LATITUDE OF CHOICE AMONG THE INSTITUTIONALIZED ELDERLY: RESIDENT AND STAFF PERCEPTIONS.

by

(BRENDA) GAIL JANG

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Department of Nursing

The University of British Columbia
Vancouver, Canada

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Abstract

The establishment of intermediate care facilities in British Columbia, as well as the establishment of similar facilities throughout the rest of Canada, was and still is a well-intentioned approach to meet the long term care needs of the elderly. The practices and procedures adopted by long term care facilities, however, tend to inhibit the personal autonomy of residents (Thomasma, 1985). Specifically, a facility's practices and procedures tend to inhibit residents' latitude of choice regarding daily living activities. Residents' latitude of choice may also be lessened when nurses implement well-intentioned helping interventions based on their own motivations and goals, rather than those of elderly residents. Latitude of choice measures the extent to which an individual's perceived degree of choice includes activities of importance to him/her.

At present, there is limited research addressing both resident and staff perceptions regarding the autonomy (freedom of choice) of residents, particularly in relation to their daily activities. Accordingly, this study's purpose was to determine the institutionalized elderly residents' and their caregivers' perceptions of residents' latitude of choice regarding activities of daily living. From determining these specific staff and resident perceptions, significant differences were isolated.

This study was conducted in two intermediate care facilities located in a large city within the province of B.C. The data collection instruments in this study included selected

questions from Hulicka et al.'s (1975) revised Importance, Locus and Range of Activities Checklist, as well as a demographic data sheet developed by the researcher. Forty-five intermediate care 1 residents and forty-five nurses (Registered Nurses, Licensed Practical Nurses and Nurses' Aides) completed the study questionnaire and the demographic data sheet.

The researcher studied the residents' and staff's responses to the Importance, Locus and Range of Activities Checklist by using non-parametric techniques for statistical analysis. The researcher used these techniques to determine the existence and location of differences in perceptions among the residents and staff.

Significant differences exist in residents' and staff's perceptions when each group's importance ratings are combined with choice ratings. Isolation of the above importance and choice components for individual analyses indicate that the residents and staff had significantly different response patterns regarding a) the importance residents attach to daily living activities and b) the degree of choice residents associate with daily living activities.

The above findings indicated that residents' latitude of choice may not be realized to a greater extent if the staff do not attach a degree of importance to a particular activity(ies) similar to that attached by the residents. Residents' latitude of choice may not be recognized to a greater extent if staff do not perceive that residents associate "some" or "no choice" with an activity of particular importance to them.

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Chapter One

Introduction

Background to the Problem

With the statistical projections of an increasingly aging population in Canada, this group is becoming the object of increasing attention (Thomasma, 1985). Indeed, if the elderly are individuals age 65 and over, this group will comprise 27% of the Canadian population by the year 2031 (Hall, 1987). The most recent census data from Statistics Canada (1987) indicates that individuals over age 65 constitute 10.7% of the total population. Of this elderly population, 10% are institutionalized. Moreover, of the elderly who were 75 years and older, 17% are institutionalized (Statistics Canada, 1987).

Intermediate care facilities represent one of five levels of institutional long term care in British Columbia. This study focussed on long term care for institutionalized elderly residents as it is practiced in intermediate care facilities. The adjective "intermediate" refers to the level or amount of institutional care residents receive. This level is in contrast to "personal care", representing the lowest level of institutional care, and to "extended care", representing a relatively heavy level of care (Kane and Kane, 1985).

Institutionalization is one means through which Canada's elderly population can receive long term care. Despite the number of institutionalized elderly, institutionalization is not

necessarily the sole option for the elderly who presently or in the future will require long term care. Many elderly individuals can be assisted to live in their own homes or with relatives. Nonetheless, it is certain that long term care institutions will continue to operate in Canada because "... institutional care for some individuals may be the most appropriate and cost-effective option" (Forbes, Jackson and Kraus, 1987, p. xi). Moreover the demand for long term care is such that, according to a study conducted by the Canadian Medical Association (1987), an additional 138,000 long term care beds will be needed in Canada by the year 2000. It seems likely, then, that long term care will figure centrally in the lives of the elderly into the twenty-first century.

Although the term "institutionalization" within the context of care of elderly individuals may refer to any number of levels of long term care, it is often used in reference to intermediate care facilities (or "nursing homes") providing long term care. Within these facilities, long term care refers to practices and procedures that are "generally intended to provide 24 hour accommodation, food services and various degrees of care and treatment" (Forbes, Jackson and Klaus, 1987, p. xi). Moreover, the overall emphasis is to "... meet physical, social and personal needs of (elderly) individuals whose functional capacities are chronically impaired or at risk of impairment" (Ontario Hospital Association, 1980, p. 1).

The establishment of intermediate care facilities in B.C., as well as the establishment of similar facilities throughout the rest of Canada, was and still is a well-intentioned approach to meet the long term care needs of the elderly. The practices and procedures of long term care as described above, however, tend to inhibit the personal autonomy of residents (Thomasma, 1985). There are two reasons for this situation. First, long term care within institutions is frequently administered in a standardized environment. Meal times are efficiently structured so that all residents are served their meals at regular times, recreational programs are conducted to meet residents' social and sensory needs, visiting hours are established, and so forth. Presumably, institutional programs are invariably developed and conducted in accordance with what the institution's staff and/or administration perceive to be the residents' best interests. However, constraints due to the number of staff, and the limited time that staff have to spend with residents may affect how the institution's programs are conducted. With such constraints frequently existing in long term care facilities, there is often diminished opportunity for caregivers to enhance the autonomy of residents.

Second, the problem of maintaining elderly residents' autonomy in long term care settings is intensified by the reality that many residents have marked physical disability and/or chronic illness (Eustis, Greenburg and Pallen, 1984). Often the elderly become dependent on the caregiver (e.g. the

nurse) for accomplishing activities of daily living that the elderly themselves cannot complete. There is the potential danger that dependency on the caregiver will extend to choices in daily activities that the elderly are capable of making themselves. Maintaining the client's autonomy when the client's energy level is low and dependency is great can be a considerable challenge to caregivers (Ryden, 1985).

Compounding this challenge is the application of the moral principle of beneficence. This principle directs the caregiver "to promote and protect the best interests of the patient by seeking the greater balance of good over harm in treatment and care" (Hofland, 1988, p. 4). Because it is often the caregiver who defines the patient's best interests, this principle tends to be applied in a strongly paternalistic manner. Consequently, caregivers often adopt a paternalistic, maintenance approach which purports to meet the needs of the elderly residents (Emery, 1989). Hence, the autonomy of the elderly resident is often undermined by the well-intended acts of the caregiver. Indeed, the elderly resident may also contribute to the inhibition of autonomy by acquiescing to the caregiver's determination of the elderly's best interests.

