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# The Relationship of Selected Factors to the Personal Adjustment of Residents of Homes for Aged in Eastern South Dakota

Darlien G. Klug

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**THE RELATIONSHIP OF SELECTED FACTORS TO THE PERSONAL  
ADJUSTMENT OF RESIDENTS OF HOMES FOR AGED  
IN EASTERN SOUTH DAKOTA**

**BY**

**DARLIEN G. KLUG**

**A thesis submitted  
in partial fulfillment of the requirements for the  
degree Master of Science, Department of Rural  
Sociology, South Dakota State  
College of Agriculture  
and Mechanic Arts**

**August, 1960**

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**THE RELATIONSHIP OF SELECTED FACTORS TO THE PERSONAL  
ADJUSTMENT OF RESIDENTS OF HOMES FOR AGED  
IN EASTERN SOUTH INDIYA**

This thesis is approved as a creditable, independent investigation by a candidate for the degree, Master of Science, and acceptable as meeting the thesis requirements for this degree; but without implying that the conclusions reached by the candidate are necessarily the conclusions of the major department.

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## CHAPTER I

## INTRODUCTION

## Statement of the Problem

To say that the problems of aging are universal, touching all men of all cultures at one time or another, appears to be something of a truism. Yet, short of birth and death, scarcely any part of the pattern of living affects all mankind to so great a degree. With added years come decrease in physical vigor, declining health, and increased imminence of death--all conditions to which the aging must adjust.

In American society these problems are particularly acute, largely because of the predominantly urban and industrial character of our culture. A large proportion of aging Americans face mandatory retirement with its attendant reduced income and lower standard of living, coupled with increased periods without meaningful activity to occupy their time. Many of these aging citizens must face isolation through the death or the removal of members of their families, their friends, or their peers.

Moreover, chronological old age with its complex problems is now faced by numerically and proportionately more Americans than ever before. In 1900, there were in the United States 3,080,498 persons 65 years of age and older, a number which represented 4.1 per cent of the



total population.<sup>1</sup> By 1958, the number 65 years of age and over had increased to 15,047,000 persons, or 8.8 per cent of the total population.<sup>2</sup>

In South Dakota, particularly, growing numbers of elder citizens give cause for increasing concern with their problems. While the total population of South Dakota declined by 5.8 per cent between 1930 and 1950, during the same period the number of persons 65 years old and older increased by 49.8 per cent.<sup>3</sup> By 1958, 10.1 per cent of the state's total population was 65 years and over, a figure which represents a substantially higher proportion than the national figure of 8.8 per cent.<sup>4</sup>

A consideration of the preceding discussion makes understandable the increasing interest in life in the later years. This increased interest has stimulated research, concerned not only with problems like medical care, housing, and finances, but concerned also with more subtle problems involving the maintenance of the older person as an integrated, well functioning personality.

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<sup>1</sup>U. S. Bureau of the Census, U. S. Census of Population, Vol. II, Characteristics of the Population, Part I, United States Summary, Table 39, U. S. Government Printing Office: Washington, D. C., 1950.

<sup>2</sup>Current Population Reports, Population Estimates, Series P-25, No. 214, Table 1, Bureau of the Census: Washington, D. C., March 25, 1960.

<sup>3</sup>John P. Johansen, The Influence of Migration Upon South Dakota's Population, 1930-1950, Rural Sociology Department, Agricultural Experiment Station Bulletin 431, South Dakota State College, Brookings, S. D., July, 1953.

<sup>4</sup>Current Population Reports, op. cit., Table 4.

More and more communities in South Dakota are giving attention to group living arrangements such as homes for the aged and nursing homes. Living in a home for the aged is, for most people, a radical departure from their usual way of life and, consequently, places a severe strain on their capacities for adjustment. For this reason the present study focuses on the problems of adjustment confronting older citizens who are residents of homes for the aged in eastern South Dakota. The study seeks to contribute toward an answer to the following question: "What are the relationships between such factors as health, isolation, activities, economic circumstances, etc., and the personal adjustment of older people who are residing in homes for the aged?"

This study follows a similar study made at South Dakota State College by Denton E. Morrison<sup>5</sup> in which an attempt was made to assess the personal adjustment of older citizens living in private residences in the rural-nonfarm community of Dell Rapids, South Dakota. The present study utilized the same instrument, with only minor changes, as was used in the study by Morrison. Therefore, the basic assumptions and the conceptual framework of this study are necessarily the same as those of the Morrison study.

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<sup>5</sup>Denton E. Morrison, "The Relationships of Selected Factors to the Personal Adjustment of a South Dakota Rural Non-Farm Community's Older Population" (unpublished Master's thesis, Rural Sociology Department, South Dakota State College, 1958). For a concise statement of Morrison's approach, see: Denton E. Morrison and G. Albert Kristjanson, Personal Adjustment Among Older Persons, A Study of Adjustment Problems of Persons 65 and Over in a South Dakota Community, Agricultural Experiment Station, South Dakota State College, Technical Bulletin 21, South Dakota State College: Brookings, S. D., June, 1958.

### Basic Assumptions of the Study

The present study proceeds on four basic assumptions, three of which follow Morrison.<sup>6</sup> First, it is assumed that communities are not homogeneous biologically, culturally, or in their social organization. It follows, then, that homes for the aged are not homogeneous, either with respect to the homes as a group or with respect to the residents of the homes. This being true, then data for a single home or a single individual would be an inadequate substitute for data from a large number of individual residents in a large number of homes. Therefore, the technique of random sampling is employed in the present study, since sampling at random along the range of possible variation is assumed to provide data representative of the larger universe.

A second assumption shared with the previous study is that personal adjustment can be both measured and quantified. Morrison states his position thusly:

It is also assumed . . . that once the phenomenon of personal adjustment is adequately defined, it can be measured by inferences gained from the respondent's own evaluation and statement of his attitudes. In the present study personal adjustment is measured with the criterion of morale . . . ; however, the supposition that a qualitative variable (in the present case morale) can be quantified rests on assumptive grounds.<sup>7</sup>

The theoretical rationale for the use of the criterion of morale as a measure of personal adjustment will be found in Chapter III of this

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<sup>6</sup>Ibid., pp. 2-3.

<sup>7</sup>Morrison, loc. cit.

thesis.

A third assumption of both studies is that different respondents mean essentially the same things by similar responses. For example, when two respondents make similar estimates of their state of health as "good" or "poor", they are indicating the same state of health. Although it is recognized that this assumption involves some semantic difficulties, it is an assumption that must be made in this type of research.

The final assumption departs from the Morrison study in the definition of age, the criterion of 65 years and over being used by Morrison. In the present study the criterion of 60 years and over has been used in the belief that such a criterion tends to give a better picture of the homes for aged in eastern South Dakota. Analysis of the data from the present sample revealed that approximately five per cent of the respondents fell in the 60-64 age category. It is assumed that the sample is representative of the population in the homes for the aged in this area; therefore, in this thesis, old age will be defined in terms of the chronological criterion of 60 years and over. It is realized, of course, that number of years is not necessarily the sole measure of age; yet, because chronological age is readily and accurately determinable, it is used in research of this type.

#### The Basic Hypothesis of the Study

The basic hypothesis of the present study is stated thusly: the personal adjustment of older persons is related to selected independent variables. This broad hypothesis serves as the basis for more specific

sub-hypotheses which are to be tested in this study. These specific sub-hypotheses concerning the relationships between personal adjustment and the factors of health, marital status, economic circumstance, involvement in activities, isolation, age and self-conception of age, and attitudes of home managers are explicitly stated in Chapter V of this thesis. They are then tested according to the established criteria as set up for this study.

It should be made clear that the present study is part of a larger investigation of the problems of aging persons in South Dakota being carried on by the Rural Sociology Department at South Dakota State College. This thesis is a parallel study to the one completed by Morrison in 1958. It follows as closely as possible the design of the previous study in order that, at a future time, comparisons may be drawn between personal adjustment of non-institutionalized and institutionalized older persons in South Dakota. This is the reason for what might appear to be undue dependence on the Morrison approach.

## CHAPTER II

### REVIEW OF LITERATURE

It is the purpose of the present chapter to review previous research findings pertinent to this study. There is an increasing volume of literature having to do with various aspects of the aging process, its problems and its implications. However, this discussion will be limited to those studies bearing specifically on the relationship between personal adjustment and selected factors in the lives of older persons.

One of the early studies of adjustment among aging persons was reported by Folsom and Morgan in 1937.<sup>8</sup> It was a study of attitudes, contentment, and social adjustment of a sample of 381 persons receiving old-age allowances from New York State--a sample admittedly not representative of aged persons in general.

The respondents were necessarily 70 years of age or more, slightly less than half being 75 years and over. Happiness or adjustment was measured on a scale of zero to eleven points by scoring answers to five questions, the two most important being: "Do these things (activities which subject reported as occupying his daily time) interest you?" and "Generally speaking, do you enjoy your life now?" The group was dichotomized into "happiest" and "unhappiest". Findings

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<sup>8</sup>Joseph K. Folsom and C. Margaret Morgan, "The Social Adjustment of 381 Recipients of Old Age Assistance," American Sociological Review, vol. 2, 223-229, American Sociological Society: Albany, New York, 1937.

may be summarized as follows:

1. Adjustment was positively related to condition of health.
2. The "happiest" people had, on the average, two years more schooling than the "unhappy" group.
3. The "unhappiest" people were more apt to have large families (over three children) than the others; however, there was no relationship between adjustment score and marital status nor between adjustment and frequency with which they see their children.
4. No significant relationship was found between adjustment score and composite score for religious tendency, nor with present church attendance.
5. Only a moderate correlation was observed between employment status and happiness.
6. Number of hobbies and number of interesting activities were found to be positively related to adjustment.<sup>9</sup>

In 1949 Cavan and her associates developed what they termed an Attitude Inventory and an Activities Inventory for measuring personal adjustment.<sup>10</sup> These instruments were used in a study of a large sample of persons over 60 years of age. Results of the study showed adjustment to be positively related to marital status, to health, and to degree of social participation in activities. On the other hand, adjustment was shown to be negatively related to actual age, to lack of religious affiliation, and to past adjustment difficulty. The investigators found no relationship between adjustment and Old Age Assistance

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<sup>9</sup>Ibid., pp. 225-229, *passim*.

<sup>10</sup>Ruth S. Cavan, Ernest W. Burgess, Robert J. Havighurst, and Herbert Goldhamer, Personal Adjustment in Old Age, pp. 149-187, Science Research Associates, Inc.: Chicago, Illinois, 1949.

as chief source of income.<sup>11</sup>

Since its development, the Cavan Attitude Inventory has been the most widely used measure of adjustment. A few investigators have utilized both the Attitude and Activities Inventories; more have used only the Attitude Inventory. Schmidt,<sup>12</sup> using both inventories on a sample of persons 50 years of age and over, found positive relationship between adjustment and activities in club participation. Poor adjustment was found to be related to serious health problems, infrequency of contact with friends, isolation (as indicated by a low activities score), no or infrequent church attendance, and being unmarried or not living with spouse.<sup>13</sup>

Shanas,<sup>14</sup> using the Cavan Attitude scale with a large sample of persons 65 and over residing in an area in Chicago's South Side, lists the following factors found to be favorable to good adjustment:

Native-white  
 Married  
 High degree of family intimacy  
 Living arrangements with spouse  
 "Choice" in living arrangements  
 More than 25 friends and more than 10 intimate friends  
 Health at least fair (health score high)

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<sup>11</sup>Ibid., pp. 160-199.

<sup>12</sup>John F. Schmidt, "Patterns of Poor Adjustment in Old Age," American Journal of Sociology, vol. 57, 33-42, University of Chicago Press: Chicago, Illinois, 1951.

<sup>13</sup>Ibid., pp. 38-39.

<sup>14</sup>Ethel Shanas, "The Personal Adjustment of Recipients of Old Age Assistance," Journal of Gerontology, vol. 5, 249-253, The Gerontological Society: St. Louis, Missouri, 1950.



Six or more leisure-time activities  
 Membership in and attendance at one or more organizations  
 Church attendance and positive interest in religion  
 Comfortable financial situation--a feeling of permanent  
 economic security  
 A self-conception of being middle-aged  
 Have at least one plan for the immediate future  
 Belief in an after-life<sup>15</sup>

In an investigation of the factors related to adjustment of a sample of retired Y.M.C.A. secretaries in the Chicago area, Jean O. and Joseph H. Britton used the Cavan Attitude scale in a mail questionnaire.<sup>16</sup> The factors associated with adjustment were found to be self-rating of present health, number of serious physical problems, number of friends among children, time spent reading, employment status, economic position, religious activities, and total activities score.<sup>17</sup>

In a further study of the personal adjustment of a sample of retired school teachers in the Chicago Metropolitan Area, Joseph Britton again used the Cavan Attitude Inventory in a mail questionnaire.<sup>18</sup> Factors found to be associated with adjustment in both men and women were self-rating of present health, economic position, feelings of permanent security, church membership, belief in after-life, social

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<sup>15</sup>Ibid., p. 251.

<sup>16</sup>Jean O. Britton and Joseph H. Britton, "Factors Related to the Adjustment of Retired Y.M.C.A. Secretaries," Journal of Gerontology, vol. 6, 34-38, The Gerontological Society: St. Louis, Missouri, 1951.

<sup>17</sup>Ibid., pp. 36-37.

<sup>18</sup>Joseph H. Britton, "The Personal Adjustment of Retired School Teachers," Journal of Gerontology, vol. 8, 333-338, The Gerontological Society: St. Louis, Missouri, 1953.

mobility, evaluation of happiness in life, and degree of social participation. Factors found to be associated with adjustment in men teachers only included chronological age, employment status, and frequency of listening to radio church services. Factors found to be related to adjustment in women teachers only were number of leisure-time activities, number of physical problems, happiness rating of marriage, number of hobbies, number of clubs belonged to, frequency of attendance at meetings, number of offices held in clubs, and church attendance.<sup>19</sup>

Albrecht also made use of the Cavan Attitude Scale in studying a sample of persons over 65 in a mid-western community.<sup>20</sup> The purpose of the study was two-fold: first, to identify the activities or social roles of older people in an average community; and second, to determine how these social roles were related to the personal adjustment of older people. Good adjustment was found to be related to independence of and from the children, close companionship with the grandchildren, interest and pride in the great-grandchildren, home responsibilities, frequent contact with the kinship group, active participation in at least one social organization, regular church attendance, and active civic interest more than just casting a vote.<sup>21</sup>

In another discussion of a study of a sample of persons over 65

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<sup>19</sup>Ibid., pp. 335-337.

<sup>20</sup>Ruth Albrecht, "The Social Roles of Older People," Journal of Gerontology, vol. 1, 6, 13-145, The Gerontological Society: St. Louis, Missouri, 1951.

