

The Influence of Social Engagement on Changes in Quality of Life over Time for Older Adults Living in Senior Housing

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Statement of the Research Problem

Quality of life is a central issue across the life course that is of crucial importance for vulnerable older adults. Quality of life is a broad, multidimensional concept that reflects the individual's subjective perceptions of positive and negative aspects of life (WHOQoL Group, 1998). It is a central issue for all older adults, as old age is often a time of increased vulnerability due to losses in health, functioning, and social relationships (e.g., widowhood). Population aging and trends of increasing longevity call attention to the urgent need to focus on quality of life in old age. Social work aims to improve the health and social functioning of all older people to help prevent and forestall lengthy periods of morbidity and declining quality of life. Research examining factors that influence quality of life over time will contribute to accomplishing this important goal.

CCRC's are organizations that often promote an active social and leisure lifestyle and provide a range of healthcare and housing options for older adults in a campus-like setting (AAHSA, 2004). Moving to apartments within a CCRC allows seniors to live independently, yet additional services such as assisted living and nursing home care are available on-site if needed. Participants within the Erickson Life Study were motivated to move to the CCRC to avoid home upkeep, to prepare for anticipated future care needs, to enjoy an easier lifestyle, and to devote more time to socialization and activities (Marx et al., 2011). In 2010, there were more than 1,900 CCRC's in the United States (U. S. GAO, 2010). This kind of senior living is expected to become more popular as the Baby Boomer generation ages (MetLife Mature Market Institute, 2009).

The social environment is integral to quality of life (Bowling, 1995). As such, social engagement has been highlighted in many models of successful aging (Depp & Jeste, 2006; Fischer, 1995; Rowe & Kahn, 1998). Rowe and Kahn's (1998) popular conception of social engagement has been described as 'remaining involved in activities that are meaningful and purposeful' and 'maintaining close relationships. Previous studies suggest complexity and variability in the quality of social relationships that develop within a CCRC. Some studies have documented a high level of social interaction in which the development of important friendships and larger social networks

contribute to an improved quality of life (Adams, 1985- 86; Brown, 1990; Lawton, Moss, & Moles, 1984). On the other hand, some people report feelings of isolation from within the CCRC as well as the larger community (Leavitt, Antonucci, Clark, Rotton, & Finley, 1985-86; Mullins & Tucker, 1992; Sheehan, 1986). While social interactions among peers may occur frequently, relationships may lack intimacy and have no effect on quality of life (Husaini, Moore, & Castor, 1991; Stephens & Bernstein, 1984; Sullivan, 1986). Thus, the purpose of this study examine how quality of life changes for older adults living in senior housing over the first five years of their residence, and test the influence of social engagement on changes in quality of life over time.

Research Background and Hypotheses

The first major goal of this study is to examine the trajectories of change in quality of life for older adults over the first five years of living within the independent senior housing of a continuing care retirement community (CCRC). A wide range of individual variation and heterogeneity in quality of life of older adults has been reported in the literature. Known risk factors for lower quality of life include impairments in functional health, depression, and memory (Baernholdt, Hinton, Yan, Rose, & Mattos, 2011) and those living with pain (Jakobsson, Hallberg, & Westergren, 2004).

The second major goal of this study is to test the influence of social engagement, along with other health and socio-demographic characteristics at year one on changes in quality of life over time. The apartments within a CCRC provide an ideal opportunity to examine the effects of social engagement on quality of life within a resource-rich environment that promotes social and leisure activities. CCRC's are unique in that residents are able to circumvent many of the common barriers to activity participation (e.g., transportation or lack of financial resources). In this study, social engagement is measured through giving and receiving social support and participating in a variety of formal group activities organized by the CCRC. Social support has been defined as the emotional, social, physical, and financial resources as well as other types of care that may be exchanged among members of a social network through the process of giving and receiving (Berkman & Glass, 2000).

The study's conceptual model hypothesizes that social engagement is a modifiable protective factor for maintaining a high quality of life in old age. Several theories inform this study's conceptual model, including *Psychosocial Theory* (Erikson, 1950, 1982/1997), *Activity Theory* (Lemon, Bengston, & Peterson, 1972; Longino & Kart, 1982), and *Social Exchange Theory* (Antonucci & Jackson, 1990; Dowd, 1975).

Research Questions

RQ1: How does quality of life change for older adults over time?

H1: There will be significant differences in the initial level of quality of life among older adults living in senior housing that arise from a diversity of experiences over the lifespan.

H2: As time passes, there will be significant individual variation in terms of the rate of change in quality of life for older adults.

H3: Consistent with previous longitudinal research, quality of life will decrease over time.

RQ2: For older adults living in senior housing, is higher social engagement within the first year associated with a better quality of life over time?

