) were married, 7% were divorced or separated, 6% were widowed, and 3% were single.

The demographic characteristics of the respondents are given in Table 2. As shown in Table 2, major sponsor groups differed in socio-demographic characteristics with respect to age, gender, marital status, and employment status.

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insert Table 2 about here.
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The Effects of Sponsor Relationship Type

To investigate the nursing home search and selection process according to relationship type, three groups of sponsors (e.g., spouses, adult children, and others) were compared regarding four search variables (e.g., searching time, the number of facilities seriously considered and actually visited, and the number of facility attributes considered), and one perception variable (e.g., the degree of the sponsors' negative perceptions of their search and selection experience).
<table>
<thead>
<tr>
<th>Variables</th>
<th>Total Sample (N = 149)</th>
<th>Spouses (n = 24)</th>
<th>Daughters (n = 58)</th>
<th>Sons (n = 32)</th>
<th>Others (n = 35)</th>
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</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>30-39</td>
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<td>5.2</td>
<td>6.2</td>
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<td>40-49</td>
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<td>27.6</td>
<td>34.4</td>
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<td>50-59</td>
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<td>44.8</td>
<td>43.8</td>
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<td>60-69</td>
<td>22.8</td>
<td>25.0</td>
<td>17.2</td>
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<td>&gt;69</td>
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<td>70.8</td>
<td>5.2</td>
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<td>(mean)</td>
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<td>72.9</td>
<td>53.4</td>
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<td>Full-time</td>
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<td>44.8</td>
<td>68.7</td>
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<td>Part-time</td>
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<td>4.2</td>
<td>17.2</td>
<td>9.4</td>
<td>11.4</td>
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<tr>
<td>Unemployed</td>
<td>47.0</td>
<td>91.6</td>
<td>37.9</td>
<td>21.9</td>
<td>54.3</td>
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<td><strong>Race</strong></td>
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<td>White</td>
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<td>Nonwhite</td>
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<td>6.9</td>
<td>0.0</td>
<td>11.4</td>
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<tr>
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<td>0.0</td>
<td>0.0</td>
<td>12.5</td>
<td>2.9</td>
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</table>

* p < .05 based on Chi-square; ** p < .01 based on Chi-square
Based upon ANOVA, hypotheses 1(a), (b), (c), and (d), dealing with searching time, the number of facilities considered, the number of facilities visited, and the number of facility attributes considered, were not supported. Contrary to expectation, closer kin, especially spouses and adult children, did not differ from other sponsors regarding actual performances in searching for and selecting an appropriate nursing home. Specifically, as to the number of facilities visited, the means for spouses and children were 3.0 and 2.7, respectively, whereas that for other sponsors was 2.1. In spite of the fact that the findings were in the anticipated direction, there were no statistically significant differences among groups.

However, hypothesis 1(e) concerning the variation in the degree of negative perceptions of the search and selection process according to sponsor relationship type was supported. The degree of each sponsor's negative perceptions was measured by summing each respondent's scores on 10 specific items that may be evaluated differently depending upon the respondents' caregiving self-identities. Because each response was scored on a 4-point scale, the range of scores on the additive scale was 10 to 40. Adult children reported the highest score. The mean scores of adult children, spouses, and others, were 25.9, 25.4, and 22.0, respectively. The F statistics indicated significant differences among the three groups (F = 6.61, p < .005). Duncan's multiple range test indicated that adult children were significantly different from others: adult children tended to evaluate their search and selection experience more negatively than did others. Detailed results are provided in Table 3.
TABLE 3

The Association between Sponsor Relationship and Search and Perception Variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>Spouses (n = 24)</th>
<th>Adult Children (n = 90)</th>
<th>Others (n = 35)</th>
<th>Significance</th>
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</thead>
<tbody>
<tr>
<td>Searching time (months)</td>
<td>4.3</td>
<td>6.9</td>
<td>7.6</td>
<td>F = 0.68</td>
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<tr>
<td>Number of facilities considered</td>
<td>1.9</td>
<td>2.1</td>
<td>1.9</td>
<td>F = 0.47</td>
</tr>
<tr>
<td>Number of facilities visited</td>
<td>3.0</td>
<td>2.7</td>
<td>2.1</td>
<td>F = 0.69</td>
</tr>
<tr>
<td>Number of facility attributes considered</td>
<td>17.5</td>
<td>17.0</td>
<td>16.4</td>
<td>F = 0.33</td>
</tr>
<tr>
<td>Negative perceptions</td>
<td>25.4</td>
<td>25.9</td>
<td>22.0</td>
<td>F = 6.61*</td>
</tr>
</tbody>
</table>

* p < .005 based on one-way ANOVA
The Effects of Sponsor Gender

Hypotheses addressing whether females are more actively involved in actual searching activities and perceive their search and selection experience more negatively than males were also investigated. Among the hypotheses regarding the search variables, hypotheses 2(a), (b), and (c), concerning gender differences in searching time, the number of facility considered, and the number of facilities visited, were not supported at the .05 level of significance. On average, female sponsors tended to visit more facilities than did males. The differences were not statistically significant at the .05 level of significance, although they were at the .10 level of significance (t = -1.33, p < .10).

