

CONCEPTUAL FOUNDATIONS FOR COST-BENEFIT ANALYSES  
IN HOMES FOR THE AGING--QUANTIFYING  
RESIDENT SATISFACTION

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If the goal of production is consumer satisfaction which includes the enjoyment of leisure, then the goal of homes for the aging (homes) is resident satisfaction. An income measurement gives no indication as to whether a home's humanistic goals are being met. Resident satisfaction is best measured not in terms of economic inputs--facilities, staff, and other resources--or in terms of outputs--programs and activities undertaken and participated in--but in terms of outcomes: restoration of the resident to and maintenance of the resident at the best level of mental and physical functioning possible.

The purpose of this research project is to develop concepts for doing cost-benefit analyses for governmental and nonprofit homes. Such concepts should facilitate a differential diagnosis which recognizes the wide individual differences among those served. Developing relevant concepts is a first step in measurement. An aim is to develop appropriate concepts and instruments that will make an ordinal measurement of resident satisfaction possible. This study

makes no effort to develop monetary measures of either costs or benefits. These measures and the related cost-benefit analyses must await further developments.

The home environment modification model proposed here consists of three variables which have been labelled as follows: causal, intervening, and end-result. The causal variables interact with the intervening variables to produce the end-result variables.

With respect to resident satisfaction, the home environment and its situations, including the attitudes of nurses and nurses' assistants toward their work, are the causal variables. Residents' needs, values, and wants are the intervening variables. The end-result variables include the residents' attitudes toward the home and its services. These residents' attitudes are surrogates for resident satisfaction.

With respect to helping personnel satisfaction, the work environment and its situations are the causal variables. Nurses' and nurses' assistants' needs, values, and wants are the intervening variables. The end-result variables include the nurses' and nurses' assistants' attitudes toward working in the home. These attitudes are surrogates for nurses and nurses' assistants job satisfaction which, in turn, become one of the causal variables with respect to residents' satisfaction as described above.

Of the home's employees, the nurses and nurses' assistants usually have the most prolonged and intimate

contact with the residents. The nurses and nurses' assistants often are the home personified in that they provide the bulk of a home's services to the less able residents. This explains why the environment of the home, which includes the values, needs, and attitudes of nurses and nurses' assistants, is believed to influence resident satisfaction.

Two sets of questionnaires were administered: one to residents and another to nurses and nurses' assistants in homes. These questionnaires are designed to elicit residents', nurses', and nurses' assistants' values and attitudes and nurses' and nurses' assistants' "Why Employees Stay" responses. The value and attitude questionnaires used here are adapted from those which have been administered at Texas Instruments, Incorporated, to its employees.

The content treated in each chapter is as follows: Chapter I, Introduction; Chapter II, Review of Related Literature; Chapter III, The Model; Chapter IV, Analyses of Residents' Responses; Chapter V, Analyses of Nurses' and Nurses' Assistants' Responses; and Chapter VI, Summary, Conclusions, and Recommendations.

TABLE OF CONTENTS

	Page
LIST OF TABLES . . . . .	vi
LIST OF ILLUSTRATIONS . . . . .	viii
Chapter	
I. INTRODUCTION . . . . .	1
Statement of the Problem	
Purpose of the Study	
Questions to Be Answered	
Graves' Theory	
The Model	
Study Design	
Assumptions and Limitations	
Implications for Administrators of Homes for the Aging	
Implications for City, State, and Federal Standards-Setting Authorities	
Definition of Key Terms and Phrases	
Levels of Care--The Reverse Incentive Problem	
II. REVIEW OF RELATED LITERATURE . . . . .	26
The Model	
Values	
Attitudes	
Measurement Approaches	
Summary	
III. THE MODEL AND ITS INSTRUMENTS . . . . .	39
Significance of the Study	
Humane Treatment	
The Three Variables	
Pilot Study Instruments	
Summary	
IV. ANALYSES OF RESIDENTS' VALUE AND ATTITUDE RESPONSES . . . . .	61
Model-Related Analyses	

Chapter	Page
Residents' Comments on the Turnover Among Nurses' Assistants Implications for City, State, and Federal Standards-Setting Authorities Critique of Residents' Value and Attitude Surveys Summary	
V. ANALYSES OF NURSES' AND NURSES' ASSISTANTS' VALUE, ATTITUDE, AND "WHY EMPLOYEES STAY" RESPONSES . . . . .	122
Model-Related Analyses Predictive Analyses Critique of Nurses' and Nurses' Assistants' Survey Instruments Summary	
VI. SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS . .	173
Summary Conclusions Recommendations	
APPENDIX . . . . .	191
BIBLIOGRAPHY . . . . .	223

## LIST OF TABLES

Table	Page
I. Responses to the Question, "Growing Older to Me Means?" . . . . .	8
II. Three Levels of Care Available in Some Homes .	22
III. Environment-Modification Model Showing the Relationship Among the Three Variables . .	42
IV. Residents' Value Survey Response Form . . . . .	52
V. Residents' Value Survey Scoring Guide . . . . .	53
VI. "Values for Living" Percentiles Computed from Seventy-Three Residents' Scores . . . . .	54
VII. Residents' Attitude Survey Scoring Guide . . .	55
VIII. "Values for Working" Percentiles Computed from Thirty-One Nurses' and Nurses' Assistants' Scores . . . . .	57
IX. Nurses' and Nurses' Assistants' "Why Employees Stay" Scoring Guide . . . . .	58
X. Nurses' and Nurses' Assistants' Attitude Responses Scoring Guide . . . . .	58
XI. Demographic Information Based on Value Systems for Home B . . . . .	66
XII. Demographic Information Based on Value System for Home C . . . . .	67
XIII. Residents' Value Systems Designations . . . . .	68
XIV. Residents' Attitude Survey Percentiles . . . . .	70
XV. Median Attitude Scores of Residents Whose Decision to Enter the Home Was Made Independently . . . . .	71



Table	Page
XVI. "Happy" Respondents' Raw Attitude Scores Matched with Their Predominant Value Systems . . . . .	73
XVII. Value Systems Rankings of Residents Whose Decision to Enter the Home Was Made Alone . . . . .	78
XVIII. Demographic Information Based on Value Systems for Home B . . . . .	124
XIX. Demographic Information Based on Value Systems for Home C. . . . .	125
XX. Value Systems Point Ranges at Homes B and C Versus Those of Employees at Texas Instruments . . . . .	127
XXI. A Comparison of Ten Highest Ranked Attitude Statements of Nurses Versus Nurses' Assistants at Home B . . . . .	131
XXII. A Comparison of Ten Highest Ranked Attitude Statements of Nurses Versus Nurses' Assistants at Home C . . . . .	132
XXIII. Pilot-Study Median Attitude Scores . . . . .	134
XXIV. Nurses' and Nurses' Assistants Value Systems Designations . . . . .	135
XXV. Why Employees Stay Survey Response Categories .	149
XXVI. A Comparison of Top Five Reasons for Staying, Turn-ons Versus Potential Turn-offs Home B . . . . .	153
XXVII. A Comparison of Top Five Reasons for Staying, Turn-ons Versus Potential Turn-offs Home C . . . . .	155
XXVIII. A Summary of Respondents' Attitude Scores . . .	168

LIST OF ILLUSTRATIONS

Figure	Page
1. A comparison Designed to Discover the Agreement Between Two Cumulative Distributions of "Happy" Respondents' Attitude Scores: Home B Residents Versus Home B Nurses and Nurses' Assistants . . . . .	74
2. A Comparison Designed to Discover the Agreement Between Two Cumulative Distributions of "Happy" Respondents' Attitude Scores: Home C Residents Versus Home C Nurses and Nurses' Assistants . . . . .	75
3. American Management Associations Graphic Percentiles from Flowers and others, <u>Managerial Values</u> , p. 49 . . . . .	80
4. Residents' Percentiles Which Were Based on the Scores of Seventy-Three Residents of Two Nonprofit Homes Located in the Dallas-Fort Worth Area . . . . .	81
5. A Comparison of the Total Survey Percentages of Points Assigned to the Six Value Systems by Nurses and Nurses' Assistants with Those Assigned by Residents . . . . .	88
6. A Comparison of the Total Survey Percentages of Points Assigned to the Growing-Older Question by Nurses and Nurses' Assistants with Those Assigned by Residents . . . . .	89
7. A Comparison of the Percentages of Points Assigned by Home B Residents to Each of the Six Value Systems with Those Assigned by Their Nurses and Nurses' Assistants . . . . .	91

Figure	Page
8. A Comparison of the Percentages of Points Assigned by Home C Residents to Each of the Six Value Systems with Those Assigned by Their Nurses and Nurses' Assistants . . . . .	92
9. A Compraison of the Percentages of Points Assigned to the Six Value Systems by Residents at Home B with Those Assigned by Residents at Home C . . . . .	118
10. Values Profiles, Growing-Older Question, Home B Residents Versus Home B Nurses' Assistants Versus Home C Residents Versus Home C Nurses' Assistants . . . . .	147
11. Relationship Between Job Satisfaction and Environmental Factors as They Affect Retention . . . . .	151
12. Reasons for Staying by Demographic Characteristics, Home B . . . . .	158
13. Reasons for Staying by Miscellaneous Factors . . . . .	166

## CHAPTER I

### INTRODUCTION

#### Statement of the Problem

In 1970, there were approximately 23,000 nursing homes in the United States, of which 18,000 were proprietary (profit making) and 5,000 were voluntary (governmental and nonprofit).<sup>1</sup> Proprietary organizations supply 85 per cent of the homes for the aging (homes) and related facilities and 60 per cent of the beds.<sup>2</sup> Those homes which provide nursing care only are usually proprietary. To serve society best, these homes should have some motive other than the profit motive as the controlling one. An income measurement is not sufficient evidence that the homes' humanistic goals are being met.

State licensing and Medicare standards are significant in motivating long-term care facilities such as homes to meet minimum requirements. These requirements, including various quantitative features, are meant to ensure at least a minimum level of resources and physical facilities. In principle, such standards do provide minimum requirements with each

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<sup>1</sup>William T. Eggers, "Introduction," The Social Components of Care, edited by AAHA Committee on Accreditation (New York, 1966), p. 8.

<sup>2</sup>Herbert Shore, "Homeward Bound," Adventures in Group Living (Dallas, 1972), p. 4.

institution must satisfy or risk denial of licensure or certification. In actuality, these minimum requirements often are not enforced because to do so would seriously limit the supply of institutions caring for the elderly poor. To avoid this occurrence, some argue that a poor facility is better than no facility. Also there are some unlicensed homes such as those with three beds or less.

Tying measurements of quality of care to licensing standards may not be wise because institutions are often more interested in outward manifestations than in inner realities. This is so because social conscience is aroused more by signs of poor maintenance or limited supplies than by manifestations of apathy or an atmosphere of hopelessness.

Homes receive \$3.5 billion annually from federal, state, and private sources to provide care for approximately one million residents.<sup>3</sup> Those who reside in homes are the hard core of their group; they are over sixty years of age and represent a relatively small percentage, 5 per cent, of the total elderly population.<sup>4</sup> They require medical, social, spiritual, cultural, and economic subsidies. Often they lack purpose in their daily lives.

The average resident is white and is over eighty-years-old. Females outnumber males three to one. Nearly one-half

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<sup>3</sup>"Nursing Homes under Fire," Time, CV (February 3, 1975), 61.

<sup>4</sup>Health Services and Mental Health Administration, HEW, Working with Older People, I (Washington, May, 1972), p. 33.

of the residents receive some form of public assistance; more than half are either bedridden or cannot walk without help. Up to one-half have been diagnosed as senile or confused at least part of the time. Most of them have no living relatives.<sup>5</sup> Their average home stay is three years, and most residents do not expect to leave.<sup>6</sup> While residents are experiencing a diminution of their physical abilities and some of their senses, this is not true of their desires and needs.

After giving recognition to Abraham Maslow's<sup>7</sup> hierarchy of needs, one realizes that, with respect to individual residents, a single home may deliver different levels of quality of care. The resident in room A, because of his personality and motivation as indicated by his positioning in the need hierarchy, may be receiving the highest quality of care at AA Home, while the resident next door in room B of AA Home may be receiving a lower or different quality of care. This is especially true if rules of the home attempt to force all residents into the same mold by failing to provide meaningful choices and thus by not giving adequate recognition to individual differences.

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<sup>5</sup>Shore, p. 4.

<sup>6</sup>Mary A. Mendelson, Tender Loving Greed (New York, 1975), p. 14.

<sup>7</sup>Abraham H. Maslow, Motivation and Personality (New York, 1970), pp. 35-58.

### Purpose of the Study

The purpose of this research project is to develop concepts for doing cost-benefit analyses for governmental and nonprofit homes. Such concepts should facilitate a differential diagnosis which recognizes the wide individual differences among those served. Resident satisfaction is best measured not in terms of economic inputs--facilities, staff, and other resources--or in terms of outputs--programs and activities undertaken and participated in--but in terms of outcomes: restoration of the resident to and maintenance of the resident at the best level of mental and physical functioning possible. No attempt was made to attach dollar amounts to either costs or benefits, nor was an attempt made to perform a cost-benefit analysis as a part of this research project. Instead, an attempt was made to develop an ordinal measure of an intangible benefit: resident satisfaction.

This research project was designed to demonstrate the usefulness of the pairing of values and attitudes as they relate to resident satisfaction. It is not an attempt to provide comprehensive knowledge about the values or attitudes of residents of homes because such a contribution will have to come from a major research effort, requiring much more time and money than was available for this study. This is a pilot study designed to develop ideas and instruments needed to carry out a comprehensive study.

The values and attitudes questionnaires used here were adapted from those which had been administered at Texas Instruments, Inc.<sup>8</sup> to some of its employees. These instruments were tailored for usage with two groups, one made up of residents and the other of nurses and nurses' assistants in homes. In addition to changing the subject matter of the question, it was also necessary to adjust the method of administering the questionnaires. For example, most residents were unable to allocate twelve points among six value responses as did Texas Instruments' employees. Yet they were able to first accept or reject value responses and then rank two acceptable responses as their first and second choices.

#### Questions To Be Answered

One objective of this study is to ascertain whether the six categories of Graves' levels of existence<sup>9</sup> are relevant to residents of homes. Answers were sought to the following questions:

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<sup>8</sup>Vincent S. Flowers, "Conceptual Foundation for Human Resource Accounting," unpublished doctoral dissertation, School of Business, North Texas State University, Denton, Texas, 1974.

<sup>9</sup>These levels of existence are successive stages or states through which one passes enroute to other states of equilibrium. One remains at a state of rest until disturbed by the conditions of one's life. External circumstances may cause fixation at a stage, regression to a lower stage, or progression to a higher stage. These levels are more completely explained on pages 6-10.



1. Do residents of homes manifest different levels of psychological development, different predominant value systems, that influence their needs?

2. Do residents of homes have attitudes which will yield to ordinal measurement?

3. Do nurses and nurses' assistants manifest different levels of psychological development, different predominant value systems, that influence their needs?

4. Do some nurses and nurses' assistants stay on their jobs for the right reasons? If their needs are being met, they can better help meet the needs of the residents. If, on the other hand, they stay for the wrong reasons, they may decrease resident satisfaction.

5. Does there appear to exist a dependency relationship of residents' value systems upon those of their nurses and nurses' assistants?

6. Does compatibility between the value systems of residents and the value systems of nurses and nurses' assistants influence resident satisfaction?

7. Are the value and attitude questionnaires appropriate instruments to use in the longer-run effort to do cost-benefit studies in homes?

## Clare Graves' Theory<sup>10</sup>

Graves posits that people exist at different levels of psychological development and that these levels in turn shape their needs and attitudes toward many aspects of life. His levels of existence are based on an open-system theory of values. Although Graves has identified eight levels of existence, for reasons explained later, this study will deal only with the middle six. Table I presents an example of responses to the question, "Growing older to me means?" (growing-older question) for each of the six levels.<sup>11</sup>

The First Level of Existence is automatic or reactive. This level includes those persons who are infants, senile, or psychopaths.<sup>12</sup> The instruments of this study could not reach them; so they were excluded from this study. The Eighth Level of Existence is the experientialistic, intuitive existence level. According to Graves these values are only beginning to emerge in a few people, and they are incomprehensible to other people.<sup>13</sup> For these reasons it was necessary to exclude this value system from consideration also.

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<sup>10</sup>Clare Graves, "Human Nature Prepared for a Momentous Leap," The Futurist, VIII (April, 1974), 72-87.

<sup>11</sup>See Appendix A, "Values for Living" question number seventeen and "Values for Working" question number eighteen.

<sup>12</sup>Clare W. Graves, "Theory of Levels of Human Existence and Suggested Managerial Systems for Each Level," unpublished lecture notes, Management Center Institute for Business and Community Development, University of Richmond, Richmond, Virginia, 1971, p. 3. Hereafter referred to as Graves, "Theory of Human Existence."

<sup>13</sup>Ibid., p. 17.

TABLE I  
 RESPONSES TO THE QUESTION, "GROWING  
 OLDER TO ME MEANS?"

Level	Nature of Existence	Sample Values Questionnaire Responses
2	Tribalistic	Growing older to me means I'll need someone to help me.
3	Egocentric	Growing older to me means a constant struggle to avoid being run over and ignored.
4	Conformist	Growing older to me means retiring to a less demanding life--like those who grew older before me.
5	Manipulative	Growing older to me means trying to get the most out of today by placing my needs ahead of the needs of people who might have more time left.
6	Sociocentric	Growing older to me means a chance to draw on my experiences to help others.
7	Existentialist	Growing older to me means having the freedom to find new ways to live life to the hilt.

The Second Level of Existence is called tribalistic. Those at this level, because they have a high need for safety and stability, feel threatened by anything unfamiliar. They are believers in spirits, magic, superstitions, and myths and are followers of tradition and rituals. After accepting their leader, they learn by imitating what they have been told or shown many times.<sup>14</sup>

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<sup>14</sup>Ibid., p. 4.

The Third Level of Existence is called the egocentric, animalistic level. So strong are their self-centered survival needs that egocentrics believe that might is right: they will use physical coercion, for example, to accomplish their goals. They are attention-seeking, aggressive, tough, restless, and ruthless individuals. Their major value is fostering their own survival.<sup>15</sup>

The Fourth Level of Existence is called the saintly, conformist level. Conformists believe that they were born into a station in life, that each station has its prescribed rules which ought to be followed, that each person is morally bound to strive to perfect his assigned role, and that salvation in the next life is the reward for the sacrificing of earthly desires in this life. They accept their roles in life and the idea of inequality as a fact of life. They believe that their individual desires and wants are not important; if given the chance, they might even choose autocracy over democracy. Conformists' prime value is self-sacrifice.<sup>16</sup>

The Fifth Level of Existence is called the materialistic, manipulative level, and it is the dominant one among influential people in America today, Graves believes. Manipulators

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<sup>15</sup>Ibid., pp. 6-7.

<sup>16</sup>Ibid., pp. 8-9.

seek to conquer the world by learning its secrets. They study and work to achieve a satisfactory human existence in this life. Manipulators will help the less successful to improve their lot, but they will not help the less successful to obtain as much as themselves. In a business organization, manipulators respond best to an objective-type management system, to hard bargaining, and to an equal chance to share in profits, since their prime values are materialism and prestige.<sup>17</sup>

The Sixth Level of Existence is called the sociocentric level. Sociocentrics believe that, if they sacrifice something now, others can have some too. It is important that they belong to and are accepted by their peer group whose approval and authority they value. They want to get along with others, since social approval is more valuable than individual fame. Social harmony is preferred to promoting self-interest. Because sociocentrics value such things as interpersonal relations, majority rule, and taste over wealth, they want participatory problem-solving and decision-making processes. Hence, sociocentrics are concerned about the welfare of others and desire their own acceptance.<sup>18</sup>

The Seventh Level of Existence is called the cognitive, existential level. Existentialists find more importance in

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<sup>17</sup>Ibid., pp. 11-12.

<sup>18</sup>Ibid., pp. 12-14.

the doing than in the resulting acclaim. Their ethics are based on the best evidence of what benefits all--rather than the poor or the majority. Instead of a golden rule that says, "Do unto others as you would have them do unto you," existentials believe in a rule that says "Do unto others what those others want done unto them." Existentialists place a premium on broadness of view and on long-run effects. While they are very productive, management must not tell them when, how, or where to do their work. Existentialists believe that getting the job done in a particular way is less important than getting the job done.<sup>19</sup>

#### The Model

The model of this study attempts to show the interaction of the key variables--values, needs, and attitudes of both residents and helping personnel (nurses and nurses' assistants)--which influence resident satisfaction. Of the homes' employees, the nurses and nurses' assistants usually have the most prolonged and intimate contact with the residents, although the nurses' assistants bear the burden of giving personal care to the less able residents. This explains why the values, needs, and attitudes of these groups of helping personnel are believed to influence resident satisfaction.

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<sup>19</sup>Ibid., pp. 14-16.

A person's values reveal what he is likely to need, and his attitudes tell how satisfied he is with what he has.

### Study Design

Two sets of questionnaires were administered: one to determine values and attitudes of residents of homes and another to determine nurses' and nurses' assistants' values and attitudes as well as the reasons why they stay on their jobs. This was a study of two nonprofit homes located in Dallas, Texas. These two homes hereafter will be referred to as Home B and Home C.

Only those residents who were both willing and able responded to the questions. No pretense is made herein that the sample is representative of the 5,000 home universe or its residents, nurses, or nurses' assistants; rather the data are reported in order to determine whether or not the approach to building concepts to be used on cost-benefit studies proposed herein is feasible.

The value questionnaires were constructed so that each of the eight questions provided six choices which corresponded to the levels of psychological existence cited in Graves' system. (See the value questionnaires in Appendix A.) On the first pass, residents were asked to separate the six responses, each having been typed on separate index cards, into three categories: "I like," "I don't like," and "I don't know." On the second pass, each was asked to select

his first and second choices from the "I like" deck. Nurses and nurses' assistants were asked to allocate twelve points, however they chose, to the six choices provided in eight questions. Such designations provide an ordinal measure of the value systems of the respondents.

Before an examination of the relationship between values and attitudes was made, it was necessary to construct an ordinal measure of the degree of a resident's satisfaction with the services of the home. The scales used will be discussed in Chapter III.

The resident's attitude questionnaire, which was divided into three categories, contained twenty-two questions, each having five possible responses. (See resident's attitude questionnaire in Appendix A.) Residents were instructed to choose one from among the five responses in questions one through fourteen: "Strongly Disagree," "Disagree," "I Don't Know," "Agree," and "Strongly Agree." For questions fifteen through nineteen, the five choices were the following: "We don't have enough freedom," "Same as we'd have anywhere else," "I don't know," "The right amount," and "More than enough." In the third and final set of questions numbered twenty through twenty-two, the choices were as follows: "Never," "Not often," "Only at special times," "Sometimes," and "Most or all of the time."

The "Why Do You Continue To Work In This Home?" questionnaire contained sixty factors, each having three



possible responses: "Is one of the reasons I stay here," "Has little or nothing to do with my staying," or "I disagree, or it does not apply." (See Questionnaire in Appendix A.) The basic theory underlying these "reasons for staying" questions is Frederick Herzberg's two factors theory.<sup>20</sup> The main idea of the theory is that some factors relate to motivation, for they are directly connected with one's work, while other factors relate to hygiene or maintenance, for they are not work-connected. The questions used here were adapted from an American Management Association's survey which was conducted nationally in 1974.<sup>21</sup>

Residents were interviewed, whereas nurses and nurses' assistants were asked to fill in the questionnaires independently.

#### Assumptions and Limitations

The primary assumptions of the study were the following:

1. Values and attitudes were the key variables in resident satisfaction.
2. The instruments used in this study were capable of revealing the values and attitudes of residents, nurses, and nurses' assistants.

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<sup>20</sup>Frederick Herzberg, Bernard Mausner, and Barbara Snyderman, The Motivation to Work (New York, 1959), pp. 113-119.

<sup>21</sup>Vincent I. Flowers and others, Managerial Values for Working, An American Management Association Survey Report (New York, 1975).

3. Anonymity of response insured the validity of the response.

The limitations of the study were as follows:

1. There was a potential influence on respondents by officials in the home.

2. A person is not the same at all times, even though he has a basic value system. If responses were made at a time when atypical feelings were dominant, then the responses might not represent the basic value system accurately.

3. There was a potential for miscommunication in that some respondents might not have understood the content of the questionnaires.

4. There was a possible dependency relationship of the value systems of residents upon those of their nurses and nurses' assistants. (The effects of such a relationship will be discussed in Chapter IV.)

5. Some residents have norms which inhibit them from criticizing or complaining about their home. In fact, they may feel an obligation to praise their home.

When residents' values and needs are not in alignment with their homes' environments, administrators may either adjust their homes to meet their residents' needs, environment modification, or adjust their residents' values to fit the environment provided by the home. There is a technique called behavior modification which is designed to change needs. At least there is a change in behavior, thus an

ostensive indication of a change in needs. (Values and needs do not have the same meaning, but the satisfaction of levels of needs is a condition precedent to changes in a person's perceptions and therefore in that person's values.) While there is no intent to disparage such a technique, programs aimed at modifying residents' behavior may pose serious moral questions. In any case, it is entirely appropriate to work in both directions, modification of needs and of the environment, to improve resident satisfaction.

#### Implications for Administrators of Homes for the Aging

This study reveals that some resident dissatisfaction is caused by restrictive rules of the home. Values data on residents will help the administrator develop rules and procedures that are likely to satisfy residents who exist at each of the six psychological levels identified in Graves' theory.

The value questionnaires may help the administrator to become aware of his imposition of institutionally established goals upon the life style of the resident. They should also help the administrator see why institutional goals may or may not be compatible with a resident's life style. When the administrator of a home is unaware of his own values and attitudes as well as those of his residents, he runs a higher risk of misinterpreting the actions of the residents.

Values and attitudes data might be used for planning in the following ways:

1. Assigning nurses' assistants to residents and nurses' assistants to shifts.
2. Assigning nursing supervisors to shifts.
3. Designing building renovations and extensions.
4. Screening applicants. Administering the questionnaires to prospective residents will provide some evidence as to whether the prospect is likely to be satisfied with the home's environment. Such information would be helpful in deciding which applicants to admit.
5. Scheduling or designing social activities. More structuring may be desirable in some areas and less in others.

These questionnaires might assist in the administrators' control function by

1. Assessing the effect of new policies established by the home. Follow-up surveys may reveal changes in residents and in their attitudes toward the care they receive.
2. Evaluating the home's in-service training program. Calling the staff's attention to the differences in its own personal value systems might help it to recognize differences in residents' value systems and thus help the staff to be more positive toward and supportive of the residents.

One nursing supervisor observed that nurses' assistants simply change homes rather than seek employment in a different occupation.<sup>22</sup> If this is so, the administrator might want to determine the compatibility of the nursing supervisory personnel's value profiles with those of their subordinates, nurses' assistants, with a view toward fostering supervisor-subordinate value systems compatibility. Such compatibility should result in greater job satisfaction, lower turnover among nurses' assistants, and higher resident satisfaction.

#### Implications for City, State, and Federal Standards-Setting Authorities

This study revealed that some resident dissatisfaction was caused by rules and standards imposed by city, state, and federal standards-setting-authorities. Values data on residents emphasize the need for these authorities to see the residents as individuals, even though they may require similar subsidies. Some of the rules are dehumanizing to some residents, and for this reason such rules are likely to cause dissatisfaction when they are encountered by those residents who exist at certain of the various psychological levels.

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<sup>22</sup>Statement by director of nurses, Home C, Dallas, Texas, November 12, 1974.

### Definition of Key Terms and Phrases

The following is a listing of the key terms and phrases used in this study.

Homes for the aging.--A home is a "voluntary," permanent community of elderly men and women. Such homes are supervised, sponsored, and planned by profit-motivated, religious, governmental, or fraternal groups. It is a nonprofit or a profit-making social enterprise which is designed as a protective environment and is housed within a single or multiple physical locale. The services offered include food and shelter (that meet or exceed certain minimum standards) and may also include personal service and social programs provided exclusively to residents. It also may encompass a network of professional, medical, and social services which are coordinated with related health and welfare agencies for the benefit of the home's residents as well as those aged persons in the surrounding community.

Attitudes.--In this study, an attitude is an individual's opinion which depends upon, and is the result of, the interaction of the home's environment as it pursues its organizational goals (the independent variable) with the individual's values (the intervening variable).

Value systems or levels of psychological existence.--  
These are successive stages or states through which one

passes enroute to other states of equilibrium. The following successive conditions are necessary if one is to rise to a higher level of existence: brain capacity, resolution of the existential problems faced at the prior and present levels, dissonance at the present level, insight which ends the regressive search and indicates a need to search higher, overcoming resistance (from whatever source) to the new insight, and following through by practicing that which was revealed by the new insight. Consequently, progress through the various levels of existence is not necessarily inevitable.

Reasons for staying.--These present a fairly complete description of the positive approach to "employee retention" as contrasted with concentration on negative ones such as turn over. They also expand the two-factor theory and explain how it relates to "reasons for staying." Three groups of reasons for staying are the following: (1) external environmental, (2) internal environmental, and (3) job-related motives. Herzberg refers to the first two as hygienic factors (also called maintenance) and to the third as a motivational factor.<sup>23</sup>

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<sup>23</sup>Herzberg, Mausner, and Snyderman, pp. 113-119.

Levels of Care--The Reverse  
Incentive Problem

For more than a century, institutional care of the elderly has been a traditional form of community service. Earlier, homes provided little more than food and shelter. Because of the growing numbers of chronically ill older people, these homes have since emerged as long-term-care facilities providing a broad continuum of services.

The Texas State Department of Public Welfare, in a publication entitled "Nursing Home Facilities and Care in Texas,"<sup>24</sup> sets forth a summary of the criteria and standards that physicians are expected to use in classifying eligible welfare recipients according to the level of care received in nursing homes. Because the amount of home reimbursement depends on which of the three levels of care a resident needs, the physician, theoretically, attempts to match the resident's needs to that level of care provided by the home that will best meet those needs. Hence, the physician must not only examine the resident upon admission to the home but also periodically. He must make whatever recommendations his professional judgment deems necessary with respect to the resident's condition at the time of these examinations. (Appendix C contains a copy of "Partial List of Standards for ICF II, ICF III, and Skilled Institutional Care

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<sup>24</sup>Philip A. Gates and Raymond W. Vowell, "Nursing Home Facilities and Care in Texas," an undated report, Austin, Texas, State Department of Public Welfare.



Facilities."<sup>25</sup>) Sometimes a single home provides these three levels of care as shown in Table II.

A reverse incentive problem occurs whenever a home provides more than one level of care. As shown in Table II, state reimbursements are reduced if a home rehabilitates a resident to the point where he requires a lower level of care.

TABLE II

THREE LEVELS OF CARE AVAILABLE  
IN SOME HOMES

<u>Levels of Care</u>	<u>Amount of Monthly Reimbursement</u> <sup>26</sup>
Intermediate Care II . . . . .	\$367.50
Intermediate Care III . . . . .	453.00
Skilled Nursing Care . . . . .	521.00

Of course, not all homes will allow this reverse incentive to become operative. On the other hand, there are cases where residents have been drugged to keep them bedridden--they are easier to care for and state reimbursements are higher.<sup>27</sup>

This sort of situation points up the importance of developing the capability to perform cost-benefit analyses for homes. It would then be possible to compensate homes for successful rehabilitation efforts and overcome the reverse incentive in present reimbursement schedules.

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<sup>25</sup>Ibid., p. 2.

<sup>26</sup>Telephone interview with M. Turner at Texas State Department of Public Welfare, Denton, Texas, April 1, 1975.

<sup>27</sup>Mendelson, pp. 38-42.

Intermediate Care II is the custodial-care category to which those residents are assigned who require simple physical and/or mental subsidies. This category emphasizes individual assistance, protection, or supervision. Medical care provided is minimal, but residents do need assistance in daily living with a concentration on their safety and well-being. At this level, an aim is to retard the degenerative processes and to promote physical and social rehabilitation.

Intermediate Care III is a category designed for those residents who are unable to function independently because they require medical and social services on a daily basis which are supervised by licensed nurses. Because of the degree of their physical and/or mental illnesses, these residents require more complex subsidies than those in Intermediate Care II. This group, Intermediate Care III, has the highest potential for rehabilitation and remotivation.<sup>28</sup> It is important to provide incentives that are conducive to realizing this potential.

Skilled Nursing Care recipients suffer from physical and/or mental illnesses of such intensity that they require the services of a registered nurse on a twenty-four-hour basis. This category includes the totally helpless residents as well as those who are terminally ill. Such residents require continuous and comprehensive nursing care, rather than intermittent nursing care, over extended periods of time.

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<sup>28</sup>Gates and Vowell, p. 1.

To be eligible to care for residents under the Texas Medical Assistance program, homes must be licensed by the Texas State Department of Health and must have entered into an agreement with the Texas State Department of Public Welfare. Also, the home must be approved to provide at least one of the three levels of care. Payments are made directly to the homes, and under no circumstances are payments made to the residents.

