

**LIFE SATISFACTION OF ELDERLY  
INDIVIDUALS IN REGULAR COMMUNITY  
HOUSING, IN LOW-COST COMMUNITY  
HOUSING, AND HIGH AND LOW SELF-  
DETERMINATION NURSING HOMES\***

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**ABSTRACT**

Numerous studies have found that giving nursing home residents more control or self-determination in their daily lives increases their life satisfaction. However, it is not known if elderly people living in high self-determination nursing homes are as satisfied with life as elderly people living in the community. In this study, it was found that elderly persons living in regular community housing, in low-cost community housing, and in high self-determination nursing homes reported similar levels of life satisfaction, and more life satisfaction than elderly people living in low self-determination nursing homes. Health and sociodemographic variables could not account for these findings. The common assumption that nursing homes have detrimental effects on life satisfaction appears unwarranted in the case of those that provide opportunities for self-determination.

A widely held assumption is that nursing homes are undesirable places to live and have detrimental effects on life satisfaction. This perception is shared not only by people in the community, but also by the doctors, staff, and sometimes even by the elderly persons who live in them [1, 2]. Nursing homes are often

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considered "houses of death": residents are segregated from other age groups, have little privacy and autonomy, and are surrounded by people who are disoriented, depressed, or in poor physical condition [3].

However, there is growing realization that depression, dependency, and other features of the lives of nursing home residents are partly the result of environmental factors and are not inevitable concomitants of aging and biological decline [4]. Indeed, over the past twenty years efforts have been made to improve the living conditions in nursing homes. One particular concern of researchers has been the loss of autonomy or control over every-day activities that comes with living in an institution. The loss of control is important because individuals are less disturbed by events when they perceive that they have some control over them, that is, when they perceive a contingency between their behavior and outcomes [5]. But perhaps even more important to nursing home residents is the fact that individuals derive positive feelings from the experience of having choices and originating their own actions—from being self-determined [5-7].

People who live in nursing homes often report feeling more constrained in their daily activities and report lower levels of life satisfaction relative to elderly people living in the community [8-10]. There is also evidence that the experience of reduced control in nursing homes is largely due to environmental factors and not to functional status or sociodemographic variables [11]. Furthermore, interventions that provide nursing home residents with more control or responsibility have been found to increase life satisfaction and adjustment [12, 13]. Even when residents are given more control over one small aspect of their lives, such as visitation times or the opportunity to care for a bird, their life satisfaction increases [13, 14].

However, although we know that increasing self-determination in nursing homes increases life satisfaction, and that elderly persons who live in less constrained settings report more life satisfaction than elderly individuals who live elsewhere, an important question in this research remains unanswered [15]. Are elderly people who live in high self-determination nursing homes as satisfied with life as elderly people who live in the community? Or is their life satisfaction only greater than that of people who live in low self-determination nursing homes?

To answer this question, elderly individuals living in high and low self-determination nursing homes, in regular community housing, and in low-cost (government subsidized) age-integrated community housing completed a measure of life satisfaction and provided relevant personal and sociodemographic information (health status, income, education, age, and gender). Although elderly persons living in nursing homes may be less healthy than those living elsewhere, it is still important to know if the level of life satisfaction of people in high self-determination nursing homes is similar to that of elderly people living in the community.

## METHOD

### Participants

Participants were 199 French-speaking senior citizens (149 females and fifty males) aged sixty-five and over ( $M = 76.7$  years). Participants who lived in Regular Community Housing ( $N = 50$ ) or in Low-Cost Community Housing ( $N = 50$ ) were recruited from randomly chosen senior citizen centers in the greater Montreal area. The remaining participants were randomly selected from lists of residents in fifteen randomly chosen nursing homes from the greater Montreal area. The nursing homes were similar in terms of physical attributes, costs, and staffing. The lists included only persons in need of one and one-half hours of staff daily care or less and with no cognitive deficits. When nursing home residents refused to participate, other individuals were randomly selected from the lists. This ensured that the nursing home sample was representative of that segment of the nursing home population.

### Procedure

After the experimenter was introduced by the staff, participants were told that a study was being conducted on the life satisfaction of senior citizens and were asked if they would like to participate. Participants were then given the questionnaire, and the experimenter answered any questions that arose during completion. Some of the participants in the senior citizen centers completed the questionnaire in small groups. Respondents were told beforehand not to put their names on the questionnaire and that their responses would remain anonymous and confidential.

### Questionnaire

Participants completed a French Canadian translation of Diener, Emmons, Larson, and Griffin's measure of life satisfaction, which is composed of five items, each on a seven-point scale [16]. The French translation has sound psychometric properties for both elderly people and college students; a one-factor solution; high test-retest reliability; and shows significant correlations with other relevant variables [17]. The internal consistency (Cronbach alpha) in this study was .80. Respondents were also asked to indicate their age, sex, education level, and the kind of accommodation in which they lived (e.g., apartment, low-cost housing). They were asked to indicate whether their income was between \$0-\$9,999, \$10,000-\$19,999, \$20,000-\$29,000, \$30,000-\$39,000, or over \$40,000 a year. And they were asked to rate their present health on a nine-point scale ranging from "very bad" to "very good." Similarly, the head nurses in the nursing homes were asked to rate the participants' general health on the same scale.

