

Perspectives of the Ideal Assisted Living Facilities from Depression Era Nurses

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Abstract

The diversity of the elderly combined with a prolonged life span means their response to changing care and health is varied. Today's elderly population prefers to stay in their own homes. However, as their health declines they become more dependent. Their choice of housing is influenced by age, need for assistance, availability of their children, health care providers, services and facilities. One type of housing choice that has recently become popular for elderly persons is assisted living facilities. Little is known about how the rural elderly view what is important in an assisted living setting. The purpose of this qualitative study was to determine qualities of a senior living facility that retired rural elderly nurses would include in their vision of the optimal assisted living accommodations. Common themes that emerged were social environment, health and health care, diet and nutrition, exercise and recreation, social systems, and physical environment.

Keywords: assisted living, rural elderly, health care, elderly housing

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The elderly population in the United States is a diverse group of individuals. Each person regardless of their age, gender, race, or ethnic group has distinctive characteristics, and the experience of aging is different for everyone. Residing in a rural area may result in characteristics and needs for elderly persons that are different from their urban counterparts. (Hobbs & Damon 1996). The growth of the population of 65 year olds and older has affected every aspect of society. (Stanford 1994, in Hobbs & Damon, 1996). This creates challenges as well as opportunities for families, health care providers, policy makers, and businesses (Federal Interagency Forum of Aging-Related Statistics— Population 2000, p. 1). The diversity of the elderly themselves combined with a prolonged life span means their response to changing care and health is varied. Today's elderly population prefers to stay in their own homes. However, as their health declines they become more dependent. The choice of housing by the elderly is influenced primarily by age, the need for assistance, and the availability of their children, health care providers, services and facilities. Location, race and/or ethnicity and marital status also influence decision-making (Joint Center for Housing Studies, n.d.).

Assisted living communities provide some service or assistance to the residents. Continuing care communities, a type of assisted living, offer a wide range of services and accommodations for the elderly. Continuing care communities are commonly found in metropolitan areas and the residents tend to be over 85 years of age without children living nearby. Eighty percent of the communities have a modest size residence with three or less rooms. This living arrangement is more likely to be chosen by the elderly when their household lacks a driver, or they have difficulty climbing stairs (Joint Center for Housing Studies, n.d.; U.S. Department of Commerce, 1995). As the older population becomes larger and more diverse,

over the next 50 years programs and services for the elderly will require more flexibility to meet the demands of this changing population (Federal Interagency Forum of Aging-Related Statistics—Population 2000, p. 2).

Problem

As the population ages they experience more chronic illnesses or conditions such as diabetes, congestive heart failure and dementia. These conditions contribute to the decreased ability of individuals to perform activities of daily living without assistance and often result in the elderly needing to live in an assisted living or nursing home setting. Little is known about how the rural elderly themselves view what is important in an assisted living setting.

Purpose

The purpose of this study was to determine qualities of a senior living facility that retired rural elderly nurses would include in their vision of the optimal assisted living accommodations.

Relevant Background

Aging Population

In 2000, the estimate of people aged 65 or older in the United States was 35 million which accounts for almost 13% of the total population (Federal Interagency Forum of Aging-Related Statistics—Population, 2000, p. 2). Over the next 30 years, the number of elderly persons is expected to double to 70 million (Federal Interagency Forum of Aging-Related Statistics—Population, 2000, p. 2). The population of 85 year olds is currently the fastest growing segment of the older population. In 2000, approximately 2 percent of the U.S. population was 85 years or older and by 2050, this is projected to increase to almost 5 percent. (Federal Interagency Forum of Aging-Related Statistics—Population, 2000, p. 2 and U.S. Department of Commerce, 1995). The increased population of those greater than 85 years old is

based on the longer life span of individuals than was seen in previous generations (Raymond, 2000, p. 1) and is due largely to advances in medicine, health care, hygiene, disease prevention and nutrition (Joint Center for Housing Studies, n.d.). One Baby Boomer in 9 is expected to live to at least age 90 (Raymond, 2000, p. 1).

