CHAPTER 1. INTRODUCTION

Home is not only a physical shelter, but it also has psychological resonance and social meaning. It provides people who reside in it a sense of security, privacy, comfort, and independence, and facilitates social interactions with family and friends (Blank, 1988; Wacker, Roberto, & Piper, 1998). As a part of the experience of a dwelling (Lawrence, 1987), a home holds for its residents a great deal of memories and a sense of continuity in life. Especially for elderly persons, a home takes on added importance. Because many older adults spend 85 - 90% of their time in the immediate home environment, they tend to be more confined in their life space. As a result, home is a major variable physically, socially, and psychologically in the lives of older persons (Atchley, 1994). Their well-being may depend to a great extent on the kind of place in which they live (Butler, Oldman, & Greve, 1983).

Older people are not a homogeneous group. Rather, they are more diverse in their needs and preferences than they were as younger people. Unlike the general assumption that older adults are a stereotypic and homogeneous group, personal differences are maintained or even increase with age (Fried & Mehrotra, 1998; Nelson & Dannefer, 1992). There is a wide variation of older people including age groups, personality, social and psychological characteristics, social roles, and so on. There are diverse lifestyles among older people because the way of life of an elderly person is profoundly influenced by the life that went on before (Vincent & Mudrovic, 1993). With the passage of time, multiple patterns of aging appear among elderly people. Women age differently from
men, and there are differences among racial, ethnic, and particularly socioeconomic groups (Neugarten, 1996).

Considering the diversity among the elderly, housing for older people must consider issues such as residents’ income, age, gender, health status, personalities, family ties and relationships, the availability and quality of caregiving assistance, individual beliefs and values about accepting assistance, individual coping styles, the desirability of communal living arrangements and the cost, availability, and quality of human services and long-term health care (Rowles, 1987; Wacker et al., 1998). In addition, home environments for older persons should reflect individuals’ varying interests, preferences, and needs. Older people’s needs and styles of residential living can shift in response to retirement, widowhood, declining finances, and chronic health problems (Golant, 1992).

According to a national survey conducted in 1989, 86% of older Americans wanted to stay in their present home and never move (American Association of Retired Person [AARP], 1992). In spite of efforts to remain independent and at home, some elderly people have to leave conventional housing and move into long-term care facilities because of factors such as deteriorating health or the loss of family members. When these moves occur, it is often challenging for older adults to develop new relationships, especially when they have to leave their home and the neighborhood where they spent most of their lives in long-term relationships (Hansson & Carpenter, 1994).

Most elderly people who move into long-term care facilities do not feel “at home” in their new living arrangements. Frequently, the cause for great discomfort is the difference between the physical environment of the facilities and their former homes (Frank, 1999). When elderly persons move into a group residential setting, they bring
with them values, norms, lifestyles, daily routines, physical capabilities, social
relationships with family or friends, and personal memories.

Many researchers and designers have focused on providing homelike settings
instead of institutional environments for residents of long-term care facilities (Joel, 1998;
Kalymun, 1990; Pastalan, Jones, Schwarz, Sekulski, & Struble, 1993; Regnier, 1994;
Schwarz, 1999). In a homelike environment, an individual is encouraged to set his/her
own schedules and to control his/her surroundings. The homelike setting is warm and
cheerful. Homelike attributes attempt to offer a psychological and physical comfort that
is steeped in remembrances of one’s own home experiences (Pastalan et al., 1993).

The single biggest factor affecting the demand for non-institutional and homelike
environments for elderly people is the growth of the oldest-old population. The older the
population, the greater the likelihood that formal service intervention will be necessary to
support a person’s independence (Cohen & Weisman, 1991; Kalymun, 1990; Kane, 1990;
Wilson, 1990). In addition, the rising cost and financial burden of nursing care has
prompted the search for supportive, yet less expensive, alternatives for meeting the needs
of this population. These factors have led to an increasing consumer awareness, concern,
and demand for new housing options that provide the needed intensive service level
within a homelike environment and at lower cost.

