THE EFFECTS OF FAMILY VISITATION ON PATIENT DEPRESSION

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The research investigated the relationship between family visitation, patient depression, and pro re nata medication use. Thirty-four female nursing home residents in a nursing home in eastern North Carolina were matched according to age, race, number of children, length of stay in the nursing home, and visitation practices of their families. Beck's Depression Inventory, a twenty-one item questionnaire, was administered orally to each subject on four weekdays during a one month period; pro re nata medication use was examined for each subject for one month after the administration of the depression tool.

Five subjects were found to be experiencing depression; four were frequently visited by their families and one received infrequent visitation by her family. Medication use was higher among those patients who were not depressed.

Data analysis showed that no significant difference existed in depression scores and pro re nata medication use between frequently and infrequently visited female subjects.

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CHAPTER I

RESEARCH FRAMEWORK

Introduction

> Time present and time past
> Are both perhaps present in time future
> And time future contained in time past.
> If all time is eternally present
> All time is unredeemable.
>
> T. S. Elliot, "Burnt Norton"

Many old people do not share Elliot's mystical vision of time; they are horrified at their own condition--a time-bound existence, filled with loss and loneliness. Traditionally the aged, as a population, have been ignored by the very persons whose job it is to serve the sick and the miserable. Negative stereotypes about the aged have biased health professionals and tend to minimize developmental problems encountered in growing old. Yet, with the knowledge health professionals have about the aged, how can this be so?

Although only five percent of persons over 65 are institutionalized, this population shares many of the same characteristics of mental patients and orphans (Lieberman, 1976). Each of these groups is poorly adjusted, unhappy, depressed, and possesses a diminished self-image, all of which create feelings of insignificance and leads to decreased cognitive functioning. Lieberman (1976) believes

these attributes are the result of separation from or rejection by the old person's family and relocation in an unfamiliar environment. Field (1972) asserts that reunion with the family tends to resolve these difficulties.

The decision to institutionalize an aged family member rests on several factors. According to Maddox (1975), these include the ability of the family to provide care, the economic status of the family, and the degree of the aged member's impairment. The family of the aged will, more likely than not, be apt to suffer guilt and ambivalence over the decision.

Since the focus of American health care has shifted from the home to the hospital, our culture is familiar with the specialization of institutions. Most births, deaths, and serious illnesses occur in or are treated in American hospitals. Given this, the probability of institutionalization for the old and chronically ill is high. Yet only around five to seven percent of persons 65 years of age or older are institutionalized (Maddox, 1975).

Farrar, Ryder, and Blenkner (1965) have observed that those who are institutionalized manifest severe reactions "best described as transplantation shock and emotional malnutrition." Uprooting the individual from his possessions and surroundings may be the cause. Blenkner has also determined that the elderly person's life expectancy may sometimes diminish. She maintains that the aged individual,

who is generally placed in a nursing home because of unwillingness or inability of his adult children to provide a sufficient amount of care at home, reacts vehemently to the change of environment.

Such a change, Arling (1976) theorizes, leads to a feeling of powerlessness and meaninglessness once the severance from the community occurs. Consequently, in response to this new found isolation, the elderly person exhibits physical and cognitive symptoms of depression.

With increased longevity, older people today are faced with many problems they are incapable of solving. Many retire unprepared, develop chronic illnesses, or encounter difficult social changes. Their children grow up, leave home, and often force the aged to move to a new environment. Busse (1977) believes these difficulties in adjusting to old age are common, with depression being the most prevalent manifestation. The problems of the aged are well-known, but are not being used to their fullest potential. Institutionalization of the aged very often has a profound influence on the emotional state of the elderly which often is reflected in depression.

Conceptual Framework

Institutionalization of an aged person in a nursing home is a major life event. It affects self-concept, emotions, cognitive states, physical health, and social interaction. The decision to institutionalize

an aged family member is a major one for the person involved as well as on the family who has to make the decision.

While institutionalization of a person has many aspects, three major aspects of institutionalization of aged persons in a nursing home are: depression, pro re nata medication use, and the effect that family visitation might have on these. Man, as a social being, needs social interaction. Without it, life has little meaning or purpose. Institutionalization causes major changes to occur in patterns of social interaction. These changes in turn contribute to the development of feelings of loss and isolation. The social-cultural sterotypes of nursing homes as institutions where the old go to die has a pervasive influence on both the person institutionalized and the family members who brought it about.

Man, in interaction with his environment, is comfortable when threats of all kinds are at a level where usual coping dialogues handle these. Institutionalization in a nursing home creates a number of new and different kinds of threats to the aged and they may be very vulnerable in terms of their impact. A major threat is that of feeling rejected by the family, questions about further usefulness, and the loneliness which may result from loss and rejection.

Drake's (1975) model of depression predicts that losses, which may be intrinsic or extrinsic, act as stressors which impinge on individuals. These losses are transformed into changes in behavior

and produce other adaptive behaviors or maladaptive behaviors which in time become self-perpetuating. Stress produces anxious feelings within the individual; this, in turn, decreases the ability to cope and efforts to do so may produce emotional and physical symptomatology similar to that of depression. Apathy, loss of problem-solving ability, and loss of the desire to live are manifested in both stress and depression. Withdrawal from social interaction is used by individuals as a coping mechanism. Stress and depression manifest themselves physically through anorexia, fatigue, gastrointestinal difficulties, and, in severe cases, death. In nursing homes, the major intervention for handling stress and depression is through the use of drugs.

In addition to the emotional shock of institutionalization, family visitation can create a strain for the elderly individual, thus disturbing his steady state. As the aged person experiences decreased interaction with his family, his relationships with institutional staff may increase or the elderly individual may continue to withdraw further from interpersonal relationships. The changes cause psychological and physiological changes which are treated by additional medications. The use of medications in these settings with aged persons has the potential of becoming an end to gain human contact and social interactions by increasing social interaction. Family visitations, depression, and pro re nata medication use are the three aspects of institutionalization of the aged which interrelate. This

researcher has described how this process can be set into motion. This study investigated the relationship between frequency and infrequency of visitation by families to aged residents in a nursing home, depression scores, and the number of pro re nata medications sought by residents.

