

A Research Note On:

SATISFACTION WITH HOUSING RELOCATION AS EXPRESSED BY ELDERLY PERSONS

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ABSTRACT

This study identifies factors that may influence satisfaction with housing relocation to an extended care facility as expressed by elderly persons. Previous research shows that housing relocation can have both positive and negative effects on elderly individuals, but that a number of factors influence satisfaction with relocation. Results indicate both negative and positive expressed levels of satisfaction with relocation. Study results also indicate factors associated with a higher level of expressed satisfaction with relocation, such as good physical health at the time of the move, voluntarily deciding to enter the new living situation, predictability of the new living environment, similarity of the facility to the previous living environment and current marital status.

INTRODUCTION

The purpose of this paper is to identify satisfaction with housing relocation to an extended care facility as expressed by elderly persons. Factors studied include age, sex, family networks, the length of time the individual has lived in the facility, the type of housing the individual occupied immediately before the move, and the physical health of the elderly person. Additional factors studied are current marital status, whether the move was voluntary, friendships outside the extended care facility, friends already present in the facility at the time of entry and the ability to perform physical activities.

The respondents for this study are residents of an extended care facility that is sponsored by the Southeastern Ecumenical Ministry and is located in Cincinnati, Ohio. The facility is part of a total retirement living concept. It offers five different living situations for married or single men and women who are 62 and older. Two of the facilities in the retirement center provide complete living units for people who prefer to do their own shopping, cooking and light housekeeping. Apartments for single or double occupancy are available, each with a private bath and a kitchenette.

There are also two facilities available for individuals who prefer group living. Private rooms for single or double occupancy are provided, each with a private bath. Each group-living facility has a central dining room. The group-living facilities provide minimal care, including room care, meal service, a health maintenance program coordinated by a nurse and personal care assistance, if

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needed.

Of these four facilities, two (one for independent residents and one for group-living residents) are subsidized and have varying payment rates depending upon the individual's financial status. The other two facilities (one for independent residents and one for group-living residents) are not subsidized and have fixed-payment rates. This paper looks at the non-subsidized group-living facility and its residents.

In all four facilities, laundry rooms and elevators are provided and social and recreational services are available. A chapel, beauty salon and barber service are also available. Parking lots and buses are provided, as are tours, shopping excursions and other outside activities.

In addition to these four centers, there is a fifth facility. It is a nursing home for residents requiring more extensive medical and personal care. Doctors are on call and a nurse is on duty at this center at all times. A registered dietitian and physical therapist also are part of the fifth center's staff.

LITERATURE REVIEW

A review of literature of housing relocation of the elderly indicates the effects of relocation may vary, depending upon a number of factors.

One change, a decline in health, may be due to factors other than relocation. More specifically, it may be due to aging in general. Declining health may be the cause, rather than the effect, of relocation. In addition, the stress of the move, plus the changed environment, may have negative effects on the elderly person's health as well as on his/her satisfaction with the move.

Ferraro (1982) finds that the relocation of older individuals is associated with a decline in health status. He observes that the adverse health effects of relocation are unaffected by whether the move is voluntary or involuntary. Ferraro suggests, however, that relocation may be the result of declining health, rather than the cause. Declining health, he finds, may in fact precipitate the relocation.

The issue of relocation of the elderly, according to Bourestom and Pastalan (1981), is not whether it has positive or negative effects. The point is under what conditions positive or negative effects are most likely to be observed. They point out that factors such as whether the move is voluntary or involuntary and whether the relocation is from home to home, home to institution, or institution to institution are important in the relocation outcome. Their findings indicate that moves made under voluntary conditions do not produce negative consequences, while those made under involuntary conditions do. Also, extensive environmental change (home to institution) leads to more negative consequences than does a move from one institution to another.

Wells and MacDonald (1981) find that, although extensive environmental change can lead to behavioral, psychological and physical deterioration, a stimulating new environment may increase life satisfaction and functioning for elderly individuals. Their results also indicate that interpersonal networks are important in relocation. The number and stability of close relationships with family and friends outside the extended care facility is significant in minimizing undesirable relocation effects and increasing satisfaction levels. Their results also indicate that residents who feel they have a close personal relationship with a staff member experience more satisfaction with relocation than residents who do not. Close relationships with

other residents within the facility are not associated with relocation satisfaction in their study.