Assisted Living Facilities

Assisted living facilities date back to the board-and-care home. These facilities developed as the need arose for housing for elderly people that could not live alone but did not have a large income or a family support structure. Board and care facilities provided food, shelter and assistance with activities of daily living. The facilities typically were located in large houses constructed in the 1920s and 1930s era. The houses had a large living room, dining room, kitchen and a number of bedrooms and bathrooms to accommodate residents, who commonly shared a bedroom with one other individual. This model provided a means for poor or low-income individuals to live relatively comfortably in an environment that was reminiscent of the type of home they may have been raised in (Peskin, 1999). In the early 1980's a different type of assisted living housing became available. The owner/operators rehabilitated older boarding homes or constructed new housing to create a fresher, brighter environment. These new communities were usually decorated professionally and provided areas for activities, sitting, eating, and care. This low-cost model ranged from \$1,200 to \$1,500 per month (Peskin, 1999). It was not long before assisted living communities became diverse, offering a range of services and housing choices.

According to an annual study, *A 2000 Overview of the Assisted Living Industry*, today's assisted living facilities report an average daily room rate of \$73.97 in 1999, the highest rate recorded in the survey's history. Prices ranged from a minimum of \$39.47 to a maximum of

\$206.11, with a median room rate of \$69.83 daily. The study also indicated that residents in assisted living facilities had an average age of 83, were 75% females and required help with three activities of daily living (Blankenheim, 2000, p. 1-2).

Design

This is a qualitative study designed to examine what elderly nurses feel is optimal in an assisted living facility. Participants were females, age 70 or older, living in Montana, and who previously worked as registered nurses. Four individuals were selected and unstructured interviews were conducted using a pre-selected open-ended question with prompts to elicit additional information. Data were collected through face-to-face interviews and transcribed verbatim. Additional information used by the investigators was participant observation and field notes. The data were then read and reread by all four researchers and coded to select emergent themes.

Sample

Four participants were selected based on the criteria of being age 70 or older, living in the Great Falls, Montana area, and previous employment as a registered nurse.

Procedure

Informed consent was obtained from each participant prior to the interview. The interviews ranged in time from approximately 45 minutes to one hour. All four of the interviews were in person. One interview was conducted at a coffee shop and one interview was conducted on the Great Falls campus. Two of the interviews took place at the subject's home. The interview consisted of one pre-selected open-ended question and specific probes were used as needed. A medical transcriptionist transcribed the data from two of the interviews. The other

two interviews were transcribed by one of the researchers. The data were then reviewed and coded. As the researchers refined the coding process, themes emerged from the data.

Analysis of Data

Common characteristics of the participants emerged. These characteristics may be related to aspects of rural dwellers and/or may be related to their occupation as registered nurses, as well as other factors. These characteristics included hardiness, independent, thrifty, resourceful and prudent. All of the participants had the desire to live in a rural area with access to nature, and natural light. Additional common themes that emerged were categorized under the identified aspects of the conceptual model. However, some of the categories were blended rather than separate and distinct Social Environment.

Identified concepts include independence, choices, personal appearance, pets, lifelong learners, and a common area for socializing with friends and family that come to visit. Personal appearance was included in the statement made by participant 03 who said:

Oh, the hairdressers, for women I think, are very important. They should be available and available close by on the premises or else they should be taken there.

Participant 02 said this about pets:

I would like to have my sister bring my dog out once in a while... I do obviously like animals, and if they had a community pet, why as a lot of the nursing homes do, they are finding out that if they have a resident dog, that it makes a lot of difference to people.

Participants were identified as lifetime learners. All were concerned with mental stimulation - specifically referred to as brain exercise by participant 03. She said:

I think people should exercise their brain...there's certain games they can play. Even though I don't play cards, there are card games you can play. Crossword puzzles are supposed to be excellent. Many times the elderly have problems with reading, but it's a good exercise too. There are also certain television shows you know that would exercise your brain a little too. I think too, that when you put people together and socialize, that helps exercise your brain.

People can't always do physical exercise because of their disabilities, but they can always exercise their brain. Participant 03 said:

I think too, in visiting with your family, you need to have a place to you know, well, whoever your support system is - to visit. If you just have one room, then you would have another area that would be homey and you could take your visitors to and you could then get along better.

She also stated:

I think that would be nice anyway to have areas that you meet in and for the residents to do their socializing and make sure they socialize. Get them, get things going - you may have to push a little along the way. Get them out of their room.

Health and Health Care

Identified concepts were physical exercise, brain exercise, nature, spirituality, holism, choices, and transportation for access to health care providers of their choice. The most preferable unstructured exercise identified was walking. Structured exercise classes were also

mentioned. Mental stimulation or brain exercise was extremely important to all participants. Nature and spirituality were intertwined. The concept that indoors = stagnation & outdoors = stimulation were identified as concepts. The participants had a holistic view of health, and wanted to exercise the freedom of health care choices and access to specialty providers (ophthalmologist, rheumatologist, etc.). Participant 04 stated:

I would like, I think, to have a qualified RN or LPN on site and still use my own providers...