Medicare legislation has created a new concept of posthospital care. The Joint Commission on Accreditation of Hospitals has defined extended care facilities (ECFs) as facilities having medical staffs and providing continuous professional nursing service which is designed to provide comprehensive inpatient care of relatively short duration and to serve convalescent patients who are not acutely ill.<sup>29</sup> Some well-run nursing homes have been certified as ECFs.

According to the Department of Health, Education, and Welfare estimates, of the approximately 23,000 homes, 4,057 are extended-care facilities which are licensed to receive Medicare payments, 6,500 are Skilled Nursing Care facilities, and 12,000 are Intermediate Care II and III facilities. Both skilled nursing facilities and intermediate care facilities are licensed to receive Medicaid payments. The Federal government pays 50 to 80 per cent of home costs through

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<sup>29</sup>Dorothy Kleffel, A Statistical Program for Utilization Review in Extended Care Facilities (Washington, 1972), p. 1.

Medicare, Medicaid, Social Security, the Veterans  
Administration, or Old Age Assistance.<sup>30</sup>

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<sup>30</sup>Mendelson, p. 23.

## CHAPTER II

### REVIEW OF RELATED LITERATURE

This study was undertaken to help meet the needs of the institutionalized elderly, affect processes of resource allocation in the long run, and set events and thought processes in motion. This section locates this pilot study in a theoretical perspective by setting forth the reasons for believing that home environment modification will ultimately succeed. Assumptions about resident satisfaction are explicitly stated herein and there is an attempt to test the linkages from step to step. The sample data collected were used to test the theoretical premises of the program so that evaluation might take place.

#### The Model

There seem to be two ways in which developments in a home may make a direct favorable impact on the quality of its residents' lives:

1. By residents' behavior modification. This is done by enhancing the residents' own powers and capacities so that within the same environmental conditions they become better equipped to maintain and improve their sense of wellbeing.

2. By home environment modification. This is accomplished by changing the residents' environment in the home so that, even though the residents possess the same powers and capacities, they become better able to maintain and improve the quality of their lives.

Believing that it is necessary to work on both fronts, this pilot study presents a model of the latter approach. This concentration on home environment modification is a correcting device because a review of the literature indicates that the popularity of the former approach far exceeds that of the latter approach. Both, however, are facets of behavior modification as defined by Carl Rogers and B. Skinner.<sup>1</sup> When behavior modification is used in a home, it is usually the residents' behavior which is the subject of modification. In this study, it is suggested that the home environment should be the subject of modification.

It is hoped that this study will contribute to the existing attempts to improve the quality of care given to residents in homes and thus improve the quality of these residents' lives. In this sense, quality of life means the measure of the capacity to satisfy the demands which the resident, personally, makes on his own life. The quality of a resident's life is largely determined by the quality of life available in the larger society.

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<sup>1</sup>Carl R. Rogers and B. F. Skinner, "Some Issues Concerning the Control of Human Behavior," Science, CXXIV (November 30, 1966), 1057-1066.

## Values

It is generally known that values play a significant role in the determination of peoples' behavior. The direction in which values change also affects the welfare of both individuals and society. The literature reveals that the idea of value has been most extensively studied in the fields of economics, philosophy,<sup>2</sup> psychology,<sup>3</sup> and sociology, but the analytic work of the economists seems relevant here too.

According to Milton Rokeach, values are standards for guiding action, for developing and maintaining attitudes toward objects and situations, for rationalizing one's own and others' actions and attitudes, for morally evaluating self and others, and for comparing self with others.<sup>4</sup>

The concept of value as an intervening variable almost disappeared from psychology during the reign of Behaviorism.<sup>5</sup> Value has been reinstated as a legitimate concept for

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<sup>2</sup>Ervin Laszlo and James B. Wilbur, editors, Value Theory in Philosophy and Social Science Vol. II (New York, 1973).

<sup>3</sup>Orlo Strunk, "Values Move Will: The Problem of Conceptualization," Journal of the History of the Behavioral Sciences, VI (January, 1970), 59-63.

<sup>4</sup>Milton Rokeach, Beliefs, Attitudes, and Values, (San Francisco, 1968), p. 160.

<sup>5</sup>Strunk, p. 60.

psychological research and experiment since World War II and the advent of existential and humanistic psychology.<sup>6</sup>

In 1967, Walter Thomas<sup>7</sup> cited eight hundred articles and books on values, most of which had been written since 1945. In 1959, E. Albert and C. Kluckhohn<sup>8</sup> cited almost two thousand references on the subject of values.

Graves' theory of values was the one selected for use in this research project because of its categorization of individual differences. It provides, for empirical investigation, a conceptual apparatus which is suitable for specifying value systems of particular individuals and changes in these values taking place over a period of time. Graves' theory predicts and explains such changes.

#### Attitudes

Rokeach defines an attitude as a group of beliefs which consists of interrelated assertions to the effect that some things about an object or situation are either true or false and other things about an object or situation are either desirable or undesirable. This attitude predisposes one to respond in some preferential manner.<sup>9</sup>

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<sup>6</sup>Ibid., p. 60.

<sup>7</sup>Walter L. Thomas, A Comprehensive Bibliography on the Value Concept (Grand Rapids, Michigan, 1967).

<sup>8</sup>E. M. Albert and C. Kluckhohn, A Selection Bibliography on Values, Ethics, and Esthetics (Glencoe, Ill., 1959).

<sup>9</sup>Rokeach, p. 159.



Of the attitude scale possibilities (Likert-type or Thurstone-type), there was much empirical support for using the Likert scale technique.<sup>10</sup> The Likert-type scale, also called summated rating scale, assumes that all of the test items are essentially equal in attitude or value loading. Respondents choose between extremes such as "agree-disagree" or "like-dislike" according to varying degrees of intensity. The scores corresponding to the position responses for each of the separate scales are summed and/or averaged to arrive at a respondent's score. The main advantage of a Likert-type scale is that it allows for the computation of a larger variance than a Thurstone-type scale. The main disadvantage is that this variance is vulnerable to biasing response sets from the overrater who has a penchant for "strongly agree" or "strongly disagree" or from the underrater who has a penchant for "agree" or "disagree" depending on how the question is stated.

The Thurstone-type scale, which yields results similar to the Likert-type scale, is more difficult to construct, for it assumes that the items are differentially ordered as opposed to being equal. Thus a Likert-type scale was selected for use in scoring the attitude surveys in this study.

Rokeach warns against using the same attitude test in a pretest, posttest pattern. M. Orne takes a similar view:

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<sup>10</sup>Stephen Isaac and William B. Michael, Handbook in Research and Evaluation (San Diego, 1971), p. 100.

If a test is given twice with some intervening treatment, even the dullest college student is aware that some change is expected, particularly if the test is in some obvious way related to the treatment.<sup>11</sup>

Rokeach believes that the more posttest situations in which a respondent's opinion change is manifested, the more confident one may be that a change in attitude has occurred. He concludes that, if an opinion change is to qualify as an attitude change, then the experimental study must show that the change exists in at least two reasonably different situations (e.g., three weeks later in the same room or five months later in a different location). He also states that, if an expressed opinion change is truly an attitude change, it will have other behavioral manifestations, as in other cognitive, affective, or behavioral changes.<sup>12</sup> Rokeach has developed an eighteen-item value and attitude measurement scale.<sup>13</sup>

#### Measurement Approaches

##### Quality of Care

Samuel Levy and others<sup>14</sup> utilized a facility-oriented rather than patient-oriented proxy measure to detect if there

<sup>11</sup>M. J. Orne, "On the Social Psychology of the Psychological Experiment: With Particular Reference to Demand Characteristics and Their Implications," American Psychologist, XVII (November, 1962), 779.

<sup>12</sup>Rokeach, pp. 148, 152.

<sup>13</sup>M. Rokeach, "Long-Range Experimental Modification of Values, Attitudes, and Behavior," American Psychologist, XXVI (April, 1971), 453-459.

<sup>14</sup>Samuel Levy and others, "An Appraisal of Nursing Home Care," Journal of Gerontology, XXVIII (April, 1973), 222-228.

were a noticeable variation between the 1969 and 1965 ratings with respect to each of nine components of their quality of care measure. This period was significant, for it was then that Medicare and its conditions became effective. In both survey years there was a significant relationship between the composite quality rating and the average total per diem cost.

J. Kosberg,<sup>15</sup> P. Townsend,<sup>16</sup> R. Penschansky and L. Taubehaus,<sup>17</sup> S. Greenwald and M. Linn,<sup>18</sup> and N. Anderson and others<sup>19</sup> have tried to measure the quality of care of institutions. While they have used different measures, their conclusions, with respect to the relationship between quality of care of an institution and socioeconomic composition of the residents, are similar. Money seems to be at the root of the problem, since one gets what one pays for. Also, institutions caring for nonwelfare patients are superior to those caring for welfare patients.

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<sup>15</sup>J. I. Kosberg and S. S. Tobin, "Variability among Nursing Homes," The Gerontologist, XII (Spring, 1972), 214-219.

<sup>16</sup>Townsend, The Last Refuge (London, 1964).

<sup>17</sup>Penschansky and L. J. Taubehaus, "Institutional Factors Affecting the Quality of Care in Nursing Homes," Geriatrics, XX (Autumn, 1965), 591-598.

<sup>18</sup>S. R. Greenwald and M. W. Linn, "Intercorrelations of Data on Nursing Homes," The Gerontologist, XI (Autumn, 1971), 337-340.

<sup>19</sup>N. N. Anderson and others, Policy Issues Regarding Nursing Homes: Findings from a Minnesota Survey (Minneapolis, 1969).

A closer and more complete understanding of the parameters of humane treatment and of maltreatment are crucial if improvements are to occur. However, the phenomenon of inhumane treatment has presented an area of taboo for systematic investigation. This is caused in part by a penchant for means centering which overvalues quantification indiscriminately and even sees it as an end in itself. Society is better served if one asks, "Which are the most pressing, the most critical problems I could spend my time on?" and not "Which problems can I attack--given the present level of technology--with the techniques and equipment that I now possess?"

#### Cost-Benefit Analyses

With respect to the measurement problem, effort has been concentrated on measuring inputs and outputs. Those who rely on classical economics believe that the prices paid for inputs reflect the value of these inputs. There are those who believe that the prices which the home's administration charges for its services to its residents reflect the value of these services to its residents. These input-output measurers rely on Adam Smith's "invisible hand" as an efficient allocator of resources. Competition between homes is believed to insure that the home's prices to its residents

do not afford the home's owners exorbitant returns. The Geomet study<sup>20</sup> and Mendelson's study<sup>21</sup> supply contrary evidence.

While the measurement of inputs and outputs is a useful activity, this study concentrates on outcomes. With respect to geriatric health care systems Philip Weiler says,

These quality standards will still have to be measured largely in terms of input (e.g., staffing patterns, diets, number of beds, facilities, etc.) rather than output (levels of functioning) because of the unresolved problems of time and valid instruments for output measurers.<sup>22</sup>

This pilot study is an attack on one of those "unresolved problems," resident satisfaction.

Robert Dorfman views the practice of doing what can be done as an example of "horse-and-rabbit stew": the rabbit symbolizes that portion which lends itself to relatively easy measurement, while the essence of the stew is symbolized by the horse which consists of economic, esthetic, psychological, and social factors which do not lend themselves to ease of measurement.<sup>23</sup>

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<sup>20</sup>Geomet, An Evaluation of the Operating Costs and the Cost Impacts of Regulations on Nursing Homes in Ohio (Cleveland, 1972).

<sup>21</sup>Mendelson, pp. 15, 34-52.

<sup>22</sup>Philip G. Weiler, "Cost-Effective Analysis A Quandry for Geriatric Health Care Systems," The Gerontologist, XIV (October, 1974), 416.

<sup>23</sup>Robert Dorfman, editor, Measuring Benefits of Government Investments (Washington, 1965), p. 2.

As regards the cost-benefit analysis problem, specification of outcomes is directly related to the intangibles facet of the benefit category. The emphasis of much cost-benefit analysis has been on planning, as in a prospective framework in which the analyst sought to assess the probable costs and benefits of various strategies which were proposed for the future in order to reach a predetermined goal. Cost-benefit analysis also has a control function; that is, it has been used to calculate past program effectiveness.<sup>24</sup>

Cost-benefit analysis, a research method rather than an established technique, is designed for the quantitative appraisal of the consequences of programs or policies including spillover effects. Cost-benefit analysis is a guide to action which requires the listing and consideration of as many effects as can be identified--whether beneficial, adverse, short-run, long-run, tangible, or intangible--on all persons and groups which are even remotely affected by a proposed project or service.

Essentially cost-benefit analysis entails a comparison of costs and benefits for a series of programs thought of as alternatives or competitors for public funds. The cost side of the equation consists of the projected expenditures, such as are itemized in a budget. The benefits are those future losses that will be averted by the success of the program.<sup>25</sup>

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<sup>24</sup>Carol Weiss, Evaluation Research (Englewood Cliffs, New Jersey, 1972), pp. 84-85.

<sup>25</sup>Herbert E. Klarman, "Present Status of Cost-Benefit Analysis in the Health Care Field," Journal of Public Health and the Nation's Health, LVII (November, 1967), 1948.

How does one quantify the intangible costs as well as the intangible benefits? Intangible benefits are especially difficult to quantify. The main problem continues to be that of deciding what benefits should be included in the analysis and of deciding how they should be valued.

A. Prest and R. Turvey in their survey found "that the benefit side poses many more problems than the costs side. . . ." <sup>26</sup> Ronald Stanfield and Walter Mullendore sought to qualitatively include intangibles by restating the objective function and the resource constraint. <sup>27</sup> Their plan will be discussed in greater detail in the next two paragraphs, since it offers some guidance for this research design.

Stanfield and Mullendore recommend the following procedure for including intangibles which, given the present state of the art, have not been reduced to dollars and cents. They state that benefits have two impacts: financial and social. <sup>28</sup> According to their definitions, the financial impact is usually the difference between a project's revenue and its monetary costs. Their social impact is defined as the net change in attitudes desirably affected. "Net" here refers to the fact that any project which leads to

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<sup>26</sup>A. R. Prest and R. Turvey, "Cost-Benefit Analysis: A Survey," The Economic Journal, LXXV (December, 1965), 729.

<sup>27</sup>Ronald J. Stanfield and Walter E. Mullendore, "A Suggested Form of Benefit-Cost Analysis for an Evaluation of Urban Renewal Projects," Land Economics, XLIX (February, 1973), 81-86.

<sup>28</sup>Ibid.

suboptimization, to an increase or worsening in one of the social parameters, would have a negative number to add to the other parameter changes.

Stanfield and Mullendore suggest the following decision policy: one should undertake projects which have a positive social impact and a positive or zero financial impact.<sup>29</sup>

There are, then, nine possibilities of which only three are acceptable:

<u>Acceptable</u>			<u>Unacceptable</u>		
1.	SI > 0	FI > 0	4.	SI = 0	FI > 0
2.	SI > 0	FI = 0	5.	SI = 0	FI = 0
3.	SI > 0	FI < 0	6.	SI = 0	FI < 0
			7.	SI < 0	FI > 0
			8.	SI < 0	FI = 0
			9.	SI < 0	FI < 0

SI = Social Impact and FI = Financial Impact

Possibilities 1 and 2 are acceptable because they are projects which improve the social parameters (e.g., residents' attitudes, nurses' and nurses' assistants' attitudes), while their revenues exceed and equal costs, respectively. Possibility 3 indicates that the decision maker might undertake a project which improves a social parameter while incurring a loss by exhausting available funds.

In the formula,  $SI = A_p - A_b$ , SI = social impact,  $A_p$  = residents' posttest attitude score, and  $A_b$  = residents' beginning attitude score before intervening treatment. The resident's attitude score computed in this study is  $A_b$ .

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<sup>29</sup>Ibid.



### Summary

While the bulk of evidence shows that there are both biological and hereditary determinants of motivation and personality, in most individuals these determinants are very weak and are easily overwhelmed by learned cultural forces.

Maslow has a concept of normality which he claims is not invented but discovered and is borne of empirical findings as opposed to wishes or hopes.

If the organism tells us what it needs--and therefore what it values--by sickening and withering when deprived of these values, this is the same as telling us what is good for it.<sup>30</sup>

Maslow's studies show that aggressiveness of a disagreeable nature is not basic but reactive, not cause but effect, for as a disagreeable person's health improves, he becomes less vicious; and as a healthier person's health declines, he moves in the direction of becoming more hostile, more venomous, and more vicious.<sup>31</sup> This is a result, in part, of a hope of regaining a degree of independence in the first case and a fear of a loss of independence in the latter case. Some residents want to feel that they are still in control of at least some facet of their lives.

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<sup>30</sup>Maslow, p. 279.

<sup>31</sup>Ibid., p. 274.

## CHAPTER III

### THE MODEL AND ITS INSTRUMENTS

The term "model" in the present context refers to a representation of reality. Simulation refers to the building and use of the model for purposes of prediction through testing various design components. An aim is to manipulate each part in order to see what will happen when all the parts are taken into account.

This chapter is an attempt to summarize efforts of this research study to date toward developing an environment modification model which focuses on the resident of the home and considers the nurses and nurses' assistants of the home only as a resource to be used in their mutual endeavors. There is no intention to present this model as a final developed simulator but rather as a beginning for the continued development of such a performance measurement and predictive tool.

If the goal of production is consumer satisfaction, which includes the enjoyment of leisure, then the goal of homes is resident satisfaction which includes the enjoyment of leisure. Resident satisfaction is best measured not in terms of economic inputs or in terms of outputs but in terms of outcomes.

### Significance of the Study

If death is the great unmentionable, then aging is the great insoluble for American society, for Americans neither love nor respect it. This lack of respect is by no means universal, but wherever it exists it need not prevail. Science and technology have added years to the normal life span. Intelligent caring can add even more years. It is a sad commentary on a society which relegates its weaker members to a subsistence level, with respect to health services and to financial income, at a time when these members are likely to need public subsidies most.

Any healthy society must have respect and concern for its elderly members. The prevailing negative attitudes toward growing old are a direct result of the values of a society which glorifies innovation, youth, vigor, and growth. Americans are caught in a paradox so that many wish to live a long life, but few want to grow old. For the sake of having a healthy society, Americans must be taught to respect and revere their elders. Wanting all things new, including people, is not consistent with the reality of ever-increasing life spans.

Medicare and Medicaid, while helpful, have illustrated that money alone will not cure the problems of the elderly. Many of these citizens are now old and poor because they were young and poor. The American inability to nationalize its health delivery system and to administer a guaranteed annual

income indicates that sharing a common danger does not always breed a common spirit. More good can be wrought by people who care than by any other agent.

As mentioned previously, Graves<sup>1</sup> posits that people exist at different levels of psychological development and that these levels in turn shape their needs and their attitudes toward many aspects of life. His levels of existence are based on an open system theory of values. In reliance on Graves' theory, this study is based on the belief that it is the interaction of the key variables--environment of the home and values, needs, and attitudes of residents, nurses, and nurses' assistants--which influences resident satisfaction.

Of the home's employees, the nurses and nurses' assistants usually have the most prolonged and intimate contact with the residents. The nurses and nurses' assistants often are the home personified and the most intimate and prolonged providers of service to the less-able residents. This explains why the environment of the home and values, needs, and attitudes of residents, nurses, and nurses' assistants are believed to influence resident satisfaction.

On the basis of interviews conducted over a ten-year period in over 200 homes which were located in twenty of the

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<sup>1</sup>Clare Graves, "Human Nature Prepares for a Momentous Leap," The Futurist, VIII (April, 1974), 72-87.

fifty states, Mendelson concluded, "The quality of care depends more than anything else on the size, ability, and motivation of the staff."<sup>2</sup>

This study is based on the following assumed relationships among variables, as shown in Table III. Given three

TABLE III  
ENVIRONMENT-MODIFICATION MODEL SHOWING  
THE RELATIONSHIPS AMONG THE  
THREE VARIABLES

	Variables		
	Casual	Intervening	End-Result
Residents	Home environment and situations (including nurses' and nurses' assistants' attitudes)	Residents' needs, values, and wants	Residents' attitudes toward home and its services (Surrogate for resident satisfaction)
Nurses and Nurses' Assistants	Work environment and situations (including residents' attitudes)	Nurses' and Nurses' Assistants' needs, values, and wants	Nurses' and Nurses' Assistants' attitudes toward work (Surrogate for nurses' and nurses' assistants' job satisfaction)

<sup>2</sup>Mary Mendelson, Tender Loving Greed (New York, 1975), p. 9.

classifications of variables: casual, intervening, and end-result, the nurses and nurses' assistants encounter a work environment which, as a result of interacting with their values, needs, and wants, determines their attitudes toward their work. These helping personnel cannot meet the needs of the residents whom they serve unless their own needs have been met. The attitudes of nurses and nurses' assistants toward their work are a part of the environment of the home which then becomes a casual variable with respect to resident satisfaction. Residents' values, which influence their needs and wants, are the intervening variables. An interaction of the residents' living conditions in the home with their value systems produces residents' attitudes as end-result variables.

#### Humane Treatment

The elderly have the same emotional needs and require the same support for good mental well-being as do other human beings. They have lived to become elderly because they have been able to cope with life's challenges and with its successes and failures. Basically, they need to be treated as valued members of society. They need to love and be loved, to have a sense of economic security, and to feel a sense of achievement and recognition. For too many of those confined to homes, the opportunities for achieving satisfaction and gratification of these needs and for social exchange are so narrow as to be practically nonexistent.

How will the home's staff know what a resident needs? The staff may ask the residents, while the residents are able to tell them, in hopes that by so doing the home can better meet the residents' needs and thus delay the onset of the time when the residents are unable to communicate their needs.

As an example of what a resident of a home needs, Shore quotes Arthur Waldman, executive vice-president, Home for the Jewish Aged, Philadelphia, as saying:

It is difficult for me to write without relating to this personally as to what I would want as a resident. I would want my private apartment, sick or well. I would want a choice of menu for dining and I would want a dining room to be a dining room and not just a place to eat. I would want the staff of the organization to remain in the background as much as humanly possible and not impose their will on me. I would want to seek the company of my peers and where there would be a common interest. Again, speaking for myself, I have never particularly associated with organized groups and I doubt that I would do so in my later years. I would probably want to be able to pursue the interest of my middle age, if I have the strength, to visit the museums. I would want to have the opportunity to stay out of all group activities, if I so chose, without anybody being concerned that I was undergoing any disengagement. All of this is based on the fact that I would hope my financial situation would permit me these privileges.<sup>3</sup>

This is one man's opinion of the kind of home environment that he desires. All people do not need or want the same things. When an administrator treats residents as he would like to be treated himself, he is engaging in mirror management. Mirror

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<sup>3</sup>Herbert Shore, "Homeward Bound," Adventures in Group Living (Dallas, 1972), p. 64.

management means that a manager attributes his own values, needs, and attitudes to others--the employees whom he supervises and the residents he serves. No matter whether a manager's mirror image is distorted or correct, he should not project his values onto the residents. The result of such projection is likely to be needless suffering on the part of the residents.

Administrators of homes would do well to ask each resident what he wants, since each resident is important and deserves this kind of respect. Administrators, nurses, and nurses' assistants should follow a new golden rule which says, "Do unto others as those others want done unto them." To do this, helping personnel must sincerely ask the residents what they want, believe that residents know what they want, and create an atmosphere in which residents may respond without fear of reprisals.

In the present state of affairs, the work ethic is the primary means of valuing a person. That is, a person in the main is valued for his ability to contribute as measured by his earning capacity. On the basis of experiments which he has conducted in the world of work, Rensis Likert states a general principle, the principle of supportive relationships, which long-run high producing managers seemed to be using:

The leadership and other processes of the organization must be such as to ensure a maximum probability that in all interactions and all relationships with the organization each member will, in the light of his



background, values, and expectations, view the experience as supportive and one which builds and maintains his sense of personal worth and importance.<sup>4</sup>

The principle of supportive relationships suggests that the way residents and staff perceive the mission of a home is crucial if the home is to be successful. For high motivation, each participant in the home must believe that the home's objectives are significant and that his own assignment contributes uniquely to the home's achievement of its objectives. The participant should perceive his role as difficult, important, and meaningful. These desiderata are necessary if the participant is to achieve and maintain a sense of personal worth and importance.

Likert also states that a participant's reaction to a situation is always a function of his perception of that situation. Objective reality counts less, since it is obscured by how the participant sees it.<sup>5</sup> Thus, a resident or a staff member of a home will always interpret an interaction, of which he is a part, in terms of his background, culture, experiences, and expectations. These factors are important determinants of his value systems. Regardless of the role the participant occupies--that of peer, subordinate, or superior--each reacts in terms of his own personal

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<sup>4</sup>Rensis Likert, New Patterns of Management (New York, 1961), p. 103.

<sup>5</sup>Ibid., p. 102.

background, experiences, and expectations. If an interaction is to be supportive, all the participants must perceive it to be supportive.

The Gravesian theory sets forth six working categories of states of psychological existence which reveal a great deal about humans, including the elderly. His theory provides a framework for understanding some of the wide variations in human values. Graves says that one remains at a state of rest at one of these states until disturbed by the conditions of one's life.<sup>6</sup> (Behavior modification is a planned disturbance which is designed to induce some prescribed and pre-determined reaction from the resident.) External circumstances may cause fixation at a state, regression to a lower state, or progression to a higher one.

Environment modification suggests that it may be better for all concerned if the home seeks to help a resident use rather than lose his abilities. Thus, it is important to help the home's staff perceive the residents' interactions and views of the world as the resident himself perceives them. Insight that results should better equip the home to provide a more supportive atmosphere and thus improve resident satisfaction.

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<sup>6</sup>Clare W. Graves, "Theory of Levels of Human Existence and Suggested Managerial Systems for Each Level," unpublished lecture notes, Management Center Institute for Business and Community Development, University of Richmond, Richmond, Virginia, 1971, p. 18.

### The Three Variables

The measurement of resident satisfaction, as a variable in the benefit calculation of a cost-benefit ratio, will improve the quality of the computed ratio. The three variables described in this model are causal, intervening, and end-result.

Causal variables are independent variables which include the inputs, the manipulations, the stimuli, or the treatments. They are believed to be independent of the outcomes themselves, for they are believed to cause or influence the outcomes.<sup>7</sup> With respect to resident satisfaction, nurses' and nurses' assistants' attitudes toward their job and its situations are a part of the home's environment and are thus causal variables. As regards nurses and nurses' assistants, working conditions are causal variables.

The values, needs, and wants which incorporate the expectations of residents, nurses, and nurses' assistants are intervening variables. This study did not entail an effort to measure the homes' environment because the study uses this environment as a hypothetical conception which is intended to explain processes between the stimuli, values and needs, and the responses, outcomes.

End-result variables are the dependent variables in the sense that they depend on the manipulation or management of

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<sup>7</sup>Stephen Isaac and William B. Michael, Handbook in Research and Evaluation (San Diego, 1971), p. 16.

the input variables. Residents have some reaction to the care that they receive as recipients of the home's services. These attitudes are surrogates for resident satisfaction. Likewise, nurses and nurses' assistants have some reaction to their working conditions. Table III summarizes the relationships among the causal, intervening, and end-result variables.

In order to ascertain the values and attitudes of residents, nurses, and nurses' assistants, two sets of questionnaires were administered. Value questionnaires based on Graves' theory were developed for this study. An appropriate attitude questionnaire was already available.

#### Pilot Study Instruments

This section presents a description of the preparation of the questionnaires which were administered to the residents, nurses, and nurses' assistants in homes. The value and attitude questionnaires are similar to questionnaires administered at Texas Instruments, Incorporated (Texas Instruments), in a 1973-1974 survey of its employees.<sup>8</sup> Similar instruments were also used in an American Management Associations survey conducted nationally in 1974.<sup>9</sup> The nurses' and nurses'

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<sup>8</sup>The value survey, developed by Susan and Scott Myers and based on Graves' "Levels of psychological existence," was called "Values for Living." The attitude survey was called "People Effectiveness Survey."

<sup>9</sup>Vincent S. Flowers and others, Managerial Values for Working, American Management Associations Survey Project (New York, 1975), p. 14.

assistants' attitude survey was based on another instrument used by Texas Instruments and entitled "Why Do You Stay at TI?"

The original value instruments were designed to measure the values of people who are presumed to exist at Graves' levels two through seven. These instruments were tested and refined to make them internally consistent.<sup>10</sup>

#### The Residents' Values Survey

Development of the Instruments.--The residents' value survey entitled "Values for Living" is based on Graves' theory. Prior to administering "Values for Living" the first time it was critiqued by two faculty members of North Texas State University, and by Charles Hughes, a Texas Instruments psychologist.

While "Values for Living" is patterned after the questionnaires used by Texas Instruments and the American Management Associations, none of the questions are the same. The demographic questions do, however, contain some duplications. The original thirty-two value questions were reduced to the present eight questions on the basis of critiques by five administrators of homes, four professors, two residents of homes, and three noninstitutionalized persons between seventy and eighty years of age.

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<sup>10</sup>Ibid.

Administration of "Values for Living."--Both the Texas Instruments and American Management Associations surveys were limited by a respondent literacy requirement. This literacy requirement was relaxed in this study. Some residents read for themselves. Others indicated that they preferred having the interviewer read to them. The interviewer adapted her approach to the preferences of the respondents. She received residents' responses in whatever manner they were given. Each of the multiple-choice value questions contained six possible responses to which respondents were asked to allocate twelve points among them however they chose, as long as the total per question was twelve points. Respondents were told to assign the points in such a way that the responses with which they most agreed would receive the most points.

Pretesting revealed that most residents were unable to allocate twelve points among the six value responses as the questionnaire directed. For this reason, the lead statement and a response were typed onto three-by-five-inch cards. There were eight questions, each of which had six responses from which to choose. A complete deck consisted of forty-eight cards. Residents were able to give "I like," "I do not like," or "I do not know" responses. Whenever the "I like" category contained more than one card, the respondents were asked to rank two of them as their first and second choices.

The interviewer used a form, such as the one in Table IV, to record residents' responses during the interviews.

TABLE IV  
RESIDENTS' VALUE SURVEY  
RESPONSE FORM

Question Number	Levels of Existence					
	2	3	4	5	6	7
1						
2						
3						
4						
5						
6						
7						
8						

X = I like.

0 = I do not like.

? = I do not know.

The two nonprofit homes discussed in this pilot study will be referred to as Home B and Home C. All the respondents, except one at Home B, used the cards. She demanded a different approach. Other residents at Home B were not given a choice because, at that time, such a control was believed necessary. Some respondents at Home C were interviewed with the card-sort approach and others allocated points on a questionnaire.

The interviewer filled in demographic questions three and five before the interview began or before the questionnaires were distributed to the residents. At Home B, the home's records and residents supplied the other demographic data. At Home C, the home's residents supplied the other demographic data. The interviewer saw each resident at Home B, and decided who was willing and able to participate. At

Home C the administrator decided who would hear the announcement of the survey, and so in the main the participants were those who both attended the meeting and signed up to participate. In a few instances, residents at Home C who had subsequently heard of the survey volunteered and did participate.

The interviewer met the resident in the resident's room or in some other suitable room, introduced herself, announced her reason for requesting the interview, talked about whatever the resident wanted to talk about until the resident indicated readiness to respond to the questionnaire.

Scoring of "Values for Living."--Only the "I like" responses were assigned points. The scoring system used is shown in Table V.

TABLE V  
RESIDENTS' VALUE SURVEY  
SCORING GUIDE

<u>Xs Assigned</u>	<u>Equivalent Points</u>
X . . . . .	X=12
(X) <sub>1</sub> (X) <sub>2</sub> . . . . .	(X) <sub>1</sub> =8; (X) <sub>2</sub> =4
(X) <sub>1</sub> (X) <sub>2</sub> X . . . . .	(X) <sub>1</sub> =7; (X) <sub>2</sub> =4; X=1
(X) <sub>1</sub> (X) <sub>2</sub> X X . . . . .	(X) <sub>1</sub> =6; (X) <sub>2</sub> =4; X=1; X=1
(X) <sub>1</sub> (X) <sub>2</sub> X X X . . . . .	(X) <sub>1</sub> =6; (X) <sub>2</sub> =3; X=1; X=1; X=1
(X) <sub>1</sub> (X) <sub>2</sub> X X X X . . . . .	(X) <sub>1</sub> =5; (X) <sub>2</sub> =3; X=1; X=1; X=1; X=1



Twelve points were assigned to each of the eight questions. The resident allocated the points however he pleased to each of the six responses. Each participant allocated a total of ninety-six points to the eight questions.

The raw scores were first computed, then rank-ordered from high to low--for each value system--and their percentiles computed. (The raw scores are shown in Appendix B.) The data shown in Table VI were used to draw graphic profiles of the residents. Value profiles were prepared to see if the residents' responses appeared to be logical.

