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A STUDY OF SEVEN FACTORS INFLUENCING USE OF FACILITIES IN A NURSING HOME

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INTRODUCTION

While once only the helpless or indigent were housed in old age institutions, certain elderly men and women of all income strata and of relatively unimpaired faculties decide (or are persuaded) that permanent institutionalization is the best solution to their financial, emotional and health problems.

Our interest in studying an aged population in a nursing home was sparked by the increasing proportion of the aged in our society and the change in family network patterns that no longer makes allowance for the elderly to live in the home. According to the Special Committee of the Senate on Aging (1966), some 7.7 per cent of the total population of Canada are 65 years of age or over. Of the more than one and half million old people, roughly 5 per cent are known to occupy institutional beds (Welburn, 1970). The change in family network patterns may be due to various reasons (Special Committee of the Senate on Aging, 1966). One factor may be that of changed conditions of urban living in contrast to conditions in a rural economy

make a large family burdensome. Another factor may be modern mobility which takes a young family a long way from where the parents had their roots. Finally, older people may prefer to be independent.

With the change in family patterns, a change has also come in the life styles of our elderly citizens. It has become an accepted practice to remove people from a home situation to provide special medical and nursing care that cannot be provided in the home (Kastenbaum, 1964, p. 207). The growing trend (Bennet, 1963) toward institutionalization was another reason for our concentration on studying the aged population in a nursing home.

In our focus on residents in a nursing home we saw the importance of activities as providing individuals with the types of satisfactions they needed to replace those which they may have had to relinquish along with their former roles as they grew older. As the number of groups to which an aging person belongs is reduced, his membership in those remaining becomes more important because he must maintain a minimum of stimulation (Kastenbaum, 1964, p. 9).

In looking at roles which an aged person may have had to surrender, Carp (1968) maintains that these are not limited to those which are patently interpersonal. Energy is invested in transactions with the external world through activities, through involvement with society by way of keeping up with the news, books, entertainment, etc. Individuals in nursing homes, perhaps more than the elderly who are still in the community, will have had to relinquish roles by virtue of being 'isolated' from former social relationships and interactions.

This study focuses on the association between use of facilities and seven factors--social competence, social interest, personal neatness, cooperation, irritability, manifest psychosis and psychotic depression. Use of facilities are those programs and activities made available to the residents by the nursing home.

Within the above terms of reference, we hypothesize that:

1. as the resident's use of facilities increases so will his social competence;
2. as the resident's use of facilities increases so will his social interest;

3. as the resident's use of facilities increases so will his personal neatness;

4. as the resident's use of facilities increases so will his cooperation;

5. as the resident's use of facilities decreases, his irritability will increase;

6. as the resident's use of facilities decreases, his manifest psychosis will increase;

7. as the resident's use of facilities decreases, his psychotic depression will increase.

CHAPTER II

REVIEW OF THE LITERATURE

Aging has been described as a part of living; something which begins with conception and terminates with death (Tibbitts, Clark and Donahue, 1960, p. 105). Birren defined aging as follows:

> Aging is a process of change involving all aspects of the organism. Its consequences range from altered structures and functions of the component tissues of the body to an altered relationship of the organism to its physical and social environment (Birren, 1964, p. 1).

Kushner defined the aging of an individual as a "complex of interrelated intrinsic and extrinsic factors ranging from natural biological changes to culturally defined and societally prescribed alterations in circumstances" (Kushner, 1967, p. 48).

Activity Theory: Activity theory of aging holds that older people should maintain the activities and attitudes of middle age as long as possible and that suitable substitues should be found when it is necessary to give up some activities or roles. In this theory, recognition is given to the fact that society

retreats from the individual, yet it holds that for his satisfaction and/or successful aging he should resist this imposed withdrawal as long as possible. The activity theory of aging equates a high level of activity with a high level of adjustment. In the professional and popular literature the thought that satisfied, happy old people must be engaged is encountered far more than the thought that satisfied, happy old people could be disengaged. The activity theory suggests that high morale is maintained principally among elderly persons who continue to be active, both socially and otherwise. Bromley (1966) has explained activity theory as follows:

> Human adjustment is determined partly from within--by feelings, motives and expectations--and partly from without--by opportunities, obstacles, timetables and the actions of other people. It would appear that the general level of arousal diminishes as age advances, consequently a certain level of activity in old age may be maintained by changing the external (environmental) framework of behavior--better incentives, more persuasion, more support and encouragement, planned involvement and interaction and so on (Bromley, 1966, p. 77).

This theory is seen as contrasting with disengagement theory which holds that a person should

withdraw from those areas of life where he cannot live up to social expectations. The activity theory, on the other hand, is seen as preventing the process of disengagement from going too far in the direction of isolation, apathy and inaction.

Disengagement Theory: Cumming and Henry (1963) developed a conceptual framework known as disengagement theory, to explain the process of progressive withdrawal from social life as one ages. In their disengagement theory, normal aging is seen as "a mutual withdrawal between the aging person and others in his social system to which he belongs--a withdrawal initiated by the individual himself, or by others in the system." They perceive the process of social and psychological withdrawal as being intrinsic, inevitable, irreversible and modal for the aging. They viewed disengagement as a circular, or self-perpetuating process. With the knowledge that interactions create and reaffirm norms, they contend that a reduction in the number or variety of interactions leads to an increased freedom from the control of norms governing everyday behavior. Thus, the process would be self-perpetuating due to the steady decrease in their

normatively governed relationships. Complete disengagement was seen as resulting when both the individual and society are ready for disengagement. Engagement was believed to usually continue in the situation where there was a disjunction between the expectations of the individual and of the members of his social system, i.e., when the individual is ready to disengage and society is not. In another case of disjunction, where society is ready for the individual's disengagement, but the individual is not, disengagement usually occurs. In the situation where the individual is ready for disengagement before society is, and if he has begun to disengage himself prematurely, they saw the possibility of society trying to re-engage him.

This point is important here because the nursing home we studied is attempting to re-engage its residents by providing facilities and encouraging the residents to use them. It is consistent with Boyd and Oakes' (1969) suggestion that activity programs are a means of circumventing the increase of disengagement.

There is evidence for the verification of

disengagement theory in that many old people do experience a loss of roles; whether through the death of a spouse, the departure of adult children, or through institutionalization. It was felt that extensive social interaction may be gradually replaced by intensive local social interaction (Shanas, et al, 1968).

Kutner (1961) suggests limitations of the disengagement theory. He feels that aging should not be seen only as a period of decline and decrement. We need to look at the older individual as he appears over his total life cycle as opposed to an isolated period of his life. He sees aging as a process of redifferentiation and reintegration; a continuous change of role and function.

A critic of disengagement theory, Arnold Rose (1963), offers a substitute theory of human aging called the 'aging subculture.' He believes that the process of disengagement is not inevitable; that non-engagement in later life may simply be a continuation of a life long pattern of social participation.

Zborowsky and Eyde (1962) agree with Rose in

that on the whole there were not many indications of changes over the years in the patterns of social participation of their subjects. They hold that the changes which did occur could not be attributed to an increase in age alone. For example, one often fails to take into consideration that residents' use of facilities in the nursing home might be a continuation of their former mode of social participation.

