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# Residents' Perceptions of Social Interaction and Social Activity in an Affordable Assisted Living Facility

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**Residents' Perceptions of Social Interaction and Social Activity in an Affordable Assisted Living Facility**

Residents Perceptions of Social Interaction and Social Activity in an Affordable Assisted Living Facility

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Honors Thesis

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# **Residents' Perceptions of Social Interaction and Social Activity in an Affordable Assisted Living Facility**

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## **Abstract**

This study is a qualitative study looking at the social interactions and social activities in an assisted living facility, based on the residents' perceptions. In this study I interviewed 20 residents of an affordable assisted living facility. The participants were male and female, 65 or older, and any ethnicity. Inclusion criteria include: (1) Residing in the assisted living facility at least 6 months and no more than 2 years; and (2) being mentally competent to give informed consent. I recruited the participants based on a list of who was eligible from the facilities administration and then asked the eligible participants if they wanted to participate. I then transcribed the interviews, coded them and looked any for emerging themes.

Some of these emerging themes are relationships with other residents being superficial, the inability to adjust to the facility and how that is affected by the choice (or lack of it) in coming to this facility. Another theme that is starting to emerge is the plethora of things to do, but the lack of interest of the residents to participate.

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# **Residents' Perceptions of Social Interaction and Social Activity in an Affordable Assisted Living Facility**

## **Introduction**

Assisted living facilities or ALFs have become a popular option for older adults who are no longer able to remain living in their own homes due to their increased dependency needs. In fact, according to Cummings & Cockerham (2004), "Assisted living is the fastest growing segment of senior housing and is a key component of the senior care business in America today" (Cummings & Cockerham 2004 p. 26). However, we know very little about the social dynamics and social interactions that characterize the lives of assisted living residents. While there have been many studies in the gerontological literature about the importance of social interaction and activity for the well-being and mental health of elderly persons, few studies have looked at social interactions in assisted living, especially from the point of view of residents.

## **Significance of the Study**

Since involvement in social relationships is viewed as a critical factor related to older adults' quality of life and psychosocial well being, there is a need to study how residents in assisted living perceive their social involvements and the importance of social activity in their lives. Such information is important to gerontologists, housing specialists, policy makers, social service professionals and health care professionals who are concerned about improving the quality of life of elders living in communal residential settings. As increased numbers of elders opt to live in assisted living, it is necessary to explore residents' involvement in social relationships both within and outside the residential facility and the meaning and function of different social relationships in their lives.

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## **Background**

### **Assisted Living Facilities.**

Assisted living is a relatively new long-term care alternative that offers a more independent way of living along with a level of nursing and need-based personal care. There are many types of assisted living facilities that vary from state to state but the goal of all these facilities is to keep the residents independently living for as long as possible in a safe environment and to provide them with a community- or home-like setting with people of a similar age and ability level.

There are many different models and definitions of assisted living, as well as different rules, regulations, and licensing arrangements governing the operation of assisted living across states. Most states license and regulate the facilities where the services are provided, while a few license the agencies that provide the services. Other differences across states include the names associated with assisted living, such as board and care, residential care, and whether the elders share a room with others or live in their own independent apartment. Some states have multi-tier licensing rules to accommodate different size facilities or different levels of care (<http://www.cga.ct.gov/2006/rpt/2006-R-0422.htm>).

### **Assisted Living in Connecticut.**

The state of Connecticut, according to [cga.ct.gov](http://cga.ct.gov), defines assisted living as “primarily for people age 55 or older who do not need full nursing home services, but require some health care, nursing, or assistance with activities of daily living (ADLs), such as dressing, eating, bathing, toileting, walking, or transferring from a bed to a chair.” State regulations specify that residents are provided with independent apartments. The buildings that house these apartments, referred to as Managed Residential Communities (MRCs) are not licensed. However, they must meet



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standards set by the Department of Public Health with regard to housing-based services and supports. The agency that provides that assisted living services (ALSA) within the residential setting must be licensed by the Connecticut Department of Health. Connecticut is one of the few states that follows a “housing with services” model which offers assisted living services to elders living in private apartments. While the majority of the assisted living facilities in Connecticut are private, serving wealthy elders, there are several state-funded affordable assisted living facilities in the state serving low- and moderate-income elders which are intended to expand the community-based long-term care alternatives.

### **Importance of Social Interactions.**

It is clear that social interaction has a profound effect on well-being but it is unclear to what extent a social life plays in preventing depression, and enhancing the overall well-being of an older adult.

Isaac, Stewart, Artero, Ancelin, & Ritchie's (2009) review the research literature that supports the importance of a person's social support network for his/her well-being and its influence on his/her normative health behavior. They also stated that having a reduced social support network or experiencing social isolation is seen as a potential risk factor for depression. Dupuis-Blanchard, Neufeld, and Strang (2009) mirrored these conclusions by stating that all relationships, but specifically later life relationships have “vital intrinsic values central to self-identity, self-confidence, and overall health and well-being” (Dupuis-Blanchard, Neufeld, and Strang 2009 p. 1).

According to Reed (2006), social interaction with friends in assisted living is directly related to female residents' psychological well-being. Another study in assisted living reports that residents' perception of social support and the extent of their social contacts are directly

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related to depression and life satisfaction. More specifically, social support was related to higher levels of residents' life satisfaction, fewer depressive symptoms, and satisfaction with the assisted living facility (Cummings & Cockerham 2004).

While social interaction is important, we currently do not know either how the amount of social interaction influences well-being or how social isolation affects assisted living residents' well-being. Since assisted living residents are a vulnerable population, it is important to understand how their social activities and social involvement impact their well-being. Therefore the purpose of the present study is to look into this.

### **Research Question**

The research question for the present study is: What are residents' perceptions of social activity and social interaction in assisted living facilities? For this particular research the terminology within the research question is as follows.

*Social Interactions*- Any meeting, relationship, or action between individuals or groups.

*Social Activities*- Any activities, structured or unstructured, that residents participate in at the assisted living facility that involve other residents, either directly or indirectly.

*Assisted Living Facility*- A state sponsored, affordable assisted living facility that follows the housing with services model. Housing is in the form of private apartments with attached bathrooms. It provides a range of medical services, three meals a day, light housekeeping, and recreational programs.

### **Review of the Literature**

Gerontological research has extensively documented the benefits of social relationships and social activity for older adults. However, researchers have only recently begun to examine social relationships and social activities within assisted living and other residential care facilities.

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This literature review examines what is currently known about social interactions and social activity in Assisted Living. The scope of this review includes social support from family and friends outside the facility, social interaction and social support within assisted living, the impact of organizational characteristics on social interactions, and the impact of social interactions, social activities, and social networks on residents' well-being, quality of life, and perceived happiness.