On the other hand, hypothesis 2(d), stating that females will consider more facility attributes than males in the final selection, was supported. T-tests indicated significant gender differences in the number of facility attributes considered (t = -1.76, p < .05). The means for females and males were 17.4 and 15.9, respectively. Finally, the hypothesis addressing gender differences in negative perceptions about the search and selection process was also supported (t = -2.01, p < .05). As anticipated, females reported higher scores on the negative perception scale than did males. The mean scores of females and males were 25.4 and 23.6, respectively. These findings are shown in Table 4.
TABLE 4

Gender Differences on Search and Perception Variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>Male (n = 53)</th>
<th>Female (n = 96)</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Searching time (Months)</td>
<td>5.8</td>
<td>7.1</td>
<td>t = -0.65</td>
</tr>
<tr>
<td>Number of facilities considered</td>
<td>2.1</td>
<td>2.0</td>
<td>t = 0.23</td>
</tr>
<tr>
<td>Number of facilities visited</td>
<td>2.2</td>
<td>2.9</td>
<td>t = -1.33</td>
</tr>
<tr>
<td>Number of facility attributes considered</td>
<td>15.9</td>
<td>17.4</td>
<td>t = -1.76*</td>
</tr>
<tr>
<td>Negative perceptions</td>
<td>23.6</td>
<td>25.4</td>
<td>t = -2.01*</td>
</tr>
</tbody>
</table>

* p < .05 based on one-tailed t-test
The Effects of Sponsor Relationship & Gender

Due to the insufficient sample size of husband (n = 9) and wife (n = 15) sponsors, I could not make husband-wife comparisons in this investigation. The hypotheses regarding whether daughters are more likely than sons to be actively involved in each element of the search and selection process and to have more negative perceptions about the search and selection process were tested. Hypotheses 3 (a), (b), (c), and (d), related to the search variables, were not supported at the .05 level of significance. As to searching time, the number of facilities considered, and the number of facility attributes considered, there were no significant daughter-son differences. Actually, daughters were likely to visit more facilities than sons, although the differences were not statistically significant at $a = .05$; however they were significant at $a = .10$ ($t = 1.45, p < .10$).

Finally, hypothesis 3 (e) concerning daughter-son differences in negative perceptions of the search and selection experience was supported ($t = 2.85, p < .005$). The mean scores of daughters and sons were 26.9 and 23.7, respectively, suggesting that daughters evaluated their search and selection experience more negatively than sons. These findings are given in Table 5.

Insert Table 5 about here.

In sum, the results indicated that all the hypotheses regarding actual search activities were not supported, with the exception of one hypothesis dealing with gender differences in the number of facility attributes considered. On the other hand, it is interesting to note that there were distinguishing group differences across gender and relationship type in assigning negative meanings to their search and selection experience. Adult children, females, and daughters had more
TABLE 5

Daughter-Son Comparisons Regarding Search and Perception Variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>Daughters (n = 58)</th>
<th>Sons (n = 32)</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Searching time (Months)</td>
<td>7.4</td>
<td>6.0</td>
<td>t = 0.54</td>
</tr>
<tr>
<td>Number of facilities considered</td>
<td>2.2</td>
<td>2.1</td>
<td>t = 0.32</td>
</tr>
<tr>
<td>Number of facilities visited</td>
<td>3.0</td>
<td>2.1</td>
<td>t = 1.45</td>
</tr>
<tr>
<td>Number of facility attributes considered</td>
<td>17.2</td>
<td>16.5</td>
<td>t = 0.63</td>
</tr>
<tr>
<td>Negative perceptions</td>
<td>26.9</td>
<td>23.7</td>
<td>t = 2.85*</td>
</tr>
</tbody>
</table>

* p < .005 based on one-tailed t-test
negative feelings about their experience than others, males, and sons, respectively. Daughters were found to have the highest mean score on the negative perception scale, indicating that they may be the most negatively affected group during the search and selection process.
CHAPTER 5

SUMMARY AND DISCUSSION

The purpose of this study is to investigate whether individuals go through the nursing home search and selection process differently depending upon their gender and relationship type. In order to demonstrate the effects of the sponsor's gender and relationship type on the search and selection process, 149 individuals who identified themselves as responsible parties for the process were included in this analysis. Based on previous studies (Cantor, 1979; Finley, 1989), I assume that different gender and kin roles are associated with varying self-perceptions as caregivers according to societal expectations: society expects more involvement from closer kin and females. Symbolic interactionism suggests that these differential caregiving self-perceptions may be reflected in variations in actual searching activities and in meaning assignment to the search and selection process.