Transportation was needed by participant 02 who said:

Well, to get me to my doctor's appointments...

Diet and Nutrition

All participants mentioned choices and appropriate diet for chronic disease as important. The food should also be nutritious. Participant 01 said:

Variety; choices, options.

Participant 03 said:

Well, I have to stay on a low salt diet. It's not my choice, but well, that's the way it is.

Participant 04 stated:

I am not a huge appetite person but good nutrition, the pyramid thing.

Exercise and Recreation

Walking was identified as the preferred unstructured exercise activity. - Participant 02 stated:

I'm more into walking than anything else. It just suits me better because I tire pretty easily and I can control that a little bit better.

Structured exercises were also important as participant 02 pointed out:

I think I would like some organized exercise because commitments get a little funny sometimes.

Transportation is extremely important for residents that do not have a vehicle or are unable to drive. Interaction through activities inside and outside of the facility was also important.

Participant 02 stated:

They have lots of activities in town that I would participate in if I had the opportunity. ... Church activities, bible studies and things like that.

Transportation was also identified for access to shopping, dining & entertainment by Participant 03 who stated:

I suppose too, that you would have something available for transportation. Something that could take you - if you were able, to go to the mall or something so that you could get out a little bit. Those things are important and hard to come by sometimes.

Mental stimulation – brain exercise was another major theme. Participant 02 said:

Well I love to read by I can't (due to failing eyesight). I listen to audiotapes quite a bit. I listen to TV quite a bit. I get a good history channel and a learning channel.

Support Systems/Family/Friends

A family space for visitors to stay overnight on the premises was desired, though the participants preferred family and friends close by. Pets were acceptable if the housing was individual and if not then a community pet was deemed more appropriate.

Spirituality was also a theme and Participant 03 says this about spirituality:

A...the one thing we see and certainly become aware of as we age, is the spiritual thing becomes more important because you're getting to the area where you know sooner or later that it's going to be over with.

Architecture & Physical Environment

All participants preferred a rural environment. There was a desire for a spacious common area for visiting and an area for visitors to stay overnight. Personal space and the room to have some of their personal items with them were mentioned. All wanted natural light, access to windows, and sun. Outdoor access- for environmental contact with nature was extremely important as well as outdoor areas for walking. Participant 03 said:

Personally, it would be kind of nice to have some kind of a view, you know, just something you could look out of, and kind of see something in nature. And an area that you can walk around in, feel safe while you're walking there, that could be outside as long as you could do it. It's really important. It's better than just sitting inside.

Participant 01 stated:

I would like lots of light. Some place where there is a lawn, a few trees and not all concrete. I do not care for concrete. That does not appeal to me.

Participant 04 said:

...natural light, windows, sun,. ...gardens, walking, anything so you can be outdoors.

Conclusions

Results from this study should guide today's health care planners in designing the assisted living facilities presently and in the future. The population of elders used in this study was raised in the Depression era. Therefore, they are thrifty, prudent, and resourceful. They are not dreamers and were very practical about their personal needs, while considering the needs of others at the same time. The subjects did not stop being nurses. According to participant 03:

You're part of the look after everybody sort. And you're concerned - can they really afford it?"

There was talking in the third person, which revealed concern regarding others= safety, environmental needs and finances. According to participant 01:

Money is always a concern.

They were familiar with assisted living facilities in the area because they have reached the age when they are approaching the need for assistance because of failing vision and some degree of chronic illness. There was ambivalence toward nurse practitioners. These nurses were raised in

an era when physicians were the only primary care providers. Only one participant, 03, had a nurse practitioner as one of her specialty providers. We had thought that perhaps religion would be a foremost concern. However, there was no emphasis on religion, but rather indirect conversation about spirituality, which seemed to be connected to nature and the outdoors.

The elderly of tomorrow will be the “baby-boomer” generation. Their mindset and life experiences will be very different from today’s elderly population. The study has potential to be used with different populations of age groups as well as a random sampling of subjects. Examination of the next generation of elderly could reveal important differences in needs and expectations of assisted living centers. There do not appear to be similar studies about the opinions of the elderly of assisted living centers that have been completed. Therefore, this is an excellent topic for further research to develop nursing knowledge and publishing the data to add to the body of nursing knowledge. However, the population size for this study was small. This study needs to be repeated with a larger sample size. The open-ended one-question approach may have revealed additional data if a more structured questionnaire had been developed.

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