The assisted living facility (ALF) has been developed as a response to these issues,
locating itself in the broad and significant gap that existed between board and care
facilities and nursing homes (Taliaferro, 1998). The purpose of assisted living is to create
a supportive social setting that elderly residents can call “home.” The major characteristic
of an ALF is that the design of the physical environment brings a residential setting to an
institutionalized population (Schwarz, 1999). This type of facility, initially evolving in the late 1970s and early 1980s as a more sophisticated board-and-care-like environment, is especially designed for the group of older people who have moderate cognitive impairments and problems with activities of daily living (ADLs), as well as a wide range of others who cannot live independently, but are not eligible for nursing home living (Kalymun, 1990). A recent study (AARP, 1993) revealed that ALFs can be as much as 40 % less expensive than nursing homes serving people with similar needs.

Although assisted living is the fastest growing long-term care alternative (Wacker et al., 1998), it still needs to continually change in response to the needs of diverse older residents and the desires and interests of family members. Schwarz and Brent (1999) found that, regardless of the homelike design of assisted living, the majority of residents have not been able to feel like they are at home. Researchers (Marsden, 1999; Marsden & Kaplan, 1999) have primarily focused on the physical aspects of the facility rather than on the residents’ needs.

**Purpose of the Study**

The purpose of this study was to examine the features that make residents feel “at home” in ALFs in Southwest Virginia and to suggest further policy and design guidelines for better quality of ALFs as a “home.” For this purpose, residents’ needs, experiences, and opinions of physical, social, and organizational environment such as policies and programs of ALFs related to a “home” were identified. There were three objectives in this study, and each research objective had specific research questions:
1. To identify the general background of the residents of ALFs
   1) What are the socio-demographic characteristics of the residents of ALFs?
   2) What housing experiences do the residents bring to the ALF?

2. To document homelike features and policies of ALFs
   1) What are the features of the physical environment of ALFs?
      - Exterior of the facility
      - Interior of the resident’s room or apartment
   2) What are the features of the social environment of ALFs?
      - Social interaction/exchange with the residents
      - Social interaction/exchange with the staff
      - Social interaction/exchange with others (outside the facility)
   3) What are the features of the organizational environment of ALFs?
      - Services provided
      - Amenities provided
      - Activities provided
      - Policies and rules

3. To identify residents’ perceptions of ALFs as a “home”
   1) How do the residents of ALFs define a “home?”
   2) What do the residents of ALFs think of their current dwelling as a “home?”
      2-1) In what ways does the physical environment influence residents’ perceptions of ALFs being a “home?”
         - Exterior of the building
         - Interior of resident’s room or apartment
      2-2) In what ways does the social environment influence residents’ perceptions of ALFs being a “home?”
         - Social interaction/exchange with residents
         - Social interaction/exchange with staff
         - Social interaction/exchange with others (outside the facility)
      2-3) In what ways does the organizational environment influence residents’ perceptions of ALFs being a “home?”
- Services provided
- Amenities provided
- Activities provided
- Policies and rules

3) How do the residents of ALFs describe their level of autonomy/choices/privacy/independence in their daily lives?

4) How satisfied are the residents of ALFs with their current dwelling?
   - Physical environment
   - Social environment
   - Organizational environment

**Justification of the Study**

In 1998, there were 34.4 million persons 65 years or older in the United States and they represented 12.7% of the U.S. population, or about one in every eight Americans (AARP, 1999). According to the National Center for Assisted Living ([NCAL], 1998), there are nearly 29,000 ALFs in the United States, with approximately 1.15 million people living in those residences.

Assisted living is a comparatively new form of specialized housing for mentally and physically frail older persons (Marsden, 1999). Because of the relatively short history of the assisted living industry compared to other long-term care facilities, there is still a great concern and need for exploratory studies that examine a diverse group of residents and the characteristics of ALFs in different locations. If ALFs can be determined to be appropriate as a “home,” and if the factors that contribute to feeling “at home” in ALFs can be identified, the information can be reflected in design and policy-making procedures by designers, facility providers, managing staff, regulators, and educators.
With respect to the physical setting, assisted living buildings vary in type and size. Regardless of the arrangement of buildings, the individual units vary from semi-private and private rooms with private bathrooms to studio, one, and two bedroom apartments, and some shared rooms with kitchens or kitchenettes. Services provided may include meals, social activities, transportation, housekeeping, assistance with activities of daily living (ADLs) such as bathing or dressing, medication monitoring, and some degree of 24 hour protective oversight (Brummett, 1997).

Researchers (Mardsen, 1999; Marsden & Kaplan, 1999) investigated residents’ perception of the physical environment of the ALF. Marsden (1999) examined whether the exterior appearance of the ALF was perceived as homelike by older persons and family members and also explored physical features that contribute to a homelike appearance. The study was limited because it covered only partial aspects of residents’ perception of the facility such as the physical environment rather than the overall aspects of the facility.

