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Abstract

Elderly persons' relocation to retirement communities is a stressful event that requires person-milieu adjustment. Research has shown differences in relocation adjustment for elders residing in different retirement communities. A secondary analysis used findings from a study of relocated elders in order to determine whether certain therapeutic factors were lacking in retirement communities where elders had difficulty in adjusting. Study participants were 104 elders who relocated to six retirement communities in Northeast Ohio. This study analyzed qualitative data from the researchers' observations and field notes and narratives obtained from the elders who participated in the original study. The analysis focused on data that described the environmental characteristics of retirement

communities where elders reported less successful adjustment. These environmental characteristics were evaluated for consistency with the characteristics of Shives' therapeutic milieu. Most retirement communities in the study did not fulfill all eight dimensions of a therapeutic milieu as defined by Shives. For example, individualized treatment programs were lacking in most of the retirement communities and the activities offered were not based on individual assessment and did not contribute to personal growth. The findings point to the need to create a more therapeutic milieu in retirement communities in order to facilitate successful readjustment for relocated elders.

The term milieu is a French word meaning "middle place." In English, it refers to one's surroundings or environment (Shives, 2008). In psychiatric and mental health nursing, milieu refers to the people and other social and physical factors in the environment in which a client interacts (Antai-Otong, 1995).

The term "milieu therapy" has long been used in psychiatric and mental health nursing to denote the purposeful use of people, resources, and events in the immediate environment to ensure client safety, promote optimal functioning in daily activities, develop or improve interpersonal skills, and foster the capacity to manage outside the institutional setting (Kneisl, Wilson, & Trigoboff, 2004). Milieu therapy has been defined as the use of the total environment as a therapeutic agent, while therapeutic milieu means a healing environment (Shives, 2008). The therapeutic milieu incorporates the concepts of social influence and the physical setting. In other words, it emphasizes socio-environmental manipulation for the benefit of the client (Shives, 2008).

CONTEMPORARY USE OF THE THERAPEUTIC MILIEU

Milieu therapy, as a clinical intervention, is disappearing from mental health practice since deinstitutionalization has shifted the focus of treatment from mental institutions into the community (Chien & Norman, 2003; Chang & Horrocks, 2006). However, milieu therapy and its principles can be applied in a variety of settings other than mental health care settings (Shives, 2008). For example, many older adults are living in retirement communities, where a therapeutic milieu can be useful.

Relocation to a retirement community can be a stressful event that requires person-environment adjustment (Kao, Travis, & Acton, 2004) or, in other words, person-milieu adjustment. Studies have found that relocation is associated with poorer functional status and self-rated health, as well as higher levels of depression, loneliness, and anxiety (Rossen, 2007; Rossen & Knafl, 2003, 2007). However, positive psychological adjustment to and satisfaction with relocation also have been reported (Bekhet, Zauszniewski, & Nakhla, 2009; Rossen, 2007) Some older adults have reported feeling more secure, less lonely, and more stimulated than they had felt at home (Bekhet et al., 2009; Reed & Roskell Payton, 1996).

The positive or negative consequences of relocation depend on many factors, including the person's perception of having the choice to move (relocation controllability), the congruence between the retirement community and the elder's expectations, the anticipation and the preparation for the move, pre-move life circumstances, the elder's physical and mental health at the time of the move, and the elder's openness to new relationships (Bekhet, Zauszniewski, & Wykle, 2008; Mikhail, 1992; Rossen, 2007; Rossen & Knafl, 2003, 2007). The effects of the milieu on elders' adjustment to relocation are

less well known. Therefore, the secondary analysis reported here used data from a study of relocated elders in order to examine environmental characteristics of retirement communities (Bekhet et al., 2008, 2009) and to compare retirement community characteristics where elders had difficulty adjusting with those where elders adjusted more easily.

SUMMARY OF PREVIOUS RESEARCH

The parent study combined quantitative and qualitative research methods and those findings have been reported elsewhere (see Bekhet et al., 2008, 2009). The quantitative portion of the parent study examined the relationship between relocation controllability (the extent to which elders made the decision to move while they were still in the control of the move) and relocation adjustment. Demographic data included elders' age, gender, marital status, and perceived health status. Data on relocation factors included type of facility (i.e., assisted versus independent living), former living situation (i.e., transfer from home, hospital, other facility, or another unit), movement preparation (i.e., site visit to the institution, group discussion, individual counseling), and degree of environmental change (i.e., different from or similar to their former home). In that study, we analyzed the elders' data to compare the six retirement communities and found that two of the communities were very different from the other four in regard to relocation adjustment ($F(5, 98) = 8.67$, $p < .001$) (Bekhet et al., 2008), suggesting that the elders' adjustment was affected by their milieu.