Schultz and Brenner (1977) focus on another aspect of relocation satisfaction---the predictability of the new living environment. A new environment that is similar to the old one would be high in predictability, while a dissimilar environment would be low in predictability. Their results indicate that predictability is a factor that may affect relocation satisfaction. They find that relocation situations in which predictability is high may lead to greater satisfaction than situations where predictability is low.

One result of relocation of the elderly that could have negative effects is increased dependence on others. Atchley (1977) reports that independence is very important to elderly individuals. A move to a new setting, such as an extended care facility, retirement home or nursing home, often brings with it a dependence on others and, therefore, negative results in terms of feelings of self-worth and independence.

The review of literature indicates that the effects of housing relocation on elderly persons may vary, depending upon several factors. Of major importance are: 1) the type of new housing environment the individual enters, that is, extended care facility, retirement home, nursing home; 2) the physical health of the individual at the time of the move; 3) whether the move is voluntary; 4) the support provided to the elderly person; 5) predictability of the new living environment; and 6) the degree of independence provided to the resident in the new living environment. Individuals who are in relatively good health express more satisfaction than do those in poor health. If the move is a voluntary one, rather than an involuntary one, expressed satisfaction is higher. If support is provided by family and friends, through visiting, and by staff, through interaction, relocation satisfaction may be higher. Finally, if some degree of independence is provided, in the context of a supportive living environment, expressed satisfaction is more likely to be high.

PROCEDURES

Mail questionnaires were sent to 87 elderly residents of the non-subsidized group-living facility. These persons lived in either single or double occupancy rooms with private baths and received group meals, room service and health maintenance care. Forty-five respondents completed questionnaires for a response rate of 52 percent. The sample was nonrandom and single-item scales were used in measuring the variables. The data were analyzed using frequency distributions and cross tabulations.

Seventy-eight percent of the respondents were females while 22 percent of the respondents were males. While nearly one-third (32 percent) of the respondents were between 75 and 79 years of age, 27 percent were between 85 and 90 years of age. Fifteen percent of the respondents were under 74 years of age and 20 percent of the respondents were between 80-84 years of age. One-fourth of the respondents had lived in the extended care facility less than one year, over 22 percent had lived in the facility one year and over 22 percent had lived there three or four years. The remaining respondents had lived in the facility over four years.

Prior to moving into the facility, 81 percent had lived in their own homes, 17 percent had resided with grown children and two percent had lived in other nursing homes. Seventy-one percent of the respondents had lived in their previous residences over five years. At the time of the survey, 88 percent of

the respondents were not married. However, 81 percent of the respondents indicated they had been married previously.

Sixty-nine percent of the respondents had living children. Of those with children, 31 percent said their children visited them once a week, while 31 percent said their children visited them less than once a month. A little over 84 percent had other close relatives. Of those, 50 percent said other relatives visited them less than once a month, while 27 percent said other relatives visited them once a week. While close to 95 percent of the respondents said they had friends outside the extended care facility, 63 percent of these said their friends visited them less than once a month. Nearly two-thirds (65 percent) of the respondents did not know others in the facility before moving in. Well over half (57 percent) of respondents made the decision to move with their family. Thirty-one percent made the decision alone and 9 percent made the decision with friends. Over two-thirds (67 percent) of the respondents found the decision to move an easy one, while one-third (33 percent) said it was difficult. The problem cited most often (44 percent) in making the moving decision was that of leaving home. Fear of the unknown was a problem for 16 percent of the respondents, with 11 percent indicating economic concerns as a major problem. Leaving friends was a problem for 11 percent of the respondents. Three-fourths of the respondents said they did not have difficulty adjusting to the facility. Of those who said they did have difficulty, 50 percent cited getting used to new routines as the primary problem, while 33 percent said making new friends was the primary problem.

Participants were asked to evaluate their overall health at the time they moved into the extended care facility. Almost 18 percent of the respondents evaluated their health as excellent. Fifty-three percent of the respondents rated their health as good, 27 percent of the respondents rated their health as fair and two percent rated their health as poor. Almost 60 percent of the respondents rated their health at the time of the survey as the same as before the move. Nineteen percent of the respondents rated their health as better and 22 percent of the respondents said their health had worsened since the move. Respondents were asked if they had difficulty performing a number of physical activities. Difficulty in walking was named by 15 percent of the respondents, while 38 percent cited difficulty climbing stairs. Lifting items weighing over 10 pounds was a problem cited by 73 percent of the respondents, while stooping was difficult for 64 percent. Standing was hard for 61 percent of the respondents; 19 percent said grasping objects was difficult, while only nine percent of the respondents said sitting was difficult. Nearly two-thirds of the respondents indicated they desired the move initially. Ninety-five percent said they were glad they had moved and 81 percent said they did not want to live elsewhere.

