CHAPTER 3. METHODOLOGY

The purpose of this study was to examine the features that make residents feel "at home" in assisted living facilities (ALFs) in Southwest Virginia and to suggest further policy and design guidelines to improve the quality of ALFs as "home." For this purpose, residents' experiences, opinions, and the needs of the physical environments combined with the social and organizational environments, such as policies and programs of ALFs, were identified. There were three objectives in this study and each research objective had its own research questions. The following flow chart shows the visual representation of the research process (Figure 1).

This was a multi-site case study that involved collecting and analyzing data from several cases (Merriam, 1998). Case study simply refers to any type of research effort in which the focus is on an individual, organization, institution, program, event, decision, policy, or group that serves as the case being studied (Baker, 1999; Patton, 1980). As Rossman and Rallis (1998) state, a case study can be used when the researcher seeks to understand the deep meaning of individual's experiences and how he or she articulates these experiences. However, when researchers conduct a study using more than one case, it can be distinguished from the single case study (Merriam, 1998).

As a case of phenomenon, the unit of analysis of this study was residents' perceptions of ALFs as a "home" (phenomenon) rather than an ALF (institution). To examine the residents' perception of ALFs as a "home," I collected and analyzed data from five cases that constituted groups of residents who resided in five ALFs in

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                    ┌─────────────────────────┐
                    │  To Suggest Further     │
                    │  Policy and Design      │
                    │  Guidelines for Better  │
                    │  Quality of ALFs        │
                    └─────────────────────────┘

                    ┌─────────────────────────┐
                    │  To Examine Features of │        <Objective 1>
                    │  ALFs in Southwest      │        To Identify
                    │  Virginia That Make     │        General
                    │  Residents Feel         │        Background of
                    │  "At Home"              │        Residents of
                    └─────────────────────────┘        ALFs
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- Socio-Demographic Characteristics
- Housing Experiences

<Objective 1>
To Identify General Background of Residents of ALFs

- *Interview w/residents*

<Objective 2>

To Document Homelike Features & Policies of ALFs

- *Observation*
- *Interview w/staff*
- *Journal*
- *Document review*

- Physical Environment
    - Exterior of the Facility
    - Interior of Private Apt.

- Social Environment
    - Interaction w/Residents
    - Interaction w/Staffs
    - Interaction w/Others

- Organizational Environment
    - Services Provided
    - Amenities Provided
    - Activities Provided
    - Policies & Rules