Hypotheses

H_1 Female nursing home patients who are frequently visited by family members will be less depressed than female nursing home patients who are infrequently visited.

H_0 There will be no significant difference in depression scores among frequently and infrequently visited female nursing home patients.

H_2 Female nursing home patients who are frequently visited by family members will take fewer pro re nata medications than female nursing home patients who are infrequently visited.

H_0 There will be no significant difference in pro re nata medication use among frequently and infrequently visited female nursing home patients.

Purpose

This descriptive comparative study was designed to look at the relationship between family visitation, depression, and pro re nata

medication use.

Scope of the Study

This investigation addressed depression in the aged individual, pro re nata medication use, and their relationship with the frequency of family visitation. Examining these relationships may provide new knowledge about the impact of psychosocial determinants on the aged population's adjustment to late life. This investigation may provide new knowledge about the impact of psychosocial determinants on the aged population's adjustment to late life. This investigation may provide an impetus for developing a new framework for intervention with the aged population.

Definitions

Depression is defined as a "normal or abnormal mood state characterized by psychomotor retardation, preoccupation with suicidal ideas, delusional ideation, feelings of doom and self-degradation, and concerns about money and sin" (Burgess and Lazare, 1976).

"Family visitation" indicates visits made by a member of the family constellation, including children, spouses, siblings, or other members of a family.

The term "frequent visitation" is used to designate visits made at least once a week by an elderly patient's family member. Visits

made by family members less often than once a week are designed as "infrequent visitation."

Pro re nata (P.R.N.) medications are defined as those "medications the patient receives as circumstances require" (Thomas, 1973).

Assumption

1. Institutionalization in a nursing home is a major life event.

CHAPTER II

REVIEW OF LITERATURE

Visitation Practices of Families of the Aged

The effect of family visitation on patient depression, depression in the elderly, and pro re nata medication use were the variables studied to determine if a significant relationship existed between the three. A search revealed no studies on the relationship of these three variables per se but related research was reviewed.

Adams (1968) studied the effects of a long-term disabling illness of the aged on family relations ("family relations" being defined as the "face-to-face" interaction between the elderly and their children). Eighty-four percent of the 192 subjects with children reported seeing them at least twice weekly. Adams concluded that children of the aged maintained a high frequency of interaction and that visitation had a positive effect on family relations. The present study investigated the frequency of visitation on aged individuals' children and other family members. The study differed from Adams' in that the elderly were institutionalized in a nursing home rather than in the community. Also, family visitation was examined in the present study to determine its relationship to pro re nata medication use and depression experienced by the nursing home patient.

Munnichs (1970) studied the visitation practices of families

of the aged living in the community. Interviewing six thousand elderly subjects in Rotterdam, Holland, he found ninety-one percent of the subjects who had children living in the same community reported weekly visitation by their children. Of the aged who had children living outside of the city, 76% experienced weekly visitation. Six percent of the sample reported dissatisfaction with the frequency of family visits; these subjects complained of having feelings of unrest and loneliness, more so than did the remaining 96%. He also found that the aged and their families maintained a high frequency of interaction. The present study explored the frequency of family visitation as did Munnichs'. The present research was designed to study the relationship between family visitation and depression.

Piotrowski (1977) surveyed visitation practices of families of the aged in Poland and in the United States. Interestingly, he found that 83% of all the Polish elderly older than 65 live with their children, whereas only 28% of the American aged reside with their families. He investigated the distance that the aged live from their families and found that 88% of the Polish elderly live within a half hour walking or driving distance from their families. Seventy-seven percent of the American aged live the same distance from their families. Of the Polish elderly who do not live with their children (14%), 47% are visited less than once a week, and nearly one-third are visited less than once a month. The present study did not investigate walking

and driving distance of the families of the aged; it looked at visitation practices of families of institutionalized aged patients to delineate two groups of subjects: frequently and infrequently visited nursing home patients.

Rosenmayer (1977) studied 19,000 elderly male and female subjects living in the community in Vienna, Austria. Three percent of the males and 4.3% of the females reported daily visits from family members while 3.4% of the males and 5.2% of the females were visited several times a week by their families. Weekly family visits occurred in 2.3% of male and 3.3% of female subjects. The majority of the male and female subjects, 91.3% and 87.2% respectively, reported that they were visited less often than once a week or were not visited at all. Rosenmayer's study also determined that children of the aged visit the elderly more frequently than do siblings, peers, friends, or other relatives. The present study looked at the frequency of family visits to the elderly in a nursing home.

In the Boston metropolitan area Reiss (1962) studied the frequency of interaction of 161 families with their extended kin. Sixty-nine males and ninety-two female respondents were matched according to their ethnic background and divided into five family cycle phases including 1) the unmarried, 2) those in the first 15 years of marriage, 3) those married more than 15 years but whose children had not yet married, 4) those whose children had married, and 5) widows and

widowers. Only face-to-face interaction was considered and classified daily, weekly, monthly, annually, or less than annually. Elderly family members received the least amount of interaction with their families. Only 1.1% of the elderly received daily visits and 8.3% received weekly interaction with family members. Seventeen percent of the elderly were visited monthly, while 73.4% received annual visits. The majority of the older female respondents felt that the amount of interaction was insufficient; however, younger females viewed the number of visits as adequate. Reiss indicates that this difference in opinion would justifiably cause conflict in a family relationship. Lack of satisfaction about the amount of visitation found in Reiss' study encouraged the present researcher to determine the effect of family visitation on depression in the aged.

Dobrof's (1977) study of residents living in five New York City nursing homes showed a decrease in the frequency of visits with institutionalized patients as compared to family visits with the elderly still living in the community. Eighty-five percent of the 247 male and female subjects were visited at least once a month by their families; 65% were visited twice a month by their families. However, only 5% of the institutionalized patients received family visits weekly or more often. Dobrof also found that, in addition to visiting the elderly, 47% of the families often telephoned their relatives; 69% brought food when they visited; 62% brought small necessities, such

as cigarettes and magazines; and 40% took relatives home for visits. Dobrof's work was the only research that examined visitation practices of families with the aged in nursing homes. The present study determined how family visitation influenced depression in addition to quantitatively measuring the frequency of visitation as did Dobrof.

