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Assessing Satisfaction in People with an Intellectual Disability. Living in Community-based Residential Facilities

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Abstract

The development of community-based residential facilities for people with an Intellectual Disability has resulted from the push for normalisation. Much of the literature which assessed the success of the normalisation principle failed to examine residents' satisfaction with their residence and the services provided. One reason was the lack of a reliable, validated measurement device to assess satisfaction.

A twenty item scale was developed and administered to seventy-five people living in group homes and hostels. The internal consistency of the scale was examined using the alpha coefficient. A coefficient of .64 was noted. An index of validity was established by correlating residents' scores with staff members' predictions about how each resident would respond. The results of this study suggest that the yes/no format is not an effective method for assessing residents' satisfaction. The reasons for this are discussed and an alternative method is suggested.

During the past twenty years the care provided for people with an intellectual disability has undergone significant ideological change. The major contributing factor to this change has been the realisation that large institutions do not adequately deal with their needs. The negative effects of institutional care have been well documented (Blatt & Kaplan 1966, Goltman 1969, Zigler, Balla & Butlerfield 1968, Zigler & William 1963). These studies proved catalysts for a search toward locating alternatives to the dehumanising conditions that existed in many large institutions.

An alternative was postulated by Bank-Mikkelsen (1969) and Nirje (1969) when they introduced the normalisation principle. The acceptance of normalisation led

to the belief that community-based residential facilities have greater potential than institutions to achieve the goals of the principle (Wright 1982). Human service agencies have established two types of residences in the community. Group homes are self-contained residential houses where three to six people with an intellectual disability live. Support staff are rostered for varying shifts depending on the needs of the residents. Hostels are larger houses for ten to twenty residents with support staff present 24 hours per day.

One of the basic assumptions underlying the push for normalisation has been the idea that smaller facilities lead to a better quality of life for the residents. Some students have shown that large institutions tend to be institution oriented while smaller community-based facilities are resident oriented in their care provision practices (King, Raynes & Tizard 1971, McCormick, Balla & Zigler 1975). Other

quality of life relationship. A variety of methods have been used to assess quality of life. Balla (1980) and Baroff (1980) measured resident adjustment in different-sized facilities using the results of a functional skills assessment. Sackett and Landesman-Dwyer (1977) noted each resident's day to day activities when comparing community and institutional environments. O'Neill, Brown, Gordon, Schonhorn and Greer (1981) measured level and variety of activity, use of assistance, level of mobility and independence, and level of concurrent social contact to assess quality of life in different-sized facilities. Other studies have evaluated changes in activity as individuals move from institutional environments to smaller community-based facilities as an indicator of quality of life (Birenbaum & Re 1979, O'Conner 1976, O'Neill et al 1981).

Assessing Residents' Satisfaction

Scheerenberger and Felsenthal (1977), Seltzer (1981) and Packer and Wright (1983) measured residents' satisfaction with their residential environment. Scheerenberger and Felsenthal (1977) developed a twenty-two item questionnaire to assess the attitudes of seventy-five people living in a community-based facility. Seltzer (1981) used a structured interview with 153 people with an intellectual disability to determine (a) their satisfaction with the physical environment of the residence; (b) the responsibilities assigned to them; (c) the autonomy afforded them; (d) their social relationships; and (e) their relationships with the house staff. Packer and Wright (1983) used Seltzer's (1981) structured interview to assess 105 people living in a variety of residential care facilities.

Studies of deinstitutionalisation have used survey research methods. However, little is known about the reliability and validity of information gained through survey research with people with an intellectual disability. Much of the data has been taken at face value. This practice may have led to misleading results because people with an intellectual disability may be susceptible to response effects. For example, responses to yes/no questions may be biased by acquiescence. The tendency to answer a question affirmatively, regardless of the content

(Cronbach 1946). Sigelman, Budd, Spanhel, and Schoenrock (1981) investigated acquiescence rates in three samples. They noted that 40 per cent to 50 per cent of the 151 adults and children assessed contradicted themselves by saying yes to both the original question and its reverse. Additionally, they reported that acquiescence was related to IQ. Subjects with lower IQs were more likely to acquiesce. Packer and Wright (1983) also investigated acquiescence. They noted that 85 per cent of their subjects showed a tendency to prefer a yes response, regardless of satisfaction or dissatisfaction.

