ACTIVITY PARTICIPATION AND MORALE

AMONG OLDER ADULTS

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(ABSTRACT)

The use of discretionary time among older adults and its relationship to well-being is of particular interest to many researchers, practitioners, and service providers. Interview data were collected from a randomly selected sample of 171 persons 65 years of age and older from the urbanized area of Roanoke, Virginia. The study ascertains whether there is a relationship between amount of participation in thirteen activity categories and morale among older adults, after implementing controls for age, self-perceived health, and income. Using multiple regression analysis, results suggest that morale is largely influenced by the control variables, particularly health. In fact, almost none of the variance of the dependent variable is attributable to amount of activity. Implications for activity program development and theoretical refinement are discussed.

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In light of the elderly population's growth in both numbers and proportion, it is vital to grasp a better understanding of this phase of the life cycle. With increased longevity, concern has been directed toward making the lives of the old as satisfying as possible. A recent survey of the literature reveals that approximately 30% of gerontological journal space is devoted to various determinants of well-being among the elderly (Janson & Mueller, 1983). Recognizing the sustained interest in older Americans' morale, the current study examines the general affective experience of older adults.

In addition to subjective well-being, the utilization of time among the elderly is also of great interest to social scientists because of the greater amount of free time available to older persons. Various methods of measuring this area have included time budgets (Moss & Lawton, 1982), actual tabulation of the frequency of activities (Edwards & Klemmack, 1973; Lemon, Bengston, & Peterson, 1972), recall methods (O'Brien, 1981), role counts (Lowenthal & Haven, 1968; Tobin & Neugarten, 1961), and other measures of leisure

activity. With the events of retirement, loss of spouse, and reduction of roles in general, the elderly spend less time in obligatory (mandatory) activities; about half as much time as those younger than 65 years of age (Moss & Lawton, 1982). Concurrent with diminishing time demands is an increase in discretionary time (Darnley,1975; Riley & Foner, 1968; Teague, 1980), or that time which has few constraints and a great deal of choice (Moss & Lawton, 1982). The realm of leisure time, then, may be greatly expanded for those individuals advanced in years (Mancini & Orthner, 1982; O'Brien, 1981).

The organization of discretionary time is said to be influenced by four components of leisure (Mancini, 1984). Each of these factors -- perception of time, activity patterns, leisure preferences, and feelings of competence -- has the potential to enhance morale (Mancini & Orthner, 1982; Peppers, 1976; Seleen, 1982). This study ascertains whether there is a relationship between the amount of activity participated in by those 65 years and older and morale, after implementing controls for age, income, and health. Up

to this point, researchers have examined favorite activities of the old, in what particular activities the elderly spend their time and how these expenditures differ from younger age groups (Atchley, 1977; Riley & Foner, 1968), and the frequency and duration of various activities. More recently, interest has shifted to the relationship of activity level to the constructs of well-being, life satisfaction, and morale. Many of the investigators who have examined the relationship of activity and well-being utilized general activity or some dimension of activity (e.g. interpersonal/ noninterpersonal, informal/formal, social/solitary) (Larson, 1978). The current project intends to substantiate or refute existing literature by examining the relative importance of a variety of activity categories. Such an exploration will also help to assess further the validity of the activity and disengagement theoretical frameworks.

Literature Review

There is an array of literature dealing with activity and well-being that has yielded inconsistent findings due to different measures of activity and

different study populations (Larson, 1978). Some evidence suggests that the association between amount of activity and morale may not be as salient when the influence of situational constraint and demographic variables are taken into account.

Research on the effect of chronological age on morale is inconsistent. Alston and Dudley (1973) suggest that routinization increases with age, and thus, morale decreases with advancing age. Janson and Mueller (1983), when adjusting for factors known to change with advancing age, found a positive relationship between age and well-being for all groups (Blacks, Mexican Americans, and Anglos), particularly for the Anglo sample group. Other researchers, however, have found no relationship (Edwards & Klemmack, 1973; Martin, 1973; Palmore & Luikart, 1972; Spreitzer & Snyder, 1974). In reviewing the last thirty years of research on subjective well-being of aged Americans, Larson (1978) concluded that age shows no consistent relation to well-being although a majority of studies using cross-sectional samples show a slight decline in well-being with age.