The most interesting demographic characteristic of the sponsors was that many were daughters, regarded as "women in the middle" (Brody, 1981). Similar to Brody's findings, approximately 60% of daughter sponsors in this investigation were employed. The large portion of them reported some competing demands, such as caregiving responsibilities (86%), employment (53%), and their own health needs (62%), during the search and selection process. In this vein, this study supports "women in the middle " hypothesis.

The findings indicated that closer kin and females (daughters) did not differ from others and males (sons) in most cases of their searching activities. The only significant difference found was in the male-female comparison regarding the number of facility attributes considered: females tended to consider more facility
attributes than males in the final decision. Moreover, although females (daughters) were found to visit more facilities than males (sons) before the final selection, these differences were not statistically significant at the .05 level of significance; however, they were significant at the .10 level of significance.

On the other hand, there were distinguishing group differences regarding the sponsors' negative perceptions about their search and selection experience. As anticipated, adult children and females (daughters) were found to have much more negative feelings about their experience than others and males (sons). These findings are consistent with previous findings about the outcomes of caregiving. Just as closer kin and female caregivers reported more caregiver strain in the community (Cantor, 1983; George & Gwyther, 1986; Horowitz, 1985; Mui & Morrow-Howell, 1993; Young & Kahana, 1989) and in nursing homes (Brody et al., 1990; Grau et al., 1993), those individuals also reported more negative perceptions about their search and selection experience in this investigation. Moreover, this study demonstrated that daughters are the most negatively affected group during the search and selection process, supporting previous findings indicating the vulnerability of daughter caregivers in the community (Young & Kahana, 1989).

These significant group differences regarding negative perceptions of the search and selection process may be associated with differential gender- and relationship-related societal caregiving expectations: more involvement for adult children and female caregivers, especially for daughters, is societally defined. Those individuals may perceive that society and significant others expect them to be more involved in caregiving than others, and thus may set higher standards for their legitimate contributions to caregiving. In other words, more societal
expectations may lead them to have more salient self-perceptions as caregivers, and actually have them to be more involved in caregiving. Moreover, when they decide to admit their relatives to an institution and search for an appropriate facility, they may confront the situation with different standards for their searching behavior from others. As a result, they are more likely to experience negative feelings, such as stress and guilt, during the search and selection process. Thus, this study supports previous caregiving studies indicating that adult children and female caregivers may have more salient self-perceptions as caregivers, by demonstrating more negative meaning assignment of those individuals to the search and selection process.

Then, why did sponsor groups vary only in perceptions about their search and selection experience, not in actual role performances? Research has shown that the salience of an identity is influenced by a person's commitment (Hoelter, 1983). Johnson (1982) speculated that the concept of commitment has always carried two distinct meanings, personal and structural. Personal commitment derives from the satisfaction with the relationship, which grows out of the personal rewards and costs experienced by the individual. Structural commitments are conditions that constrain the individual to continue a line of action once it has been initiated, regardless of personal commitment to it. According to Johnson (1982), social pressures and expectations from society and significant others is one form of structural commitment. Symbolic interactionism concerns how individuals' differential commitment affects the salience of their self-perceptions, meaning assignment, and the extent and quality of their role performances (LaRossa & Reitzes, 1993). Given the assumption of this study that differential caregiving self-perceptions, based on societal expectations, may be associated with variations
in actual role performances and in perceptions about the search and selection experience, this study may have considered only structural commitment to investigate variations in the nursing home search and selection process without regard to personal commitment.

Considering that I did not have more significant results regarding actual searching activities in this investigation, it may suggest that new variables should be considered for future research. Personal commitment, derived from previous relationships, may be associated with varying involvement of the sponsors in the search and selection process. Regardless of structural commitment (e.g., societal expectations), those who have strong personal commitment may invest more time and energy in the search process. Therefore, future research that focuses more carefully on relationship quality prior to institutionalization may help to shed light on why individuals may vary in searching for and selecting a nursing home.

Furthermore, more careful attention to patients' characteristics may help to better explain the search and selection process. According to McAuley et al. (1993), the sponsors were likely to make the decision in less time when hospitalization was an important factor in the nursing home decision, and the sponsors were likely to visit fewer facilities if the patient had special care needs. Therefore, variations in the search and selection process may be a function of the complex set of variables.

In addition to those variables suggested above, other caregiver characteristics, such as caregiver burden, the length of time as caregivers, and caregiver race, need to be considered. Future studies should address whether there is a relationship between these factors and the search and selection process. These variables may be associated with caregivers' perceptions about the institutionalization of their
relatives, and in turn, these perceptions may influence actual searching behaviors. Thus, these causal relationships need to be further investigated.

Certain limitations of this study must be recognized. First, because this research was based on a secondary data analysis, I was not able to include potentially important variables, such as relationship quality prior to institutionalization and the length of time as caregivers. Future investigation ought to include these variables in the survey to better address variations in the search and selection process. Second, in the original study, the recruitment process made it possible for nursing home personnel to select which individuals were invited to participate. There is a possibility that selection bias took place. Therefore, any generalization beyond the sample should be made with caution. Random sampling would be beneficial in future research. Moreover, due to the limited size of the sample, husband-wife comparisons could not be made in this investigation.