Aims of this Study

Much of the literature on deinstitutionalisation has disregarded the assessment of residents' satisfaction. Some studies (Packer & Wright 1983, Scheerenberger & Felsenthal 1977, Seltzer 1981) have highlighted the benefits of assessing satisfaction. However, methodological difficulties have been associated with obtaining information from people with an intellectual disability. Acquiescence and inconsistency in answering are problem areas. The aims of this study are as follows:

1. To develop and administer an instrument to assess the level of satisfaction that they have regarding their residential facility and its activities.
2. The reliability of the instrument will be assessed using the alpha coefficient.
3. The instrument will measure acquiescence and consistency in answering oppositely-worded items. In addition the number of prompts required to have the resident understand each item will be noted.
4. The validity of the instrument will be assessed by correlating the residents' scores with the scores obtained from the staff's perception of the residents' satisfaction level.
5. To assess the appropriateness of using survey methods.

Method

Development of the Instrument

Previous measurement instruments were reviewed (Seltzer's (1981) residential satisfaction questionnaire, Scheerenberger & Felsenthal's (1977) questionnaire, Packer & Wright's (1983) structured items

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were generated from these sources and additional items were added by the author, a graduate student in psychology, and two psychologists working in the area. The item pool was reduced to twenty-eight items which were initially piloted by three interviewers with the nine residents (IQ 40-54). Three formats were used: (a) yes/no questions; (b) agree/disagree statements; and (c) questions which were answered by pointing to one of five faces depicting varying degrees of happiness. Afterwards, the three interviewers discussed each of the items and the formats. The yes/no format was adopted because the residents understood this format better than the others. The twenty-eight were reduced to sixteen representing four areas: (a) physical environment; (b) personal autonomy; (c) organisation;

and (d) services. One of the items each area was oppositely worded to form the consistency scale. The twenty items forming the Residential Satisfaction Inventory (RSI) and the area being assessed are outlined in table 1.

Subjects

Seventy-five people with an age range of 19 to 71 years and a mean of 36 years were administered the RSI. Twenty-eight females and forty-seven males participated in the study. Thirty-seven lived in group homes and thirty-eight lived in hostels. Forty-eight had an IQ of 40-54 and twenty-eight had an IQ of 65-69. Sixty were currently employed. Ten staff members completed questionnaires on the subjects.

Table 1: An Outlines of the Residential Satisfaction Inventory Items with Accompanying Area being assessed and the Response Indicating Satisfaction

RSI Item	Area being Assessed	Response Indicating Satisfaction
1 Is this place too crowded?	organisational	no
2 Would you like more say about the things you learn?	personal autonomy	no
3 Do you get enough time to yourself?	personal autonomy	yes
4 Are you happy with the amount of time staff spend with you?	services	yes
5 Do you like living in this area?	physical environment	yes
6 Are you unhappy with the clothes you wear?	personal autonomy	no
7 Are you happy with the way staff help you?	services	yes
8 Would you like more say in how this place is run?	organisational	no
9 Is your bedroom too small for you and your things?	physical environment	no
10 Was the last place you lived better than here?	physical environment	no
11 Are you unhappy with how this place is run?	consistency Q.10	no
12 Do you find sharing this house with others annoying?	organisational	no
13 Are you free to do what you want?	personal autonomy	yes
14 Is your bedroom large enough for you and your things?	consistency Q.9	yes
15 Is this a nice house to live in?	physical environment	yes
16 Do you like the staff?	consistency Q.20	yes
17 Are there enough things for you to do around here?	services	yes
18 Would you like more time to yourself?	consistency Q.3	no
19 Are you happy with how this place is run?	organisational	yes
20 Do you dislike the staff?	services	no

Note: This question number next to the consistency items indicates its opposite.

Procedure

Two organisations providing services to people with an intellectual disability in a large Australian capital city were contacted to seek permission to have access to their clients. After obtaining organisational sanction, the staff of the group homes and hostels were contacted and the aims of the study outlined. At the start of each interview with the residents the study was explained and they were asked if they wished to be involved. Four residents declined to participate.

Each question on the RSI was presented verbally. If residents were unsure of the question it was rephrased. The resident's response was noted and the number of prompts recorded. The staff member who had most contact with a resident was asked to complete an RSI for each resident. Staff were asked to answer the items the way they perceived the resident would answer. All staff members participated.