<Objective 3>

To Identify Residents' Perceptions of ALFs as a Home

- *Interview w/residents*
- *Journal*

- Definition of Home
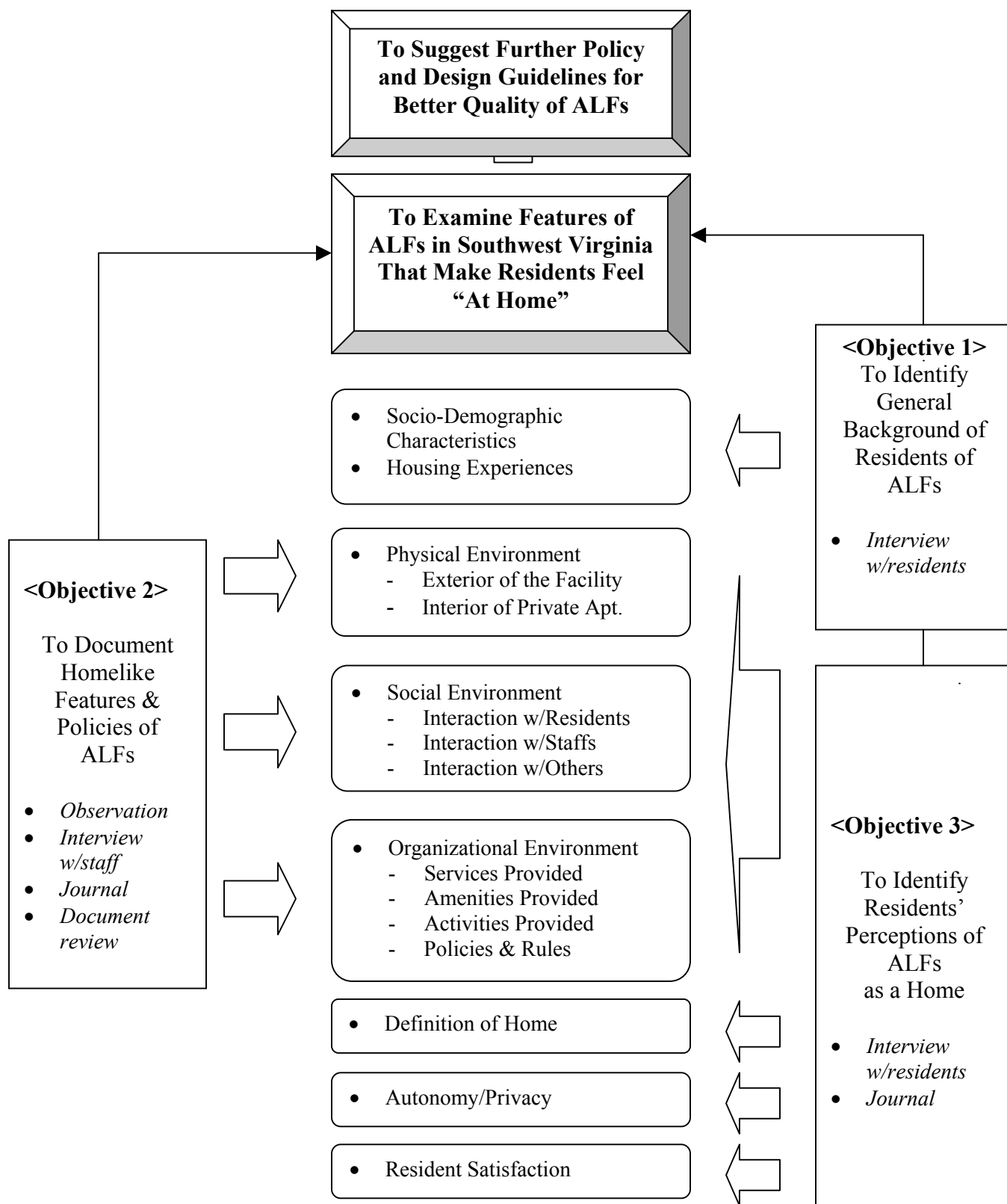
- Autonomy/Privacy

- Resident Satisfaction

Figure 1. Flow Chart of Research Process

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Southwest Virginia, and did a cross-case analysis. It is said that the more cases included in a study, and the greater the variation across the cases, the more compelling an interpretation is likely to be (Merriam, 1998). According to Miles and Huberman (1993), "By looking at a range of similar and contrasting cases, we can understand a single-case finding, grounding it by specifying how and where and, if possible, why it carries on as it does. We can strengthen the precision, the validity, and the stability of the findings" (p.29).

Based on the research purpose and research strategy as a multi-site case study, the most effective way to identify residents' individual needs, experiences, and opinions about ALFs as "home" was by using interviews. In addition to face-to-face interviews, I also conducted observations, collected documents for review, and recorded my reflections and thoughts in a personal journal.

Study Procedure

Site Selection Procedure

This study focused on identifying the appropriateness of ALFs with diverse conditions, including capacity, location, age of structure, and sponsorship, to be a "home" through the residents' perception of the facility. The reason for confining the study to Southwest Virginia was because this area is favored by a growing number of retirees due to its comparatively mild weather conditions, safety, low cost of living, and attractive natural environment (Gordon, 1998). Prior to selecting the sample sites, a list of "Virginia's Area Agencies on Aging and Areas Served" was identified by searching "Long-Term Care: a consumer's guide" (VHI, 1998). Among 25 Area Agencies on

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Aging in Virginia, I selected three local agencies purposively based on the locational characteristics. The selected agencies included the followings: the District Three Governmental Cooperative, which serves the counties of Washington, Smyth, Wythe, Bland, Grayson, Carroll, and the cities of Galax and Bristol; the New River Valley Agency on Aging, which serves the counties of Floyd, Giles, Montgomery, Pulaski, and the city of Radford; and the LOA Area Agency on Aging, which serves the counties of Allegany, Botetourt, Craig, and Roanoke, and the cities of Clifton Forge, Covington, Salem, and Roanoke.