Fussell (1970) studied factors that determine the newly admitted geriatric patient's adjustment to institutional living by surveying a seven-county area of western New York. She obtained her data from questionnaires sent to sixty-two registered nurses who were actively caring for the aged in nursing homes. Cavan's Analysis of Adjustment Tool, a 34 item ranking questionnaire, was completed by all respondents. The respondents ranked "looks forward to mealtime" as the most important indicator of successful adjustment. "Shows an interest in visits from family and friends" and "enjoys food and expresses food preferences" ranked second.

The literature showed that the elderly living in the community receive more interaction with their families than those residing in nursing homes. Moreover, there is the suggestion that aged individuals and their families have different perceptions about visitation practices: the aged tend to feel dissatisfied with the frequency of family visitation while the younger family members feel it is sufficient.

Depression in the Elderly

Haber, Murphy, and Taylor (1977) surveyed 124 Caucasian residents of a church-affiliated retirement home in North Carolina to assess the occurrence of depression. The average age of the residents, mostly from middle and upper middle classes, was 84 years. The Zung Self-Rating Depression Scale (SDS) was used to gather data on the participants' degree of depression. The SDS contained items relative to affective, physiological, psychomotor, and psychological disturbances associated with depression. Of the 124 subjects who completed the tool, 15 were considered to be depressed (with a cut-off score of SDS = 48%). The researchers attributed the relatively small number of patients suffering depression to several factors: the subjects misread and mismarked questionnaires due to visual difficulties, made literal interpretations of questions, misinterpreted questions, and had problems qualifying their answers (for example, they wanted to mark "yes" or "no" instead of "all of the time," "most of the time," "some of the time," or "none of the time"). Because of the participants' difficulty with the Zung Self-Rating Depression Scale, the present researcher chose Beck's Depression Inventory, which allowed the subjects to respond to statements verbally rather than to chance inaccurate written answers as the result of poor eyesight.

Bowers (1969) identified depressed nursing home patients in the Masonic Home and Hospital in New Haven, Connecticut. He found that depression occurred or "was present" in 26 patients, and delineated patterns of depressive syndromes. He identified five types of depression with 11 patients exhibiting depressive reactions occurring independently of medical illness or brain syndrome. The symptoms most often associated with depressive reactions were weight loss, frequent crying, apathy and decreasing sociability.

Bowers (1969) felt that depression occurred in these patients as the result of admission to the nursing home and extra- and intra-hospital events. He identified family visits as a crucial extra-hospital event which might result in depression if a change in such practices occurred. Intra-hospital events were those related to interaction with the staff and/or other patients. A change in the nature of these relationships produced depression in the nursing home patients. Family visitations, an extra-hospital event, was examined by the present study. The research investigated the effects that frequent or infrequent visitation had on depression.

Griffiths (1978), like Bowers (1969), also recognized the importance of extra-hospital events and used a concept of visitation on a 40-bed inpatient geriatric ward of the Ottawa Perley Hospital. She developed a visitation program with the assumption that a volunteer could use his skills to provide encouragement and support for the

elderly. After the establishment of the program, all patients were visited at least once a week by a volunteer. Griffiths did not empirically test the influence of visitation on the patients' psycho-emotional status; however, her experiences led her to believe that the visitation program decreased the patients' loneliness, depression, and withdrawal. She stated that family support makes long-term institutionalization less threatening and more acceptable because the aged individual received love and attention from persons who lived outside institutional boundaries. Griffiths based her conclusions on observations rather than on empirical research; therefore, the credibility of her work is limited. The present and pro re nata medication use study identified visitation as the independent variables and tested the relationship among the three.

Extra-hospital events have been shown to produce depression. Stress, such as admission to a nursing home, has been shown to precipitate depression and/or death (Tobin and Lieberman, 1976). Klerman investigated the effects of disruptions of attachment bonds on depression. One hundred and eighty-five diagnosed depressed individuals in New Haven, Connecticut, were matched with 185 non-depressed individuals for age, sex, and social class. The Rahe Life Events Scale was administered to both groups to identify various kinds of distressing events (death, divorce). Such events were called "exit," in contrast to "entrance" events (also included on the scale)

such as marriage and Christmas. Depressed and non-depressed patients differed little over entrance events. The depressed group did show a significant increase in exit events over the non-depressed group. Klerman concluded that the disruption of attachment bonding produced losses that precipitate depression. The aged experience a multitude of losses during late life, such as the death of a spouse and the need to move to a new living situation. Quite often the family may feel guilty over the decision to institutionalize an elderly family member and may withdraw from him. Thus, the patient experiences another loss. Although the present study did not determine the subjects' actual losses, it investigated the effect that change in family visitation had on depression scores and pro re nata medications.

Pro re nata Medication Use in the Aged Population

Mellinger and Balter (1971) investigated patterns of psychotherapeutic drug use among 1,104 males and females living in San Francisco. Of the 634 participating females, minor tranquilizers and hypnotics were used by 21.6% as opposed to 12.1% of the 470 male subjects. Medication use among adults over 60 years old was significantly lower than younger adults. The elderly in this study used hypnotics more (13%) than any other age group, but the researchers attributed this figure to the more frequent problems older people have of getting to sleep. Mellinger and Balter inferred that high drug use

among the younger adults was attributable to high drug abuse in the locale of the study. This study set precedence for several investigatory studies also determining psychotherapeutic drug use.

National patterns of psychotherapeutic drug use were explored by Parry and Balter (1973) who interviewed 2,552 persons aged 18 to 74 across the country. They investigated types of psychotherapeutic drugs used and the frequency of usage. Twenty percent of 1,503 females used minor tranquilizers and sedatives, while only 8% of 1,049 males used the same medications. Use of stimulants, hypnotics, antidepressants, and major tranquilizers was minimal by male and female subjects. Females, aged 60 to 74, accounted for the highest usage of minor tranquilizers (25%) and hypnotics (8%). Females in the Southern region of the United States used minor tranquilizers and sedatives more often than women in the Northeast and North Central regions of the country. Western females used the most sedatives and minor tranquilizers (25%), with Southern females using the second largest amount (21%). Parry and Balter discovered that medication usage was substantially higher among women than among men. They were also able to determine that drug use increased progressively with age. This finding contradicted Mellinger and Balter's finding that medication use decreased progressively with age. The present research investigated pro re nata medication use among Southern females institutionalized in a nursing home.