Since studies show that social support and social interactions are very important to the well-being of residents in nursing homes and other long-term care facilities, it seems likely that assisted living residents' well-being will also be impacted by their involvement in social interactions and social support networks. A handful of researchers have begun to address the social interaction and social support within assisted living. However, much of the current research has exclusively focused on family interactions and social support in assisted living from the family's point of view and not that of the elderly residents.

### **Support from Family and Friends Outside the Facility**

#### **Family as a source of support.**

As Gaugler, Anderson & Leach (2003) have noted, when an older person moves into any kind of residential care facility, be it a skilled nursing facility, assisted living community, or a continuing care facility, most families remain involved in the elders' lives. However, results from their study comparing nursing homes and adult foster care homes found that the type of facility predicted how frequently family members visited. However, since their study did not include assisted living facilities, we do not know how family members respond when a relative lives in assisted living facility.

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According to research conducted by Park and colleagues (Park, Zimmerman, Kinslow, Shin, and Roff, 2010), families were an important source of both instrumental and emotional support for assisted living residents. Further, while many residents expressed a desire for more family contact (visits and calls) and longer visits, elders were reluctant to express their desires to family members because of their families' busy lives and fear of becoming a burden.

In another study done by Nan Sook Park in 2009, 82 assisted living residents were interviewed concerning the different sources of social support in their lives and their impact. While family support is diminished when someone moves into an assisted living facility, results from this study found that social support from family is not completely lost but is diminished and needs to be countered by some form of internal social support or interaction.

### **Friends outside as a source of support.**

Park and colleagues (Park et al., 2010) conducted a qualitative study of 29 residents in four assisted living facilities exploring residents' social engagement. Results indicated that residents place greater importance on relationships with people outside of the facility (both family and friends) than those within the facility. Respondents reported that they highly valued their social involvement with both family members and friends outside the facility. Research conducted by Ball and colleagues (Ball et al., 2000) on the quality of life in assisted living noted that many residents reported missing their friends from home, which contributed to their feelings of loneliness. Residents who were able to maintain regular social interactions with friends outside the facility relied heavily on these relationships for social interaction

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### **Social Interaction and Social Support within the Assisted Living Facility**

#### **Social interaction among assisted living residents.**

While assisted living is founded on a social model of care, only limited information exists about the nature of social relationships within assisted living. The Park et al. (2010) study of social engagement in assisted living, mentioned earlier, reported that many of the relationships among residents were causal or superficial. Fellow residents were considered as acquaintances rather than friends. Even though this was the case, some residents still found these superficial relationships as helpful to their well-being because these relationships gave them someone to talk to and prevented them from slipping into social isolation (Park et al. 2010).

Many residents used their friendships inside the facility to help them prevent feelings of dependence (Ball et. al 2000). According to the Ball et al., many residents felt less dependent when they were able to help other residents. It was a way of being able to do something for another to reciprocate for the services they were receiving.

Not all residents lack meaningful friendships with co-residents. In fact, Ball and her colleagues (Ball et al., 2000) reported that some residents had many friends inside the facility. One even said that “Yes, I have a lot of friends in here, and that’s all that keeps me going, because they mean more to me then family, because I never get to see my family much” (Ball et al., 2000, p. 317) Friendships inside of the facility can be very important in replacing some of the social support and interaction lost when moving away from family and friends.

#### **Social interactions between staff members and assisted living residents.**

In the Ball study (Ball et al., 2000), residents spoke of having close, loving relationships with their paid caregivers. Some even described these relationships as “family-like” in nature. These were more likely to occur in long-term relationships between resident and caregiver. The

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ability for a long-term care-giving relationship to occur would depend on the turnover rate in a facility though and might be more likely in a small family run facility.

### **Which is more important?**

So which of the two, external social support or internal social support, is more important to a resident's quality of life and life satisfaction? In face-to-face interviews with 681 assisted living residents from the Florida Study of Assisted Living, Street, Burge, Quadagno and Barrett (2007) found that:

Contact with family and friends outside the facility had no significant effect on any of the measures of well-being. Rather, internal social relationships, as measured by friendships within the facility and positive feelings toward staff, was the most consistently important predictor of resident well-being in all the models. (p. 133)

In addition, Nan Sook Park (2009) stated that the most important finding of her study was that the perceived friendliness of staff and fellow residents was more important to well-being than perceived social support and activities. She also found that it is important for residents to be close to family and outside friends when in an assisted living facility, but because these people cannot be in the facility all the time it is important to have relationships within the facility. Those people who are able to achieve meaningful relationships in the facility will be more socially integrated and emotionally content (Park, 2009).

While some evidence supports the importance of maintaining social relationships both inside and outside the facility, Park et al. (2010) study found that residents who maintained the closest relationships with their family and friends outside the facility tended to keep their fellow residents as acquaintances only. The researchers interpret the greater importance of relationships with family and old friends using Socioemotional selectivity theory. According to this theory,

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residents viewing both their time and that of their fellow residents as limited are less motivated to engage in forming new social relationships in assisted living. Building new relationships takes time, time which many residents believe that they do not have. In addition, since residents have experienced the loss of many relationships, they are more likely to hold off on making new social relationships in the facility. In some of their interviews, residents mentioned that “once they got to know other residents, a relationship altering event occurs such as health deterioration, discharge, or death” (Park et al., 2010 p. 9).

### **Organizational Characteristics of Assisted Living**

Research has also examined the organizational features of ALFs that may facilitate social interaction among residents. These features include planned activities, size and physical layout, and residential policies.

#### **Activities offered.**

Sheryl Zimmerman and her colleagues (Zimmerman et al., 2003) looked at how the residential facility and the activities influenced the social climate within the facility. The data that they used were derived from the Collaborative Studies of Long-Term Care. This was a four state study that included 2,078 residential care and assisted living residents from 193 facilities. Zimmerman and colleagues looked at both resident functional measures, such as hearing, cognitive function, functional dependence, and facility-level measures such as facility type, availability of activities, and facility policies. Based on the information collected, they concluded that “the availability of activities was associated with a significant increase in social activity participation and telephone and visit contact” (p. 12). The researchers note that their results are similar to those of Lemke and Moos in their study done in 1989. The earlier study found that

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resident organized activities and the characteristics of the residents had the most impact on participation (Moos & Lemke, as cited in Zimmerman et al., 2003).