Results

SPSSX, Nie, Hull, Jenkins, Steinbrenner & Bent (1983) was used to analyse the data. An alpha coefficient was computed on the twenty items. The internal consistency was 0.64. Acquiescence, inconsistency and prompting scores were computed. Pearson correlations were computed for these three variables and ability level. Acquiescence correlated with IQ ($r = -0.38$, $n = 75$, $p < 0.001$). Inconsistency correlated with IQ ($r = 0.31$, $n = 75$, $p < 0.003$). Prompting correlated with IQ ($r = 0.32$, $n = 75$, $p < 0.002$). Acquiescence correlated with inconsistency ($r = 0.78$, $n = 75$, $p < 0.001$).

A Pearson product-moment correlation was computed between the residents' satisfaction scores and the scores the staff predicted for them. The correlation between these two scores was $r = 0.11$, $n = 75$, $p = 0.17$.

Discussion

The aim of this study was to develop a reliable and valid instrument to assess the satisfaction level of people living in community-based residential facilities. The results indicated that this aim was not real-

Reliability

The alpha coefficient for the scale indicated that the scale had moderate reliability. This result suggests that the items selected did not adequately tap the residential satisfaction construct. This finding is difficult to accept given the rigorous item development process adopted. A more plausible explanation of the results could be that the items do measure the construct but the tendency to acquiesce and to be inconsistent caused the low internal consistency result.

Acquiescence, Inconsistency and Prompting

Many of the residents' scores on acquiescence were noted to be high. Fifty-three percent answered yes on sixteen to twenty items. A correlation of -0.38 between acquiescence and IQ indicated that the residents answered yes to many items. These results confirm Sigelman, Budd, Spanhel, and Schoenrock (1981) and Packer and Wright's (1983) reporting of the tendency to say yes irrespective of item content. However, Packer and Wright (1983) may have underestimated the incidence of acquiescence in their study because a yes response on 69 per cent of their items indicated satisfaction. They reported that 8.5 per cent of their subjects displayed acquiescence. This result was significantly lower than the 15 per cent of residents in this study who responded yes to all twenty items. Overall, the results suggest that the yes/no format should not be used with people with a moderate intellectual disability.

On the four pairs of oppositely worded items, ten residents (13 per cent) answered with total consistency. While fifteen (20 per cent) responded to all four pairs inconsistently. The -0.31 correlation between inconsistency and IQ indicated that residents with a moderate intellectual disability scored high on inconsistency. Many of the residents experienced difficulties differentiating 'happy' and 'unhappy' and 'like' and 'dislike'. Difficulties with comprehending the items was a factor causing inconsistency. These results question the ability of a person with a moderate intellectual disability to comprehend yes/no items and answer them consistently.

An interesting relationship was noted between prompting and ability. A positive

ability was associated with a high prompting score. One explanation could be that the residents were not prompted because they tended to respond immediately with a yes response. Conversely, the residents with a minor disability did not respond immediately thereby leaving time to be prompted.

Validity

Validity was assessed by correlating the residents' satisfaction scores with the scores predicted for them by staff members. The $r=0.11$ result suggests that staff were poor predictors of the residents' satisfaction. However, this result was contaminated by the effects of acquiescence and inconsistency.

Methodological Issues

Some methodological problems were noted. First, many residents experienced difficulty comprehending the questions even though endeavours were made to keep the language structure simple. Second, the structure of the questions varied. Residents found specific questions (e.g. Is your bedroom large enough for you and your things?) easier to understand than the more general questions (e.g. Would you like more say about the things you learn?). Third, the staff mentioned that some of the residents would answer differently if the items were administered at a different time. They reported that some residents were prone to mood changes and their prevailing mood would influence their responses.

Conclusion

The aim of this study was to develop an instrument which could be used to assess residents' satisfaction. The results indicated that the RSI was not a reliable or valid measure of this construct. Further the results showed that the yes/no format is associated with many difficulties when used with people with an intellectual disability. Previous studies which have used this format and taken the results at face value can be questioned. The problems associated with acquiescence and inconsistency may invalidate many of their results. The findings of this study suggest that the use of yes/no questions with these residents is highly questionable.

The push to obtain information regarding residents' satisfaction should not be thwarted. Other methods which do not involve direct communication need to be developed. One method may involve completing behavioural observations on the residents for extended periods. A checklist of behaviours indicating satisfaction and dissatisfaction could be developed and the presence or absence of these behaviours could be noted by staff. This method allows for mood variations and encounter none of the difficulties associated with questionnaires. Future research could focus on developing and trialing a Behavioural Indication of Satisfaction Checklist.

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