TABLE VI  
"VALUES FOR LIVING" PERCENTILES COMPUTED  
FROM SEVENTY-THREE RESIDENTS' SCORES

Percentiles	Levels of Existence					
	2	3	4	5	6	7
10	1-6	0-1	0-5	0-4	2-7	0-4
20	7-8	2	6-9	5-6	8-13	5-10
30	9-10	3-5	10-12	7	14	11-14
40	11-12	6-8	13-14	8	15-16	15-16
50	13-15	9	15-17	9-10	17-19	17-20
60	16	10-11	18-19	11-12	20-22	21-22
70	17-19	12-13	20	13-14	23-24	23-27
80	20-21	14-15	21-22	15	24-27	28-30
90	22-26	16-18	23-25	16-19	28-32	31-35
100	27-72	19-30	26-37	20-32	33-41	36-52

#### The Residents' Attitude Survey

The residents' attitude survey, which is entitled "People Effectiveness Survey," contains twenty-two questions. (Appendix A contains a sample questionnaire.) The survey was

administered at the same time as the "Values for Living" survey. In some instances, the residents themselves filled in the blanks, and in others, the interviewer filled in the blanks according to the residents' responses. Using a Likert-type scale, points were assigned to various categories as specified in Table VII.

TABLE VII  
RESIDENTS' ATTITUDE SURVEY SCORING GUIDE

Questions	Points Assigned to Responses				
	Strongly Disagree	Disagree	I don't know	Agree	Strongly agree
1, 6-8, 11-13	1	2	3	4	5
2-5, 9-10, 14	5	4	3	2	1
	We don't have enough freedom	Same as we'd have anywhere	I don't know	The right amount	More than enough
15, 17	1	2	3	4	5
16	5	4	3	2	1
	Never	Not Often	Only special times	Sometimes	Most or all of the time
20-22	1	2	3	4	5

The Nurses' and Nurses' Assistants'  
Value Survey

The "Values for Working" survey was administered to nurses and nurses' assistants. (A sample copy appears in Appendix A.) The first seven value questions are exactly the same as those which were used in the American Management Associations survey. The eighth value question--number eighteen--in "Values for Working" is exactly the same as the seventh value question--number seventeen--in "Values for Living."

Demographic data, value questions, and attitude questions were combined into a single set. Before distributing the questionnaires to the respondents, the interviewer filled in demographic questions three, four, and five. The interviewer asked each nurse and nurses' assistant to fill in a questionnaire during nonworking hours and to return it to her. Nursing supervisors distributed questionnaires to those who worked the 11:00 p.m. to 7:00 a.m. shift, and the interviewer distributed questionnaires to staff members on other shifts.

The respondents to the "Values for Working" questionnaire allocated twelve points for the six responses to each of the eight value questions. The raw scores were computed and then rank-ordered from high to low--for each value system--and their percentiles computed. (The raw scores of the one responses are shown in Appendix B.) The data presented in Table VIII were used to draw graphic profiles of the nurses' and nurses' assistants' responses.

TABLE VIII

"VALUES FOR WORKING" PERCENTILES COMPUTED FROM THIRTY-ONE  
NURSES' AND NURSES' ASSISTANTS  
SCORES

Percentiles	Levels of Existence					
	2	3	4	5	6	7
10	0-7	0	2-5	0	2-8	0-9
20	8-0	0	6-16	1-2	9-12	10-11
30	11-13	0	17	3-6	13-14	12
40	14-15	1-2	18	7-10	15-16	13-14
50	16	3	19-20	11-12	17-18	15
60	17-18	4	21	13-14	19-21	16-17
70	19-21	5	22-24	15	22	18-27
80	22-23	6	25	16	23-24	28-33
90	24-26	8-10	26-28	17-18	25-26	34-41
100	27-43	11-14	29-41	19-24	27-48	42-61

The Nurses' and Nurses' Assistants'  
Attitude Survey

The nurses' and nurses' assistants' attitude questionnaire called "Why Do You Continue To Work At This Home" contains sixty questions and spaces for five write-in responses. (See Appendix A.)

The three response categories and their point assignments are shown in Table IX.

TABLE IX

NURSES' AND NURSES' ASSISTANTS' "WHY EMPLOYEES  
STAY" SCORING GUIDE

Questions	Points Assigned to Responses		
	Is one of the reasons I stay here	Has little or nothing to do with my staying	I disagree or it does not apply
1-60	1	2	3

While all sixty of the questions related to "why employees stay," twenty of them were attitude questions: 1, 6, 9, 13, 17, 21, 24, 27, 30, 32, 34, 35, 39, 42, 44, 46, 48, 50, 52, and 57. These attitude responses were assigned points as shown in Table X.

TABLE X

NURSES' AND NURSES' ASSISTANTS' ATTITUDE  
RESPONSES SCORING GUIDE

Questions	Points Assigned to Responses		
	Is one of the reasons I stay here	Has little or nothing to do with my staying	I disagree or it does not apply
1, 6, 9, 13 17, 21, 24, 27, 30, 32, 34, 35, 39, 42, 44, 46, 48, 50, 52, 57	2	0	-2

The respondents were also asked to encircle the five most important reasons for staying. Questions twenty-five through

twenty-nine of the demographic section involve five reasons for staying which respondents were asked to rank on a scale from one to five so that "one" represented their first choice and "five" their last choice.

#### Summary

This pilot study was designed to answer the following seven questions which are believed to be relevant if one is to develop concepts of benefits to be used in cost-benefit analyses.

1. Do residents of homes manifest different levels of psychological development, different value systems, that influence their needs?

2. Do residents of homes have attitudes which will yield to ordinal measurement?

3. Do nurses and nurses' assistants also manifest different levels of psychological development, value systems, that influence their needs?

4. Do some nurses and nurses' assistants stay on their jobs for the right reasons? If their needs are being met, they can better help the needs of the residents. If, on the other hand, they stay for the wrong reasons, they may decrease resident satisfaction.

5. Does there appear to exist a dependency relationship of residents' value systems upon those of their nurses and nurses' assistants?

6. Does compatibility between the value systems of residents and the value systems of nurses and nurses' assistants influence resident satisfaction?

7. Are the value and attitude questionnaires appropriate instruments to use to develop concepts needed in the longer-run effort to do cost-benefit studies in homes?

The model proposed in this chapter is consistent with Likert's principle of supportive relationships<sup>11</sup> which implies that the home's staff will not meet the needs of the residents until the needs of the home's staff are met. That is, the service does not exist separately and apart from its deliverers. This explains why the nurses and nurses' assistants were surveyed along with the residents.

Instruments were designed, tested, and scored, to see if they were sufficient for the purposes for which they were intended.

Questions one, two, five, and seven will be answered in Chapter IV. Questions three, four, six, and seven will be answered in Chapter V. Chapter VI, the final chapter, summarizes the results of this pilot study.

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<sup>11</sup>Likert, p. 103.

CHAPTER IV  
ANALYSIS OF RESIDENTS' VALUE AND  
ATTITUDE RESPONSES

This chapter describes the subjects at Homes B and C and attempts to demonstrate the following:

1. Residents of homes show different levels of psychological development, different predominant value systems, that influence their needs.

2. Residents of homes have attitudes which should yield to ordinal measurement.

3. There appears to exist a dependency relationship of residents' value systems upon those of their nurses and nurses' assistants, and

4. The value and attitude questionnaires should be appropriate instruments to use in the longer-run effort to do cost-benefit studies in homes.

Generally, there was detected an underlying belief that residents should not criticize their home. For example, 35 per cent of the total respondents stated that they believed it not in their best interest to criticize their home and its services. However, during casual conversations which took place in the halls or in the lounges subsequent to the formal



interview, about 55 per cent of these same residents expressed candid appraisals, both critical and complimentary. At this latter point, some of these residents were speaking "off the record." They had gained confidence in the interviewer. Others simply had begun to behave naturally, since the interviewer's visitations lasted about thirteen weeks in the two homes.

In some instances respondents said they were afraid to make critical comments about their homes because they believed that such comments might be used against them. Approximately 60 per cent of the resident-respondents stated their unbiased appraisals, during the interviews, which were a combination of praise and criticism.

Regardless of whether a "threatening question" appeared in the value survey or in the attitude survey, some residents limited their responses to choices that they perceived to be noncritical. For example, with respect to value question number eighteen, a typical comment of residents was that they had a program director who planned their activities for them. (See Appendix A, "Values for Living.") Those residents who so responded did not think in terms of what they really wanted but rather in terms of what they had. They did not care to pretend that change was probable and to state what they would want if the decision were, in fact, theirs to make.

The existence of the "no criticism but praise" rule in homes had been discovered and reported upon by Ruth Bennett and by Mendelson. Bennett's study concluded that residents' norms dictated that residents should neither criticize nor complain about their home but rather they should praise it and regard it as their home.<sup>1</sup> Mendelson stated,

Whenever possible, we spoke to patients. Those who could--and would--talk to us gave us sharp and accurate appraisals of the institutions that housed them. Some patients could not talk to us because they were senile or too ill or too discouraged. But there were other grim reasons for patient silence. Some were silent because they feared the staff; a few told us they would be punished if they criticized the home. Others were silent for another reason. They sat vacant-eyed, responding to nothing--because they had been drugged into oblivion, to keep them quiet for the convenience of the management. That silence is hard for me to forget.<sup>2</sup>

Given the fact that many residents believed that an assertion of favorable attitudes toward their home and its services, no matter how much they actually liked or disliked these services, was in their best interest, the present instruments are not the ones which ought to be used in those homes where the "no criticism but praise" rule prevails. The purpose for discussing the residents' "no criticism but praise" norm is to point out that the residents' attitude instrument may not be doing its job properly. The extent of the bias is difficult to ascertain.

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<sup>1</sup>Ruth Granick Bennett, "The Meaning of Institutional Life," Geriatric Institutional Management, edited by M. Leeds and H. Shore (New York, 1964), pp. 68-90.

<sup>2</sup>Mary A. Mendelson, Tender Loving Greed (New York, 1975), p. 16.

The model on which this pilot study is based was detailed in Chapter III. Essentially, it specifies relationships among the causal, intervening, and end-result variables as shown in Table III, page forty-two. Similar value- and attitude-measuring instruments were used successfully in an industrial setting at Texas Instruments. While the instruments used in this pilot study worked well with the nurses and nurses' assistants, doubts remain concerning the outcome with regard to residents. Thus the residents' attitude responses may not be valid surrogates of resident satisfaction.

It was not possible to take random samples of residents at Homes B and C. The sample at Home B was limited to residents who were both willing and able in the interviewer's judgment. The respondents at Home C were restricted to those who knew of the survey and volunteered to participate. The sample used was the one available rather than the one desired.

Because of the possibility that the sample obtained is biased, conclusions were not based on it alone. Whenever possible, attempts were made to relate data obtained from residents to the results obtained from the Texas Instruments survey and the American Management Associations survey. A portion of the data collected will be used to illustrate some of the points made below even though, at this time, they cannot be generalized beyond the sample.

### Model-Related Analyses

Home B is licensed to render the three levels of care discussed earlier in Chapter I: Intermediate Care II, custodial care; Intermediate Care III, custodial care plus services of licensed vocational nurses on a day-to-day basis; and Skilled Nursing Care, custodial care plus care directed by a registered nurse twenty-four hours a day. Home C is licensed to give these same levels of care, and, in addition, serves the retired but well elderly who wish to live independently in a protected environment.

Home B respondents' demographic data are summarized in Table XI. According to Table XI, residents assigned at least some points to each value system except one: those residents who had lived in Home B for a period of from six to eight months assigned none to the egocentric category.

Home C respondents' demographic data are summarized in Table XII. At Home C all value systems were represented among the residents.

The purpose of Table XI is to describe the sample at Home B with respect to seven characteristics and to establish the existence of differences in the residents' value systems. Home B data are a census of residents who were both willing and able to respond. There is no reason to believe that these residents received any response-inhibiting instructions. (Some of the Home B residents did say that they would not make critical comments about their home's services.)

TABLE XI  
 DEMOGRAPHIC INFORMATION BASED ON VALUE  
 SYSTEMS FOR HOME B

Factor	Total Sample	Value System					
		2 %	3 %	4 %	5 %	6 %	7 %
<b>Marital Status</b>							
Married	6%	5	2	9	6	8	5
Widowed	68%	74	72	63	64	69	65
Single	26%	21	26	28	30	23	30
<b>Prior Home Experience</b>							
Yes	10%	6	10	9	13	11	12
No	90	94	90	91	87	89	88
<b>Time in This Home</b>							
Under 6 months	6%	5	4	6	6	8	7
6-8 months	2%	3	0	2	1	3	2
9-12 months	4%	3	5	3	4	4	6
1-2 years	12%	11	9	16	10	14	9
2-3 years	18%	18	20	22	12	16	18
4-5 years	16%	18	16	10	21	16	16
6-8 years	26%	26	29	26	26	27	24
9 or more years	16%	16	17	15	20	12	18
<b>Services Received</b>							
Custodial	86%	81	88	91	86	84	87
Nursing	14%	19	12	9	14	16	13
<b>Sex</b>							
Male	10%	10	8	10	8	12	10
Female	90%	90	92	90	92	88	90
<b>Age</b>							
70-79	24%	24	20	26	21	28	21
80-89	54%	53	58	52	56	50	58
90-100	22%	23	22	22	23	22	21
<b>Race</b>							
White	100%	100	100	100	100	100	100
Number of Residents	50						

TABLE XII  
 DEMOGRAPHIC INFORMATION BASED ON VALUE  
 SYSTEMS FOR HOME C

Factor	Total Sample	Value System					
		2 %	3 %	4 %	5 %	6 %	7 %
<b>Marital Status</b>							
Married	13%	14	15	15	12	14	12
Widowed	78%	72	78	78	82	81	77
Single	9%	14	7	7	6	5	11
<b>Prior Home Experience</b>							
Yes	13%	10	7	6	1	3	3
No	87%	90	93	94	99	97	97
<b>Time in This Home</b>							
6-8 months	4%	4	9	1	7	3	5
9-12 months	9%	16	8	13	6	7	6
1-2 years	13%	13	11	17	7	16	13
2-3 years	22%	17	17	18	23	25	24
4-5 years	17%	18	16	21	20	21	11
6-8 years	17%	11	22	10	21	14	24
9 or more years	18%	21	17	20	16	14	17
<b>Services Received</b>							
Custodial	13%	21	14	15	9	12	11
Nursing	4%	2	7	4	3	7	3
Independent Living	83%	77	79	81	88	81	86
<b>Sex</b>							
Male	9%	5	10	7	10	8	11
Female	91%	95	90	93	90	92	89
<b>Age</b>							
60-69	17%	20	12	19	16	17	17
70-79	48%	54	45	47	48	44	50
80-89	35%	26	43	34	36	39	33
<b>Race</b>							
White	100%	100	100	100	100	100	100
<b>Number of Residents</b>							
	23						

The purpose of Table XII is to describe the sample at Home C with respect to seven characteristics and to establish the existence of differences in the residents' value systems. Home C data were taken from a sample of volunteers. The administrator at Home C told the residents to take care not to make disparaging remarks about their home. He also told them that he would screen all responses before the interviewer tabulated and analyzed them in order to insure their veracity.

Residents in Homes B and C assigned points to the six value systems as described in Table XIII. The purpose of Table XIII is to show that residents' value systems do vary.

TABLE XIII  
RESIDENTS' VALUE SYSTEMS DESIGNATIONS

Rank Order	Home B		Home C		Homes B + C	
	Value System	Per Cent of Total Points Assigned	Value System	Per Cent of Total Points Assigned	Value System	Per Cent of Total Points Assigned
1	6	20	7	26	7	22
2	7	20	6	22	6	21
3	2	19	4	15	4	18
4	4	19	5	14	2	17
5	5	11	2	14	5	12
6	3	<u>11</u>	3	<u>9</u>	3	<u>10</u>
		100		100		100

Residents at level seven are most concerned with species survival, at level six with being accepted and liked by others, at level four with assuring their personal future salvation,

at level two with providing for the continuity of their way of life, at level five with obtaining earthly satisfaction here and now, and at level three with the continuance of their personal survival whether others survive or not.<sup>3</sup>

More confidence is placed in the validity of the residents' value responses than in their attitude responses because the value survey contained fewer questions which would elicit responses that could be viewed as critical of the home. Residents had a tendency to select those responses which were in agreement with their home's amenities as they perceived them. Some said they did not wish to jeopardize their position in their home nor make their lives there more unpleasant.

The more directly a question related to life in the home, the greater was the likelihood that some of the residents would be influenced to respond in a manner that praised rather than criticized the home. This threatened group of residents suppressed expression of their true needs, wants, desires, and attitudes toward their home and its services.

#### Residents' Attitude Survey Responses

Administrators of homes not only need to use attitude surveys to improve services, but they must convince residents

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<sup>3</sup>Clare W. Graves, "Theory of Levels of Human Existence and Suggested Managerial Systems for Each Level," unpublished lecture notes, Management Center Institute for Business and Community Development, University of Richmond, Richmond, Virginia, 1971, pp. 1-20.



that the surveys will be used in positive ways. The residents are unlikely to risk invoking the wrath of the home by giving candid responses that are critical if they believe the information will be used as a basis for reprisals against them.

In the home, a resident encounters the home's environment as the home pursues its goals, the independent variable, which interact with the resident's value system, the intervening variable, and the end result is the resident's attitudes toward his home. In other words,

home's environment + resident's values = resident's  
attitudes.

Using the percentiles developed from the attitude scores of sixty-eight residents, the following summary in Table XIV was made:

TABLE XIV  
RESIDENTS' ATTITUDE SURVEY PERCENTILES

<u>Percentiles</u>	<u>Attitude Scores</u>
10 . . . . .	68-75
20 . . . . .	76-78
30 . . . . .	79-80
40 . . . . .	81-82
50 . . . . .	83
60 . . . . .	84-85
70 . . . . .	86
80 . . . . .	87-90
90 . . . . .	91
100 . . . . .	92-97

After calculating the median attitude scores of those residents whose decision to enter the home was made independently, the following summary in Table XV was prepared:

TABLE XV  
MEDIAN ATTITUDE SCORES OF RESIDENTS WHOSE  
DECISION TO ENTER THE HOME WAS  
MADE INDEPENDENTLY

Home	(1) Maximum Points Possible	(2) Range	(3) Median Attitude Scores	(4) Median Scores Percentile
B	110	72-93	83	50
C	110	68-97	89	80

At Home B, the nineteen respondents who said they made their own decision to enter their home scored at the fiftieth percentile, the median, while at Home C, the comparable group of thirteen respondents scored at the eightieth percentile. The existence of only a twenty-nine point range (ninety-seven through sixty-eight) in attitude scores indicates one of, or a combination of, three possibilities: the attitude's questionnaire was not an adequate discriminator of residents' attitudes, the residents of these homes were highly satisfied, or the residents were coerced. On the other hand, those residents at Home C who made their own decision to enter the home scored at the eightieth percentile on the attitude survey. *Ceteris paribus* this implies at least some degree

of credibility in the responses. Clearly, more research is needed here.

Some residents had been persuaded by their loved ones to enter their home. Others had chosen to live in their home rather than to remain alone or to make some potentially temporary move which might necessitate another move when and if they should become less able.

Data in columns one, two, and three of Table XV relate to all the respondents at Homes B and C. Using a median test, a chi square calculation was made to decide if it were probable that the two independent groups, Home B residents and Home C residents, had been drawn from populations with the same median. The computed chi square value of 5.617, for one degree of freedom and a two-tailed test (because only a difference was sought), was significant at the .02 significance level. The null hypothesis was rejected. That is, there was a significant difference between the attitudes, thus "satisfaction," of the residents in Homes B and C.

Individual differences and the most "satisfied" residents.  
--In an attempt to effect a more thorough analysis of residents' attitude scores, Table XVI and Figures One and Two were prepared to ascertain if there exists any relationship between residents' value systems and their attitude scores. With reservations about the representativeness of the

TABLE XVI

"HAPPY" RESPONDENTS' RAW ATTITUDES SCORES MATCHED  
WITH THEIR PREDOMINANT VALUE SYSTEMS

Factor	Value System						Totals
	2	3	4	5	6	7	
Home							
B Residents (N=41)	684	81	598	171	1006	902	3442
Rankings	3	6	4	5	1	2	
B Nurses and Nurses' Assistants (N=6)	60	0	36	0	28	68	192
Rankings	2		3		4	1	
C Residents (N=15)	85	0	87	0	353	805	1330
Rankings	4		3		2	1	
C Nurses and Nurses' Assistants (N=7)	22	0	66	28	34	60	210
Rankings	5		1	4	3	2	
Cumulative Percentages							
Home B Residents	20	22	40	45	74	100	
Home B Nurses and Nurses' Assistants	<u>31</u>	<u>31</u>	<u>50</u>	<u>50</u>	<u>65</u>	<u>100</u>	
Absolute Differences	<u>11</u>	<u>9</u>	<u>10</u>	<u>5</u>	<u>9</u>	<u>0</u>	
Home C Residents	6	6	13	13	39	100	
Home C Nurses and Nurses' Assistants	<u>10</u>	<u>10</u>	<u>42</u>	<u>55</u>	<u>71</u>	<u>100</u>	
Absolute Differences	<u>4</u>	<u>4</u>	<u>29</u>	<u>42</u>	<u>32</u>	<u>0</u>	

## Scales:

Residents (Maximum possible  
raw score = 110)

Happy = 77 to 110

Neutral = 55 to 76

Unhappy = below 55

Nurses and Nurses' Assistants  
(Maximum possible raw score = 40)

Happy = 20 to 40

Neutral = -20 to 21

Unhappy = below -20

residents' attitude scores, these scores were used to illustrate the theory proposed in this pilot study.

### Cumulative Percentages

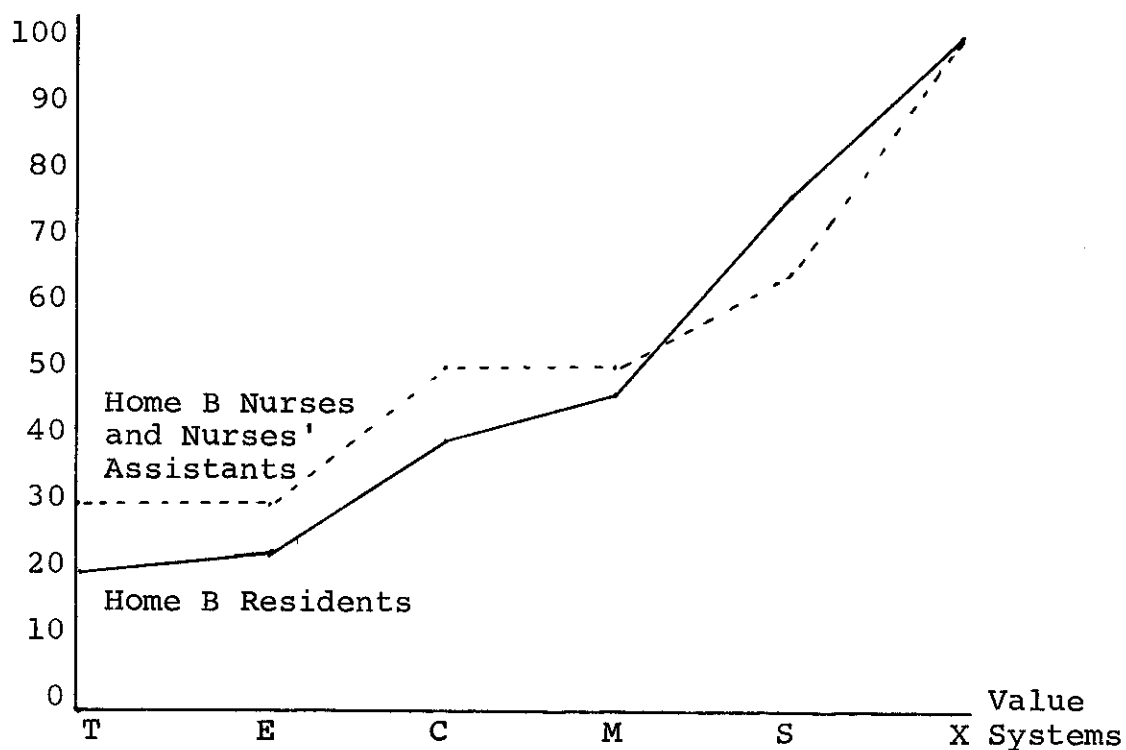


Fig. 1--A comparison designed to discover the agreement between two cumulative distributions of "happy" respondents' attitude scores: Home B residents (N = 41) versus Home B nurses and nurses' assistants (N = 6).

Given the structured environment in homes, it was expected that those respondents for whom value systems two and four were dominant would be happiest. Thus, one would expect that the Figure Four data would show rankings of one and two for value systems two and four. Nurses and nurses' assistants at Home B ranked value system two first. Nurses and nurses' assistants at Home C ranked values system four first. Because

the residents' first and second rankings do not include value systems two and four it, again, appears that the residents' attitude scores may be biased.

### Cumulative Percentages

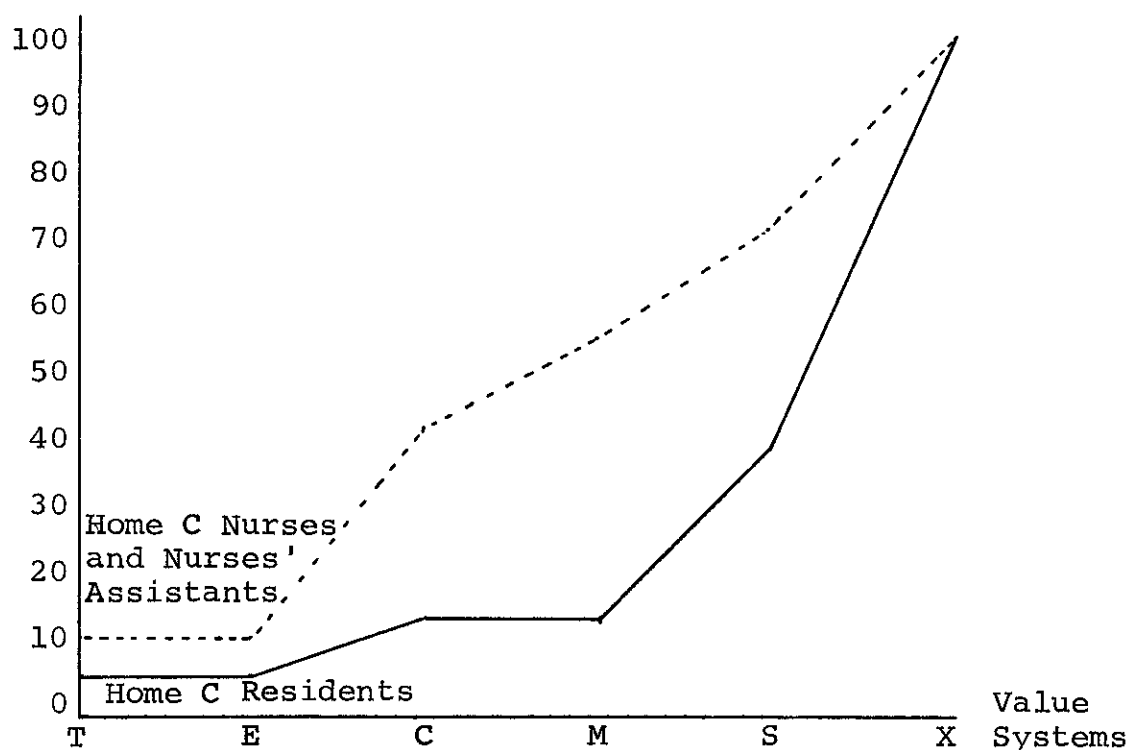


Fig. 2--A comparison designed to discover the agreement between two cumulative distributions of "happy" respondents' attitude scores: Home C residents (N = 15) versus Home C nurses and nurses' assistants (N = 7).

The cumulative percentages computed in Table XVI were used to prepare the graphic comparisons in Figures One and Two.

Figure One showed absolute differences between the two sample populations of Home B residents and Home B helping personnel, but because the cumulative distributions were fairly close together, a Kolmogorov-Smirnov two-sample test

indicated that the deviations were mere random ones at even the .10 level of significance. These two cumulative distributions tend to suggest that the two samples, Home B residents and Home B nurses and nurses' assistants, of attitudes came from the same population (or from populations having the same distributions). Home B nurses and nurses' assistants tended to be happier or more satisfied than Home B residents from value system two through five. Table XVI and Figure One show that it was at value system six that Home B residents were happier than their nurses and nurses' assistants, relatively speaking.

Whether one uses moments to measure skewness (N 50) or a quartile measure of skewness (N 50), the following results are obtained with respect to sample data skewness:

1. The distribution of Home B residents' attitude scores was a normal distribution because of the equality of the mean, median, and the mode.

2. The distribution of each of the three remaining groups' attitude scores--Home C residents and Homes B and C nurses and nurses' assistants--were negatively skewed. (The tails of these distributions were to the left, and the distributions were skewed to the smaller values. Thus, these respondents tended to assign more higher values. The ordering of the three averages proceeding from the smallest to the highest was as follows: mean, median, and mode.)

It was at Home C that the administrator told his residents that they should speak favorably of their home and that any critical responses they made would be changed to favorable ones before the interviewer would be allowed to tabulate their responses to the questionnaires. The administrator at Home B made no such comments to the residents when announcing the interviews. However, some Home B residents said that they believed it was not in their best interest to criticize their home.

The sample data show that at Home C high nurses' and nurses' assistants' attitude scores were accompanied by high residents' attitude scores. At Home B, high nurses' and nurses' assistants' attitude scores were accompanied by symmetrically distributed attitude scores.

A Kolmogorov-Smirnov two-sample test revealed the existence of a significant difference at the .01 level between the two cumulative distributions graphed in Figure Two. These two cumulative distributions of Home C residents' and Home C nurses' and nurses' assistants' attitude scores suggest that the two samples came from different populations (or from populations having different distributions).

The responses showed that the residents have some vestiges of many value systems as opposed to just one. It is as if they had kept what they could use of the lower value



systems as they progressed to higher ones. This observation is consistent with Graves' theory.<sup>4</sup>

Given the diversity of residents' needs, how "satisfied" are they with what they are getting? At Home B, nineteen residents indicated that they themselves had made their decisions to enter the home. Thirteen of those at Home C said they had so chosen. A ranking of their value systems follows in Table XVII:

TABLE XVII  
VALUE SYSTEM RANKINGS OF RESIDENTS  
WHOSE DECISION TO ENTER THE HOME  
WAS MADE INDEPENDENTLY

Rank	Value Systems		
	Home B	Home C	Homes B and C Combined
1	7	7	7
2	4	6	6
3	6	4	4
4	2	2	2
5	5	5	5
6	3	3	3

The purpose of this analysis was to discover, for predictive reasons, the value systems of persons who are most likely to decide for themselves to enter a home.

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<sup>4</sup>Clare Graves, "Human Nature Prepares for A Momentous Leap," The Futurist, VIII (April, 1974), 82.

Given their need for subsidies, it may be that some residents actually prefer to enter a home rather than to live outside an institution. If the residents' value survey is reasonably accurate in measuring values, two observations may be made. The data show that an existential personality (value system seven) is most likely to make her own decision to enter a home and that an egocentric personality (value system three) is unlikely to enter a home at all.

Residents' value percentiles.--Percentiles were constructed in an attempt to establish norms and a sense of order in the data so that useful comparisons of residents' value scores might be made.

Percentiles were developed from the scores of 1707 United States managers who participated in a nationwide American Management Associations study. These scores have been reproduced in Figure Three.

The American Management Associations'<sup>5</sup> Values-for-Working Profile is presented here because it was a result of a comprehensive study against which this pilot study's residents' value profiles might be compared with an aim toward assessing the validity of the pilot-study instruments.

A comparison of the profiles, of the 1707 United States executives who participated in the American Management

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<sup>5</sup>Vincent S. Flowers and others, Managerial Values for Working, An American Management Associations Survey Report (New York, 1975).

Associations' survey, shown in Figure Three, with those of the seventy-three residents in homes, shown in Figure Four, reveals that executives have the lower tribalistic and egocentric scores. Both sets of conformist scores are very close together.