Despite these limitations, this study makes some contributions to existing caregiving research. In the dearth of literature on the nursing home search and selection process as a part of family caregiving context, it provides useful information about the effects of caregiver gender and relationship type on the search and selection process, demonstrating that adult children and females (daughters) tended to have more negative perceptions about the search and selection process than others. Considering that more negative feelings about the search and selection process may come from higher expectations of themselves as responsible parties, it supports previous findings that closer kin and females (daughters) may have more salient self-perceptions as caregivers.

Regardless of significant group differences regarding perceptions about the search and selection process, over 80% of the respondents mentioned that the
experience was very stressful, difficult, and represented a crisis in their lives. It may be because of the fact that during the search and selection process, the family members may feel that they are shifting their caregiving duties to nursing homes and that they are acting against societal norms. However, Litwak (1985) recognized the need to share caregiving tasks between informal networks and formal systems and to balance their performances for the best results. Likewise, Hines (1987) emphasized the "family-as-partner" concept. Neither family members nor nursing homes should regard institutionalization as a complete transition from informal to formal care. Both of them need to understand their complementary roles in caring for their relatives even after institutionalization.

In this vein, the findings indicating that the nursing home search and selection experiences have a negative emotional influence on most family members may have significant practice implications. To reduce family members' negative perceptions about nursing home placement and to encourage them to be involved in care of their relatives, especially through social and emotional supports, an educational campaign or program needs to be implemented. An educational campaign or program designed to make people aware of what nursing homes are like and what roles they play in long-term care will be useful (McAuley et al., 1993). For example, people may become more familiar with nursing home care by visiting or volunteering at nursing homes before the need actually arises. The good awareness of nursing homes may decrease family members' unnecessary fear and anxiety about the nursing home placement of their relatives.

Moreover, family members need to be encouraged to make some long-term care planning in advance (McAuley et al., 1993). A one-day workshop for long-term care planning targeted for lay persons may be beneficial. Through this kind
of educational program, people may come to understand nursing home care as the continuance of family caregiving, not as a completely separate caregiving system. Consequently, educational programs may help people to make aware of nursing homes and to lessen their negative perceptions experienced during the search and selection process, and, in addition, to increase their involvement in nursing homes.
REFERENCES


APPENDIX A

INFORMATION PACKETS PROVIDED TO COOPERATING FACILITIES
SEARCH PROJECT

What does it take to find a good nursing home? Is there anyone you can ask, and what would you ask them? What are the criteria you can use to determine the quality of a facility and the quality of care provided? These are just some of the questions and issues that families and individuals, like yourself, who have been involved in the process of looking for and selecting a nursing home have been confronted with. In recognition of how overwhelming this experience can be, the Center for Gerontology at Virginia Tech has requested and received funding from the American Association of Retired Persons (AARP)-Andrus Foundation for the SEARCH (Searching for Effective and Appropriate Residential Care Homes) Project.

The SEARCH Project will interview people who have recently gone through the process of looking for and selecting a nursing home. As a SEARCH participant you will be asked what you were looking for in a nursing home, who may have helped you in your search (doctor, social worker, hospital staff, friends, family), and what printed materials you may have used (guidelines). We will also ask about your satisfaction with the process of finding a nursing home, the help you received, and the choice that was made.

We want to find out about your experience, whether it was good or bad or a little of both. The information you provide will be used to develop recommendations and guidelines that can assist others in their search for a nursing home. Because of your experience, your input is vital to the success of the SEARCH Project. The Center for Gerontology assures you that the information acquired for the SEARCH project will be maintained in strict confidence and no individual responses will be released to the nursing home or others.

If you have any questions or would like further information please feel free to call any of the following people at the Center for Gerontology at (703) 231-7657:

Marcia Safewright, Project Manager
Phyllis Greenberg, Project Assistant
Jim McAuley, Project Director
Shirley Travis, Project Co-Director
VIRGINIA TECH
CENTER FOR GERONTOLOGY
SEARCH PROJECT
RELEASE OF INFORMATION

The Center for Gerontology at Virginia Tech is initiating the SEARCH Project to find out about the experience people have had in looking for and selecting a nursing home. We will be interviewing people, such as yourself, who have recently gone through this process.

As a participant and the designated responsible party, we will need to know your name, address and phone number, and the name and date of admission of the person residing in the nursing home. We are asking that you provide permission to ______ _______ nursing home to release this information to us. We assure you that the information acquired for the SEARCH Project will be maintained in strict confidence and that no individual responses will be released to the nursing home or others.

I, ______________________________ agree to the release of the above stated information to the Center for Gerontology for the SEARCH Project. I understand that I may withdraw my consent at any time without penalty or prejudice.

_________________________________________       Date: __________
Signature of Designated Responsible Party

_________________________________________       Date: __________
Signature and Title of Nursing Home Representative

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NURSING HOME INFORMATION TRANSMITTAL FORM
FOR THE
SEARCH PROJECT

Please complete information for both the resident and the designated responsible party. Using the return envelopes provided, return all recently completed forms on the first and sixteenth of each month to Marcia Safewright at the above address.