Socioeconomic status appears to be substantially related to the morale of older adults. Although Palmore and Luikart (1972) found SES only weakly and nonsignificantly related to well-being, most of the research has been to the contrary. Edwards and Klemmack (1973), for example, demonstrated that socioeconomic status was the best determinant of life satisfaction, with family income having the highest correlation. Similarly, Spreitzer and Snyder (1974) reported that financial sufficiency is a more salient predictor of life satisfaction among those over 65 years of age than the younger sample group. Seleen (1982) too, found that financial satisfaction was important in predicting life satisfaction among her subjects. Among Alston and Dudley's (1973) sample, those with a greater income were more likely to find life exciting. Level of income also differently influences amount of social contact among black and white elderly, working-class; social contacts increase with higher income for working-class elderly whites, while social contacts decrease with higher income for working-class blacks (Wolf, Breslau, Ford, Ziegler, and Ward, 1983). For Bull and Aucion (1975)

and Cutler (1973), the association between voluntary association participation and morale is an artifact of SES. Testing interview data with their path analysis model, Markides and Martin (1979) found that income influenced life satisfaction indirectly via activity.

Issues related to health status pervade the lives of elderly individuals, particularly in the areas of activity and morale. Health is a vital issue in the lives of older adults since they are more likely than the young to be afflicted by chronic conditions and suffer disability which inhibits activity (Atchley, 1977).

Self-assessed (subjective) health is often more predictive of morale than objective ratings by physicians (Edwards & Klemmack, 1973; Maddox & Douglass, 1973; Maddox & Eisdorfer, 1962; Mancini & Quinn, 1981; Palmore & Luikart, 1972; Spreitzer & Snyder, 1974). All of these researchers found a positive relationship between older adults' own conception of health and their well-being. Larson (1978) observed that over the last thirty years, health has consistently been the strongest correlate of

subjective well-being. Those who are physically able are much more likely to express contentment with their lives. Maddox and Eisdorfer (1962) said that good health contributes to the maintenance of morale even when activity is low. Reasonable health has been predictive of satisfaction (Bultena & Oyler, 1971; Markides & Martin, 1979; Seleen, 1982), happiness (Kozma & Stones, 1983), and successful aging and well-being (Mancini, 1984). Some found that voluntary participation relates to morale only as an artifact of health (Bull & Aucion, 1975; Cutler, 1973). One could suspect unfavorable health ratings and biological increments to reduce both activity participation and overall happiness.

Thus, in addition to their direct effects upon well-being, health, socioeconomic status and age may influence life satisfaction indirectly via activity. For example, Markides and Martin (1979) discovered that "Health, Income and Education levels are the critical factors which enable individuals to engage in high levels of Activity which, in turn, influences positively one's level of Life Satisfaction" (p. 88). One can

suspect, then, that age, income, and perceived health can affect activity participation which likewise has an impact on morale.

Recognizing the impact that self-assessed health, age, and income may have on the current research, the following null hypothesis is tested: There is no relationship between morale and the situational variables of age, health, and income. In fact, on the basis of the overwhelming research support for health's strong impact on well-being, the null hypothesis which asserts that health is no more predictive of morale than age or income is also considered. Hypotheses are stated in the null for the sake of consistency and for ease of interpretation.