In addition to the importance of the physical environment, some researchers have emphasized the social environment. A longitudinal study by Fonda, Maddox, Clipp, and Reardon (1996) assessing the impact of the ALF on residents’ functioning showed that a rich social environment and regular activities helped make a more pleasing “home” for residents. Results of a study about quality of life in the ALF (Ball, Whittington, Perkins, Patterson, Hollingsworth, King, & Combs, 2000) showed that the most important aspects explaining residents’ quality of life were psychological well being, independence and autonomy, social relationships and interactions, meaningful activities, and services including food, housekeeping, and nursing care. Ball et al. (2000) concluded that a key
factor in whether residents defined their lives as having quality was the goodness of fit between the resident and the facility’s social and physical environment. The study indicates the importance not only of the physical environment but also residents’ personal needs for the ALF to improve the quality of life in the facility.

Supporting the independence and autonomy of elderly residents through control over their environment is another factor that enhances aging in place in assisted living (Ball et al., 2000; Feingold & Werby, 1990; Frank, 1999; Hoglund & Ledewitz, 1999; Kershner, Roques, & Steele, 1999; Regnier, 1994; Schwarz, 1999; Zeisel, 1999). In a case study, Feingold and Werby (1990) determined that a well-designed meal program failed due to a lack of sufficient opportunity for choice and control by residents of the ALFs. This suggests the importance of management operations designed to support independence among residents. Staff attitude was revealed as one of the most important aspects of quality of services in an ALF (Greene, Hawes, Wood, & Woodsong, 1998).

Resident satisfaction is a useful concept to identify quality of housing. In studying resident satisfaction with assisted living, Sikorska (1999) concluded that higher levels of resident satisfaction are associated with smaller facility size, a moderate level of physical amenities, greater availability of personal space, fewer socio-recreational activities, and nonprofit ownership. The findings of this study also showed the importance of resident preferences in the design, delivery, and evaluation of services to be a resident-centered model of care. Sponsorship is another important factor that may influence the quality of life of residents in assisted living. In general, housing that is controlled by a non-profit agency most often provides some opportunities for resident participation (Gold, 1985; Moos & Lemke, 1994).
As seen in the previous studies, a multidimensional approach is required to identify the appropriateness of ALFs as a “home” for residents and to provide a more homelike environment for residents of the facility.

Statement of the Problem

As Golant (1992) noted, the reasons that motivate older people to move to a facility should largely insure that its social and physical qualities will match or fit their needs and wants. When residents’ needs and wants are satisfied, they can regard the facility as their “home” and the satisfaction and the quality of life can be increased. By providing an older adult with an environment in which he or she can be productive, high levels of satisfaction can be achieved. Considering the diversity of older people, home environments should reflect their varying interests, preferences, needs, varied ethnic and racial backgrounds, economic situations, family ties, and personalities (Golant, 1992). In spite of these basic assumptions, many facilities have been developed intuitively regardless of diversity among residents or locational characteristics, without any empirical support (Taliaferro, 1998).

Significance of the Study

Assisted living is a fairly new long-term care alternative in this country. In the 1980s, the rush of new developers to capitalize on the growth and wealth of today’s older population led to the treatment of seniors as a homogeneous group. However, important distinctions exist among older adults based on age and health conditions, as well as socio-economic differences and lifestyles preferred (Golant, 1985). These distinctions must be
considered by everyone who is interested in assisted living such as researchers, builders, policy makers, and consumers. As Shashaty (1991) pointed out in marketing to older adults, builders need to know that these purchasers are buying an experience, not a piece of real estate. Builders must market a lifestyle that is appropriate and desirable for a specific target market in order to sell to consumers and retain satisfied residents.

Consumers, too, need to have a clearer picture of the advantages and disadvantages of age-segregated communities. Many believe that these facilities are primarily for people who do not have friends and family close, and who are, therefore, seeking companionship. Some consider that the similarity of interests, needs, and experiences is what draws people to these facilities. Consumers may be confused about what living at these facilities is like with diverse services offered at retirement facilities. Therefore, consumers need information from residents themselves to help identify misconceptions and realities of these environments to get precise ideas about living in ALFs (National Resource and Policy Center [NRPC], 1996).