To determine the correlation between medication usage and depression, Craig and Van Natta (1978) surveyed 771 males and 1,059 females in Washington County, Maryland. Subjects were asked to identify the number and types of medications they had used up to 48 hours prior to completing the interview. Following the interview, the Center for Epidemiologic Studies (CES-D) depression rating scale was administered. Medication use was found to increase proportionately with age; 67.3% of males and 75.6% of females over 65 years of age reported the use of at least one medication within the preceding 48 hours. Ten percent of the elderly population used four or more medications. Both male and female subjects who used minor tranquilizers and sedatives had significantly higher depression scores than non-users. The researchers suggested that women of any age tended to be more likely to use drugs than men and that patients scoring high on the CES-D depression rating scale were likely to be disproportionately older and more medically ill than the general population. They concluded that instead of individually receiving relief from symptoms through drug use, symptoms and distresses were intensified.

In summary, the research has shown that women tend to use more medications than men, and that medication usage increases progressively with age. Craig and Van Natta's study (1978) found that a relationship existed between depression and increased medication use. Because of the limited availability of empirical studies about the

relationship between depression and medication use, it is difficult to infer data at this time. On the basis of the Craig and Van Natta study, pro re nata medicine usage was selected as a variable to include in this study.

Related research investigating family visitation, depression, and pro re nata medication use has been explored in this literature review. The researchers have produced initial attempts in establishing a framework for the study of the three previously cited variables. The present research explored the relationship among family visitation, depression, and pro re nata medication use.

CHAPTER III

METHODOLOGY

This study examined the phenomena of depression and pro re nata medication use among nursing home patients in eastern North Carolina and the impact of family visitation on that phenomena.

The Institution

A local intermediate care facility was selected for collecting data. Patients in an intermediate care facility are able to be out of bed as desired and are generally less medically ill than skilled nursing home patients. Interviewing was done on four days a week for four weeks.

Sample of Patients

A purposive sample, in which subjects are selected according to specified criteria, was used to delineate subjects for this investigation (Abdellah and Levine, 1965). Sampling involved six steps:

1. A list of 89 intermediate care patients was obtained from the facility. All male patients were excluded from the list.

2. All female patients who had resided in the nursing home less than three months were excluded. This criterion was applied because Tobin and Lieberman (1976) found that the aged individual

generally takes three months to complete his adjustment to a new living situation. After three months the individual adapted to a new daily routine, and visitation habits of the families had stabilized.

3. Of the remaining 54 female patients, those who were disoriented, and unable to speak or hear were eliminated with the help of the nursing home staff. This criterion was set because Beck's Depression Inventory data was collected by interviewing the subjects.

4. The nursing home staff then completed the Modified Piedmont Life Enrichment for the Aged questionnaire (Project P.L.E.A.), which was devised primarily to assess the social needs of the aged. It was used to obtain a baseline determination of visitation practices of families of the aged (Arling, 1976) (See Appendix A).

5. Twenty frequently visited subjects and seventeen infrequently visited subjects remained; they were matched for age, race, number of children, and length of stay in the nursing home. Three frequently visited subjects were eliminated from the sample to achieve matched groups. Two distinct groups emerged to form the purposive sample: a frequently visited group and an infrequently visited group. Seventeen female subjects comprised each group in the sample.

The Instruments

Two instruments were used in this investigation; Beck's (1960) Depression Inventory, and the Pro re nata Medication Usage Tool

(Elesha, 1979).

Beck's Depression Inventory consists of twenty-one categories which describe behavior and symptoms related to depression. Each category includes four to six short statements describing behavior and symptoms, for example the first category described mood. The subject selects one of the following statements: "I do not feel sad," "I feel blue or sad," "I am blue or sad all the time and can't snap out of it," or "I am so sad or unhappy that I can't stand it." A numerical value of zero to three is assigned to each statement: zero indicated no depression; one suggested mild depression; two indicated moderate depression; and three indicated severe depression. Two statements frequently received the same point value for validation of answers. Beck's Depression Inventory is a quantitative and qualitative assessment of the intensity of depression which has been validated as a tool for the measurement of depression. It was validated by New Haven psychiatrists who compared clinical impressions of depression with results scored on Beck's Depression Inventory administered by trained interviewers. (See Appendix B).

The Pro re nata Medication Usage Tool was developed by the researcher to document the medications received by each subject. The tool was based on an interview format, devised by Mellinger, Balter, and Manheimer (1971) to determine patterns of psychotherapeutic drug use. They identified four reasons that patients typically

use when requesting medications: somatic relief, relief from tension, provision of rest, and provision of stimulation. The present study omitted provision of stimulation as a reason for requesting medication, since no antidepressant would be given on a P.R.N. basis in the facility. The Pro re nata Medication Usage Tool provided a record of the dates and time of day that the patient received the medication, the patient's reason for requesting the medication, and the type of medication received. Cathartics were excluded from the pro re nata classification since they are used in the treatment of constipation, a specific physical condition. (See Appendix C).

Collection of Data

The staff in the sample nursing home assisted in identifying the subjects that met the criteria of being female, oriented, verbal, able to hear, and residents of the nursing home for at least three months. They identified the visitation patterns using the Project P.L.E.A. Questionnaire for the Aged. Beck's Depression Inventory was administered orally during interviews with the subjects. Data from patient's charts and medication records were audited for pro re nata medications given.

Each of the matched groups was interviewed and medication records and charts were audited for one month after the interview day. Confidentiality of information was assured to both the nursing home

and the subjects.

Data Analysis

Data were analyzed primarily through such descriptive statistics as means, standard deviations, percentages, and frequency distributions. Statistical significances between the mean scores on the Beck's Depression Inventory and the Pro re nata Medication Usage Tool for the two groups were assessed with the t-test.

CHAPTER IV

FINDINGS

This comparative survey examined the relationship between family visitation, depression, and pro re nata medication use. A purposive sample was delineated. Each subject was interviewed using Beck's Depression Inventory; pro re nata medication use was monitored for one month after the interview.