DeCarlo (1974) demonstrated that regular participation in activity facilitates successful aging more so than sporadic recreative participation. He further suggested that active participation in leisure pursuits is quite rewarding to successful aging subjects and also deters later-life crises. In a study of retired subjects, Peppers (1976, p. 445) found life satisfaction to be significantly higher among those who

"increased their activity repertoire" rather than among those maintaining the same or decreasing the level of activity. Similarly, O'Brien (1981) found the sheer number of leisure activities to be strongly related to retirement satisfaction. In view of current societal conditions, Darnley (1975) believes that, "... one fact is becoming increasingly evident: the active pursuit of leisure activities is a critical factor in the optimal adjustment to both aging and retirement" (p. 221). On the basis of this information, the third null hypothesis in this study is as follows: There is no relationship between amount of activity and morale.

Although "a causal relation of activity to well-being is suggested" (Larson, 1978, p. 116), the relationship is not well established. Some studies only support particular types of activities as being conducive to well-being. In a longitudinal analysis, Maddox (1963) concluded that activity is a positive correlate of morale; both interpersonal and noninterpersonal activity were significantly related to well-being. Peppers' (1976) data supports social and/or physical types of activities and DeCarlo (1974) endorses

cognitive activities as having the greatest effect on life satisfaction. Informal activities with nonkinsmen, such as visiting friends and neighbors, and phoning others have been shown to promote satisfaction as well (Lemon et al., 1972; Edwards & Klemmack, 1973). Organizational activity -- both religious involvement and participation in voluntary organizations -- was the second most influential variable, behind health, in predicting life satisfaction in another study (Palmore & Luikart, 1972). When effects of health and socioeconomic status are controlled, the relationship between participation in voluntary associations and life satisfaction is nonsignificant (Cutler, 1973; Bull & Aucion, 1975). Finally, it is hypothesized that there is no relationship between any particular activity and morale when controlling for age, health, and income.

Methods

Population and Sample

The sample consists of people 65 years and older who have at least one living child. The participants were all randomly selected from the urbanized area of Roanoke, Virginia (Quinn, 1980). Roanoke has a total

population of 92,115 people, of which 19.3% (N=17,784) are black. The working universe of those individuals 65 years and older comprised approximately 15% (N=12,515) of the total population. Among the old, 62% were female. (U.S Bureau of the Census, 1971).

Using census data, a randomized multistage compact design was utilized to draw the sample: This method incorporates both efficiency and representativeness. From the published statistics of the population and the housing characteristics of the city of Roanoke, a list of all census tracts within the city limits was obtained. A list of housing units of all tracts and a list of housing units of blocks within each tract were formulated. Blocks within tracts were identified through random selection. All residents within the select blocks who were 65 years or older were asked to participate in the survey. The procedure yielded 225 potential qualifying subjects in the appropriate age category, of which 171 were willing to participate -- a response rate of 76%. Respondents were interviewed in their own home. A structured set of questions was

administered by trained interviewers and was completed in approximately one hour.

Measurement

Activity items used in the survey were drawn from a list of joint and parallel leisure activities compiled by Orthner (1976). The question used to assess the amount of activity participation in each of the thirteen activity categories (See Table 1) was, "Do you participate in these activities often, sometimes, rarely, or never?"

The revised version of the Philadelphia Geriatric Center Morale Scale (Lawton, 1975) measured morale, "the extent to which an individual feels contented with present existence, has positive attitude toward own aging, feels affectively stable, and has a sense of integration with society" (Mancini & Quinn, 1981). Lawton (1972) recognized the need for a scale that was appropriate for aged subjects, as well as relatively brief and reliable. The revised PGC scale is the result of much deliberation and scrutiny. With a multidimensional definition of morale, the seventeen item scale measures three dimensions of morale:

Agitation (6 items), Attitude Toward Own Aging (5 items), and Lonely Dissatisfaction (6 items). (See Table 2 for the total list of items). Each factor has a high degree of internal consistency; the Cronbach's alphas being .85, .81, and .85 respectively. All of the items require dichotomous responses from respondents. The mean morale score for this sample was 12.6 out of a possible 17. The scores ranged from 1 to 17, with a median of 13 and a mode of 15.