Youmans (1969) considered the 'life course' frame of reference in his article on disengagement theory. Every person who survives moves through various stages of development: infancy, childhood, young adulthood, maturity and old age. For many persons retirement may be designated as a stage in life. Disengagement theory recognized an underlying model of human development and maintains it is one of inevitable and universal disengagement. The 'life course' idea holds that there is much more to human aging than engagement or disengagement. Society must provide means by which persons can move in orderly fashion from one status position to the next and society must also provide motivations for individuals to fulfill the roles associated with each status

position. The older period of life brings changes in physical and psychological capacities and changes in social circumstances and opportunities which impose the need for substitution and re-organization of behavior.

In order to understand the theories presented on aging, it is necessary to be familiar with the needs of the elderly. Jean Maxwell raises the point that the basic needs of older people are not different from the needs of any other age group, but the satisfying of these common needs becomes more difficult for older people. These common needs were such things as food, shelter, clothing, health care, companionship and love, and purpose in living. On the assumption that senior citizens want what anyone else at any age wants, Maxwell outlined the following needs.

1. to maintain self-respect and personal dignity;
2. they don't want to be cared for; they want to be cared about;
3. they want to perform tasks within their capacities;
4. they don't want to be isolated; they want to be integrated into the community;
5. they want to exercise their right and responsibility to remain independent and self-directing as long as possible (Maxwell, 1962, p. 22).

One questions, however, how much decision-making is granted to residents of a nursing home.

McKinney and DeVyver (1966) feel that there is a universal need for recognition as a significant member of society and as an individual with a separately identifiable personality.

Activity Programs in Nursing Homes: Despite the support for disengagement theory, nursing home programs by and large seem to profess a preference for the propositions of activity theory.

Jerome Kaplan (1953) recognized that status and recognition outlets in the form of activities in nursing homes should be available with the functions of helping the residents feel useful and satisfying with the type of satisfactions they need to replace those which they may have had to relinquish as they grew older. Kaplan felt it important that the programs be aimed at stressing the abilities, not the disabilities of the residents. He felt that administrative efficiency with an exact and rigid schedule should never take precedence over the functioning of the individual resident and human needs and values. Kaplan believed that use of appropriate

activity programs would help the elderly residents to retain their interest in living, aid each resident to remain mentally alert, and in general be beneficial by making the older person feel wanted.

Leeds and Shore (1964, p. 92) show that nursing home programs are being reformed throughout the country due to the growing realization of "the need to foster the functional integrity of older people, to promote personal dignity, independence, and sociability, and to practise physical and mental health maintenance." These authors emphasized the importance of setting; when an elderly person is in a setting of love and acceptance, surrounded by interesting activities, and treated as the individual he is, he will be too busy to become ill and too healthy to be idle. These authors also felt that residents should be motivated to participate in activities because they believed their participation in activities would result in continued or renewed expression of skills and talents or in the learning of new ones so that he will be helped to remain psychologically intact. Leeds and Shore also felt that the provision of an adequate medical and nursing program within a home for the aged is necessary

and desirable but not enough. A resident looks not only for protection but also for a social life containing as much opportunity for status, role and social relationships as he enjoyed in the outside community.

Consistent with Greenwald and Linns' (1971) claim that it is not enough just to provide a structure to house the aging and the chronically ill, and it is not enough to merely provide good medical care in these facilities, is the philosophy of the nursing home we studied. The older person needs to feel a sense of community and a sense of hope which can only be transmitted in an environment where such things as planned recreation, space for dining, and space for living are considered as important as medical treatment itself.

Bromley (1966) makes a similar point when he says that it is not sufficient merely to provide facilities for elderly people. He feels that they need to be educated to make use of the facilities and encouraged to abandon apathetic attitudes and fixed habits.

Donahue, Hunter and Coons (1953) used sociometric techniques to investigate and measure the effects of an activities program upon the socialization of residents in

homes for the aged. The authors found that the introduction of activities programs into the old age homes obviously seemed to increase the socialization of residents and consequently, the complexity of their group structure. Conversely, they found that in homes lacking such programs, residents failed to increase their social activities but tended somewhat toward social withdrawal, and there was a corresponding tendency toward deterioration in group integration. They concluded that congregate living in homes and institutions for the aged does not automatically provide for the socialization of residence; and in deed, that failure to provide outlets in meaningful activities, particularly those that foster relationships with other people, may doom residents to isolation and purposeless living.

Total Institutions: Goffman's classification of institutions and their effects (Goffman, 1961) is also important here. Goffman defined a total institution as

> a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life (Goffman, 1961, p. xiii).

He further purported that a central feature of total institutions was their breakdown of barriers ordinarily separating the places where we sleep, play and work. On elaboration he explained:

> First of all, all aspects of life are conducted in the same place and under the same authority. Second, each phase of the member's daily activity will be carried out in the immediate company of a large batch of others, all of whom are treated alike and required to do the same things together. Third, all phases of the day's activities are tightly scheduled, with one activity leading at a pre-arranged time into the next, the whole circle of activities being imposed from above through a system of explicit formal rulings and a body of officials. Finally, the contents of the various enforced activities are brought together as parts of a single overall rational plan purportedly designed to fulfill the official aims of the institution (Goffman, 1961, p. 6).

We realize, of course, that not all nursing homes meet these criteria: some approximate them to a greater extent than others.

Goffman held that the key fact of total institutions was "their handling of many human needs by the bureaucratic organization of whole blocks of people . . ." (Goffman, 1961, p. 14).

Minna Field (1970) reminds us that sick people, old as well as young, must not be subjected to formal rules, regulations and rigid disciplinary routines. She brings to the reader's attention how often institutions neglect

to meet the basic needs of the elderly. She stresses the fact that institutionalization itself may be detrimental to the aged person and actually increase the dependence of the patient on the staff. Moving into the new situation of a nursing home usually involves a loss of privacy, restriction of movement, and a surrendering of control over the way in which his life is to be lived.

Leeds and Shore (1964) demonstrate how institutional adjustment often means a kind of unaggressive niceness and adherence to rigid rules and schedules. They state that institutions and homes for the aged frequently reflect implications of regimentation and depersonalization. This has implications for our thesis in view of the fact that residents may feel compelled by staff and other residents to conform and use the nursing home's facilities.

Kaplan (1953) reveals that there is evidence that institutions for the aged have actually facilitated the process of individual deterioration. He discusses the extreme break with his community when an older person moves into a home for the aged. This is contrary to the philosophy of the nursing home we studied in that it

tried to bridge the gap between the individual and the community and thus attempted to re-engage the individual.

Kastenbaum (1964) describes the trauma for many elderly people upon entering an institution. The loss of significant people and familiar objects is often devastating for them, resulting in feelings of defeat and uselessness. He felt that ". . . even the best care and optimum environment in communal facilities still leaves emotional and social needs largely neglected" (Kastenbaum, 1964, p. 206). He found association between prolonged institutionalization and a disengaged attitude toward life, which entailed boredom and interest in time.