### **Physical layout and size.**

Several studies have concluded that facility size has an effect on social engagement in assisted living (Ball et al., 2000; Park, 2009; Sikorska, 1999). However, the results are inconclusive whether smaller or larger facilities are more conducive to greater levels of social engagement. According to Ball et al. (2004), smaller assisted living settings help produce closer resident-staff relationships. But according to Sikorska (1999), larger assisted living facilities can offer more options as far as structured social interactions. The impact of resources (amount of varied activities offered) interacts with the level of functional impairment to influence resident involvement and outcomes. Residents that are impaired may be most negatively impacted when there are limited resources to enable them to participate in programs that facilitate social interactions. According to Sikorska (1999), Although individual limitations such as hearing impairments and cognitive decline are observed in all AL settings, residents in smaller AL settings may be more affected by these limitations because their choices in selecting social partners are restricted. Also, larger AL settings have more options for social activities (e.g., forming a group of social partners) and programming (e.g., outings) which can facilitate social interactions.

According to Park et al., (2010) resident mix can also affect the social climate of a facility. Research has noted that many residents who are not cognitively impaired feel that cognitively impaired elders do not belong in the same facility (Park, 2010) This can cause isolation for those residents who are impaired but can also deter the functioning resident's participation.



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### **Mealtimes.**

Residential policies, such as assigned seating and designated mealtimes, influence social interaction (Park 2009). In previously mentioned studies Park (Park, 2009; Park et al., 2010) having enjoyable mealtimes was more important to residents' well-being than perceived social support. Park et al. (2010) also observed that mealtimes were enjoyed by some residents and were important as far as socialization. Further assigned seating was a hindrance to "spontaneous social interactions with others who had the potential to be good friends" (p.10).

### **Barriers to Social Interaction and Activity**

The functional and health characteristics of residents in assisted living have been noted by several studies to influence social interaction. The most common problems interfering with social interaction are hearing problems, cognitive problems and functional dependence (Park et al., 2010; Park, 2010; Zimmerman et al., 2003). Zimmerman and colleagues concluded that resident characteristics had an impact on social engagement. Clear reasons why these characteristics interfere with social interaction and activity include the fact that residents who have hearing problems, cognitive problems or functional dependence are not welcomed by other members of the community (Park et al., 2010). Residents in this study felt that "cognitively impaired [residents] as needing to be in a different residence, and blamed the management for filling the assisted living community with impaired residents for financial reasons" (p. 10). They do not feel that cognitively impaired people belong in the same facility so they clearly do not want to be friends with them.

The second reason why these problems are a barrier to social interaction and activity is because of the personal viewpoint of the people with these problems and what they think they

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can and cannot do. Park et al. (2010) state that “many residents limited their social activities because of their physical limitations” (p. 10).

One last barrier to social interaction and social activity is whether the resident had choice in relocating to the facility. According to a study titled *Advantage of Choice: Social Relationships and Staff Assistance in Assisted Living* by Stephanie Burge and Debra Street, residents having a choice regarding which facility they were moving into had a positive effect on their happiness and their ability to make lasting friendships within the facility. They found that residents who had control over their move into the assisted living facility had better relationships with other residents inside the facility. They also had more positive perceptions about their relationships with staff members.

### **Conclusion**

Since much of the research has focused on the family and their feelings about the interactions with the resident in assisted living, there is limited information from the perspective of residents and the importance of neighbors and staff members in residents' social networks. Therefore, I looked at how family members and other social contacts and social interactions within assisted living are experienced by residents to explore how residents perceive the importance of these different types of social interactions.

This is a topic that needs to be looked at because, despite the amount of research about the importance of social interactions and how they contribute to depression and wellbeing, there have been few studies looking in to how the residents of an assisted living facility feel and what they think about different types social interactions and activities.

I believe that this study fills in some of the gaps left by other studies. Obviously it will not look into everything that needs to be looked into as far as social interactions and activity in

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assisted living facilities, but it can be a beginning. What there is a lack of in these studies is the voice of the resident explaining how social relationships are formed and what social interactions and activities are important to them.

### **Method**

#### **Site of Research**

The assisted living site for the present study is a state sponsored affordable assisted living facility in Connecticut that is located in an urban setting. This assisted living facility follows the “housing with services” model that is found in Connecticut.

#### **Physical design.**

In this facility, there are 100 apartments consisting of studio and one-bedroom apartments. All apartments have private bathrooms, step or roll-in showers, kitchenettes, and are all wheelchair accessible. This facility also provides weekly light housekeeping, linen service, and individually controlled heat and central air conditioning, as well as 3 meals a day. The apartments do not have ovens or stovetops, thus limiting the ability of residents to cook meals on their own.

The building houses administrative offices, a clinic, recreation, dining, and other multi purpose rooms. The residential areas house a laundry rooms, public restrooms, TV or reading rooms and a chapel. The outside space consists of some benches in the front and a large patio in the back with tables and chairs.

#### **Assisted living services.**

The assisted living service agency (ALSA) which provides health monitoring and personal care services to residents is staffed by a nurse supervisor, other nurses and certified

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nurse assistants (CNAs). Each resident in the assisted living program receives services based on an individualized care plan which is reviewed every 90 days. The service package that residents receive varies. While some residents may only receive medication reminders, others may receive a range of personal care and instrumental services. In addition, the facility offers 24-hour emergency response system with personal emergency pendants and therapeutic activities programs.

### **Procedure**

I conducted in-depth face-to face interviews with 20 assisted living residents. I used multiple recruitment methods when recruiting participants for the present study. First, the administrative staff provided me with a list of residents who met the inclusion criteria for the study. I only contacted residents whose names were on the list. In order to inform residents about the study, I posted flyers in a common area asking for participants. In addition, I announced the research at a tenants meeting and during a community education meeting.

Prior to conducting the interviews, I informed each potential participant of his or her rights as a participant. They were then asked to sign a consent form indicating that they knew what the research was about and that they agreed to participate.

### **Interview guide.**

An interview guide consisting of a series of open-ended questions along with a demographic sheet was used to gather data. I used the interview guide to assist my questioning. The semi structured nature of the interview guide allowed me to pursue additional topics that residents deemed important.

Each interview ranged from 15-45 minutes long. I asked questions regarding social activities and social interactions both inside and outside the facility, family relationships,

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relationships with residents and staff in the facility, and overall satisfaction as far as social interaction and activity. At the beginning of each interview I collected information from each resident concerning age, gender, marital status, length of time in residence, race/ethnicity, subjective health, proximity to family, length of time resident has lived in the greater Hartford area, prior residence before entering the assisted living facility, and services received at the facility. Demographic questions were read to each participant at the beginning of the interview. All of the interviews were conducted by the researcher. Each interview was audio-taped and later transferred onto my computer in audio form. All of the interviews were transcribed and then coded using the computer program NVivo to identify emerging themes.

### **Sampling.**

I employed a purposive sample of 20 assisted living residents. Inclusion criteria included: (1) residing in the ALF at least 6 months and no more than 2 years; and (2) being mentally competent to give informed consent.