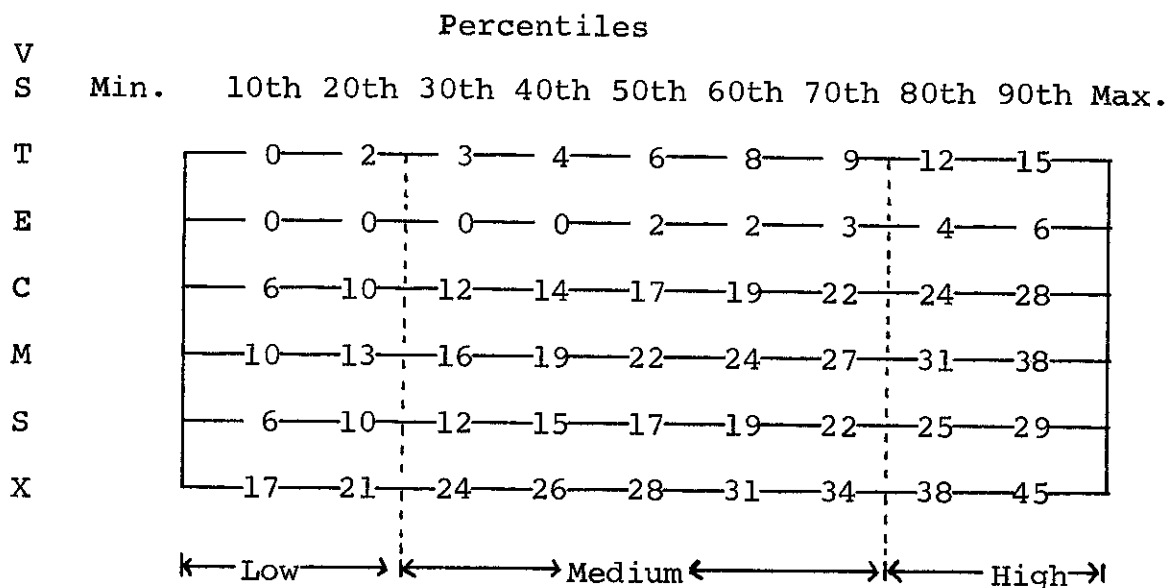


Fig. 3--American Management Associations' graphic percentiles from Flowers and others, Managerial Values, p. 49. (Based on the scores of 1707 United States managers who participated in a nationwide American Management Associations study.)

Executives have higher manipulative and existential scores, whereas residents of homes have higher sociocentric scores. One would expect successful business managers to be highly manipulative. As expected, residents were more tribalistic and sociocentric than managers.

The data in Figure Four were presented to facilitate a comparison for purposes of establishing the validity of this

pilot study's value percentiles, of the American Management Associations' survey results with those of this pilot study. The American Management Associations' study sample was larger, and for this reason it is probably more representative of the population from which it was drawn.

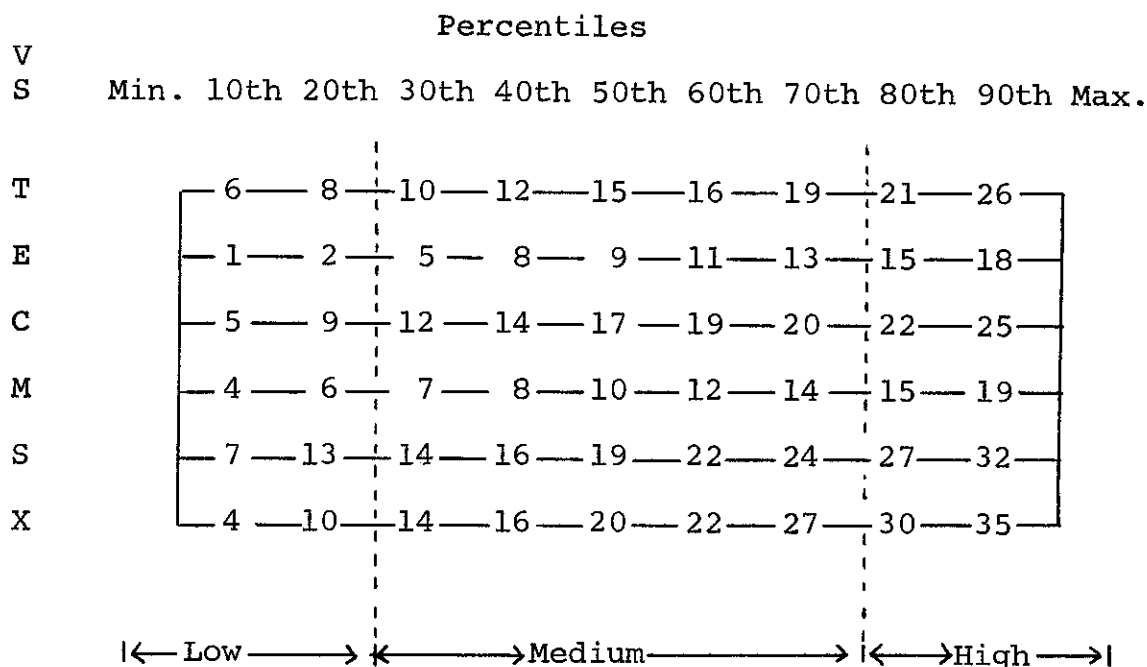


Fig. 4--Residents' percentiles which were based on the scores of seventy-three residents of two nonprofit homes located in the Dallas-Fort Worth area.

Residents at Homes B and C were grouped in a variety of ways. Irrespective of the basis for the groupings, the residents listed the following as the features of the home they liked best:

1. I am treated fairly by the staff.
2. I enjoy my food.
3. During the past six months I have not looked for somewhere else to live.

4. I can be assured of a place here as long as I want it.
5. I am proud to live here.

A summary of the five most desired features by residents at Homes B and C with the highest (those scoring at or above the eightieth percentile) tribalistic, egocentric, conformist, manipulative, sociocentric, and existential scores produces the same five enumerations. Administrators of homes should obviously be interested in the pervasive importance of these features to residents.

For administrators of homes, knowing that all value systems have certain needs in common should be useful for planning purposes. They should discover the ways in which their homes' residents are alike and different and then proceed to plan their service offerings in light of these findings. Administrators must remember that, to the extent they encourage their residents to avoid candid responses in favor of responses that make their homes look good, their findings will be misleading. An administrator who is confident enough to encourage candid responses from residents of his home and who is also an honest inquirer as to how he might quantify resident satisfaction should be able to obtain the data needed to prepare meaningful cost-benefit analyses.

The next section presents a more detailed discussion of the Gravesian theory as it relates to people in general and to residents of homes in particular.

Gravesian Theory with Emphasis  
on Home Residents

This section, which is an adaptation of Graves' theory,<sup>6</sup> is intended to help administrators understand their residents' values, needs, and wants so that administrators might improve their planning and control functions.

Behavior and values characteristic at level one.--Graves says that persons who exist at this level are reactive, they seek only the satisfaction of their basic physiological needs, and they are seldom seen in the modern world.<sup>7</sup> Homes do have residents who are completely helpless, senile, and/or sometimes comatose. Such residents, of course, need skilled nursing care. If Graves is correct when he says that those at this level learn by habituation,<sup>8</sup> by becoming accustomed to certain things, then nurses' assistants should be cautioned against rearranging the residents' furniture while the resident is out of the room. At one of the homes, a resident had to be restrained because, while she was away from her room, her furniture had been rearranged; upon returning to her room, she became combative because she no longer recognized it. She was sure that she had been moved to another room.

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<sup>6</sup>Graves, "Human Nature Prepares," pp. 72-87; "Theory of Human Existence," pp. 1-20.

<sup>7</sup>Graves, "Theory of Human Existence," p. 3.

<sup>8</sup>Graves, "Human Nature Prepares," p. 78.

M. Lieberman<sup>9</sup> and L. Pastalan<sup>10</sup> have documented the potential dangers of relocation for the aging resident in terms of mortality and morbidity. Even so, in some of the better physically endowed homes, residents are arbitrarily moved from room to room, a situation which contributes to physical decline and causes the development in the resident of a state of permanent insecurity and a sense of unpredictability and impermanence.

It would also seem that these residents might be adversely affected by the high turnover of nurses' assistants. Instead of having to adjust only to nurses' assistants on three different eight-hour shifts, these residents must constantly adjust to new nurses' assistants' methods of feeding, bathing, dressing, and turning techniques as well as to their countenances.

Although those residents for whom this value system predominates were excluded from this study because the present design of the instruments could not reach them, it is well to remember that all people have some reactive values. That is, all people have physiological needs, and the current conditions of their existence may temporarily cause these needs to become dominant.

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<sup>9</sup>M. Lieberman, "Institutionalization of the Aged: Effects on Behavior," Journal of Gerontology, XXIV (April, 1969), 330-339.

<sup>10</sup>L. Pastalan, "Studies on Relocating the Elderly," unpublished paper read before the Gerontological Society, San Juan, Puerto Rico, December, 1972.

Maslow's<sup>11</sup> research revealed that aggressiveness of a disagreeable nature is not basic but reactive, not cause but effect, for as a disagreeable person's health improves, he becomes less vicious, and as a healthier person's health declines, he moves in the direction of becoming more hostile, more venomous, and more vicious. This is a result, in part, of a hope of regaining a degree of independence in the first case and a fear of a loss of independence in the latter case.

Behavior and values characteristic at level two.--Those residents for whom this value system predominates have a high need for safety and stability. While they lack understanding of their ways of living, they defend them and want to continue them. They lead a ritualistic, tradition-based existence and are greatly concerned about the survival of groups with which they personally identify themselves. Consequently, they are called tribalistic.<sup>12</sup>

According to Graves, tribalistic persons learn through the classical Pavlovian conditioning process. Assurances motivate them. They have a tendency to cling to the familiar.<sup>13</sup> Whatever was good enough for those whom they follow and respect is good enough for them. Some of the residents at Home B said they had assumed that once they ceased to live independently,

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<sup>11</sup>Abraham H. Maslow, Motivation and Personality (New York, 1970), p. 274.

<sup>12</sup>Graves, "Theory of Human Existence," p. 4.

<sup>13</sup>Ibid.



they would move into Home B. They had heard about it and visited friends who had lived there earlier.

Those high in this value system want to feel that they are being looked after. They like the greetings which they receive to be solicitous of their health. There is one person to whom they look for decision-making: a relative, another resident, a volunteer, a cleaning woman, or the administrator. They have a favorite seat: in the parlor, in the television room, or in the dining room. Such a resident may be the minister's widow who continues to be controlled by the memory of her deceased chieftain. Because they feel threatened by the unfamiliarity resulting from a change in their environment, they will complain about the "improvement" in appearance of the parlor that has been wrought by an interior decorator.

Often those who are among the hard core unemployed exist at this level<sup>14</sup>; they are in the group which is most victimized by bureaucratic routine. They have the least money, most confinement, most sickness, and they are the most bedridden.

As one grows older, income becomes a greater determinant of medical care received. Tribalists are often members of the long-term poor who are especially ill when they are elderly because they were young, ill, and poor.

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<sup>14</sup>Ibid., p. 5.

Those happiest in homes at this level would appear to be those who had never been a part of mainstream American culture. Those whose medical bills have caused their poverty, who are caught up in the downward economic spiral, experience feelings of despair and consider it unusual that someone else--welfare, their children, or other relatives--should take care of them.

In an attempt to reconcile themselves to their lot, growing older in an institution, residents at this level, theoretically, accept their present circumstances as inherent in the nature of things. They might have a tendency to suffer distress but not to make their discomfort or displeasure known.

According to data in Table XIII, Home B and Home C respondents ranked the tribalistic value system fourth. In order to survive best in such an institutionalized environment as is typical of homes, one might expect residents to rank this value system first or second.

The graphs in Figures Five and Six tend to show a dependency relationship among the value systems of residents, nurses, and nurses' assistants with respect to all eight value questions and also with respect to the growing-older question. Figure Five tends to show a direct relationship, whereas Figure Six tends to show an inverse relationship.

The object of this value systems rankings-dependency discussion is to express the possibility that the residents'

value instrument may not be doing its job properly. This might be so because these residents' value systems, as a result of institutionalization, might have undergone a metamorphosis which the value instrument could not overcome.

The growing-older question was the one value question that was common to both the residents' and the helping personnel's surveys. Behavior modification programs designed to change residents' situational responses might have caused residents to adopt the value systems of their behavior modification teachers. That is, these residents might be, in fact, predominantly tribalists who answered the value systems questions as if they were conformists or sociocentrics, depending on the predominant value systems of their behavior modification teachers. These statements relate to residents' tendency to adopt higher value systems.

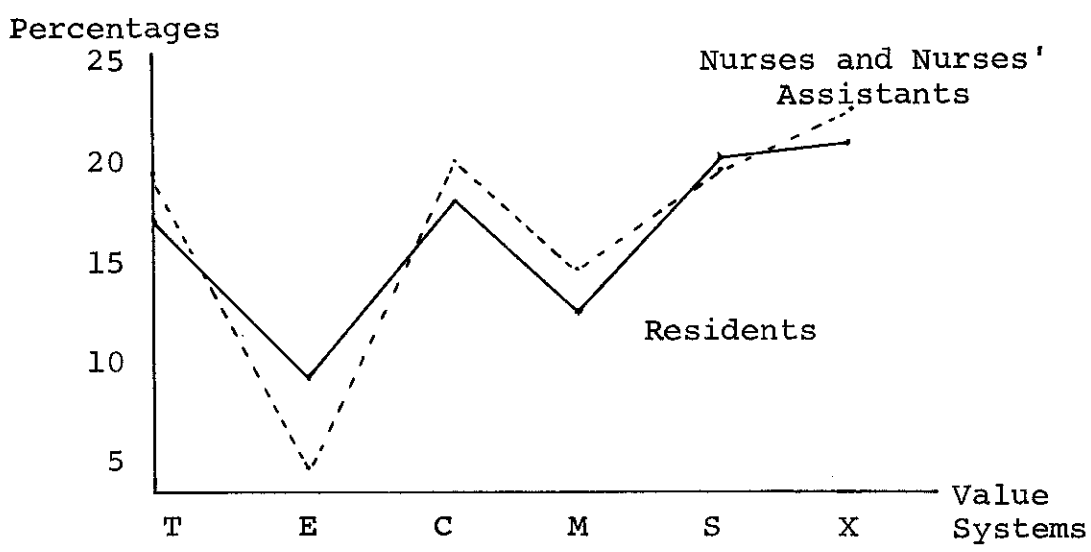


Fig. 5--A comparison of the total survey percentages of points assigned to the six value systems by nurses and nurses' assistants (N = 31) with those assigned by residents (N = 73).

Graves states that a person--under some circumstances such as in cases of poverty, of a restrictive environment, or of social disapproval--may regress to a lower hierarchial behavioral system.<sup>15</sup>

Percentages

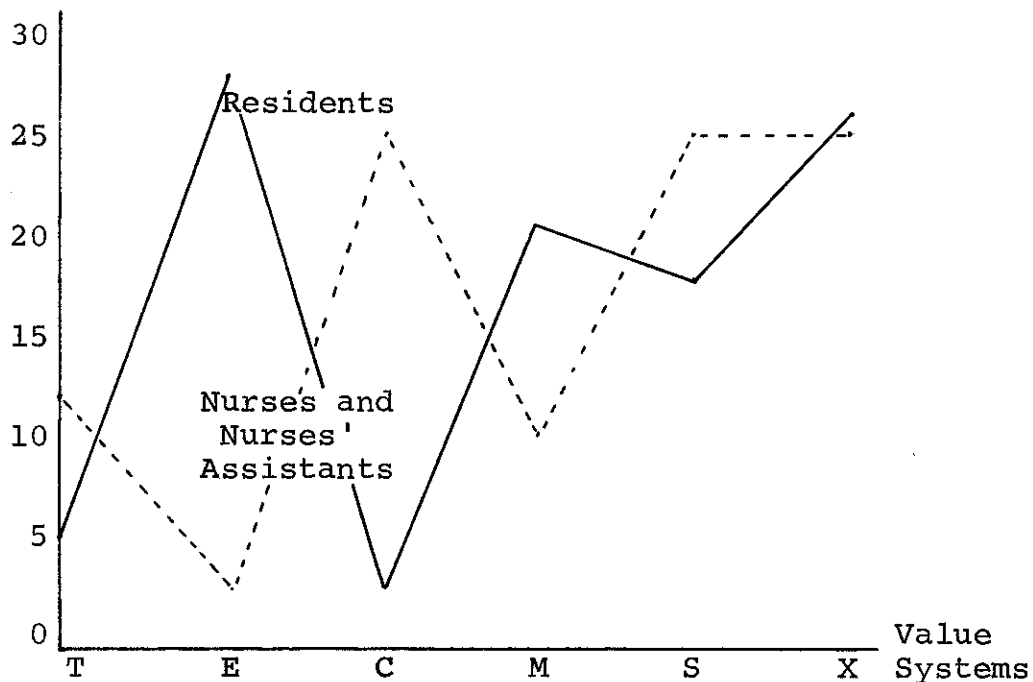


Fig. 6--A comparison of the total survey percentages of points assigned to the growing-older question by nurses and nurses' assistants (N = 31) with those assigned by residents (N = 73).

In essence, some of those residents assigning points to the tribalistic value system, for example, may have done so because "man tends, normally, to change his psychology as the conditions of his existence change."<sup>16</sup> Thus, one's coping

<sup>15</sup>Graves, "Human Nature Prepares," p. 72.

<sup>16</sup>Ibid.

mechanism may affect behavior at a level of existence in either a positive or negative manner, and it may cause regression from, as well as advancement to, other systems in the hierarchy.

Residents, in the main, assigned very few points to the egocentric value system. They seemed, however, regressed to the egocentric value system when they responded to the growing-older question graphed in Figure Six. Because they felt threatened, they chose the egocentric response: "Growing older to me means a constant struggle to avoid being run over and ignored."<sup>17</sup>

A Kolmogorov-Smirnov two-sample test, when applied to the data on which Figures Seven and Eight are based, revealed no significant differences among the two sets: the distributions of value systems point allocations of Home B residents and their nurses and nurses' assistants and the distributions of value systems point allocations of Home C residents and their nurses and nurses' assistants. These data-based relationships, which confirm the similarities within the two sets of value systems rankings, imply a dependency of the residents' value systems and those of nurses and nurses' assistants. Residents may have imitated the value systems' rankings of their nurses and nurses' assistants.

With respect to Figures Seven and Eight, a calculation utilizing Kendall's Coefficient of Concordance,  $W$ , was made

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<sup>17</sup>See Table I.

to determine the degree of association between the respondents' sets of rankings of the six value systems in Homes B and C.

Percentages

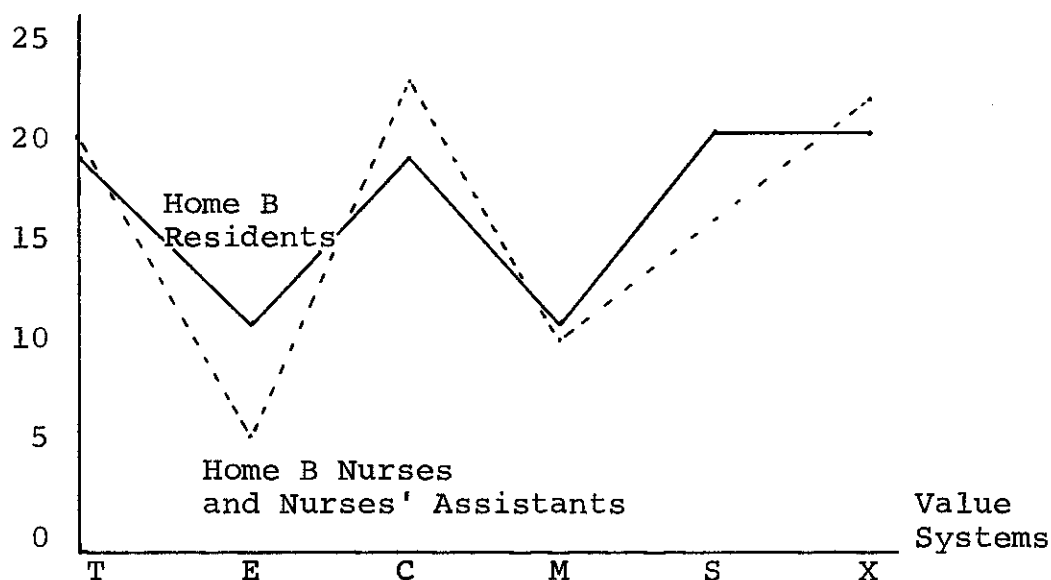


Fig. 7--A comparison of the percentages of points assigned by Home B residents (N = 50) to each of the six value systems with those assigned by their nurses and nurses' assistants (N = 15).

Agreement between the residents' value systems rankings at Home B and their nurses' and nurses' assistants' value systems rankings was greater than the agreement between Home C residents' value systems rankings and those of their nurses and nurses' assistants. This means that, if one knows, for example, that the resident, nurse, or nurses' assistant comes from Home B, one has a greater probability of being correct in predicting that respondents' value system profile on the basis of the graphic data in Figure

Seven than one would have of being correct in predicting the value systems profile of a Home C respondent on the basis of the graphic data in Figure Eight.

Percentages

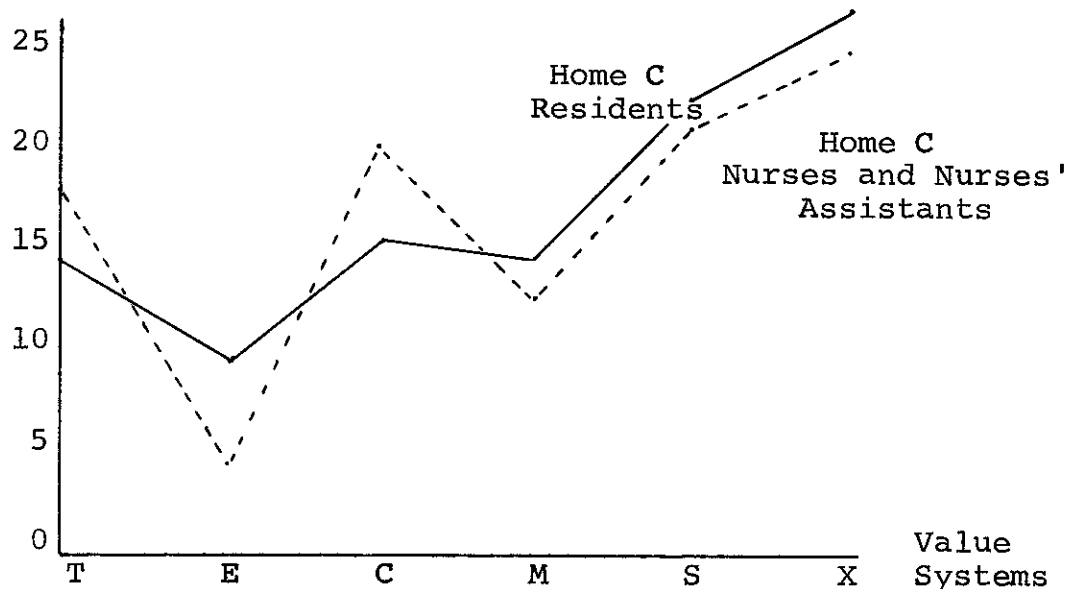


Fig. 8--A comparison of the percentages of points assigned by Home C residents (N = 23) to each of the six value systems with those assigned by their nurses and nurses' assistants (N = 16).

("W," which can only take values between 0 and +1, expresses the degree of agreement among the respondents in ranking the six value systems. A high or significant value of "W" means that the respondents used essentially the same criteria in ranking the six value systems under study. A high degree of agreement about value systems orderings does not necessarily mean that the consensus ordering was also the objective ordering. Association does not necessarily mean that a cause-effect relation is established between the variables.

It merely means that one characteristic or variable is associated with another to a specific degree.)

While association between these two groups' sets of value systems rankings was not significant at the .05 level, Home B data, which was graphed in Figure Seven, revealed "Ws" of the same size for each group: residents,  $W = .02$ ; nurses and nurses' assistants,  $W = .02$ . Hence, one is equally likely to be able to predict residents' value systems rankings as to be able to predict nurses' and nurses' assistants' value systems rankings at Home B. (The larger the "Ws," the greater will be the association between value systems rankings of the respondents.)

At Home B, there is much interaction between the residents and the nurses and nurses' assistants. At Home C, where there is considerably less interaction between residents-respondents and nurses and nurses' assistants, "W" is greater than at Home B. This observation also implies that these homes' overt or covert behavior modification programs might be so effective as to support a dependency relationship.

Data on which Figure Eight was based revealed that higher agreement, on value systems rankings existed among the nurses and nurses' assistants than among the residents. While association of value systems rankings between these two groups was not significant at the .05 level, Home C data revealed a higher "W" for nurses and nurses' assistants (residents,



$W = .07$ ; nurses and nurses' assistants,  $W = .14$ ). Hence, at Home C, one is more likely to be able to predict nurses' and nurses' assistants' value systems rankings than residents' value systems rankings. (Both "Ws" of .07 and .14 are statistically insignificant. One would not want to make a respondent's value systems rankings prediction based on "Ws" of .07 and .14. They are too low in the range of values which "W" might assume: 0 to +1. However, if forced to choose between the two, "W" = .07 and "W" = .14, one should choose "W" = .14. The size of "W" varies directly with the respondents' sameness in allocating points to value systems. If all the respondents had ranked the six value systems exactly alike, "W" would have equaled +1.) It is not known whether or not the respondents of certain value systems selected the home or if the home selected the respondents--residents, nurses, and nurses' assistants of certain predominant value systems.

Departing from the dependency idea growing out of Figures Five and Six, there was no significant difference, at the .01 level using Kolmogorov-Smirnov calculations, in the six value systems points allocations by residents at Homes B and C combined and by their nurses and nurses' assistants combined both with respect to Figure Five data and Figure Six data. However, Figures, Five, Six, Seven, and Eight showed that residents and their nurses and nurses' assistants did not have the same value systems rankings.

Behavior and values characteristic at level three.--

Those residents who scored high at this level believe that they themselves must attend to their own survival.<sup>18</sup> They would explore the home in order to discover its underpinnings so that they might manipulate events rather than merely accept them.

It seems that those who enter homes, while they are intact, go through a humbling process. Upon applying for admission to a home, residents sign an agreement to the effect that they will abide by the rules of the home. Those who would pursue that path which brings them immediate pleasure irrespective of what happens to others would be expelled from the home as being too disruptive, or they would be otherwise subdued and restrained if not mentally intact. Table XIII shows that few points were assigned to egocentric responses. It therefore appears that egocentrics did not participate in this survey.

During the interviewing, some residents said that they had to adopt behaviors which are characteristic of egocentrics. During such times they had encountered environmental conditions in the home so threatening to them psychologically that they relied on egocentric behavior as a means of coping. Graves' research led him to conclude that, as one progresses

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<sup>18</sup>Graves, "Theory of Human Existence," p. 6.

through the levels of existence, one spends increasingly less time, generally, at each succeeding level.<sup>19</sup> Perhaps if an individual exists at a particular level for an extended period of time, that system will function as a back-up system once he progresses beyond it. When under stress, the individual would have a tendency to regress to the back-up system.

There are some residents who are both suspicious and angry. Some say they never married nor had children of their own because they were busy attending to their ill and aging parents, aunts, or uncles. Some lament the fact that their daughters-in-law or other relatives did not make them welcome in their home and therefore made it necessary for them to move into a home. Very cruelly, one resident said to another, "You have three daughters, one of whom lives in your house, and I have none and we've both ended up in the same place: a home."<sup>20</sup> Such a statement reflects its speaker's need to destroy the listener's peace of mind without substituting something of value.

Often this egocentric mind-set comes to the fore when residents encounter difficulties in seeing the doctor or the nurse. They become angry and suspicious and believe that no one really wants to help them when they must wait for a long time to see the doctor only to have him make a cursory

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<sup>19</sup>Graves, "Human Nature Prepares," p. 80.

<sup>20</sup>Statement by resident, Home B, Dallas, Texas, October 17, 1974.

examination and then dismiss their complaints as insignificant. These residents also complain that Medicare, Medicaid, or their relatives are billed excessively for the medical services which residents actually receive. They also dislike the home's practice of waiting six months to bill residents for doctors' visits in hopes that the residents might have forgotten the details of the visit.

Some residents have said that they have been adamant and have not submitted to unnecessary blood tests, which they were told were being paid for by Medicare. The implication is that residents should not be concerned about Medicare expenses and other examinations made to collect data that the residents' personal physicians might supply if only the home's nurse would ask.

Graves states that those high in this value system learn through trial and error. They respond favorably to a system of immediate rewards.<sup>21</sup> Graves recommends no punishment for errant behavior but rather the use of "positive reinforcement operant conditioning"<sup>22</sup> if such residents are to be taught to help themselves. Egocentrics focus much of their attention on present survival, on immediate gratification of desires. Not all of the economically deprived welfare recipients are

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<sup>21</sup>Graves, "Human Nature Prepares," p. 78.

<sup>22</sup>Graves, "Theory of Human Existence," p. 7.

egocentric, but because of their spending habits and income earning ability, egocentrics are likely to be welfare recipients when they become elderly. Social Security benefits were created to help this kind of individual even though, if given the option, an egocentric would prefer to make no contribution to such a future-oriented scheme.

It is important for egocentrics to believe that they themselves exercise some control over their lives. Hence, giving them meaningful choices helps to satisfy this need. The egocentrics' need to feel superior to other residents sometimes causes them to seek special privileges.

Just as Figure Three shows that United States executives were not egocentrics, Figure Four shows that resident respondents were not egocentrics either.

Behavior and values characteristic at level four.--The "saintly" level of existence, also called "conformist," is personified by those who would sacrifice the present good for the character-building facet of sacrificing. They believe in a grand design which is controlled by some other-worldly figure whom they accept as their authority. Tribalistic persons seek security in myths or magic whereas conformists opt for reality orientation, the accepting of things as they are, adjusting to them, or changing them. People are born into a station in life for which there are prescribed rules which need to be followed for the order of the grand design

to be preserved. They believe that, if they concentrate on the means--piety, modesty, self-sacrifice, strict self-discipline, and denial--the end, salvation, is assured.<sup>23</sup>

One would expect conformists to be the happiest residents because theoretically they have a high tolerance of structured environments which are typical of homes. According to Table XIII, the conformist value system was ranked fourth at Home B and third at Home C. This observation casts doubt on the validity of the high attitude scores.

Conformists accept their station in life, and they strive for perfection as they live it. Conformist residents believe that the rules of the home exist for the benefit of all and for the purpose of keeping order. They believe that being able to live in the home is a reward, of a kind, and they want to preserve it. They accept fewer benefits in order to support the home and its administrator.

Speaking disparagingly of the home to an outsider is taboo. One must teach oneself to desire what one receives. If one were inclined to break a rule, the threat of punishment is usually a deterrent. Rigidly prescribed and enforced rules create order in the environment and enhance one's sense of safety and one's ability to predict the outcome of behavior.

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<sup>23</sup>Ibid., pp. 8-10.

Inequality is a fact of life. Some residents simply have more material wealth than others. Conformists are aware of themselves in relation to others, and their moral sense of right and wrong is relative to the standards of the group to which they belong. The conformist attitude requires loyalty to and the showing of kindnesses to members of the same group, as opposed to members of other groups, and adherence to the customs and rules of the group.<sup>24</sup> Some residents perceived themselves as belonging to the group of the "well" elderly. They believed that the "ill" elderly should be barred from their dining room and from social affairs, for the sight of the ill reminded the well of what fate may have in store for them. Again, sharing a common enemy does not always breed a common spirit.

A conformist may adopt values which rules of his home cause him to adopt as a means of coping with environmental conditions. That is, a bona fide conformist may have assigned points in the manner of a sociocentric or an existentialist as a result of either the home's overt or covert behavior modification programs. Homes' programs which make no attempt to tailor their offerings to their residents' beliefs and behavioral patterns often try to tailor their residents to their homes' offerings. Those administrators

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<sup>24</sup>Ibid., pp. 9-10.

who practice the latter procedure create a kind of goal incongruency which causes their residents to experience a values crisis.<sup>25</sup>

Behavior and values characteristic at level five.--Man at the fifth level of existence, which is referred to as the manipulative level, studies his physical universe with an aim toward conquering it by learning its secrets and by working within the system rather than by exercising brute force as an egocentric would do.<sup>26</sup> He believes less in pre-determined fate and more in his own ability to improve the quality of his life through using the scientific method and also by discovering and using loopholes in the law. Because of his cold rationality, manipulative man closely approximates economic man.

Manipulative man believes that he proves his worth by amassing material wealth. He strives for a satisfactory existence in this life. Man at this level learns best when the reward he receives is the one he expects from the effort he expends. Graves says that manipulators like variety in their learning experiences so that they might find the ones which suit them best.<sup>27</sup> Because they want to achieve, they

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<sup>25</sup>Graves, "Human Nature Prepares," p. 75.

<sup>26</sup>Ibid.

<sup>27</sup>Graves, "Theory of Human Existence," p. 11.



work successfully and do achieve to the envy and dislike of some of their peers. They help others achieve also but never as much as they help themselves.

The Protestant work ethic is deeply ingrained in manipulative man and unless he develops an avocation or can pursue his vocation for as long as he thinks he is able, he is likely to find retirement burdensome. Because of his strong urge to strive and to accomplish, he would tie retirement to ability rather than to chronological age. Once he becomes a resident in a home, he might use his architectural experience to beautify the grounds, his ability to play the organ to participate in musical programs, his ability to paint pictures to beautify the halls, or his ability to sew to mend the belongings of other residents. These things a manipulative-type resident might do in order to satisfy his needs to accomplish, to excel, and to prove that he is still productive.

A resident at this level may not want his family to make heroic efforts to keep him alive if by so doing his family would become pauperized. If he has always been financially independent, the idea of his becoming a welfare recipient would not be endurable to him.

Manipulative persons interpret loss of financial independence as a loss in control. They may ask for a financial report from those in the home who administer their wealth. Telling such persons that "You'll always be looked

after, whether you have money or not," is necessary but not sufficient. Generally, if they ask for information about their finances, they do so because they want to know something which they regard as their business. Telling them the truth may add to their peace of mind.