Summary: In our review of the literature we have examined both the theory of disengagement and the activity theory of aging. Both theories hold that activities are important for the aged. For activity theory, activities in nursing homes should clearly be associated with adjustment. The better the effort to continue middle age way of life, the more likely an individual will successfully adjust. For disengagement theory, activities of the aged became important and healthy if they represent withdrawal from usual life's roles and the development of

new behaviour (activities). Thus activities and use of facilities available in nursing homes and the conditions under which residents utilize them is an important area of research from both the perspective of activity theory and disengagement theory.

CHAPTER III

THE NURSES' OBSERVATION SCALE FOR INPATIENT EVALUATION (NOSIE)

In searching for a way in which to measure what conditions of a resident might lead to his use of facilities, we adopted the NOSIE (Nurses' Observation Scale for Inpatient Evaluation) (Honigfeld and Klett, 1965). We were interested if this test of psychological adjustment of a resident in an institution, which was based on seven factors: social competence, social interest, personal neatness, cooperation, irritability, manifest psychosis, psychotic depression, could be useful in predicting the resident's use of facilities.

The NOSIE is a scale used to measure adjustment of persons in institutions, particularly mental hospitals and nursing homes. It consists of seven factors. Factor names and some illustrative items are given below:

Social Competence (COM)

1. Shaves himself
2. Makes his own bed.
3. Knows where he is.
4. Wets or soils his clothes or bedding.

Social Interest (INT)

1. Talks about happenings on the ward.
2. Can be drawn into conversation.
3. Ignores the activities around him.
4. Stays by himself.

Personal Neatness (NEA)

1. Keeps his clothes neat and clean.
2. Is messy in his eating habits.

Cooperation (COO)

1. Helps out when asked.
2. Conforms to hospital routine.

Irritability (IRR)

1. Is impatient.
2. Shouts and yells.
3. Gets angry or annoyed easily.
4. Complains about the food and care.

Manifest Psychosis (PSY)

1. Talks, mutters, or mumbles to himself.
2. Giggles or smiles to himself without any apparent reason.
3. Assumes strange expressions, postures or movements.

Psychotic Depression (DEP)

1. Cries.
2. Accuses others of wanting to hurt him.
3. Says he feels blue or depressed.
4. Says that he is no good.

It must be clear that a cause and effect relationship cannot be determined; only hypothesized from the theory presented above. That is, as one's adjustment increases, use of facilities is likely to increase.

CHAPTER IV

THE NURSING HOME STUDIED

In view of the fact that larger proportions of our aged are now being institutionalized in comparison to several decades ago when most elderly lived with their next of kin, the whole concept of homes for the aged appears to be changing. Nursing homes are no longer just congregate homes in which to retire and live one's last years under a gracious and peaceful setting. More and more they have been taking into consideration the psychological, emotional and social needs of its residents.

This study focuses on 105 residents of a Manitoba personal care home. Most of the residents rarely leave the home; it is in fact a self-contained community with its facilities for daily living, as well as facilities for entertainment, shopping, worshipping and relaxing. The home also includes such services as hairdresser, barber, entertainment program, library, refreshment room and activities room. Visiting hours are open and residents entertain their family and guests in

the lounge provided for this purpose, in the refreshment room where refreshments may be purchased at a nominal fee, or in their own rooms.

Many of the residents are admitted to the home directly from the community where they have been living with their family, with a spouse, or independently in their own home or apartment. Others come from hospitals or also from other nursing homes. Still others are transferred from hostels when they require more care than can be given them in a hostel. The average length of stay (according to the data received from our questionnaire) is twenty-five months.

The philosophy of the nursing home we studied takes into account that many of the residents have led active and useful lives, but for various reasons can no longer live independently nor cope adequately in the community. It further attempts to take into account that the needs of its elderly residents are the same as the needs of such who still live and function outside a senior citizen residence. This means that the person's needs must be considered over a twenty-four hour a day period. Not only do elderly people have physical needs but they have

social needs as well. Just as daily living in the community is divided into various spheres of activity, so also is life in the nursing home. Activities such as eating, sleeping, and recreation are not all taken care of in one and the same space. Just as a private home has a bedroom, dining room, living room, bathroom, the residents' activities are 'scheduled' for the appropriate space provided for a particular activity.

The nursing home has also taken into account the activities that take place in a larger community. The large central sitting area serves as a'downtown' area, where residents can meet with relatives and guests. Adjacent to the sitting area is a 'coffee shop' where refreshments--coffee, tea, dainties--are served at a minimal price during certain hours. This area also contains the bar, open certain hours of the day, which is there for the convenience of residents and their guests.

In order to enhance the feeling of independence and to further bring the community into the residence, and vice versa, a shop within the nursing home has been established for the use of the residents. Here individuals may purchase toiletries, stationery, gift articles and candy,

for themselves or for their families and friends. Catalogue shopping may be done here with the assistance of a staff member. In addition to the indoor 'store', shopping excursions are arranged for by means of which residents may go downtown in cabs or by wheelchair vans. The larger shopping centres in the city are most convenient for these excursions since many shops are located under one roof and shoppers can conveniently move from one to the other without having to go outdoors.

Facilities for hairdressing and barbering are also provided for within the nursing home.

In addition to taking care of the necessities of life, such as sleeping, eating, cleanliness, etc., the nursing home also has taken care of a variety of social and recreational aspects required for healthy living of its residents. A full scale activities program has been arranged whereby residents may take part in arts and crafts, exercises, view full lens cinemascope films, table games such as cards, bingo and pool, and also other games such as shuffle board, carpet bowling, etc. Some of the more active residents have also gone to a local curling rink situated close to the nursing home to try their hand at this game.

Many of the articles made in the arts and crafts program are later sold, or are purchased by residents and then given as gifts to family members and friends. Arts and crafts is not meant to be merely 'busy work' but is felt to be useful occupation for many who have time on their hands. The philosophy behind this is to inspire residents to participate in the making of interesting and useful articles as well as socializing with fellow residents.

Numerous group activities are arranged by the home for the benefit of residents, and though attendance and/or participation are voluntary, many of the residents do attend these functions. A 'friendly hour' is arranged for once a month where someone may read a story, discuss certain topics, or just have a friendly chat in the sitting area of the home.

A monthly 'bar night' is also organized. From the proceeds of the bar, which is open daily, the 'bar night' provides 'drinks on the house' once a month. At this time it may also be that entertainment from the community is brought in. Movies are shown, and also in the past a hippie band and go-go girls were featured as a floor show.

There are activities which residents may engage in in the quiet of their room or in some cozy corner of the home. The home provides a library for those who wish to avail themselves of it. Telephones are made available so that residents may keep in contact with the outside world. It is possible for the resident to read, knit or do other handicrafts in hiw own room.

The spiritual needs of the various residents are also taken into account. A small chapel is centrally located where all may attend weekly services. Ministers and singing groups from the community come to the home on a regular basis.

Because of the changing family patterns where the aged no longer live with their children, and also because of increased standards of personal comfort to which many older persons are accustomed, such as privacy, personal hygiene and recreation, nursing homes must take these needs into account. By its philosophy of caring for the total individual, this nursing home attempts to take care of the physical, psychological, spiritual and social needs of its residents.

As can be readily seen from the above, this

nursing home has an abundance of available facilities for its residents; this was a major factor in our choice of this particular home for our study.