In the qualitative analysis, we explored reasons why the elders relocated to retirement communities (see Bekhet et al., 2009). Themes that emerged from the data reflected three distinct categories: pushing factors, pulling factors, and overlapping factors. Pushing factors included the elders' or their spouse's failing health, their need to relinquish responsibilities, not feeling they were being helped, facility closure, and loneliness. Pulling factors included facility location, familiarity and reputation of the facility, feeling a sense of security, and joining with their friends. Overlapping factors reflected the elders' description of both pushing and pulling factors.

Taken together, these quantitative and qualitative analyses led us to a more in-depth examination of the characteristics of the environment in retirement communities. Therefore, the purpose of this secondary analysis was to examine the narrative accounts provided by relocated elders and the observations and field notes maintained by researchers to determine the extent to which these data reflected the characteristics of the therapeutic milieu as described within Shives' (2008) model, which specifies eight principles of a therapeutic milieu.

THEORETICAL MODEL

Shives (2008) proposed that a therapeutic milieu is characterized by eight characteristics. These are that the milieu should (1) be purposeful and planned to provide safety from physical danger and emotional trauma; (2) promote interaction and communication among clients and personnel; (3) provide a testing ground for new patterns of behavior while still allowing clients to take responsibilities for their actions; (4) provide for consistent limit setting and ensure clients are treated as equally as possible with respect to restrictions, rules, and policies; (5) encourage participation in group activities and free flowing communication; (6) provide for client respect and dignity; (7) convey an attitude of overall acceptance and optimism; and (8) allow for continual assessment and evaluation of clients' progress, with modifications in treatment and nursing interventions as needed. The eight elements

constituting Shives' (2008) characteristics of the therapeutic milieu, further description of them, and rationale for each of them appear in the first three columns of Table 1.

TABLE 1 Characteristics of a Therapeutic Milieu

Characteristics	Description	Rationale	Therapeutic Characteristics (*N* = 2 RCs)	Non-Therapeutic Characteristics (*N* = 4 RCs)
■ Purposeful and planned to provide safety from physical danger and emotional trauma	The purpose of the milieu is to provide socio-environmental manipulation for the benefit of the client; it should have furniture to facilitate a home-like atmosphere	Promote a sense of belonging, provision of privacy, and fulfillment of physical needs	■ Residents were allowed to bring their own furniture to the facility with them when they moved in	■ The size of the rooms limited the residents' ability to bring cherished belongings to the surroundings
			■ Planned meetings allowed socialization and a sense of belonging	■ There was an absence of meetings that could promote socialization and belonging
■ Promote interaction and communication among clients and other personnel	The milieu should have activities outside the structured milieu	Helps clients feel they are still active participants in the community	■ Trips were taken	■ There was a lack of trips for residents
			■ Support groups were held	■ There was a lack of support groups
■ Provide a testing ground for new patterns of behavior while allowing clients to take responsibility for their actions	Clients are expected to assume a responsibility role in maintaining the environment; behavior expectations, including existing rules, regulations, and policies, should be explained to clients; the milieu should provide a formal mechanism to enable residents to participate in the decision making process in the retirement community	Promotes self-responsibility and provides a sense of control for clients	■ Scheduled community meetings were held	■ There was an absence of community meetings
			■ Resident committee meetings were held at regular intervals	■ There was an absence of resident committee meetings