H4: Higher levels of (1) receiving emotional, tangible, and tangible social support, (2) providing more social support (e.g., engaging in more helping behaviors), and (3) participation in a variety of social and leisure activities will explain the initial differences in quality of life and slow the decline in quality of life for older adults over five years.

This study builds on previous research in this area, which has been primarily cross-sectional. Large, nationally representative data sets often use community-dwelling samples of older adults with characteristics that differ from those living within a CCRC. This longitudinal study applies a sophisticated analysis approach of the interrelationships among multiple constructs of social engagement and their influence on quality of life over time among older people living in senior housing.

Methodology

This is a repeated measures quasi-experimental longitudinal study involving a secondary analysis of the Erikson Living Study (Resnick et al., 2001; 2005), a 5-year longitudinal study (2003-2009) that assessed the physical health and psychosocial functioning of older adults who moved into senior housing within CCRC's. The initial sample of 300 adults age 60 and above with good cognitive functioning were recruited from four communities in Maryland and northern Virginia.

Measures

The outcome variable, quality of life, is measured by the Perceived Quality of Life Scale (Patrick et al., 1998; 2001). This measure assesses older adults' overall assessment of their satisfaction with the "perceptions of their positions in life in the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards, and concerns" (Bonomi et al., 2000; WHOQoL Group, 1994). The Perceived Quality of Life Scale (Patrick et al., 1998; 2001) is a multidimensional measure and includes the social, physical, and cognitive domains of quality of life.

Our focal predictor, social engagement, is measured through a well-known social support scale and formal social activity participation. Social support is measured through the tangible, informational, and emotional social support subscales of the widely used Krause and Markides (1990) version of the Inventory of Socially Supportive Behaviors (Barrera, Sandler, & Ramsay, 1981). The ISSB assesses the frequency of giving and receiving different types of social support. Formal social activity participation was measured as the sum of 17 different group activities organized by the CCRC, including creative, active social, passive, and productive activities. Covariates in the model included: quality of life before moving to the CCRC, age, gender, education level, income, widowhood, medical comorbidity, function status, and CCRC facility site.

Analysis Plan

As the primary analytic strategy, the latent growth model (LGM) analysis with a structural equation modeling approach will examine the extent to which the initial status and changes in three types of social engagement influence changes in quality of life over time (see Figure 1). Five (5) waves of data were analyzed, and missing data were handled through full information maximum likelihood (FIML). The last wave of active participants (year 5) consisted of 184 or 61.3% of the original sample.

Results

The first research question examined how quality of life changed for older adults over time. As expected, quality of life for the group declined over time, and there were significant differences between individuals in regard to their quality of life after living in senior housing for a year. It was also hypothesized that there would be significant individual variation in terms of the rate of change in quality of life, however this was not found. Quality of life decreased at approximately the same rate for the entire group.

The second research question tested the relationships between social engagement predictors and quality of life, and in addition to these focal variables, a variety of social, physical, and demographic characteristics and ratings of quality of life before moving to the CCRC were included in the model (see Figure 1). After living in senior housing for one year, better quality of life at that point in time was associated with *providing* more social support, being female, living in a certain senior housing site, and the individual's quality of life before moving into the senior housing. One component of social engagement—participating in a greater number of formal social activities organized by the CCRC—significantly slowed the rate of decline in quality of life over time.

Utility for Social Work Practice

The social environment for elders living in senior housing is important. After living in senior housing for a year, a lower quality of life was reported by individuals who reported a lower quality of life before move-in, men, and those who provided fewer helping behaviors to family and friends. These findings suggest that a great deal of heterogeneity in quality of life exists within senior housing. It is worthwhile for senior housing providers to complete an initial assessment before move-in and routinely thereafter to determine which groups may be at most risk for lower quality of life. Social workers have a critical role to play in linking seniors with available resources, such as referring older adults to providers outside of the CCRC. In addition, social workers can promote interventions to increase involvement in helping behaviors within the CCRC and more fully address the psychosocial needs of men living in the apartments. The overall quality of life also varied by housing location, which suggests the culture of each community made a difference, regardless of the fact that all were managed by the same company.

The main finding of this study suggests that taking part in an array of formal social activities soon after moving in to senior housing may serve as a potential

adaptation strategy for older adults striving to maintain a high quality of life over time. Administrators and housing managers are advised to provide meaningful formal group activities to support active aging within senior apartments, as well as a culture that values relationships within the CCRC. Attention should be paid to supporting friendship in senior housing, along with assisting older adults to remain closely connected to more established groups of friends and family who live in the community-at-large. Policies that support the full inclusion and participation of older adults in society are imperative to ensure a high quality of life for our aging population.

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Figure 1.

Conditional Linear Latent Growth Model Testing Effects of Social Engagement in First Year on Changes in Quality of Life Over Time (N=248)