CHAPTER V

STUDY METHOD

In accordance with the focus of our study, we had to decide on which nursing home(s) to use, how to measure the factors pertaining to the residents and how to measure use of facilities.

From prior knowledge of nursing homes, we chose a provincially licensed care institution which offered a variety of programs and activities to its residents. Furthermore, taking the nursing home's total population we felt we had a large enough sample for our research project. (One hundred and five questionnaires were administered).

Our next concern was that of measuring the seven factors of the residents and the use they made of facilities. The NOSIE (see Appendix A), which was originally developed "specifically to meet the 'chronic' need for a behavior rating scale sufficiently sensitive to measure therapeutic change in the older schizophrenic patient" was used. Its ratings draw upon the skills of nursing personnel who are usually in the best position to

make extended yet unobtrusive observations of patient behavior (Honigfeld and Klett, 1965, pp. 65-71).

From personal observation and from discussions with the Administrator of the nursing home, as well as with the Director of Nursing and the Activities Director, we listed the facilities (activities, programs, services) available to the resident. For example, 'plays bingo,' and 'participates in arts and crafts' were considered to be facilities available to the resident. These, and other facilities were then made up into a second rating scale, called the "Use of Facilities Observation Scale" (see Appendis B), similar to the format of the NOSIE. On this scale we had a total of twenty-three items. Since the activities' staff has jurisdiction over specific activities during certain hours of the day, and since the activities staff also arranges the major portion of the activities, it was felt that they would best be able to answer the questions pertaining to certain use of facilities items. The nursing staff, on the other hand, is on duty twenty-four hours of the day, as well as on weekends, and would consequently observe certain other activities or use of facilities. For this reason we divided the "Use of Facilities Observation Scale" into

two sections; one being completed by the nursing staff; the other by the activities staff. It was also felt that the use of more than one staff member in completing the questionnaire may lead to increased reliability in rating. The NOSIE was completed by the Director of Nursing with the assistance of other nurses on the wards.

Once the questionnaires were completed and returned, individual total scores on the seven NOSIE factors and use of facilities were computed. Following this, the individual mean score for each variable was calculated. Then the total mean score for each variable as well as its standard deviation was determined.

In order to test our hypotheses, we computed the co-efficient of correlation for each individual mean score of our seven NOSIE factors on the individual mean scores of use of facilities. The intent of the use of correlation statistics was to measure the degree of positive or negative association between the two variables (use of facilities and the seven NOSIE factors).

We then divided our subjects by sex to determine if there was any statistically significant difference between male and female mean use of facilities. In order

to evaluate the significance of the difference between the two sample means we applied the t-Test.

Because correlational techniques showed marginal results in the association of use of facilities with irritability, manifest psychosis and psychotic depression, an additional technique employing the Unpaired Student's t-Test was again used. Irritability scores for the total population were rank-ordered into three equal groups (low, medium and high irritability) of thirty-five individual mean scores. Each group was then compared with each other and the Unpaired Student's t-Test was applied to test the difference of mean use of facilities for the high-low, high-medium, and medium-low groups respectively. A similar process was duplicated for manifest psychosis, and psychotic depression for the total population and the female sample. The male sample was too small to test in this manner.

CHAPTER VI

PRESENTATION OF TABLES

Table 1. This table contains the means and standard deviations of our eight variables (length of stay in nursing home is included for reference), with reference to the total population, the female sample and the male sample. Potential range equals 1 to 5 for all variables excluding length of stay.

Table 2. The above table demonstrates the simple correlation co-efficients of the seven NOSIE factors and length of stay with the use of facilities for the total population, the male and female samples.

Length of stay did not have a significant correlation with the use of facilities.

Social competence, social interest, personal neatness and cooperation were each significantly correlated with use of facilities ($P < .01$). A similar finding occured regarding both the male and female samples on each of these factors.

When the independent variables, consisting of irritability, manifest psychosis and psychotic depression

were correlated with use of facilities, there was no statistically significant association between these factors although they all tended to have negative correlation co-efficients.

Table 3. Here it is shown that there appears to be no statistically significant difference between the mean use of facilities by males and females in our study population.

Table 4. The above table compares the mean use of facilities scores under condition of high, medium and low irritability. The mean use of facilities scores for the high, medium and low irritability groups were 2.44, 2.61, and 2.66 respectively. Although these means are not statistically significant there is a trend toward using facilities to a greater extent as irritability decreases.

Table 5. This table compares the mean use of facilities scores under conditions of high, medium and low manifest psychosis. Medium and low manifest psychosis were statistically significant with use of facilities ($P<.05$). Significance was not found in any other grouping. In other words, there was a statistically significant

difference of mean use of facilities in medium and low manifest psychosis. There were no evident trends as to mean use of facilities scores in the high, medium and low manifest psychosis groups, their mean use of facilities being 2.53, 2.36, and 2.83 respectively.

Table 6. The comparison of the mean use of facilities scores under conditions of high, medium and low psychotic depression is shown in this table. This table shows no statistically significant difference in mean use of facilities of high-low, high-medium and medium-low psychotic depression groupings. The mean use of facilities scores for the high, medium and low psychotic depression groups were 2.60, 2.38, and 2.73 showing no evident trend between these variables.

Table 7. The above table compares the mean use of facilities scores of the female sample under conditions of high, medium and low irritability. The mean use of facilities scores for the high, medium and low irritability groups were 2.52, 2.66 and 2.75 respectively. Although these means are not statistically significant there is a trend toward using facilities to a greater extent as irritability decreases.

Table 8. The comparison of the mean use of facilities scores of the female sample under conditions of high, medium and low manifest psychosis is shown in this table. Here (as in Table 5), medium and low manifest psychosis were statistically significant with use of facilities ($P < .05$). Significance was not found in any other grouping. There were no evident trends as to mean use of facilities scores in the high, medium and low manifest psychosis groups, their mean use of facilities scores being 2.59, 2.45 and 2.90 respectively.

Table 9. This table compares the mean use of facilities scores of females under conditions of high, medium and low psychotic depression. High and medium psychotic depression were statistically significant with use of facilities ($P < .05$). Significance was not found in any other grouping. The mean use of facilities scores for the high, medium and low psychotic depression groups were 2.47, 2.87 and 2.60 respectively, showing no evident trend between variables.