Second, I sent an email to the executive director of each local agency to ask for the list and information about the ALFs in each district. Next, I screened to select the final sites for this study based on site selection criteria including capacity, location, sponsorship, building type, and age of structure.

Among the three local area agencies on aging selected, I reduced the scope only to the LOA Area Agency on Aging because the areas served by this agency have more ALFs than the other areas. In fact, there were a total of 34 ALFs in this area, and 27 of these facilities were concentrated in the cities of Roanoke and Salem. In addition, because these two cities have both urban and rural characteristics, I decided to focus on these two cities for the final sample selection.

The range of capacity of the facilities in these two cities was from 5 to 191 and the median size was 75. Among the 27 ALFs in this area, four facilities with a capacity below 20 were excluded from this study. Then, I called the remaining 23 selected ALFs and asked them about information on facilities such as capacity, sponsorship, building type, age of structure, and location as sample selection criteria. Through the stepwise

screening procedure, five sites were finally selected based on sample selection criteria above. I used pseudonyms for these five selected sites to preserve anonymity of the facilities.

I received approval from the university IRB (Institutional Review Board) regarding studying human subjects in March 2001. In early April, for the purpose of my study, I interviewed one administrator and two residents in an ALF which was not a selected sample site to pretest the interview questions that I developed for administrators and residents. Based on the pilot interviews, I modified some questions that evoked confusion and ambiguity from the participants and added more questions.

Resident Selection Procedure

After the final selection of the five ALFs, I visited each site before I began my study and met with the administrators to explain my study and to get permission for conducting my study from the facility. Sampling in this research was purposive. I contacted the administrator in each facility in late April and asked them if they would be willing to help locate residents who are cognitively able to participate in the study and who have resided in a private room in the facility more than three months. With the assistance of the administrator of each facility, I obtained the list of residents who agreed to participate in the study. Before conducting the interviews, I met the prospective participants of this study to explain the purpose of the study. At the end of this meeting, I arranged the interview schedule with participants. Administrators and residents were informed that the study was an examination of residents' perception of assisted living as "home." Following the research approval from the administrators of the ALFs, I obtained all residents' signatures concerning their agreement to participate in the research. The

IRB protocol and informed consent forms for the administrators and residents are attached as Appendixes A, B, and C.

Interviews and observations were conducted from April to June. The interviews with administrators were a source of information about the organizational environment of the facility such as policies and programs. Most of the interviews with the residents were conducted in the morning because the administrators recommended and the residents preferred to do that. I generally interviewed residents between 9:30 a.m. and 11:00 a.m. in their private rooms. However, some interviews were conducted in the early afternoon, generally between 1:30 p.m. and 3:30 p.m.

With the residents' permission, I drew a rough sketch and took some pictures of the private rooms to get additional information for the study during the interview with the residents. These drawings and photographs provided me afterthoughts and feelings about the facility and I added these to my field notes and personal journal. During the observation of private rooms, I especially focused on how each resident personalized his/her own space.

Some activities such as transcribing, reflection, and field notes regarding the description of the data were continued until the end of December 2001. Although I used existing observation sheets to evaluate the homelike atmosphere of the facility, I also focused on the residents' interactions around the facility and I wrote down my feelings and thoughts about each facility. To gain understanding of the facility's social environment, generally I sat in the lobby or lounge and observed interaction patterns among the staff and residents for about an hour after lunchtime. This was the most active gathering time for most of the residents.

Data Collection Methods

In qualitative studies, there is a need for multiple types of evidence gathered from different sources, often using different data collection methods (Baker, 1999). To gain rich data that describes the cases of my study and to reduce the likelihood of misinterpretation, I employed various data collection methods and procedures illustrated below.

Interviews

For the purpose of this study, an administrator and five residents in each ALF were interviewed. The age range of the resident participants was 64 and 95, and there were 6 males and 19 females. Before starting the interview, I distributed the interview guide that explained the brief information about me and the purpose of the study to each resident (Appendix D). I used a semi-structured interview format that allowed flexibility in the form of questions or issues to be explored (Seidman, 1998). This open-ended and less structured format allowed me to respond to the situation at hand, to the emerging view of the respondent, and to new ideas on the topic (Merriam, 1998) (Appendix E). Each interview with the residents lasted approximately 60 minutes. Questions consisted of general information about the resident, meaning of home, previous housing experiences, feelings about the physical environment of the facility, social relationships and interactions among residents in the facility, independence, autonomy/choice/control, privacy, attitudes of staff members, services, rules and regulations, overall satisfaction with the facility, and additional needs for the facility. Considering the diverse background of residents, the interview guide and questions were presented in simple conversational context.