His competitiveness and his need to achieve make a manipulative resident try to do his best, to be successful, to perform difficult tasks, to be recognized as an authority, to accomplish an important task, and to do a difficult job well.<sup>28</sup> While he was in the prime of his life, he may have believed that foreigners and minorities deserved their fate because of their indolence and often innate failure to strive for and achieve something better. Suddenly, much to his amazement, when he begins to base his observations on some sixty-five or more birthdays, he can stand before a group of gerontologists and other interested parties and say, "For the first time in my life, I know what it means to be a member of a minority group." Such enlightenment is usually borne of some frustrating attempt to continue to do something which in the past he might have taken for granted, such as continuing to drive his car after he moves into a home. This is an example of a manipulative person whose environmental conditions have forced him to adopt the values of a sociocentric.

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<sup>28</sup>Ibid., p. 12.

Just as manipulative man observed his universe and decided to change the things he could and accept those which he could not change, he behaved similarly in the home. He maintained his lust for power but was satisfied to maintain control over his person and his routine--such as bath, nap time, or group participation. This he reasoned he must do skillfully so that he would not bring down on him the wrath of the other residents or that of the home's administration.

The longer one lives, the more one must face the reality of having been and not being. Instead of continuing to be basically future-oriented, one must become present-oriented. Manipulators are concerned with obtaining earthly satisfaction here and now. Table XIII shows that residents ranked the manipulative value system fifth. A comparison of Figures Three and Four revealed that executives were twice as manipulative as residents of homes. This follows logically, since success in business as well as in other competitive-type events apparently demands behavior characteristic of the manipulative value system. Residents of homes represent a variety of employment groups, and one would not expect as high a concentration of the manipulative value system among home residents as is found among business executives.

Behavior and values characteristic at level six.--

Sociocentric man concentrates on the relationship between himself and others. He seeks to know others so that he might

be accepted by them and thus live harmoniously with them. He is willing to share some of his largesse so that others may have some too. The authority he values is that of his peers whom he has chosen to emulate. His peer group decides on the means to be followed to achieve comradeship with those whose approval he seeks. He wishes to participate in group decision-making and problem-solving sessions.<sup>29</sup>

Data in Table XIII show that the sociocentric value system was very popular, since it was ranked second. Residents seem to value being accepted and liked by others. According to Figures Three and Four, residents are more sociocentric than are executives. Successful group living is important to residents, and success in competitive events is important to executives. This is more evidence of man's tendency, described by Graves, to alter his psychology whenever the conditions of his existence change.<sup>30</sup> Also, given the differences in the environments in which each operates, the sociocentric value system better equips a home resident for survival than it does a business executive for survival.

Man at the sociocentric level favors residents' councils and a variety of group activities in the home. He has no desire to exploit nature nor other men in the process of amassing his fortune. He seeks to find peace within himself. Of course he wants to like himself, but he also wants others

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<sup>29</sup>Ibid., pp. 12-13.

<sup>30</sup>Graves, "Human Nature Prepares," pp. 82-84.

in the home to like him. In trying to attain harmony through personal and interpersonal experiencing, sociocentrics reject material wealth as their ideal.<sup>31</sup>

Graves says that sociocentrics learn best vicariously by watching what happens when other people do one thing or another. As the group proceeds about its business, a different leader may emerge each time. The group may also function quite well without a leader. These men subordinate their self-interest in the interest of the group.<sup>32</sup>

Some residents are intact enough to be able to take an aspirin when they need to, to rub down with liniment when they have aches or pains, or to use a razor to shave their legs; yet there exist state rules against these practices. Such rules exist to protect those residents who may not be intact against overdoses, and it also protects the intact residents against sudden violent attacks by combative, mentally-deranged residents who, also according to state rules, are not supposed to be residents of homes. Usually the doors to the rooms of those residents who receive Intermediate Care II, Intermediate Care III, and Skilled Nursing Care are unlocked. Some residents keep their doors closed, and helping personnel would not dare enter without

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<sup>31</sup>Graves, "Theory of Human Existence," p. 13.

<sup>32</sup>Ibid., pp. 13-14.

knocking. Other residents maintain an open door policy. Allowing different residents different privileges would bring forth cries of favoritism from conformists. Those at this level prefer this commonality of treatment. To do otherwise would threaten their sense of community.

Sociocentrics cultivate a spiritual attitude which means that their religion does not run to dogma or faith but rather to society and to the welfare of others.<sup>33</sup> Residents at this level can associate with the less able and the dying, for these groups have lessons to teach. Some see it as a preview of what might lie ahead for them. Such a preview gives them a chance to prepare for their turn and also to help those who need them.

Sometimes residents had been members of the same church, had grown up together, or had worked together which helped them to identify with each other. Some of the residents had worked in the home as paid employees or as volunteers. This allowed them to experience vicariously life in the home. Their adjustment to institutional living was much easier. Some of the individuals said they had actually looked forward to moving into the home as surely and as expectantly as they had looked forward to the setting of the sun. They saw the home as an accepting and supportive environment where they might live for the rest of their lives. One resident had lived in

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<sup>33</sup>Ibid., p. 13.

the home twenty-one years, and there she sat, at peace, in her own private room and world surrounded by some of her memorabilia such as hand-tailored dresses, her easel, and her paintings. With much pride she showed these to the interviewer.

Behavior and values characteristic at level seven.--  
Existential man asks "What is life all about?" He is concerned about the continuity of mankind. Having sojourned through the lower levels, he recalls that each related to his ability to deal with the life situations which confronted him. He shuns conventionality in favor of pluralism because he believes in the interdependence of men and things in this world. Man at this level concentrates on the ends he desires, and he uses whatever means he chooses rather than following the established ones simply because they are established.<sup>34</sup>

Man at this level rejects the golden rule in favor of a rule which says "Do unto others as those others would have done unto them." He cherishes a few intimate relationships to public acclaim. He continues to grow, to study, and to think of the long-run effects of activities.<sup>35</sup>

Because residents at this state also face having been and not being, they need to become reconciled to their lives

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<sup>34</sup>Ibid., p. 15.

<sup>35</sup>Ibid.

as they were, in fact, lived. Often such residents need a quiet time to sit and reflect, to reminisce, and to engage in life review. The mood for doing this does not lend itself to rigid scheduling. This explains why these residents zealously guard their right to participate or not in planned, group, or social activities.

Existentialists are most concerned with species survival, and according to Table XIII data, residents at Homes B and C ranked this value system first. Graves' theoretical description of existentialists indicates that they will survive in a home but that they find restrictive rules burdensome.<sup>36</sup>

There is a possibility that some residents who assigned points to the existential value system are really tribalistic. They might have adopted the value system of their nurses and nurses' assistants whom they have identified as their chieftains.

Administrators of homes, who themselves love structure and who may exist primarily at levels four or five, may be unable to plan effectively and efficiently to accommodate their residents who exist primarily at value systems above theirs. Careful study of Graves' theory should help home administrators plan their homes' operations more intelligently because of their improved knowledge of the different needs, values, and wants of the residents whom they were hired to serve.

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<sup>36</sup> Ibid., pp. 15-16.



High achievers in America have been taught to be future oriented, to plan and to prepare for the future. Then one must add to this the Protestant work ethic which glorifies hard work as an indicator of one's usefulness. By the time the resident enters the home, he has long since discovered that he must now shift gears and become present-oriented because the future is not very bright unless he takes steps to make it so.

Existentialists are concerned with equality in so far as it relates to equality of opportunity for all both now and in the future. Such residents are competent but are often thwarted by rules and procedures which those at a lower level might need for direction. They are self-directing and autonomous.

Remaining independent is a condition which existential residents seek to maintain. Although they enjoy simplicity, such residents might enjoy having their rooms painted in special bright colors, having furniture added in which they might keep their belongings, being allowed to shave themselves, being allowed to shower independently, and having hospital routines such as dental visits and X-rays rescheduled so that they might take a pleasure trip somewhere.

Existential residents see human nature as it is and not as they wish it to be. They seem to approximate closely Maslow's self-actualized persons.<sup>37</sup> Such residents are strong

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<sup>37</sup>Maslow, pp. 150-152.

people, despite their declining physical energies, and they are occasionally guilty of sharp and unexpected ruthlessness. Their great inner strength causes them to be independent of other peoples' opinions, and thus they are able to function on their own. If any resident ever made a free decision to move into a home, certainly such behavior characterizes existential man, for such men come to their own decisions and are responsible for themselves. At Home B, nineteen residents indicated that they themselves had made the decision to enter their home. Thirteen of those at Home C said they had so chosen. A ranking of their value systems was presented in Table XVII. These residents ranked the existential value system first.

Although Graves' theory includes the possibility of value systems above the seventh or existential level, he says these systems are only beginning to emerge in a few people.

#### Residents' Comments on the Turnover among Nurses' Assistants

In response to residents' attitude survey statement fourteen, "The nurses' assistants change (leave, quit, or are fired) too often here,"<sup>38</sup> the residents at Home B often responded that the majority of their nurses' assistants had

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<sup>38</sup>See Appendix A, "People Effectiveness Survey."

been there for at least four years. Some residents thought that the low pay which nurses' assistants received accounted for the high turnover where it existed among a small minority. The residents at Home C said that, because of the level of care which they received, they had no dealings with nurses' assistants. However, some said they had heard that many nurses' assistants came to Home C to work because of its training program. Once they had been trained, these nurses' assistants left Home C for higher pay at other homes.

Implications for City, State, and  
Federal Standards-Setting  
Authorities

Many of the residents, in responding to freedom questions fifteen, seventeen, and nineteen and to rules question sixteen of the attitude survey<sup>39</sup> took exception to some of the inspection rules as being dehumanizing. The Texas State Health Department and the local health department are responsible for policing the safety and well-being of residents of homes. The rules cover such subjects as the following:

1. Small rugs. Because small rugs cause falls, they are categorically not allowed in homes (Appendix D contains a copy of the rules).

2. Pointed-Scissors. Residents who are competent enough to make their own clothes complain that they are not

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<sup>39</sup>See Appendix A, "People Effectiveness Survey."

allowed to keep scissors which have points. The inspectors have required that residents turn in their sharply pointed scissors so that the points might be rounded.

3. Medicines. Residents are no longer allowed to keep patent medicines such as aspirin, liniment, rubbing alcohol, vaseline, nose drops, eye drops, and laxatives in their rooms.

4. Percolators. Those residents who drink coffee spoke of the hardship suffered because they were no longer able to prepare coffee whenever they chose since they can no longer use percolators in their rooms.

5. Overnight visits outside the home. The Texas State Department of Public Welfare allows welfare recipients to make overnight visits outside the home as long as such visits do not exceed three days per visit.<sup>40</sup> This explains why some residents indicated that they were not free to come and go at will.<sup>41</sup>

While these rugs, scissors, medicines, and percolator rules are designed to protect the careless residents as well as the careful ones, the careful ones suffer. If the residents receive Intermediate Care II, Intermediate Care III, or Skilled Nursing Care, they are unlikely to be able to lock the doors to their rooms. A careless resident may wander into the wrong

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<sup>40</sup>Telephone interview with M. Turner at Texas State Department of Public Welfare, Denton, Texas, April 1, 1975.

<sup>41</sup>See Appendix A, "People Effectiveness Survey," statement number nineteen.

room and injure herself with pointed scissors or with a razor. (How does a lady who has been accustomed to shaving accomplish this feat without a razor? Is a bare razor blade any safer? Should the nurses' assistant shave a resident who is able to shave herself?)

Some residents find it inconvenient to get up late at night to go to the nurses' station to ask to use patent medicines or other preparations that they once kept at their fingertips. They complain of the long corridors and of the fact that they often buy more than they use. Some, perhaps, forget having used up their nail polish remover, their liniment, their vaseline, or their mucilage. Some remember, correctly, that they did not use it up. Sometimes one resident's supplies are inadvertently given to another resident.

Many residents are accustomed to an eye opening cup of coffee or tea or to a cup following their afternoon nap. They can no longer use a percolator to prepare it in the privacy of their own rooms.

These rules and regulations do not distress all residents equally. Tribalistic and conformist residents are likely to be more comfortable with them.<sup>42</sup> Value data on residents

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<sup>42</sup>During a June 15, 1975, conversation with Vincent Flowers who is in the process of analyzing data from his 8,000 respondents City of Dallas study, he revealed the following tentative conclusions with respect to this bureaucratic environment within which these employees work: tribalists and conformists were the happiest and the egocentrics, manipulatives, sociocentrics, and existentialists were least happy.

emphasize the need to see the residents as individuals even though they may require similar subsidies. Some of the rules are dehumanizing to some of the residents such as egocentrics, manipulatives, sociocentrics, and existentialists; for this reason they are likely to cause dissatisfaction when they are encountered by those residents who exist at certain of the psychological levels.

General rules are easier to enforce and less likely to succumb to conformists' cries of favoritism. There is no equality of bargaining power, for the authorities decree and the residents accept.

#### Critique of Residents' Value and Attitude Surveys

Considerably less confidence is maintained in the residents' attitude survey than in the value survey because the respondents themselves sometimes stated that they feared reprisals if they were critical of their home. In 1964, Bennett's study concluded that residents' norms dictated that they should neither criticize nor complain about their home but rather they should praise it and regard it as their home.<sup>43</sup>

Because of the failure of the attitude survey to elicit true attitudes, a crucial part of the model on which this study was based remains untested. The residents' attitude

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<sup>43</sup>Bennett, pp. 80-81.

scores are not valid surrogates of resident satisfaction. The value and attitude idea, which had been successfully used in industry at Texas Instruments and with the nurses and nurses' assistants in this pilot project, is inadequate when applied to residents who have been subjected to the "no criticism but praise" milieu that exists in some homes.

A comparison of residents' values with those of 1707 executives who responded to the American Management Associations' survey revealed that the two groups' value profiles were quite similar in some respects. One may conclude that the residents' value survey was adequate to show that residents are at different levels of psychological existence which in turn influence their needs.

The attitude instrument was neither efficient nor adequate. Some residents freely stated their attitudes toward their home which included some critical as well as favorable comments. It seemed that those residents who truly expressed their attitudes, favorable or critical, were the ones who perceived that they had some other alternative to institutionalization in their present home or that they were speaking "off-the-record."

The administrator of the home knows to what extent he encourages his home's residents, nurses, and nurses' assistants to express themselves candidly rather than to pretend to be pleased. This environment modification model is not designed to be used by the dedicated hustler. It is designed

to be used by those administrators who care enough to work to improve the quality of care which they give to their residents. It is a useful tool not a "royal" route to the quantification of resident satisfaction. Still, if properly used, it could be an important step in the process of developing meaningful cost-benefit analyses.

This study has not ignored the intangibles problem, but rather it has sought to select carefully a benefit indicator, an ordinal measure of resident satisfaction, and to report, qualitatively, those factors which are not presently susceptible to quantification.

Clearly, this study showed that residents do have different needs and wants. Providing meaningful choices is a target at which administrators should aim. If a benefit is defined as waste that can be avoided by taking actions which will increase or at the very least maintain the present level of resident satisfaction, then those actions are benefits. Benefits are the increases in resident satisfaction that result from placing a resident who desires a single room in a single room, placing a resident who desires a roommate in a double-room with another resident who desires a roommate, providing facilities for residents to obtain an eye-opening cup of coffee or an after-nap cup of coffee, wiring buildings so that the electrical system will support the electrical power demands made by allowing residents to have televisions in their rooms, allowing residents to choose from among several



time slots the time that they will be awakened for bathing assistance, or spreading out mealtime in a manner which minimizes the time between dinner and breakfast so that the meal-serving day is not constrained by a rule which says all meals must be prepared within the cooks' eight-hour-per-day shift.

Figure Nine presents a percentage-based graphical comparison of Home B residents' value systems point allocations with those of Home C. Kolmogorov-Smirnov's two-sample test calculations showed that the distribution of value systems point allocations of Home B residents differed significantly at the .01 level from those of Home C residents.

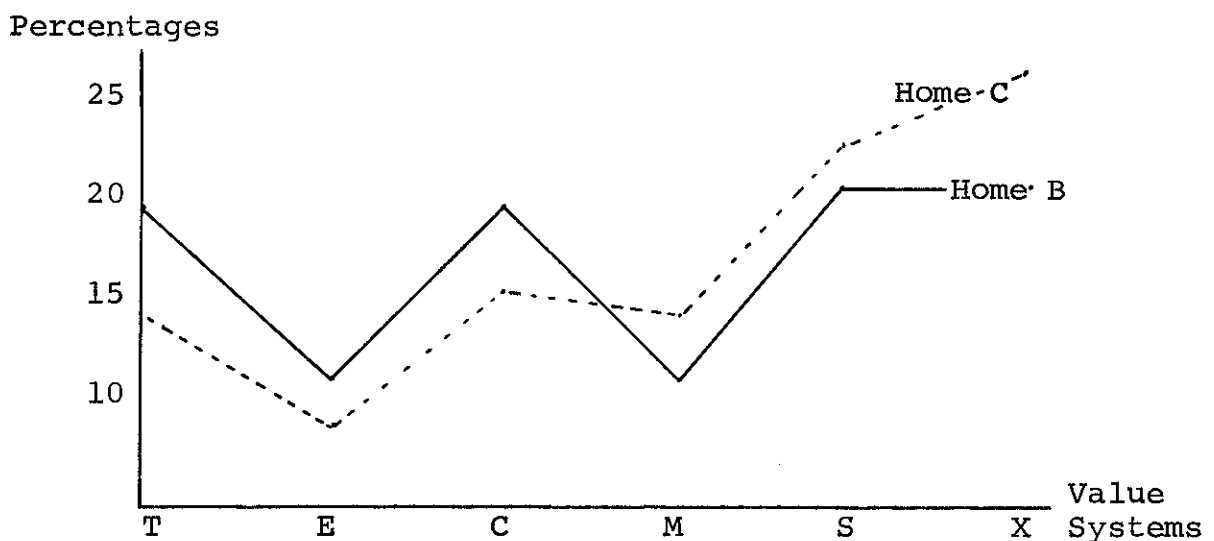


Fig. 9--A comparison of the percentages of points assigned to the six value systems by residents at Home B (N = 50) with those assigned by residents at Home C (N = 23).

Friedman's two-way analysis of variance test showed that the residents' variations in scoring the six value systems

differed significantly at the .01 level within each home. Figure Nine shows that residents scored some value systems high and some low. They did not assign an equal number of points to each of the six value systems. Thus, they discriminated among the value systems.

Using Figure Nine data, a calculation utilizing Kendall's Coefficient of Concordance,  $W$ , was made to determine the degree of association among the six value systems rankings of residents at Home B and Home C. Agreement among residents at Home C on value system rankings was greater than the agreement among residents at Home B. While agreement or association at each home was not significant at the .05 level, Home C data revealed the larger "W" value (Home B,  $W = .02$ ; Home C,  $W = .07$ ). Hence, one is more likely to be able to predict residents' value system rankings at Home C than at Home B. Residents at Home C were more alike in the rankings they assigned to the six value systems than were their counterparts at Home B. It is not known whether or not the residents of certain predominant value systems selected the home or if the home selected the residents of certain predominant value systems.

#### Summary

Residents of homes do have attitudes which should yield to ordinal measurement. Residents who have value systems and needs move into homes, and there they encounter their homes'

environments. As a result of the interaction between the residents' values and needs and their homes' environments, residents' attitudes emerge.

Analysis of the residents' attitude responses led to the discovery that these responses were often subject to a "no criticism but praise" constraint discussed in greater detail at the beginning of this chapter. (This constraint operated more with respect to residents' attitude responses than with respect to their value responses because of the subject matter of some of the questions.) Those responses which were so constrained disguised the level of these residents' satisfaction. For this reason, a crucial part, the end-result variable, of the model on which this study was based remains untested. The attitude instrument was not a good discriminator of residents' attitude responses, given the opportunity for coercion.

Not all responses were so constrained. Some residents gave candid responses during the formal interview. Others saved their candid responses for conversations which took place after the formal interview. The purpose for discussing the residents' "no criticism but praise" norm was to point out that the residents' attitude instrument may not be doing its job properly.

Because of the close interaction between residents and their homes' helping personnel, they influence each others' satisfaction. In this model, it is the influence of nurses

and nurses' assistants upon resident satisfaction which claims attention and priority. That is, it is the nurses' and nurses' assistants' attitudes which are a focal point, for they are the crucial factor in their homes' environments.

Figures Five and Six tend to support the idea of a dependency relationship between the value systems of the residents and the value systems of their nurses and nurses' assistants. An effective overt or covert behavior modification program may be the cause of such a dependency relationship.

The object of this discussion of residents' value systems designations as related to nurses' and nurses' assistants' value systems was to point out that the residents' value instrument may not be doing its job properly. This might be so because these residents' value systems, as a result of institutionalization, might have undergone a metamorphosis which the value instrument could not overcome.

The discussion in the next chapter describes the relationship among nurses' and nurses' assistants' values which are intervening variables, their working conditions which are the causal variables, and their attitudes which are the end-result variables. Helping personnel's resulting attitudes are a part of the home's environment which are causal variables with respect to resident satisfaction.

## CHAPTER V

### ANALYSES OF NURSES' AND NURSES' ASSISTANTS VALUE, ATTITUDE, AND "WHY EMPLOYEES STAY" RESPONSES

This chapter, which describes the respondent nurses and nurses' assistants at Homes B and C, demonstrates the following:

1. Nurses and nurses' assistants manifest different levels of psychological development, different predominant value systems, which influence their needs.

2. Some nurses and nurses' assistants stay on their jobs for the right reasons. If their needs are being met, they can help meet the needs of the residents. If they stay for the wrong reasons, they may decrease resident satisfaction.

3. Compatibility of value systems of residents with value systems of nurses and nurses' assistants influences, theoretically, resident satisfaction. However, because there is considerable doubt as to whether or not the attitude survey elicited the residents' true attitudes, little confidence can be placed in residents' attitude scores as surrogates of resident satisfaction.

4. The value and attitude questionnaires should be appropriate instruments to use in the longer-run effort to do cost-benefit studies in homes.

### Model-Related Analyses

Seventy-five per cent of the time of those residents who receive Intermediate Care II, Intermediate Care III or Skilled Nursing Care is spent with nurses' assistants.<sup>1</sup> Home B employes a total of from twenty-five to fifty nurses' assistants, while Home C employs a total of between fifty-one and one hundred nurses' assistants on all three daily shifts. Respondent nurses' and nurses' assistants' demographic data are summarized in Tables XVIII and XIX. The nurses category includes both Registered Nurses (RN) and Licensed Vocational Nurses (LVN).

The purpose of Tables XVIII and XIX is to describe the respondents at Homes B and C with respect to six characteristics and to show that, as the model states, nurses and nurses' assistants exist at different psychological levels. If the administrator will study the needs associated with each of these levels, he can do a better job of meeting them and thus of promoting goal congruence between the employees and the home.

Table XVIII shows that although white nurses and nurses' assistants outnumber blacks, blacks at Home B are at least twice as egocentric as whites (69 per cent and 31 per cent, respectively). Blacks are also more tribalistic and manipulative. Whites are more conformist, sociocentric, almost three times as much, and existential.

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<sup>1</sup>Statement by administrator, Home C, Dallas, Texas, December 3, 1974.

TABLE XVIII  
 DEMOGRAPHIC INFORMATION BASED ON VALUE  
 SYSTEMS FOR HOME B

Characteristics	Total Sample	Value Systems					
		2 %	3 %	4 %	5 %	6 %	7 %
<b>Race</b>							
Black	47%	60	69	43	62	28	43
White	53	40	31	57	38	72	57
<b>Position</b>							
Nurses (RN, LVN)	60	55	44	59	56	67	65
Nurses' Assistants	40	45	56	41	44	33	35
<b>Relative Percentages</b>							
Nurses (RN, LVN)	100	23	7	23	11	17	19
Nurses' Assistants	100	19	4	22	9	22	24
<b>Time Employed Here</b>							
Less than 1 year	20	15	28	12	11	30	26
1 - 5 years	40	40	32	45	44	34	41
6 - 10 years	40	45	40	43	45	36	33
<b>Age</b>							
Under 30	20	27	21	23	31	11	14
30 - 39	13	12	20	8	10	6	26
40 - 49	20	27	25	20	16	19	15
50 - 59	20	9	20	18	14	27	28
60 or over	27	25	14	31	29	37	17
<b>Educational Background</b>							
Did not complete high school	40	45	39	43	45	36	33
High school graduate	33	19	28	32	18	50	41
Completed some college	20	30	24	18	20	6	21
College graduate	7	6	9	7	7	8	5
<b>Sex</b>							
Female	100	100	100	100	100	100	100
Number of respondents	15						

TABLE XIX

 DEMOGRAPHIC INFORMATION BASED ON VALUE  
 SYSTEMS FOR HOME C

Characteristics	Total Sample	Value Systems					
		2 %	3 %	4 %	5 %	6 %	7 %
Race							
Black	88%	87	92	88	95	89	81
White	12	13	8	12	5	11	19
Position							
Nurses (RN, LVN)	6	5	3	8	7	9	4
Nurses' Assistants	94	95	97	92	93	91	96
Relative Percentages							
Nurses (RN, LVN)	100	15	2	24	16	29	14
Nurses' Assistants	100	19	4	20	13	20	24
Time Employed Here							
Less than 1 year	44	46	26	30	46	38	60
1 - 5 years	25	19	17	28	23	30	26
6 - 10 years	25	28	52	29	31	25	12
Over 15 years	6	7	5	13	0	7	2
Age							
Under 30	38	36	37	33	47	29	45
30 - 29	25	26	6	23	20	34	24
40 - 49	19	18	11	23	12	17	22
50 - 59	12	10	38	11	18	14	7
60 or over	6	10	8	10	3	6	2
Educational Background							
Did not complete high school	25	19	38	23	32	30	21
High school graduate	50	58	36	61	43	54	38
Completed some college	25	23	26	16	25	16	41
Sex							
Female	100	100	100	100	100	100	100
Number of respondents	16						



### Synthesis

The study shows nurses and nurses' assistants have different predominant value systems which influence their needs. Because of the constraints on the selection of respondents, the results cannot be generalized beyond this sample. The sample data illustrate the theory proposed in this study.

The data in Table XX, in addition to showing the range of points that nurses and nurses' assistants assigned to the six value systems, also compare these ranges with those from the Texas Instruments study. The comparison was made as an intuitive check on the effectiveness of the instruments used in this study, that is, to see how results compare to what one would intuitively expect, a test of reasonableness.

Nurses and nurses' assistants at Homes B and C assigned points to the six value systems in the manner stated in Table XX.

TABLE XX

VALUE SYSTEMS POINTS RANGES AT HOMES B AND C VERSUS  
THOSE OF EMPLOYEES AT TEXAS INSTRUMENTS

Value Systems	Nurses and Nurses' Assistants At Homes B and C		Employees At Texas Instruments <sup>2</sup>	
	Range	Maximum Points Assigned As A Percentage Of Maximum Possible Points	Range	Maximum Points Assigned As A Percentage Of Maximum Possible Points
Tribalistic	0-43	45	0-104	38
Egocentric	0-14	15	0- 78	28
Conformist	2-41	43	6-155	56
Manipulative	0-24	25	12-143	52
Sociocentric	2-48	50	4- 82	30
Existential	0-61	64	8-197	71

At Texas Instruments (TI), the respondents were asked to assign twelve points to each of twenty-three statements. The maximum number of points, then, which might have been assigned to a single value system was 276 (23 X 12). In this pilot study nurses and nurses' assistants were asked to assign twelve points to each of eight questions. In this case the maximum number of points which might have been assigned to a single value system was ninety-six (8 X 12).

<sup>2</sup>Vincent S. Flowers, "Conceptual Foundation For Human Resource Accounting," unpublished doctoral dissertation, School of Business Administration, North Texas State University, Denton, Texas, 1974, p. 146.

Table XX data revealed that nurses and nurses' assistants were more sociocentric than Texas Instruments' employees. Also, nurses and nurses' assistants were more tribalistic than Texas Instruments' employees. Texas Instruments' employees were more manipulative than nurses and nurses' assistants, and they also were more egocentric, conformist, and existential. The fact that the data showed, as one would expect, that nurses and nurses' assistants were more sociocentric, whereas factory employees were more manipulative, indicates that the nurses and nurses' assistants' value instrument is doing its job properly.

Some value systems are compatible with other value systems, while some are not, with respect to supervisor-supervisee relationships. This topic is discussed in greater detail in the following section.

#### Compatibility of Value Systems

The American Management Associations survey, in discussing incompatibilities, stated that the supervisory style, at any one of Graves' six levels of psychological existence, is best suited for the level directly below it. Except at level seven, a supervisor is not usually satisfactory for people at his same level.<sup>3</sup>

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<sup>3</sup>Vincent S. Flowers and others, Managerial Values for Working, an American Management Associations Survey Report (New York, 1975).

Table XVIII shows that at Home B nurses were more ego-centric than nurses' assistants. Also, nurses were dominant in value systems two, four, and five. This situation is more likely to create harmony than if the reverse were true, for nurses generally supervise nurses' assistants.

These findings should be considered in the following:

1. Assignment of nurses' assistants to residents and nurses' assistants to shifts. Unfavorable resident satisfaction seems more likely whenever residents are served by nurses and especially by nurses' assistants whose dominant value systems are lower than, thus incompatible with, the residents whom they were hired to serve.<sup>4</sup>

2. Assignment of nursing supervisors to shifts.

3. Screening of applicants. Administering the questionnaires to those prospective residents on the home's waiting list should provide some evidence as to the likelihood that the resident will be satisfied with the home's environment. Such information might be useful in deciding which applicants to admit or in adjusting the home's environment.

This model-related analysis is continued in the following section which presents the attitude responses of nurses and nurses' assistants. These attitudes, obviously a factor in

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<sup>4</sup>Theoretically, nurses and nurses' assistants are hired to serve residents. In actual practice, sometimes nurses and nurses' assistants supervise residents, especially those residents who receive Skilled Nursing Care.

the home's environment, are end-result variables with respect to nurses' and nurses' assistants' job satisfaction, but they are causal variables with respect to home residents' satisfaction.

Nurses' and Nurses' Assistants'  
Attitude Statements

Texas Instruments' questionnaire "Why Do You Stay at TI?" contains sixty statements. Twenty of these sixty relate to both job attitudes and the reasons why employees stay. These twenty, then, are important in revealing the degree of favorableness or unfavorableness of employees' overall attitudes. The remaining forty statements relate only to employees' reasons for staying. Thus, the entire sixty statements were included because they relate to why employees stay on their jobs.

The instrument of this pilot study entitled "Why Do You Continue to Work at This Home?" is a duplication of Texas Instruments' "Why Do You Stay at TI?" (A copy of the "Why Do You Continue to Work at This Home?" questionnaire appears in Appendix A.) Tables XXI and XXII show the rankings of the ten highest-ranked attitude statements of nurses and nurses' assistants at Homes B and C.

Data in Tables XXI and XXII show those favorable attitudinal responses having the highest frequencies. With respect to Table XXI, 71 per cent of the nurses and 100 per cent of the nurses' assistants at Home B assigned favorable

TABLE XXI

A COMPARISON OF TEN\* HIGHEST RANKED ATTITUDE STATEMENTS  
OF NURSES (N=7) VERSUS NURSES' ASSISTANTS (N=6)  
AT HOME B

Attitude Statement	Frequency Cited	
	Nurses	Nurses' Assistants
1. I can be sure of a job here.	71%	100%
2. I enjoy my job here.	57	100
3. I like the working conditions.	57	100
4. I like the freedom I have to plan my work.	57	. .
5. I feel free to tell my supervisor what I think.	57	100
6. I am paid fairly.	57	100
7. I really enjoy working with my supervisor.	57	100
8. I am allowed to make good use of my abilities here.	57	100
9. I am required to do the right amount of work.	57	. .
10. I have clear-cut objectives on which to base my work goals.	57	. .
11. I like the amount of teamwork.	. .	100
12. There are not too many unnecessary rules to follow here.	. .	100
13. I am proud to work in this home.	. .	100

\*Thirteen attitude statements are listed in order to include nurses' ten highest ranked attitude statements as well as those of nurses' assistants.

TABLE XXII

A COMPARISON OF TEN\* HIGHEST RANKED ATTITUDE STATEMENTS  
OF NURSES (N=2) VERSUS NURSES' ASSISTANTS (N=14)  
AT HOME C

Attitude Statement	Frequency Cited	
	Nurses	Nurses' Assistants
1. I enjoy my job here.	100%	93%
2. I like the working conditions.	100	86
3. I have clear-cut objectives on which to base my work goals.	100	57
4. I like the amount of teamwork.	50	79
5. I am informed about the objectives of my department.	50	. .
6. I can be sure of a job here as long as I do good work.	50	79
7. There are not too many unnecessary rules to follow here.	50	. .
8. I like the freedom I have to plan my own work.	50	64
9. I am proud to work in this home.	50	79
10. There's very little favoritism here at the home.	50	. .
11. I like the amount of cooperation.	. .	79
12. My job here is leading to the kind of future I want.	. .	79
13. I really enjoy working with my supervisor.	. .	64

\*Thirteen attitude statements are listed in order to include nurses' ten highest ranked attitude statements as well as those of nurses' assistants.

responses to the statement: "I can be sure of a job here as long as I do good work." Surprisingly, Table XXI data showed that the six respondent nurses' assistants at Home B chose the same ten attitude statements. The consistent 100 per cent assignments may result from sincere attitudes of these nurses' assistants, since they filled in the questionnaires anonymously, on their own time, and at their leisure. Afterwards, they returned them to the interviewer. It is unlikely that the favorable responses were coerced.