INFORMATION ABOUT RESIDENT:

Name of Resident: _______________________________

Date of Admission: ____________________________

Is resident physically and mentally capable of participating in the SEARCH Project?

Yes ___ No ___

If yes, does resident have access to a telephone for an interview?

Yes ___ No ___

INFORMATION ABOUT RESPONSIBLE PARTY:

Name of Responsible Party: _______________________________

Address: _____________________________________________

City: _____________________________ Zip:______________

Phone: _______________ (Home) _______________ (Work)

Relationship to Resident: _______________________________

RELEASE INFORMATION (Check appropriate space):

_______________________________ has received permission from Resident:_____ Responsible Party: _____ Both: _____ to release the above information to the Center for Gerontology.

Facility Address: _________________________________
SEARCH PROJECT INSTRUCTIONS

The following forms are provided and color coded:
** SEARCH Project Description (green)
** Release of Information for Resident (yellow)
** Release of Information for Responsible Party (buff)
** Information Transmittal (blue)

Who Should Participate In The SEARCH Project?: SEARCH participants are new admissions (responsible party and/or resident) to your facility. Do not include transfers from another facility, people who have moved from another level of care within the same complex, or people who are being officially re-admitted due to a hospital stay. We are interested in those people who are going through the nursing home search and selection admission process for the very first time.

Each time you have a new admission we would like you to tell them about the SEARCH project, offer the project description and ask the resident and/or responsible party to sign the appropriate release form. It will probably be most convenient for you to include the SEARCH packet with your regular admit packet.

Use of the Forms:

SEARCH Project Description (green): For either the resident or the responsible party. If they are concerned about confidentiality, please reassure them that all information gathered for the project will be maintained in strict confidence.

Resident Release of Information (yellow): Provided for your convenience and can be substituted with forms already in use by your facility. The resident release of information is used when the resident is participating in the project. This is when the resident is considered to be mentally competent to participate in an interview and has access to and is physically capable of being interviewed by telephone.

Responsible Party Release of Information (buff): Can also be substituted. Used when the designated responsible party will be participating in the SEARCH interview.

If both the resident and responsible party are participating, both can sign a release form. Your best judgement is fine.

Information Transmittal Form (blue): For transmitting resident and responsible party information. In the interest of time, please print or type the information clearly. Mail the recently completed transmittal forms on the 1st and 16th of each month. Self addressed envelopes have been included for your convenience.

If you have any questions, or need more forms or envelopes, please phone Marcia Safewright or Phyllis Greenberg at (703) 231-7657.
March 22, 1993

RESPONSIBLE PARTY NAME
STREET ADDRESS
CITY, STATE ZIPXX

Dear ____________________ [RESPONSIBLE PARTY NAME]:

We are writing to ask for your help. The Virginia Tech Center for Gerontology is conducting the SEARCH Project (Searching for Effective and Appropriate Residential Care) for the American Association of Retired Persons (AARP). We are studying the experience of people who search for and select a nursing home. Within two weeks, representatives of the Center will be phoning individuals who have gone through this search and selection experience.

Your name was selected from those individuals who were made aware of the SEARCH Project during the admission process at _______________ nursing home [FACILITY NAME]. We understand that you are the responsible party for ____________________ [RESIDENT NAME] who was admitted to ____________________ nursing home [FACILITY NAME] on ____________________ [ADMISSION DATE].

A Center interviewer may telephone you soon to ask a few questions about how you searched for and selected the nursing home for ____________________ [RESIDENT NAME]. The interview should only take about 15 minutes. Your help and that of others who participate is very important. Our report will help other individuals and families in coping with the difficulty of searching for and selecting a nursing home for someone close to them.

If you have any questions, please do not hesitate to contact us at (703) 231-7657. We will be glad to answer any questions you might have.

Sincerely,

William J. McAuley
Director

Marcia P. Safewright
SEARCH Project Director
INFORMED CONSENT FOR THE SEARCH PROJECT
PERSONAL INTERVIEWS

The Virginia Tech Center for Gerontology is inviting you to participate in a personal interview as a follow-up to the recent telephone survey you participated in for the SEARCH Project. The purpose of the project is to find out more about the experience you had in searching for and selecting a nursing home. The information that you provide will help others who might go through the nursing home search and selection process.

We assure you that the information you provide for the SEARCH project will be maintained in strict confidence and that no individual responses will be released to the nursing home or others.

I, ______________________________ agree to talk about my experience in searching for and selecting a nursing home with ______________________________. I understand that I may stop the interview at any time without prejudice or penalty.