Chronological age was obtained by asking the question, "What is your present age?" Due to the great deal of variance among those over 65, it is important to distinguish between the young-old and the old-old (Neugarten, 1968). Consequently, the sample was divided accordingly. The item used to measure income was as follows: "Many people are concerned with the problems older people have because of higher costs of living. What is your present annual income (together with spouse)? Please include all possible sources of income such as employment, retirement pension, investments, outside assistance, as well as social security." There

were twelve income categories ranging from "less than $1,000" to "$30,000+."

A self-assessed health measure was employed as an operational measure of health status. Participants were asked to respond to the following: "How would you rate your overall health at the present time?" The four possible responses were poor, fair, good, and excellent. Of the sample, 8.8% (N=15) labeled their health as poor; 32.2% (N=55) regarded their health as fair; 43.9% (N=75) thought their health was good; and 15.2% (N=26) reported being in excellent health.

Methods of Analysis

Analytical procedures employed include product-moment correlations and multiple regression analysis. The product-moment correlation matrix provides information regarding the bivariate relationship among variables, before implementing controls. (See Table 5).

The data are also examined using multiple regression analysis. Multiple regression is a technique used to measure "the collective and separate contributions of two or more independent variables, X ,

to the variation of the dependent variable, Y" (Kerlinger & Pedhazur, 1973, p. 3). It is useful in examining the influence of several independent variables on a dependent variable. The primary objective of multiple regression, then, is to explain the sources of variance of the dependent variable, morale. The current study uses a two-step regression equation in which control variables (age, income, and self-perceived health) are entered first. Then, the thirteen activity categories are added to the equation.

Results

Descriptive Analysis

Table 3 provides a tabular depiction of the characteristics of the sample. There were 171 respondents ranging between the ages of 65 and 91, with the mean age being 74 years old. One hundred thirty (76%) of the subjects could be classified as young-old (65-79 years), while the remaining 41 (24%) subjects are considered old-old (80+ years). This sample is slightly older than the general elderly population of Roanoke which is comprised of 79.5% young-old and 20.5% old-old (U.S. Bureau of the Census, 1980).

There was a greater number of women (N=104, 60.8%) than men (N=67, 39.2%) in the sample. This was expected and reflects the gender differences in life expectancy: more women survive to older ages than men.

While the majority of older respondents were white (N=159, 93%), 7% (N=12) were black. The black segment of the population is slightly underrepresented in this sample since the 1970 census data reports 14.1% of the population of those individuals 65 years and older in Roanoke are black. This might suggest that blacks are in poorer health and, therefore, unable to be interviewed (Quinn, 1980). Another possible explanation might be due to the race of the interviewers. Perhaps nonwhites are hesitant to be interviewed by whites or white interviewers avoid interviewing black respondents.

Since all of the respondents had to have one living child to be included in the larger study, it is not surprising that there were no single (never-married) individuals among the sample. A simple majority (N=93, 54.4%) were married at the time of the interview. The number of respondents who were widowed (N=73, 42.7%) is

comparable to that of the general elderly population. Few were divorced (N=3, 1.8%) or separated (N=2, 1.2%).

Overall, most of the respondents had seven to twelve years of education. While only 1.2% (N=2) never attended school, 20.5% (N=35) received one to six years of education. Most (N=101, 59%) acquired seven to twelve years of formal schooling. Twelve (19.3%) had some college or beyond.

Most (N=144, 84.2%) of the aged respondents were not employed. Some did work, however. Twenty-one (12.3%) were employed on a part-time basis, while six (3.5%) reported working full-time.

Total annual incomes (together with spouse) were not very substantial. The modal income range was $7,000 to $9,999. Seventeen (10%) of the 171 cases had incomes below $3,000. Only 11.1% (N=19) had a total annual income of $15,000 or more. The entire income distribution is available in Table 3.