Whereas the principle of beneficence is quintessential in acute care settings, "the principle of beneficence is less powerful in long term care and requires much greater concern for and consideration of autonomy" (Hofland, 1988, p. 4). Although a number of caregivers in long term care acknowledge that the

elderly are entitled to the maximum amount of autonomy and dignity, caregivers' efforts to enhance the elderly's autonomy often are based more on their own perspective rather than on the elderly client's perspective.

Autonomy in this study refers to "... the freedom to manage the short range ad hoc aspects of life, the mundane realities that measure self-determination on a day-to-day basis" (Collopy, 1988, p. 10). Autonomy occurs when an individual has freedom of choice over "ad hoc aspects of life" that are important to him/her. As a value that upholds an individual's right to make self-directed choices, freedom of choice is a prominent value among institutionalized elderly. "Latitude of choice", on the other hand, is a concept reflecting the extent, as perceived by an individual, to which freedom of choice is realized. An individual can determine this perceived extent by the degree of importance and the degree of choice he/she attaches to, for example, activities of daily living.

It should be noted that within the context of an individual's freedom of choice, the "autonomous person is not a lone, isolated, atomistic agent making decisions without ties to other people, social institutions, and traditions of thought and action" (Collopy, 1988, p. 10). Furthermore, a person having freedom of choice is not omnipotent or wholly unaffected by outside influence or constraint. Rather, such a person, as characterized by the institutionalized elderly residents in this study, believes that he/she has freedom of choice, as

exemplified by the latitude of choice he/she has regarding activities of daily living.

However, elderly residents' latitude of choice regarding daily living activities tend to be inhibited as a result of the practices and procedures adopted by long term care facilities. Residents' latitude of choice may also be lessened when nurses implement well-intentioned helping interventions based on their own motivations and goals, rather than those of elderly residents. This can be a problematic situation for residents if these "helping" interventions supersede the choices desired by residents. The extent of choice over activities important to residents is essential toward meeting their needs for achievement and self-esteem.

Statement of the Problem

Entry into a long term care facility often exposes the elderly to a reduction in latitude of choice regarding activities of their daily living. Frequently, such activities become regulated by the facility and are determined by the nurses who provide or assist with care. Furthermore,

> precisely when care is (meant to be) beneficent, intrusions upon autonomy can go unchecked, unscrutinized, even unobserved behind the curtain of good intentions. Helping interventions are often judged by the motivations and goals of the helpers, not by the preferences and life projects of others (Collopy, 1988, p. 10).

When a nurse's helping interventions are primarily based upon his/her perceptions of what is "best" for a resident, the latter's latitude of choice is at risk. If in planning his/her interventions, the nurse does not take into account the resident's perceptions, the interventions may impede the resident's choice over activities of daily living that are of importance to him/her.

Purpose of the Study

The purpose of this study was to determine the institutionalized elderly residents' and their caregivers' perceptions of residents' latitude of choice regarding activities of daily living. From determining these specific staff and resident perceptions regarding activities of daily living, significant discrepancies were isolated.

Research Questions

Given that this study primarily addresses the components of latitude of choice, the following questions were addressed in this study:

i) To what extent are specific activities of daily living important to elderly residents?

ii) To what extent do the staff view specific activities of daily living as being important to elderly residents?

iii) Are there significant differences, between staff and resident perceptions, regarding the importance residents attach to specific activities of daily living?

iv) Are there significant differences between resident and staff perceptions regarding residents' perceived level of choice over these activities?

Foundation of the Study

The studies of Hulicka et al. (1975) and Morganti et al. (1980) provided the foundation for this research. The concept of latitude of choice as developed by Hulicka et al. (1975) is a primary concept in this study. Additionally, Morganti et al.'s study, which is an expansion of Hulicka's (1975) work, adopts the perspective of resident and staff perceptions. This study replicates a portion of Morganti et al.'s study. Specifically, this study adopted Morganti et al.'s questions regarding resident and staff ratings of the importance and choice that residents associate with daily living activities.

There are differences, however, between their study and this one. The foremost difference is that Morganti et al.'s (1980) study focussed not only on comparing resident and staff perceptions of a resident's latitude of choice regarding daily living activities, but also on the relationship of resident's latitude of choice scores to two measures of well-being (i.e.

self-concept and life satisfaction scores). This present study focusses primarily on the components comprising latitude of choice, that is, the importance and the degree of choice that residents attach to specific activities of daily living, as perceived by both residents and staff.

Other differences between this study and Morganti et al.'s (1980) warrant mention. The conceptual framework which guides this present study contains two elements distinct from the framework of Morganti et al.'s (1980) study. Specifically, the conceptual framework of the present study relates the concept of latitude of choice to the concept of freedom of choice, a relationship not found in Morganti et al.'s (1980) study. Secondly, both these concepts are developed in the framework within the context of the U.B.C. Model for Nursing (1980), particularly with respect to the ego-valuative subsystem (need for self-esteem) and achieving subsystem (need for achievement). These two concepts are of particular significance to residents of a long term care environment. Their needs for achievement and self-esteem frequently may go unnoticed by caregivers in institutions where policies and procedures often determine a large extent of the elderly's daily activities. For their part, caregivers must act in accordance with standardized procedures, procedures which invariably may not recognize and/or include opportunities for assisting residents in meeting their needs for achievement and self-esteem. The U.B.C. Model, therefore, helped the researcher in formulating an appropriate

foundation for this study's conceptual framework. As such, this context is distinct from that of Morganti et al.'s (1980) study.

Despite the differences in the conceptual frameworks, this study is similar to Morganti et al.'s (1980) study in respect to the nature of the study setting and the study sample. Like Morganti et al.'s (1980) study, this study setting consists of long term care facilities, and the study sample consists of elderly residents within these facilities. These are not exact similarities, however. Whereas the above study included American long term care facilities, this study includes exclusively Canadian long term care facilities. Moreover, Morganti et al.'s (1980) study setting was an American veterans' administration domiciliary. This domiciliary is more similar to a community dwelling rather than an institutional dwelling, in that residents of the former have access to the total community, and by and large are not restricted by institutional schedules (Morganti et al., 1980). In this present study, however, Canadian intermediate care facilities were used as the study setting. Such facilities are invariably institutional by nature, where residents are subject to institutional programs and schedules. Furthermore, unlike Morganti et al. (1980) who included exclusively male subjects in their study, this present study will include both male and female subjects.