<sup>21</sup>Ibid., pp. 144-145.

in a mid-western community, Havighurst and Albrecht report using the same Cavan measuring instrument.<sup>22</sup> Chronological age and socio-economic status appeared to make no difference in personal adjustment, "felt age" being more closely related. A close relationship was also found between adjustment and both activity and social approval. A mild positive relationship was found between activity in the roles of parent, homemaker, and member of an extended family, on the one hand, and scores and ratings for personal adjustment, on the other hand. Men and women who were married and whose spouses were living showed strikingly superior adjustment scores over those who were either widowed or single, indicating that marital status is related to personal adjustment.<sup>23</sup>

Using the Cavan Attitude Inventory on a sample of institutionalized and non-institutionalized aged persons in Austin, Texas, Scott<sup>24</sup> found the following items to be significant for adjustment:

Past adjustment in life  
 Neurotic symptoms and number of serious physical problems  
 Maintenance of contact with friends and young people (not relatives)  
 Church attendance  
 A feeling of usefulness  
 Frequency of contact with family was not related to high adjustment

In the nursing home group, the factor of satisfaction with living arrangements was found to be significant

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<sup>22</sup>Robert J. Havighurst and Ruth Albrecht, Older People, Longmans Green and Co.: New York, 1953.

<sup>23</sup>Ibid., pp. 227-330, passim.

<sup>24</sup>Frances G. Scott, "Factors in the Personal Adjustment of Institutionalized and Non-Institutionalized Aged," American Sociological Review, vol. 20, 538-546, American Sociological Society: Albany, New York, 1955.

Physical condition of the home was not found to be significant

There was some tendency toward a higher adjustment in homes where the operator had a higher attitude score, but the tendency was not statistically significant.<sup>25</sup>

A further use of the Cavan Attitude Scale was made by Burgess<sup>26</sup> in his study of a population of 64 residents of Moosehaven, a community of retired members of a fraternal order in Moosehaven, Florida. This was an exploratory study into the social relationships in the community. The findings suggest that group activities are more closely related to good adjustment than are solitary or spectator activities.<sup>27</sup>

Moberg<sup>28</sup> also reports use of the Cavan Attitude Inventory with a sample of 219 institutionalized persons over 65 in the Minneapolis-St. Paul Metropolitan Area. This study was an attempt to explore objectively the relationship between adjustment in old age and certain aspects of the Christian religion. The author summarizes his findings thusly:

These findings . . . have indicated that certain aspects of religious faith and experience are related to good personal adjustment in old age for the institutionalized subjects of this study, but they do not necessarily

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<sup>25</sup>Ibid., p. 90.

<sup>26</sup>Ernest W. Burgess, "Social Relations, Activities, and Personal Adjustment," *American Journal of Sociology*, vol. 59, 352-360, University of Chicago Press: Chicago, Illinois, 1954.

<sup>27</sup>Ibid., pp. 358-359.

<sup>28</sup>David O. Moberg, "The Christian Religion and Personal Adjustment in Old Age," *American Sociological Review*, vol. 18, 87-90, American Sociological Society: Albany, New York, 1953.

indicate that this is a causal relationship. Personal adjustment in old age cannot be easily explained in terms of one or a few causal factors. A large number of influences, operating together as a configuration of causal variables, affect personal adjustment in old age. Religion is only one of these factors, but present knowledge seems to indicate that it is an important one.<sup>29</sup>

In studying adjustment of a sample of 730 residents of Protestant homes for the aged in the northern part of the United States, Ju-Shu Pan<sup>30</sup> reports use of the Cavan Attitude Inventory. According to the findings of this study, personal adjustment was positively related to good or excellent health, absence of neurotic symptoms, having fifty or more friends, visits with friends once a week or more, favorable comparison with siblings, comfortable economic status, church attendance once a week or more, and high leisure-time activities score.<sup>31</sup> In comparing his data with previous studies of non-institutionalized aged, Pan comes to this conclusion: "The findings do suggest . . . that the aged living in their own homes have a better adjustment than the aged living in Protestant religious homes for the aged."<sup>32</sup>

Another study of institutionalized aged was carried on by Taletz,<sup>33</sup>

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<sup>29</sup>Ibid., p. 90.

<sup>30</sup>Ju-Shu Pan, "Factors in the Personal Adjustment of Old People in Protestant Homes for the Aged," American Sociological Review, vol. 16, 379-381, American Sociological Society: Albany, New York, 1951.

<sup>31</sup>Ibid., p. 381.

<sup>32</sup>Ibid.

<sup>33</sup>Philip Taletz, Administrative Practices and Personal Adjustment in Homes for the Aged, Cornell University Agricultural Experiment Station, Bulletin 899, New York State College of Agriculture: Ithaca, New York, July, 1953.

using the Eavan Attitude Inventory, a Home Evaluation Schedule, and a Home Adjustment Schedule with a sample of 217 residents of three homes for aged in New York State. These items were found to be related to good adjustment in the homes:

Length of residence in the home: between three and five years.

Health: rating of present health as good; less than four physical difficulties; less than three psychological difficulties.

Religious activities: regular church attendance.

Harmonious family relationships and visits with close relatives once a month or more.

Ten or more friends, both inside and outside the home.

Ten or more leisure-time activities; one or more hobbies.

Economic security: about the same or better than at age 55; no decline in social position.

Reason for present living arrangement: choice rather than necessity.

No feelings of having been discriminated against.

Tolerant of changes that have taken place during their lifetime.

Marriage: happy.<sup>34</sup>

A study done by Mason<sup>35</sup> utilized judgments of self-worth as an index of adjustment. The population consisted of three groups of St. Louis residents: one group of 60 aged institutionalized persons above age 55; one group of 30 non-institutionalized persons above age 60, and a third group of 30 young adults. These findings show that

1. An aged institutionalized group views its self-worth in a more negative fashion than does an aged independent group, and this group, in turn, views its self-worth in a more negative fashion than does a

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<sup>34</sup>Ibid., p. 33.

<sup>35</sup>Evelyn P. Mason, "Some Correlates of Self-Judgments of the Aged," *Journal of Gerontology*, vol. 9, 324-327, The Gerontological Society: St. Louis, Missouri, 1954.

group of young adults.

2. Despite marked differences in living conditions, no difference was found in the two aged groups' negative attitudes toward present state of happiness and present ability to contribute. Therefore, old age is related to some negative feelings of self-worth.
3. Although the two aged groups were found to be more negative in their view of self-worth than a group of young adults, significantly greater inter-individual variability occurs in their reports of their positive-to-negative attitudes. Therefore, the degree to which an individual succumbs to the effects of old age varies markedly.
4. No difference was found between the aged high-economic and the young low-economic groups with regard to social maturity and intellectual functioning.
5. Environmental variables reflecting positive judgments toward mode of life were significantly related to positive attitudes toward the self in the two aged populations, while success in roles in which the individual actively engaged each day was significantly related to the positive aspects of the self-concepts of a group of young adults.
6. Present level of social maturity as judged by informants was a variable significantly related to attitudes toward the self in an aged independent group.<sup>36</sup>

Phillips<sup>37</sup> used a Guttman scale of fantasy escape from non-rewarding roles in testing the personal adjustment of a large sample of respondents over 60 residing in Elmira, New York, and in the Kips Bay-Yorkville Health District of New York City. He found a positive

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<sup>36</sup> Ibid., pp. 336-337.

<sup>37</sup> Bernard S. Phillips, "A Role Theory Approach to Adjustment in Old Age," American Sociological Review, vol. 22, 212-217, American Sociological Society: Albany, New York, 1957.

relationship between adjustment and marriage, self-concept of age, and feelings of being treated differently because of age.<sup>38</sup>

Using a self-evaluation of happiness inventory as a measure of adjustment, O'Reilly and Pembroke<sup>39</sup> interviewed a sample of persons over 65 in a low socio-economic section of Chicago. They concluded from their study that, although there was a tendency for more of those with frequent contacts to be happy, the tendency was not significant. However, they found the following factors to be positively related to happiness and, therefore, to adjustment: involvement in activities, adequate income, good relationships and frequent contacts with children and with friends, and state of health. After making a comparison of persons in their sample who were institutionalized with others in the sample who were housebound, the authors report finding that the institutionalized did not exhibit poorer adjustment than the housebound who remained in the community.<sup>40</sup>

Kutner and his associates<sup>41</sup> used a Guttman scale of morale in testing adjustment of a sample of 500 residents of New York City who were over 60 years of age. Adjustment was found to be positively

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<sup>38</sup>Ibid., pp. 214-217.

<sup>39</sup>Charles T. O'Reilly and Margaret M. Pembroke, Older People in a Chicago Community: A Research Report of the School of Social Work, Loyola University: Chicago, Illinois, 1957.

<sup>40</sup>Ibid., pp. 12-22.

<sup>41</sup>Bernard Kutner, David Fanshel, Alice M. Togo, and Thomas S. Langner, Five Hundred Over Sixty, Russell Sage Foundation: New York, 1956.



related to marital status, length of widowhood, condition of health, employment status, high socio-economic status, level of income, number of activities and degree of participation, self-concept as younger, healthier, and with better living standard than others of the same age. Adjustment was found to have no relation to frequency of interaction with friends, children, or other relatives. In general, it can be said that morale declines with increasing age, probably because of lack of significant roles.<sup>42</sup>

Using a Guttman scale of morale very similar to that of Kutner, Morrison<sup>43</sup> studied adjustment of a sample of persons 65 and over residing in a South Dakota rural non-farm community. Found to be positively related to adjustment were self-evaluation of health, marital status, economic circumstances, and self-conception of age. No relationship was found between adjustment and employment status, involvement in activities, chronological age, or social isolation as measured by frequency of visiting with friends, children, and relatives other than children.<sup>44</sup>

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<sup>42</sup>Ibid., pp. 45-122, passim.

<sup>43</sup>Morrison, op. cit.

<sup>44</sup>Ibid., pp. 80-84.

## CHAPTER III

## CONCEPTUAL FRAMEWORK OF THE STUDY

As has been stated in Chapter I of this thesis, this study follows the conceptual framework set up by Morrison in his study of a sample of non-institutionalized aged persons.<sup>45</sup>

**Previous Theories and Measures of Personal Adjustment**

The first concept which must be clarified is that of adjustment. Cavan and her associates speak of the concept of adjustment as implying "change in behavior in order to adapt successfully to a change in social situation."<sup>46</sup> Cavan goes on to differentiate between personal and social adjustment:

Personal adjustment signifies the reorientation of the attitudes and behavior of the person to meet the requirements of a changed situation. Social adjustment means adaptation to social change by modification of social norms and standards and sometimes also of the functions, structure, and operations of social institutions.<sup>47</sup>

It would follow, then, that personal adjustment among the aged must be viewed in terms of the changed social circumstances of older persons in our society, the term adjustment indicating essentially a series of successful changes in behavior to meet changes in the social situation.

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<sup>45</sup>Ibid., pp. 5-12.

<sup>46</sup>Ruth Cavan, et al., Personal Adjustment in Old Age, p. 10.

<sup>47</sup>Ibid.

Cavan further refines her definition of personal adjustment in this way:

Personal adjustment to ageing, or to other changes in one's self or one's environment, may be defined as the individual's restructuring of his attitudes and behavior in response to a new situation in such a way as to integrate the expression of his aspirations with the expectations and demands of society. This definition stresses the fact that adjustment represents an integrated reaction of the person as a member of society to a new situation.<sup>48</sup>

Cavan develops an operational definition of adjustment in terms of an Attitude Inventory and an Activity Inventory. Three bases were used in construction of the Attitude Inventory: (1) satisfaction with activities and status, (2) general happiness, and (3) feeling of usefulness. The Activity Inventory gives an objective measure of degree of participation in various leisure-time, religious, social, and economic activities.<sup>49</sup> These instruments are used as a measure of personal adjustment.

Phillips accepts Cavan's observation that growing old in American society involves the person's "relinquishment of social relationships and roles typical of adulthood, and the acceptance of social relationships and roles typical of the later years."<sup>50</sup> This suggests to him the possible utility of a role theory approach to understanding adjustment of the aged person. He defines adjustment as "the efforts of an individual to satisfy his personal needs as well as to live up to the

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<sup>48</sup>Ibid., p. 11.

<sup>49</sup>Ibid., pp. 111-142.

<sup>50</sup>Bernard S. Phillips, op. cit., p. 212.

expectations of others."<sup>51</sup> He goes on to state that

. . . the well-adjusted person is able to satisfy his needs quickly and adequately as they arise; a poorly adjusted person is unable to satisfy certain of his needs. . . . The index of adjustment is, therefore, based on the degree to which there is a patterned lack of alignment between the existence of a durable state in which needs are not satisfied.<sup>52</sup>

In other words, rewards of the shifting roles of the individual may be insufficient to satisfy his needs. Phillips further says, "The state may be indicated by the individual's degree of habitual involvement in the world of phantasy."<sup>53</sup> To measure the degree to which nonrewarding roles in old age result in the individual's being involved in a world of phantasy, Phillips constructed a three-item Guttman scale containing questions on absent-mindedness, daydreaming about the past, and thoughts of death.<sup>54</sup>

#### Limitations of Previous Measures of Personal Adjustment

The Caven approach includes as a partial measure of personal adjustment the extent and degree of participation in various activities. However, the investigators are themselves aware of the limitations of this measure of adjustment. In this regard they state, "A disadvantage of this criterion is that it takes into account only the external

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<sup>51</sup>Ibid., p. 213.

<sup>52</sup>Ibid.

<sup>53</sup>Ibid.

<sup>54</sup>Ibid.

nature of the activity rather than its meaning to the person."<sup>55</sup> It follows, then, that, while involvement in many activities may bring a high degree of satisfaction to one individual, such involvement does not necessarily have the same meaning for all persons.

As noted above, Phillips place considerable stress on the degree to which role behavior is "rewarding" to the individual.

Morrison objects to this line of thought:

The Phillips approach . . . carries with it the unavoidable implication that rewards are satisfying to individuals, and the suggestion that an alternative method of measuring personal adjustment could consist of measuring these satisfactions rather than the symptoms of dissatisfactions with roles as indicated in habitual fantasy involvement.<sup>56</sup>

As Morrison further points out, not all human behavior is role behavior, but only that portion which is socially prescribed. It follows that behavior which cannot be considered to be role behavior can be rewarding or non-rewarding and can therefore have importance for personal adjustment. For example, lack of food would doubtless be unrewarding in the extreme even to persons isolated from human contact.<sup>57</sup>

#### Conception and Measurement of Personal Adjustment for the Present Study

The present study accepts, as did Morrison, Kutner's broad definition of personal adjustment as success in dealing with changing life

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<sup>55</sup>Tav an, et al., op. cit., p. 103.

<sup>56</sup>Morrison, op. cit., pp. 7-8.

<sup>57</sup>Ibid., p. 8.

problems.<sup>58</sup> This broad definition differs somewhat from the definitions of Cavan and Phillips and is designed to resolve the shortcomings of these approaches. Cavan's definition of personal adjustment as "reorientation of the attitudes and behavior of the person to meet the requirements of a changed situation"<sup>59</sup> fails to recognize that reoriented attitudes to a changed situation may or may not constitute successful adjustment. Phillips's definition of personal adjustment fails to take into account the fact that there are rewards in life which do not necessarily stem from role behavior.