### **Participants**

Thirteen females and seven males were interviewed. They ranged from age 65 to age 93 with a median age of 74, a mean age of 75.79, and a standard deviation of 8.59. Eleven were Caucasian, eight were black and one was multi racial. Twelve had lived in the facility less than one year, and six have lived there more than a year. While most participants had lived in the area prior to relocating to the facility (n=16), several participants were new to the area (n=4). The majority (n=17) of participants have close family living in the state while several (n=3) had no family in the state.

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As far as marital status, seven are widowed, one is married, seven are divorced, and five are single. They each described their health and their responses were categorized as healthy (n=10) and not so healthy (n=10). (See Table 1)

Table 1: *Demographics of Study Participants*

		Number	Percentage
Gender	Male	7	35%
	Female	13	65%
Marital Status	Widowed	7	35%
	Married	1	5%
	Single	5	25%
	Divorced	7	35%
Race	Caucasian	11	55%
	Black	8	40%
	Multi-Race	1	5%
Health	Healthy	10	50%
	Not So Healthy	10	50%
Time in Facility (Missing Data)	More Than One Year	12	63.20%
	Less Than One Year	6	31.58%
Last Home	Community (Alone/With Spouse)	10	50%
	Community (With Adult Children)	4	20%
	Age Segregated Housing	2	10%
	Nursing Home	3	15%
	Homeless	1	5%

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### **Data Analysis**

Initial coding consisted of a very literal look at what participants said in their interviews. Similar things were coded together and then were examined in order to reduce the amount of codes and come up with the ones which best related to the research question. Some codes were joined together based on the emerging theme that both represented and some codes were thrown out based on their lack of importance to the research question.

### **Results**

Three interrelated themes emerged from the data reflecting residents' views of social interaction and social involvement within assisted living.

#### **“We All Get Along”**

Overall, residents reported that their involvement with co residents involved friendly interactions (“we all get along”). Most interactions among residents generally occurred in common areas, such as the hallway and around congregate activities, such as meals. According to most respondents, the nature of these interactions, is very different from how they conceptualize friendship.

Most respondents were very clear in distinguishing their social involvements with co residents from friendships. More specifically, they categorized their relations with co residents as acquaintanceships. While social interactions with residents are described as pleasant or nice (people are nice to each other and talk to each other), most reported that their interactions did not involve shared meaningful activities with other residents. Interactions occurred around communal meals, presence at facility-sponsored group activities, and friendly greetings in the hallways of the building. Respondents clearly distinguished these social interactions from true

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friendships because they lack shared meaningful activities. When asked about her feelings about friends in the facility, Ms. K, age 93, commented:

*“What friends?...I don’t have any friends... I just have acquaintances that you...when you come down to eat and then you don’t see them again...It’s just nothing. You know? We sit down and we eat, and everybody’s nice. You could just all say nice, there’s nothing wrong.”*

Many residents say that they do not feel that they have friendships in the facility because they do not spend time with each other in their own space such as their apartments.

Ms. L, age 74, shared an important distinction between friendship and her current relations with co residents in the following exchange:

*“I: Have you formed any friendships here, as of right now are you friendly with any of the residents?: Yes, but not so friendly as to say come up and have some coffee. First of all I don’t have any coffee, I could give them a soda. Yeah, I’ve made a few friends here.”*

Ms. N, age 85 also brought up the topic of only meeting in public places,

*“Friend...Acquaintance. Because I don’t go in there and they don’t come in here”.*

Few respondents, however, expressed a strong desire or motivation to form more permanent, intimate relationships with other residents. When asked if she had good friends at the facility or just acquaintances Ms. S, age 66 stated that: *“Well I don’t know how to answer that. Well they act friendly sometimes. So that’s all I can say.”*

A number of explanations appeared to underlie residents’ lack of interest in forming friendships with other residents. These included their limited time perspective, lack of common



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interests and background, few opportunities to form meaningful friendships, attitude that new friends are not important, and desire to avoid conflict.

Some participants reported that they did not establish friendships within the facility because they do not feel that they have time to really bond with someone. In many cases, residents acknowledge that others may not be around for long due to illness, increased disability or death. In addition, some residents themselves do not have any sense of permanence in their current living situation. Mr. P, age 77, shared that he did not consider his current living situation a permanent arrangement. When asked how he would describe the relationships that he has established with people in the facility. He stated that: *"I think it's all pretty superficial because with me, I have no sense of permanence."*

Other reasons included perceptions that they had little in common with other residents and therefore would have nothing to talk to them about or bond over. Given the many differences among the residents, one respondent reflected how it is impossible to be friends ("buddies") with everyone.

Mr. D, age 66 expresses this when he said:

*"If you meet someone somewhere that you don't know too well, but they're always pretty friendly and nice. I mean there's no uh there's no to my knowledge there's no problem, there's no people who are problem makers or uh loudmouth talkers or uh or nosy people. I think it's I would imagine when they let someone in it's uh, they try to be very selective. So I have found that it's a very good group of people to be here. You know but not everybody's the same. You can't all, you know, be like old buddies."*

Some respondents noted that those residents who attend planned activities at the facility will get to know each other while people who opt out of these activities will not.

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This was best described by Mr. H, age 84 when asked if he had made friendships with people here:

*"I would say acquaintanceships. More so than friendships. Because, there are so many um...variations of activities, now there are a couple of people here that are interested in sports, and so that becomes a sort of a friendship. Uh...when I, I don't know if your familiar with it or not, bingo is the big thing here. Ha. Ha. And uh, at these meetings people just get up in mass to go to bingo."*

However, many respondents did not participate in facility-sponsored activities or programs because they did not consider these activities as personally meaningful. For these residents, the lack of meaningful group activities limited their involvement with other residents. Social contacts around participation in a group activity feel fairly transient for some residents. Furthermore, group activities may not provide meaningful opportunities for conversations with any self disclosure. For this reason no attachments are made to other residents.

Many residents expressed the idea that if a resident left the facility it would not have an impact on their lives, but this idea was best articulated by Mr. M, age 82 when he was asked how important his relationships are with people in the facility.

*"You're asking a tough question to answer. For me it's tough. I, I like knowing the people, and being able to have somebody to talk to but it's not the utmost thing. I mean if they passed away of something I might have some remorse, but I don't think it would affect my life."*

For some, friendships are just not as important as they used to be. This can be for a lot of reasons but some residents mention that the type of conversations that are had between people in

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the facility are just too much for them. This is why they are not so concerned with being more than acquaintances with people.