Frequency of Participation

Table 4 provides a summary of the frequency of participation in the various activity categories. Television viewing and listening to radio, records, and

tapes are the activities most frequently participated in; 62% of the sample do these things often. Reading books, magazines, and newspapers for pleasure is also performed often by 62% of the sample. Only 5% never do any reading of this nature. Sitting, thinking, and relaxing are popular activities among this group of older adults as well; 54% do these things often and 27% participate sometimes. It is interesting to note that the three most frequently performed activities are sedentary and solitary activities. This finding is consistent with those of other activity researchers (Moss & Lawton, 1982; Peppers, 1976).

The activity category which includes gardening, yardwork, cooking for pleasure and tinkering in workshop is frequently participated in by many elderly persons (51% often, 27% sometimes). Similarly, 43% of the respondents often take part in church and civic activities, clubs, organizations, and other social events; 26% of the sample do these things sometimes. Visiting, talking, and casual conversations are participated in by 46% of the sample sometimes. Perhaps availability of other persons influences this figure.

It does appear, then, that getting out and doing things by oneself and with others is performed by many.

Activities rarely or never participated in by this group of respondents are as follows: playing cards and board games (66% never, 14% rarely); playing golf, miniature golf, and other outdoor activities such as backyard and lawn games and sports such as fishing (68% never, 11% rarely); attending athletic events, art shows, movies, concerts, plays, lectures and debates and going shopping for pleasure (36% never, 22% rarely); collecting things (64% never, 9% rarely); and taking part in arts and crafts (44% never, 11% rarely). Fairly evenly distributed across the frequency categories (never, rarely, sometimes, often) are writing cards and letters and taking walks.

Extent of Hypothesis Support

Hypothesis 1: There is no relationship between morale and the situational variables of age, health, and income. Using a two-step multiple regression analysis of the independent variables, the control variables of age, self-perceived health, and income were entered first. As a group, these situational variables

explained a significant proportion of the variance in the dependent variable (31%). (See Table 6).

In this first step, the F value of 25.96 (df 3/163) was statistically significant at the .001 level. Almost 97% of the explained variance is attributable to situational variables. The explained variance ratio is computed by dividing the amount of variance explained by the situational variables by the total explained variance (R^2/total R^2). Consequently, the hypothesis that states that there is no relationship between the situational variables of age, health, and income with morale is rejected.

Hypothesis 2: There is no difference in relative importance of age, health, and income in predicting morale. In the first step of the regression equation, the standardized beta weights of perceived health, age, and income are .55, .05, .09 respectively. Standardized betas are regression coefficients which can be used for comparison. They are indicators of the relative importance of the variables. The standardized beta is the average change in the dependent variable, morale, with each unit change in the independent variable, when

all other independent variables are held constant (Kerlinger & Pedhazur, 1973, p. 64). Of the three control variables, perceived health has the highest standardized beta weight (.55) and is the only variable to be statistically significant at the .001 level. The hypothesis which states that there is no difference in relative importance of age, health, and income in influencing morale, is rejected.

Hypothesis 3: There is no relationship between amount of activity and morale. As evident in the bivariate correlations between each activity and morale (See Table 5), most of the bivariate relationships are statistically significant at .05 level or better. Prior to instituting controls, watching television, listening to radio, records, and tapes; sitting, thinking, and relaxing; collecting things; and writing cards and letters were the only activity categories which were not significantly related to morale. Playing cards and board games (.22); golfing, lawn games, fishing, and other outdoor activities (.16); church and civic organization participation (.27); gardening, yard work, cooking, and tinkering in workshop (.14); attending

athletic events, art shows, movies, and shopping (.32); taking walks (.18); visiting and talking (.18); reading (.16); and taking part in arts and crafts or playing an instrument (.21) were statistically significant at the .05 level or better in their relationship to morale. See Table 5 for further details regarding the bivariate correlations among all variables.

After implementing controls for age, health, and income, however, this group of thirteen activity categories contributed to a minute amount of variance in the dependent variable. In fact, only 3% of the explained variance of the dependent variable (morale) is attributable to amount of activity; this amounts to only 1% of the variance. The hypothesis that there is no relationship between amount of activity and morale is supported.