In defending the definition used in both his study and the present study, Morrison makes the following observation:

The definition of personal adjustment as success in dealing with changing life problems explicitly recognizes that persons can be thought of as adjusted only in terms of the degree to which they have dealt adequately (at least in their own minds) with their problems. The definition, in addition, is broad enough to include the life problems stemming from misaligned expectations as to the magnitude of rewards from changing roles, and also those problems of declining health, inadequate subsistence provisions, etc.<sup>60</sup>

The crucial problem with this concept of personal adjustment lies in arriving at an operational definition of "success". First, it is important to point out that no value judgment is intended. Adjustment to a given socio-cultural situation may or may not be "desirable" for a given individual. The one assumption the present study makes is

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<sup>58</sup>Kutner, et al., op. cit., p. 48.

<sup>59</sup>Cavan, et al., op. cit., p. 14.

<sup>60</sup>Morrison, op. cit., p. 9.

that success in dealing with life problems will be reflected in attitudes of optimism, satisfaction with life, and expanding life perspectives. Therefore, the present study has accepted the criterion of morale as the most nearly adequate operational definition of personal adjustment. By morale we shall mean a continuum of responses to life and living problems which reflect the presence or absence of satisfaction, optimism, and expanding life perspectives.

The measure of morale in this study is based on responses to the following items:<sup>61</sup>

1. In general, how satisfied would you say you are with your way of life today?
2. As you get older would you say things seem to be better or worse than you thought they would be?
3. How much do you plan ahead the things that you will be doing next week or the week after? Would you say you make many plans, a few plans, or almost none?
4. All in all, how much unhappiness would you say you find in life today?
5. How often do you find yourself regretting the way things turned out for you?
6. How much do you regret the chances you missed during your life to make the most out of life?
7. How often do you feel there's just no point in living?

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<sup>61</sup>Bernard Kutner, *et al.*, provided for Morrison the concept, definition, and measure of morale used in his study, and in the present study, in Five Hundred Over Sixty, pp. 48-49. Seven of the eight questions in the present scale were derived from Kutner who used a Guttman scale of morale for measuring personal adjustment.

8. I would like to know whether you agree or disagree with the statement: "Things just keep getting worse and worse for me as I get older."

Admittedly, any criterion of personal adjustment is open to criticism on the ground that it fails to account for one factor or another. However, the criterion of morale has two advantages: (1) it is similar to Cavan's widely used criteria of satisfaction with activities and status, general happiness, and feeling of usefulness,<sup>62</sup> without including Cavan's dubious criterion of activities; (2) it can measure, in terms of expressed satisfactions, the degree to which not only role behavior but also other behavior is rewarding to the individual.

It is admitted that morale as an indicator of personal adjustment is subjectively measured in terms of the individual's own evaluation of his success in dealing with changing life problems. It is also admitted that this measure might vary from some external, objective criterion of success. However, there are theoretical grounds for maintaining that the extent to which these objections constitute a limitation of the measure is negligible. In clarifying this point, Morrison presents this rationale:

The widely accepted sociological concepts of "self," "role," etc., strongly suggest that personal evaluations of situations are directly related to, in fact come largely from group evaluations. Thus it would be a rare instance where an individual's morale would be high when most other persons in his situation would exhibit low morale. If one assumes that numerous instances do occur when personal

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<sup>62</sup>Cavan, et al., op. cit., p. 111.



evaluations of situations differ from group evaluations, Thomas' concept of the "definition of the situation," the idea that situations defined as real are real in their consequences, would seem to indicate the additional value of measuring subjective evaluations of morale.<sup>63</sup>

One very real limitation of the concept of morale as a measure of adjustment should be mentioned. The adjustment as made at the particular time of the study may not accurately indicate the level of adjustment which is typical of the individual over a longer period of time. The present study has attempted to compensate for this shortcoming by asking a range of several questions designed to assess not only the current feelings of the individual, but also his characteristic state of morale. This technique is not, of course, intended to supercede other research techniques which may approach the problem of morale and personal adjustment from a longitudinal point of view.

With previous findings reviewed and the present conceptual framework delineated, we now proceed to a consideration of the present study.

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<sup>63</sup>Morrison, op. cit., pp. 11-12.

## CHAPTER IV

## THE DESIGN OF THE STUDY

The data for the present study were gathered during April and May of 1959 by four interviewers who personally interviewed each respondent.

## The Sample

It had originally been hoped that the sample for this study might be drawn from the residents of all of the 98 licensed homes for the aged<sup>64</sup> in South Dakota. However, because of limitations of time, distance, and money, it was necessary to limit the population geographically. Accordingly, it was decided arbitrarily to draw a line from the western boundary of Brown County south, the population for the study to include those licensed homes for aged east of that line. It was further decided to eliminate those homes having five or fewer beds. It was felt that, since these homes were so small and the relationships more like those in a private home, the residents of these homes would not present a representative picture of the institutionalized aged in the state. The licensed homes in Brookings and Volga, South Dakota, were also eliminated because they were used for pre-testing the interview schedules. Within the designated geographical area there remained, then, 59 homes with a licensed bed capacity of 1339.<sup>65</sup>

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<sup>64</sup>Homes for aged which are licensed by the Division of Hospital Facilities of the South Dakota Department of Health.

<sup>65</sup>It should be noted, however, that the actual number of residents at any one time might vary somewhat from the licensed capacity.

The remaining 59 homes were divided into four categories, according to licensed bed capacity: 6-15, 16-25, 26-50, and over 50. Twenty-six homes were included in the 6-15 category, with a bed capacity of 224; 12 homes in the 16-25 category, with a bed capacity of 264; 19 homes in the 26-50 category, with a bed capacity of 713; and two homes in the over 50 category, with a bed capacity of 138.

A fifty per cent random sample was drawn from the homes in each of the first three categories; both of the homes in the over 50 category were included in the sample. This meant that there were 13 homes in the 6-15 category, six homes in the 16-25 category, 11 homes in the 26-50 category, and two homes in the over 50 category. One home in the 6-15 category was closed before the interviewing began, leaving 12 homes in that category. Two more homes were later randomly selected and added in the 16-25 category. Thus 33 homes were included in the study.

It was decided that the respondents should include 50 per cent of the residents in homes in the 6-15 and 16-25 categories and 33 1/3 per cent of residents in homes in the 26-50 and over 50 categories. In this study, the assumption is made that this sample is representative of the total population of residents in homes for aged in eastern South Dakota. A detailed list of homes in the sample will be found in Appendix A of this thesis.

A visit was then made by the investigator to each of the homes in the sample at which time the interest and cooperation of the home manager were enlisted. At the same time, the appropriate random sample of residents was drawn and arrangements made for these residents

to be interviewed. Within the next three weeks the team of interviewers visited the homes and conducted the interviews.

The total sample for the 33 homes was 292 respondents. Of this number, 192 useable schedules were taken. The reasons for failure to interview the remaining 100 eligible respondents are outlined below:

<u>Reason</u>	<u>Number of Eligible Non-Respondents</u>
Temporarily absent from the Home	14
Refused	4
Below age 60	8
Could not speak English	6
Too hard of hearing	13
Too ill	8
Senile or disoriented	<u>47</u>
	100

Perusal of the above figures indicates that 68 of these non-respondents are accounted for by physical or mental disabilities of one sort or another. This represents 23.4 per cent of the total sample. From personal observation it appears to this investigator that this percentage represents a fairly accurate picture of the residents of homes for aged in this part of South Dakota.

#### The Interview Schedule

A copy of the interview schedule used in this study will be found in Appendix B of this thesis. The schedule, with minor changes,

was the same one employed by Morrison in his study.<sup>66</sup> Morrison had drawn the major part of the questions from schedules used by Kutner and his associates<sup>67</sup> and by Stone and Slocum.<sup>68</sup> In addition to basic personal background data, major areas covered by the schedules include health, economic circumstances, social and personal activities, attitudes toward aging, extent of social isolation, and personal adjustment. Completion of the schedule took, on the average, about an hour, although the particular difficulties encountered in interviewing some elderly people sometimes resulted in spending considerably longer on some schedules.

#### Method of Analysis

As has been stated in the theoretical framework of this thesis,<sup>69</sup> it is assumed in the present study that a measurement of the attitudes which contribute to morale will also measure, to a considerable degree, the life adjustment of the individual. The method for measuring attitudes used in this study is the attitude scale. An attitude scale is a device for determining whether a person is higher or lower, more favorable or less favorable than other persons in regard to a single

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<sup>66</sup>Morrison, *op. cit.*, pp. 87-114.

<sup>67</sup>Kutner, *et al.*, *op. cit.*

<sup>68</sup>Carol Larson Stone and Walter L. Slocum, *A Look at Thurston County's Older People*, Washington Agricultural Experiment Station, Institute of Agricultural Science Bulletin 573, State College of Washington: Pullman, Washington, May, 1957.

<sup>69</sup>See Chapter III of this thesis.

attribute, in this case morale.<sup>70</sup> Using a scale enables the investigator to combine responses to a number of questions bearing on the precise attitude being measured, rather than relying on a single attitude item. From the responses, a single score can be derived for each individual, the scores then serving as a basis for placing individuals on an attitude continuum.

As has been stated above, the questions employed for attitude measurement in this study were used by both Kutner<sup>71</sup> and Morrison.<sup>72</sup> Each of these investigators used the instrument in a study of aged persons who were residing in their own homes or in the private homes of relatives--in other words, a population of non-institutionalized older persons. In each of these studies, with this type of population, the array of questions formed a Guttman scale, the questions satisfying for both investigators the criteria for scalability by the Guttman technique.<sup>73</sup>

When data for the present study were analyzed, an attempt was made to construct a Guttman scale. However, it was not possible to

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<sup>70</sup>Matilda White Riley, John W. Riley, Jr., and Jackson Toby, Sociological Studies in Scale Analysis, p. 273, Rutgers University Press: New Brunswick, New Jersey, 1954.

<sup>71</sup>Kutner, et al., op. cit.

<sup>72</sup>Morrison, op. cit.

<sup>73</sup>For a brief explanation of Guttman scale theory, see Kutner, et al., op. cit., pp. 299-301; and also C. Addison Hickman and Manfred H. Kuhn, Individuals, Groups, and Economic Behavior, pp. 229-233, The Dryden Press: New York, 1956.

do so. It will be remembered that the population for this study consisted of residents of homes for aged--in other words, institutionalized aged persons. For this population, the array of questions would not form a Guttman scale.

In discussing the Guttman scaling technique, Seltiz and her associates<sup>74</sup> speak of a qualification related to the use of unidimensional scales: namely, that a given scale may be unidimensional for one group of individuals but not for another.<sup>75</sup> It is further pointed out that

. . . it is sometimes assumed that unidimensionality is a property of a measuring instrument, rather than of the patterning of an attitude among a given group of individuals. For one group, a number of items may be arranged unidimensionally in a given order; for another group, the same items may fall into a different order; for still another group, they may not form a unidimensional pattern at all.<sup>76</sup>

The characteristics of the sample of institutionalized aged persons would appear to be sufficiently different from those of a non-institutionalized population to make it quite understandable that the same questions might scale for one and not for the other. The higher average age, for example, might be a contributing factor; other factors might be differences in economic circumstances, state of health, greater social isolation, or the very fact of being institutionalized. The

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<sup>74</sup>Claire Seltiz, Marie Jahoda, Morton Deutsch, and Stuart W. Cook, Research Methods in Social Relations, Revised One-Volume Edition, Henry Holt and Company, Inc.: New York, 1959.

<sup>75</sup>Ibid., p. 376.

<sup>76</sup>Ibid.

fact that these questions do not scale with this population may serve to give further insight into construction of instruments for measuring attitudes in this area.

In this thesis the analytical tool used for measuring the dependent variable--personal adjustment--is a simple index. The following items, included in the interview schedule, were judged to have direct bearing on morale and were scored. Numbers of the items correspond to item numbers in the interview schedule.

<u>Item</u>	<u>Scored "Correct" Response</u>
37. In general, how satisfied would you say you are with your way of life today?	Very satisfied
39. As you get older would you say things seem to be better or worse than you thought they would be?	Better
41. How much do you plan ahead the things that you will be doing next week or the week after?	Many plans or A few plans
42. All in all, how much unhappiness would you say you find in life today?	Almost none
43. How often do you find yourself regretting the way things turned out for you?	Hardly ever
44. How much do you regret the chances you missed during your life to make the most out of life?	Not at all
45. How often do you feel that there's just no point in living?	Hardly ever
46. I would like to know whether you agree or disagree with this statement: "Things just keep getting worse and worse for me as I get older."	Disagree



One point is given for each "correct" answer. In dealing with attitudes we cannot measure "correctness" or "incorrectness" of a response against some objective yardstick of truth. The "correct" answers in an attitude scale are merely those which are logically judged to indicate greater morale and are given a positive score, while the "incorrect" answers are those which are judged to indicate lower morale and are left unscored.

The present scale allows placing of respondents on a nine-point personal adjustment continuum, according to whether they scored on from zero to eight of the scale items. The distribution of respondents in each of the personal adjustment categories is as follows:

<u>Scale Score</u>	<u>Number of Respondents</u>	<u>Per Cent of Respondents</u>
0	20	10.4
1	23	12.0
2	30	15.6
3	31	16.1
4	30	15.6
5	35	18.3
6	13	6.8
7	9	4.7
8	1	0.5
	<hr/>	<hr/>
	192	100.0

To facilitate analysis, respondents were dichotomized into high and low adjustment groups. Those respondents receiving scale scores

of zero, one, two and three were arbitrarily placed in the low adjustment group; those respondents receiving scores of four, five, six, seven, and eight were placed in the high adjustment category. While this procedure is necessary for purposes of analysis, it admittedly has certain shortcomings. There are only slight differences in adjustment between those respondents scoring three on the scale and those scoring four. Nonetheless, those scoring three are placed in the low adjustment category, while those scoring four appear in the high adjustment category. The semantic injustice is obvious. As a consequence, respondents in the low adjustment category should be thought of as exhibiting a lower degree of measured adjustment than those in the high adjustment category. In many instances, the differences between those in high and low categories are undoubtedly small.

### The Manager's Schedule

#### The Error-Choice Technique

One of the sub-hypotheses to be tested in this thesis concerns the relationship between personal adjustment of the respondent and the attitude toward aging and the aged of the manager of the home of which he is a resident. In order to measure manager attitude, it was necessary to construct an instrument. If a direct technique were to be used, the responses might well be biased toward socially acceptable answers. The decision was therefore made to employ an indirect technique. The method of choice was the error-choice technique.

developed by Hammond.<sup>77</sup> He states that the error-choice method of attitude measurement is concerned with the specific effect of systematic error in perception and recall. The error-choice technique strives to leave the subject no alternative except error, eliminating reality as a factor and thereby affording a measure of the constancy and direction of the error.<sup>78</sup> The error-choice technique forces the respondent to choose one of two incorrect statements, his choice being made to fit his own frame of reference. The attempt is thus made to measure the effect of his attitudes by measuring the constancy of the direction of the error into which he has been forced.

The error-choice item in the schedule consists of two statements which are equi-distant from the truth in opposite directions. In other words, the choices are equally extreme in opposite directions. It was the responses to these items that were scored. These error-choice items were interspersed among a much larger number of straight information items. The "factual" items were introduced in order to aid in disguising the test as an information questionnaire. In the schedule used in the present study, there were 14 error-choice items interspersed among 37 straight information items.