TABLE 1

MEANS AND STANDARD DEVIATION OF LENGTH OF STAY, USE OF FACILITIES AND SEVEN NOSIE FACTORS

VARIABLE	TOTAL POPULATION		FEMALE POPULATION		MALE POPULATION	
	MEAN	STANDARD DEVIATION	MEAN	STANDARD DEVIATION	MEAN	STANDARD DEVIATION
Length of Stay (in months)	25	14	--	--	--	--
Social Competence	3.03	1.27	3.06	1.20	2.93	1.50
Social Interest	2.93	1.17	2.93	1.11	2.94	1.39
Personal Neatness	3.43	1.43	3.60	1.39	2.81	1.74
Cooperation	2.89	0.95	2.83	0.85	3.10	1.26
Irritability	1.79	0.77	1.78	0.73	1.85	0.96
Manifest Psychosis	1.69	0.75	1.73	0.74	1.54	0.78
Psychotic Depression	1.83	0.65	1.87	0.67	1.71	0.56
Use of Facilities	2.57	0.79	2.65	0.79	2.29	0.70

TABLE 2

CORRELATION OF COEFFICIENTS OF SEVEN NOSIE FACTORS WITH USE OF FACILITIES AND LENGTH OF STAY

VARIABLE	TOTAL POPULATION CORRELATION COEFFICIENT	FEMALE POPULATION CORRELATION COEFFICIENT	MALE POPULATION CORRELATION COEFFICIENT
Length of Stay	-0.10	----	----
Social Competence	0.51**	0.45**	0.74**
Social Interest	0.67**	0.68**	0.70**
Personal Neatness	0.42**	0.45**	0.40*
Cooperation	0.53**	0.58**	0.59**
Irritability	-0.12	-0.08	-0.27
Manifest Psychosis	-0.09	-0.07	-0.29
Psychotic Depression	-0.01	-0.04	-0.08

*P<.05 **P<.01

TABLE 3

UNPAIRED STUDENT'S t-TEST -- RELATIONSHIP OF SEX TO USE OF FACILITIES

SEX	MEAN	S.D.	*t*	DF
FEMALE	2.65	0.79	1.943	103
MALE	2.29	0.70		

TABLE 4

UNPAIRED STUDENT'S *t*-TEST COMPARING MEAN USE OF FACILITIES UNDER CONDITIONS OF HIGH, MEDIUM AND LOW IRRITABILITY

IRRITABILITY	MEAN	S.D.	*t*	DF
HIGH	2.44	0.85	1.71	68
LOW	2.66	0.74		
HIGH	2.44	0.85	0.83	68
MEDIUM	2.61	0.79		
MEDIUM	2.61	0.79	0.33	68
LOW	2.66	0.74		

TABLE 5

UNPAIRED STUDENT'S *t*-TEST COMPARING MEAN USE OF FACILITIES UNDER CONDITIONS OF HIGH, MEDIUM AND LOW MANIFEST PSYCHOSIS

MANIFEST PSYCHOSIS	MEAN	S.D.	*t*	DF
HIGH	2.53	0.75	1.701	68
LOW	2.83	0.70		
HIGH	2.53	0.75	0.905	68
MEDIUM	2.36	0.85		
MEDIUM	2.36	0.85	2.520*	68
LOW	2.83	0.70		

*$P < .05$

TABLE 6

UNPAIRED STUDENT'S *t*-TEST COMPARING MEAN USE OF FACILITIES UNDER CONDITIONS OF HIGH, MEDIUM AND LOW PSYCHOTIC DEPRESSION

PSYCHOTIC DEPRESSION	MEAN	S.D.	*t*	DF
HIGH	2.60	0.76	0.683	68
LOW	2.73	0.78		
HIGH	2.60	0.76	1.169	68
MEDIUM	2.38	0.80		
MEDIUM	2.38	0.80	1.823	68
LOW	2.73	0.78		

TABLE 7

UNPAIRED STUDENT'S *t*-TEST COMPARING MEAN USE OF FACILITIES OF THE FEMALE SAMPLE UNDER CONDITIONS OF HIGH, MEDIUM AND LOW IRRITABILITY

IRRITABILITY	MEAN	S.D.	*t*	DF
HIGH	2.52	0.79	1.157	53
LOW	2.75	0.68		
HIGH	2.52	0.79	0.576	53
MEDIUM	2.66	0.91		
MEDIUM	2.66	0.91	0.451	54
LOW	2.75	0.68		

TABLE 8

UNPAIRED STUDENT'S *t*-TEST COMPARING MEAN USE OF FACILITIES OF THE FEMALE SAMPLE UNDER CONDITIONS OF HIGH, MEDIUM AND LOW MANIFEST PSYCHOSIS

MANIFEST PSYCHOSIS	MEAN	S.D.	*t*	DF
HIGH	2.59	0.73	1.450	53
LOW	2.90	0.83		
HIGH	2.59	0.73	0.726	53
MEDIUM	2.45	0.78		
MEDIUM	2.45	0.78	2.111*	54
LOW	2.90	0.83		

*$P < .05$

TABLE 9

UNPAIRED STUDENT'S *t*-TEST COMPARING MEAN USE OF FACILITIES OF THE FEMALE SAMPLE UNDER CONDITIONS OF HIGH, MEDIUM AND LOW PSYCHOTIC DEPRESSION

PSYCHOTIC DEPRESSION	MEAN	S.D.	*t*	DF
HIGH	2.47	0.67	0.608	53
LOW	2.60	0.87		
HIGH	2.47	0.67	2.020*	53
MEDIUM	2.87	0.80		
MEDIUM	2.87	0.80	1.236	54
LOW	2.60	0.87		

*$P < .05$

CHAPTER VII

INTERPRETATION AND CONCLUSIONS

We found that, as postulated, social competence, social interest, personal neatness and cooperation are positively related with use of facilities (Table 2). Furthermore, that these relationships are statistically significant for both men and women samples as well as in the total population. The results of correlating irritability, manifest psychosis and psychotic depression with use of facilities did not substantiate our hypothesis that there would be a negative association between these factors and use of facilities. There was an observable but not statistically significant trend toward an increase in use of facilities with a decrease in irritability in the total, as well as in the female population (Tables 4 and 7). There was a statistically significant difference in mean use of facilities in medium and low manifest psychosis groupings. This shows an association between low manifest psychosis and increased use of facilities for the total population as well as the female sample (Tables 5 and 8). There was

no observable trend when mean use of facilities was tested in relation to high, medium and low psychotic depression for the total population. The high-medium psychotic depression grouping showed a statistically significant difference in use of facilities, demonstrating an increased use of facilities with medium psychotic depression.

We have found that use of facilities and four measures of adjustment were positively associated. From theoretical rationale developed previously, it was hypothesized that the increased use of facilities leads to an increased adjustment in these four areas: social competence, social interest, personal neatness and cooperation. However, this research is not able to show cause and effect relationship, and it is possible that if one is highly adjusted, that is, if a resident is high in social competence, social interest, personal neatness and cooperation, then he is likely to engage in more activities.

Although disengagement is seen as a normal process, activity theory counterbalances the theory of disengagement by suggesting that a high morale is maintained among

elderly people who continue to be active both socially and otherwise. A high level of activity may be equated with a high level of adjustment (Havens, 1968). Use of facilities, according to activity theory circumvents the increase of disengagement (Boyd and Oakes, 1969, p. 169). That is, it may be that through increased use of facilities the process of disengagement may be altered.

Activities become important to disengagement when they represent a change of usual life roles and create new roles for the elderly. Thus, the process of disengagement may be affected by the use of facilities. If use of facilities leads to increased adjustment, as we have found, then it might be, if disengagement theory holds, what is occuring is that the activities represent different roles than engaged in during middle age. Donahue, Hunter and Coons (1953) support this by demonstrating that when older people are engaged in adequately conceived programs of activities their mental and physical health improves. Furthermore, the general position of disengagement theory leads one to expect that following middle age, older people may prefer to engage in intense local interactions rather than extensive social interactions

(Shanas, Townsend, et al, 1968, p. 5). People in middle age may have had various types of roles but once they enter a nursing home new roles are formed through the process of participating in activities.