If the attitudes of nurses and nurses' assistants are favorable, one would expect a positive effect on residents' satisfaction. In terms of the model, the favorable attitudes should improve the homes' environments. This prediction could not be tested in a single study without a follow-up survey; also there was doubt about the accuracy of the residents' attitude survey responses. The median attitude scores in Table XXIII were developed from ordinal measures computed in this study.

More confidence can be placed in the attitude scores of nurses and nurses' assistants than in the attitude scores of residents. In the first place, the nurses' and nurses' assistants' scores were more in accord with what one would intuitively expect in terms of Graves' theory because their median is nearer to half the maximum possible score.



TABLE XXIII  
 PILOT STUDY MEDIAN ATTITUDE SCORES

Scores	Home B		Home C	
	Maximum	Median	Maximum	Median
Residents' Scores	110	83	110	89
Median as a percentage of maximum		75		81
Nurses' and Nurses' Assistants' Scores	40	30	40	22
Median as a percentage of maximum		75		55

Also, it is difficult to see how respondent nurses and nurses' assistants could be coerced into disguising their true attitudes.

Nurses and nurses' assistants in Homes B and C assigned points, as shown in Table XXIV to the six value systems of Graves' theory. Data in Table XXIV tell the administrator the extent to which his nurses and nurses' assistants fit into the six levels of psychological existence. The low number of points assigned to the egocentric value system speaks well for the measuring instrument because one would not expect nurses and nurses' assistants to manifest egocentric values.

TABLE XXIV  
NURSES' AND NURSES' ASSISTANTS' VALUE  
SYSTEMS DESIGNATIONS

Rank Order	Home B		Home C		Home B & C	
	Value System	% of Total Points Assigned	Value System	% of Total Points Assigned	Value System	% of Total Points Assigned
1	4	23	7	24	7	23
2	7	22	6	21	4	21
3	2	20	4	20	6	20
4	6	20	2	18	2	19
5	5	10	5	13	5	12
6	3	<u>5</u>	3	<u>4</u>	3	<u>5</u>
		100		100		100

Graves' Theory Applied to "Values For Working"<sup>5</sup>

Graves' theory offers some guidance as to how the home's goal, that of providing the highest quality of care for the residents, can be made congruent with the nurses' and nurses' assistants' goal, that of achieving the highest work satisfaction. Both Homes B and C have in-service training programs, and it is useful for administrators to know what motivates nurses and nurses' assistants who manifest predominant value systems. Also it is useful for them to know how nurses and nurses' assistants learn. Graves' theory has been adapted to nurses' and nurses' assistants' working conditions so that administrators may see how they

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<sup>5</sup>Clare Graves, "Human Nature Prepares For a Momentous Leap," The Futurist, VIII (April, 1974), 72-87.

might use his theory to improve their management techniques.

Reactives are obviously excluded from employment as nurses or as nurses' assistants. Specifically the standards state that

Personnel not acceptable on nursing staff would include mentally retarded persons (I.Q. 70 or below), deaf mutes, persons on furlough from State hospitals, persons unable to read and write English, persons for whom available verification shows prior discharges for alcoholism, drug addiction, substandard conduct while on duty or mistreatment of persons in their charge.<sup>6</sup>

Tribalists.--Data in Table XXIV revealed that the tribalistic value system was ranked fourth by nurses and nurses' assistants as Homes B and C. Tribalistic types have strong dependence needs which force them to seek a leader--frequently, but not necessarily, their immediate supervisor. They prefer an authoritarian, paternalistic type of management.<sup>7</sup> They crave assurance and need to feel that if they are sick or need a loan, management will help them. They submit to their chieftain because he protects them and assures their survival.

Often they lead a hand-to-mouth existence, with the major portion of their earnings being spent on food, clothing, and shelter. They may be perpetually in debt to their credit

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<sup>6</sup>Texas State Department of Health, Minimum Standards For Nursing Homes and Minimum Standards For Custodial Care Homes (Austin, Texas, 1969), p. 15.

<sup>7</sup>Graves, "Human Nature Prepares," p. 74.

unions or constant seekers of salary advances, for they have difficulty making ends meet, financially.

Tribalists may reject future-oriented fringe benefits such as noncompulsory job training programs and voluntary participation in pension plans, since they are concerned primarily with their immediate survival. Consequently, they might leave the employment of one home for that of another; the decisive factor may be only a few cents more per hour.

Tribalistic employees learn best, according to Graves, through classifical Pavlovian conditioning.<sup>8</sup> They need to see a simple, straight-forward connection between their work and their supervisor's approval. They must be shown how to feed a resident, how to bathe a resident, how to turn a bed-fast resident, or how to make a bed several times before they learn to do it properly. They seek a powerful figure who will guide and lead them.

A comparison of Table VIII data and that of Figure Three revealed, at the ninetieth percentile, that nurses and nurses' assistants were more tribalistic than were business executives (twenty-six versus fifteen points). In order to succeed in business, the executives would have to be more

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<sup>8</sup>Clare W. Graves, "Theory of Levels of Human Existence and Suggested Managerial Systems for Each Level," unpublished lecture notes, Managerial Center Institute for Business and Community Development, University of Richmond, Richmond, Virginia, 1971, p. 4. Hereafter referred to as Graves, "Theory of Human Existence."

inner directed. Tribalists prefer to follow rather than to lead.<sup>9</sup> Successful business executives need to be innovative leaders.

Egocentrics.--According to the data in Table XXIV, nurses and nurses' assistants at Homes B and C ranked the egocentric value system sixth and last. Thus, nurses and nurses' assistants do not appear to be basically egocentric, for they assigned only 5 per cent of their total points to this value system. Fortunately for the residents whom they were hired to serve, this was the least popular of the six value systems.

Egocentrics have long ago concluded that "only the strong survive." They are the chieftains of the tribe and are thus suspicious of management. They believe that they can plan better for their own financial future than can anyone else.<sup>10</sup> If ever they should accumulate more cash than is necessary to meet their immediate needs, they may give themselves an unscheduled vacation from work. If fired from one home for absenteeism, which they regard as their privilege, they are likely to accuse management of unfair labor practices.

Egocentrics learn best through operant conditioning: a system which rewards them immediately and directly for

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<sup>9</sup>Ibid., p. 4.

<sup>10</sup>Ibid., p. 6.

accomplishing learning tasks.<sup>11</sup> Once their teacher demonstrates proper performance of a task, they must be allowed to try it. If they do it improperly, they should not be punished, but rather they should be shown again how to perform the task properly. Once they accomplish this, egocentrics should be praised and perhaps asked to demonstrate their knowledge to fellow employees. Egocentrics need to feel that they themselves have power.

Obviously, egocentrics are not likely to meet the needs of residents and it is fortunate that, as shown by the data collected in this study, egocentrics are unlikely to become nurses or nurses' assistants.

While both Table VIII data and Figure Three data showed that nurses, nurses' assistants, and business executives, respectively, assigned fewest points to the egocentric value system, nurses and nurses' assistants assigned more points (ten at the ninetieth percentile) to the egocentric values system than did business executives (six at the ninetieth percentile). Those in whom the egocentric value system dominates probably would not choose to become nurses or nurses' assistants.

Conformists.---Nurses and nurses' assistants at Homes B and C ranked the conformist value system second according to the data in Table XXIV. An employees' manual which sets

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<sup>11</sup>Ibid., p. 7.

forth nurses' and nurses' assistants' rules and regulations in detail will increase their sense of direction, security, and belonging. They need to know that the rules exist, and they believe that everyone should follow them. They want rules enforced unilaterally because they believe that what is good for them individually is good for the group.<sup>12</sup>

Written job descriptions appeal to them also, for such descriptions help conformists to see what the home expects of them. Just by following the home's rules, conformists take comfort in knowing that they are doing their job; this belief enhances their sense of work satisfaction. They are sure that the home has set these rules after giving careful thought to choosing the best plan to accomplish the organization's goals. That is, conformists believe that the means assures the ends, and all they need do is concentrate on following directions.<sup>13</sup>

A nurse or nurses' assistant at this level needs the security that a carefully detailed, structural plan affords. They follow their supervisor's directions provided such directions do not threaten their values even though they may not understand the rules or agree with them. It is sufficient that the rules exist. Conformists whose values are threatened may assert themselves violently.<sup>14</sup>

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<sup>12</sup>Ibid., pp. 9-10.

<sup>13</sup>Ibid., p. 9

<sup>14</sup>Ibid., p. 10.

Conformists learn best when they are punished for errant behavior. They find the actual punishment or threat of it so distasteful that the memory of it helps them to avoid repetition of the behavior.<sup>15</sup> They will join the home's pension plan because the home's management says that by so doing they will have greater financial security when they become elderly. All they need do is follow the plan, and the security they seek is assured. They "should" and "ought" to do certain things because these things are a part of some grand and powerful design.<sup>16</sup>

Nurses and nurses' assistants were equally as conformist, at the ninetieth percentile, as were business executives according to a comparison of Table VIII data with Figure Three data, respectively. Especially in following doctors orders, nurses and nurses' assistants should be conformists.

Manipulators.--Data in Table XXIV showed that the nurses and nurses' assistants at both Homes B and C ranked the manipulative value system fifth. Manipulative types are inner-directed people who believe that they can advance themselves by their own efforts. This they strive to do, and often, they successfully manipulate people and things which they encounter in their environment. They are self-made persons who seek material ends for a satisfactory

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<sup>15</sup>Ibid., p. 10.

<sup>16</sup>Ibid., p. 10



existence. It is rewarding to them when they can take what they have and make what they want out of it. This is true with respect to entrepreneurship, politics, or other competitive activities.<sup>17</sup>

Nurses and nurses' assistants at this level are influenced by pecuniary motives such as status and by symbols of prestige such as titles and their office's location, size, and amenities. They strive to accomplish their goals within the system rather than use brute force in the manner of egocentrics.<sup>18</sup> They are practical, and when their in-service training program shows them something which works better than their present method, they will change to the better way.

Manipulators strive to feel independent and are highly motivated by this need. They learn best when their behavior is rewarded in the manner in which they expected to be rewarded. In learning, they must take risks, try a variety of experiences, and exercise many self-help techniques.<sup>19</sup>

Business executives are more manipulative than nurses and nurses' assistants according to Figure Three and Table VIII. The ladder of success in homes, for nurses and nurses' assistants, has fewer steps, and these steps are

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<sup>17</sup>Ibid., p. 11.

<sup>18</sup>Graves, "Human Nature Prepares," p. 75.

<sup>19</sup>Graves, "Theory of Human Existence," p. 11.

more sharply defined by professional considerations than is the case in the world of business with its very competitive aspects.

Sociocentrics.--Nurses and nurses' assistants at Homes B and C ranked the sociocentric value system third as shown in Table XXIV. That is, this value system received the third highest allocation of total points.

Nurses and nurses' assistants at this level are outer-directed in that they prefer cooperation to competition, and they also pursue inner self-knowledge. It is to this group that participative management has its greatest appeal. If given a choice between being liked by the group or of attaining power or material gain, sociocentrics are likely to choose peer group approval.<sup>20</sup>

Sociocentric nurses and nurses' assistants who encounter unprogrammed resident behavior are most likely to try to respond in a manner which will subsequently meet with their group's approval. Whether an unorthodox response is undertaken or not depends more on whether it is likely to be group-approved rather than whether it is unorthodox. Group decision-making takes time, and because it allows for the expression of the viewpoints of its members, it may provide a more comprehensive analysis of a problem. However, a problem awaiting an immediate solution may need to be met

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<sup>20</sup>Ibid., pp. 12-13.

by a forceful attack rather than by a compromise attack which pleases no one.<sup>21</sup>

Sociocentrics learn best through vicarious experiences; so filmstrips and on-the-job training sessions which include demonstrations of the "see and do" variety are especially helpful to them.<sup>22</sup> Because they are high in the belonging need and because they desire and are motivated by affiliation needs, the home can obtain the best services from employees at this level by allowing them to participate meaningfully in group decision-making processes in the home and by allowing them to identify with the home in off-the-job activities such as in a bowling or softball team.

At the ninetieth percentile, nurses and nurses' assistants were less sociocentric than were business executives as shown in Table VIII and Figure Three. As Graves stated, people tend to adopt behavior patterns which enhance their survival chances in their environments.

Existentialists.--Data in Table XXIV showed that nurses and nurses' assistants at Homes B and C ranked the existential value system first, assigning more points to this value system than to any other. Existentialists are primarily concerned with species survival.

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<sup>21</sup>Ibid., pp. 13-14.

<sup>22</sup>Graves, "Human Nature Prepares," p. 78.

Nurses and nurses' assistants at the existential level want to be autonomous as they operate in their area of expertise. They want as much freedom as possible to do what needs to be done in the best possible manner. They would prefer to do something in their own way rather than to be tied to a routine simply because of tradition.<sup>23</sup> The home will receive the greatest benefit from such employees' when these employees are given assignments that utilize their competence.

Existentialists have observed the interdependence of the things of the universe, and they use their mental abilities to systematically synthesize their world. The fact that they exist motivates them, and their learning can take any form. Since they are not frightened people, coercion is not a positive motivational force.<sup>24</sup> They are good for the elderly residents because they believe that it is essential for everyone to have equal access to a high-quality life.

The staff of homes must be taught to look beyond the residents' diminished ability to function, disability, and illness to see persons; this view is vital to the establishment of self-conceptions of the aging residents. There needs to be some meeting ground between the aging person's view of himself and the staff members' view of that person.

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<sup>23</sup>Graves, "Theory of Human Existence," p. 15.

<sup>24</sup>Ibid., p. 16.

The goal becomes that of humanization of the individual as well as of the environment.

Nurses and nurses' assistants were less existential than were business executives as shown in Table VIII and Figure Three.

#### Growing-Older Question

This environment modification model suggests that it may be better for all concerned if the home will seek to enhance the residents' ability to use, rather than lose, their abilities by helping the home's staff to perceive the residents' views of the world as the residents perceive them. This insight should better equip the home to provide a more supportive atmosphere to the residents and thus increase resident satisfaction. Figure Ten includes profiles of residents' and nurses' assistants' views of growing older. This is the one value question which was common to both the residents' and nurses' and nurses' assistants' questionnaires. (A listing of the choices was presented in Table I.)

Figure Ten data shows that Home B residents are less rule-oriented than their nurses' assistants, although they are both high in their conformist needs: "Growing older to me means retiring to a less demanding life--like those who grew older before me." Home B residents subscribed more strongly to the egocentric notion that "Growing older to me means a constant struggle to avoid being run over and ignored," than did their nurses' assistants. Both groups'

responses fell at the sixtieth percentile with respect to the existential response: "Growing older to me means having the freedom to find new ways to live life to the hilt."

Home B nurses' assistants were highest of all four groups in their tribalistic needs: "Growing older to me means I'll need someone to help me." With this attitude these nurses' assistants may be more sympathetic to the needs of the residents whom they serve.

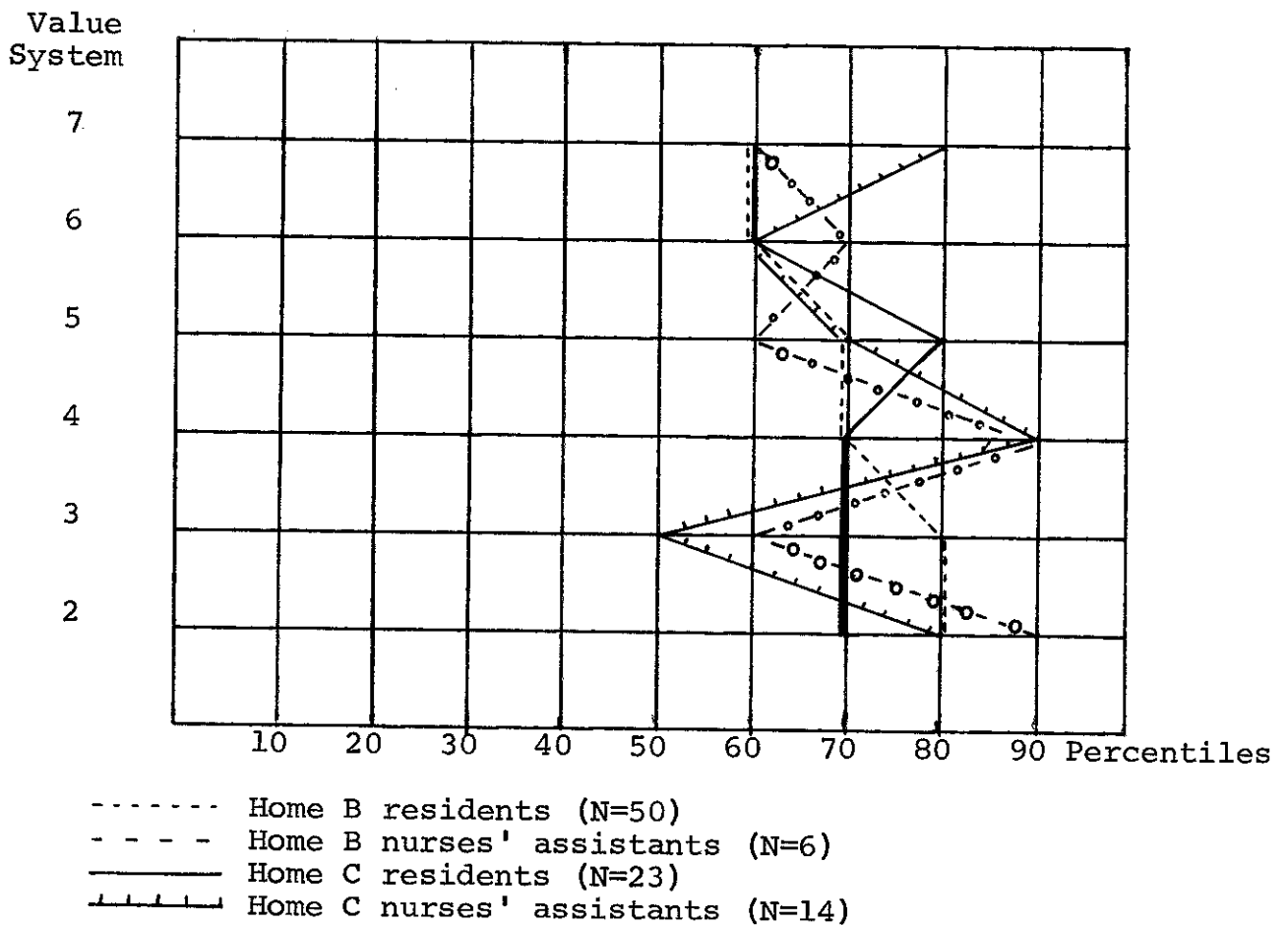


Fig. 10--Value profiles, Growing-Older Question, Home B residents versus Home B nurses' assistants versus Home C residents versus Home C nurses' assistants.

At Home C, while both residents and nurses' assistants have high tribalistic values, those of the nurses' assistants are higher. The residents at Home B assigned more points than did their nurses' assistants to the manipulative response: "Growing older to me means trying to get the most out of today by placing my needs ahead of the needs of people who might have more time left."

On the whole, residents at Homes B and C have similar views of what growing older means. Likewise, nurses' assistants at these homes hold similar views. Knowing how each group perceives aging should give the administrator some guidance in the planning of his home's programs for both residents and helping personnel.

An educational program for residents and a training program for nurses and nurses' assistants which generally concentrates on the positive aspects of aging, on what residents can still do, benefits both groups. An improvement in communication which discloses residents' views of aging should aid the helping personnel in being more sympathetic and understanding of this facet of the world of their residents. Empathy borne of knowing each groups' views of aging should help breed a common goal: the improvement in the quality of care rendered to residents.

The predictive analyses in the next section center on the level of employees' job satisfaction as it relates to why they stay.

### Predictive Analyses

This section analyzes the extent to which respondents stay on their jobs for the right reasons. If the needs of nurses and nurses' assistants are being met, they can better help meet the needs of the residents. If they stay for the wrong reasons, they may decrease resident satisfaction.

#### Level of Job Satisfaction

A section of the questionnaire which was administered to nurses and nurses' assistants was entitled, "Why Do You Continue To Work At This Home?" The administrators at Homes B and C should be interested in knowing that none of their nurses or nurses' assistants stated that they did not like their jobs. The fact that some employees at Texas Instruments so stated indicates that there are employees who work at jobs which they do not like. The three response categories of the questionnaire were as shown in Table XXV.

TABLE XXV

#### WHY EMPLOYEES STAY SURVEY RESPONSE CATEGORIES

Responses	Respondents' Percentages		
	Home B (N=13)	Home C (N=17)	Texas Instruments <sup>25</sup>
1. I enjoy my job, and it <u>is</u> a reason for my staying here.	77%	94%	72%
2. I enjoy my job, but it is <u>not</u> a reason for my staying here.	23%	6%	28%
3. I do not like my job.	0%	0%	

<sup>25</sup>Flowers, p. 176.



Two Licensed Vocational Nurses indicated that their reason for working at Home B was that a registry had sent them there as temporary help. They gave no other reasons for staying. Home B uses registries as a permanent source of temporary help. None of the employees at either Home B or Home C indicated that they did not like their job. Evidently those who did not like their jobs terminated their employment in the homes.

Administrators should realize that employees stay on their jobs for a number of reasons, some of which administrators can enhance and some of which they cannot. Administrators need to be able to distinguish between them so that they might intelligently intervene. Herzberg's two-factor analysis says that job-related reasons for staying are motivation factors.<sup>26</sup> His hygiene or maintenance factors include reasons which are related to either or both the internal or external environment. The American Management Associations report shows this relationship graphically in Figure Eleven.

The four groups listed in Figure Eleven are "turn-ons," "turn-ons-plus," "turn-offs," and "turn-overs." Given the close and prolonged contact of employees of the home with aging residents, homes are better off if they can help their employees remain in the "turned-on" and "turned-on-plus" categories.

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<sup>26</sup>Frederick Herzberg, Bernard Mausner, and Barbara Snyderman, The Motivation to Work (New York, 1959), pp. 113-119.

		Low ←———— Job Satisfaction —————→ High	
Environmental Pressures ↑ Low ↓ High	"Turn-Overs" They will leave.	"Turn-Ons" They will stay because they want to.	
	"Turn-Offs" They will stay because they have to.	"Turn-Ons-Plus" They will stay because they want to plus they have to.	

Fig. 11--Relationship Between Job Satisfaction and Environmental Factors as They Affect Retention.<sup>27</sup>

Data in Tables XXVI and XXVII show three classifications of reasons--motivational, maintenance, and external environmental--for staying at Homes B and C.

"Turned-on" employees are those who choose several motivational reasons for staying and who, in the hygiene category, prefer maintenance reasons over external environment reasons. A useful comparison in the type of analysis is "turned-on" versus "turned-off" employees. None of the respondents in this study were "turned-off." That is, none of them said, "I don't like my job," and then proceeded to cite mainly external reasons for staying. "Potentially turned-off" employees include those who cited more maintenance-type and external reasons for staying than motivational ones

<sup>27</sup>Flowers and others, p. 31.

and who also said, "I like my job but it is not one of the reasons I stay here." The only respondents who fitted into the "potentially-turned-off" category were a nurse at Home B and a nurses' assistant at Home C.

Tables XXVI and XXVII indicate the kind of comparison that might be meaningfully made if the sample size were larger. (Although a listing of five reasons was sought, ties made it necessary to show more reasons.)

A "turned-off" employee usually stays for more external and environmental reasons than for reasons over which the home's management has more control. Such an employee is "locked-in." There may be, however, internal environmental (maintenance) factors which can lock in an employee. The home's administrators can improve the job so that it offers more opportunities for self-actualization or suggest that a "turned-off" employee become a "turnover." The latter option is indicated if such an employee manifests antagonistic behavior toward the home's residents.

#### Reasons for Nurses' and Nurses' Assistants' Staying

Administrators of homes encounter numerous turnover problems. Because of the nature of the services which homes supply, the home may be better off without those employees who leave because they did not enjoy their jobs. Those employees who stay are the ones with whom the residents must interact.

TABLE XXVI

A COMPARISON OF TOP FIVE REASONS FOR STAYING  
TURN-ONS (N=10) VERSUS POTENTIAL  
TURN-OFFS (N=1) AT HOME B<sup>a</sup>

Turned-On Employees Top Five Reasons	Fre- quency Cited	Mot. <sup>b</sup>	Maint. <sup>c</sup>	Ext. <sup>d</sup>
1. I enjoy my job here.	100%	x		
2. I like the working conditions.	100		x	
3. I can be sure of a job here.	100		x	
4. I really enjoy working with my supervisor.	90		x	
5. I like the amount of teamwork.	90	x		
6. I feel free to tell my supervisor what I think.	90		x	
7. I am proud to work in this home.	90		x	
8. I am paid fairly.	90	x		
9. I am allowed to make good use of my abilities here.	90	x		
TOTALS		4	5	0
Potentially Turned-Off Employee Top Five Reasons				
1. I enjoy living in my present neighborhood.	100%			x
2. I really enjoy working with my supervisor.	100		x	
3. My job here is convenient to my home.	100			x

TABLE XXVI--Continued

Potentially Turned-Off Employee Top Five Reasons	Fre- quency Cited	Mot. <sup>b</sup>	Maint. <sup>c</sup>	Ext. <sup>d</sup>
4. I am informed about the objectives of my department.	100%		x	
5. I can be sure of a job here as long as I do good work.	100		x	
6. I like the freedom I have to plan my work.	100	x		
7. I feel free to tell my supervisor what I think.	100		x	
8. I am paid fairly for the kind of work I do.	100	x		
9. There is very little favoritism here at the home.	100		x	
10. I am allowed to make good use of my abilities here.	100	x		
11. I am required to do the right amount of work here.	100			
TOTALS		3	5	2

<sup>a</sup>Ties forced a longer and unequal listing of reasons.

<sup>b</sup>Motivational Factor in the Home environment.

<sup>c</sup>Maintenance Factor in the Home environment.

<sup>d</sup>Factor in the external environment.

TABLE XXVII

A COMPARISON OF TOP FIVE REASONS FOR STAYING  
TURN-ONS (N=16) VERSUS POTENTIAL  
TURN-OFFS (N=1) AT HOME C<sup>a</sup>

Turned-On Employees Top Five Reasons	Fre- quency Cited	Mot. <sup>b</sup>	Maint. <sup>c</sup>	Ext. <sup>d</sup>
1. I enjoy my job here.	100%	x		
2. I like the working conditions.	94		x	
3. My job here is convenient to my home.	88			x
4. I like the amount of teamwork.	81		x	
5. I have family responsibilities.	81			x
6. I am proud to work in this home.	81		x	
7. This job has been good to me, and I do not believe in jumping from company to company.	81			x
TOTALS		1	3	3
Potentially Turned-Off Employee Top Five Reasons				
1. I enjoy living in my present neighborhood.	100%			x
2. I like to live in the Denton, Dallas-Fort Worth area.	100			x
3. I am in the process of completing my education.	100			x
4. The traffic and congestion might be worse at another location.	100			x
5. I need the work experience.	100		x	
6. My job here is leading to the kind of future I want.	100	x		
TOTALS		1	1	4

<sup>a</sup>Ties forced a longer and unequal listing of reasons.

<sup>b</sup>Motivational Factor in the Home environment.

<sup>c</sup>Maintenance Factor in the Home environment.

<sup>d</sup>Factor in the external environment.

Herzberg's research indicates that job factors, those which relate to the doing of the work as opposed to extra-job factors, are the motivators. "Asking people what is important to them in their jobs will bring responses that we have classified as 'motivators.'"<sup>28</sup> Motivators are those job factors which relate to an employee's aspirations and thus give rise to job satisfaction and performance improvement. Extra-job factors include those which define the job context and thus meet the employees' need to avoid unpleasant situations. These extra-job factors Herzberg referred to as "hygiene" factors, and he says that the greatest benefit "from satisfying the needs for hygiene is the prevention of dissatisfaction and poor job performance."<sup>29</sup>

Herzberg also states that the fewer the opportunities a job provides for the "motivators" to work, the greater must be the "hygiene" factor offerings in order to make the work more tolerable. A job which offers few opportunities for achievement, the assumption of responsibility, and the attainment of self-actualization needs to be embellished with an atmosphere of fair treatment of employees.<sup>30</sup> Some nurses' assistants do not view their jobs as either monotonous or insignificant. This group really enjoys its work.

Herzberg lists salary among the hygiene factors because it meets two kinds of employee avoidance needs: the

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<sup>28</sup>Herzberg, Mausner, and Synderman, p. 116.

<sup>29</sup>Ibid., p. 115.

<sup>30</sup>Ibid., p. 115.

avoidance of economic deprivation from insufficient income and the avoidance of feelings of unfair treatment. Actually, a person's experiences, values, and needs influence his perceptions about the purposes served by salary. Herzberg also says,

Money thus earned as a direct reward for outstanding individual performance is a reinforcement of the motivators of recognition and achievement. It is not hygiene as is the money given in across-the-board wage increases.<sup>31</sup>

Respondents' reasons for staying have been classified as those relating to the internal environment of the job itself and as those relating to the external environment, to factors outside the home. Relying on Herzberg's two-factor theory,<sup>32</sup> the job's internal environmental factors have been further partitioned into motivational factors and maintenance factors. The bar charts in Figures Twelve and Thirteen were based on the internal-external categories. These bar charts were prepared by adding up the number of reasons for staying which had been classified as motivational and as maintenance factors. This total appears as "inside the home" reasons. Those classified as external environmental factors were labelled as "outside the home" reasons.

In Figures Twelve and Thirteen, reasons for staying are compared in terms of demographic factors and attitudes. Figure Twelve contains a summary of demographic characteristics at Home B. This kind of analysis is useful to

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<sup>31</sup>Ibid., p. 117.

<sup>32</sup>Ibid., pp. 113-119.



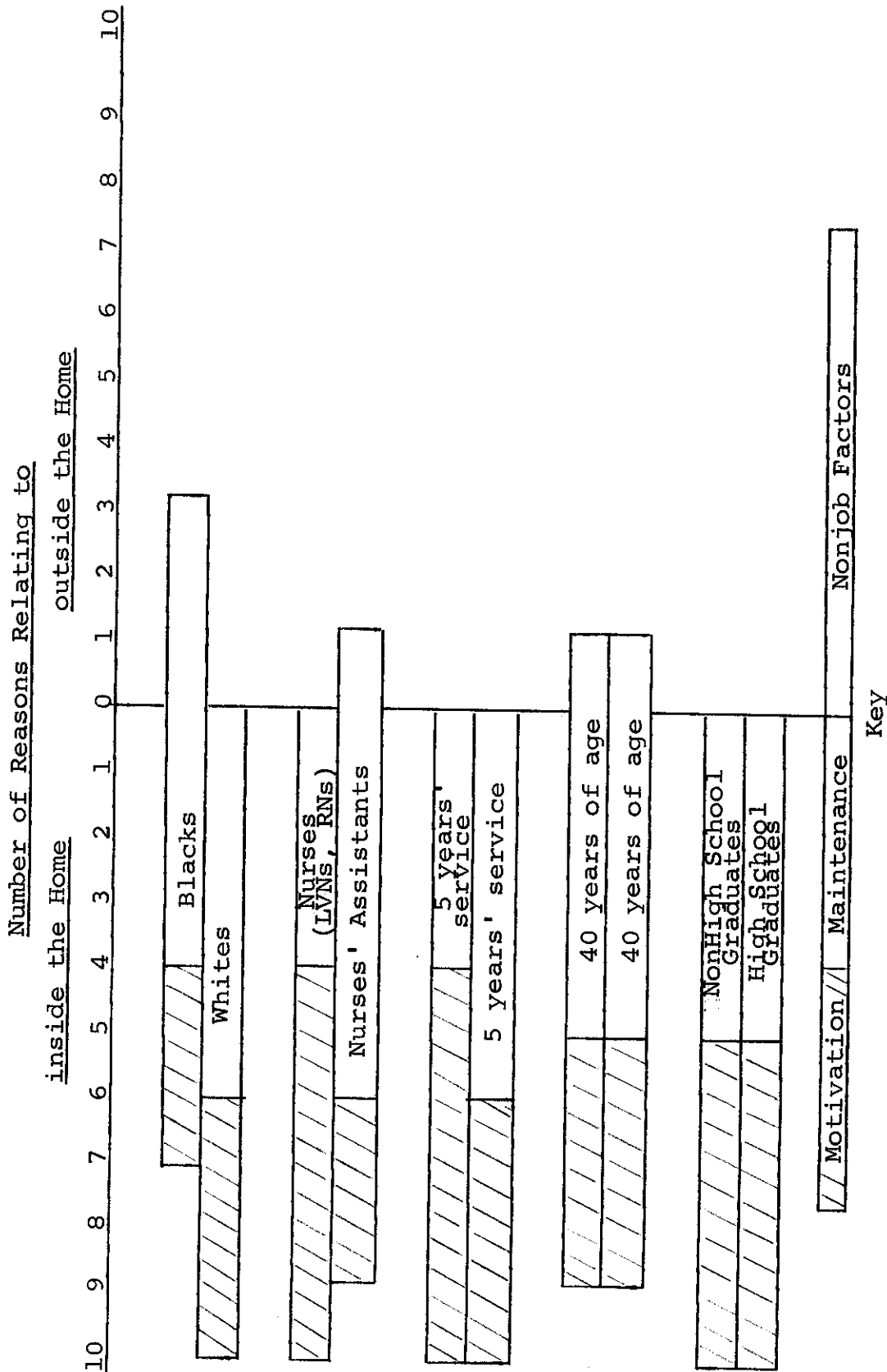


Fig. 12--Reasons for staying by demographic characteristics, Home B.

administrators in helping them to decide on the nature of job-enrichment activities, if any, they might best undertake in an effort to improve their ability to retain employees.