An additional methodological difference is that the above study included Hulicka et al.'s (1975) original version of the Importance, Locus and Range of Activities Checklist in its

entirety, whereas this study includes selected questions from the revised version of this checklist.

This study's setting is thus distinct from Morganti et al.'s (1980) American study settings. There is no known study, conducted in either British Columbia or the rest of Canada, similar to this present study. The results from this study would then reflect a Canadian perspective, specifically a British Columbian perspective, hitherto unexplored.

Definition of Terms

Freedom of choice: A concept representing "... the freedom to choose goals, and to relate means to goals" (Thomasma, 1984, p. 908). Freedom of choice can be measured by latitude of choice.

Latitude of choice: A measure representing the extent to which the elderly perceive that they can make choices regarding specific activities, activities that are important to them and that offer a degree of choice. Latitude of choice will be measured in this study through administration of Hulicka, Morganti and Cataldo's (1975) revised Importance, Locus and Range of Activities Checklist. Selected items from the checklist will be used to assess perceived latitude of choice regarding the selection or timing of activities of daily living.

Activities of daily living: Activities of the elderly within an intermediate care facility which include dressing, eating,

grooming, solitary activities, one-to-one activities and group activities. Included in this definition is the environment in which the activities take place.

Institutionalized elderly: Males and females age 65 years and over who reside in an intermediate care facility.

Caregivers: Staff comprised of Registered Nurses, Licensed Practical Nurses or Nurses Aides who provide daily professional care and/or supervision as well as moderate assistance with daily living to institutionalized elderly residents.

Intermediate Care Facility: A facility that "recognizes the person who is independently mobile with or without mechanical aides, requires moderate assistance with the activities of daily living, and who requires daily professional care and/or supervision" (Long Term Care Program: Policy Number: 3.2.3, 1983, p. 1).

Perception: "A mental image of a place, person, object or event, interpreted in light of one's own experiences" (King, 1971).

Assumptions

These are the assumptions of this study:

(1) Both elderly residents and nurses are cognizant of what they perceive and will respond to the research questionnaire truthfully.

(2) Both elderly residents and nurses will be able to distinguish between importance and range of choice regarding activities of daily living.

(3) Selected questions from the revised Importance, Locus and Range of Activities Checklist (Hulicka et al., 1975) will retain the validity and reliability of the original measurement tool.

Limitations

This study has the following limitations:

(1) the use of a convenience sample consisting of nurses and institutionalized elderly residents from two intermediate care facilities

(2) the inclusion of individuals who are English speaking and oriented to person, place and time

(3) the administration of selected questions from the revised Importance, Locus and Range of Activities Checklist (Hulicka et al., 1975) which thus may not fully represent latitude of choice regarding activities of daily living

(4) the revised measurement tool not having been retested for validity and reliability

(5) data collected from study subjects representing their perceptions at a particular point in time

Significance of the Study

The knowledge generated from this study can provide nurses with a basis upon which to plan meaningful interventions towards preserving the autonomy of institutionalized elderly residents. Nurses have the opportunity to foster the residents' latitude of choice to the fullest extent possible which can result in the enhancement of the residents' subjective sense of freedom of choice. Development and maintenance of a broad latitude of choice is inherent in the value "respect for the right of choice held by clients" as stated in the Canadian Nurses Association (CNA) Code of Ethics (1985). Furthermore, the Canadian nursing profession's mandate to preserve client autonomy is expressed in the CNA's Code of Ethics standards:

> Illness or other factors may compromise the client's capacity for self-direction. Nurses have a continuing obligation to value autonomy in such clients, for example, by creatively providing them with opportunities for choices, within their capabilities, thereby aiding them to maintain or regain some degree of autonomy (Canadian Nurses Association, 1985, p. 5).

Hence, the significance of this study can be expressed in terms of nurses' professional mandate towards preserving client autonomy. A resident who is meeting the need for achievement

and self-esteem is better able to maintain or regain a degree of autonomy, and psychological well-being (Schwartz, 1974). Cognizant of this relationship, the researcher is attempting through this study to determine the extent to which long term care residents have opportunities for choices, choices enabling them to meet their need for achievement and self-esteem.

When striving to assist residents in meeting these basic human needs, nurses are in fact creating opportunities for choices which enhance residents' degree of autonomy. Results of this study can provide nurses with a basis for assessing an elderly resident's feelings of achievement and self-esteem. Fulfillment of these two basic human needs is largely determined by a client's degree of choice over activities of particular importance to him/her. Results of this study also can provide nurses with an awareness of their impact upon a resident's latitude of choice and, by extension, feelings of achievement and self-esteem.

Conceptual Framework

Definitions of Freedom of Choice and Latitude of Choice

Concepts central to this thesis are those of freedom of choice and latitude of choice. Freedom of choice refers to "... the freedom to choose goals, and to relate means to goals" (Thomasma, 1984, p. 908). This type of freedom is derived from an individual's subjective perception, a perception based upon

his/her belief that he/she has choice over activity(ies) of particular importance to him/her.

Latitude of choice measures the extent to which an individual's perceived degree of choice includes activities of importance. In viewing latitude of choice in terms of choice and importance, Hulicka et al. (1975) suggest that:

> Free choice on an activity (perceived) to be important would contribute more to perceived latitude of choice than to free choice on an activity (perceived) to be less important; and conversely no or limited choice on an activity (perceived) to be important would represent a greater restriction on perceived latitude of choice than if the activity were (perceived) to be unimportant (p. 29).

The above conception of latitude of choice concurs with that of Perlmuter, Monty and Chan (1986) in their writings on control and aging. Indeed, a considerable portion of the psychosocial research focuses on aspects of autonomy with respect to the institutionalized elderly, but usually under the rubric of "control" (Hofland, 1988). Perlmuter et al. (1986) appear to be writing under this rubric and their conception of increasing perception of control strongly parallels the characteristic of latitude of choice. Perlmuter et al. (1986) argue that, "... neither the explicit awarding of the opportunity for choice nor the mere exercise of choice is sufficient to strengthen the perception of control" (p. 115). Rather, the choice must be perceived to be meaningful for the

individual, that is, it must be perceived to be moderately desirable or important (Perlmuter et al. 1986). Latitude of choice expressed in these terms includes not only the availability of choice but also choices that are meaningful, i.e. important, to the individual. Both of these attributes of choice are largely determined by an individual's subjective perception of reality.