### Categorization of the Nursing Homes

The following procedure was used to categorize the nursing homes as either high or low on self-determination. First, the experimenter wrote descriptions of the rules in each nursing home on each of the following dimensions: 1) on how much choice residents had regarding their mealtimes; 2) on the extent to which the nursing home staff were responsible for residents' personal care; 3) on how free residents were to decorate and arrange the furniture in their room as they pleased; 4) on whether residents were allowed to have or care for a pet, such as a bird or goldfish; and 5) on the degree to which the staff encouraged or discouraged personal initiative. Three psychologists then read the written descriptions and rated the degree of self-determination provided by each home on each dimension. The intraclass correlations for the five dimensions ranged from .89 to .99 [18]. Mean self-determination scores for each home were computed for the judgments of each rater. The intraclass correlation for the three sets of ratings was high ( $r = .96$ ), and a mean self-determination score for each home was then computed. The nursing homes were categorized as high or low on self-determination on the basis of a median split on the self-determination scores.

## RESULTS

A mean Life Satisfaction score was computed for each subject and a one-way analysis of variance revealed significant group differences,  $F(3,195) = 3.03$ ,  $p = .03$  (see Table 1). Specifically, elderly people living in regular community housing, in low-cost community housing, and in high self-determination nursing homes reported more life satisfaction than elderly persons living in low self-determination nursing homes ( $p < .05$  according to the Student-Neuman-Keuls test). There were no differences in life satisfaction among elderly individuals living in regular community housing, in low-cost community housing, or in high self-determination nursing homes.

The personal and sociodemographic variables were examined to see if they could account for these findings. There was only a mild relationship between life satisfaction and self-rated health ( $r = .18$ ), and an even smaller correlation between Life Satisfaction and nurse-rated health of nursing home residents ( $r = .09$ ). (The nurses' ratings and the self-ratings were not strongly associated,  $r = .07$ .) However, there were no differences between the groups on the nurse-rated,  $F(1,87) = 0.8$ ,  $p = .37$ , or in self-rated health,  $F(3,195) = 2.3$ ,  $p = .08$ . When the health ratings were partialled out of life satisfaction in analyses of covariance, the same findings emerged: elderly people living in low self-determination nursing homes reported lower life satisfaction than elderly persons living elsewhere [ $F(3,194) = 7.7$ ,  $p = .006$  when self-rated health was the covariate; and  $F(1,86) = 5.0$ ,  $p = .03$  when nurse-rated was the covariate].

Table 1. Means for Health, Age, and Life Satisfaction as a Function of Living Environment

	<i>LSD-NH<sup>a</sup></i> <i>n = 47</i>	<i>HSD-NH<sup>b</sup></i> <i>n = 52</i>	<i>LCCH<sup>c</sup></i> <i>n = 50</i>	<i>RCH<sup>d</sup></i> <i>n = 50</i>
Life Satisfaction	4.8a	5.4b	5.5b	5.4b
Self-rated health	5.4	5.9	5.8	6.2
Nurse-rated health	5.9	6.2	—	—
Age	81.3a	79.3a	72.8b	73.5b

<sup>a</sup> "LSD-NH" stands for Low Self-Determination Nursing Homes;

<sup>b</sup> "HSD-NH" stands for High Self-Determination Nursing Homes;

<sup>c</sup> "LCCH" stands for Low-Cost Community Housing; and

<sup>d</sup> "RCH" stands for Regular Community Housing.

Note: Higher numbers for Life Satisfaction and health indicate higher ratings. Means in the same row but with different subscripts are significantly different according to the Student-Neuman-Keuls test.

As for age, individuals living in both high and low self-determination nursing homes were older than individuals living elsewhere,  $F(3,195) = 25.0, p < .001$ . But there was no association between age and life satisfaction ( $r = .007$ ), a finding also sometimes observed in past research [19]. The group differences in life satisfaction cannot be due to age differences because, while elderly individuals in high and low self-determination nursing homes were similar in age, they nevertheless differed in life satisfaction.

There were no group differences in education level,  $F(3,195) = 0.3, p = .82$ , and the correlation between life satisfaction and education level was small ( $r = .12$ ). There were significant group differences in income,  $F(3,195) = 4.6, p = .003$ , although the correlation between life satisfaction and income was also small ( $r = .11$ ). Elderly people living in regular community housing had higher incomes than elderly people living elsewhere. But income cannot account for the group differences in life satisfaction either, because elderly persons living in low cost community housing and in high and low self-determination nursing homes had similar incomes, but only those in low self-determination nursing homes reported lower life satisfaction. Finally, there were no gender differences between the groups (there were between eleven and fifteen males, and between thirty-five and thirty-nine females in each group), although males tended to report somewhat more life satisfaction ( $M = 5.7$ ) than females [ $M = 5.2$ ;  $F(1,197) = 7.8, p = .006$ ], a tendency also observed in past research [20]. When an analysis of covariance was performed with self-rated health, gender, education level, income, and age as covariates, the same group differences in life satisfaction emerged,  $F(3,190) = 3.4, p = .02$ .