Race.--The data showed that blacks stay mainly for the maintenance reasons cited below:

1. I can be sure of a job here as long as I do good work.
2. I really enjoy working with my supervisor.
3. I like the working conditions.
4. I am informed about the objectives of my department.

This listing shows that these employees remain on their jobs because doing so satisfies their job security needs and their needs for a nurturing environment.

The three remaining internal environmental reasons for staying are classified as motivators:

1. I am paid fairly for the kind of work I do.
2. I enjoy my job here.
3. I like the freedom I have to plan my own work.

Such a listing indicates that these employees' recognition, achievement, and responsibility needs are being met.

The blacks cited these three external environmental factors:

1. I enjoy living in my present neighborhood.
2. My job is convenient to my house.
3. I have family responsibilities.

The rankings show that these outside factors are among the less important reasons that these employees stay on the job.

White employees' ten highest ranked reasons for staying on their jobs all relate to the home's internal environment.

Four of the ten reasons are classified as "motivators":

1. I enjoy my job.
2. I have a good opportunity here to get ahead if I want to.
3. I like the amount of teamwork in my group.
4. I am allowed to make good use of my abilities here.

This indicates that these employees' growth, achievement, and responsibility needs are being met. They cited these six maintenance reasons:

1. I really enjoy working with my supervisor.
2. I like the working conditions.
3. I can be sure of a job here as long as I do good work.
4. I feel free to tell my supervisor what I think.
5. I am proud to work in this home.
6. I like the amount of cooperation between work groups here.

Although both blacks and whites agreed that they liked their job in the home, there was a higher percentage of whites (86 per cent versus 67 per cent) who so stated. Blacks (83 per cent) indicated that they were paid fairly for the kind of work they did, where 71 per cent of the whites so indicated.

A higher percentage (71 per cent versus 67 per cent) of whites stated, "I like the freedom I have to plan my own work."

For both racial groups, the maintenance reasons for staying outnumber the motivational ones. The job conditions are more important than the job itself.

Job Position.---Registered Nurses and Licensed Vocational Nurses usually serve in supervisory positions in homes and they perform nurses' assistants' tasks only when there is a shortage of assistants on a shift. Sometimes the Registered Nurse serves on a consulting basis so that Licensed Vocational Nurses are often the highest professional nurses on duty around-the-clock. Nurses cited only internal environmental reasons for staying. Both nurses and nurses' assistants at Home B agreed, "I enjoy my job here," and "I am paid fairly for the kind of work I do." Nurses cited twice as many (six versus three) motivational reasons for staying as did nurses' assistants. Nurses' assistants cited six maintenance reasons:

1. I really enjoy working with my supervisor.
2. I like the working conditions.
3. I can be sure of a job here as long as I do good work.
4. There are not too many unnecessary rules to follow here.
5. I feel free to tell my supervisor what I think.
6. I am proud to work in this home.

Nurses' assistants cited only one external environmental reason for staying: "I would not like to start all over learning the policies of a new home."

At Home C, nurses and nurses' assistants each gave three motivational reasons for staying. They agreed, "I like my job here," and "I like the amount of teamwork in my group." The statement, "I am paid fairly for the kind of work I do," is not among the ten highest ranked reasons for either group.

Nurses' assistants at Home B cited four maintenance reasons:

1. I like the working conditions.
2. I like the amount of cooperation between work groups here.
3. I need the work experience for my career that is offered here.
4. I am proud to work in this home.

Nurses at Home C stay for more external environmental reasons than internal ones. They seem more in the process of becoming "turn-offs" and "turn-overs" than do the nurses' assistants whom they supervise.

Predictably, for nurses at Home B, the job itself was a more important reason for staying. If their job were to change, they might leave sooner than nurses' assistants for whom the job itself was less important. Nurses' assistants stayed for more reasons which relate to the working conditions.

Length of Service in the Home.--Both classes of employees, those who had worked in Home B for less than five years and those who had worked there five years or more, cited no external environmental reasons among their listings. The employees who remain only a short time stay for more motivational than maintenance reasons. Contrarily, the employees who remain for a longer period of time stay for more maintenance than motivational reasons.

Age.--Both age groups, employees under forty years old and those forty years old and older, stay for only one external environmental reason. Curiously, it was the younger age group which cited, "I would not like to start all over learning the policies of a new company," as a reason for staying. The older employees said, "My job here is convenient to my home." Both age groups cited the motivational reasons, "I enjoy my job here," and "I like the amount of teamwork in my group." Of the younger age group, 75 per cent said, "I am paid fairly for the kind of work I do," whereas 78 per cent of the older age group so specified.

Education.--Both high school graduates and non-graduates cited no external environmental reasons for staying. The number of motivational reasons cited suggests a high level of job satisfaction when age is used as a basis for comparison. Both groups agreed, "I enjoy my job here," "I am paid fairly for the kind of work I do," and "I am allowed to make

good use of my abilities here." Nonhigh school graduates cited more maintenance reasons (six) than did graduates (four).

Synthesis.--Comparisons based on race, position, length of service, age, and education are overshadowed by the professional status of the employees. Nurses are supervisors; consequently, they are more highly paid. They also do a lot of record-keeping. Nurses' assistants are poorly paid; yet they are primary with respect to delivery of care to the home's residents. It is unfortunate that some of the most unpleasant work--and much of what nurses' assistants do for incontinent, drooling, or chronically bedfast residents may fit such a description--is most poorly paid. Their labor seems poorly paid not because the disutilities are low but rather because the alternative uses for their labor are few.

The Texas Instruments study found that their managers tended to be "turned-on" by their jobs and that their subordinates tended to be more "turned-off" or to be potential "turn-overs."<sup>33</sup> This pilot study implies a contrary state of affairs with respect to nurses and nurses' assistants. The Director of Nurses, a Registered Nurse at Home C, said that she often felt the need to justify her reasons for working in a home as opposed to a hospital.<sup>34</sup> The next

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<sup>33</sup>Flowers, p. 196.

<sup>34</sup>Statement by Director of Nurses, Home C, Dallas, Texas, November 12, 1974.

section includes a discussion of reasons for staying as they relate to miscellaneous categories.

Figure Thirteen summarizes job satisfaction by miscellaneous categories. The first set of bars shows that nurses at Home B stay for motivation and maintenance or job-related reasons only. The second set of bars shows that nurses' assistants at Home C stay for more job-related reasons than do nurses. The third set of bars shows that Home B nurses and nurses' assistants stay for job-related reasons only, whereas those at Home C stay for a combination of job-related and nonjob-related reasons. The fourth, and final, set of bars shows that nurses generally stay for fewer job-related reasons than do nurses' assistants.

#### A Check On Response Consistency

Statements twenty-three through twenty-seven of "Values For Working" were preceded by instructions which read as follows: "People stay with (rather than leave) an organization for many reasons. Please rank the following statements in order from 1 (the most important) through 5 (the least important) as reasons why you would want to stay with your present company or organization."<sup>35</sup> The specific statements are presented in rank order below:

- 1 My work is satisfying to me. (Statement number twenty-seven.)
- 2 There are opportunities to get ahead, if I want to. (Statement number twenty-six.)

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<sup>35</sup>See Appendix A, "Values For Working."





- 2 Factors outside of work, such as family, community, location, and so on. (Statement number twenty-three.)
- 3 I would lose too many fringe benefits. (Statement number twenty-five.)
- 5 It might be difficult to find a job elsewhere. (Statement number twenty-four.)

As a group, respondent nurses and nurses' assistants ranked statement twenty-seven first seventeen out of thirty-one times, statement twenty-four fifth fourteen out of thirty-one times, statement twenty-five third thirteen out of thirty-one times, statement twenty six second eleven out of thirty-one times, and statement twenty-three second eight out of thirty-one times.

The rank order of reasons for staying on the job was prepared for the purpose of checking the internal consistency between respondents' answers to "Values For Working" statements twenty-three through twenty-seven and "Why Do You Continue To Work At This Home?" statements one through sixty. This order reveals that job-related reasons are the most important reasons for staying. The fourth set of bars in Figure Thirteen shows that nurses and nurses' assistants selected more job-related reasons for staying than nonjob-related reasons. Thus, their response patterns are consistent on the basis of this comparison.

Critique of Nurses' and Nurses' Assistants'  
Survey Instruments

All the instruments used in the nurses' and nurses' assistants' surveys seem to do an adequate job. The scoring pattern of pilot study's instruments was presented previously in Chapter III. Table XXVIII summarizes residents', nurses', and nurses' assistants' attitude survey point assignments. The residents' attitude scores were so high that they appeared unreasonable. This is probably because of the "no criticism but praise" constraint explained in Chapter IV. The attitude scores of nurses and nurses' assistants appear to be more realistic than those of the residents.

TABLE XXVIII

A SUMMARY OF RESPONDENTS' ATTITUDE SCORES

Respondents	Maximum Points Possible	Range	Median Attitude Scores	
			Raw	Per cent of Maximum
Residents				
Home B	110	72-93	83	75
Home C	110	68-97	89	81
Nurses and Nurses' Assistants				
Home B	40	-38-40	30	75
Home C	40	-32-40	22	55

Thus, the nurses' and nurses' assistants' attitude survey instrument performed better in the working environment than

did the residents' attitude survey instrument in the residents' living environment.

Data from this pilot study were compared with data from the American Management Associations and Texas Instruments studies in order to obtain some assurance that this pilot study's instruments were accomplishing the tasks for which they were designed.

It was predicted that the more favorable the attitudes of nurses and nurses' assistants toward their jobs the more favorable the attitudes of residents and the higher their level of satisfaction with their home's services will be. This prediction remains untested because of doubt about the accuracy of the residents' attitude survey responses and also because there was no follow-up attitude survey. Thus, a conclusive test of predictive validity must wait for comprehensive surveys involving larger sample sizes.

Graves' theory says that people have different value systems which influence their needs and wants.<sup>36</sup> The value surveys data showed this theory to be valid. The residents' attitude survey instrument was not adequate because too many of the residents believed that they should not make any negative responses. The nurses' and nurses' assistants' attitudes and "why employees stay" survey instruments were adequate. Both value surveys were also adequate, but the residents' was less adequate because, as explained in Chapter IV, some responses were biased by an unwritten rule, which asserts

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<sup>36</sup>Graves, "Human Nature Prepares," pp. 72-87.

that residents must make no critical comments only favorable ones, in order not to incur the displeasure of home administrators.

Those administrators who encourage their homes' residents to express their attitudes truthfully may reliably use an attitude pretest--change in home environment--attitude posttest pattern to arrive at meaningful before and after attitude scores. Positive changes in attitude scores represent social benefits that may be used in a cost-benefit analysis.

#### Summary

Believers in a "modern" human relations approach to motivation and morale will find abundant support in studies which demonstrate that the basic need of the worker is to be treated with dignity and with an awareness of his unique personality.<sup>37</sup>

Respondents' demographic analyses described the nurses and nurses' assistants who stay at their jobs in Homes B and C. Analyses of their values told why they stay. This environment modification model focused on the resident of the home, in the main, and it included their nurses and nurses' assistants as a part of the environment provided for residents.

An examination of a person's values sheds light onto facets of that person's personality. The human need for actualization or realization of self has been investigated

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<sup>37</sup>Herzberg, Mausner, and Snyderman, p. 108.

by such personality theorists as C. Jung,<sup>38</sup> A. Adler,<sup>39</sup> A. Sullivan,<sup>40</sup> C. Rogers,<sup>41</sup> K. Goldstein,<sup>42</sup> Maslow,<sup>43</sup> and Graves.<sup>44</sup> The job area is one of the most important ones. Task performance is the source of rewards which reinforce an employee's aspirations. Herzberg claims that surrounding job conditions cannot provide this basic satisfaction.<sup>45</sup>

Nurses and Nurses' assistants have different predominant value systems which influence their needs. According to Figures Twelve and Thirteen some nurses and nurses' assistants stay on their jobs for the right reasons, that is, for motivational, maintenance, and, to a lesser extent, for external environmental reasons. When their needs are being met, they can better help meet the needs of the residents whom they were hired to serve. If they stay for the wrong reasons,

<sup>38</sup>C. Jung, The Integration of the Personality (London, 1950).

<sup>39</sup>A. Adler, Superiority and Social Interests: A Collection of Later Writings, edited by H. L. and R. R. Ansbacher (Evanston, Illinois, 1964).

<sup>40</sup>A. M. Sullivan, The Three-Dimensional Man (New York, 1956).

<sup>41</sup>C. Rogers, Psychotherapy and Personality Changes (Chicago, 1954).

<sup>42</sup>K. Goldstein, Human Nature (Cambridge, Mass., 1940).

<sup>43</sup>Abraham H. Maslow, Motivation and Personality (New York, 1970), pp. 1-328.

<sup>44</sup>Graves, "Human Nature Prepares," pp. 72-87.

<sup>45</sup>Herzberg, Mausner, and Snyderman, p. 130.

they are likely to decrease resident satisfaction, perhaps substantially, because they are such an important part of a home's environment.

Compatibility of value systems of residents with value systems of nurses and nurses' assistants does, theoretically, influence resident satisfaction. This facet of the model remains untested because of doubt as to whether the residents' attitude instrument elicited their true attitudes in all cases and also because there was no follow-up attitude survey.

The following and final chapter summarizes the results of this pilot study and deals with the final question to be answered: Are the value and attitude questionnaires appropriate instruments to use in the longer-run effort to do cost-benefit studies in homes?

## CHAPTER VI

### SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

#### Summary

##### Description of the Problem

The more than one million persons who live in homes for the aging (homes) are those who no longer have the financial, physical, or emotional power to live independently. It is because of the absence of this power that they are especially vulnerable to abuse. The average stay in a home usually consists of the last three years of a resident's life.

If the goal of production is consumer satisfaction which includes the enjoyment of leisure then the goal of homes is resident satisfaction and the enjoyment of leisure. An income measurement is not sufficient evidence that the home's humanistic goals are being met. Resident satisfaction is best measured not in terms of economic inputs-- facilities, staff, and other resources--or in terms of outputs--programs and activities undertaken and participated in--but in terms of outcomes: restoration of the resident to and maintenance of the resident at the best level of mental and physical functioning possible.



The purpose of this research project was to develop concepts for doing cost-benefit analyses for governmental and nonprofit homes. Such concepts should facilitate a differential diagnosis that recognizes the wide individual differences among those served. Defining helpful concepts is a first step in measurement. An aim was to develop an ordinal measure of resident satisfaction. This study did not purport to attach dollar amounts to either costs or benefits, nor did it purport to perform a cost-benefit analysis.

The staff is the home personified, and the individual personality of a staff member is a crucial factor in the degree of care which she gives to the elderly resident in an institutional setting. The way in which people are given help is just as important as the fact that such help is given. The personal qualities of the staff may be more important than the specific skills they possess because they play a critical role in the daily lives of the residents in homes.

#### The Research Methodology

Graves' theory states that people exist at different levels of psychological development which shape their needs and their attitudes toward many aspects of life. This study relies on Graves' theory and is based on the belief

that it is the interaction of key variables in the environment of the home including nurses' and nurses' assistants' values, needs, and attitudes and residents' values and needs that influence resident satisfaction.

Two sets of questionnaires were administered: one to determine the values and attitudes of residents of homes and the other to determine nurses' and nurses' assistants' values, attitudes, and reasons for staying on their jobs. The attitude questionnaires concern what people have in relationship to what they want. Values tell something about what people are likely to need and want. When residents' values and needs are not in alignment with their homes' environments, administrators may either adjust their homes to meet their residents' needs or adjust their residents' needs to fit their homes' environments. Of these two approaches, the former is believed to be more humanistic than the latter.

Of the home's employees, the nurses and nurses' assistants usually have the most prolonged and intimate contact with the residents. The nurses and nurses' assistants often are the home personified and the most intimate and prolonged providers of service to the less able residents. This explains why the environment of the home, which includes the values, needs, and attitudes of nurses and

nurses' assistants, is believed to influence resident satisfaction.

### An Evaluation of Pilot Study Instruments

A primary purpose of this study is to answer the following question: Are the value and attitude questionnaires appropriate instruments to use in the longer-run effort to do cost-benefit studies in homes? This question has two facets which will be discussed in turn:

1. Are the pilot study instruments capable of inventorying residents', nurses', and nurses' assistants' values and attitudes?

2. Are the pilot study instruments useful in the longer-run effort to do cost-benefit studies in homes? The analyses, which follow, examine the extent to which these instruments are capable of achieving their aims.

Content validity is studied to discover how well the instruments define the subject matter which they were designed to measure. Specifically, how well do the value instruments measure values, and how well do the attitude instruments measure attitudes?

The value instruments.--One claim is that the value instruments represent the assumed universe of values. Values have no knowable status apart from a person's life, and for this reason values are natural experiences of

humans. Such experiences include the full range of human activity as it is influenced by the cultural, historical, physical, social, and technological conditions and by any other conditions under which people live at any given place or time.

Graves' theory draws on the experiences of humans; then the theory refers back to these experiences in order to guide humans. In his theory, Graves talks about the conditions of human life that concern human wishes and needs; in other words, human values. Graves' theory, then, is capable of fruitful and progressive development. The theory on which these value instruments was based appears to be sound.

The value questions themselves were relevant to residents in homes. Just how relevant they were depended on whether the residents were among the well elderly or the less-well elderly. The well elderly respondents at Home C indicated that they rarely dealt with nurses' assistants so that question required mere conjecture on their part. (So threatened were the respondents at Home C that the registered nurse in charge stated that she was careful not to enter the area where the well elderly lived while wearing her white uniform for fear she might stigmatize the resident whom she visited as ill.) Some of the residents at Home B stated that the home had its own social director;

so the question on leisure activities was less relevant to them.

Respondents often replied within a constraint of what was available in their home rather than in terms of some abstract, independent idea of what they desired even though the latter type of response was sought after in the value survey.

Specifically, the "Values for Living" questions (see Appendix A) include these eight subjects:

1. The meaning of comfort.
2. Desire for knowledge about one's own illnesses.
3. Duties of nurses' assistants.
4. Kind of preferred greetings.
5. Purposes of rules in homes.
6. Availability of personal services.
7. The meaning of growing older.
8. Participation in leisure activities.

These areas seem to represent typical home experiences adequately.

The "Values For Working" questions include these eight subjects:

1. Knowledge of company loyalty.
2. Kind of boss preferred.
3. Knowledge about money's importance.
4. Opinions about company profits.

5. Preferences for work.
6. Meaning of job freedom.
7. Beliefs about big companies.
8. The meaning of growing older.

These areas also seem to represent typical work experiences adequately.

The attitude instruments.--A person's attitudes are determined by the relationship of his perceptions and his expectations. In each situation, a person's attitudes depend upon whether his perceived experiences are less than, equal to, or exceed his expectations. Those residents who find life in the home better or equal to what they had expected should have a favorable attitude toward the home. Those residents who find life in the home worse than they had expected it to be should have an unfavorable attitude toward the home. The same line of reasoning is applicable to nurses and nurses' assistants in homes.

To what extent do the attitude surveys define the attitudes of residents toward the home in which they reside or of nurses and nurses' assistants toward the home in which they are employed? (A copy of both surveys appears in Appendix A.) The residents' survey contains twenty-two statements. To the extent that residents were able to overcome their "no criticism but praise" norm and give

candid responses, the instruments provided information relevant to resident satisfaction. The nurses' and nurses' assistants' survey contained twenty questions relevant to an employee's appraisal of a home as an employer.

Ability to complete the attitude questionnaires implies that the residents, nurses, and nurses' assistants do, in fact, have both perceptions and expectations, and can distinguish between them. Thus, the instruments enable them to communicate their attitudes. Certainly, administrators of homes should be interested in this type of information if they want to achieve appropriate humanistic objectives.

Reasons for employees' staying.--This part of the study which dealt with the reasons why employees remain on the job was somewhat self-checking with respect to consistency of responses. "Values for Working" statements twenty-three through twenty-seven included five ranked reasons for staying. It was possible to compare these ranked reasons with summaries prepared from the sixty statements in "Why Do You Continue To Work At This Home?" in Figure Thirteen. This comparison showed that nurses and nurses' assistants, in both instances, selected more job-related reasons for staying than nonjob-related reasons. On the whole, their response patterns were consistent.

The rankings showed that nurses and nurses' assistants stayed primarily because their work was satisfying to them. Ranked next in a tie for second were "Factors outside of work (family, community, location, and so on)" and "There are opportunities to get ahead if I want to." Their third reason for staying was that "I would lose too many fringe benefits." Ranked last was that "It might be difficult to find a job elsewhere."

The instruments as a whole.--Comparisons of this study's results with those of the American Management Associations and Texas Instruments studies were made as an intuitive test of the reasonableness of this study's findings. For the most part, this test supported the validity of the responses on a common sense basis.

Residents in homes do not all look alike, sound alike, or behave alike. The same is true of employees of companies, including homes. Claiming personal appearance, speech patterns, and behavior as external variables, this statement is made: Just as there are differences between people with respect to the three external variables cited, there are differences between people with respect to their value systems. If the foregoing statement is correct, it follows that, whenever people who have different value



systems, needs, and desires become residents of Procrustean-bed-type-homes, they are likely to experience different degrees of satisfaction.

## Conclusions

### Limitation Imposed by the Apparent Behavior Modification Programs Which Home Residents Undergo

The potential effect of homes' overt or covert behavior modification programs upon residents' value systems responses is difficult to ascertain. The data in Figures Five and Six indicate a dependency relationship of residents' value systems upon their nurses' and nurses' assistants' value systems. For this reason, subsequent research should try to discover the effect of behavior modification before attempting to collect data about residents' value systems.

### Answers to the Seven Questions

The following tentative conclusions were drawn from the results of the questionnaires:

1. Residents of homes have different value systems, needs and attitudes. They will express themselves on these subjects more freely in a permissive atmosphere. During formal interviewing sessions, they cautiously avoided comments which might be interpreted as critical of their homes.

Residents often constrained their responses to the value questions to alternatives already available in the home. They were sometimes reluctant to think in terms of an independent notion of what they would prefer if the choices were not so constrained.

2. Residents of homes have attitudes which should yield to ordinal measurement. Residents who have value systems and needs move into homes wherein they encounter their homes' environments. As a result of the interaction among the residents' values and needs and their homes' environments, residents' attitudes emerge.

Analysis of the residents' attitude responses led to a discovery that these responses were often subject to a "no criticism but praise" constraint discussed in greater detail at the beginning of Chapter IV. For this reason, the end-result variable of the model on which this study was based remains untested. It is not believed that the attitude instrument was a good discriminator of residents' attitude responses.

The point ranges of nurses' and nurses' assistants' attitude scores appeared to be more realistic than residents'. (See Table XXVIII and related discussion.) Thus, the nurses' and nurses' assistants' attitude survey instrument performed better than that of the residents.

The model predicts that the more favorable the nurses' and nurses' assistants' attitudes are toward their jobs, the more favorable the residents' environment and thus the more positive the residents' attitudes will be. This prediction remains untested because of doubt about the accuracy of residents' attitude survey responses and also because no follow-up residents' attitude survey was proposed in this pilot study.

3. Nurses and nurses' assistants have different values, needs, attitudes, and reasons for staying at homes.

4. In the main, nurses and nurses' assistants surveyed stay on their jobs for the right reasons. Figure Thirteen showed that the most important reason nurses and nurses' assistants stayed was that they enjoyed their work. Homes may or may not lose good employees; there was no opportunity to survey terminated employees. In any case, homes retain only employees that stay mainly for the "right" reasons. This dimension of the home's environment should have a positive effect on residents' satisfaction.

5. The data showed a dependency relationship of the value systems of residents upon those of their nurses and nurses' assistants. An overt or covert behavior modification program may be the cause of such a dependency relationship.

If there is a dependency relationship, the residents' value instrument is unlikely to do the job it was designed to do. Residents' value systems, as a result of institutionalization, might have undergone a metamorphosis which the value instrument would not overcome.

6. Compatibility of the value systems of residents with those of their nurses and nurses' assistants influences resident satisfaction. In some situations, nurses and nurses' assistants supervise residents rather than serve them. Under such conditions, the most "satisfied" residents are those whose predominant value systems are lower than those of their nurses and nurses' assistants. Level seven supervisors and supervisees are compatible. Otherwise, the ideal situation is to have supervisors one level above supervisees.

7. The residents' value and attitude questionnaires are not the appropriate instruments to use in the longer-run effort to do cost-benefit studies in homes. (See answers to questions one, two, and five in this section.) The study reveals no reason to doubt the adequacy of the nurses' and nurses' assistants' value and attitude questionnaires.

#### The Sample

Biased, nonrandom samples are not necessarily wrong, and they may produce useful information. Random samples

are preferable only because they usually have a higher probability of being representative of the population from which they are drawn.

The nonrandom aspects of this sample necessitate the emphasizing of some cautions. The samples of homes' residents, nurses, and nurses' assistants are small and, even within their groups, definitely biased in the direction of volunteers and of those who were both willing and able to respond. Thus, no definitive conclusions can be based on the results of this present round of questionnaires. This study is a pilot project in the study of values and attitudes as they relate to resident satisfaction.

The matter of resident satisfaction is of such consequence to society, in general, and to the residents of homes, in particular, that a census, rather than a sample, of residents' values and attitudes is indicated. It is believed that a census of nurses' assistants' values, attitudes, and reasons for staying would be beneficial. A sample may be sufficient with respect to Registered Nurses and Licensed Vocational Nurses employed in homes.

Optimism is maintained in the face of the extreme difficulties of the total task of measuring home-resident satisfaction. Encouragement is borne by the hope that this model offers because of the assistance of those residents who were both willing and able to respond to the survey.

Their responses have emphasized the fact of their individuality. This survey gave these residents a chance to state their reactions to rules and standards which seem to have been designed more toward the outward manifestations of protection than toward life's inner realities. Sometimes a sample of one provides valuable information.

#### Recommendations

An administrator who decides to utilize the proposed home environment modification model must know that such a model leaves a clear audit trail of this facet of his decision-making processes. It is not offered as a substitute for the exercising of his professional judgment.

#### Avoiding Mirror Management

Instead of practicing "mirror management" and thus attributing his own values to residents and nurses and nurses' assistants, an administrator has the alternative of using instruments similar to those employed in this study. From the responses which he receives, he could perform analyses like those in Chapters IV and V of this study and as specified in the model presented in Chapter III. He can then use the results of these analyses to make appropriate changes in the home to better achieve its humanistic goals.

### Cost-Benefit Analyses

Many cost-benefit analysts have limited their attention to benefits that are tangible and quantifiable because they have accepted the futility of trying to compute the monetary value of intangibles such as home resident satisfaction.

This study has not ignored the problem of intangibles but has sought to select carefully a benefit indicator and to report qualitatively those factors which are not presently susceptible to quantification. Even a mere listing of these relevant factors is enough to remind the decision maker of their importance. Such an analysis makes it necessary to identify assumptions that have been made and puts them forward for discussion. Thus, it is likely that more attention, time, and money will be devoted to the intangibles, to the conceptualization of resident satisfaction, and to the accumulation of relevant statistics.

Stanfield and Mullendore<sup>1</sup> include the following two impacts in the formulation of a cost-benefit model: social and financial. The financial impact is usually the difference between a project's revenue and its monetary costs.

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<sup>1</sup>Ronald J. Standfield and Walter E. Mullendore, "A Suggested Form of Benefit-Cost Analysis for an Evaluation of Urban Renewal Projects," Land Economics, XLIX (February, 1973), 81-86.

Social impact may be expressed as the net change in attitudes desirably affected. It is evaluated by a project's impact on the relevant social parameters.

The model in this study is based on the notion that the residents are best suited to select the relevant social parameters. Such selected social parameters should be those that most closely approximate the homes' shortcomings. The same parameters may not be relevant for every home. Also, because some parameters might be more critical than others, a system of weighting needs to be devised.

As a result of this pilot study, the ordinal measurement of resident satisfaction can be used in calculating social impact, a qualitative factor. If one accepts projects in which

- |    |        |        |
|----|--------|--------|
| 1. | SI > 0 | FI > 0 |
| 2. | SI > 0 | FI = 0 |
| 3. | SI > 0 | FI < 0 |

where SI = Social Impact and FI = Financial Impact, the pilot-study instruments are useful in the longer-run effort to do cost-benefit studies in homes.

The following formula is recommended:

$SI = A_p - A_b$ , where  $A_p$  equals residents' posttest attitude score and  $A_b$  equals residents' beginning attitude score which was obtained before intervening treatment. The resident's attitude score computed in this pilot study is  $A_b$ .



### Directions for Further Research

The belief persists that the model described in Chapter III is viable and that meaningful cost-benefit analyses of the performance of homes will eventually be possible. The immediate problem or next logical step is to improve the capability to identify predominant value systems of residents and to develop a satisfactory measure of resident satisfaction. The latter will entail learning to deal with the effect of the behavior modification that apparently occurs when the elderly become residents of homes.

**APPENDIX A**

## VALUES FOR LIVING\*

All replies to this questionnaire will be treated confidentially, and no names of individuals or organizations will be used without prior written permission.

1. What is your marital status? (Place an X in the appropriate box.)
    - 1. married
    - 2. separated
    - 3. widowed
    - 4. single
    - 5. divorced
  
  2. Did you live in another HOME before moving into this one?
    - 1. yes
    - 2. no
  
  3. How many people live here?
    - 1. under 25
    - 2. 25-74
    - 3. 75-99
    - 4. 100-149
    - 5. 150 or more
  
  4. How long have you lived here?
    - 1. under 6 months
    - 2. 6 to 8 months
    - 3. 9 to 12 months
    - 4. over 1 year but less than 2
    - 5. 2 to 3 years
    - 6. 4 to 5 years
    - 7. 6 to 8 years
    - 8. 9 years and over
  
  5. Kind of services received:
    - 1. custodial
    - 2. nursing
    - 3. independent living
- 

\*This questionnaire was adapted from the Values for Working Questionnaire developed by M. Scott Myers, Susan S. Myers, and Clare W. Graves.

6. Your sex:

- 1. male
- 2. female

7. Your age:

- 1. under 60
- 2. 60-69
- 3. 70-79
- 4. 80-89
- 5. 90-115

8. Your monthly income from all sources:

- 1. under \$100
- 2. \$100-\$199
- 3. \$200-\$299
- 4. over \$300

9. Your educational background:

- 1. no formal education
- 2. 1 to 8 years
- 3. trade school
- 4. some high school
- 5. completed high school
- 6. some college or completed college or above

10. Your race:

- 1. white
- 2. black
- 3. other

Directions: Each of the following questions, numbered 11 through 18, has six possible responses. Indicate to what extent you agree with some or all of the six responses by assigning a numerical value to them, for a total of 12 points for each question. The more you agree with a particular response, the higher the number you should assign it. For example:

\*If you agree equally with all six responses, you should assign two points to each response, for a total of 12.

\*If you agree with only one response, you should assign all 12 points to it.

\*If you agree with several responses in differing degrees, you should assign a proportionate amount of points to each response with which you agree, for a total of 12.

11. Providing comfort is one of the main purposes of homes for older people. To me, being comfortable means . . .
- [ ] 1. that residents need privacy in bed and bathroom and respect for our freedom of choice where possessions and personal needs are concerned.
  - [ ] 2. being able to keep personal things like books and jewelry. However, I know rules are necessary and will part with my personal things if the rules require it.
  - [ ] 3. allowing me to eat what I want and do what I want because there are many things I could do if they would stay off my back.
  - [ ] 4. knowing that I'll receive the things I need like good meals, someone to help me, and a safe and clean place to live.
  - [ ] 5. having a warm, friendly atmosphere where all the people are happy. Being part of a happy group is the most important part of being comfortable.
  - [ ] 6. doing things I like such as watching TV, snacking or living with my wife/husband. Even if such privileges are technically against the rules, I am responsible and cooperative, and I have earned these privileges.