Hypothesis 4: There is no relationship between any particular activity and morale when controlling for age, health, and income. In order to determine which of the activity categories is relatively more important when controlling for age, health, and income, standardized beta weights were examined. Analysis of these

standardized regression coefficients indicate that all thirteen activities weakly contribute to a very small portion of the variance, none being individually statistically significant. Participation in church and civic organizations had the highest beta (.13), but still was not statistically significant. No activity category in and of itself (nor as a group for that matter) accounts for much of the variance in morale. The hypothesis is supported on the basis of this data. Table 7 provides a summary of the extent of support for each of the four hypotheses.

Discussion

This study was a further attempt to delineate the effect of activity participation on morale. Utilizing a probability sample of persons aged 65 years or older, respondents were asked to give the frequency of participation within each of thirteen activity categories. When each group of activities was correlated with morale, many of the bivariate relationships were statistically significant at the .05 level or better. Once controls for health, age, and income were implemented, however, amount of activity had

almost no influence upon level of morale. Health played the major role in influencing morale.

These findings suggest that there is no relationship between amount of activity and morale among those 65 years of age and older. Despite the range and variety of activities examined, level of activity participation had little effect upon morale. These results have important implications for recreational professionals working with elderly adults. Since the amount of many different activities accounts for only a minute portion of variation in morale, other factors need to be considered when attempting to satisfy elderly persons. Encouraging persons to become more involved in activities may not be the answer. Perhaps, instead, focus needs to be upon how activity can be used to enhance one's level of perceived health. Exercise may be one means of using activity to actually promote better perceptions of health. Activity may also be used to reinforce older persons' competencies (e.g. dexterity, cognitive abilities, etc.), which may in turn, effect level of perceived health. Recreational programs may need to adapt to the competencies and

preferences of older adults in such a way that morale levels are heightened. Research in this area is needed.

These results have significance in regard to the theoretical assumptions underlying the activity and disengagement theories as well. To begin, activity theory asserts that greater activity levels provide the older person with increased opportunity for role supports, which in turn enhance one's self-concept and morale. The greater the activity, the greater one's life satisfaction (Lemon et al., 1972). Conversely, disengagement theory proposes that successful aging entails a reduction of activity as the older person and society experience a process of mutual withdrawal from the other (Cumming & Henry, 1961). Both of these theories may have faulty assumptions, according to the present research. It may be inappropriate to focus on number of activity behaviors as a measure of successful aging. If frequency of various types of activity had an insignificant impact on morale, certainly other factors (e.g., availability of resources, preferences, personality variables, amount of enjoyment received from participation, person with whom activity is performed,

etc.) must play a role in accounting for variations in morale.

A major factor found in this study to account for a large portion of the variance in morale is health. This research reiterates the value of good health in the lives of older adults. Health appears to be an extremely salient issue in the lives of the elderly. In accord with that observed over the last thirty years (Larson, 1978), health is the strongest correlate of morale. With regard to the existing literature, this study reiterates the significance of health in predicting morale and/or life satisfaction among older adults. Substantiation is provided for the multitude of research studies that have found an association between health and well-being (Bultena & Oyler, 1971; Edwards & Klemmack, 1973; Maddox & Eisdorfer, 1962; Palmore & Luikart, 1972; Seleen, 1982; Spreitzer & Snyder, 1974). Indeed, medical, social, and psychological practices which improve level of health possess the greatest prospect for enhancing morale among the general elderly population. Similarly, those who found no relationship between age and morale (Edwards &

Klemmack, 1973; Martin, 1973; Palmore & Luikart, 1972; Spreitzer & Snyder, 1974) are supported. Income, too, is relatively unimportant in predicting morale (Palmore & Luikart, 1972).

Unlike those who found high levels of activity participation to be facilitative of well-being (Darnley, 1975; O'Brien, 1981; Peppers, 1976), this research supports no such relationship. Frequency of activity pursuits has practically no impact on the morale of older persons. Neither does type of activity.