Mr. H, age 84 expressed this by saying:

*“Well um, when I was younger friendships were very important to me but uh, at this stage of life it uh, I don’t feel that it’s nearly as important. And in an establishment like this, almost everybody has some sort of physical problems or quite a few people their kids don’t come see them on a regular basis or what not. And um the conversations get um, I would say depressing maybe.”*

Although many of the residents mention that they and other residents all get along, or are all nice to one another, several respondents specifically noted that they keep their emotional distance from others because they want to avoid conflicts within the facility. Ms. E, age 70 described this feeling well when she said:

*“We is here together so we need to make it the best that we can make it. That’s the way I feel about it.”*

Ms. R, age 83 also described this strategy well when she is asked how she would describe the relationships she has here:

*“Very, very nice. Very pleasant. The people here are, everybody tries to be pleasant. The only way you can get along.”*

Others mentioned a similar strategy of trying to avoid any conflict within the facility. Mr. F, age 70 talked about this exact topic when he described the relationships he had with people at the facility:

*“Generally speaking, pretty good. There are bumps and bruises here and there. Um, but most of there people are generally decent. They are. There, like I said, there’s just people*

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*here for different reasons. So you just have to pick your line, and try not to get into other people's way."*

### **Are they satisfied?**

Respondents expressed general satisfaction with the nature of their social relations with others in the facility. For example Ms. J age 71 said when asked if she had enough social interaction

*P: "Yes".*

*I: "Um so you don't feel lonely or anything?"*

*P: "Never."*

Another resident Ms. R admits that she is indeed satisfied with the amount of social interaction that she has because it is what she can handle at this point in her life.

*I: "In general how would you describe your satisfaction with the amount of social interaction you have?"*

*P: "It's about all I can handle."*

*I: "Really?"*

*P: "Yeah. I can't handle it anymore." Ms. R, age 83*

Given limitations in her health and mobility, Ms. E, age 70, expressed satisfaction with her current levels of social activity and social interaction. She states:

*"Social...I...well you know what if I were to go back and say like it was before , before I got sick and coming here. I mean I just used to be going all the time, we, you know what I'm saying? But It's not like that anymore...but I still, I think I still have as much social life, as you know, as possible."*

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While many participants expressed dissatisfaction about things, such as location of the facility, food and some staff, only two mentioned that they were dissatisfied with their level of social interaction and social involvement at the facility

Ms. K, age 93, who was generally dissatisfied with most things at the facility and especially the activities offered and opportunities for social interaction, criticized her fellow residents. The following interchange illustrates her dissatisfaction:

*I: "Are you satisfied with the amount of social interaction you have?"*

*P: "Hahaha, what do you think, haven't I told ya?"*

*I: "No? No. I have to ask you, but I know you're not."*

Her lack of social interaction with other residents is due to the nature of the people living at the facility. She notes: *It's dead here, you need more sparkle. Nothing, I mean the people don't sparkle. You need to change you guys."*

Another resident, Ms. O (age unknown), is also not satisfied with the social interaction that she has at the facility.

*I: "In general how would you describe your satisfaction with the amount of social interaction you have here?"*

*P: "You mean like doing anything?"*

*I: "Do you feel that you have enough interaction with other people?"*

*P: "No. No. No."*

Neither of the participants mentioned the reason why they are not satisfied with their social interaction since moving here. However, other residents do not share these attitudes.

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### **“Lot's To Do, But I'm Not Interested”**

While most participants reported that the facility provided a lot of activities for residents, most observed that few residents participate in these activities. Most participants also reported that they did not participate in the activities. Explanations for the low levels of participation in social activities varied.

Participants' personal reasons why they were not involved in activities cited either a lack of desire or mental and/or physical limitations. A desire or preference to not participate was expressed by a number of participants. For example, when Mr. M, age 82, was asked why others were not more involved in activities at the facility, he stated: *“I don't know, I can't really say because, uh, I'm not active at all. I don't care to be”*. While Ms. J, age 71, attributes her lack of participation to being “lazy” she is not sure where her laziness comes from, she noted: *“It appealed [the programs offered by the facility], I just got this lazy streak, I don't know where it come from. Sluggish, I live sitting here. They try to tell me that I should come out. But...”*

Others attribute their lack of participation in housing-sponsored activities to mental or physical impairments that limit their involvement. In response to being asked if he participates in any of the formal programs that are offered by the facility, such as bus trips, shopping, etc., Mr. P, age 77, stated that, *“I don't, for me personally...absolutely nothing. I'm not allowed to walk with my walker. I have to bring my wheelchair...so I'm not allowed to do anything.”* Others mentioned problems with memory that limit their participation. Mr. F, age 70, acknowledges that he restricts engaging in group activities because he has trouble maintaining mental concentration. Instead of group activities, he prefers solitary activities, such as walking or reading. In his words, he stated:

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*“And I can’t remember things and I can’t keep focused. And how much of it is me and how much is medications... For me it’s more like taking a walk once and a while. Listening and reading to talking books.”*

For others, their physical and mental limitations stand out as reasons for either giving up previous activities or not participating in group programs. For example, Mr. H, age 84, stated

*“I used to play a lot of dominoes. I don’t play much now, because I can’t um, I find it hard to concentrate. That’s why I don’t, there’s a card game that they have, I forget what the name of it is, but um I can’t concentrate that long like to remember cards and what’s been played and what hasn’t been played and what’s out. So I don’t bother much with the cards and the same way with dominoes.*

In addition to problems with concentration, Mr. H’s mobility problems keep him from participating in excursions outside the facility because he has difficulty standing or walking for periods of time. Even trips to the grocery store can be problematic. Mr. H feels lucky when he is *“fortunate enough to get one of the carts, you know the automatic carts that you ride around in.”*

Another resident, Ms. L, age 74, who has had repeated hospitalizations since moving to the facility, noted that she has not been living in the facility long enough to have time to participate.

Ms. L notes: *“I haven’t been involved because since I’ve been here I’ve been in and out of the hospital consecutively, since I’ve been here. But that was my problem.”*

Participants also noted a number of reasons why they believed that others do not participate. While two participants, Mr. I, age 71 (*Uh, there’s not. There’s nothing for people to do here*) and Ms. K, age 93 (*“No, nothing”*) felt that there was nothing to do at the facility, most disagreed. Most reported that while the facility offered many activities, most residents do not participate. However, they did not view the lack of participation as a problem since residents are

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free to decide whether or not to participate. Only one resident is upset by the lack of participation: *"It's just wonderful we just had one (a program) this morning and I thought what's the matter with people why aren't there more people going to these things"* Ms. A, age 82.

Others attributed a number of reasons why others do not attend activities. They account for residents' lack of participation as lack of interest in the type of activities offered, competing interests and activities, or the impact of mental or physical disabilities. Several interpretations of how mental and physical disabilities keep others from engaging in social activities were offered. Ms. C, age 65, mentions how some people with disabilities may be excluded because they are not "allowed" to participate. While Ms. C shared that residents can do anything that they want, she added that some residents with mental or physical impairments are excluded. In her words, she stated:

*"Well depending, depending on the mental capacity they can do any activity that they want. There are a couple of people who are not allowed to go anywhere because they physically can't. And one is very annoying and the other one is just physically incapable. And I think one more is going to get excluded uh but yes uh you can participate in anything you want."*

From these remarks, it is unclear whether these residents are excluded by management or by other residents.