■ Provide for consistent limit setting	All clients are treated as equally as possible with respect to restrictions, rules, and policies	Reflects aspects of a democratic society	■ Special attention was given equally to every single resident	■ Residents on the committee boards were the more powerful, healthy, and wealthy elders who tended to overpower other residents; they addressed their concerns, regardless of other residents' concerns
			■ Restrictions, rules, and policies are applied to all residents	
■ Encourage participation in group activities and free flowing communication	An individualized activity schedule should be available to clients	Minimizes regression and social withdrawal; allows clients to express themselves in a socially acceptable manner	■ Structured exercise classes, interpersonal skills, leisure skills, relaxation training, arts and crafts, stress management classes, and recreational therapies were provided	■ Meaningful recreational and occupational activities that met patients' needs were lacking
			■ Physical abilities, likes and dislikes, needs, and preferences of the residents were taken into account when planning activities	■ Some residents felt bored and left activities without anybody realizing their absence
			■ The activity schedules were posted in the elevators so everyone would know about them.	■ Residents who were physically dependent never attended such meetings
				■ Physically dependent residents were confined to their rooms and no one bothered to ask about their absence
■ Convey an attitude of overall acceptance and optimism	There should be effective and prompt resolution of interpersonal conflicts that can arise among the team members;	Provides role models to clients; helps develop trust among team members; provides	■ Mental health team member meetings were held at regular intervals to resolve interpersonal conflict	■ Team meetings were not held; social workers were solely responsible for client care

	Staff demonstrate optimistic attitudes and creativity in involving residents in the therapeutic milieu	opportunities for clients' psychological growth and inspires hopefulness in residents and the mental health team		
			▉ Staff had optimistic attitudes and encouraged residents' talents	▉ Staff neither had optimistic attitudes toward residents nor did they encourage their talents
			▉ Some residents learned of a hidden talent after the age of 65	▉ Residents were perceived as being "placed" in the retirement community, which implies passivity
			▉ One resident said, "I'm very grateful to [name] who helped me to discover my writing talent. I was despaired until I discovered a new meaning in my life." She mentioned, "I never really realized that I could start a new life after the age of 70 … I'm grateful to the staff here … they are wonderful."	
▉ Allow for continual assessment and evaluation of clients' progress (Individualized treatment programs)	Treatment programs should be tailored to client needs as much as possible without interfering with other clients' needs or with mental health team members' needs; staff set forth a definite structure, schedule, overall guidelines, and social controls	Addresses clients' needs, taking into account other clients' needs; provides organization and predictability within the environment	▉ Individualized care plans for each resident	▉ An absence of individualized care plans for residents
			▉ Activity schedules and guidelines took clients' needs into account	▉ No schedule for activities

			▪ Clients had a sense of predictability about their future	▪ Many clients were left in their rooms, often suffering from anxiety and fear
			▪ One older adult commented, “It was not a problem at all to move here … I feel like I'm at home … [It's a] nice feeling to have … and to live with” (Bekhet et al., 2009, p. 471)	▪ Some older adults expressed a “wish to die” before they would be “thrown out of the facility” because they might “run out of money”

METHODS

Design and Sample

This secondary analysis used narrative data collected during the parent study, which was a cross-sectional, mixed methods study involving a convenience sample of 104 elders (aged 65 years and older) who were cognitively intact and had relocated to one of six retirement communities in Northeast Ohio, US. Their demographic characteristics are reported in detail elsewhere (see Bekhet et al., 2008, 2009).

Data for Analysis

In addition to the narratives provided by the study participants, the first author collected qualitative data (field notes) from the elders during the data collection interviews and recorded observations of the environmental characteristics of the sites. In the analysis reported here, the data from the elders' narratives and from those field notes were examined for consistency with the eight element of a therapeutic milieu described in Shives' (2008) model.

Human Subjects

The parent study was approved by the University Institutional Review Board and permission from individual retirement communities was obtained prior to data collection. The analysis of the qualitative data obtained during that study and used for the analysis in the study reported here was included within those approvals.

Qualitative Analysis

Data obtained from the narratives of the elderly residents and observations recorded in the researcher's field notes were subjected to directed content analysis (Hsieh & Shannon, 2005). The goal of directed content analysis is to validate or conceptually extend a theoretical model (Hsieh & Shannon, 2005), in this case, Shives' (2008) conceptualization of the therapeutic milieu. Using this method, the researcher systematically assigned codes, consisting of the elders' words and the observations recorded, to specific characteristics found in the narratives and field notes, respectively.

Trustworthiness and Rigor

In qualitative research the concepts of credibility, dependability, and transferability have been used to describe various aspects of trustworthiness (Graneheim & Lundman, 2004). In this analysis, credibility was addressed during the identification of the study participants who were currently residing in retirement facilities and who were the best sources of information regarding their experience as residents. Credibility was also assessed during the examination and coding procedure to insure that all data that addressed a particular category defined within Shives' (2008) model was included. Then, the codes were double-checked and verified by a second researcher to reinforce the credibility of the data.