Hence, an individual's perceived degree of choice, and the importance he/she attaches to his/her choices, culminate to produce his/her latitude of choice. This latitude can represent the extent to which elderly residents perceive they can make choices on activities of daily living that are important to them and that offer a degree of choice. Moreover, latitude of choice can be a basis from which an elderly resident can determine his/her freedom of choice. The resident's freedom of choice represents choice over activities of specific importance to her/him; activities that are within the resident's latitude of choice.

Furthermore, the nurse can view the above definitions of latitude of choice and freedom of choice within a context derived from the U.B.C. Model for Nursing (1980). According to this model, an individual is a behavioural system comprised of nine subsystems. Each subsystem is responsible for meeting a basic human need. For the purpose of this study, the focus will be on the resident's achieving and ego-valuative subsystems.

The achieving subsystem has the goal of feelings of and satisfaction with accomplishments. The ego-valuative subsystem has the goal of self-esteem. For the purpose of this study, the goals of these two subsystems will be viewed as basic human needs central to the context of this conceptual framework. The resident's need for achievement and self-esteem is the most directly affected by one's perceived latitude of choice and resultant perceptions of freedom of choice; however, other basic human needs may also be affected. Because of the interdependent relationship between basic human needs, the effect of perceived latitude of choice and freedom of choice on the above two human needs may result in repercussions for other human needs.

Latitude/Freedom of Choice and the Need for Achievement

It is germane for the nurse to view latitude of choice within the context of the client's need for achievement. By helping the client to develop and use suitable coping behaviours to meet his/her need for achievement, the nurse is, in effect, assisting the client to act on his/her choices. By providing the client with opportunities to make choices and take action(s) on them, the nurse can foster coping behaviours that the client can adopt in order to exploit these choices. Inversely, the coping behaviours themselves can create more possible choices for the client. When the nurse promotes suitable coping behaviours and allows latitude of choice, he/she is creating "opportunities for residents to make choices and to take actions

that will enhance their sense of mastery" both over the environment and the events that affect him/her (Gerontological Nursing Association, 1987, p.9). With opportunities to make choices and take action on choices as well as to develop suitable coping behaviours, the client can better adjust to declining health and/or abilities as well as adjust to a long term care environment.

Latitude/Freedom of Choice and the Need for Self-esteem

Just as a client's latitude of choice is within the context of meeting the need for achievement, so too is a client's freedom of choice within the context of approaching self-esteem in the ego-valuative subsystem. As previously mentioned, the client's freedom of choice represents choice over activities of specific importance to him/her, activities that are encompassed by latitude of choice. Similarly, the need for achievement, although only one of a number of basic human needs, nonetheless invariably has a direct effect upon an individual's self-esteem (Schwartz, 1974). Because, by definition in the U.B.C. Model (1980), the achieving subsystem and the ego-valuative subsystem (self-esteem) are two of nine interdependent subsystems, and because latitude of choice is directly related to the need for achievement, it follows that latitude of choice and freedom of choice are interdependent as well. By helping the client to extend his/her latitude of choice towards realizing freedom of

choice, the nurse is assisting the client to meet the need for achievement, as well as the need for self-esteem.

A resident's goal of freedom of choice within an institutional environment is perceived (by the writer) to be a reflection of the need for self-esteem. An elderly resident's perceived freedom of choice is largely contingent upon the respect he/she receives from others, (i.e. nurses), particularly in regard to the resident's choices in activities of daily living. Secondly, the elderly resident's perceived freedom of choice enhances his/her feelings of respect for self. Hence, the elderly resident's realization of freedom of choice will invariably contribute to his/her realization of self-esteem.

Nursing Care and the Relationship Between Latitude of Choice and Freedom of Choice

How does the relationship between latitude of choice and freedom of choice assist the nurse in caring for elderly residents? If the nurse allows latitude of choice so that residents can experience freedom of choice, the aforementioned relationship stipulates that the nurse provides opportunities for the client to develop coping behaviours toward meeting the need for achievement. Moreover, the resident who develops such coping behaviours enlarges his/her repertoire of coping behaviours to the extent that he/she is better able to create more choices regarding activities of daily living. With such coping behaviours, the resident has the potential for greater

self-esteem; these coping behaviours allow the residents to augment his/her latitude of choice toward experiencing freedom of choice. As previously mentioned, freedom of choice, combined with respect of significant others and respect for self, will invariably contribute to the enhancement of an individual's self-esteem. In other words, the resident's realization of freedom of choice and latitude of choice are indicators of an individual's sense of achievement and feelings of self-esteem, basic human needs that are otherwise difficult for the nurse to directly observe.

In fostering the development and use of the above coping behaviours, the nurse should determine the client's perceptions of freedom of choice (for example, regarding activities of daily living). By being aware of residents' perceptions of what constitutes freedom of choice, the nurse can better assist residents with developing and using coping behaviours toward that end.

The nurse, however, is unable to directly observe the elderly resident's perceptions as only the resident can. Instead the nurse must use alternate means to determine the elderly resident's perceptions of freedom of choice. By directing questions to residents regarding their latitude of choice over activities of daily living, the nurse may gain an impression of the resident's freedom of choice-related perceptions.

The nurse would then collect information from elderly residents in regard to (a) the degree of importance of an activity of daily living (an activity that is meaningful for the resident) and (b) the perceived degree of choice regarding the particular activity of daily living. Such data would assist the nurse in determining what activities are meaningful to the elderly client and in determining the extent of a force (e.g. the degree of choice available to residents) upon a resident's activities of daily living. Combining such data on importance and choice would provide the nurse with a tangible measure (perceived latitude of choice) of the elderly resident's perceived freedom of choice regarding activities of daily living.

Chapter Two

Review of Related Literature

The literature review is comprised of five sections, each with theory and/or research components. Section one reviews literature pertaining to autonomy and aging. Section two reviews literature regarding freedom of choice (autonomy) within the long term care facility environment. Section three reviews literature pertaining to freedom of choice and psychological well-being of elderly residents in a long term care facility. Section four reviews literature directed at elderly residents' perceived latitude of choice regarding daily living activities. Section five reviews literature relating to staff and resident perceptions of institutionalized elderly residents' latitude of choice regarding activities of daily living. The study problem, purpose and the foundation for the study are presented following the literature review. Additionally, the terms used in the study are defined, and the study's assumptions and limitations are outlined.