______________________________
Signature of Participant

______________________________
Signature of Interviewer
APPENDIX B

TELEPHONE SURVEY
NURSING HOME SEARCH AND SELECTION SURVEY

CALL RECORD

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>INITIALLS</th>
<th>RESULT CODE</th>
<th>CALL BACK DATE &amp; TIME</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

IC = Interview completed  RF = Refused (record why)
NA = No Answer          PC = Partial Completion (note: reason & callback time)
NH = Not Home            DN = Disconnected Number
CB = Call back (record date & time !)  TS = Temporarily out of service
AM = Answering Machine    UR = Unable to reach correct name (note why not)
BS = Busy Signal          NR = Not Residential Telephone

Hello, may I speak to <(NR/MRS) __________

Hello my name is __________. I'm calling for Virginia Tech's Center for Gerontology. You may have received a letter recently about SEARCH which stands for Searching for Effective and Appropriate Residential Care Homes, a statewide study the Center is conducting. Our questions should take about 15 minutes. Your participation in this study is voluntary and we would appreciate your help.

INTERVIEWER: IF RESPONDENT IS UNAWARE OF PROJECT: The SEARCH Project is a study funded by the American Association of Retired Persons. We are studying the process people go through in searching for and selecting a nursing home.

INTERVIEWER: IF THE RESPONDENT IS CONCERNED ABOUT CONFIDENTIALITY: RESPOND WITH: No information will be released that would permit identification of you or your family.
1. Our records show that (Resident’s Name) is your (Relationship). Is this correct?

YES (1)___ [GO TO Q2]

NO (2)___

[IF NO] What is their relationship to you?

a. HUSBAND (1)___

b. WIFE (5)___

c. FATHER (2)___

d. MOTHER (6)___

e. UNCLE (3)___

f. AUNT (7)___

g. BROTHER (4)___

h. SISTER (8)___

i. OTHER RELATIVE: SPECIFY (9)______________________

j. NON-RELATIVE: SPECIFY (10)______________________

k. RESIDENT IS RESPONDENT: (11)______________________


2. Is your (relationship) still residing at (name of nursing home).

a. YES (1)___

b. NO (2)___

3. Were you heavily involved in:

INTERNOWNER: IF RESPONDENT IS UNCLEAR: "Did you play a substantial or important role?"

a. The decision to consider nursing home care for your (Relationship)? YES (1)___ NO(2)___

b. Gathering information about nursing homes? YES (1)___ NO(2)___

c. Locating potential nursing homes? YES (1)___ NO(2)___

d. Visiting potential nursing homes? YES (1)___ NO(2)___

[INTERNOWNER: IF RESPONDENT HAS ANSWERED YES TO AT LEAST TWO OF THE ABOVE. SKIP TO QUESTION 5. IF NOT CONTINUE TO QUESTION 4]
4. If you were not the person who assumed most of the responsibility for the search and selection process who was the person(s)?

NAME ____________________________
ADDRESS __________________________
PHONE ____________________________
RELATIONSHIP TO RESIDENT ________________

[INTERVIEWER: IF THERE IS NO OTHER PERSON, CONTINUE TO QUESTION 5; IF THERE IS, THANK THE PERSON FOR THEIR TIME AND END INTERVIEW]

5. Just prior to the nursing home decision, who did your (Relationship) live with?

   LIVED ALONE 1
   LIVED WITH RESPONDENT 2
   LIVED WITH ANOTHER FAMILY MEMBER (NOT RESPONDENT) 3
   SPECIFY RELATIONSHIP ____________
   LIVED WITH A FRIEND (NOT RESPONDENT) 4
   OTHER: SPECIFY ________________ 5
   DON'T KNOW/NA  9

6. One of the areas that we are interested in is how close your (relationship) lived to the nursing home that was chosen. Do you know the zip code for your (Relationship's) previous residence?

   ZIP CODE __________

   [INTERVIEWER: IF ZIP CODE IS UNKNOWN ASK RESPONDENT FOR CITY AND STATE]
   CITY ____________________________ STATE _________
7. Please indicate whether any of the following factors were very (VI) somewhat (SI) or not at all (NI) in your decision to seek nursing home care.

   a. (Relationship's) physical health  
      VI(3), SI(2), NI(1), DK/NA(9)
   b. (Relationship's) mental health.  
      VI(3), SI(2), NI(1), DK/NA(9)
   c. The overall amount of care  
      (Relationship) required.  
      VI(3), SI(2), NI(1), DK/NA(9)
   d. Concern for (Relationship’s) safety  
      and well being.  
      VI(3), SI(2), NI(1), DK/NA(9)
   e. Your (Relationship’s) hospitalization  
      prior to nursing home admission.  
      [WITHIN 6 WEEKS PRIOR TO  
      NURSING HOME ADMISSION].  
      VI(3), SI(2), NI(1), DK/NA(9)

8. Please indicate by answering yes or no if any of the following were part of your (Relationship's) condition prior to nursing home placement.