In constructing an error-choice item, the principal requirement is to eliminate reality as a factor and thus force the respondent into

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<sup>77</sup>Kenneth R. Hammond, "Measuring Attitudes by Error-Choice: An Indirect Method," Journal of Abnormal and Social Psychology, vol. 43, 38-48, American Psychological Association, I. c.: Albany, New York, 1948.

<sup>78</sup>Ibid., pp. 38-39.

a choice of errors. However, one must still make the item sound like an information item, in order that the respondent shall remain unsuspecting. In measuring attitudes, one choice in each error-choice item is arbitrarily scored as positive, the other as negative. Over the range of the total list of error-choice items the direction of choices is measured. If the majority of choices is in the positive direction, the respondent is judged to have favorable attitudes; if the majority of choices is in the negative direction, the respondent is judged to have negative attitudes.

The measure of manager attitude in the present study is based on the following error-choice items which were interspersed randomly among the background and information items:

1. (a) On the average, old people ought to feel ashamed of receiving Old Age Assistance. (b) On the average, old people ought not to feel ashamed to receive Old Age Assistance.
2. (a) All old people are "fussy" about their food. (b) All old people are satisfied to eat whatever is put before them.
3. When people go to a Home for Aged, they should expect (a) to enjoy a higher standard of living than during most of their lifetime, (b) a lower standard of living than during most of their lifetime.
4. (a) Old people should always expect poor health as a part of growing old. (b) Old people should always expect good health as they grow old.
5. When old people come to live in a Home, their health (a) always improves, (b) never improves.
6. (a) Old people always complain about their health. (b) Old people never complain about their health.
7. Old people are (a) never satisfied with anything that

- is done for them, (b) always satisfied with whatever is done for them.
8. (a) The public never show understanding of the problems of Home Managers. (b) The public always shows understanding of the problems of Home Managers.
  9. (a) It is a waste of time to try to teach new habits to old people. (b) Old people are eager to learn new habits.
  10. (a) Old people are always careless about their cleanliness and good grooming. (b) Old people are always careful about their cleanliness and good grooming.
  11. (a) Old people always think the world is against them. (b) Old people always think everybody is on their side.
  12. Old people should (a) expect life to be thoroughly enjoyable, (b) expect that life will become only something to be endured.
  13. (a) Old people ought always to think of themselves as "old" and to act in this way. (b) Old people ought never to think of themselves as "old" and act in that way.
  14. (a) Old people find great comfort in religion and religious activities. (b) Old people find religion and religious activities of no value to them.

A copy of the complete schedule used in interviewing home managers will be found in Appendix C of this thesis.

An attempt was made to interview the manager of each of the 33 homes included in the sample. One manager, however, refused to be interviewed but asked that the schedule be left with him so that he might fill it out and return it by mail to the investigator. This he failed to do. Consequently, only 32 home managers are included in this sample.

Some difficulty was encountered in "forcing" respondents to make

a choice of errors. As a consequence, some of the schedules may be of somewhat questionable value.

## CHAPTER V

### THE FINDINGS OF THE STUDY

#### Introduction

The purpose of this chapter is to present the findings of the present study on the relationships between the personal adjustment of the respondents and the factors of health, marital status, economic circumstances, involvement in activities, social isolation, age and self-conception of age, and attitudes of home managers. The following procedure will be utilized in presenting the findings:

1. A statement of the hypothesis concerning the nature of the relationship of the selected factor and personal adjustment will be presented, along with a statement on the derivation of the hypothesis. The hypothesis, stated in its null form for testing, will then be presented.

2. The data for testing the hypothesis will be presented and discussed in terms of the extent to which they tend to confirm or reject the null hypothesis. The hypothesis that there is no significant relationship between the independent variable and personal adjustment will be rejected to the degree that the differences between persons with high and low personal adjustment approach statistical significance at the Chi Square .05 level.

3. A discussion of the discovered relationships or their absence, their limitations, their implications, and the further hypotheses they suggest will then be presented.

## Health and Adjustment

1. The Hypothesis. Reports of previous investigators repeatedly show findings to support the positive relationship between adjustment and good health.<sup>77</sup> As a matter of fact, such a relationship would appear to be logical from a common-sense point of view. Stated in null form the hypothesis for testing is as follows: there is no significant relationship between self-evaluations of health and personal adjustment as measured by morale.

2. The Findings. To test the hypothesis, a health index was derived by awarding one point each to responses indicating a positive evaluation of health on the following items:

<u>Item</u> <sup>78</sup>	<u>Response(s) scored one point on health index</u>
14. Would you say that your health at the present time is:	excellent, good
15. Has your health gotten better or worse the last five years, or has it stayed about the same?	better, same
16. How would you compare your health now with what it has been during your life? Would you say it is better, worse, or about the same?	better, same
17. Do you think your health is better or worse or about the same as other people your age?	better, same

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<sup>77</sup>See "Review of Literature," Chapter II of this thesis.

<sup>78</sup>The item numbers correspond to item numbers in the interview schedule. See Appendix B of this thesis.



18. Is there any particular health problem that bothers you at present? no

The scores of the respondents ranged from zero to five points on the health index as follows:

<u>Health Index Score</u>	<u>Number of Cases</u>
0	20
1	39
2	35
3	46
4	32
5	20
	—
	192

For analytical and comparative purposes, health index scores of zero, one, and two were combined to form a "poor" health group; scores of three, four, and five were combined to form a "good" health group.

Table I reports data indicating the relationship of personal adjustment to the health index ratings of respondents. The data indicate no significant relationship.<sup>79</sup> Consequently, the hypothesis that measures of health and personal adjustment are not related cannot be rejected. These findings are contrary to the reported evidence of Kutner, Cavan, Shanas, Jean and Joseph Britton, Ju-Shu Pan, Taietz, and Morrison.<sup>80</sup>

<sup>79</sup>The findings are expressed as percentages throughout this thesis; Chi Square values, however, were computed from actual frequencies.

<sup>80</sup>See "Review of Literature," Chapter II of this thesis.

TABLE I. ADJUSTMENT ACCORDING TO HEALTH INDEX RATING

		Personal Adjustment	
		High	Low
Health Index Rating	Good	56%	47%
	Poor	44	53
		-----	-----
		100	100
Number of Cases		(88)	(104)

$$\chi^2 = 1.40 \quad \text{NS}^* \quad \text{d.f.} = 1$$

\*NS = Not Significant

3. Discussion. A legitimate question arises as to whether the present index of health provides an adequate measure of the individual's condition of health. The question may be raised as to the validity of self-evaluations of health. It is logical to assume that when an individual's health is threatened, as it may be in old age, there will be a significant rise in the individual's consciousness of his general condition. It may be argued that older people tend to ignore warning signs and symptoms of illness or degeneration, since they do not expect good health in old age—that older people tend to be unrealistic, to turn away from their health problems by ignoring or failing to recognize them.<sup>81</sup> On the other hand, older people may develop hypochondriacal

<sup>81</sup>Kutner, et al., op. cit., p. 145.

tendencies as their range of activities and interests begin to narrow. Perhaps, in the present study, the mere fact of institutionalization tends to influence adversely their view of the condition of their health. Or perhaps some are simply ignorant of their physical condition. All of these considerations admittedly may leave gaps between the respondent's subjective evaluation of his health and the relatively objective health evaluations which medical practitioners might provide. Certainly, self-evaluation techniques for measuring health status should not be thought of as superceding in value other more objective and precise methods. However, Kutner and associates, after an extensive investigation of health in older persons--an investigation conducted in part by researchers trained in medical science--concluded that "older people cannot be said to be ignorant of their health conditions."<sup>82</sup>

A further question may be raised concerning the validity of the present health index. It will be noted that both "better" and "same" answers to Items 15, 16, and 17 of the health index are scored as indicating a positive health evaluation. Yet it is obvious that a person who indicates that his health is the same as during his life is not necessarily in good health, since this person's entire life may have been characterized by poor health. However, an analysis of the individual questions and the relationship of answer categories to adjustment revealed that a persistently higher number and proportion of those persons answering in the "same" categories for these questions

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<sup>82</sup>Ibid., p. 146.

were in the high adjustment category. This suggested the hypothesis that the absence of a change in health status (as indicated by "same" answers) is positively related to adjustment, and the decision to classify "same" answers as indicative of positive health orientation was made on this basis.<sup>83</sup>

### Marital Status and Adjustment

1. The Hypothesis. The hypothesis that marriage and adjustment in old age are positively related is suggested by the research findings of Cavan, Phillips, Shanas, Schmidt, Tzietz, and Morrison.<sup>84</sup> These studies have generally indicated that married persons are better adjusted than are widowed,<sup>85</sup> single, or separated or divorced persons. However, the characteristics of the present sample make such a comparison impossible. The distribution of respondents according to marital status is as follows:

Married	20
Widowed	116
Single	44
Divorced	6
Separated	6

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192

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<sup>83</sup>This general rationale follows Morrison, *op. cit.*, p. 50, whose study preceded this one and suggested the present approach.

<sup>84</sup>See "Review of Literature," Chapter II of this thesis.

<sup>85</sup>The term widow is used in this study to refer to both men and women who have lost their spouses by death.

It would appear from this array that residents of homes for aged, at least in this geographical area, are largely those who are either widowed or single. The only comparison which can be made here is that between those respondents who are widowed and those who have never married. Therefore, the following null hypothesis was formulated: there is no significant relationship between persons with widowed and single status and their personal adjustment as measured by morale.

2. The Findings. Data for the present study on the differential adjustment characteristics of widowed and single persons are found in Table II. The findings are statistically non-significant; consequently, the null hypothesis cannot be rejected.

TABLE II. ADJUSTMENT ACCORDING TO MARITAL STATUS

		Personal Adjustment	
		High	Low
Marital Status	Widowed	75%	71%
	Single	25	29
Number of Cases		100 (75)	100 (85)

$\chi^2 = .33$  NS\* d.f. = 1

\*NS = Not Significant.

Kutner et al. found that a moderate increase in morale occurs with greater length of widowhood.<sup>86</sup> This suggested the possibility

<sup>86</sup>Kutner, et al., op. cit., p. 44.

of a similar relationship in the present study. The findings on relationship between length of widowhood and adjustment appear in Table III. The relationship is not significant and furnishes no basis for alteration of the null hypothesis.

TABLE III. ADJUSTMENT ACCORDING TO LENGTH OF WIDOWHOOD

		Personal Adjustment	
		High	Low
Length of Widowhood	5 years or less	14%	25%
	6 - 10 years	23	25
	Over 10 years	63	50
		100	100
Number of Cases		(56)	(50)
$\chi^2 = 2.51$		NS	d.f. = 2

3. Discussion. The findings of the present study indicate no significant differences in adjustment between those respondents who have remained single and those who have been widowed. Neither does length of widowhood appear to have any influence. Both of these conclusions deny what might appear to be logical. However, the present data support the findings of Folsom and Morgan who make this observation:

. . . there is little or no relationship between the adjustment score and the fact of whether one is married

or single, whether the spouse is living or dead, or whether one is childless or had children.<sup>87</sup>

Perhaps with advancing age there is a certain adjustment toward both widowhood and being single which tends to erase any differences which might be expected to be operative. Unquestionably, this area of the relationship between marital status and personal adjustment presents opportunity for further investigation.

#### Economic Circumstances and Adjustment

1. The Hypothesis. Public opinion appears to support the idea that a goodly proportion of the problems of older people can be related in one way or another to reduced economic circumstances. This feeling is reflected in increasing governmental attempts to provide financial assistance for persons over 65 years of age. Indeed, the hypothesis that economic security is related to personal adjustment in old age is supported by the research findings of Jean and Joseph Britton, Ju-Shu Pan, Kutner, Shanas, and Morrison.<sup>88</sup> For purposes of testing in this study, the null hypothesis is stated thusly: there are no significant relationships between various indications of economic circumstances and personal adjustment as measured by morale.

2. The Findings. The task of gathering reliable income data in any study is a difficult one, and this is particularly true when

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<sup>87</sup>Folsom and Morgan, op. cit., pp. 225-226.

<sup>88</sup>See "Review of Literature," Chapter II of this thesis.

older persons are being interviewed. In this study the older persons resident in homes for aged appeared not to be acutely aware of either their economic circumstances in general or the sources of their income. Managers of the homes, who were queried as to quantitative aspects of income of the respondents, were informed concerning only the amounts of money paid to them by/for each respondent. As a consequence, information as to level of income was highly unreliable and does not lend itself to comparison.

However, information as to source of income was readily available through home managers. It was thought that individuals who were dependent on children, friends, or Old Age Assistance (O.A.A.) for support might be considered to be in more adverse economic circumstances than those persons deriving their income from Social Security (Old Age and Survivors Insurance, O.A.S.I.), savings, investments, and/or rents. The respondents were therefore dichotomized into independent and dependent on the basis of sources of income. Included in the independent group were those whose major sources of income were Social Security payments, savings, investments, and/or rents; included in the dependent group were those whose major sources of income were Old Age Assistance and/or assistance from family or friends. Table IV presents a comparison of adjustment characteristics of persons who are independent and dependent as to sources of income. The findings are not statistically significant. The fact of being financially dependent on either family or public assistance appears to have no bearing on adjustment of the older persons living in homes for aged



in this study.

TABLE IV. ADJUSTMENT ACCORDING TO SOURCE OF INCOME\*

		Personal Adjustment	
		High	Low
Source of Income	Independent	39%	41%
	Dependent	61	59
Number of Cases		100 (88)	100 (104)

$\chi^2 = .015$     NS    d.f. = 1

\*Independent indicates income from O.A.S.I., savings, investments, rents. Dependent indicates support from O.A.A. and/or from family or friends.

Another indication of the economic circumstances of respondents was derived by scoring answers indicating an essentially favorable evaluation of one's standard of living and economic circumstances on the following items:

<u>Item</u> <sup>89</sup>	<u>Response(s) scored on standard of living index</u>
25. Do you find that you have enough spending money for the various things which you may wish to purchase, such as clothing, gifts for friends, etc.?	yes

<sup>89</sup>The Item numbers correspond to numbers in the interview schedule. See Appendix B of this thesis.

26. Would you say that your standard of living is better today, that is, are you better off now, or worse off than during most of your lifetime?
- same  
better

One point was awarded for a yes answer to Item 25; one point was awarded for a same answer to Item 25; two points were awarded for a better answer to Item 26. On the basis of their scores, respondents were dichotomized into high (two and three points) and low (zero and one point) standard of living groups. A comparison of the adjustment characteristics of these two groups appears in Table V.

TABLE V. ADJUSTMENT ACCORDING TO STANDARD OF LIVING

		Personal Adjustment	
		High	Low
Standard of Living Index Rating	High	67%	45%
	Low	33	55
Number of Cases		100 (88)	100 (104)

$\chi^2 = 9.20$     P .01    d.f. = 1

A disproportionately large share of respondents with a high standard of living rating is in the high adjustment group, while a disproportionately large share of respondents with a low standard of living rating is in the low adjustment group. The findings are significant at the .01 level and are in the expected direction.