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Table 1: Activity Categories

1. Watch T.V. or listen to radio, records and tapes.
2. Play cards and board games.
3. Play golf, miniature golf and other outdoor activities (back yard and lawn games, and sports such as fishing).
4. Take part in church and civic activities (club, organizations and other social events).
5. Gardening, yard work and cooking for pleasure, and tinkering in workshop.
6. Attend athletic events, art shows, movies, concerts, plays, lectures and debates. Going shopping for pleasure.
7. Sitting, thinking and just relaxing.
8. Collecting things such as stamps, coins, antiques and figurines.
9. Taking walks.
10. Visiting, talking and casual conversation.
11. Reading books, magazines and newspapers for pleasure.
12. Taking part in arts and crafts (sewing for pleasure, needlework, painting, woodworking), or playing an instrument.
13. Writing cards and letters.

Note: Subjects were asked to respond to "how much" they performed each of these activities.

Table 2: Philadelphia Geriatric Center Morale Scale Items

Factor 1 - Agitation
Little things bother me more this year (No)
I sometimes worry so much that I can't sleep (No)
I am afraid of a lot of things (No)
I get mad more than I used to (No)
I take things hard (No)
I get upset easily (No)
Factor 2 - Attitude Toward Own Aging
Things keep getting worse as I get older (No)
I have as much pep as I had last year (Yes)
As you get older you are less useful (No)
As I get older, things are better/worse then I thought they would be (Better)
I am as happy now as when I was younger (Yes)
Factor 3 - Lonely Dissatisfaction
How much do you feel lonely? (Not much)
I see enough of my friends and relatives (Yes)
I sometimes feel that life isn't worth living (No)
Life is hard for me much of the time (No)
How satisfied are you with your life today? (Satisfied)
I have a lot to be sad about (No)

Note: High morale responses are indicated in the parentheses.

Table 3: Demographic Characteristics of the Sample

	The Sample (%)	U.S. Census Data (%)
Age:[1]		
65 to 79 years old	76.0%	78.0%[a]
80 + years	24.0%	22.0%
Race:		
White	93.0%	88.0%[a]
Black	7.0%	11.5%
Sex:		
Female	60.8%	62.3%[a]
Male	39.2%	37.7%
Marital Status:		
Married	54.4%	54.4%[a]
Never-Married	0.0%	
Widowed	42.7%	45.6%
Divorced	1.8%	
Separated	1.2%	
Number of Children:[2]		
None	1.8%	
One	19.9%	
Two	30.4%	
Three	18.1%	
Four or more	29.3%	
Years of Education:[3]		
None	1.2%	2.5%[b]
One to six	20.5%	25.3%
Seven to twelve	59.0%	53.1%
Some college or beyond	19.3%	19.0%
Yearly Income:		
Less than $3,000	9.9%	28.7%[b]
$3,000 - $4,999	23.3%	
$5,000 - $6,999	21.7%	26.9%
$7,000 - $9,999	20.5%	
$10,000 - $14,999	13.5%	15.8%
$15,000 and above	11.1%	28.6%
Employment Status:		
Not at all	84.2%	90.0%
Part-time	12.3%	10.0%
Full-time	3.5%	

Table 3: Demographic Characteristics of the Sample (contd.)

[1]x age of sample = 74 years

[2]x number of children of sample = 2.86

[3]mode of years of education of sample = 10-12 years

[4]mode of annual income of sample = $7,000 - $9,999

[a]comparison data is for Roanoke SMSA (U.S. Census, 1980)

[b]comparison data is for state of Virginia (U.S. Census, 1980)