   a. Special care needs such as oxygen  
      or tube feedings.  
      YES(1), NO(2), DK/NA(9)
   b. Confusion or disorientation.  
      YES(1), NO(2), DK/NA(9)
   c. Inability to communicate.  
      YES(1), NO(2), DK/NA(9)
   d. Bowel incontinence.  
      YES(1), NO(2), DK/NA(9)
   e. Bladder incontinence.  
      YES(1), NO(2), DK/NA(9)
   f. Needed assistance with bathing.  
      YES(1), NO(2), DK/NA(9)
   g. Needed assistance with going to  
      the bathroom.  
      YES(1), NO(2), DK/NA(9)
   h. Needed assistance with feeding.  
      [DO NOT INCLUDE MEAL PREPARATION]  
      YES(1), NO(2), DK/NA(9)
   i. Needed assistance with walking and/  
      or transferring. [TRANSFERRING INCLUDES  
      GOING FROM BED TO WHEEL CHAIR]  
      YES(1), NO(2), DK/NA(9)
9. Please indicate whether any of the following people were involved in the decision to seek nursing home care and if the information they provided was very (V), somewhat (S) or not at all influential (NI).

a. First, was your (Relationship) involved in the decision to seek a nursing home?  
[DO NOT INCLUDE IF RESPONDENT]  
YES  NO

b. (Relationship's) spouse?  
[DO NOT INCLUDE IF RESPONDENT]  
YES  NO

c. (Relationship's) children?  
[DO NOT INCLUDE IF RESPONDENT]  
YES  NO

d. Other family members?  
YES  NO

e. A physician?  
YES  NO

f. A nurse?  
YES  NO

g. A social worker, case manager or discharge planner?  
YES  NO

h. Friends of the family?  
YES  NO

i. A minister or other member of the clergy?  
YES  NO

j. A counselor or therapist?  
YES  NO

k. Any other people?  
YES  NO

Specify: ____________________________
10. When did you first start seriously considering nursing homes as a possible care option?

DATE: ________________ (MONTH AND YEAR)

11. What was the date of your first facility contact?

[IF UNABLE TO REMEMBER] Your best estimate is fine.

DATE: ________________ (MONTH AND YEAR)

12. Please tell me if the following were very (VD), somewhat (SD) or not demanding (ND) on your time during the search and selection process.

a. Your child care responsibilities

   VD_, SD_, ND_, DK/NA

b. Your caregiving responsibilities including your care of (relationship)

   VD_, SD_, ND_, DK/NA

c. Your Paid Employment

   VD_, SD_, ND_, DK/NA

d. Your Own Health Needs

   VD_, SD_, ND_, DK/NA

e. Were there any other demands on your time?

   Specify ________________
13. There are many sources of information for searching for and selecting a nursing home. For each of the following, please indicate whether or not you used it and if you found it very (VU), somewhat (SU), or not at all useful (NU) in your nursing home search and selection activities.

| a. First did you use any Printed Guides? | YES₁₁, NO₁₂ |
| b. Personal Experience? | YES₁₁, NO₁₂ |
| c. Social Service Agencies? | YES₁₁, NO₁₂ |
| d. Telephone Yellow Pages? | YES₁₁, NO₁₂ |
| e. Printed Advertisements? (Newspapers, Magazines) | YES₁₁, NO₁₂ |
| f. Television/Radio Advertisements? | YES₁₁, NO₁₂ |
| g. Were there any other sources that you used? | YES₁₁, NO₁₂ |

If YES: Did you find the printed guides very, somewhat or not at all useful?

| VU₁₂, SU₁₂, NU₁₁, DK/NA₉₁ |

If ASKED: Agency on Aging, Department of Social Services, a Church, etc.)
14. Prior to your final selection, how many nursing homes did you have to choose from?

SPECIFY NUMBER __________

DK/NA 99

* 15. How many facilities did you seriously consider before your final selection?

SPECIFY NUMBER __________

DK/NA 99

* 16. How many facilities did you actually visit before making your final selection?

SPECIFY NUMBER __________

DK/NA 99

17. Did you visit the facility that was selected?

YES 1

NO 2

DK/NA 9
Please indicate if any of the following facility characteristics were at all important in making your final selection.

a. Concern and Courtesy of Staff
   YES

b. Availability of (Relationship's) Physician
   YES

c. Quality of Food and Dining
   YES

d. Religious Program
   YES

e. Activities Program
   YES

f. Cost or Financial Consideration
   YES

 g. The Facility Takes Care of Third Party Insurance Filing
    YES

h. Number of Staff to Care for Residents
   YES

i. Staff Turnover
   YES

j. Availability of Therapies (e.g., rehabilitation, etc.)
   YES

k. Outside Appearance of Building and Grounds
   YES

l. Age or Condition of Facility
   YES

m. Layout of Facility
   YES

n. Inside Homelike Appearance of Facility
   YES

o. Cleanliness
   YES

p. Free of Odor
   YES

q. Special Care Needs
   YES

r. Location of the Facility
   YES

s. Appearance of Residents (well dressed, alert, cheerful)
   YES

t. Visiting Hours
   YES

u. Restrictions on Types of Patients
   YES

v. Bed Availability or Waiting List
   YES

w. Reputation of the Facility
   YES

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19. At the time your (Relationship) was admitted to the nursing home which of the following sources of payment were to be used?