On the other hand, if the four adjustment variables lead to increased use of facilities, then what might be happening is that use of facilities acts as an intervening variable between adjustment and disengagement. If, as argued previously, use of facilities affects disengagement and, as shown here, the four adjustment factors affect use of facilities, then it holds that these four adjustment variables should affect the process of disengagement. Thus it might be hypothesized that disengagement is in part a function of the aged's level of social competence, social interest, personal neatness and cooperation.

There is a possibility of circularity with our first four variables: social competence, social interest, personal neatness and cooperation, and use of facilities. We do have reason to believe that this is not so. We have operationalized the facilities in a way which is quite different from the method used to operationalize

the dependent variables (see chapter on Methods). The first four variables were extended to measure the personal, intrinsic adjustment characteristics of the nursing home resident, while the use of facilities questionnaire measured the participation and activity demonstrated by the resident in use of facilities offered by the nursing home.

We found a low association between use of facilities and irritability, manifest psychosis and psychotic depression in our study group. We assume that all residents participated in programs and all were engaged in activities. If this is true, our results may reflect that activity programs improve the health of the elderly to the extent that the instruments used were not sensitive enough to demonstrate the relationship.

We are unable to show a cause and effect relationship between use of facilities and the seven factors. Our data can be interpreted in terms of both activity theory and disengagement theory, but supports neither since this depends on the testing of either theory. An association has been demonstrated but a further study would be required to investigate all our concepts more intensely.

APPENDIX A

NURSES' OBSERVATION SCALE FOR INPATIENT EVALUATION

1. Resident's name: _____

2. Date of admission: _____

3. Classification (please check one): Fully ambulant ___
   Semi ambulant ___
   Bedridden ___

4. Compared to his condition at admission to the home, how much has the resident changed?
   Very much improved ___
   Much improved ___
   Minimally improved ___
   No change ___
   Minimally worse ___
   Much worse ___
   Very much worse ___

5. Directions: On the following pages you are asked to rate the behavior of this resident. There are 60 items, which cover a wide range of activities. You are to base your ratings on the resident's behavior during the last three days. For each item you are to estimate whether in the last three days the description of the resident's behavior was true:
   1 Never
   2 Sometimes
   3 Often
   4 Usually
   5 Always

Indicate your choice by placing a circle around the correct number before each item.

1	2	3	4	5	*1.	Is sloppy (NEA)
1	2	3	4	5	2.	Is impatient (IRR)
1	2	3	4	5	3.	Accuses others of wanting to hurt him (DEP)
1	2	3	4	5	*4.	Ignores the activities around him (INT)
1	2	3	4	5	5.	Cries (DEP)
1	2	3	4	5	6.	Demands the attention of the doctors (DEP)
1	2	3	4	5	7.	Has temper tantrums (IRR)
1	2	3	4	5	8.	Resists suggestions and requests (IRR)
1	2	3	4	5	9.	Shouts and yells (IRR)
1	2	3	4	5	10.	Is excited, noisy and hilarious (IRR)
1	2	3	4	5	11.	Talks freely with volunteer workers or other visitors (INT)
1	2	3	4	5	12.	Shows curiosity and interest in activities around him (INT)
1	2	3	4	5	13.	Conforms to nursing home routine (COO)
1	2	3	4	5	14.	Is cheerful and optimistic (INT)
1	2	3	4	5	*15.	Needs help in dressing (COM)
1	2	3	4	5	*16.	Needs help in using toilet (COM)
1	2	3	4	5	17.	Helps out when asked (COO)
1	2	3	4	5	18.	Knows where he is (COM)
1	2	3	4	5	19.	Cooperates with other people (COO)

*Item receives reflected score (1 = 5, 2 = 4, 3 = 3, 4 = 2, 5 = 1)

1	2	3	4	5	*20.	Stays by himself (INT)
1	2	3	4	5	*21.	Is hesitant and uncertain in making up his mind (COM)
1	2	3	4	5	22.	Jokes with others (INT)
1	2	3	4	5	23.	Gets angry or annoyed easily (IRR)
1	2	3	4	5	*24.	Wets or soils his clothes or bedding (COM)
1	2	3	4	5	25.	Talks about happenings on the ward(INT)
1	2	3	4	5	26.	Hears things that are not there (PSY)
1	2	3	4	5	*27.	Seems content and satisfied (DEP)
1	2	3	4	5	28.	Keeps his clothes neat and clean (NEA)
1	2	3	4	5	29.	Takes part in back and forth conversation (INT)
1	2	3	4	5	30.	Complains about the food and care (IRR)
1	2	3	4	5	31.	Tries to be friendly with others (INT)
1	2	3	4	5	32.	Becomes easily upset if something doesn't suit him (IRR)
1	2	3	4	5	33.	Assumes strange expressions, postures or movements (PSY)
1	2	3	4	5	34.	Is irritable and grouchy (IRR)
1	2	3	4	5	*35.	Has trouble remembering (COM)
1	2	3	4	5	36.	Keeps his room neat and tidy (COM)
1	2	3	4	5	37.	Can be drawn into conversation (INT)
1	2	3	4	5	38.	Laughs or smiles at funny comments or events (INT)
1	2	3	4	5	39.	Volunteers to help out around the ward (COO)

*Item receives reflected score (1 = 5, 2 = 4, 3 = 3, 4 - 2, 5 - 1)

1	2	3	4	5	40.	Claims that he is being controlled by people or unusual forces (DEP)
1	2	3	4	5	*41.	Is messy in his eating habits (NEA)
1	2	3	4	5	42.	Starts up a conversation with others (INT)
1	2	3	4	5	43.	Says he feels blue or depressed (DEP)
1	2	3	4	5	44.	Combs his hair (COM)
1	2	3	4	5	45.	Talks about his interests (INT)
1	2	3	4	5	46.	Sees things that are not there (PSY)
1	2	3	4	5	47.	Is friendly with someone on the ward (INT)
1	2	3	4	5	48.	Has unusual speech (Mixes up words, makes up new words, repeats sounds, words, or phrases in a meaningless or mechanical manner (PSY)
1	2	3	4	5	*49.	Has to be reminded what to do (COM)
1	2	3	4	5	50.	Says that he is no good (DEP)
1	2	3	4	5	*51.	Has to be told to follow routine (COM)
1	2	3	4	5	52.	Seems to enjoy life (INT)
1	2	3	4	5	53.	Washes himself (COM)
1	2	3	4	5	*54.	Has difficulty completing even simple tasks on his own (COM)
1	2	3	4	5	55.	Talks, mutters, or mumbles to himself (PSY)
1	2	3	4	5	*56.	Appears confused or puzzled (COM)
1	2	3	4	5	*57.	Is slow moving and sluggish (COM)

*Item receives reflected score (1 = 5, 2 = 4, 3 = 3, 4 = 2, 5 = 1)

1	2	3	4	5	58.	Giggles or smiles to himself without any apparent reason (PSY)
1	2	3	4	5	59.	Quick to fly off the handle (IRR)
1	2	3	4	5	60.	Keeps himself neat and clean (NEA)

*Item receives reflected score (1 = 5, 2 = 4, 3 = 3, 4 = 2, 5 = 1)

APPENDIX B

USE OF FACILITIES OBSERVATION SCALE -- Activities Staff

Resident's Name: _____

Directions: On the following pages you are asked to rate this resident according to his use of the home's facilities at the time they are available or scheduled. For each item you are to estimate his use of facilities to a 5 point "frequency-of-occurence" scale.