3. Discussion. Definite information concerning economic circumstances of respondents in this study was difficult to obtain and, in certain areas at least, somewhat unreliable. It appeared to this investigator that a great many of the elderly people in the homes for aged were quite unaware of either amount or source of income. By the same token, they appeared relatively unconcerned about finances. Perhaps this lack of awareness is partly a function of advanced chronological age. It will be pointed out later in this thesis that the average age of respondents in this study was 79 years. Has one learned by that time to accept a dependent role, or are people of this age by and large simply unaware of many of the details of living? Perhaps a pertinent suggestion might be that the fact of institutionalization is operative here. The everyday physical needs are taken care of, and less and less concern is felt as to the source of this security.

Interestingly enough, a standard of living index indicating the extent to which respondents viewed their incomes as adequate in relation to their life's standard of living showed a significant relationship to adjustment. This suggests the proposition that adequacy of income is in large measure dependent on what the individual considers to be his economic needs. The general hypothesis that the individual's evaluation of the adequacy of his income is important, perhaps beyond the actual amount of the income, bears further research consideration.

#### Activities and Adjustment

1. The Hypothesis. The research findings of Burgess, Cavan,

Joseph Britton, Jean and Joseph Britton, Kutner, Shanas, Scott, and Schmidt all lend support to the hypothesis that activities of various sorts contribute to the adjustment of older people.<sup>90</sup> For purposes of testing in this study the hypothesis is stated in its null form: there is no significant relationship between involvement in various activities and personal adjustment as measured by morale.

2. The Findings. In order to measure the degree of involvement in activities, each respondent was given one point for each activity in which he presently engaged. The list of activities utilized in this measurement follows:<sup>91</sup>

1. Working in the garden or yard
2. Working in and around the house
3. Working on a hobby
4. Writing letters
5. Going to movies
6. Attending clubs, lodges, other meetings
7. Going shopping
8. Helping in community work
9. Helping in church work
10. Playing cards or other table games
11. Going for rides in a car
12. Going for walks
13. Visiting friends and relatives
14. Entertaining friends and relatives  
(Women only) Sewing, knitting, crocheting
15. (Men only) Fishing, hunting, golf  
(Men only) Going to bar, pool hall
16. Watching TV
17. Listening to radio
18. Reading

Possible scores for respondents ranged from zero to 18 points.

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<sup>90</sup>See "Review of Literature," Chapter II of this thesis.

<sup>91</sup>See Item 27 of the interview schedule, Appendix E of this thesis.

Actual distribution of the respondents was from zero to 12 points. The respondents were dichotomized into "high" and "low" activities groups on the basis of scores received. The "high" group included those with scores 6 - 12; the "low" group included those with scores 0 - 5.

The findings on the relationship between total activities index ratings and adjustment are presented in Table VI.

TABLE VI. ADJUSTMENT ACCORDING TO TOTAL ACTIVITIES INDEX RATING

		Personal Adjustment	
		High	Low
Total Activities Ratings	High	66%	38%
	Low	34	62
Number of Cases		100 (88)	100 (104)
$x^2 = 15.40$	$P. < .01$	d.f. = 1	

The findings are statistically significant at the .01 level; consequently, the hypothesis that involvement in various activities and personal adjustment are not related is rejected.

3. Discussion. In discussing the dynamics of adjustment in old age, Carroll<sup>92</sup> makes this comment:

<sup>92</sup>Herbert A. Carroll, Mental Hygiene, Prentice Hall, Inc., Englewood Cliffs, New Jersey., 1956.

It is important for old persons to believe that they are still needed by others and to be as active as possible within their physical limitations. . . . The physical well-being and, to an even greater extent, the mental health of the man or woman over sixty is impaired unless the day is occupied with activities of either personal or social value. . . . If our older people lead passive, futile lives, with more time to brood over their ills, fears, and frustrations, they will in the future, even more than now, crowd out-patient clinics with complaints that are not genuinely physical, but often are mental or functional.<sup>93</sup>

Cavan et al. suggest the use of activity levels as a partial criterion of personal adjustment in old age.<sup>94</sup> Commenting on the contribution of sheer activity to personal adjustment, Kutner et al. make this suggestion:

Not to be overlooked, however, is the possibility that through sheer activity the individual may incidentally find outlets for his feelings or find social relationships that might provide the key to satisfying some of his more fundamental needs. The probability of fortuitously uncovering hidden personal resources or of developing meaningful relationships with others is greater among persons who involve themselves or are drawn into activities than would be the case with the withdrawn or seclusive person.<sup>95</sup>

One limitation of the present findings on activities and adjustment should be acknowledged. The present activities index measures involvement in activities only in terms of the number of activities in which the respondent is involved and fails to take account of the intensity of the involvement. Nor does it give consideration to the

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<sup>93</sup>Carroll, op. cit., pp. 96-97.

<sup>94</sup>Cavan, et al., op. cit., p. 103.

<sup>95</sup>Kutner, et al., op. cit., p. 104.

meaning of these activities to the individual. Both intensity of involvement in activities and the meaning of those activities to the individual would appear to be facets of the problem which might be explored in the interest of further insight into the respondent's activity status.

### Isolation and Adjustment

1. The Hypothesis. Certain factors inherent in the very process of growing old carry with them the potential for increased isolation. For nearly every old person, infirmity and death are claiming more and more of his peers. In addition, many friends move away. Close friends are not easily acquired, and with the years it becomes increasingly difficult to form new friendships comparable to those enjoyed over a considerable number of years. Widowhood further tends to encourage isolation, since the survivor is usually less able to continue social contacts without the spouse. Added factors that tend to isolate the older person are chronic illness, unemployment, retirement, and, more and more frequently, residence in a home for aged. All of these create situations in which the range of potential relationships is reduced as the individual is cut off from contact with work associates, with old friends and neighbors, and with relatives.

From the above discussion it would be easy to assume that reduced social contacts may often result in loneliness, in loss of morale, and in accompanying poorer adjustment. However, the research evidence on this point is controversial. The findings of Schmidt support the con-

tention that decreasing contacts with friends result in poorer adjustment. On the other hand, Folsom and Morgan, Phillips, Kutner, and Morrison found no relationships between the frequency of interaction with friends, children, and relatives and personal adjustment.<sup>96</sup>

To test the proposition that social isolation is related to peer adjustment, the following null hypothesis was formulated: there are no significant relationships between various measures of social isolation and personal adjustment as measured by morale.

2. The Findings. Social isolation was measured in the present study by use of an index of isolation. One point was awarded for the indicated response to each of the following items. These responses indicate a relatively limited range of social relationships.

<u>Item</u> <sup>97</sup>	<u>Response(s) scored one point on isolation index</u>
32. Would you say that <u>most</u> of the people who have been your close friends are living, only some of them, or almost none?	Almost none
33. Do you think that older people have more difficulty in making friends than younger folks, or is it easier for older folks to make friends?	Older people have difficulty making friends

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<sup>96</sup>See "Review of Literature," Chapter II of this thesis.

<sup>97</sup>Item numbers correspond to item numbers in the interview schedule. See Appendix B of this thesis.



34. Do you ever find yourself wishing you could meet new friends? Often  
Sometimes

In scoring respondents, the higher the score the greater the isolation. Table VII shows the adjustment characteristics of the respondents when they are dichotomized on the basis of their isolation index ratings. Those respondents with scores of two and three were placed in the "more isolated" category; those with scores of zero and one were placed in the "less isolated" category. The fact that no significant relationship was found gives no basis for rejection of the null hypothesis that social isolation and adjustment are not related.

TABLE VII. ADJUSTMENT ACCORDING TO ISOLATION INDEX RATING

		Personal Adjustment	
		High	Low
Isolation Index Rating	More Isolated	36%	41%
	Less Isolated	64	59
Number of Cases		100 (88)	100 (104)

$\chi^2 = .50$     NS    d.f. = 1

A further picture of the relationship between social isolation and adjustment is provided by a consideration of adjustment and visiting frequency of children and relatives. Findings on these relationships

are presented in Tables VIII and IX. The levels of significance for both tables are very low and give no basis for rejecting the null hypothesis.

TABLE VIII. ADJUSTMENT ACCORDING TO VISITING FREQUENCY OF CHILDREN

		Personal Adjustment	
		High	Low
Visiting Frequency of Children	Visits once a week or more	23%	21%
	Visits less than once a week	45	42
	Respondents with no children	32	37
Number of Cases		100 (88)	100 (104)

$$\chi^2 = .47 \quad NS \quad d.f. = 2$$

3. Discussion. Although it might be expected that frequent social relationships with children, relatives, and friends would be conducive to good adjustment, the evidence in this study does not support this position. We can only speculate as to the factors operative here. Kutner et al. make this suggestion:

Involved perhaps is friction between generations or about suggestions to the older person for maintaining the youthfulness and health which are highly prized among this group. Or, perhaps, the contrast between the two generations may emphasize for the older person that which he would deny--his own aging.<sup>98</sup>

<sup>98</sup>Kutner, et al., op. cit., p. 122.

TABLE IX. ADJUSTMENT ACCORDING TO VISITING FREQUENCY OF RELATIVES\*

		Personal Adjustment	
		High	Low
	Visits once a week or more	8%	7%
Visiting Frequency of Relatives	Visits less than once a week	27	37
	Respondents with no relatives	65	56
Number of Cases		100 (88)	100 (104)

$\chi^2 = 2.26$     NS    d.f. = 2

\*Includes only relatives other than children.

In a society such as ours where emphasis is on youth and change--on what is "new"--where the word "old" has a negative connotation, the elderly may well find themselves at an overwhelming disadvantage in contact with those who are younger and more vigorous, with those who have greater psychological and economic resources for keeping up with the pace of change. In other words, what we have termed "isolation" may for many older persons be a defensive measure. Not to be neglected, also, is the possibility that some older individuals may prefer the state of isolation. Perhaps some are living out cultural traditions and values.

It remains for future researchers to discover the precise elements involved in this complex social area. Only then will we be

able to test the proposition that the positive contributions of social relationships for older persons may be counter-balanced by the negative elements in such relationships.

### Age, Age-Concepts and Adjustment

1. The Hypothesis. The research findings of Jean and Joseph Britton, Phillips, Kutner, and Cavan support the proposition that advancing chronological age makes adjustment more difficult. Havighurst and Albrecht, Shanas, Mason, and Morrison found that, although there was no relationship between actual age and adjustment, persons who conceive of themselves as old exhibit poorer personal adjustment.<sup>99</sup> Consequently, the hypothesis in this section is that both advancing chronological age and self-conceptions of being old will be negatively related to adjustment.

For testing, the hypothesis is stated in the null form: there are no significant relationships between either actual age or self-conceptions of age and personal adjustment.

2. The Findings. Table X shows the present findings on the relationship between chronological age and adjustment. The findings are not significant and show no consistent tendencies for persons of advanced age to exhibit low adjustment.

A comparison of the extremes of the age categories appears in Table XI. The findings are not significant and give no basis for

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<sup>99</sup>See "Review of Literature," Chapter II of this thesis.

TABLE X. ADJUSTMENT ACCORDING TO CHRONOLOGICAL AGE

		Personal Adjustment	
		High	Low
Chronological Age	60 to 64	6%	6%
	65 to 69	7	10
	70 to 74	13	11
	75 to 79	27	18
	80 to 84	28	32
	85 and over	19	23
Number of Cases		100 (88)	100 (104)
$\chi^2 = 2.90$ MS    d.f. = 5			

TABLE XI. ADJUSTMENT ACCORDING TO EXTREMES OF CHRONOLOGICAL AGE

		Personal Adjustment	
		High	Low
Chronological Age	60 to 69	39%	41%
	85 and over	61	59
Number of Cases		100 (28)	100 (41)
$\chi^2 = .033$ MS    d.f. = 1			

rejecting the hypothesis that actual age and adjustment are not related.

To obtain an indication of the respondents' self-conception of their age, the following question was asked: "I'd like to know how you think of yourself as far as age goes: Do you think of yourself as middle-aged, elderly, old, or what?"<sup>100</sup> The relationship expressed in the answers to this question is presented in Table XII.

TABLE XII. ADJUSTMENT ACCORDING TO SELF-CONCEPTION OF AGE\*

		Personal Adjustment	
		High	Low
Self-conception of Age	Middle-aged or younger	29%	20%
	Old or Elderly	71	80
Number of Cases		100 (75)	100 (86)
$\chi^2 = 2.00$		$P < .15$	d.f. = 1

\*The total number of cases here is 161. Thirty-one respondents did not give answers to the question which could be categorized.

The results are in the expected direction; a disproportionately large share of respondents who conceived of themselves as middle-aged or younger is in the high adjustment category, while a disproportionately large share of respondents who conceived of themselves as old or elderly is in the low adjustment category. However, the findings are not significant at the .05 level.

The present analysis also employed an "age-conception" index

<sup>100</sup>See Item 35 in the interview schedule, Appendix B of this thesis.

to provide a measure, not only of the extent to which individuals consider themselves as old, but also a broader measure of this phenomenon as indicated by the extent to which individuals consider themselves beset by the common, albeit stereotyped, accompaniments of old age. The index was derived by awarding one point each to individuals giving answers which would indicate a "younger" age-conception to the following items:

<u>Item</u> <sup>101</sup>	<u>Response(s) scored one point on age-conception index</u>
17. Do you think your health is better or worse or about the same as other people your age?	Better, Same
29. Would you say that you get around as much as you used to when you were about 50 years old?	Yes, same
35. I'd like to know how you think of yourself as far as age goes?	Middle-aged or Younger
36. Would you say that you are more or less active than most people your age?	More, Same
40. Do you think people treat you differently because of your age?	No

Persons scoring zero, one, and two points are categorized as having an "older" age-conception; persons scoring three, four, and five points are categorized as having a "younger" age-conception. Table XIII presents a comparison of the age-conception categories and adjustment. The results are significant and in the expected direction.

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<sup>101</sup>Item numbers correspond to item numbers in the interview schedule. See Appendix B of this thesis.

A disproportionately large share of persons with younger age-conceptions is in the high adjustment category; a disproportionately large share of persons with older age-conceptions is in the low adjustment category. Thus Table XIII presents a clear basis for rejection of the null hypothesis.

TABLE XIII. ADJUSTMENT ACCORDING TO AGE-CONCEPTION INDEX RATING

		Personal Adjustment	
		High	Low
Age-Conception Index Rating	Older age- conception	47%	66%
	Younger age- conception	53	34
Number of Cases		100 (88)	100 (104)
$\chi^2 = 7.60$		$P < .01$	
		d.f. = 1	

3. Discussion. The findings in the present investigation tend to support the findings of Havighurst and Albrecht as well as those of Morrison that adjustment and chronological age are not related. However, when age is viewed in terms of how individuals conceive of themselves regardless of actual years, the research evidence points to a different conclusion. Self-conceptions of being old are related to a poorer adjustment, and the present findings support the previous research on this point.