Dependability was ensured by the consistency that was maintained during the data collection and interviewing processes; data collection and observations were made during the same time frame by the same individual. The potential influence of bias or changes in the interviewing or observational processes was minimized by ongoing supervision by a senior researcher. Transferability refers to the extent to which the data can be transferred to other settings or groups. While attainment of this goal is

largely determined by evaluators of the research, a clear description of our study participants, data collection process, and analysis of findings should enhance the transferability of this research.

RESULTS

Descriptive Characteristics of the Retirement Facilities

Residents living in two of the facilities had large rooms, and some of them owned apartments with nice furniture and air conditioning. They were allowed to bring their own furniture to the facility with them when they moved in. Conversations focused on their memories in relation to every single piece of furniture and their old picture albums, which provided continuity with their past. Their schedules were always full of activities, which were usually posted in the elevator and other places around the facility to provide reminders; there was no time for boredom. Residents had a complete menu of food selections and were able to choose different foods. They said that they loved the facility and continually talked about it as a wonderful place. It was easy to think of these two facilities as "five star hotels." Some of the residents described starting new hobbies in or after their sixties. For example, one woman shared her personal writings, which were soon to be published, while another shared her musical talent. Table 1 describes the principles of a therapeutic milieu as described within Shives (2008) model and provides examples found within the retirement facilities that are consistent or inconsistent with those principles. In Table 1, the two facilities described above are considered together as exemplars of therapeutic milieus.

In contrast, residents from the other retirement communities (N = 4) lived in small rooms with poor temperature control, making visitation less palatable. The size of the rooms also limited the residents' ability to bring cherished belongings to the surroundings, which might have provided comfort and encouraged reminiscence. These facilities did not promote socialization among the residents, though this was essential to the overall satisfaction found in the two retirement communities described above. These four retirement communities had no programs or activities and food selections on their daily menus were not varied. Rather than feeling comfortable in their surroundings, these elders were despondent, fearful about their financial resources, and so forth. Residents were preoccupied with their problems, some said they wished to die before they were "thrown out" of the facility because they might "run out of money." Some reported that although they were dissatisfied with the suboptimal living conditions in their retirement community, they were unable to find other more suitable arrangements because of their limited resources. In Table 1, these four facilities are considered together as exemplars of non-therapeutic milieus.

There were some basic differences between the two facilities that may be considered therapeutic milieus versus the four facilities may be considered non-therapeutic. For example, the residents in the more therapeutic retirement communities were wealthy and the vast majority of them were highly educated. On the other hand, the residents in the less therapeutic retirement communities were less educated and had limited resources. In addition, the more therapeutic facilities were private; the less therapeutic facilities were public.

Evaluation of Retirement Facilities Using Shives (2008) Model

Table 1 describes and evaluates the characteristics of the retirement facilities and the degree to which they reflect Shives (2008) characteristics of the therapeutic milieu. Retirement communities where

elders had difficulty adjusting to their relocation are compared to those where adjustment was less stressful or less complicated. Direct quotes from elders' narratives are provided to show the differences between the more therapeutic facilities and those that were less therapeutic.

DISCUSSION

As the number of older adults expands rapidly, there is an urgent need for the development and delivery of interventions to promote health and increase quality of life (Keller, 2009). This secondary analysis represents the first attempt of looking at whether the narrative accounts provided by relocated elders and observations documented in field notes maintained by a researcher reflected the characteristics of the therapeutic milieu as described within Shives' (2008) model.

Our results indicated that the majority of the retirement communities sampled in the study did not fulfill the eight elements of a therapeutic milieu as defined by Shives (2008). Scheduled community meetings and resident committee meetings must be held at regular intervals. In this way, the residents will feel a sense of control over their destiny, and can exert a therapeutic influence on the environment and on each other (Shives, 2008). There should be periodic meetings with all residents to give everyone an opportunity to participate in decisions regarding their milieu.