Autonomy and Aging

In western societies, freedom of choice is a value held to be integral to human functioning. For the elderly in particular, freedom of choice becomes increasingly germane to their lives as they feel the effects of aging (Hofland, 1988). Freedom of choice as defined earlier refers to "the freedom to

choose goals, and to relate means to goals" (Thomasma, 1984, p.908). This type of freedom is usually enjoyed by adults in the conduct of their daily lives. Thomasma (1984) in defining freedom of choice indicates that this type of freedom is closely related to "... the freedom from obstacles to carry out ones's desires ... and the freedom to know one's options" (p. 908). Furthermore, Thomasma (1984) views freedom of choice as being contingent upon the "freedom to act".

The elderly often experience reductions in freedom of choice for a variety of reasons. Such reasons include physical disabilities, mandatory retirement and residential moves from self-contained households to relatives' households or to long term care facilities (Rowe and Kahn, 1987).

Goldman (1971) relates reduced autonomy associated with aging to loss of behavioural choice. Behavioural choice subject to such loss is associated with physiological and social aging. Goldman (1971) concludes that physiological aging occurs when there are restrictions on choice (regarding physiological activity), which "... represent aging only when (the loss of choice) is irreversible" (Goldman, 1971, p. 158).

Alternatively, Goldman (1971) views social aging in terms of an aging individual's restricted choices regarding social activities. Goldman (1971) identifies cultural and environmental factors as well as internal factors (physiological and psychological) which contribute to an individual's reduced choice in social activity. He further states that this

reduction of choice reflects aging only if this reduction is irreversible. This irreversibility is due to the individual's inability to take corrective actions against the aforementioned factors that contribute to the loss of social choices. Hence, "loss of choice or the things which a person (is able to) do is the most significant measure of aging, whether social or physiological" (Goldman, 1971, p. 158).

Freedom of Choice and the Long Term Care Facility Environment

Despite any loss of choice associated with aging, Proshansky, Ittelson and Rivlin (1976) argue that there is a general need for humans to maximize behavioural options, so that they can maximize their freedom of choice in given situations. In this regard, Proshansky et al. (1976) view an individual's perceived freedom of choice as a critical determinant of his/her behaviour in relation to his/her physical environment. Moreover, Proshansky et al. (1976) suggest that, "in any new setting or where a familiar setting changes, the person will in some implicit fashion reorganize his relationship to the physical environment so that his freedom of choice is maximized" (p. 172). Hence, particularly within a new environment, man experiences the need to maximize his/her freedom of choice.

A long term care facility is often, at least initially, a new environment for most residents. It is likely, then, that the elderly will experience the need to maximize their freedom of choice because of the facility's relatively unfamiliar nature

(due to its physical and organizational structures). Elderly residents will invariably make adjustments, implicitly at least, to their new environment in order to maximize their freedom of choice; this freedom arguably being of high value to elderly residents. Indeed, in a 1989 study conducted by a multidisciplinary team of researchers, nursing home residents' problems appeared to be centered on maintaining freedom of choice over activities of daily living in the nursing home environment (Kolata, 1989).

Even after the initial relocation period to a long term care facility, elderly residents often will continue to experience the need to maximize their autonomy (freedom of choice). By virtue of its organizational and physical structure, the long term care facility "...is the almost exclusive environment for many residents, and has the potential to exert a powerful influence on perceived [autonomy]" (Ryden, 1985 p.363).

Ryden (1985) conducted a study exploring aspects of the "nursing home" (long term care facility) environment in terms of interpersonal, organizational and physical aspects relating to residents' autonomy.

The study sample was selected from four proprietary nursing homes in the Minneapolis area. The sample included 113 residents, 137 caregivers (registered nurses, licensed practical nurses, nurses' assistants), and 10 administrative personnel.

The study findings indicated that nurses constitute the dominant interpersonal aspect of the long term care facility environment, an aspect affecting the climate for residents' autonomy (freedom of choice). Specifically, study results indicated that nurses perceive themselves as the major decision-makers regarding residents' dressing, eating, grooming and toileting. Nurses' responses also indicated that they perceive themselves engaging in joint decision-making with residents regarding client ambulation and group activities. With residents' one-to-one and solitary activities however, nurses perceive residents as the decision-makers. Nonetheless, even with these two types of activities, nurses' mean scores indicated nurses' input rather than independent determination (freedom of choice) by residents.

The above study results emphasize that nurses are major forces within the residents' long term care environment, forces that can greatly influence the residents' autonomy (freedom of choice) regarding activities of daily living.

Aspects of the organizational environment found to (positively) affect residents' autonomy include mechanisms such as a Resident's Council, membership on facility committees, and resident participation in care planning. Such mechanisms can enable residents to exercise their rights within the facility.

The study findings also indicated characteristics of the physical environment relevant to residents' autonomy (freedom of choice). Limited amount of personal space is one example of the

major challenges affecting autonomous functioning of residents with wheelchairs or walkers, or residents with visual problems.

Although the generalizability of this study's findings is limited due to the selection of only the most competent nursing home residents, the study's findings do indicate that "a significant aspect of a climate for autonomy is the atmosphere created by the interactions of staff with residents" (Ryden, 1985, p. 368). As the predominant caregivers in the elderly resident's immediate interpersonal environment, nurses have the opportunity to influence both the resident's latitude of choice and his/her subjective perspective of freedom of choice.

Freedom of Choice and Psychological Well-being in the Institutionalized Elderly

Given that an elderly resident's freedom of choice is undermined, to varying extents, by the effects of aging and residing in the long term care environment, it is hardly surprising that the psychological well-being of a resident is invariably undermined by such loss of autonomy (freedom of choice).

Saup's (1986) study on the lack of resident autonomy in old age homes indicated that losses of behavioral options are largely due to "uncontrollability of physical and social features of the old-age home environment" (p.32).

Saup (1986) further concluded that the elderly residents' loss of autonomy (due to standardization of room furniture, no

possession of house key for inhabitants, meal times at fixed times, etc.) appeared to be a prime source of the residents' subjective stress. Saup (1986) suggests that "the actual uncontrollability of the old-age environment is experienced as a stressful loss of autonomy by [residents]" (p.34). Study results indicated that residents' mean stress scores parallel an increase in lack of autonomy.

Saup (1986) organized residents' perceived sources of stress by classifying identified sources thematically and noting their frequency of occurrence. Certain stress-related aspects were most noticeable: "most prominent were a reduction of privacy (66%) and the institutional control upon the resident's life style through [regulating the start of the day] (49%) and of the daily routine in its entirety (43%)" (Saup, 1986, p. 31).