In the present study the average age of respondents was 79 years,



52 per cent being 80 years old or older. This makes the above findings particularly interesting. It will be noted in Table XII that, when respondents were asked a direct question regarding their self-concept of age, the relationship was not as marked as when these respondents made replies to a series of less direct questions covering a broad range of apropos indications of attitudes. (Table XIII) Could it be that when persons enter a home for aged they expect, and are expected, to be "old?" When they are asked the direct question as to age-conception, they tend to give the expected answer. On the other hand, when attitudes are "tapped" in a less direct way, perhaps we get a better picture of respondents' real attitudes.

The relationship between adjustment and self-conception of age would appear to rest on logical grounds as well. In modern American culture the accent is on youth--on the glories and advantages of being "young". It follows that conception of the self as "old" will be related to poor adjustment. Because our society values youth over age, the individual who identifies as old to a degree, at least, accepts a negative cultural evaluation of himself. The research findings in the present study support this contention. Perhaps more refined measures of age-conception might provide a simple and accurate method of predicting adjustment in old age. Future researchers may find this a fruitful field of inquiry.

#### Manager Attitude and Adjustment

1. The Hypothesis. Investigators generally have not included

attitudes of home managers among the variables used in studies of adjustment. The findings of Scott, who attempted such a study, showed some tendency toward a higher adjustment level where the operator of the home had a higher attitude score; but the tendency was not significant.<sup>102</sup> However, it seemed logical to the present investigator that such a relationship might be operative. Most persons are sensitive and responsive to the opinions and attitudes of those around them, particularly those who are in a superordinate position. To test this relationship, the null hypothesis is stated thusly: there is no significant relationship between attitudes of managers of homes for aged and personal adjustment of residents of the homes as measured by morale.

2. The Findings. In the present study, manager attitude was measured by use of an index incorporating the error-choice items in the interview schedule.<sup>103</sup> One point was awarded for the desired response to each of the following items:

Item<sup>104</sup>

Scored Response

13. (a) On the average, old people ought to feel ashamed of receiving Old Age Assistance.  
 (b) On the average, old people ought not to feel ashamed to receive Old Age Assistance.

(b)

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<sup>102</sup>See "Review of Literature," Chapter II of this thesis.

<sup>103</sup>See Chapter IV, pp. 35-39, of this thesis.

<sup>104</sup>Item Numbers correspond to item numbers in the manager's interview schedule. See Appendix C of this thesis.

17. (a) All old people are "fussy" about their food. (b) All old people are satisfied to eat whatever is put before them. (b)
20. When people go to a home for aged, they should expect (a) to enjoy a higher standard of living than during most of their lifetime, (b) a lower standard of living than during most of their lifetime. (a)
24. (a) Old people should always expect poor health as a part of growing old. (b) Old people should always expect good health as they grow old. (b)
25. When old people come to live in a home, their health (a) always improves, (b) never improves. (a)
27. (a) Old people always complain about their health. (b) Old people never complain about their health. (b)
30. Old people are (a) never satisfied with anything that is done for them, (b) always satisfied with whatever is done for them. (b)
33. (a) The public never shows understanding of the problems of home managers. (b) The public always shows understanding of the problems of home managers. (b)
36. (a) It is a waste of time to try to teach new habits to old people. (b) Old people are eager to learn new habits. (b)
37. (a) Old people are always careless about their cleanliness and good grooming. (b) Old people are always careful about their cleanliness and good grooming. (b)
39. (a) Old people always think the world is against them. (b) Old people always think everybody is on their side. (b)

42. Old people should (a) expect life to be thoroughly enjoyable, (b) expect life will become only something to be endured. (a)
43. (a) Old people ought always to think of themselves as "old" and to act in this way. (b) Old people ought never to think of themselves as "old" and act in that way. (b)
45. (a) Old people find great comfort in religion and religious activities. (b) Old people find religion and religious activities of no value to them. (a)

Scores of respondents were distributed from six through 14, no respondent scoring fewer than six points. Home managers with scores 6 - 10 were placed in the "less favorable" category; those with scores 11 - 14 were placed in the "more favorable" category. Findings concerning the relationship between manager attitude and adjustment appear in Table XIV. The findings are not significant; consequently, there is no basis for rejection of the hypothesis that manager attitude and personal adjustment are not related.

TABLE XIV. ADJUSTMENT ACCORDING TO MANAGER ATTITUDE\*

		Personal Adjustment	
		High	Low
Manager Attitude	More Favorable	49%	39%
	Less Favorable	51	61
Number of Cases		100 (87)	100 (103)
$\chi^2 = 2.15$ NS		d. f. = 1	

\*The total number of cases here is 190. One home manager would not consent to be interviewed; two respondents were resident in that home.

3. Discussion. The findings in this study do not show a close relationship between personal adjustment and attitude of home managers toward aging and the aged. Nevertheless, this investigator still holds some reservations concerning the instrument utilized for measuring manager attitudes. The attitude test used in this study is admittedly a crude instrument. It must be given more testing before it can be considered a precise measurement of managers' attitudes. It must be regarded as only a beginning in this direction. It is possible that the tendency of adjustment level of residents to be independent of the attitude score the home manager might be even more pronounced with a more precise attitude measurement and a larger population of managers and residents. On the other hand, this tendency might be toward a closer relationship. Further work must be done in this important area by future investigators.

## CHAPTER VI

## SUMMARY, CONCLUSIONS, LIMITATIONS

Along with increasing number and proportion of older persons in our population has come increasing interest in their unique adjustment problem. This interest has in turn led to increased research effort in this area. The mere accumulation of information, valuable as it is, is not enough; added to it must be the determination of interrelationships of two or more variables. The investigator wants to know not only what happens, but how it happens. He wants to know not only what aging people are like, but why they behave as they do.<sup>105</sup>

The present study has attempted to contribute toward an understanding of relationships of health, marital status, economic circumstances, activities, isolation, age, and home manager attitude to the personal adjustment of older persons who are residents of homes for aged in eastern South Dakota. Data were secured by personal interviews with a random sample of persons who were residing in homes, which in turn represented a random sample of the homes for aged in that geographical area. Persons in the sample were 60 years of age or older.

In the present study, personal adjustment is conceived of as success in dealing with changing life problems. Adjustment is measured by an eight-question index of morale. The relationships of this measure of adjustment to the selected factors and the extent to which the

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<sup>105</sup> Nathan W. Shock, Trends in Gerontology, p. 115, Stanford University Press: Stanford, California, 1957.

findings confirm or contradict previous research findings may be summarized as follows:

1. Health. Self-evaluation of health as measured by a health index and dichotomized into "good" and "poor" health categories is not found to be significantly related to adjustment. These findings do not support reports of Kutner, Cavan, Shanas, Jean and Joseph Britton, Ju-Shu Pan, Taietz, and Morrison.

2. Marital Status. Characteristics of the present sample precluded comparison of adjustment of married and widowed persons, since 83 per cent of respondents were either widowed or single. Comparison of adjustment of those who were widowed and those who were single showed no significant relationship. Nor did length of widowhood prove to be significantly related to adjustment. These conclusions lend support to the findings of Folsom and Morgan.

3. Economic Circumstances. Information as to level of income of respondents was scant and unreliable. No significant relationship was found between adjustment and source of income. However, the findings do show significant relationship between adjustment and economic circumstances as measured by a standard of living index. Evidence to support the hypothesis that more favorable economic circumstances are related to adjustment is offered by Joseph Britton, Jean and Joseph Britton, Shanas, Cavan, Kutner, Ju-Shu Pan, and Morrison. Contrary evidence is offered by Havighurst and Albrecht.

4. Activities. Involvement in activities as measured by a total activities index is found to be significantly related to adjustment

of the respondents in this study. This proposition is in agreement with the research findings of Kutner, Schmidt, Burgess, Cavan, Shanas, Joseph Britton, Jean and Joseph Britton, Scott, and Albrecht.

5. Isolation. Social isolation as measured by an isolation index and by the frequency of contact with children and relatives other than children showed no significant relationship to adjustment. These findings are supported by those of Phillips, Kutner, Ju-Shu Pan, and Morrison, but contradict the findings of Schmidt.

6. Age and Age-conception. The present study found no relationship between chronological age and adjustment. However, persons who conceived of themselves as "old" or "elderly" tended to exhibit poorer adjustment. When self-conception of age was measured by an age-conception index, which measured the extent to which individuals considered themselves old and afflicted with the problems thought to be common to old age, a significant relationship to adjustment was found. Jean and Joseph Britton, Phillips, Kutner, and Cavan found advancing chronological age to be negatively related to adjustment. The findings of Morrison and of Havighurst and Albrecht support the present findings of no relationship. The proposition that self-conception of age is related to adjustment is in accord with the findings of Kutner, Phillips, Hason, Shanas, Morrison, and Havighurst and Albrecht.

7. Manager Attitude. Attitude of home managers toward aging and the aged did not show significant relationship to adjustment of residents of their homes when these attitudes were measured by an attitude



index derived from use of the indirect error-choice technique. Previous research by Scott showed some tendency toward a higher adjustment level where the operators of homes had higher attitude scores, but the tendency was not significant.

Certain limitations of the present study should be specifically stated. It is admitted that the study presents only a limited picture of the relationship of selected factors to personal adjustment among residents of homes for aged. In the first place, the limited number of respondents precluded control of the independent variables. Secondly, it is possible that morale is a relatively temporary and changing quality and perhaps might better be measured on a longitudinal basis. Thirdly, measures of health, economic circumstances, age-conception, isolation, activities, etc., are inferred from respondents' self-evaluations, which may be highly subjective. This may be particularly true in the present study where average age of respondents is high and where the mere fact of institutionalization may, at least temporarily, distort subjective evaluations. Finally, the various indexes employed in the study have only logical validity; their validity has not been cross-checked against a known measure or known attributes of a group. They are thought on the basis of their content to measure such things as health, isolation, etc.; but the extent to which they are empirically valid measures is not known.

With these limitations in mind, we may conclude that the basic hypothesis of the study--that personal adjustment of older persons who reside in homes for aged is related to selected independent

variables--receives support from the findings. The evidence that certain of the selected variables are not related to adjustment is, of course, as significant as is the evidence that certain other variables are related to adjustment. Both contribute to an understanding of personal adjustment of the aging in our society.

Certain avenues for further inquiry suggest themselves to this investigator. For example, are different factors operative in adjustment of residents of homes for aged sponsored by fraternal orders than are operative in independently managed homes which are operated on a commercial basis? Are there additional or differential factors related to adjustment in homes which are operated by church groups? Among these latter homes, are there differences depending on which denomination sponsors the home? Does size of home--that is, number of guests--have any considerable influence on adjustment? Is physical condition of the home an influential factor? Does past adjustment in life affect adjustment in old age, and how can past adjustment be measured? Does length of residence in the home have an effect on adjustment?

Tools for measuring adjustment need to be improved, refined, and strengthened. Personal adjustment would appear to depend on a multiplicity of factors rather than on any one critical factor. In the last analysis, aged people are not homogeneous any more than are people at any other age level.

## LITERATURE CITED

- Albrecht, Ruth, "The Social Roles of Older People," Journal of Gerontology, vol. 6, 138-145, The Gerontological Society: St. Louis, Mo., 1951.
- Britton, Jean O., and Britton, Joseph H., "Factors Related to the Adjustment of Retired Y.M.C.A. Secretaries," Journal of Gerontology, vol. 6, 34-38, The Gerontological Society: St. Louis, Mo., 1951.
- Britton, Joseph H., "The Personal Adjustment of Retired School Teachers," Journal of Gerontology, vol. 8, 333-338, The Gerontological Society: St. Louis, Mo., 1953.
- Burgess, Ernest W., "Social Relations, Activities, and Personal Adjustment," American Journal of Sociology, vol. 59, 352-360, University of Chicago Press: Chicago, Ill., 1954.
- Carroll, Herbert A., Mental Hygiene, 3rd Ed., Prentice Hall, Inc.: Englewood Cliffs, N. J., 1956.
- Cavan, Ruth S., Burgess, Ernest W., Navighurst, Robert J., and Goldhamer, Herbert, Personal Adjustment in Old Age, Science Research Associates, Inc.: Chicago, Ill., 1949.
- Current Population Reports, Population Estimates, Series P-25, No. 214, Table 1, Bureau of the Census: Washington, D. C., March 25, 1960.
- Folsom, Joseph K., and Morgan, C. Margaret, "The Social Adjustment of 381 Recipients of Old Age Assistance," American Sociological Review, vol. 2, 223-229, American Sociological Society: Albany, N. Y., 1937.
- Hammond, Kenneth R., "Measuring Attitudes by Error-Choice: An Indirect Method," Journal of Abnormal and Social Psychology, vol. 43, 38-48, American Psychological Association, Inc.: Albany, N. Y., 1948.
- Hickman, C. Addison, and Kuhn, Manford H., Individuals, Groups, and Economic Behavior, The Dryden Press: New York, 1956.
- Navighurst, Robert J., and Albrecht, Ruth, Older People, Longmans, Green and Co.: New York, 1953.

- Johansen, John P., The Influence of Migration upon South Dakota's Population, 1930-1950, Rural Sociology Department, Agricultural Experiment Station Bulletin 431, South Dakota State College: Brookings, S. Dak., July, 1953.
- Kutner, Bernard, Fanshel, David, Togo, Alice M., and Langner, Thomas S., Five Hundred Over Sixty, Russell Sage Foundation: New York, 1956.
- Mason, Evelyn P., "Some Correlates of Self-Judgments of the Aging," Journal of Gerontology, vol. 9, 324-327, The Gerontological Society: St. Louis, Mo., 1954.
- Moberg, David O., "The Christian Religion and Personal Adjustment in Old Age," American Sociological Review, vol. 18, 87-90, American Sociological Society: Albany, N. Y., 1953.
- Morrison, Denton E., "The Relationships of Selected Factors to the Personal Adjustment of a South Dakota Non-Farm Community's Older Population," Unpublished Master's Thesis, South Dakota State College: Brookings, S. Dak., 1958.
- Morrison, Denton E., and Kristjanson, G. Albert, Personal Adjustment Among Older Persons, A Study of Adjustment Problems of Persons 65 and Over in a South Dakota Community, Agricultural Experiment Station Technical Bulletin 21, South Dakota State College: Brookings, S. Dak., June, 1958.
- Pan, Ju-Shu, "Factors in the Personal Adjustment of Old People in Protestant Homes for the Aged," American Sociological Review, vol. 16, 379-381, American Sociological Society: Albany, N.Y., 1951.
- O'Melly, Charles T., and Pembroke, Margaret M., Older People in a Chicago Community: A Research Report of the School of Social Work, Loyola University: Chicago, Ill., 1957.
- Phillips, Bernard S., "A Role Theory Approach to Adjustment in Old Age," American Sociological Review, vol. 22, 212-217, American Sociological Society: Albany, N. Y., 1957.
- Riley, Matilda White, Riley, John W., Jr., and Toby, Jackson, Sociological Studies in Scale Analysis, Rutgers University Press: New Brunswick, N. J., 1954.
- Scott, Frances G., "Factors in the Personal Adjustment of Institutionalized and Non-Institutionalized Aged," American Sociological Review, vol. 20, 538-546, American Sociological Society: Albany, N. Y., 1955.