The subjects selected for the study were two groups of patients in an intermediate nursing home facility who were matched for age, race, marital status, number of children, length of stay in the nursing home, and frequency of visitation. A total of 34 females residing in a Greenville nursing home comprised the two sample groups. Each group of frequently and infrequently visited females contained 13 Caucasian females and 4 Black females. The ages of the frequently visited subjects ranged from 62 to 94 years with the mean age being 83 years. Age range for the infrequently visited subjects was 60 to 93 years with a mean age of 77 years.

Demographic data showed that widowed females were dominant in each group with 13 (76.5%) of the frequently visited groups and 11 (64.7%) of the infrequently visited group sharing this status. Two (11.8%) and 4 (23.5%) of the frequently and infrequently visited groups, respectively, were single. Divorced and married females were represented

by 1 (5.9%) of each of the two conditions. The frequently visited group had a range of 0 to 9 children with the mean of one child per subject. The infrequently visited group had a range of 0 to 4 children; this group also had a mean of one child per subject.

Length of stay in the nursing home ranged from 6 months to 6 years for both of the groups. The mean length of stay for each subject was 2.5 years. Demographic data may be found in Table 1.

Table 1: Selected Demographic Variables of Frequently and Infrequently Visited Groups of Females in a Nursing Home

Demographic Variables	Visitation to Two Female Groups					
	Frequent N=17			Infrequent N=17		
	Range	N	%	Range	N	%
Age	62-94			60-93		
Number of children	0-9			0-4		
Length of stay	6 mo-6 yrs			6 mo-6 yrs		
Race						
Caucasian		13	38.2		13	38.2
Black		4	11.8		4	11.8
Marital Status						
Single		2	11.8		4	23.5
Widowed		13	76.5		11	64.7
Divorced		1	5.9		1	5.9
Married		1	5.9		1	5.9

Beck's Depression Inventory

The frequently visited group showed depression scores ranging from .09 to 1.24 with the mean score being 0.63. Thirteen subjects (76.5%) scored .09 to .80 on Beck's Depression Inventory. A score of 0 to 0.9 indicates no depressive pathology, thus only the four remaining subjects fell within the depression range. The scores of these four subjects ranged from 1.04 to 1.24; their scores were categorized as indicative of mild depression.

The infrequently visited group showed depression scores ranging from .04 to 1.52 with the mean score being 0.62. Sixteen subjects (94.1%) scored .04 to .95 on Beck's Depression Inventory; these subjects were not classified as having any depressive symptomatology. Only one subject (5.9%) obtained a score indicative of depression; this subject was rated as experiencing mild depression. Table 2 shows the ranges, means, and standard deviations of depression scores between frequently and infrequently visited subjects.

The depression scores of the subjects were very similar with the frequently visited group mean being only .01 higher than the infrequently visited group. The difference between these means of the two groups was not significant.

Table 2: Comparison of Depression Inventory Scores Between Frequently and Infrequently Visited Groups of Females in a Nursing Home

Visits	Range	Mean	Standard Deviation	t-test
Frequently Visited Group	.09-1.24	0.63	.35	
				.853*
Infrequently Visited Group	.04-1.52	0.62	.33	

* not significant at .05.

Pro re nata Medication Use

Pro re nata medication usage was examined. Of the frequently visited subjects, fourteen (41.2%) used 19 or fewer pro re nata medications during one month. One subject (2.9%) used pro re nata medications 22 times during the month. After this cluster, medication use became more dispersed. Two subjects (5.9%) used between 60 to 79 pro re nata medications during one month.

Sixteen infrequently visited subjects (47%) used 19 or fewer pro re nata medications during one month. The remaining subject (2.9%) used 96 medications during a one month period.

Group means showed that the frequently visited group used 10.76 pro re nata medications a month while infrequently visited subjects used 7.47 medications. The difference between the means of the two

groups was not significant. Table 3 provides a comparison of pro re nata medication use among the two groups.

Table 3: Comparison of Pro re nata Medication Use Between Frequently and Infrequently Visited Groups of Females in a Nursing Home

	Number of Medications												
	0-19		20-39		40-59		60-79		80-99		Mean	S.D.	t-test
	N	%	N	%	N	%	N	%	N	%			
Frequently Visited Group	14	41.2	1	2.9	0	0.0	2	5.9	0	0.0	10.76	18.73	
													.471*
Infrequently Visited Group	16	47.0	0	0.0	0	0.0	0	0.0	1	2.9	7.47	21.86	

* not significant at .05.

Frequently and infrequently visited subjects who were categorized as experiencing no depression used more pro re nata medications than did subjects classified as experiencing mild depression. Non-depressed frequently visited subjects used a mean of 11 medications while non-depressed infrequently visited subjects used a mean of 8 medications. The four mildly depressed frequently visited subjects used a mean of 5.6 medications opposed to no pro re nata medication use by the one mildly depressed infrequently visited female. Increased medication use by depressed subjects was not evident in this small sample; in fact, medication use decreased with higher depression scores. Table 4 shows the comparison of depression scores and pro re nata medication use between the two groups.

Table 4: Comparison of Depression Scores and Number of Pro re Nata Medications Between Frequently and Infrequently Visited Groups of Females in a Nursing Home

	Depression Scores			Number of Medications		
	N	%	Mean	N	%	Mean
No Depression						
Frequently Visited	13	38.2	.47	13	38.2	11
Infrequently Visited	16	47	.56	16	47	8
Mild Depression						
Frequently Visited	4	11.7	1.16	4	11.7	5.6
Infrequently Visited	1	2.9	1.52	1	2.9	0

Based on these findings, the hypothesis stating that no significant differences exist in depression scores and pro re nata medication use among frequently and infrequently visited nursing home patients was accepted. The results have shown that depression was experienced by few of the subjects; and that frequently visited subjects were more apt to be depressed than the infrequently visited subjects. Also, pro re nata medication use was higher among those subjects who were not rated as experiencing depression. This finding brings forth the idea that medication use may have masked the symptoms of depression; also, these patients received more interaction with the nursing home staff as the result of their requests for medications.

Frequency of family visitation had little, if any, impact on depression scores of the two groups. A possible explanation of the insignificance of the relationship between visitation and depression could be as Klerman (1978) found, some losses may be resolved. Since all subjects involved in the present study had been institutionalized for at least six months, the possibility exists that they may have begun to resolve their losses, in this case the loss being separation from their families. An inverse relationship was evidenced in this limited sample; frequently visited subjects were more apt to be depressed as measured by Beck's Depression Inventory.