Saup's (1986) study results clearly indicate the stress induced by elderly residents' reduced autonomy. Indeed, the results of this study concur with those of other studies indicating a relationship between autonomy-reducing aspects of long term care institutions and residents' decreased psychological well-being (Wolk and Telleen, 1976; Phillips and Wright, 1980; Pohl and Fuller, 1980). Many authors have noted that restrictions on personal autonomy have a probable negative impact on an individual's psychological well-being. In his book, Why Survive ? Being Old in America, Butler (1975) argues that cumulative losses of behavioural options may culminate in dependency, anxiety and depression among the elderly.

Additionally, a number of researchers studying residents' autonomy in long term care settings suggest that restrictions in freedom of choice contribute negatively to morale (Elias, Phillips and Wright, 1980; Pohl and Fuller, 1980).

Conversely, residents' higher degree of freedom of choice within the nursing home setting has been positively correlated with psychological well-being (Hulicka, Morganti and Cataldo, 1975; Morganti, Hulicka and Nehrke, 1980). The above correlation is consistent with other psychosocial research indicating personal autonomy as enhancing psychological well-being. There is a considerable body of such research focussing on aspects of autonomy (freedom of choice), albeit usually under the rubric of "control" (Hofland, 1988).

Particularly notable within this body of research are the intervention studies. They were directed at analyzing the effects of increasing the elderly residents' control or independence over activities of daily living. In Langer and Rodin's (1976) study, elderly residents were encouraged to make a greater number of choices and to exercise more control over activities of daily living. Immediately after the intervention was terminated, and during the study follow-up 18 months later, Rodin and Langer (1977) reported that the experimental group of 47 subjects reported feeling happier and more alert than the control group of 43 subjects who were encouraged to have staff care for them and meet their needs. Additionally, physicians' evaluations of residents' medical records during the 18 month

follow-up indicated that the experimental group had significantly improved in their health as compared to the residents who were in the comparison group.

The above studies were built upon by Avorn and Langer (1982) who contrasted control-enhancing interventions with control-reducing experimental interventions. The researchers carried out these interventions by involving nursing home residents in the completion of a simple jigsaw puzzle. Avorn and Langer (1982) concluded that the dependence in the elderly can be augmented inadvertently by nursing home staff performing helping activities for residents, which, in turn, may reduce the resident's ability to carry out the task(s). Nurses' acts of assistance that exceed the resident's clinical requirements may impart a message to the resident that he/she is incapable of performing the task. The study's findings indicate that residents' perceived lack of control has negative effects on their psychological well-being. Conversely, the study's findings indicate that residents' perceived control positively corresponds with their psychological well-being.

The results from the controlled intervention studies support the conclusion that increased opportunity for control and personal efficiency can positively affect nursing home residents' psychological well-being.

Institutionalized Elderly Residents' Perceived Latitude of Choice

The above authors and researchers have focussed on research directed toward determining the psychological outcomes of having freedom of choice. There is limited research, however, concerning elderly residents' perceived freedom of choice over activities of daily living. There is also correspondingly limited research on the importance elderly residents attach to making choices over such activities. Accordingly, Hulicka, Morganti and Cataldo (1975) conducted a study to assess the institutionalized elderly's perceived latitude of choice regarding activities of daily living.

Hulicka et al. (1975) designed the Importance, Locus and Range of Activities Checklist to assess elderly residents' perceived latitude of choice. The researchers also used a "life satisfaction" scale and a "self-concept" scale in an effort to measure the relationship between perceived latitude of choice and psychological well-being. The checklist and the scales were administered to 25 noninstitutionalized elderly females and 25 institutionalized elderly females. Results of the study indicated that, "institutionalized respondents, living in a relatively restricted environment, earned significantly lower latitude of choice scores than did noninstitutionalized elderly" (Hulicka et al., 1975, p. 27). Moreover, there were significant correlations between latitude of choice scores (L.O.C. scores) and self-concept scores between the two subject groups. There

was a product moment correlation of 0.62 ($p < 0.01$) between L.O.C. scores and self-concept scores combined. This correlation suggests that elderly females with higher perceived L.O.C. scores also tend to have high self-evaluations. This correlation applies more strongly to institutionalized subjects ($r=0.60$, $p > 0.01$) than for noninstitutionalized subjects ($r=0.29$, $p < 0.05$).

Life satisfaction scores also varied directly with L.O.C. scores ($r=0.42$, $p < 0.01$). However, when the scores of the two groups were tested in isolation from each other, the correlations between life satisfaction scores and L.O.C. scores within each group were not significant.

Resident and Staff Perceptions of Institutionalized Elderly Residents' Latitude of Choice

Morganti, Nehrke and Hulicka (1980) used the same methodology as Hulicka et al. (1975) but extended the study population to include staff. Hence, their study addressed both resident and staff perceptions of the residents' latitude of choice over activities of daily living. The study population came from a Veteran's Administration Centre (V.A.C.) and included 99 institutionalized males selected equally from three age groups (50-59, 60-69, 70-79), as well as 100 staff selected from the various service areas of the V.A.C. Both staff and residents were asked to complete Hulicka et al.'s (1975) Importance, Locus and Range of Activities Checklist. Staff were

asked to respond to the questionnaire by estimating how a typical resident might respond. The study results indicated that "in comparing staff attributed and resident perceived latitude of choice significant patterns were found. Examination of response patterns to the specifically listed activities of daily living also revealed significant staff-resident differences" (Morganti et al., 1980, p. 367). Moreover, these perceptual discrepancies suggest that there is a potential danger to the elderly residents' freedom of choice if the staff misperceive the importance the elderly attach to having choice over a given activity(ies).

A subsequent study conducted by Smith and Olson (1984) compared staff and resident perceptions regarding the residents' recreational activities in a residential care facility. Study results indicated considerable congruence between staff and residents' perceptions in terms of the residents' specific leisure interests. There were discrepant staff-resident perceptions, however, with regard to broader issues related to recreational planning within the facility.

The above findings regarding resident-staff perceptual differences suggest there is potential danger of developing institutional programs or policies based primarily on the staff's notions of what activities are or are not important to residents. In cases such as the above, differences in perceptions are important to note insofar as the elderly

residents' perceptions of importance/choice of activities may be eclipsed by the perception(s) held by the staff.

Summary

Societies within western civilization hold freedom of choice as a value of particular significance. The literature reflects the reduction in freedom of choice as a result of the effects of aging. With the onset of physiological and social aging, the individual has a corresponding loss of behavioral choices. An elderly individual may also experience loss of behavioral choices upon becoming a resident of a long term care institution.