- Schmidt, John F., "Patterns of Poor Adjustment in Old Age," American Journal of Sociology, vol. 57, 33-42, University of Chicago Press: Chicago, Ill., 1951.
- Selltiz, Claire, Jahoda, Marie, Deutsch, Morton, and Cook, Stuart W., Research Methods in Social Relations, Revised One-Volume Edition, Henry Holt and Company, Inc.: New York, 1959.
- Shanas, Ethel, "The Personal Adjustment of Recipients of Old Age Assistance," Journal of Gerontology, vol. 5, 249-253, The Gerontological Society: St. Louis, Mo., 1950.
- Shock, Nathan W., Trends in Gerontology, Stanford University Press: Stanford, Cal., 1957.
- Stone, Carol Larson, and Slocum, Walter L., A Look at Thurston County's Older People, Washington Agricultural Experiment Station, Institute of Agricultural Science Bulletin 573, State College of Washington: Pullman, Wash., May, 1957.
- Taletz, Philip, Administrative Practices and Personal Adjustment in Homes for the Aged, Cornell University Agricultural Experiment Station Bulletin 899, New York State College of Agriculture: Ithaca, N. Y., July, 1953.
- U. S. Bureau of the Census, U. S. Census of the Population, vol. 2, Characteristics of the Population, Part I, United States Summary, Table 39, U. S. Government Printing Office: Washington, D. C., 1950.

**APPENDIX A**

## LICENSED HOMES FOR AGED IN SAMPLE

Home

Unable Schedules

6-15 Category

1. Astoria Rest Home	Astoria, South Dakota	4
2. Lenz Home for the Aged	Chester, South Dakota	5
3. Sunset Home	Dempster, South Dakota	2
4. Faith Home	Mitchell, South Dakota	4
5. Hartl Rest Home	Mitchell, South Dakota	4
6. Van Schaick Ladies Rest Well Home	Mitchell, South Dakota	2
7. Grey Home	Peever, South Dakota	2
8. Messler Board and Room Home	Vermillion, South Dakota	3
9. Burgdorf Nursing Home	Watertown, South Dakota	1
10. Sunset Home	Watertown, South Dakota	3
11. Svendsen Nursing Home	Watertown, South Dakota	2
12. East Side Rest Home	Webster, South Dakota	1

16-25 Category

13. Bedwell Rest Home	Arlington, South Dakota	7
14. Rest Haven Nursing Home	Canova, South Dakota	1
15. Kingsbury County Home	DeSmet, South Dakota	4
16. Union County Room and Board Home	Elk Point, South Dakota	6
17. Good Samaritan Home	Groton, South Dakota	3
18. Lakeview Nursing Home	Madison, South Dakota	4
19. Ebenezer Nursing Home	Sioux Falls, South Dakota	2
20. Good Samaritan Home	Tyndall, South Dakota	7

26-50 Category

21. Good Samaritan Home	Aberdeen, South Dakota	7
22. Odd Fellows and Orphans Home	Dell Rapids, South Dakota	18
23. Fairview Nursing Home	Flandreau, South Dakota	9
24. Storia Sunset Home	Letcher, South Dakota	9
25. Tiessen Home, Inc.	Marion, South Dakota	5
26. Good Samaritan Home	Parkston, South Dakota	5

Home

Useable Schedules

26-50 Category, Continued

27.	Strand-Kjorsvig Community Rest Home	Roslyn, South Dakota	9
28.	Lee Nursing Home	Sioux Falls, South Dakota	7
29.	Lutheran Old Peoples Home	Sioux Falls, South Dakota	10
30.	Southmoor Nursing Home	Sioux Falls, South Dakota	5
31.	Dakota Nursing Home	Vermillion, South Dakota	11

Over 50 Category

32.	Bethesda Nursing Home	Webster, South Dakota	11
33.	Bethesda Home for Aged	Beresford, South Dakota	19

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**APPENDIX B**

SCHEDULE FOR PERSONS OVER SIXTY-FIVE NOT LIVING IN PRIVATE DWELLINGS

Interviewer's name \_\_\_\_\_

Date/time of interview \_\_\_\_\_

Name of home \_\_\_\_\_

Sex: 1    M    2    F

Number of persons present other than R   

BACKGROUND INFORMATION

1. R's name \_\_\_\_\_

2. Age \_\_\_\_\_

3. Were you born in South Dakota?

1    yes

2    no

A. In what county? \_\_\_\_\_

B. In what state? \_\_\_\_\_

C. In what country? \_\_\_\_\_

4. Marital Status: (CHECK ONLY ONE)

1    single

2    married, how long? \_\_\_\_\_

3    divorced, how long? \_\_\_\_\_

4    widowed, how long? \_\_\_\_\_

5    separated, how long? \_\_\_\_\_

5. How many years of school did you complete? \_\_\_\_\_

6. Have you had any other training?

1    no

2    yes

Describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. How long have you been living in this home? \_\_\_\_\_

8. Did you live in a town or on a farm just before you came to this home?

1    farm

2    town

3    another part of this town

A. Was this in another home for older people? 1    yes 2    no

9. Were you paying rent when you left there, or were you the owner?

1 \_\_\_ rent (cash payment)

2 \_\_\_ owner

3 \_\_\_ other arrangement: \_\_\_\_\_

10. Do you intend to stay in this home permanently?

1 \_\_\_ yes

2 \_\_\_ no

A. Where do you expect to live when you leave here?

1 \_\_\_ private dwelling

1 \_\_\_ self

2 \_\_\_ relatives

3 \_\_\_ friends

2 \_\_\_ another home or institution

3 \_\_\_ no specific destination, don't know

4 \_\_\_ other: \_\_\_\_\_

B. When do you expect to leave \_\_\_\_\_

C. Just why is it that you are leaving this home?  
(PROBE FREELY TO GET REASONS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. How did you happen to come to this home to live? (RECORD FULL RESPONSE)

12. Did you have any delay in getting in this home, that is, were you on a waiting list to get in this home? (RECORD FULL RESPONSE)

13. Would you say that people your age are better off living alone, or will they get along better if they live with other folks?

1 \_\_\_ alone with spouse

4 \_\_\_ don't know

2 \_\_\_ alone

5 \_\_\_ depends

3 \_\_\_ with others

6 \_\_\_ makes no difference

Now I'd like to ask you a few questions about your health:

14. Would you say that your health at the present time is: (READ ALTERNATIVES)

- 1  excellent?
- 2  good?
- 3  fair?
- 4  poor?
- 5  very poor?

15. Has your health gotten better or worse the last five years, or has it stayed about the same?

- 1  better
- 2  worse
- 3  same

16. How would you compare your health now with what it has been during your life? Would you say it is now better, worse, or about the same?

- 1  better
- 2  worse
- 3  same

17. Do you think your health is better or worse or about the same as other people your age?

- 1  better
- 2  worse
- 3  same

18. Is there any particular health problem that bothers you at present?

- 1  no
- 2  yes

A. Would you mind telling me what this problem is? \_\_\_\_\_

B. How long ago did this problem start bothering you? \_\_\_\_\_

	Yes	No
C. Is it being taken care of by a doctor?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Does it ever keep you from doing things?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Does it ever keep you indoors?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Does it ever keep you from seeing people?	1 <input type="checkbox"/>	2 <input type="checkbox"/>

D. How long has it kept you in bed the past year?

- 1  months
- 2  weeks
- 3  days
- 4  hasn't kept me in bed

19. Have you received medical care from a doctor or nurse here in this home?

1. \_\_\_\_\_ yes

2. \_\_\_\_\_ no

A. Would you say that you have been generally satisfied or dissatisfied with the medical care you have received here?

1. \_\_\_\_\_ satisfied

2. \_\_\_\_\_ neither, both, noncommittal

3. \_\_\_\_\_ dissatisfied

1. Could you tell me exactly why you have been dissatisfied with the medical care here? (FREE RESPONSE)

1.

2.

3.

20. Would you say that an older person gets more attention when sick, or that everybody keeps away from sick older people?

1. \_\_\_\_\_ more attention

2. \_\_\_\_\_ keep away

3. \_\_\_\_\_ don't know

4. \_\_\_\_\_ no difference in treatment

5. \_\_\_\_\_ other:

21. Do you ever worry about being seriously sick or injured?

1. \_\_\_\_\_ no

2. \_\_\_\_\_ yes

A. Are there any particular reasons why you worry about this? (FREE RESPONSE)

1.

2.

3.

## EMPLOYMENT

We've talked about doctors and health. Now let's talk about the way you have occupied your time during your life.

22. Were you working at a job just before you came into this home?

1  yes

2  no

A. What type of work were you doing?

\_\_\_\_\_

\_\_\_\_\_

B. Was this the type of work you did most of your life?

1  yes    2  no

A. What type of work have you done most of your life? \_\_\_\_\_

\_\_\_\_\_

A. Were you:

\_\_\_\_\_ looking for work  
 \_\_\_\_\_ temporarily out of the  
 labor force (health,  
 layoff) planning to  
 return  
 \_\_\_\_\_ not looking for work

1. Did you consider yourself as retired:

1  yes

2  no

B. What has been your occupation during most of your life?

\_\_\_\_\_

\_\_\_\_\_

C. At the work you did just before entering this home were you:

1  self employed (DID ~~NOT~~ RECEIVE A REGULAR PAYCHECK FROM OTHERS)

2  working for others part-time

3  working for others full time

4  working for others seasonally or occasionally

D. How much were you earning before you stopped working at that job? \_\_\_\_\_ per month

E. Would you mind telling me how you happened to stop working at the job you held just before entering this home?

1

2

3

23. Is there any kind of work you can do at this home which is similar to that which you did during your life? (RECORD FULL RESPONSE, "WORK" INCLUDES HOUSEWORK, GARDENING ETC.)

STANDARD OF LIVING

24. We are interested in finding out how you are getting along financially, and I would like to know what income you receive every month from the following source :

- insurance, annuities
- stocks, bond, investment
- savings, (regular withdrawals)
- income from property (rent)
  - farm rent
  - commercial rent
  - house, apartment or room rent
- retirement pension (military pension, teachers pension etc.)
- public pension (Old Age Assistance, county assistance, relief)
- Old Age Survivors Insurance ("social security" for which money was paid in during life of R.)
- Children support
- other relatives support
- other
- don't know
  
- total month

25. Do you find that you have enough spending money for the various things which you may wish to purchase, such as clothing, gifts for friends etc. (RECORD FULL RESPONSE)

26. Would you say that your standard of living is better today, that is, are you better off now, or worse off than during most of your lifetime?

- 1.  worse
- 2.  same
- 3.  better

A. What makes you say it is better? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACTIVITIES, SOCIAL LIFE

27. A. I have some questions here about the sort of things you do for social life and relaxation. I am going to read off a list of activities. If you sometimes engage in a particular activity, tell me so.

40-50		Present			
1	2	3	4	5	working in the garden or yard
1	2	3	4	5	working in and around the house
1	2	3	4	5	working on a hobby (SPECIFY: _____)
1	2	3	4	5	writing letters
1	2	3	4	5	go to movies
1	2	3	4	5	attend clubs, lodges, other meetings
1	2	3	4	5	go shopping
1	2	3	4	5	help in community work
1	2	3	4	5	help in church work
1	2	3	4	5	play cards or other table games
1	2	3	4	5	go for rides in a car
1	2	3	4	5	go for walks
1	2	3	4	5	visit friends and relatives
1	2	3	4	5	entertain friends and relatives
1	2	3	4	5	just sit and think
1	2	3	4	5	WOMEN ONLY: Sew, knit, crochet
1	2	3	4	5	MEN ONLY: fish, hunt, golf
1	2	3	4	5	MEN ONLY: go to bar, pool hall
1	2	3	4	5	watch TV
1	2	3	4	5	listen to radio
1	2	3	4	5	reading

1. Get hours per day for: Watching TV \_\_\_\_\_  
listening to radio \_\_\_\_\_  
reading \_\_\_\_\_

B. Now I'd like you to think back to when you were 40 or 50 years old, and tell me which activities you were participating in. (INTERVIEWER: USE 40-50 COLUMN OF PART A, AND WHERE CHECK OCCURS IN BOTH 40-50 COLUMN AND PRESENT COLUMN FOLLOW WITH QUESTION "DO YOU (EXAMPLE) WRITE LETTERS MORE WHEN YOU WERE YOUNGER" IN THE COLUMN WHICH REPRESENTS THE TIME WHEN THE RESPONDENT DID AN ACTIVITY MORE MAKE TWO CHECKS. IF RESPONSE IS "THE SAME" LEAVE SINGLE CHECKS IN EACH COLUMN).

28. Do you find that being at this home keeps you well occupied, or do you find that you have a great deal of time on your hands? (RECORD FULL RESPONSE) \_\_\_\_\_

\_\_\_\_\_

29. Would you say that you get around as much as you used to when you were about 50 years old?

- 1. \_\_\_\_\_ yes
- 2. \_\_\_\_\_ no
- 3. \_\_\_\_\_ same



30. (OMIT FOR THOSE WHO HAVE NEVER BEEN MARRIED) Do you have children?

1. \_\_\_\_\_ no

2. \_\_\_\_\_ yes

A. How many children do you have? \_\_\_\_\_

B. How often do your children visit you? That is, the one who visits you most frequently? Now, how often does this child call you on the telephone and/or write you? (FREE RESPONSE)

<u>Visits</u>	<u>Telephone calls</u>	<u>Writes letters</u>	
1 _____	2 _____	3 _____	once a week at least
1 _____	2 _____	3 _____	every two or three weeks
1 _____	2 _____	3 _____	about once a month
1 _____	2 _____	3 _____	every three or four months
1 _____	2 _____	3 _____	every six months
1 _____	2 _____	3 _____	once a year
1 _____	2 _____	3 _____	less frequently

C. Where do your children live at present? (ONE CHECK PER CHILD, READ ALTERNATIVES)

1 \_\_\_\_\_ same town  
 2 \_\_\_\_\_ same county  
 3 \_\_\_\_\_ same state  
 4 \_\_\_\_\_ nearby state  
 5 \_\_\_\_\_ distant

D. Do you ever wish that your children would visit you more often?

1 \_\_\_\_\_ yes  
 2 \_\_\_\_\_ no

E. Do you have grandchildren?

1 \_\_\_\_\_ no  
 2 \_\_\_\_\_ yes, number \_\_\_\_\_

Box continues from page

F. How often do you visit your children? That is, the one you visit most frequently. Now, how often do you call this child on the telephone and/or write (him,her)? (FREE RESPONSE)

Visits	Telephone Calls	Writes Letters	
1 _____	2 _____	3 _____	once a week at least
1 _____	2 _____	3 _____	every two or three weeks
1 _____	2 _____	3 _____	about once a month
1 _____	2 _____	3 _____	every three or four months
1 _____	2 _____	3 _____	about every six months
1 _____	2 _____	3 _____	about once a year
1 _____	2 _____	3 _____	less frequently

G. Do you feel that you are always welcome at their home? That is, the one you visit more frequently.

1 \_\_\_\_\_ yes

2 \_\_\_\_\_ no

A. Would you mind telling me why you don't always feel welcome in their home?

1

2

3

31. Do you have any close relatives (other than children living near this community)? (NEAR-CLOSE ENOUGH TO MAKE ROUND TRIP IN ONE DAY. USE ONLY IF R. DEMANDS DEFINITION.)