Table 4: Frequency of Participation in Various Activities

Activity	Never	Rarely	Sometimes	Often
Watch T.V. or listen to radio, records and tapes	1%	8%	29%	62%
Play cards & board games	66%	14%	10%	11%
Play golf, miniature golf & other outdoor activities (backyard & lawn games & sports such as fishing)	68%	11%	12%	9%
Take part in church & civic activities (clubs, organizations, & other social events)	18%	13%	26%	43%
Gardening, yardwork, cooking for pleasure & tinkering in workshop	12%	10%	27%	51%
Attend athletic events, art shows, movies, concerts, plays, lectures & debates. Shopping for pleasure	36%	22%	27%	15%
Sitting, thinking & just relaxing	4%	15%	27%	54%
Collecting things such as stamps, coins, antiques & figurines	64%	9%	16%	11%
Taking walks	26%	23%	26%	25%
Visiting, talking & casual conversation	2%	15%	46%	37%
Reading books, magazines & newspapers for pleasure	5%	14%	19%	62%
Taking part in arts & crafts (sewing for pleasure, needlework, painting, woodworking) or playing an instrument	44%	11%	16%	29%
Writing cards & letters	26%	26%	21%	27%

Table 5: Product Moment Correlations (r) Between Morale and Independent Variables

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1.	Morale		.56	.03	.15	.06	.22	.16	.27	.14	.32	-.07	.11	.18	.18	.16	.21	.11
2.	Health			.02	.14	.03	.16	.13	.16	.26	.35	-.15	.09	.18	.19	.20	.17	.09
3.	Age				-.32	-.22	-.18	-.25	-.12	-.21	-.17	.13	-.08	-.12	-.07	-.22	-.16	-.05
4.	Income					.04	.08	.21	.10	.13	.21	-.02	.14	-.02	.12	.14	-.00	-.07
5.	T.V., records, radio						.20	.08	-.01	-.00	.10	-.07	-.02	.12	.06	.10	.12	.06
6.	Cards & Board games							.27	.25	.04	.25	-.01	.31	.07	.05	.14	.24	.22
7.	Golf, lawn games, fishing								.12	.13	.20	-.11	.08	.21	.16	.12	-.01	-.02
8.	Church & civic									.25	.34	-.01	.10	.32	.29	.23	.24	.23
9.	Gardening, cooking, workshop										.15	-.05	.16	.19	.29	.05	.28	.10
10.	Athletic events, art shows											-.14	.21	.26	.31	.23	.16	.32
11.	Sitting, thinking, relaxing												.05	.02	-.08	-.07	-.16	-.12
12.	Collecting things													-.07	.04	.06	.22	.09
13.	Taking walks														.28	.22	.05	.25
14.	Visiting, talking															.05	.16	.22
15.	Reading																.18	.31
16.	Arts & crafts/instrument																	.20
17.	Writing letters/cards																	

Underlined coefficients are statistically significant at the .05 level or better

Table 6: Multiple Regression Analysis of Correlates of Morale: 2 Step Equation (n=167)

Variable	Standard Beta (1st step)	Standard Beta (2nd step)
Health	.55*	.48*
Age	.05	.12
Income	.09	.08
T.V., records, radio		.03
Cards & board games		.06
Golf, outdoor activities		.07
Church & Civic		.13
Gardening, cooking, workshop		.07
Athletic events, art shows		.07
Sitting, thinking		.02
Collecting things		.00
Taking walks		.04
Visiting, talking		.01
Reading		.00
Arts & Crafts/instrument		.11
Writing cards/letters		-.02

Summary Statistics: F=5.91 df=16, 150; Signif. F=.01; For first set of variables (controls) - Multiple R=.57; Adjusted R^2=.31; R^2 change=.32. For set of 13 activity categories - Multiple R=.62; Adjusted R^2=.32 R^2 change=.6.

Note: Values with an asterisk indicate significance at .05 level. Standard betas are regression coefficients which can be used for comparison. They are indicators of the relative importance of variables.

Table 7: Summary of Hypotheses and Statistical Support for Them

Hypothesis	Extent of Support
1. There is no relationship between morale and the situational variables of age, self-perceived health, and income.	rejected
2. Health is no more predictive of morale than age or income.	rejected
3. There is no relationship between amount of activity and morale.	supported
4. There is no relationship between any particular activity and morale when controlling for age, health, and income.	supported

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