Mr. D, age 66, concludes that residents exclude themselves due to disabilities. He noted:



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*“And then there’s a lot of people that don’t feel well and you can see that right away and they don’t want to be bothered. I mean they’re friendly and congenial but they don’t want to be actively socially involved, you know, with a bunch of groups.”*

Others concluded that people do not actively participate in activities within the facility because the available programs are just not of interest to them.

Mr. D. also mentioned how residential “politics” may keep some residents from participating. Noting that involvement in political situations and programs does not appeal to everyone, Mr. D noted:

*“You know I mean there’s a lot of facilities (programs) that some people just wouldn’t go to anyway. You know they don’t want to get into house politics and council meetings. And they’re all about house politics and a lot of them (Residents) just don’t want to be bothered. So many of the meetings, they’re not too well attended. And when you’re over, say someone over 80, I mean you don’t want to be political within the place you live...And I think that a lot of people are too concerned with their day to day comfort, and their own activities, you know.”*

Another reason provided why residents are not active in social activities and programs was because some residents are busy doing their own thing. According to some participants, residents who had hobbies and interests prior to moving to the facility want to spend their time in these activities following their move to the facility. Ms. B, age 75, likes to spend her time knitting (*“I tend to spend a fair amount of time knitting because my goal is to knit 200 pair mittens by the winter”*).

Mr. R mentioned a female resident who loved to knit and read. *“She lived to knit and she lives to read to kids. But it’s something she wants to do in her own time and when she’s well enough.*

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*Like it can't be a fixed schedule like they would like it to be.*" For some, solitary activities, such as reading and knitting, are their major source of satisfaction.

### **"Challenges Adjusting to Living in Assisted Living"**

As respondents described their adjustment to living in assisted living, they identified a number of issues/challenges that made their personal adjustment difficult. Residents' adjustment to living in the assisted living facility and related satisfaction seemed, in part, to be related to whether they perceived that they had a choice determining their move to the facility. Further, residents compared the degree of autonomy in their decision making to other residents' autonomy. Perceptions of choice were also mediated by residents' reasons for moving to the facility. Some residents that I interviewed felt that they had more choice than others in the decision making. They spoke about how they got to the facility and how having a choice or not having a choice impacted their willingness to be at the facility, their happiness, and their ability to make relationships in general.

Ms. O was one of the few residents who had a choice in coming here and the fact that she and her family chose it together made the decision easier on both of them. Ms. O's attitude is captured in the following exchange:

*I: "Did you choose to come here?"*

*P: "Yeah, yeah here I am..."*

*I: "Did you choose this place or did your daughter choose?"*

*P: "We all chose it. Yeah we all choose it together."*

Residents that felt that they did not have a choice in coming to the facility talked about the hard time that they had adjusting to living in assisted living when they first moved in. Ms. C, age

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65, felt “left” here without much choice. Talking about the social worker who was responsible for bring her to the facility, she stated:

*“Well I said when the girl dropped me off... and she mentioned ‘Sally did you find an apartment?’ and I said ‘Well what do you expect me to do? Get a taxi and go from town to town? And spend how much money? Are you crazy?’ So I was left here. And it impacted me a lot because I was very unhappy and I cried.”*

Many residents who felt “dumped” at the facility because they resented being placed here and even the people who decided to bring them to the facility.. One of the residents, Ms. B, age 75, expressed these feelings in great detail. As she described the circumstances behind her move, she stated:

*“I was kind of, if you’ll excuse the expression, dumped here. I didn’t have very much choice in the matter. Uh the November before my husband died I had a small stroke and I was in a convalescent home for rehab and he was coming in every day to visit me and I said honey you look so tired, take a few days off. He called me the next day to say he didn’t feel well, and I said is the stove on, because he was 80 but he did his own cooking, and he said no and so I said call 911. And that afternoon evening my brother and his wife came in, I knew that wasn’t good news when they both came. And they said that my husband had three weeks to live. He would be dead in 3 weeks. So I left rehab and went back home to be with him for the next three weeks and shortly after, I had another small stroke, meanwhile my family is thinking, now what do we do with her, and they found this place. Actually if they had just left me where I was and gotten me a little help for awhile I would have been fine. But they were going through such turmoil that they, it’s not their*

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*fault, they did the best they could. And their best they could was dumping me here. And I felt dumped here and I resented it.”*

This loss of control over their own lives made it hard for some of the residents, especially Ms. B, to adjust to the facility and find happiness here. Because she didn't want to be there she mentioned that it was hard to make friends and be social at the facility.

The challenge of adjusting to life in the facility was a very important topic and was brought up by almost all of the residents. While those who felt dumped were still unable to adjust, others feel that they have adjusted very well. Ms. C, age 65, talks about her adjustment as a necessity:

*“I’ve adjusted, I’ve had to adjust. And um there are some (people) that I don’t associate with and that’s because they’re mentally unstable. The ones that are stable I love all of them and I’m surprised now that I see other people differently. I see other people differently now.”*

Another challenge to adjusting to life in assisted living mentioned by several respondents was getting used to living with old people. As one of the youngest residents, Ms. C (65) initially had difficulty getting used to living with “old people. She talks about how in order to make the adjustment she had to cut some people out of her life and not associate with them, she also had to change her point of view on some people (She later mentions them as “old” people) who now after getting used to being here she sees differently.

Ms. C was not the only person who talked about getting used to old people as a way that they needed to adapt to living in assisted living. Mr. I, age 71, says that he:

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*“...had to learn how to change and I adapt myself to being with older, elderly people. And I think it's great... I can go anywhere and I can adopt to feel comfortable in their presence, because I learned that, I learned that here.”.*

Other residents talked about adapting to the facility as a necessity. Ms. R, age 83 talks about this and mentioned that she had to force herself to accept that she was going to be here for a long time in order to be able to adapt to the facility: *“I just settled into the routine. I had to make myself believe that this is my home.”* Ms. R was one of the few people who was able to make this adjustment and accept the permanence of her move.