1 \_\_\_\_\_ no

2 \_\_\_\_\_ yes

A. How often do you see them? That is, the one you see most frequently. Now, how often do you talk to this relative on the telephone and/or exchange letters. (FREE RESPONSE)

Visits	Telephone Calls	Writes Letters	
1 _____	2 _____	3 _____	at least once a week
1 _____	2 _____	3 _____	every two or three weeks
1 _____	2 _____	3 _____	about once a month
1 _____	2 _____	3 _____	every three or four months
1 _____	2 _____	3 _____	about every six months
1 _____	2 _____	3 _____	about once a year
1 _____	2 _____	3 _____	less frequently

32. How about your friends. Would you say that most of the people who have been your close friends are living, only some of them, or almost none?
- 1  most living  
 2  some living  
 3  almost none living
33. Do you think that older people have more difficulty in making friends than younger folks, or is it easier for older folks to make friends?
- 1  older people have difficulty making friends  
 2  older people make friends more easily than young  
 3  makes no difference  
 4  don't know
34. Do you ever find yourself wishing you could meet new friends? (FREE RESPONSE)
- 1  often  
 2  sometimes  
 3  seldom  
 4  never
35. I'd like to know how you think of yourself as far as age goes: Do you think of yourself as: (READ ALTERNATIVE, CHECK ONE)
- 1  middle aged  
 2  elderly  
 3  old  
 4  or what? (SPECIFY)
36. Would you say that you are more or less active than most people your age?
- 1  more  
 2  less  
 3  same  
 4  don't know
37. In general, how satisfied would you say you are with your way of life today? Would you say you are: (READ ALTERNATIVES. CHECK ONE)
- 1  very satisfied  
 2  fairly satisfied  
 3  not very satisfied
38. In building homes for older people can you think of anything that might be done to make them more comfortable?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

39. As you get older would you say things seem to be better or worse than you thought they would be?

- 1  better  
 2  worse  
 3  same  
 4  don't know

40. Do you think people treat you differently because of your age?

- 1  no  
 2  yes

A. In what ways do you feel they treat you differently?

- 1  
 2  
 3

41. How much do you plan ahead the things that you will be doing next week or the week after? Would you say you make many plans, a few plans, or almost none?

- 1  many plans  
 2  a few plans  
 3  almost no plans

A. Would you say, then, that your life is fairly routine?

- 1  yes  
 2  no

42. All in all, How much unhappiness would you say you find in life today? (READ ALTERNATIVES, CHECK ONE)

- 1  almost none  
 2  some, but not very much  
 3  a good deal

43. How often do you find yourself regretting the way things turned out for you? (READ ALTERNATIVES, CHECK ONE)

- 1  often  
 2  sometimes  
 3  hardly ever



51. This is the end of the interview. But before going, I would like to know if there was any part of the interview that you found difficult to answer.

INTERVIEWERS NOTES AND GENERAL COMMENTS

DO NOT WRITE HERE: SPACE WILL BE USED BY CODERS AND ANALYSTS:

52. THE FOLLOWING RESPONDENT RATINGS ARE NOT TO BE FILLED IN WHILE IN THE RESPONDENT'S PRESENCE. INTERVIEWER PLEASE FILL IN THE FOLLOWING RATINGS:

A. R's eyesight:  
 1 \_\_\_\_\_ excellent  
 2 \_\_\_\_\_ good  
 3 \_\_\_\_\_ fair  
 4 \_\_\_\_\_ poor  
 5 \_\_\_\_\_ very poor  
 6 \_\_\_\_\_ blind

B. R's hearing:  
 1 \_\_\_\_\_ excellent  
 2 \_\_\_\_\_ good  
 3 \_\_\_\_\_ fair  
 4 \_\_\_\_\_ poor  
 5 \_\_\_\_\_ very poor  
 6 \_\_\_\_\_ deaf

C. R's general health:  
 1 \_\_\_\_\_ excellent  
 2 \_\_\_\_\_ good  
 3 \_\_\_\_\_ fair  
 4 \_\_\_\_\_ poor  
 5 \_\_\_\_\_ very poor

D. R's groomings:  
 1 \_\_\_\_\_ very neat and clean  
 2 \_\_\_\_\_ fairly neat  
 3 \_\_\_\_\_ not neat  
 4 \_\_\_\_\_ untidy

E. R's interest in interview  
 1 \_\_\_\_\_ apathy  
 2 \_\_\_\_\_ mild inattention  
 3 \_\_\_\_\_ mild interest  
 4 \_\_\_\_\_ high interest

F. R's comprehension of questions  
 1 \_\_\_\_\_ quick and correct  
 2 \_\_\_\_\_ slow but correct  
 3 \_\_\_\_\_ slow and sometimes confused  
 4 \_\_\_\_\_ quick but often not correct  
 5 \_\_\_\_\_ barely able to follow  
 6 \_\_\_\_\_ not able to really communicate

INTERVIEWER: THE FOLLOWING QUESTIONS WILL BE ASKED TO THE MANAGER OF THE HOME

1. How long has R. been living in this home? \_\_\_\_\_

2. Where did R. live prior to entering this home?

- 1 \_\_\_\_\_ private dwelling  
     1 \_\_\_\_\_ farm  
     2 \_\_\_\_\_ non-farm  
 2 \_\_\_\_\_ another home or institution  
 3 \_\_\_\_\_ other:

3. Did R. undergo a waiting period before entering this home?

1 \_\_\_\_\_ no

2 \_\_\_\_\_ yes

A. Approximately how long? \_\_\_\_\_

4. Is R. here permanently or temporarily, or just what?

- 1 \_\_\_\_\_ permanently  
 2 \_\_\_\_\_ temporarily  
 3 \_\_\_\_\_ other:

5. Is R. here voluntarily of his or her own free will, or is R. here at the request of friends or relatives, or perhaps the state or county?

- 1 \_\_\_\_\_ voluntary  
 2 \_\_\_\_\_ at request of friends, relatives  
 3 \_\_\_\_\_ at request of:  
 4 \_\_\_\_\_ other:  
 5 \_\_\_\_\_ don't know

6. What are the respondent's sources of income, and the amount from each source every month, so far as you know?

- \_\_\_\_\_ insurance, annuities  
 \_\_\_\_\_ stocks, bonds, investments  
 \_\_\_\_\_ savings (regular withdrawals)  
 \_\_\_\_\_ income from property (rent)  
     \_\_\_\_\_ farm rent  
     \_\_\_\_\_ commercial rent  
     \_\_\_\_\_ house, apartment or room rent  
 \_\_\_\_\_ retirement pension (military pension, teachers pension etc.)  
 \_\_\_\_\_ public pension (Old Age Assistance, county assistance, relief)  
 \_\_\_\_\_ Old Age Survivors Insurance ("social security" for which money was paid in during life of R.)  
 \_\_\_\_\_ children support  
 \_\_\_\_\_ other relatives support  
 \_\_\_\_\_ other:  
 \_\_\_\_\_ don't know  
 \_\_\_\_\_ Total/month



## 7. How is the respondent's cost of staying in this home paid?

Amount	Source
_____	insurance, annuities
_____	stocks, bonds, investments
_____	savings (regular withdrawals)
_____	income from property (rent)
_____	farm rent
_____	commercial rent
_____	house, apartment or room rent
_____	retirement pension (military pension, teachers pension etc.)
_____	public pension (Old Age Assistance, county assistance, relief)
_____	Old Age Survivors insurance ("social security" for which money was paid in during life of R.)
_____	children support
_____	other relatives support
_____	other:
_____	Total/month cost for R

## 8. How would you rate R's general health? (READ ALTERNATIVES)

1 \_\_\_\_\_ excellent  
 2 \_\_\_\_\_ good  
 3 \_\_\_\_\_ fair  
 4 \_\_\_\_\_ poor  
 5 \_\_\_\_\_ very poor

## 9. How would you rate R's general health before entering this home?

1 \_\_\_\_\_ excellent  
 2 \_\_\_\_\_ good  
 3 \_\_\_\_\_ fair  
 4 \_\_\_\_\_ poor  
 5 \_\_\_\_\_ very poor

## 10. How would you rate R's adjustment to life in this home?

1 \_\_\_\_\_ excellent adjustment  
 2 \_\_\_\_\_ good adjustment  
 3 \_\_\_\_\_ fair adjustment  
  
 4 \_\_\_\_\_ poor adjustment  
 5 \_\_\_\_\_ very poor adjustment

## A. What have been R's particular problems in adjusting to life in this home?

1  
 2  
 3

**APPENDIX C**

## QUESTIONNAIRE FOR HOME MANAGERS

The following questions which you are requested to answer are based on knowledge of the facts about old people and their care in Homes for Aged. It is not expected that you will know the correct answer to all the questions. When you don't, please give the answer which you think is correct and go on to the next questions. Please answer all the questions and check back to see if any have been omitted.

## INSTRUCTIONS

Select what you consider to be the best answer and, in the column headed ANSWER, place the letter (a, b, c, d, etc.) which indicates the answer you think is most nearly correct. In the questions where there is no such choice, answer in your own words in the space provided below the question.

ANS.

1. What is your name? \_\_\_\_\_
2. What is your age? \_\_\_\_\_
- \_\_\_\_\_ 3. How many years of school did you complete? (a) 8 or under; (b) 9-10; (c) 11-12; (d) some college; (e) complete college.
- \_\_\_\_\_ 4. Have you had any other training? (a) yes, (b) no.  
If yes, describe.
  
5. How long have you been managing this Home? \_\_\_\_\_
- \_\_\_\_\_ 6. Have you had previous experience in a Home for Aged? (a) yes, (b) no.  
If yes, explain.
  
- \_\_\_\_\_ 7. Are you a member of the South Dakota Nursing Home Association? (a) yes, (b) no.
- \_\_\_\_\_ 8. Have you attended any of the meetings of this organization? (a) yes, (b) no.
- \_\_\_\_\_ 9. Have you attended any workshops for Nursing Home operators? (a) yes, (b) no.  
If yes, explain.

- \_\_\_ 10. Which do you feel is the best location for a Home for Aged? (a) City, (b) small town, (c) country.
- \_\_\_ 11. Which do you consider to be the ideal size for a Home for Aged? (a) 1 to 5 guests, (b) 6 to 15 guests, (c) 16 to 25 guests, (d) 26 to 50 guests, (e) over 50 guests.
- \_\_\_ 12. Application for Old Age Assistance may be made through any County Public Welfare Office in the state, whether or not the applicant lives in that county. (a) agree, (b) disagree.
- \_\_\_ 13. (a) On the average, old people ought to feel ashamed of receiving Old Age Assistance. (b) On the average, old people ought not to feel ashamed to receive Old Age Assistance.
- \_\_\_ 14. Old Age Assistance may be given to a person who has resided in the state for (a) six months, (b) one year, (c) eighteen months, (d) two years.
- \_\_\_ 15. In order to be eligible for Old Age Assistance, a birth certificate is necessary to establish proof of age. (a) agree, (b) disagree.
- \_\_\_ 16. Do you feel that it is better for the guests in a Home to eat in a central dining room or in their own rooms? Explain.
- \_\_\_ 17. (a) All old people are "fussy" about their food. (b) All old people are satisfied to eat whatever is put before them.
- \_\_\_ 18. The maximum monthly grant a person may receive from Old Age Assistance in South Dakota is (a) \$75, (b) \$110, (c) \$135, (d) \$160.
- \_\_\_ 19. Only one person in a family may be approved for Old Age Assistance. (a) agree, (b) disagree.
- \_\_\_ 20. When people go to a Home for Aged, they should expect (a) to enjoy a higher standard of living than during most of their lifetime, (b) a lower standard of living than during most of their lifetime.
- \_\_\_ 21. Do your guests have a choice of doctors? (a) yes, (b) no.
- \_\_\_ 22. Do you require a physical examination at the time a guest is admitted to your Home? (a) yes, (b) no.
- \_\_\_ 23. What is the average length of time that guests live in your Home? \_\_\_\_\_ years.

- 24. (a) Old people should always expect poor health as a part of growing old. (b) Old people should always expect good health as they grow old.
- 25. When old people come to live in a Home, their health (a) always improves, (b) never improves.
- 26. Do you encourage your guests to get physical exercise of any kind? (a) yes, (b) no.  
Explain.
- 27. (a) Old people always complain about their health. (b) Old people never complain about their health.
- 28. All medical expenses may be considered in determining the amount of Old Age Assistance grant. (a) agree, (b) disagree.
- 29. What type patients do you admit to your Home? (a) Welfare patients, (b) self-supporting, (c) both.
- 30. Old people are (a) never satisfied with anything that is done for them, (b) always satisfied with whatever is done for them.
31. Do you have any regulations that all guests must follow?
- 32. Do you have a waiting list of people who wish to enter your Home? (a) yes, (b) no.  
If yes, on what basis do you select guests when you have an opening?

- 33. (a) The public never shows understanding of the problems of Home Managers. (b) The public always shows understanding of the problems of Home Managers.
- 34. Old Age Assistance may be given to a person living in a public institution. (a) agree, (b) disagree.
- 35. How many employees, including yourself and members of your family, do you have working in your Home?
- 36. (a) It is a waste of time to try to teach new habits to old people. (b) Old people are eager to learn new habits.
- 37. (a) Old people are always careless about their cleanliness and good grooming. (b) Old people are always careful about their cleanliness and good grooming.
38. How do you deal with guests who are "trouble makers"?
- 39. (a) Old people always think the world is against them. (b) Old people always think everybody is on their side.
- 40. Once a person receives a grant from Old Age Assistance the amount of his grant will remain the same even though his circumstances change. (a) agree, (b) disagree.
- 41. Old Age Assistance will continue indefinitely if the person receiving it moves to another county or state. (a) agree, (b) disagree.
- 42. Old people should (a) expect life to be thoroughly enjoyable; (b) expect that life will become only something to be endured.
- 43. (a) Old people ought always to think of themselves as "old" and to act in this way. (b) Old people ought never to think of themselves as "old" and act in that way.
- 44. Do the guests do any of the work around your Home or grounds? (a) yes, (b) no. If yes, describe.

45. (a) Old people find great comfort in religion and religious activities. (b) Old people find religion and religious activities of no value to them.
46. Property owned by people who receive Old Age Assistance must be deeded to the state. (a) agree, (b) disagree.
47. If an applicant for Old Age Assistance is rejected or a grant discontinued, that person may reapply (a) in thirty days, (b) in six months, (c) in one year, (d) at any time.
48. The amount of grant is the same for all people who receive Old Age Assistance. (a) agree, (b) disagree.
49. (a) Each Home Manager should set his own price scale. (b) There should be a uniform price scale for all Homes in the state.
50. We would like to know approximately how much it costs per month to take care of older people. In the table below will you please put an X indicating into which category your charges fall, for each of the types of guests.

	Ambulatory	Partially bedridden	Bedridden
\$61-\$80			
\$81-\$100			
\$101-\$120			
\$121-\$140			
\$141-\$160			
\$161 and over			

51. What do your guests do to occupy their time?