The findings of the present study were inconsistent with data obtained by Craig and Van Natta (1978) and Parry (1973). Craig and

Van Natta found that depression levels, measured by the Center for Epidemiologic Studies Depression Rating Scale, increased with self-administered medicines. Their data also suggested that high depression scores were likely to be found among subjects who were older and more medically ill than the general population. Conversely, the present study showed that depression levels did not increase with age, nor did age have a positive correlation with pro re nata medication use. Although the study did not intend to draw any conclusions between the patient's age and medication usage, the researcher discovered an interesting relationship between the two. A negative correlation was found ($P = -0.7533$) between age and medication usage: the older the subject, the less likely she was to use pro re nata medications.

Parry's (1973) study of national patterns of psychotherapeutic medication use indicated that men over 60 years of age used more drugs than at any other age. Females, however, showed no increase in medication consumption during late life. Again, the results of the present study clearly indicated that medication consumption decreased as the subjects' age increased.

Analysis of Item Responses

Analysis of item responses for Beck's Depression Inventory presented several themes in the subjects' responses. The predominant theme was religion. Eastern North Carolina has traditionally

been known as the "Bible Belt." This fact may have accounted for the subjects' frequent references to religion. Religion may also be more important to the older person who grew up when Victorian morality prevailed. Specific items in which the religious theme evolved included a sense of punishment, self-hate, and self-punitive wishes.

From the sense of punishment item came the initial Biblical allusion. After selecting the appropriate statement for the item many of the subjects indicated that they were not being punished but were receiving what God thought best for them. A large number of subjects also spoke of religion when answering the statements dealing with self-hate. Twenty-eight subjects (83.7%) reported that they did not hate themselves; others claimed self-hate as being "sinful." Self-punitive wishes were given low priority by many of the subjects who described their aversion to suicide as "it is a sin to think about or to hurt yourself."

A number of subjects gave a two-fold response to the "self-punitive wishes" item. The first, related to religion and sin, was previously discussed. The second theme was the equation of self-punitive wishes with fear of physical injury. All 34 subjects explained that they were "afraid of falling down and getting hurt." Although the self-accusation item referred to self-blame and weakness, most subjects interpreted it as being related to physical disability. Several subjects expressed their sentiments by explaining "I'm much better

off than others because I can get out of bed and feed myself."

The third theme which evolved was denial of sexuality. Loss of libido was of little concern to the majority of the nursing home patients participating in the study. The subjects consistently maintained that they were "too old to think about sex." An aura of embarrassment was present when this item was discussed. All of the subjects apparently grew up in a period when sex was a taboo topic and never discussed in polite society.

Lack of privacy evolved as the fourth theme. Several subjects commented that a lack of privacy "makes me ill or irritable and I want to be left alone." One-fourth (27.3%) of all subjects claimed to have diminishing interest in other people. Several stated that it was pointless to make new friends during late life because of the uncertainty of the length of the friendship. See Table 5 for item responses for Beck's Depression Inventory. Butler (1977) found that older individuals become introspective and contemplate their past lives. He named the process the "Life Review" and sees it as an essential part of living and preparation for dying. The individual may spend much time reviewing his past, and this recollection may not always be joyous. Thus, many older people who seem sad or withdrawn to those younger than themselves appear so because of this necessary process of recollection.

Table 5: Comparison of Responses to Beck's Depression Inventory Between Frequently and Infrequently Visited Groups of Females in a Nursing Home

Depression Categories	Numerical Score 0		1		2		3	
	N	%	N	%	N	%	N	%
A. Mood								
Frequent	4	12.1	6	18.2	6	18.2	1	3.0
Infrequent	6	18.2	7	21.2	4	12.1	0	0.0
Total	10	30.3	13	39.4	10	30.3	1	3.0
B. Pessimism								
Frequent	9	27.3	5	15.2	1	3.0	2	6.1
Infrequent	9	27.3	3	9.1	4	12.1	1	3.0
Total	18	54.6	8	26.3	5	15.1	3	9.1
C. Sense of Failure								
Frequent	14	42.6	2	6.1	1	3.0	0	0.0
Infrequent	15	44.1	2	6.1	0	0.0	0	0.0
Total	29	86.5	4	12.2	1	3.0	0	0.0
D. Lack of Satisfaction								
Frequent	9	27.3	7	21.2	0	0.0	1	3.0
Infrequent	10	29.4	5	15.2	2	6.1	0	0.0
Total	19	56.7	12	36.4	2	6.1	1	3.0
E. Guilty Feeling								
Frequent	12	36.4	4	12.1	1	3.0	0	0.0
Infrequent	14	42.4	3	9.1	0	0.0	0	0.0
Total	26	78.8	7	21.2	1	3.0	0	0.0
F. Sense of Punishment								
Frequent	10	30.3	6	18.2	1	3.0	0	0.0
Infrequent	14	42.4	2	6.1	1	3.0	0	0.0
Total	24	72.7	8	24.2	2	6.0	0	0.0

TABLE 5 CONTINUED

Depression Categories	Numerical Score 0 N	0 %	1 N	1 %	2 N	2 %	3 N	3 %
G. Self Hate								
Frequent	15	45.5	1	3.0	1	3.0	0	0.0
Infrequent	13	38.2	4	12.1	0	0.0	0	0.0
Total	28	83.7	5	15.1	1	3.0	0	0.0
H. Self Accusations								
Frequent	13	39.4	3	9.1	1	3.0	0	0.0
Infrequent	13	39.4	4	12.1	0	0.0	0	0.0
Total	26	78.8	7	21.2	1	3.0	0	0.0
I. Self-Punitive Wishes								
Frequent	14	42.4	3	9.1	0	0.0	0	0.0
Infrequent	15	44.2	2	6.1	0	0.0	0	0.0
Total	29	86.8	5	15.2	0	0.0	0	0.0
J. Crying Spells								
Frequent	7	21.2	7	21.2	2	6.1	1	3.0
Infrequent	9	26.5	8	23.5	0	0.0	0	0.0
Total	16	47.7	15	44.7	2	6.1	1	3.0
K. Irritability								
Frequent	8	24.2	9	27.3	0	0.0	0	0.0
Infrequent	10	29.4	4	12.1	3	9.1	0	0.0
Total	18	53.6	13	39.4	3	9.1	0	0.0
L. Social Withdrawal								
Frequent	10	30.3	6	18.2	1	3.0	0	0.0
Infrequent	10	30.3	3	9.1	4	12.1	0	0.0
Total	20	60.6	9	27.3	5	15.1	0	0.0
M. Indecisiveness								
Frequent	11	33.3	5	15.2	1	3.0	0	0.0
Infrequent	11	33.3	5	15.2	1	3.0	0	0.0
Total	22	64.7	10	30.3	2	6.0	0	0.0
N. Body Image								
Frequent	11	33.3	4	12.1	2	6.1	0	0.0
Infrequent	4	12.1	8	24.2	5	15.2	0	0.0
Total	15	45.4	12	36.4	7	21.2	0	0.0