RESULTS OF THE ANALYSIS

Cross-tabulations among a number of the variables indicate significant relationships. There is a significant negative relationship ($p=.006$) between sex and current marital status, with a high percentage of women (95 percent) indicating they are not currently married. Of these women, 89 percent say they are widowed and 11 percent say they are either divorced or have never married. There is also a significant negative relationship ($p=.019$) between current marital status and satisfaction with relocation. Seventy-five percent of the currently married respondents express dissatisfaction with relocation. However, only 12 percent of the respondents are currently married.

There is a significant positive relationship ($p=.025$) between satisfaction with relocation and whether respondents considered the move to be an easy one.

Nearly 82 percent of those who say they are satisfied with the move also say the decision was an easy one. There is a significant positive relationship between satisfaction with relocation and the ease in making the decision to move ($p=.025$). Eighty-nine percent of those who indicate satisfaction with relocation report the moving decision was an easy one.

There is no significant relationship between relocation satisfaction and where respondents had lived previously. Nor is there any significant relationship between where the respondents had lived previously and their ease in making the relocation decision. There is no significant relationship between satisfaction with relocation and frequency of visits by children, other relatives or friends, knowing others in the facility prior to the move or current health. There is also no significant relationship between satisfaction with relocation and performance of physical activities by respondents.

CONCLUSIONS

Because a non-random sampling procedure is used and single-item scales are used in measuring the variables, the study is somewhat limited. It is also limited by the small number of questionnaires mailed and the average return rate of 52 percent. The results, however, support previous studies, although there are several differences. For example, Ferraro (1982) finds that relocation is associated with a decline in physical health status among older people. The current study finds that nearly 60 percent of the respondents rate their health at the time of the survey as the same as before, while nearly 19 percent rate it as better and nearly 22 percent rate it as worse. Again, it is recognized that a decline in health over time is natural, especially among persons over 65 years of age. Also, a move to an extended care facility may be the result of a decline in health rather than a cause. Bourestom and Pastalan (1981) find that moves made under voluntary conditions do not produce negative health consequences while those made under involuntary conditions do. The Bourestom and Pastalan study of voluntary moving is supported by the current study.

The Wells/MacDonald (1981) study suggests that extensive environmental change can lead to behavioral, psychological and physical deterioration in elderly individuals. The extended care facility in the current study does not involve an extensive environmental change because private rooms and baths are available and some degree of independence is provided. Wells and MacDonald (1981) also find that a stimulating new environment may increase satisfaction and functioning of the elderly and that interpersonal networks with family and friends outside the facility are important in achieving relocation satisfaction. The current study does not find that close interpersonal networks with family and friends outside the facility affect relocation satisfaction.

Schulz and Brenner (1977) suggest that predictability of the new environment may be a significant factor in relocation satisfaction. A new environment that is similar to the respondent's former environment is high in predictability, they say, while a dissimilar is low in predictability. The extended care facility surveyed in the current study has a number of features that are similar to a private dwelling, such as private rooms and private baths. The majority of respondents lived in private dwellings immediately before entering the extended care facility, 81 percent in their own homes and 17 percent with grown children.

In this study, a significant factor affecting relocation satisfaction is current marital status. Seventy-five percent of the currently-married respondents express dissatisfaction with relocation (although only 12 percent of the respondents are currently married). This variable is one which cannot be prevented or controlled

by the extended care facility involved nor by family or friendship networks.

Another factor influencing expressed satisfaction level, according to previous research, is the degree of independence provided for residents (Atchley, 1977). The facility studied offers maximum independence to residents while still providing a number of group-living features. This may be an important factor responsible for the high degree of satisfaction with the facility expressed by the respondents in this study.

Results of this study indicate both negative and positive expressed levels of satisfaction with housing relocation. They also indicate factors that are associated with a higher level of expressed relocation satisfaction, such as good physical health at the time of the move, voluntarily deciding to enter the new living situation, predictability of the new living environment and similarity of the facility to the previous living environment. Determining expressed satisfaction with relocation as well as factors that may influence satisfaction may be helpful to elderly individuals considering relocation, to their family members and to persons who are associated with or employed by extended care facilities for the elderly.

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