Occupational and recreational activities should be based on assessments that take into consideration the physical abilities, likes and dislikes, needs, and preferences of the elders who live there. The elders' problems and needs require interaction between social workers and mental health professionals. In addition, family education programs can help the family understand their elderly relative's problems and contribute to his or her recovery. Family therapy can help both the elder and his or her family understand maladaptive behavioral patterns and learn more adaptive ones. Visitation activities for family members and significant others can be incorporated in the milieu by involving the family in selected activities such as interpersonal skills classes, mental health classes, family group therapy, and medication classes (Shives, 2008).

Staff members and nurses should take greater responsibility for assisting elderly residents resolve their problems and inspire hopefulness. In this way, they can help elders perceive greater fulfillment and meaning in their life and feel enhanced control over their destiny. For example, in retirement communities, all residents should be encouraged to take responsibility for their own destiny. In addition, elders who are comfortable with assuming responsibilities might take on responsibility for helping and supporting other residents. Also, residents should be encouraged to express their ideas and opinions in planning for entertainment and health education programs. If the residents assume specific responsibilities, they may experience greater meaning in life and more fully appreciate the milieu they helped to create. Residents should have the right to decide what changes should take place and when. Such involvement would help them to feel a greater control over their destiny.

Self-understanding and self-awareness of staff members are crucial. Group discussions among staff members regarding their feelings and attitudes toward residents should be held on a regular basis.

There were basic differences between the two facilities that are exemplars of the therapeutic milieu and the four facilities that are exemplars of the non-therapeutic milieu in terms of the types of the facilities (private versus public) and the demographic features of the residents in terms of education

and socioeconomic status (wealthy and educated versus less educated and limited financial resources). These differences may be overcome by the presence of therapeutic milieu. In fact, previous studies have shown that residents did not demonstrate any significant mental or physical health changes during the first three months following an involuntary transfer when compared to their pretransfer status because the receiving facility was significantly more responsive to residents' care needs (Begovic, 2005; Capezuti et al., 2006). This highlights the importance of the care given in the facility and supports our results concerning the importance of the therapeutic milieu and the care given in the facilities. It also shows that even an involuntary relocation could be converted into an unstressful and comfortable one if the perceived care and the milieu in the receiving facility is of high value. In other words, the stress of relocation and attendant physical and mental manifestations can be mitigated by improved satisfaction within the retirement community (Bekhet et al., 2009; Capezuti et al., 2006). Intervention studies are needed to measure the effects of applying the therapeutic milieu principles on residents' relocation adjustment, psychological well-being, depression, and anxiety.

While we cannot create a "five star hotel" in all retirement communities, we can create a therapeutic milieu. The creation of a therapeutic milieu involves the implementation of the principles underlying the therapeutic milieu. While all the principles are important, we believe that the most important factor is giving elders the opportunity to participate in the decision making process so they can exert personal control over their destiny and can create their own milieu. Personal control has been defined as the ability to manipulate some aspect of the environment (Bekhet et al., 2009; Schultz & Brenner, 1977). Studies show that when elders have little or no input into the decision making process, they may feel depressed (Chen, Zimmerman, Sloane, & Barrick, 2007), hurt, abandoned, frustrated, or angry or feel as though they are being punished or dumped (Bekhet et al., 2009; Chentiz, 1983). They may react by resisting, making demands, withdrawing, or acting out against the family or the staff (Chentiz, 1983). Personal control can be accomplished through committee and community meetings that can be held at regular intervals. The results of the study highlight the importance of creating therapeutic milieu within retirement communities.

Our results indicated that the principles of therapeutic environments were more evident in private retirement communities, perhaps owing to the availability of greater financial resources. Therefore, recommendations for health policy would include increasing funding for public facilities so that they could provide more recreational activities, opportunities for field trips, and support groups.

It also is possible that the private facilities, particularly those sponsored by religious organizations, may have had different value systems that may have influenced their provision of a more therapeutic milieu. Future research might explore the effects of organizational mission, philosophy, and values on the provision of a therapeutic milieu within retirement communities.

Our goal, then, should be to create a therapeutic milieu within retirement communities. Accordingly, expectations for older adults in retirement communities must change from perceiving them as passive, weak, dependent, incapable of making choices, and expecting them to do as they are told, to having a more active role in the decision making process related to every aspect to their life. The older adults' evaluation of the living environment should be respected and they should be provided with a sense of control over their destiny; this all can be possible through creating a therapeutic milieu in retirement communities.

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