There is limited research regarding elderly residents' perceived freedom of choice, particularly in relation to activities of daily living. There is also limited research regarding staff and resident perceptions of the residents' latitude of choice. Discrepant perceptions between the two groups may pose a potential danger to the long term care environment, insofar as one group's perception (e.g. the staff's) may overshadow that of the other. Consequently, the staff's perception, no matter how well-intentioned, may or may not encompass the following resident perceptions: (a) the importance the residents attach to choices of daily living and (b) the importance the residents attach to the right to make choices regarding specific activities.

Should these perceptions not be encompassed, the staff may unwittingly contribute to the resident's lack of autonomy. The uncontrollability of the old-age environment can be experienced by the residents as a stressful loss of autonomy. Nurses, on the other hand, are in a pivotal position to reduce such stress, because they constitute a dominant aspect in the resident's immediate interpersonal environment. Accordingly, nurses have the opportunity to influence both the resident's latitude of choice and subjective perspective of freedom of choice.

Hence, it is appropriate for nurses to conduct research that will contribute to the enhancement of residents' autonomy (freedom of choice). Research on both resident and staff perceptions regarding the autonomy (freedom of choice) of elderly residents should provide nurses with information that they can use in enhancing such autonomy. As it is, the limited amount of research cannot adequately address the issue of resident autonomy in a manner useful to the nursing profession. Accordingly, this study addressed resident and staff perceptions of the resident's latitude of choice regarding activities of daily living.

Chapter Three

Methodology

This chapter provides a description of the methodology used to conduct this study. Accordingly, the study's design, setting, sample, instrumentation, ethical considerations, data collection and analysis procedures are presented.

Design

A descriptive survey design was used in comparing resident versus staff perceptions of residents' perceived importance and degree of choice regarding activities of daily living (Brink and Wood, 1978). Demographic data from the nurses (registered nurses, licensed practical nurses, nurses aides) and residents were also collected for descriptive purposes.

Setting

The setting for this study was two intermediate care facilities, one located in Vancouver B.C. and the other located in Burnaby B.C. These facilities were built in 1974. They are owned and operated by a non-profit society. There are 152 residents in each facility. Of these residents, 64 are intermediate care level 1 residents in the Vancouver facility and 68 are intermediate care level 1 in the Burnaby facility. There are 40 staff members, comprised of full time, part time and casual nurses employed by each facility. There is also a

Director of Nursing within each facility. There is also one Administrator and one Assistant Administrator who oversee both facilities.

Sample

Because probability sampling could be used, the researcher determined this study's sample size by considering the number and type of study variables to be measured. To ensure sufficient data for analysis, at least five observations (subjects) for each category of each variable is necessary (Brink and Wood, 1978). This study has two variables, namely choice and importance, each divided into three categories of ordinal data that pertain to two groups of subjects (staff and residents). Since both variables each require three categories, and each category needs at least five subjects, it was then necessary that there be at least 45 subjects in each group (3 x 3 x 5). Ideally, the staff sample will have a mix of Registered Nurses (professional staff) and Licensed Practical Nurses and Nurse's Aides (non-professional staff) that reflect the staffing ratios recommended in the Long Term Care Non-Profit Facility Staffing Guidelines (1979), guidelines to which the study facilities adhere. Based upon these guidelines, the ratio of professional staff to non-professional staff is 5:19 for every 100 residents within a 24 hour period. Based upon this ratio, a sample size of 45 staff ideally should include at least 9 professional staff and 36 non-professional staff.

The following criteria must be met by residents for eligibility in this study: (1) able to speak, read and write English; (2) age 65 years or older; (3) oriented to person, place, and time; (4) assessed as intermediate care level 1 by a long term care (LTC) assessor of the province's LTC program; (5) have resided in the intermediate care facility for at least six months.

Criterion #4 refers to the residents who are (generally) independently mobile with or without mechanical aids, but require some health supervision and assistance with activities of daily living. Additionally, such individuals need a protective housing environment as well as social/recreational program(s) (Kane and Kane, 1985).

Criterion #5 is included because the initial adjustment phase of relocation is noted by Rosswurm (1983) and Stein, Linn and Stein (1986) to be a major factor influencing perception in the first six months of institutionalization.

In order for a nurse to be eligible for participation in this study, she/he must meet the following criteria: (1) has the position of either a Registered Nurse, Licensed Practical Nurse or Nurses' Aide, (2) provides nursing care to intermediate care 1 residents and (3) is able to speak, read and write English.

Instrumentation

The data collection instruments in this study included selected questions from Hulicka et al.'s (1975) revised

Importance, Locus and Range of Activities Checklist, as well as a demographic data sheet developed by the researcher.

Importance, Locus and Range of Activities Checklist (Revised Version)

Hulicka et al.'s (1975) revised version of their checklist "is designed to allow for a more profound measure of latitude of choice and to increase its applicability for different categories of respondents" (P. 37). In this revised design, new items have been added to the scale to determine potential contributors to perceived latitude of choice among persons in various age groups and life circumstances.

In addition to these items, Hulicka et al. (1975) included the essential content of the original instrument in the revised instrument, because this content provided "a valid estimate of perceived latitude of choice (among institutionalized elderly) with respect to activities of daily living" (p. 37). The essential content of the original instrument was maintained in a condensed form in the revised instrument because "essentially the same information was obtained from two items" in the original instrument (Hulicka et al., 1975, p. 37). As a result of such revisions, 25 items from the original scale were retained in the revised scale.

For the purpose of this study, 20 of these 25 items were administered to elderly residents. Five items were not included because they are not applicable to intermediate care settings

and/or they do not clearly meet this study's definition of activities of daily living.

Despite the revisions in Hulicka et al.'s (1975) Importance, Locus and Range of Activities Checklist, the intent for administering it remains the same as that of the original instrument: "to assess an individual's perception of his own latitude of choice or personal autonomy with respect to activities of daily living" (p. 28). Latitude of choice is a derived score based jointly on perceived degree of importance regarding a daily activity and perceived degree of choice available for that activity.