Many of the residents didn't adapt to the facility very well and felt the consequences of this. One of the reasons that was mentioned for why residents were not able to adapt to the facility was the same reason that helped Ms. R adapt; a sense of permanence, or lack of it as most residents explained. Mr. I, age 71 talks about the feeling of being in this facility as a temporary thing. He states:

*“I don't want to die here. I like to participate and learn something, and share something. Share even myself and learn something so if I do, if I live long enough and get away and go out I can probably, what I learn here I can share with other people in other places. And things.”*

He is looking at this as a learning experience and he will participate but will never really accept this as his home. Another resident talks about this same sense of non permanence, but how it is preventing him from forming relationships. Mr. P, age 77 says: *“I have no sense of permanence. I don't intend to spend the rest of my life here. So everything is very casual, relationships and things.”* Some residents expressed the feeling that they really were not adapting and didn't like it at the facility. This caused many of them to come out and state that they would like to move back

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home, even if it would be more difficult for themselves and their family to take care of them there. Ms. L, age 74 talks about this by saying: *“Well I would love to move back to East Hartford. I really would, whether or not I drive or don’t drive. I’m just so much more familiar there.”*

Some of the main reasons why residents did not adapt as well as they could have was because they didn’t know what to expect upon entering the facility. This was a common theme among residents, as many of them had no idea what assisted living was or what it would be like when they moved in. This in many cases made it difficult for the residents upon arrival especially when they did not have any say in coming to the facility to start with. This shock of not knowing at all what he was getting into hit Mr. I very hard. He expresses very well what many of the other residents thought and felt upon arriving on their first day at the facility:

*“When I got out my car (and) everything on July the second I said, Shit I jumped out the frying pan and into the fire.”* He later says, *“And when I look around I think dang I’m in an old folks home.”*

Some of the residents had lived in some type of elderly housing before. Even with the experience of living in another form of elderly housing they had problems adapting because they also didn’t know what to expect. Ms. Q, age 68 felt this way when she moved from another elderly housing facility to this one. She noted:

*“I didn’t expect this facility to be like it is. When I moved here I thought I was moving from where I was to another facility just like it. Because I cooked and did everything there, so I thought that’s what this was going to be. So it’s been an adjustment.”*

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The reason that even people who had lived in an elderly housing facility before had trouble knowing what to expect is because of the fact that this facility is very unique. One resident, Mr. F, age 70, who did know what to expect upon arriving explained this to me.

*“Well, see a long time ago I did this stuff (worked in elderly housing). Um, and I may have mentioned this to you in one of the evening meetings, this is anything but a typical assisted living facility. It’s something of a hybrid. Because there’s a lot of folks here who, in other circumstances would be in nursing care facilities, with much heavier care.”*

Mr. F had experience in the elderly housing business, so he was familiar with how it worked and he knew what to expect, but he also was able to explain why others, even those from other facilities were having such a hard time with this adjustment and were so shocked when they first moved in. Some of the residents were prepared for the move by the people who decided it was best for them to be here. That, for Mr. D, age 66 was what made moving into and living in the facility such a pleasant experience. He explains:

*I: “As you think back to before you moved here, what were your expectations about what it would be like to live with other people in an assisted living facility?”*

*P: “ No I had uh a pretty good idea about what the whole situation was all about. Uh in fact my social worker that arranged the move, I mean she gave me uh a choice I mean there’s a million places accepted my application and my social worker highly recommended this one. And she showed me movies of it and gave me a complete rundown of how things function. And right next door to where I live was another, was a place just like this and I knew people from there that gave me an idea of just how a place like this functions. So I...er... everything that’s gone on here I pretty much expected. So far I haven’t gotten any surprises. Yeah I just uh, yeah I’ve been satisfied with everything.”*

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The fact that his social worker prepared him for what he was getting into made this a positive experience and helped him adapt to the facility. He was one of the few that was afforded this. Most of the residents had no idea what to expect and therefore were very shocked upon arriving.

Many of the residents had a very hard time adjusting to the facility and this may be because of the lack of preparation given to them before arrival, or the fact that the majority did not choose to come here on their own.

### **Discussion**

In contrast to assisted living industry claims that assisted living provides residents with a warm, home-like environment that encourages high levels of social engagement, there was little evidence that residents share close, personally meaningful relationships with each other or engage in meaningful planned social activities.

Relationships among the respondents are best described as involving friendly interactions which typically occur in common areas, such as the dining room at meal times and the outdoor patio. Most respondents seemed to be relatively satisfied with the casual nature of their interactions with other residents, this very simple interaction with people within the facility was important to people within the facility though. (Park et al., 2010). Focusing on social interactions in the dining room, mealtimes were enjoyed by some residents and were important for socialization and social interaction. While policy recommendations discourage assigned seating in assisted living because it limits meaningful social interactions, there was no evidence that allowing residents freedom to choose their meal time partners increased their involvement in meaningful social interaction. In fact, for some residents the lack of assigned seating was mentioned as causing anxiety.



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Overall, respondents did not participate in planned social programs at the facility. A major reason why respondents indicated that they did not participate was the lack of “meaningful” activities. While there may have been a lack of “meaningful” activities as far as the residents were concerned, there was not a lack of activities in general. In contrast to other research which established a link between higher levels of planned activities in assisted living and more social interaction among residents both within and outside of the facility (Zimmerman et al., 2003), there was no apparent linkage in the present study. Participants said that the facility offered as many activities as they could and they still did not participate.

Some residents reported that physical and/or mental impairments prevented them from participating in social activities. Previous research by Park and colleagues (Park et al., 2010) similarly noted residents often limited their own involvement in social activities because of their physical limitations.

At the same time, other residents noted that some residents were not able or allowed to participate in social activities because of their mental and physical limitations. In particular, residents expressed discomfort regarding cognitively impaired residents participating in activities. As observed by Park and colleagues (Park et al., 2010) cognitively impaired residents are not welcome in the same facility as cognitively well residents.

In the present study, residents' adjustment to living in assisted living, in part, was related to the extent to which they felt they had control over the decision. Unlike elders moving to private, upscale ALFs who are more likely to feel that they have exercised control over their decision to relocate to an ALF, low- and moderate income elders may have few, if any, options from which to choose. Those who have few, if any choices, may feel forced to move to the only option available. A number of respondents in the present study expressed frustration or

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dissatisfaction with the amount of control that they had over the decision to relocate to the facility. The importance of choice for easing the transition to assisted living is supported by the study titled *Advantage of Choice: Social Relationships and Staff Assistance in Assisted Living* by Stephanie Burge and Debra Street (2010). They found that the resident having had a choice in which facility they were moving into had an effect on how happy they were and their ability to make lasting friendships within the facility. In addition, residents who had control over their move into the assisted living facility had better relationships with other residents inside the facility. For the respondents in the present study who see their stay in assisted living as temporary, there is little motivation to establish relationships. The lack of motivation to form more meaningful relationships with co-residents was also expressed by residents who noted that they had no idea what to expect prior to relocating to the facility. Issues causing adjustment difficulties noted by respondents were the level of frailty among residents and the more institutional nature of the facility (not just another elderly housing complex).