Total 12

12. Some people want to know details about their sickness and others don't. I want to know . . .
- [ ] 1. nothing more than I've been told for I am confident that the doctors and nurses will take good care of me.
  - [ ] 2. all the details that interest me. They have no right to hold back on me. It is my body.
  - [ ] 3. enough to be able to compare how I am doing with others who have similar problems.

- [ ] 4. so that I may judge my chances of improving on the treatments and of getting better sooner.
- [ ] 5. so that those of us who have similar ailments might identify each other, work together, and help one another get well.
- [ ] 6. so that I may weigh the costs and benefits and make my future plans.

Total 12

13. A nurses' aide who understands her job is one who . . .

- [ ] 1. sees the importance of avoiding conflict and makes an effort to promote goodwill among the residents.
- [ ] 2. treats residents the way they want to be treated and lets me decide things for myself as much as possible.
- [ ] 3. knows I will raise Cain if she tries to force me to do anything I don't want to do.
- [ ] 4. knows that once she helps me to see what should be done, I am eager, as all residents should be, to respond favorably to orders and requests because she is fair to us.
- [ ] 5. is extra patient and helpful on the days when I'm not feeling up to par.
- [ ] 6. knows that I require some flexibility in my routine so that I may save my best for the activities that I prefer.

Total 12

14. Some residents like to be called by their first name. Others prefer a more formal greeting. The kind of greeting I like is . . .

- [ ] 1. in whatever manner they prefer if it will help me get better treatment.
- [ ] 2. one that shows they know who I am and what I stand for.

- [ ] 3. a first name or nickname if the person is a friend. Others should address me by a title such as Mr. or Mrs. and my last name.
- [ ] 4. one that shows concern for the way I feel. Titles like Mr. and Mrs. are less important.
- [ ] 5. one that is warm and friendly.
- [ ] 6. a first name or nickname generally but I'm flexible where customs are concerned and it doesn't bother me if someone says Mr. or Mrs. and my last name.

Total 12

15. We are all expected to live by the rules of the home. In my opinion, rules are . . .

- [ ] 1. best when there are as few as possible. In the final analysis, responsibility falls on people not rules.
- [ ] 2. made to be broken. A rule never fits all the circumstances.
- [ ] 3. okay if we have good nurses who use them to help us.
- [ ] 4. necessary to preserve order in the facility and everyone should follow them.
- [ ] 5. necessary but I believe it's sometimes okay to break the rules if it will make things better.
- [ ] 6. useful only if they help make the people happier.

Total 12

16. My view on services like laundry, drycleaning, barber, and beautician is . . .

- [ ] 1. that they should be pretty much the same for everybody.
- [ ] 2. very important to some people. I enjoy these services but I can do without elaborate services.
- [ ] 3. that these services are important to me but I know they give me only what they have to.

- [ ] 4. they are nice to have but I worry about those who can't afford them.
- [ ] 5. that everyone should get some of these services whether he can pay extra for them or not.
- [ ] 6. extras should be available to those willing to pay for them.

Total 12

17. Growing older to me means . . .

- [ ] 1. trying to get the most out of today by placing my needs ahead of the needs of people who have more time left.
- [ ] 2. retiring to a less demanding life like those who grew old before me.
- [ ] 3. a constant struggle to avoid being run over and ignored.
- [ ] 4. having the freedom to find new ways to live life to the hilt.
- [ ] 5. I need someone to help me.
- [ ] 6. a chance to draw on my experience to help others.

Total 12

18. When it comes to such things as educational and recreational sessions, parties, holiday celebrations, hobbies, and indoor or outdoor games, I wish . . .

- [ ] 1. we could have more of them because they are great ways to get to know one another better and have a lot of fun.
- [ ] 2. someone would help me decide which ones are best for me and show me how to participate.
- [ ] 3. to try several of them because I enjoy learning new things and finding lots of ways to enjoy life.
- [ ] 4. people would leave me alone. I prefer to decide how and when to participate.



5. to choose those activities that enable me to demonstrate the skills I have acquired over the years.

6. they were more organized.

Total 12

19. and 20. In what part of the country . . .

<u>Did you live before living here?</u>		<u>Does your nearest of kin live?</u>
<input type="checkbox"/>	1. this city	<input type="checkbox"/>
<input type="checkbox"/>	2. this county, not this city	<input type="checkbox"/>
<input type="checkbox"/>	3. this state, not this county	<input type="checkbox"/>
<input type="checkbox"/>	4. a different state	<input type="checkbox"/>
<input type="checkbox"/>	5. outside U.S.	<input type="checkbox"/>

21. and 22.

Before living here I lived with

My decision to live here was made with the help of

<input type="checkbox"/>	1. no one else	<input type="checkbox"/>
<input type="checkbox"/>	2. son/daughter	<input type="checkbox"/>
<input type="checkbox"/>	3. other relative, husband/wife	<input type="checkbox"/>
<input type="checkbox"/>	4. doctor	<input type="checkbox"/>
<input type="checkbox"/>	5. other unrelated person	<input type="checkbox"/>

23. What type of work did you do most of your working life?

1. housewife  
 2. unskilled laborer  
 3. skilled laborer  
 4. farmer or rancher  
 5. self-employed  
 6. teacher or administrator  
 7. nurse, physician, attorney, accountant, engineer, or salesman  
 8. office worker or sales clerk  
 9. government employee or politician  
 10. other \_\_\_\_\_.

## PEOPLE EFFECTIVENESS SURVEY

DIRECTIONS: After reading each statement, mark an X in one of the boxes, corresponding to each statement, that best describes how you feel about the statement.

	1 Strongly Disagree	2 Disagree	3 Agree	4 Strongly Agree	5 I Don't Know
1. My activities here are satisfying to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. There is not enough cooperation between the residents and the staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Many of the residents would like their relatives and friends to visit them more often.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. We don't get enough information about how nearly our living conditions meet the standards of care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Many residents I know would like to see the state inspectors make more unannounced visits here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I can be assured of a place here so long as I want it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I feel free to tell the nurses' aides what I think.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am proud to live here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. During the past six months I have looked for some where else to live.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Favoritism is a problem here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. This is a better place to live than it was last year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Most of the things required of me here are for my own good.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. My living quarters are satisfactory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The nurses' aides change (leave, quit, or are fired) too often here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1 We Don't Have Enough Freedom	2 Same as We'd Have Anywhere Else	3 The Right Amount	4 More Than Enough	5 I Don't Know
15. We have the freedom to make many of our own decisions here.	[ ]	[ ]	[ ]	[ ]	[ ]
16. There are too many rules and procedures to follow here.	[ ]	[ ]	[ ]	[ ]	[ ]
17. I have as much freedom as I need to live a meaningful life here.	[ ]	[ ]	[ ]	[ ]	[ ]
18. Most residents I know are allowed to do things that they like to do and they're good at.	[ ]	[ ]	[ ]	[ ]	[ ]
19. We are free to come and go at will.	[ ]	[ ]	[ ]	[ ]	[ ]

	1 Never	2 Not Often	3 Some- times	4 Most of The Time	5 Only at Special Times
20. I am treated fairly by the staff.	[ ]	[ ]	[ ]	[ ]	[ ]
21. I enjoy my food.	[ ]	[ ]	[ ]	[ ]	[ ]
22. We plan our own recreational activities such as games, movies, parties, and craft programs.	[ ]	[ ]	[ ]	[ ]	[ ]

CREDITS: These questions were adapted by Professors Bernard A. Coda and Vincent S. Flowers, both of North Texas State University, and Ladelle Hyman from those designed by M. Scott and Susan Myers and Charles L. Hughes, all three of Texas Instruments, and by Vincent S. Flowers.

## VALUES FOR WORKING\*

This section of the questionnaire is designed to assess the value systems of NURSES and NURSES' AIDES.

All replies to this questionnaire will be treated confidentially, and no names of individuals or organizations will be used without prior written permission.

## 1. Your race:

- 1. Black
- 2. Mexican American
- 3. White
- 4. Other

## 3. Your position:

- 1. Nurse (LVN or RN)
- 2. Nurses' Aide

## 3. How many NURSES' AIDES does your organization employ?

- 1. under 25
- 2. 25 to 50
- 3. 51 to 100
- 4. 101 to 200
- 5. over 200

## 4. Your organization's annual fees or annual budget:

- 1. under \$15,000
- 2. \$15,000 to \$30,000
- 3. \$30,001 to \$100,000
- 4. \$100,001 to \$500,000
- 5. \$500,001 to \$1 million
- 6. over \$1 million

## 5. Care rendered:

- 1. custodial
- 2. custodial and nursing
- 3. independent living

---

\*This questionnaire was adapted from the Values for Working Questionnaire developed by M. Scott Myers, Susan S. Myers and Clare W. Graves.

6. How long have you been employed by your present organization?
- 1. less than 1 year
  - 2. 1 to 5 years
  - 3. 6 to 10 years
  - 4. 11 to 15 years
  - 5. over 15 years
7. Sex:
- 1. female
  - 2. male
8. Age:
- 1. under 30
  - 2. 30 to 39
  - 3. 40 to 49
  - 4. 50 to 59
  - 5. 60 or over
9. Your annual income from all sources:
- 1. under \$5,000
  - 2. \$5,000 to 15,999
  - 3. \$16,000 to \$30,000
  - 4. over \$30,000
10. Your educational background: (Check highest one only)
- 1. did not complete high school
  - 2. completed high school
  - 3. completed some college
  - 4. hold undergraduate degree
  - 5. no formal education
  - 6. completed G.E.D.

Directions: Each of the following questions, numbered 11 through 18, has six possible responses. Indicate to what extent you agree with some or all of the six responses by assigning a numerical value to them, for a total of 12 points for each question. The more you agree with a particular response, the higher the number you should assign it. For example:

\*If you agree equally with all six responses, you should assign two points to each response, for a total of 12.

\*If you agree with only one response, you should assign all 12 points to it.

\*If you agree with several responses in differing degrees, you should assign a proportionate amount of points to each response with which you agree, for a total of 12.

11. Employees have often been rewarded for their loyalty to the company. To me, company loyalty means . . .

- 1. supporting the goals of the company as long as they don't go against one's principles.
- 2. sticking with the company through good years and bad, and making sacrifices when necessary to keep the company strong.
- 3. giving up my freedom and being an apple-polisher.
- 4. being on the job as much as I can and doing what I'm told.
- 5. commitment to a company that is concerned with the needs of its employees.
- 6. supporting the organization that lets me succeed.

Total 12

12. The kind of boss I like is one who . . .

- 1. tells me exactly what to do and how to do it, and encourages me by doing it with me.
- 2. is tough but allows me to be tough too.
- 3. calls the shots and isn't always changing his mind, and sees to it that everyone follows the rules.
- 4. doesn't ask questions as long as I get the job done.
- 5. gets us working together in close harmony by being more a friendly person than a boss.
- 6. gives me access to the information I need and lets me do my job in my own way.

Total 12

13. Money is important to me because . . .

- 1. it enables me to enjoy many friendships and to support worthwhile causes.
- 2. it provides freedom and the opportunity to be myself; having money is not as important as what I do with it.
- 3. it allows me to buy the things I need, such as a sharp car and clothes, and makes me feel like somebody.
- 4. it allows me to save for a rainy day, to aid the less fortunate, and to have a decent standard of living.
- 5. it pays for groceries, the rent, and other things I need to keep going.
- 6. it is a measure of my career success in my company and community.

Total 12

14. One measure of success of a business organization is the amount of profit it makes each year. In my opinion the profit a company makes . . .

- 1. is its primary reason for existing and is the most important measure of success.
- 2. goes to the people who already have a lot of money.
- 3. keeps the company strong so the employees can continue to have good jobs.
- 4. is important but there isn't much I can do about it.
- 5. is not as important as its products and services and the way it treats its people.
- 6. will be greater in the long run when the needs of the employees and the company are both considered.

Total 12

15. The work that a person does for his living is important to him in many ways. In my own case . . .
- [ ] 1. I prefer work of my own choosing that offers continuing challenge and requires imagination and initiative, even if the pay is low.
  - [ ] 2. I don't like any kind of work that ties me down, but I'll do it if I have to in order to get some money, then I'll quit and do what I want until I have to get another job.
  - [ ] 3. the kind of work I usually do is o.k. as long as it's a steady job and I have a good boss.
  - [ ] 4. I have worked hard for what I have, and think I deserve some good breaks. I believe others should realize it is their duty to be loyal to the organization if they want to get ahead.
  - [ ] 5. I am responsible for my own success, and I am always on the lookout for new opportunities which will lead to a more responsible position and greater financial reward.
  - [ ] 6. I believe that doing what I like to do, such as working with people toward a common goal, is more important than getting caught up in a materialistic rat race.

Total 12

16. Having freedom on the job is important to many people. Job freedom, for me, means . . .
- [ ] 1. the opportunity to work where I want and to have a steady job.
  - [ ] 2. the opportunity to do interesting and challenging work, to be able to express myself openly, and the freedom to change jobs if I want to.
  - [ ] 3. having enough independence so I won't be pushed around by higher-ups in the company.
  - [ ] 4. the opportunity to be friends with anyone without worrying about where they fit into the company.
  - [ ] 5. not having to worry about my job, sickness, paying bills, and other problems.



- [ ] 6. the opportunity to stand on my own two feet and to pursue success without too much interference from supervision or anything else.

Total 12

17. More people work for big companies today than ever before. I believe that big companies . . .

- [ ] 1. and their employees should be dedicated to the goal of maximizing profits because both benefit when this goal is achieved.
- [ ] 2. are doing their duty when they provide steady jobs and pay enough to allow employees to maintain a decent standard of living.
- [ ] 3. make fat profits at the expense of most workers.
- [ ] 4. are probably necessary in our world, but they must be more concerned with better balance between organizational and individual needs.
- [ ] 5. should take good care of employees by giving them good pay, hours, and working conditions.
- [ ] 6. should support the causes of social and economic justice, provide a pleasant work climate, share profits with employees, and become selective in choosing their products and customers.

Total 12

18. Growing older to me means . . .

- [ ] 1. a chance to draw on my experience to help others.
- [ ] 2. I'll need someone to help me.
- [ ] 3. having the freedom to find new ways to live life to the hilt.
- [ ] 4. a constant struggle to avoid being run over and ignored.
- [ ] 5. trying to get the most out of today by placing my needs ahead of the needs of people who have more time left.

6. retiring to a less demanding life--like those who grew old before me.

Total 12

19. and 20. In what part of the country . . .

<u>Did you grow up?</u>		<u>Do you now live?</u>
<input type="checkbox"/>	1. Northeast	<input type="checkbox"/>
<input type="checkbox"/>	2. Midwest	<input type="checkbox"/>
<input type="checkbox"/>	3. Southeast	<input type="checkbox"/>
<input type="checkbox"/>	4. Northwest	<input type="checkbox"/>
<input type="checkbox"/>	5. Southwest	<input type="checkbox"/>
<input type="checkbox"/>	6. Outside U.S.	<input type="checkbox"/>

21 and 22. In what size city or town . . .

<u>Did you grow up?</u>		<u>Do you now live?</u>
<input type="checkbox"/>	1. under 5,000 people	<input type="checkbox"/>
<input type="checkbox"/>	2. 5,000 to 100,000	<input type="checkbox"/>
<input type="checkbox"/>	3. 100,001 to 500,000	<input type="checkbox"/>
<input type="checkbox"/>	4. 500,001 to 1 million	<input type="checkbox"/>
<input type="checkbox"/>	5. over 1 million	<input type="checkbox"/>

People stay with (rather than leave) an organization for many reasons. Please rank the following statements in order from "1" (the most important) through "5" (the least important) as reasons why you would want to stay with your present company or organization.

23.  There are opportunities to get ahead, if I want to.
24.  It might be difficult to find a job elsewhere.
25.  I would lose too many fringe benefits.
26.  Factors outside of work (family, community, location, etc.).
27.  My work is satisfying to me.

WHY DO YOU CONTINUE TO WORK AT THIS HOME?

Many factors both inside and outside the HOME may influence a person's decision to work here. For each of the following indicate whether the statement is (1) among your reasons for working here or (2) has little or nothing to do with your working here. If you disagree with the statement or it doesn't apply to you, check [ ] column (3).

	(1) Is one of the reasons <u>I stay here</u>	(2) Has little or nothing to do <u>with my staying</u>	(3) I disagree or it does <u>not apply</u>
1. I enjoy my job here.	[ ]	[ ]	[ ]
2. I'm close to becoming vested in the HOME's retirement plan.	[ ]	[ ]	[ ]
3. I wouldn't want to rebuild most of the benefits that I have built up like vacations and sickleave if I left here.	[ ]	[ ]	[ ]
4. I'm close to becoming vested in the Profit Sharing Plan here.	[ ]	[ ]	[ ]
5. I enjoy living in my present neighborhood.	[ ]	[ ]	[ ]
6. I like the amount of cooperation between work groups here.	[ ]	[ ]	[ ]
7. I wouldn't like to start all over learning the policies of a new company.	[ ]	[ ]	[ ]
8. I like to live in the Denton, Dallas-Fort Worth area.	[ ]	[ ]	[ ]
9. I have a good opportunity here to get ahead if I want to.	[ ]	[ ]	[ ]

	(1) Is one of the reasons <u>I stay here</u>	(2) Has little or nothing to do <u>with my staying</u>	(3) I disagree or it does <u>not apply</u>
10. If I were to leave this HOME I might have difficulty getting a fair price for my house.	[ ]	[ ]	[ ]
11. I really enjoy work- ing with my supervisor.	[ ]	[ ]	[ ]
12. I have or will soon have children in college.	[ ]	[ ]	[ ]
13. I like the working conditions.	[ ]	[ ]	[ ]
14. It might be difficult to find the kind of job I want outside the HOME.	[ ]	[ ]	[ ]
15. I'm a little too old to start over again.	[ ]	[ ]	[ ]
16. I'm in the process of completing my education.	[ ]	[ ]	[ ]
17. I like the amount of information I get about how well my work group is doing.	[ ]	[ ]	[ ]
18. Compared to other areas, the cost of living in Denton, Dallas Fort Worth is good.	[ ]	[ ]	[ ]
19. The traffic and conges- tion might be worse at another company location.	[ ]	[ ]	[ ]
20. My job is convenient to my home.	[ ]	[ ]	[ ]
21. I like the amount of teamwork in my group.	[ ]	[ ]	[ ]
22. I have family responsi- bilities.	[ ]	[ ]	[ ]

	(1) Is one of the reasons <u>I stay here</u>	(2) Has little or nothing to do <u>with my staying</u>	(3) I disagree or it does <u>not apply</u>
23. I wouldn't like to look for a job on the outside.	[ ]	[ ]	[ ]
24. I am informed about the objectives of my department.	[ ]	[ ]	[ ]
25. There is a chance companies may reject my employment application.	[ ]	[ ]	[ ]
26. I have financial investments here.	[ ]	[ ]	[ ]
27. I can be sure of a job here as long as I do good work.	[ ]	[ ]	[ ]
28. It would be costly to relocate.	[ ]	[ ]	[ ]
29. I'm working to make ends meet and I don't want to take the risks involved in a new job.	[ ]	[ ]	[ ]
30. There are not too many unnecessary rules to follow here.	[ ]	[ ]	[ ]
31. I don't have anything better to do and I'd probably get bored staying at home.	[ ]	[ ]	[ ]
32. I like the freedom I have to plan my own work.	[ ]	[ ]	[ ]
33. I couldn't afford the additional costs of parking, food, or dress required by some companies.	[ ]	[ ]	[ ]

	(1) Is one of the reasons <u>I stay here</u>	(2) Has little or nothing to do <u>with my staying</u>	(3) I disagree or it does <u>not apply</u>
34. I wouldn't want to spend the time or energy required by a new job.	[ ]	[ ]	[ ]
35. I feel free to tell my supervisor what I think.	[ ]	[ ]	[ ]
36. I need the work experience for my career that is offered here.	[ ]	[ ]	[ ]
37. I have good personal friends here at work.	[ ]	[ ]	[ ]
38. I'm working to save enough money to buy some things and I haven't got there yet.	[ ]	[ ]	[ ]
39. I am proud to work in this HOME.	[ ]	[ ]	[ ]
40. I have family and relatives in the area.	[ ]	[ ]	[ ]
41. I was raised in the area and wouldn't want to leave.	[ ]	[ ]	[ ]
42. I am paid fairly for the kind of work I do.	[ ]	[ ]	[ ]
43. Moving and relocating would be too much trouble.	[ ]	[ ]	[ ]
44. There's very little favoritism here at the HOME.	[ ]	[ ]	[ ]
45. I have outside interests or activities I wouldn't want to give up.	[ ]	[ ]	[ ]
46. I am allowed to make good use of my abilities here.	[ ]	[ ]	[ ]

	(1) Is one of the reasons <u>I stay here</u>	(2) Has little or nothing to do <u>with my staying</u>	(3) I disagree or it does <u>not apply</u>
47. I might not get the needed insurance coverage I have now.	[ ]	[ ]	[ ]
48. My job here is leading to the kind of future I want.	[ ]	[ ]	[ ]
49. I enjoy the sports and recreation activities around Denton, Dallas- Fort Worth.	[ ]	[ ]	[ ]
50. I'm required to do just about the right amount of work here.	[ ]	[ ]	[ ]
51. My job skills are unspecialized and I might not find many other companies who could use them.	[ ]	[ ]	[ ]
52. I have clear-cut objectives on which to base my work goals.	[ ]	[ ]	[ ]
53. I get paid more here than I probably would anywhere else.	[ ]	[ ]	[ ]
54. I am a very important factor in the success of my work group and it would be unfair if I left it.	[ ]	[ ]	[ ]
55. I don't yet have the "credentials" required by my profession.	[ ]	[ ]	[ ]
56. The local tax rates are good where I live.	[ ]	[ ]	[ ]
57. I like the benefits here.	[ ]	[ ]	[ ]

- |  | (1)  | (2)  | (3)  |
|--|--|--|--|
|  | Is one of<br>the reasons<br><u>I stay here</u> | Has little or<br>nothing to do<br><u>with my staying</u> | I disagree<br>or it does<br><u>not apply</u> |
| 58. I wouldn't like to<br>take my children out<br>of the school they<br>are in.                      | [ ]  | [ ]  | [ ]  |
| 59. This job has been<br>good to me and I<br>don't believe in<br>jumping from company<br>to company. | [ ]  | [ ]  | [ ]  |
| 60. I'm helping put my<br>husband through<br>school.   | [ ]  | [ ]  | [ ]  |

Please list any other factor(s) which has influence on your decision to stay at this HOME.

61.

62.

63.

64.

65.

PLEASE REVIEW THE ITEMS YOU HAVE [ ] AS "REASONS FOR YOUR STAYING HERE" AND CIRCLE YOUR FIVE (5) MOST IMPORTANT REASONS.

THANK YOU!

CREDITS: These questions were adapted from "Why Do You Stay at TI?" which is a Texas Instruments questionnaire.



**APPENDIX B**

## RESIDENTS ' RAW VALUES AND ATTITUDES SCORES

Resident Number	Values Systems Scores							Attitudes Scores
	2	3	4	5	6	7	Totals	
1	16	24	22	4	12	18	96	81
2	27	14	19	4	16	16	96	85
3	24	2	21	9	18	22	96	86
4	8	8	10	15	27	28	96	86
5	19	4	10	6	25	32	96	82
6	1	14	14	15	2	50	96	72
7	23	10	13	7	32	11	96	86
8	15	9	12	22	14	24	96	84
9	56	2	20	14	2	2	96	83
10	7	10	9	15	23	32	96	84
11	21	2	25	7	25	16	96	92
12	13	4	17	9	37	16	96	80
13	16	8	32	8	16	16	96	93
14	13	20	22	2	2	37	96	76
15	18	24	37	13	3	1	96	87
16	6	8	33	10	28	11	96	85
17	27	19	15	11	14	10	96	91
18	72	0	0	0	24	0	96	84
19	12	16	13	8	4	43	96	82
20	21	30	8	1	34	2	96	76
21	25	22	14	6	24	5	96	75
22	31	21	22	5	16	1	96	85
23	1	16	4	25	22	28	96	83
24	8	10	19	12	23	24	96	75
25	30	9	18	8	13	18	96	87
26	16	15	11	11	28	15	96	78
27	21	18	15	15	17	10	96	72
28	22	16	16	12	16	14	96	83
29	29	1	14	5	33	14	96	91
30	11	16	27	9	17	16	96	83
31	13	2	20	11	32	18	96	85
32	20	9	18	8	12	29	96	76
33	21	6	25	2	28	14	96	93
34	9	13	12	19	23	20	96	82
35	26	2	28	2	25	13	96	84
36	18	7	13	9	40	9	96	77
37	8	13	14	26	25	10	96	80
38	14	8	20	6	26	22	96	84
39	19	0	21	9	25	22	96	90
40	11	2	36	19	14	14	96	86
41	13	10	17	17	11	28	96	81
42	16	7	12	8	27	26	96	80
43	10	9	31	19	7	20	96	80

RESIDENTS' RAW VALUES AND ATTITUDES SCORES  
(Continued)

Resident Number	Values Systems Scores							Attitudes Scores
	2	3	4	5	6	7	Totals	
44	5	17	9	19	15	31	96	81
45	7	1	23	14	18	33	96	92
46	19	18	9	6	17	27	96	76
47	5	11	17	32	8	23	96	91
48	16	14	22	12	22	10	96	79
49	22	8	20	11	13	22	96	87
50	20	0	21	9	25	21	96	80
Home =	901	529	900	546	980	944	4800	
Home =	18	11	18	11	20	19		
51	11	12	3	24	14	32	96	83
52	12	0	5	14	13	52	96	97
53	22	0	24	12	3	35	96	91
54	8	4	13	14	21	36	96	91
55	16	2	23	13	20	22	96	87
56	8	15	9	15	19	30	96	69
57	5	2	19	9	38	23	96	97
58	11	18	5	21	15	26	96	91
59	11	5	21	5	22	32	96	80
60	16	4	23	8	41	4	96	90
61	14	12	3	9	22	36	96	91
62	2	11	23	14	18	28	96	88
63	17	6	28	13	30	2	96	92
64	7	14	13	8	35	19	96	74
65	11	5	18	10	35	17	96	68
66	31	14	19	4	13	15	96	85
67	21	2	22	9	20	22	96	84
68	9	11	9	14	26	27	96	93
69	16	12	16	8	28	16	96	
70	8	6	2	23	15	42	96	
71	16	17	12	24	16	11	96	
72	9	15	5	19	13	35	96	
73	17	11	16	15	15	22	96	
Home =	298	198	331	305	492	584	2208	
Home =	13	9	14	13	21	25		
Cumula- tive =	1199	727	1231	851	1472	1528	<u>7008</u>	
Cumula- tive =	<u>16</u>	<u>10</u>	<u>17</u>	<u>12</u>	<u>20</u>	<u>21</u>		

NURSES' AND NURSES' AIDES' ASSISTANTS' VALUES,  
ATTITUDES, AND WHY EMPLOYEES STAY RAW SCORES

Respondent Number	Values Systems Scores						Totals	Attitudes Scores	Why Employees Stay Scores
	2	3	4	5	6	7			
1	25	10	18	11	21	11	96	26	97
2	40	6	20	6	14	10	96	34	85
3	8	0	26	0	16	46	96	38	101
4	24	0	36	12	12	12	96	36	116
5	17	12	17	17	16	17	96	40	67
6	18	12	18	16	16	16	96	40	67
7	8	0	21	0	26	41	96	30	126
8	15	4	17	0	48	12	96	-38	178
9	14	2	28	6	18	28	96	12	133
10	40	0	27	8	6	15	96	. .	. .
11	16	6	24	10	22	18	96	. .	. .
12	18	0	24	18	24	12	96	40	92
13	2	2	21	2	35	34	96	28	116
14	26	14	2	14	2	38	96	-36	177
15	22	3	29	20	8	14	96	-2	143
Home	= 293	71	328	140	284	324	1440	248	
	= 20	5	22	9	19	22		19	
16	8	0	5	5	17	61	96	32	95
17	23	4	25	20	16	8	96	26	. .
18	22	9	17	18	13	17	96	22	141
19	22	4	10	16	13	31	96	-14	144
20	0	0	24	0	24	48	96	10	131
21	10	0	17	15	21	33	96	28	104
22	12	4	18	13	8	41	96	10	119
23	15	2	17	10	25	27	96	4	117
24	12	10	16	24	22	12	96	28	88
25	16	14	16	14	22	14	96	20	93
26	18	5	22	24	12	15	96	-32	147
27	16	0	20	14	30	16	96	34	102
28	14	2	23	15	28	14	96	14	101
29	27	5	31	6	19	8	96	40	84
30								12	137
31	43	2	2	13	26	10	96	26	90
	20	3	41	0	23	9	96	26	114
Home	= 278	64	304	207	319	364	1536	286	
	= 17	4	19	13	20	23		18	
Cumula- tive	=571	135	632	347	603	688	<u>2976</u>	534	
Cumula- tive	= <u>18</u>	<u>4</u>	<u>20</u>	<u>11</u>	<u>19</u>	<u>22</u>		<u>18</u>	

APPENDIX C

PARTIAL LIST OF STANDARDS FOR ICF II, ICF III AND SKILLED  
INSTITUTIONAL CARE FACILITIES\*

CHARACTERISTIC	ICF II MEDICO-SOCIO ORIENTED	ICF III MEDICALLY ORIENTED	SKILLED NURSING HOME MEDICALLY ORIENTED
Average Length of Stay	Long term	Long term	Short or Long-term
Emphasis of Care and Services	Socially oriented; personal supervision, protection and assistance	Minimal nursing care and services under direction of a physician	Skilled nursing care and services under direction of a physician
Physician Attendance in Health Facility	As needed and at least every 90 days	As needed and at least every 90 days	As needed and at least every 30 days
Physician Consultant	Required	Required	Required
Director of Nursing Services	None required	R.N. or L.V.N.	R.N. only
Charge Nurse (Licensed)	None required	R.N. or L.V.N. 16 hrs./day (None required 11:00 P.M. - 7:00 A.M.)	R.N. or L.V.N. 24 hrs./day
Ratio (Licensed Nurse-to-Patient)	Not required	1:30	1:15
Supervisor of Resident Care	Non-professional supervisor	Not Applicable	Not Applicable
Ratio (Attendant-to-Recipient)	1:20	Adequate in number to support level of care	Adequate in number to support level of care

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\* Philip A. Gates and Raymond W. Vowell, "Nursing Home Facilities and Care in Texas," an undated report, State Department of Public Welfare, Austin, Texas.

**APPENDIX D**

# UNDERSTANDING



## nursing home rules and regulations

### UNDERSTANDING NURSING HOMES RULES AND REGULATIONS

When you place a relative or a friend in a nursing or custodial care home, that home is responsible for this person's safety and well-being. The Administrator must conform to certain rules and regulations before he can be licensed to operate the home. These regulations are set up by representative groups appointed by State and local officials, to insure the safety and well-being of all persons residing in nursing or custodial homes. Enforcement is the responsibility of the State Health Department and your local health department.

It is important that you understand the rules and that you cooperate with the Administrator in complying with the rules, in order for his home to be the kind we all want for our relatives and friends - and perhaps for ourselves. The following are basic regulations in which the Administrator will need your understanding and cooperation:

DRUGS: Medication can be given only with a doctor's orders. Do not bring medication to the nurse and expect it to be given without these orders. All medications are to be checked in to the nursing station. No medication is allowed in the patient's room. Violation of this rule may endanger someone's health or life.

The Texas Pharmacy Law states that when a nursing home patient expires, medications that have been prescribed for this person become the property of the State, and must be destroyed. Do not ask for these drugs to be returned to you.

FOOD: Bringing food into the home is not permitted except by special permission from the director of nursing. The nurses can not keep an account of food intake if food is brought in from outside.



Food brought in from outside can endanger the health of other patients who may share the food; these patients may be diabetic or on a special diet and may be harmed by the unscheduled food.

Food kept in the patient's room can cause a rodent control problem in the home.

**SAFETY:** No smoking is permitted in an area where oxygen is being used or stored, due to the danger of explosion. Smoking in bed is prohibited unless patient is attended by an employee or a relative. Smoking is discouraged when clothing is highly inflammable.

Small rugs are not permitted in nursing homes. These rugs cause falls, and are a danger not only to the person you have placed in the home but also to other patients who reside there.

**MOVING THE PATIENT:** The Administrator has the responsibility for the happiness of all patients in his home. Incompatibility of patients sometimes makes the moving of one necessary in order to find where he or she can best adjust. Placement also needs to be kept flexible to make room for new patients.

This brochure has been prepared to call these regulations to your attention and to help you understand why they are necessary. We hope it will be of help to you.

If you have any questions, please call your Administrator or your health department.

53I-1-67

CITY OF DALLAS HEALTH DEPARTMENT  
DIVISION OF INSTITUTIONS



**DALLAS CITY HEALTH DEPARTMENT**

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