1 Never
2 Sometimes
3 Often
4 Usually
5 Always

Indicate your choice by placing a circle around the correct number before each item.

1 2 3 4 5	1. Attends bar night
1 2 3 4 5	2. Plays bingo
1 2 3 4 5	3. Attends birthday parties
1 2 3 4 5	4. Participates in carpet bowling
1 2 3 4 5	5. Participates in arts and crafts (tile work, making flowers, etc.)
1 2 3 4 5	6. Plays table games (cards, puzzles, etc.)

1	2	3	4	5	7.	Plays pool or table shuffle board
1	2	3	4	5	8.	Makes use of lounge or refreshment room for entertaining of visitors
1	2	3	4	5	9.	Attends the "Friendly Hour"
1	2	3	4	5	10.	Goes to exercises
1	2	3	4	5	11.	Takes part in excursions (boat trip, theatre, etc.)
1	2	3	4	5	12.	Participates in floor shuffleboard
1	2	3	4	5	13.	Attends painting classes
1	2	3	4	5	14.	Attends movies inside the home
1	2	3	4	5	15.	Participates in sing-songs
1	2	3	4	5	16.	Attends religious services
1	2	3	4	5	17.	Goes to refreshment room
1	2	3	4	5	18.	Goes shopping with van (to city shopping centres)
1	2	3	4	5	19.	Attends programs put on by outside groups

USE OF FACILITIES OBSERVATION SCALE -- Nursing Staff

Resident's name: _____

Directions: On the following pages you are asked to rate this resident according to his use of facilities at the time they are available or scheduled. For each item you are to estimate his use of facilities to a 5 point "frequency-of-occurence" scale.

1 Never
2 Sometimes
3 Often
4 Usually
5 Always

Indicate your choice by placing a circle around the correct number before each item.

1 2 3 4 5	1.	Makes use of beauty shop (or barber shop) when needed
1 2 3 4 5	2.	Has meals in dining room
1 2 3 4 5	3.	Listens to radio and/or TV with others
1 2 3 4 5	4.	Utilizes telephone

REFERENCES

Adkins, Dorothy C. Statistics--An Introduction for Students in the Behavioral Sciences. Columbus, Ohio: Charles E. Merrill Books, Inc., 1964.

Allport, Floyd Henry. Institutional Behavior. Chapel Hill: University of North Carolina Press, 1933.

Arkin, Herbert, and Colton, Raymond R. Statistical Methods. New York: Barnes and Noble, Inc., Publishers, 1963.

Barton, Russell. Institutional Neurosis. Great Britain: John Wright and Sons Limited, 1966.

Bayne, J. Ronald D. "Environmental Modification for the Older Person." The Gerontologist, Vol. 11, No. 4, Part 1, Winter, 1971, pp. 314-317.

Bennett, Ruth. "The Meaning of Institutional Life." The Gerontologist, Vol. 3, 1963, pp. 117-125.

Bennett, Ruth, and Nahemow, Lucille. "Institutional Totality and Criteria of Social Adjustment in Residences for the Aged." Journal of Social Issues, October, 1965, pp. 44-78.

Birren, James E. The Psychology of Aging. Englewood Cliffs: Prentice-Hall, Inc., 1964.

Birren, James E., Butler, Robert N., Greenhouse, Samuel W., Sokoloff, Louis, and Yarrow, Marian R. Human Aging: A Biological and Behavioral Study. U. S. Department of Health, Education and Welfare, National Institute of Mental Health, Bethesda, Maryland, 1963.

Boyde, Rosamonde R., and Oakes, Charles G. (eds.). Foundations of Practical Gerontology. Columbia: University of South Carolina Press, 1969.

Bromley, D. B. The Psychology of Human Aging. Great Britain: Penguin Books, 1966.

Brudno, J., and Seltzer, H. "Resocialization Therapy Through Group Process with Senile Patients in a Geriatric Hospital." The Gerontologist, Vol. 8, No. 3, Autumn, 1968, pp. 211-214.

Canada. 1st Session, 27th Parliament. Final Report of the Special Committee of the Senate on Aging. 1966. Ottawa: Queen's Printer.

Carp, Frances M. "Some Components of Disengagement." Journal of Gerontology, Vol. 23, No. 1, 1968, pp. 382-386.

Champion, Dean J. Basic Statistics for Social Research. Scranton, Pennsylvania: Chandler Publishing Company, 1970.

Clemmer, Donald. The Prison Community. New York: Holt, Rinehart and Winston, 1958.

Clinton, I. Chase. Elementary Statistical Procedures. New York: McGraw-Hill Book Company, Inc., 1967.

Coe, R., and Kahane, E. "Self and Staff Conceptions of Institutionalized Aged." The Gerontologist. Vol. 9, No. 4, Winter 1969, Part 1, pp. 264-268.

Cumming, Elaine, and Henry, William E. Growing Old -- The Process of Disengagement. New York: Basic Books, Inc., 1961.

Cumming, Elaine. "Further Thoughts on the Theory of Disengagement." International Social Science Journal, Vol. 15, No. 3, 1963, pp. 377-393.

Cumming, Elaine, Dean, Lois R., Newell, David S. and McCaffrey, Isabel. "Disengagement -- A Tentative Theory of Aging." Sociometry, Vol. 23, No. 1, 1960, pp. 23 - 35.

Curtis, J., and Miller, D. "Community Sponsored Recreation in an Extended Care Facility." The Gerontologist, Vol. 7, No. 3, September, 1967, pp. 196-199.

Donahue, Wilma, Hunter, Woodrow W. and Coons, Dorothy. "A Study of the Socialization of Old People." Geriatrics, Vol. 8, 1953, pp. 656 - 666.

Donahue, Wilma. "Rehabilitation of Long-term Aged Patients." Processes of Aging, Volumes I and II, edited by R. H. William, C. Tibbitts and W. Donahue. Englewood Cliffs: Prentice-Hall, Inc., 1963.

Erlich, Ira Francis. A Study of Disengagement and Life Styles Among the Aged. Dissertation. Washington University, D. S. W., 1970.

Ferner, Erma. "Crafts Can Uncover Hidden Potential." Nursing Homes, Vol. 19, No. 6, June, 1970, pp. 28-30.

Field, Minna. Aging with Honor and Dignity. Springfield: Charles C. Thomas, Publishers, 1968.

Field, Minna. Depth and Extent of the Geriatric Problem. Springfield: Charles C. Thomas, Publishers, 1970.

Field, Minna. Patients are People. New York: Columbia University Press, 1963.

Fox, Evangeline. "Does it Have to be Bingo?" Nursing Homes, Vol. 19, No. 4, 1970.

Goffman, Erving. Asylums. Chicago: Aldine Publishing Company, 1961.