### **Limitations**

There are some limitations to the present study. One is that all of the people that I interviewed were from one affordable assisted living facility. Another limitation is that the residents that were interviewed were all relatively new to the facility (between 6 months and 2 years). They may not, due to their adjustment time frame, represent other residents in the facility. In order to deal with this I will not attempt to generalize to all assisted living facilities, or even to all affordable assisted living facilities in CT. Though these limitations exist, I believe that keeping the number at 20 and taking them from the same facility has enough of a positive effect on the research to warrant dealing with the limitations it presents. I was able to get a more in-depth look at each participant, having a small number and having the interviews designed the

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way they are. I was also able to get a good feel for the social climate of this facility, rather than knowing a few things about a couple different facilities. In addition using the time frame that I did for inclusion criteria I was able to interview residents who remembered their transition into the facility but were not actively transitioning.

### **Implications**

The implications of the present study are important in efforts to improve the quality of elderly resident's social interactions in affordable assisted living. Future research can look into social interaction and social activity within private upscale assisted living facilities. It would be interesting to see if these patients feel differently about their social interaction with others and the amount of activities that they participate in. An additional look into the reasons why residents enter assisted living facilities in general would give a more cohesive look into the aspect of choice in relation to friendships and activity within the facility.

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## **Residents' Perceptions of Social Interaction and Social Activity in an Affordable Assisted Living Facility**

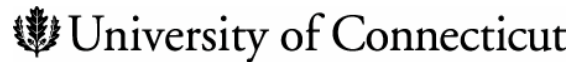
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# **Residents' Perceptions of Social Interaction and Social Activity in an Affordable Assisted Living Facility**

## **Appendix A**

### **Consent Form for Participation in a Research Study**



**Principal Investigator:** Nancy Sheehan

**Student Researcher:** Elena Garcia

**Study Title:** Social Activity and Social Interactions: Residents' Perceptions of Life in Assisted Living

#### Introduction

You are invited to participate in a research study to look at the importance of different types of social relationships to residents who have recently moved into an assisted living facility.

#### Why is this study being done?

This study is being done to better understand the types of social relationships (family, friends, employees of the facility) that exist in assisted living facilities along with how satisfied residents are with their amount of social interaction.

#### What are the study procedures? What will I be asked to do?

You will be asked to participate in an interview. You will be asked questions about your social relationships and how those relationships have changed after entering into an assisted living facility. The interview will take about 45 minutes and will take place where you feel most comfortable. After the interview you will not be contacted again.

#### What other options are there?

If you want to participate and do not feel comfortable doing the interview then you will be able to be given a list of the questions to complete on your own.

#### What are the risks or inconveniences of the study?

We believe that there are no known risks associated with participating in this study; however, a possible inconvenience may be the time it takes to do the interview or complete the questions.

#### What are the benefits of the study?

## **Residents' Perceptions of Social Interaction and Social Activity in an Affordable Assisted Living Facility**

You may not benefit directly from this research; however, we hope that your participation in this study may provide benefits to the large group of people wanting to move into assisted living. Your answers will help us to understand the world of social relationships in assisted living and help employees to understand how to make moving into assisted living a more smooth and enjoyable transition.

### Will I receive payment for participation? Are there costs to participate?

There will be no payment for participation. There will also be no costs associated with participating.

### How will my personal information be protected?

Your name or personal identifiers will not be attached to your responses or interview. Your answers will be tape recorded and will be transcribed. The audiotapes of the interview will be kept until the student researcher's thesis is completed and then will be destroyed. The principle investigator and the student researcher will be the only ones with access to the interviews. Paper copies and tapes will be locked in a portable safe and information on the computer will be password protected.

You should also know that the UConn Institutional Review Board (IRB) and the Office of Research Compliance may inspect study records as part of its auditing program, but these reviews will only focus on the researchers and not on your responses or involvement. The IRB is a group of people who review research studies to protect the rights and welfare of research participants.

### Can I stop being in the study and what are my rights?

You do not have to be in this study if you do not want to. If you agree to be in the study, but later change your mind, you may drop out at any time. There are no penalties or consequences of any kind if you decide that you do not want to participate.

You do not have to answer any questions that you do not want to answer.

You will be notified of all significant new findings during the course of the study that may affect your willingness to continue.

### Who do I contact if I have questions about the study?

Take as long as you like before you make a decision. We will be happy to answer any question you have about this study. If you have further questions about this project or if you have a research-related problem, you may contact the principal investigator, (Nancy Sheehan (860)-486-4043) or the student researcher, (Elena Garcia (203)-213-0507). If you have any questions concerning your rights as a research subject, you may contact the University of Connecticut Institutional Review Board (IRB) at 860-486-8802.

## **Residents' Perceptions of Social Interaction and Social Activity in an Affordable Assisted Living Facility**

### **Documentation of Consent:**

I have read this form and decided that I will participate in the project described above. Its general purposes, the particulars of involvement and possible hazards and inconveniences have been explained to my satisfaction. I understand that I can withdraw at any time. My signature also indicates that I have received a copy of this consent form.

\_\_\_\_\_  
Participant Signature:

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Person  
Obtaining Consent

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Date:



# **Residents' Perceptions of Social Interaction and Social Activity in an Affordable Assisted Living Facility**

## **Appendix B Interview Guide**

### **Social Activity and Social Interactions: Residents' Perceptions of Life in Assisted Living**

#### **Demographic Questions**

What is your age?

What is your gender? Male or Female?

What is your marital status? Married, Divorced, Widowed, Single, or Living with a partner?

What is your race/ethnicity?

How would you consider your health to be?

How long have you been a resident here?

How long have you lived in the greater Hartford area?

How close is this facility to your family?

Where was your prior residence before entering the assisted living facility?

What services are you receiving at the facility?

#### **Interview Questions**

1. As you think about social activities and social interactions in The Retreat, what do you think management could do to help new residents as they transition into the social life here? [Was there anything that was particularly helpful or difficult when you moved into this facility?]
2. Based on your experiences living here, how would you describe opportunities for residents to be involved in social activities here? Outside social activities?
3. How would you describe the relationships that you have established with people here?

## **Residents' Perceptions of Social Interaction and Social Activity in an Affordable Assisted Living Facility**

{Probe: Neighbors/residents and staff members. How important are your relationships with people here?

4. How has moving here impacted the frequency of your interactions with old friends?

5. As you think back to before you moved here, what were your expectations about what it would be like to live with other people in an assisted living facility?

6. How would you describe your current experiences living with the other people here?

7. How would you describe your relationship with your family since you have moved here? [Probe: Do you feel that you see them frequently enough?]

8. In general, how would you describe your satisfaction with the amount of social interaction in that you have? The quality of social interaction?

{Probe: Here at the assisted living facility and with family/outside of the assisted living facility}

9. What, if anything, do you think can be done to improve the overall level of social activity and social interaction here?