[CIRCLE ALL THAT APPLY]

a. Social Security? YES₁ NO₂ DK/NA₁₀
b. Veteran's Administration Pension? YES₁ NO₂ DK/NA₁₀
c. Retirement Benefits? YES₁ NO₂ DK/NA₁₀
d. Medicare? YES₁ NO₂ DK/NA₁₀
e. Medicaid? YES₁ NO₂ DK/NA₁₀
f. Help From Family? YES₁ NO₂ DK/NA₁₀
g. Savings? YES₁ NO₂ DK/NA₁₀
h. Private Long-Term Care Insurance? YES₁ NO₂ DK/NA₁₀
i. Any Other Sources?
   Specify ___________________
20. Next, I would like to learn about your evaluation of your search and selection experience. Please indicate whether you strongly agree (SA), agree somewhat (AS), disagree somewhat (DS) or strongly disagree (SD) with each of the following statements.

a. The experience represented a crisis in my life.

b. The experience was confusing.

c. The experience was difficult.

d. The experience was stressful.

e. The experience was educational.

f. The experience was very time consuming.

g. I felt guilty.

h. I felt relief.

i. I felt well informed.

j. I felt satisfied that I did everything I could.

k. I felt I had enough time to choose a nursing home.

l. My effort was appreciated by others.

m. There was consensus among the decision makers.
21. Please indicate whether, overall, you were very (VS), somewhat (SS) or not at all satisfied (NS) with the following:

a. The role you played in the process. VS$_{(3)}$ SS$_{(2)}$ NS$_{(1)}$ DK/NA$_{(9)}$

b. The assistance or support you received from others. VS$_{(3)}$ SS$_{(2)}$ NS$_{(1)}$ DK/NA$_{(9)}$

c. The information that was available to you during the search and selection process. VS$_{(3)}$ SS$_{(2)}$ NS$_{(1)}$ DK/NA$_{(9)}$

d. The nursing home that was chosen. VS$_{(3)}$ SS$_{(2)}$ NS$_{(1)}$ DK/NA$_{(9)}$

22. All things considered, would you say that the "fit" between your (Relationship's) needs and the facility is excellent, good, fair, or poor?

EXEMPLARY 4
GOOD 3
FAIR 2
POOR 1
DK/NA 9

23. How satisfied is your (Relationship) with the nursing home? Is (Relationship) ... 

Very Satisfied 3
Somewhat Satisfied 2
or Not at all Satisfied? 1
DK/NA 9
Finally, I would like to ask a few general questions about you and your relationship.

24. What was your relationship’s age on his/her last birthday?

ENTER AGE IN YEARS ______

DK/NA 999

25. [ASK ONLY IF UNCLEAR] What is your relationship’s gender?

MALE 1
FEMALE 2
DK/NA 9

26. What year were you born?

YEAR BORN ______

DK/NA 9

27. [CHECK RESPONDENT’S Gender: ASK ONLY IF NECESSARY]

MALE 1
FEMALE 2

28. What is your current marital status?

MARRIED 1
DIVORCED 2
SEPARATED 3
WIDOWED 4
SINGLE 5
NO ANSWER 9
29. Are you employed full-time or part-time?

YES, FULL-TIME 1
YES, PART-TIME 2
NOT EMPLOYED 3

30. Do you consider yourself to be: [CHECK ONE]

Black [AFRICAN AMERICAN] 1
Latino [MEXICAN AMERICAN OR HISPANIC] 2
Native American [AMERICAN INDIAN] 3
White [CAUCASIAN] 4
or Asian/Pacific Islander? 5
OTHER: SPECIFY 6
NO ANSWER 9

31. For my last question, I'm going to read several income brackets to you. Please stop me when I get to the bracket that includes your total yearly family income. This would be your best estimate of your total family income before taxes.

IF THEY ASK WHO TO INCLUDE IN ESTIMATING FAMILY INCOME RESPOND "Yourself, your spouse or significant other, or other relatives residing in your house."

Less than $10,000 1
between $10,000 AND $19,999 2
between $20,000 AND $29,999 3
between $30,000 AND $39,999 4
between $40,000 AND $49,999 5
between $50,000 AND $59,999 6
more than $60,000 7
DK/NA 9

That completes the questions I have. Thank you for your time. You have been very helpful.
VITA

Won-Kyung Yang was born on November 7, 1962 in Seoul, Korea. She received her B.A. and M.A. in English Language & Literature from Yonsei University, Seoul, Korea. She worked as an instructor in the Department of English Language & Literature and in the Korean Language Institute in the same university from 1988-1989.

In the Fall of 1992, she entered the Master's program in Family and Child Development at Virginia Polytechnic Institute & State University and began taking courses on a part-time basis. She will receive her M.S. in Family and Child Development with a Graduate Certificate in Gerontology in May, 1995.

Won-Kyung Yang