Besides interviews with residents, I conducted interviews with administrators of the facilities to get additional information including the facility's management programs and services. Among members of the management staff, administrators interact with the residents in the facility the most frequently (RTI, 1996). The interviews with administrator focused on identifying the following supplemental information: relationships that are caring and respectful among residents, care managers, and service providers with continuity over time; philosophy of the facility; empowerment of residents to make choices; services provided that are tailored to individual needs and unique circumstances; services that are intended to help residents achieve optimum levels of functioning, including both physical and emotional health; enhancement of participant reputation, that is, services are intended to maintain and exchange the resident's sense of self-worth and community recognition for their value in every way; community and family participation, that is, residents are supported to maintain and develop friendships and participation in their families and communities; and tools for independence, which help residents achieve maximum self-sufficiency (Kane, 2000) (Appendix F). This helped with research questions of social programs and services provided in the ALFs to improve the "homelike" environment for the residents.

Each of the interviews was tape recorded and later transcribed for analysis. Each participant was provided with an informed consent form approved by the IRB to read and signed before taping began. Participants were also aware that they might withdraw from the study at any time they chose. I also made notes about my personal impressions and feelings from the interview.

Observations

As a secondary data collection method, I used observation. Tools for data collection through observation included observation sheets, field notes, reflection journals, rough sketches, and photographs.

Two types of observation were employed in this study: 1) exterior space of the facility and interior space of private rooms using observation sheets, and 2) space use and social interaction patterns among residents and staff in public space using field notes and journals. Because most of the residents in the ALF stay in their private rooms most of the time, the major observation was confined to the resident's private room.

Observational techniques can be classified into two categories: *casual* or *unstructured* observation and *systematic* or *structured* observation (Punch, 1998; Sommer & Sommer, 2002). Referred to eyeball inspection of what is happening, casual or unstructured observation is done without prearranged categories or a scoring system. I spent some time watching the residents' behavior in the lounge or lobby area after lunchtime to see the space use and behavior patterns among the residents. In this process, I wrote down my impressions about what was happening on the field note.

Systematic or structured observation employs a scoring system and prearranged categories that are applied consistently. This usually requires a checklist. By using an existing checklist developed by Pastalan et al. (1993) (Appendix G), I evaluated the homelike atmosphere of public and private spaces of the facilities. As a limited observer (Punch, 1998), I observed the facility's physical and social environment without actively participating in activities and interaction with the residents and staff of the facilities.

Observations of the exterior and interior of the facility, public space use, and interaction among residents and staff were recorded in as much detail as possible to form the database for analysis. Field notes included descriptions, direct quotations, and my comments as observer. Along with the field notes from direct observations, I also kept a fieldwork journal – an introspective record of my experience in the field (Merriam, 1998).

In the first stage, I used a checklist as a guideline to evaluate the level of homelike environment. The major objective of this instrument was to identify every aspect of the physical environment that had connected with facilitating or restricting a person's autonomy. Originally, this instrument was developed to identify homelike attributes for special care dementia units. It provides a means to judge how homelike special care units are and what they may need to change if they chose to become less institutional and more homelike. The attributes of home that were identified from their study included autonomy, choice, control, connectedness, familiarity, privacy, appearance, scale, security, self-esteem, status, territoriality, and variety. Specifically, this instrument was developed by focusing on the physical environment, staff and caregiver characteristics, and current programs and policies in terms of their direct relation to the physical surroundings and its impact on a homelike ambience. Using this checklist containing a total of 42 questions selected from 104 items in the original checklist, I evaluated the homelike attributes of each facility including the exterior, hallway and corridors, public spaces, social spaces, dining area, the private resident rooms, and the general attitude of the staff.

In the second stage of observation, I evaluated the personalization patterns of residents' private rooms and public space use and interaction patterns among residents and staff in the facilities. Observation of public space use was confined to the lobby or

lounge area of each facility because this is the most often used space except for the dining room. The lobby area was observed about an hour after lunchtime. The private room of each respondent was observed during the interview session. With the permission of each resident, I sketched a diagram of his or her room, took pictures of each room, and wrote field notes about the observation. These notes included my feelings, reactions, hunches, and initial interpretations.