## DISCUSSION

The results indicate that despite the widespread assumption that nursing homes are undesirable places to live and that elderly people are probably not as content living in them as they would be elsewhere, this is not always or necessarily true according to the residents themselves. Those elderly persons who live in nursing homes that provide opportunities for self-determination in everyday activities report as much life satisfaction as elderly people living elsewhere in the community. Although the participants in this study were not randomly assigned to different living environments (as in a true experimental design), the findings are nevertheless quite suggestive. The differences in age and income between the nursing home residents and the other groups cannot account for the group differences in life satisfaction. This is because although the elderly persons in both high and low self-determination nursing homes had similar standings on income and age (as well as on health and education level), only those in low self-determination nursing homes reported lower life satisfaction relative to those living elsewhere.

This finding is important in light of the fact that the demand for nursing homes will increase as a large segment of the population ages and lives longer. Nursing homes should be carefully chosen, not dreaded. The administrators and staff of nursing homes should also take note. Not only do small increases in self-determination enhance the life satisfaction of residents [12-14], but the policy of providing opportunities for self-determination in these living environments serves to maintain a level of life satisfaction among residents that is comparable to that of elderly people living in the community.

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## REFERENCES

1. R. L. Kane, R. Bell, S. Riegler, A. Wilson, and E. Keeler, Predicting the Outcome of Nursing Home Patients, *Gerontologist*, 23, pp. 200-205, 1983.
2. S. S. Tobin and M. A. Lieberman, *Last Home for the Aged*, Jossey-Bass, San Francisco, 1976.
3. R. N. Butler, *Why Survive? Being Old in America*, Harper and Row, New York, 1975.
4. M. M. Baltes and R. Reizenzein, The Social World in Long-term Care Institutions: Psychological Control toward Dependency? in *The Psychology of Control and Aging*, M. M. Baltes and P. B. Baltes (eds.), Erlbaum, Hillsdale, New Jersey, 1986.
5. E. L. Deci and R. M. Ryan, *Intrinsic Motivation and Self-determination in Human Behavior*, Plenum Press, New York, 1985.
6. R. deCharms, *Personal Causation*, Academic Press, New York, 1968.

7. E. L. Deci, *The Psychology of Self-Determination*, Lexington, Toronto, 1980.
8. I. M. Hulicka, J. B. Morganti, and J. F. Cataldo, Perceived Latitude of Choice of Institutionalized and Noninstitutionalized Elderly Women, *Experimental Aging Research*, 1, pp. 27-39, 1975.
9. S. Wolk, Situational Constraint as a Moderator of the Locus of Control-adjustment Relationship, *Journal of Consulting and Clinical Psychology*, 44, pp. 420-427, 1976.
10. N. L. Chappell and M. J. Penning, The Trend away from Institutionalization: Humanistic or Economic Efficiency? *Research on Aging*, 1, pp. 361-387, 1979.
11. G. Arling, E. B. Harkins, and J. A. Capitman, Institutionalization and Personal Control, *Research on Aging*, 8, pp. 38-56, 1986.
12. E. J. Langer and J. Rodin, The Effects of Choice and Enhanced Personal Responsibility for the Aged: A Field Experiment in an Institutional Setting, *Journal of Personality and Social Psychology*, 34, pp. 191-198, 1976.
13. R. Schulz, The Effects of Control and Predictability on the Physical and Psychological Well-being of the Institutionalized Aged, *Journal of Personality and Social Psychology*, 33, pp. 563-573, 1976.
14. G. Banziger and S. Roush, Nursing Homes for the Birds: A Control Relevant Intervention with Bird-feeders, *Gerontologist*, 23, pp. 527-531, 1983.
15. S. Wolk and S. Telleen, Psychological and Social Correlates of Life Satisfaction as a Function of Residential Constraint, *Journal of Gerontology*, 31, pp. 89-98, 1976.
16. E. Diener, R. A. Emmons, R. J. Larson, and S. Griffin, The Satisfaction with Life Scale, *Journal of Personality Assessment*, 49, pp. 71-76, 1985.
17. M. R. Blais, R. J. Vallerand, N. Brière, and L. G. Pelletier, L'échelle de satisfaction de vie: Validation canadienne-française du "Satisfaction with Life Scale", *Canadian Journal of Behavioural Science*, in press.
18. P. E. Shrout and J. L. Fleiss, Intraclass Correlations: Uses in Assessing Rater Reliability, *Psychological Bulletin*, 87, pp. 420-428, 1979.
19. P. T. Costa, A. B. Zonderman, R. R. McCrae, J. Cornoni-Huntly, B. Locke, and H. E. Barbano, Longitudinal Analysis of Psychological Well-being in a National Sample: Stability of Mean Levels, *Journal of Gerontology*, 42, pp. 50-55, 1987.
20. N. Krause, Stress and Sex Differences in Depressive Symptoms among Older Adults, *Journal of Gerontology*, 41, pp. 727-731, 1987.

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