TABLE 5 CONTINUED

Depression Categories	Numerical Score 0 N	0 %	1 N	1 %	2 N	2 %	3 N	3 %
O. Work Inhibitions								
Frequent	8	24.2	9	27.3	0	0.0	0	0.0
Infrequent	6	18.2	8	23.5	3	9.1	0	0.0
Total	14	42.4	17	50.8	3	9.1	0	0.0
P. Sleep Disturbances								
Frequent	7	21.2	4	12.1	6	18.2	0	0.0
Infrequent	8	23.5	3	9.1	6	18.2	0	0.0
Total	15	44.7	7	21.2	12	36.4	0	0.0
Q. Fatigability								
Frequent	7	21.2	6	18.2	4	12.1	0	0.0
Infrequent	4	12.1	12	35.3	1	3.0	0	0.0
Total	11	33.3	18	53.5	5	15.1	0	0.0
R. Loss of Appetite								
Frequent	11	33.3	5	15.2	1	3.0	0	0.0
Infrequent	15	44.1	1	3.0	1	3.0	0	0.0
Total	26	77.4	6	18.2	2	6.0	0	0.0
S. Weight Loss								
Frequent	8	24.2	3	9.1	0	0.0	6	18.2
Infrequent	12	36.4	2	6.1	2	6.1	1	3.0
Total	20	60.6	5	15.2	2	6.1	7	21.2
T. Somatic Preoccupation								
Frequent	9	27.3	3	9.1	4	12.1	1	3.0
Infrequent	6	18.2	4	12.1	6	18.2	1	3.0
Total	15	45.5	7	20.6	10	30.3	2	6.0
U. Loss of Libido								
Frequent	3	9.1	4	12.1	4	12.1	6	18.2
Infrequent	0	0.0	3	0.1	8	23.5	6	18.2
Total	3	9.1	7	21.2	12	35.6	12	36.4

CHAPTER V

SUMMARY AND IMPLICATIONS

Summary

This study dealt with the effects of family visitation on patient depression and pro re nata medication use. The purpose was to determine if a relationship existed among depression scores, pro re nata medication use, and family visitation patterns.

The sample consisted of 34 females institutionalized in a local nursing home. These subjects were selected after it was determined that they were oriented to person, place, and time, able to hear, able to verbalize, and had been institutionalized for longer than three months in the nursing home. Professional staff members completed the Piedmont Life Enrichment Questionnaire for the Aged (Project P.L.E.A.) on each subject to determine her visitation status as "frequent" or "infrequent." Seventeen female subjects were found to be frequently visited by their families, and 17 subjects received infrequent family visits. The subjects were then matched as closely as possible for age, race, marital status, number of children, and length of stay in the nursing home. All 34 subjects comprised the sample.

Beck's Depression Inventory was administered orally to each subject by the researcher. Four weekdays (Monday, Tuesday,

Thursday, and Friday) were selected for the administration of the tool. For one month after the administration of Beck's Depression Inventory, the subjects' medication records were audited to determine the number of pro re nata medications they received. The depression score and number of medications used were then tabulated for each subject. The data were then analyzed.

Depression scores showed that relatively few of the subjects experienced depression. Although four frequently visited subjects and one infrequently visited subject showed mild depressive pathology, the difference in the two groups' depression scores was found to be nonsignificant. This would indicate that patients labeled as depressed may not be depressed at all.

Pro re nata medication use was determined to be a poor indicator of the subjects' depression. Subjects who were not depressed used more medications than the mildly depressed subjects. Moreover, older subjects tended to show decreased use of pro re nata medications. Medication use was deemed an invalid measure of patient depression.

Conclusions

This descriptive comparative survey examined the relationship among family visitation, depression, and pro re nata medication use in female nursing home subjects. The research found no relationship

existing among the three variables. Thus, frequently visited subjects had no significant change in depression levels and pro re nata medication use as compared to infrequently visited subjects. Several factors may obscure these relationships: quality instead of quantity of family visitation may prevent depression in the institutionalized elderly; frequent family visitation may prevent the disengagement process thus discouraging successful adaption to old age; and, in late life family visitation may not be a key factor in the causation of depression in the institutionalized elderly.

Recommendations

In light of the conclusions reached in this study, there is justification for continuation of this type of investigation. The limited size of the sample hints at the obvious need to repeat the study with a larger population to obtain more valid conclusions.

More intensive and fully supported research should be conducted on the possible relationship between demographic data, such as age, race, and length of stay, and depression. Beck's Depression Inventory could be administered in a pretest and posttest situation on different days of the week to test for discrepancies.

Medications received on a daily basis by the subjects should be examined more closely to determine their relationship to depression. These medications could possible mask depressive symptomatology.

A rating scale consisting only of physical symptoms could be developed to determine their frequency and relationship to physical symptomatology of depression. Thus, there exists the need for continued research to determine the effects of family visitation on patient depression.