Greenwald, Shayna, and Linn, Margaret W. "Inter-correlation of Data on Nursing Homes." The Gerontologist, Vol. 11, No. 4, Part 1, Winter, 1971, pp. 337-340.

Havens, Betty. "An Investigation of Activity Patterns and Adjustment in an Aging Population." The Gerontologist, Vol. 8, 1968, pp. 201-206.

Havighurst, Robert, Neugarten, Bernice L., and Tobin, Sheldon S. "Disengagement, Personality and Life Satisfaction in Later Years." Age with a Future. Edited by P. Hansen. Philadelphia: F. A. Davis Company, Publishers, 1964.

Henry, William F. "The Theory of Intrinsic Disengagement". Age with a Future. Edited by P. Hansen. Philadelphia: F. A. Davis Company, Publishers, 1964.

Honigfeld, Gilbert and Klett, James C. "The Nursing Observation Scale for Inpatient Evaluation." Journal of Clinical Psychology, Vol. 21, No. 1, 1965, pp. 65-71.

Kastenbaum, Robert. New Thoughts on Old Age. New York: Springer Publishing Company, 1964.

Kaplan, Jerome. A Social Program for Older People. Minneapolis: The University of Minnesota Press, 1953.

Kaplan, Louis. Foundations of Human Behavior. New York: Harper and Row, 1965.

Kleemeier, Robert W. Aging and Leisure. New York: Oxford University Press, 1961.

Kushner, Rose E. and Bunch, Marion E. (eds.). Graduate Education in Aging. Ann Arbor: University of Michigan, Division of Gerontology, 1967.

Kutner, Bernard. "Aging and Disability." Duke University Council on Gerontology, Proceedings of Seminars, 1961 - 1965.

Leeds, Morton and Shore, Herbert. Geriatric Institutional Management. New York: G. P. Putnam's Sons, 1964.

Liberman, M. "Institutionalization of the Aged: Effects on Behavior." Journal of Gerontology, Vol. 24, 1969, pp. 330-340.

Lipman, Aaron and Sterne, Richard S. "Aging in the United States: Ascription of Terminal Sick Role." Sociology and Social Research, Vol. 53, No. 2, January, 1969, pp. 194-203.

Longest, Beaufort B., jr. "Hopelessness and Helplessness--the Universal Problems of Nursing Home Residents." Nursing Homes, Vol. 19, October, 1971.

Lowenthal, Marjorie Fiske and Boler, Deetje. "Voluntary vs. Involuntary Social Withdrawal." Journal of Gerontology, Vol. 20, No. 3, July, 1965, pp. 363-371.

McKinney, John C. and DeVyver, Frank T. Aging and Social Policy. New York: Meredith Publishing Company, 1966.

Maddox, George L., jr. "Disengagement Theory: A Critical Evaluation." The Gerontologist, Vol. 4, 1964, pp. 80-82.

Maxwell, Jean. Centers for Older People. National Council on Aging, 1962.

Mouzeles, Nicos B. "Critical Note on Total Institutions." Sociology, Vol. 5, No. 1, January, 1971, pp. 113-120.

Neugarten, Bernice, Havighurst, R. J., and Tobin, Sheldon. "The Measurement of Life Satisfaction." Journal of Gerontology, Vol. 16, 1961, pp. 134-143.

Neugarten, Bernice. Personality in Middle and Late Life. New York: Prentice-Hall, Inc., 1964.

Palmore, Erdman B. "The Effects of Aging on Activities and Attitudes." The Gerontologist, Vol. 8, No. 4, Winter, 1968, pp. 259-263.

Pincus, Allen. "The Definition and Measurement of the Institutional Environment in Homes for the Aged." The Gerontologist, Vol. 8, No. 3, Autumn, 1968, pp. 207-210.

Pincus, Allen. "Toward a Developmental View of Aging for Social Work." Social Work, July, 1967, pp. 33-41.

Rose, Arnold. Aging in Minnesota. A Report of the Minnesota Planning Committee for the White House Conference on Aging. Minneapolis: University of Minnesota Press, 1963.

Rosow, Irving. Social Integration of the Aged. New York: Free Press, 1967.

Selltiz, Johoda, Deutsch and Cook. Research Methods in Social Relations. Chicago: Holt, Rinehart and Winston, 1959.

Shanas, Ethel, Townsend, Peter, Wedderburn, Dorothy, Friis, Hennig, Milhoj, Paul and Stehouwer, Jan. Old People in Three Industrial Societies. New York: Prentice-Hall, Inc., 1968.

Simon, Richard J. "Effects of Age on the Behavior of Hospitalized Patients." The Gerontologist, Vol. 4, 1964, pp. 364-369.

Simpson, Ida and McKinney, John C. (eds.). Social Aspects of Aging. Durham, North Carolina: Duke University Press, 1966.

Solon, Jerry, Roberts, Dean, Kruger, Dean, Baney, Anna. Nursing Homes, Their Patients and Their Care. U. S. Department of Health, Education and Welfare, Public Health Service Publication, No. 503, 1956.

Sommer, R., and Osmond, H. "Symptoms of Institutional Care." Social Problems, Vol. 8, No. 1, Summer, 1960, pp. 254-263.

Tallmer, Margot and Kutner, Bernard. "Disengagement and the Stress of Aging." Journal of Gerontology, Vol. 24, 1969, pp. 70-76.

Tallmer, Margot and Kutner, Bernard. "Disengagement and Morale." The Gerontologist, Vol. 10, No. 4, Part 1, Winter, 1970, pp. 317-320.

Tibbitts, Clark, and Donahue, Wilma. Aging in Today's Society. Englewood Cliffs: Prentice-Hall, Inc., 1960.

Tunstall, Jeremy. Old and Alone. Great Britain: Cox and Wyman, Limited, 1966.

Ullman, Leonard P. Institution and Outcomme. A Comparative Study of Psychiatric Hospitals. New York: Pengamon Press, Inc., 1967.

Vail, David J. Dehumanization and the Institutional Career. Springfield: Charles C. Thomas Publisher, 1966.

Vedder, Clyde, and Lefkowitz, Annette. Problems of the Aged. Springfield: Charles Thomas Publishers, 1965.

Wessen, Albert. Conference on Community Mental Health Research. Springfield: Charles C. Thomas, Publishers, 1964.

Wessen, Albert. "Some Sociological Characteristics of Long-Term Care." The Gerontologist, Vol. 4, 1964, pp. 7-14.

William, Richard, Tibbitts, Clark and Donahue, Wilma. Process of Aging. Volume 1 and 11. New York: Prentice-Hall, Inc., 1963.

Youmans, E. Grant. "Some Perspectives on Disengagement Theory." The Gerontologist, Vol. 9, No. 4, Part 1, Winter, 1969, pp. 254-258.

Zborowski, Mark and Eyde, L. "Aging and Social Participation." Journal of Gerontology, Vol. 17, 1962, pp. 424-430.

Zelditch, Morris and Bram, Howard B. "The Modern Home for the Aged." The Gerontologist, Vol. 5, No. 2, June, 1965, pp. 67-73.

Zibit, Samuel. "Symposium: An Institution Looks at Total Community Needs for the Aging." The Gerontologist, Vol. 11, No. 1, Spring, 1971, Part 1, pp. 48-50.