Document Review

As Merriam (1998) stated, documents not only provide valuable information about the facility and the program itself, but they can stimulate thinking about important questions to pursue through more direct observations and interviewing. In addition to face-to-face interviews and observations, I reviewed the facility's supplemental documents such as mission statement, brochure, and resident handbook. Through the document review, I could identify general types of activities, services, amenities, and rules provided by the facility. This information was helpful to understand the profile of the facility's overall program and management policy.

Personal Journal

Whenever themes relating to the research topic emerged, I wrote down my ideas and reflections in the personal journal. Repeated reading of interview transcriptions, observation data, supplementary documents, and previous research gave me analytic guides for interpretation of the results. I tried to keep these ideas in my journal to use for the analysis.

Analyzing Method

To analyze the data gathered in this study, I used the constant comparative method of data analysis (Glaser & Strauss, 1967). As the name implies, the basic strategy of this method is to compare the contents of data constantly. Beginning with a particular incident from an interview, observation fieldnotes, or document, the researcher compares it with another incident in the same set of data or in another set. With repeated comparisons, the researcher can develop some tentative categories which are compared to each other and to other instances until a theory can be formulated (Merriam, 1998). Based on the research objectives of this study, I focused on a multi-case comparison of the five sites.

I read my field notes at the end of each day. Rough sketches, drawings, and photographs taken during observation and interview sessions were also reviewed, cleaned up, and organized by each resident and facility. Before analyzing the data, data management needed to be completed. As Merriam (1998) suggested, data management included three stages in this study: data preparation, data identification, and data manipulation. In the data preparation stage, I transcribed interviews, typed notes, and entered the data from the journal. Next, I sorted and rearranged the data into analytically meaningful and easily locatable segments. In this step, I developed a coding system to organize and manage the data gathered in this study and to identify information about the data related to analysis through the literature review and thorough reading of the contents of transcriptions and field notes. Each interview was coded with a pseudonym and several categories such as age, gender, geographic origin, number of children or family members,

length of stay, type of facility, and so on. With the field notes, the contents of the interviews were transcribed and analyzed to characterize and compare the five facilities based on the coding system and categories developed by the researcher.

After working through the entire transcript in this manner, I constructed some conceptual elements by grouping comments and notes that seemed to go together, based on the research objective and the research questions. There were four major parts in this study based on the research questions: the "homelike" features provided by the facility, residents' perception of assisted living as "home," factors influencing the perception of assisted living as a "home," and residents' suggestions and recommendations for the facility. Under each part, specific sub-categories were classified. In other words, these categories became the findings of this study.

With thorough reading of the data, I conducted a second analysis focusing on conceptual elements in terms of the residents' perceptions of assisted living as "home." Based on data from the transcription of audiotapes, field notes, documents, and personal journals, I began to analyze the residents' perception of assisted living as "home."

Validity and Reliability

Though some would argue that validity and reliability are not the goals of qualitative approaches, there is critical discussion regarding the reliability and validity of a study (Baker, 1999). Qualitative researchers consider triangulation as one of the basic strategies to enhance internal validity and reliability (Baker, 1999; Jones, 1996). The purpose of triangulation is to reduce the likelihood of misinterpretation by employing various procedures (Stake, 1994). Although generalization is not a purpose of qualitative

research, triangulated inquiry may offer stronger potential for the reader to generalize implications to their personal context for practical settings as well as future study (Shaw, 1999). To establish internal validity, different types of evidence need to be gathered by using multiple sources of data and multiple methods. In this study, multiple methods such as interviewing residents and staff members, observation, document reviews, and reflection journals as triangulation were used. Multiple sources of data collected ensured validity of the study. The inclusion of multiple cases is, in fact, a common strategy for enhancing the external validity or generalizability of research findings (Merriam, 1998).

In qualitative research, researchers try to describe and explain the world as they experience it. Because there are many interpretations of what is happening, there is no benchmark by which to take repeated measures and establish reliability in the traditional sense (Jones, 1996). Like validity issues, researchers can use several techniques to ensure that results are reliable. In this study, triangulation strengthened reliability, as well as internal validity.