APPENDIX A

The Piedmont Life Enrichment for the Aged Questionnaire

Code _____
Age _____
Sex _____ Race _____
Admission Date _____ Diagnosis _____

1. Availability of children
   1. Has one or more children nearby
   2. Has no children within an hour's drive
   3. Has no children

2. Contact with children
   1. Child visits once a week or more often
   2. Child visits twice a month
   3. Child visits once a month or less often

3. Contact with other relatives
   1. Relatives visit once a week or more often
   2. Relatives visit twice a month
   3. Relatives visit once a month or less often

4. Contact with friends and/or ministers
   1. Friends and/or minister visit once a week or more often
   2. Friends and/or minister visit twice a month
   3. Friends and/or minister visit once a month or less often

APPENDIX B

Beck's Depression Inventory

A. Mood
- 0 I do not feel sad.
- 1 I feel blue or sad.
- 2a I am blue or sad all the time and can't snap out of it.
- 2b I am so sad or unhappy that it is very painful.
- 3 I am so sad or unhappy that I can't stand it.

B. Pessimism
- 0 I am not particularly pessimistic or discouraged about the future.
- 1 I feel discouraged about the future.
- 2a I feel I have nothing to look forward to.
- 2b I feel that I won't ever get over my troubles.
- 3 I feel that the future is hopeless and that things cannot improve.

C. Sense of Failure
- 0 I do not feel like a failure.
- 1 I feel I have failed more than the average person.
- 2a I feel I have accomplished very little that is worthwhile or that means anything.
- 2b As I look back on my life all I can see is a lot of failures.
- 3 I feel I am a complete failure as a person (husband, wife, parent).

D. Lack of Satisfaction
- 0 I am not particularly dissatisfied.
- 1a I feel bored most of the time.
- 1b I don't enjoy the things I used to.
- 2 I don't get satisfaction out of anything anymore.
- 3 I am dissatisfied with everything.

E. Guilty Feeling
- 0 I don't feel particularly guilty.
- 1 I feel bad or unworthy a good part of the time.
- 2a I feel quite guilty.
- 2b I feel bad or unworthy practically all the time now.
- 3 I feel as though I am very bad or worthless.

F. Sense of Punishment
- 0 I don't feel that I am being punished.
- 1 I have a feeling that something bad may happen to me.
- 2 I feel I am being punished or will be punished.
- 3a I feel I deserve to be punished.
- 3b I want to be punished.

G. Self Hate
- 0 I don't feel disappointed in myself.
- 1a I am disappointed in myself.
- 1b I don't like myself.
- 2 I am disappointed with myself.
- 3 I hate myself.

H. Self Accusations
- 0 I don't feel I am any worse than anybody else.
- 1 I am very critical of myself for my weaknesses or mistakes.
- 2a I blame myself for everything that goes wrong.
- 2b I feel I have many bad faults.

I. Self-Punitive Wishes
- 0 I don't have any thoughts of harming myself.
- 1 I have thoughts of harming myself but I would not carry them out.
- 2a I feel I would be better off dead.
- 2b I have definite plans about committing suicide.
- 2c I feel my family would be better off if I were dead.
- 3 I would kill myself if I could.

J. Crying Spells
- 0 I don't cry any more than usual.
- 1 I cry more now than I used to.
- 2 I cry all the time now. I can't stop it.
- 3 I used to be able to cry but now I can't cry at all even though I want to.

K. Irritability
- 0 I am no more irritated now than I ever am.
- 1 I get annoyed or irritated more easily than I used to.
- 2 I feel irritated all the time.
- 3 I don't get irritated at all the things that used to irritate me.

L. Social Withdrawal
- 0 I have not lost interest in other people.
- 1 I am less interested in other people now than I used to be.
- 2 I have lost most of my interest in other people and have little feeling for them.
- 3 I have lost all my interest in other people and don't care about them at all.

M. Indecisiveness
- 0 I make decisions about as well as ever.
- 1 I am less sure of myself now and try to put off making decisions.
- 2 I can't make decisions anymore without help.
- 3 I can't make decisions at all anymore.

N. Body Image
- 0 I don't feel I look any worse than I used to.
- 1 I am worried that I am looking old or unattractive.
- 2 I feel that there are permanent changes in my appearance and they make me look unattractive.
- 3 I feel that I am ugly or repulsive looking.

O. Work Inhibitions
- 0 I can work about as well as before.
- 1a It takes extra effort to get started at doing something.
- 1b I don't work as well as I used to.
- 2 I have to push myself very hard to do anything.
- 3 I can't do any work at all.

P. Sleep Disturbances
- 0 I can sleep as well as usual.
- 1 I wake up more tired in the morning than I used to.
- 2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
- 3 I wake up early every day and can't get more than 5 hours sleep.

Q. Fatigability
- 0 I don't get any more tired than usual.
- 1 I get tired more easily than I used to.
- 2 I get tired from doing anything.
- 3 I get too tired to do anything.

R. Loss of Appetite
- 0 My appetite is no worse than usual.
- 1 My appetite is not as good as it used to be.
- 2 My appetite is much worse now.
- 3 I have no appetite at all any more.

S. Weight Loss
- 0 I haven't lost much weight, if any, lately.
- 1 I have lost more than 5 pounds.
- 2 I have lost more than 10 pounds.
- 3 I have lost more than 15 pounds.

T. Somatic Preoccupation
- 0 I am no more concerned about my health than usual.
- 1 I am concerned about aches and pains or upset stomach or constipation or other unpleasant feelings in my body.
- 2 I am so concerned with how I feel or what I feel that it's hard to think of much else.
- 3 I am completely absorbed in what I feel.

U. Loss of Libido
- 0 I have not noticed any recent change in my interest in sex.
- 1 I am much less interested in sex than I used to be.
- 2 I am much less interested in sex now.
- 3 I have lost interested in sex completely.

* Those categories with a, b, or c designations all carry the same weight. For example, 2a, 2b, or 2c all equal 2 points.

Key

0 = not depressed
1 = mildly depressed
2 = moderately depressed
3 = severely depressed

APPENDIX C

PRN Medication Usage Tool

1. Date
2. Name of Medication
3. Time Medication Given
4. Patient's Reason for Requesting Medication
   a) Somatic
   b) Tension
   c) Sleep

KEY

No pathology--Pro re nata medication taken 0 to 5 times during one month time period.

Mild pathology--Pro re nata medication taken 6 to 10 times during one month time period.

Moderate pathology--Pro re nata medication taken 11 to 20 times during one month time period.

Severe pathology--Pro re nata medication taken more than 20 times during one month time period.

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