People who manage the day-to-day operations of facilities, including boards of directors, need to be aware of factors that influence residents’ satisfaction. Using sample groups from on-going facilities and giving feedback to management personnel, may contribute to improvements in residents’ living environments (Ball et al., 2000; Kane, 2000).

Providing a comprehensive perspective on how residents of ALFs think of their dwelling as a “home” could aid in identifying the needs and wants of residents and the conflicts or confusion between residents and designers and sponsors of ALFs. Supplying perceptions for the appropriateness of facilities as a “home,” based on the results of this
study, will allow design and management policies to enhance the quality of life and satisfaction of residents in physical and social aspects of the special environment. It also may reduce the inclusion of unnecessary components that increase costs, resulting in extra funds for use elsewhere in the facility such as nursing, housekeeping, food, transportation, and laundry services.

Assumptions of the Study

The purpose of this study was to examine the features that make residents feel “at home” in ALFs in Southwest Virginia by identifying residents’ needs, experiences, and opinions about the physical and social environments of ALFs and examining management policy of the facility. It was assumed that the ALFs would be perceived differently by their residents. In other words, residents’ needs, experiences, and opinions of ALFs would be influenced by the socio-demographic factors of residents and physical, social, and organizational characteristics of facilities.

Definition of Terms

Home

Home is a place where our identity continually evolves through connections with the past. To feel “at home” means to inhabit a secure center and to be oriented in space (Lawrence, 1987).

Assisted Living Facility (ALF)

In this study, an assisted living facility was defined as a congregate residential setting that provides or coordinates personal and health care services, 24-hour supervision,
and assistance for the maintenance or care of four or more adults who are aged, infirm or disabled and who are cared for in a primarily residential setting (Virginia Health Information [VHI], 1998).

**Physical Environment**

Physical environment of the facility referred to exterior of the facility and interior of public spaces and private units of the building.

**Social Environment**

Social environment of the facility was defined as opportunities for residents to have social interaction and exchange with residents, family, friends, and staff members in the facility.

**Organizational environment**

Organizational environment of the facility was defined as services, amenities, activities, and policies and rules that are provided by the facility and regulated by the state of Virginia Code.

**Resident satisfaction**

Resident satisfaction was defined as a level of contentment for physical, social, and organizational environment of the facility.

**Autonomy**

Autonomy was defined as self-direction that can promote opportunities for residents to make choices and to control events that influence outcomes. Autonomous individuals control and shape their own lives and are the final arbitrators of their own choices. Therefore, choice and control could be used as concepts similar to autonomy in this study.
Privacy

Privacy was defined as opportunities for a place of seclusion from company or observation where one can be free from unauthorized intrusion.

Independence

Independence was defined as the ways in which the facility encourages and supports residents to use equipment, amenities, and physical spaces to carry out basic tasks and some activities of daily living (ADLs) and institutional activities of daily living (IADLs) independently and with dignity.

Staff

Staff members were defined to include administrators who are responsible for the management of the facility, aides and companions who assist the residents with daily activities, maintenance and housekeeping staff, food service personnel, and activity planners and facilitators.

Delimitations

1. This study was limited by selecting a sample that included only residents who reside presently in one-bedroom units of five ALFs in Southwest Virginia.

2. In this study, only interviews with residents who do not have any mental impairments were conducted for reliable data. Therefore, ALFs that included dementia and Alzheimer’s patients were excluded due to residents’ cognitive problems.

3. The staff members interviewed were limited to administrators because they had the most frequent interactions with residents in most of the facilities, and they had the most information about the facilities, residents, and staff (Research Triangle Institute,
4. Facilities that have capacity of 20 or below were excluded from the study.

Limitations

1. The sample of this study was confined to the private room users of ALFs. Therefore, the results should not be applied to double occupancy (two residents share one room) of ALFs.

2. This study focused on ALFs in the Roanoke and Salem areas of Southwest Virginia and the results should not be extended to the other geographic areas.

3. Most of the respondents were upper-middle income private payees. Therefore, the results of this study should not be applied to lower income residents of ALFs.

4. Because English was the second language for the researcher, there might be some misinterpretation of the transcription of the interview tapes and the translated fieldnotes which were written in Korean first. To mediate this problem, my co-chairs reviewed and cross-checked the contents of the transcriptions, fieldnotes, and journals.

5. The checklist that was used as an observation tool in this study was originally developed to review physical features of nursing homes. Therefore, some of the items of this checklist could not be applied to this study appropriately.