The original Importance, Locus and Range of Activities Checklist is comprised of 37 statements. As in this original instrument, statements in the revised instrument generally address the "... selection or timing of activities and the selection of associates or surroundings" (Hulicka et al., 1975, p.29). Similarly, subjects completing the revised instrument are to rate each activity with regard to the personal importance and the level of choice available to them with each listed activity (Morganti et al., 1980, p. 369). Perceived importance is rated by using one of the following rating responses: very important, somewhat important and unimportant. Choice-related responses include free choice, some choice and no choice. Responses for the importance dimension were scored as follows: very important=3; somewhat important=2; unimportant=1. Choice responses were scored as: free choice=3, some choice=2; no

choice=1". A latitude of choice score for each activity is formed by multiplying the scores of choices and importance with each other. "The resultant latitude of choice scores can range from a value of nine for the pairing of very important and free choice, indicating high degree of personal autonomy, to a score of one for very important and no choice, reflecting a low degree of personal autonomy" (Morganti et al., 1980, p. 369).

As with the original instrument, there are two forms of the revised instrument. There is one for residents and one for staff (Appendix A, B). The two forms are identical except for the required perspective of the staff when completing the checklist. That is, the staff's perceptions should be based upon how an elderly resident might typically respond to the importance and choice dimensions of the checklist.

Hulicka et al. (1975) report two validity checks for the original version of the Importance, Locus and Range of Activities Checklist. A preliminary measure for validity involved 10 young men in the armed services and a group of 20 peers in an educational setting. Although Hulicka et al.(1975) report this small sample size, the military group's latitude of choice scores were significantly lower than those of the non-military group. These results suggest that the scale provides a valid measure of latitude of choice. Moreover, data collected from Hulicka et al.'s (1975) study indicate that institutionalized elderly females have lower latitude of choice scales than non-institutionalized elderly females. This data

also suggests that the Importance, Locus and Range of Activities Checklist provides a valid estimate of latitude of choice regarding activities of daily living. Finally, Hulicka et al. (1975) assessed this instrument's test-retest reliability by administering it to a sample of 36 college students and re-administering it a week later. Test-retest reliability was moderate, Hulicka et al. (1975) report 0.84 for the latitude of choice scores.

The reliability and validity have not been evaluated in the revised instrument; however, as alluded to earlier, this instrument has maintained the essential content of the original instrument. One may expect, therefore, the revised instrument to have similar levels of reliability and validity to that of the original instrument.

Demographic Data Sheet

To describe the two study samples the researcher developed demographic data sheets to collect information. The data sheet regarding the residents indicated their age, sex, marital status, previous residence and duration of stay in the institution. The data sheet pertaining to nurses who participate in the study included their nursing education background, years of nursing experience, and length of time working in the study setting as well as in similar institutions (Appendix C, D).

Ethics and Human Rights

Prior to conducting this study, the researcher obtained approval for this study from the University of British Columbia Behavioural Sciences Screening Committee for ethical review. Approval was also obtained from the two intermediate care facilities where the study was conducted.

So that they could make an informed consent, residents of the institution were provided with a verbal explanation of the purpose of the study as well as a letter of information regarding the study (Appendix E). Nurses also received a similar letter (Appendix F). There was a statement in the study letters that if the study questionnaire was completed and returned, it would be assumed that consent had been given. Residents' or nurses' refusal to participate in the study was respected by the researcher. Residents' were informed that non-participation in the study would in no way affect their medical or nursing care. Furthermore, staff were also informed that non-participation in the study would in no way affect their status as employees.

The research subject's right to confidentiality was maintained by the use of code numbers in place of names on the questionnaire. During data analysis, data was group analyzed so that individuals would not be recognized by their responses.

Data Collection Procedures

Data collection proceeded in the following manner. The researcher met with the Director of Nursing from each intermediate care facility so that both directors could identify potential subjects (residents) for the researcher. With a list of potential subjects from each facility, the researcher made a random selection of 23 subjects from one facility and 22 subjects from the other. After having identified 45 subjects, the researcher met with residents individually to explain the purpose of the study. If the resident was interested in participating in the study, the researcher then reviewed with the resident the contents of the study information letter. After receiving this explanation, residents were asked to complete the study questionnaire at the present time, or at a later prearranged time convenient for the resident. The researcher provided residents with instructions for completing the questionnaire at that time.

The residents completed the questionnaire and demographic data sheet within available areas of the institution, areas where the resident believed she/he had a considerable measure of privacy and comfort.

After authorizing the researcher's memo to the staff regarding the study, the two Directors of Nursing sent this memo to the nursing units within the two facilities. Upon reading the memo, the nurses were met by the researcher at pre-arranged times so that the researcher could explain the study and

encourage staff participation. For nurses not able to attend these meetings, the researcher met with these staff at pre-arranged times convenient to them.

While meeting with nursing staff, the researcher provided the study information letter. The researcher then reviewed the contents of this letter with the staff. Staff members interested in the study were asked to complete the questionnaire by a prescribed date and then to place it into a designated box within the nursing unit. The researcher provided instructions for completing questionnaires when issuing them to nursing staff participants.

All participants were given two weeks to complete the questionnaires and return them to the designated boxes. Upon the end of the period, the researcher retrieved the questionnaires from the two boxes.

Data Analysis

The researcher used cross-tabulations of the data in order to reveal relations between variables, and to arrange the data into a convenient structure for statistical analysis (Brink and Wood, 1978). The variables identified in the study purpose were used to cross-tabulate the data. Accordingly, three cross-tabulations were used to examine each specific activity of daily living: (1) perceived levels of importance cross-tabulated with resident and staff perceptions; (2) perceived levels of choice cross-tabulated with resident and staff perceptions; (3)

perceived levels of importance and levels of choice cross-tabulated with resident and staff perceptions.

The researcher used "majority opinion" criteria whereby the study questionnaire item should have a minimum of a 50% response by either residents or staff (Morganti et al., 1980). If the item has met this criteria, it can be rated as being "very important" or "unimportant" and/or as having "free choice" or "no choice". Having determined the ratings, the researcher obtained a general indication of activities considered by residents and staff to be "very important" or "unimportant" and activities associated with "free choice" or "no choice".

In addition to the above analysis, the researcher also used chi-square analysis "...to determine the significance of differences between two independent groups" (Siegel and Castellan, 1988). Specifically, chi-square analysis was used to determine significant differences in staff and resident perceptions regarding the aforementioned cross-tabulated variables and specific activities of daily living. With chi-square analysis, "the differences found are related to differences among all the categories of the first variable and all the categories of the second variable" (Burns and Grove, 1987, p. 490).

The above analysis, however, cannot identify particular differences among variables and categories of variables, that is, differences in response patterns. Accordingly, the researcher also used approximate partitioning of chi-square to

examine any differences between residents' and staff's response patterns regarding the 20 questionnaire items. Approximate partitioning was used to determine the existence and location of differences in perceptions among the residents and the staff (Halperin et al., 1976). Additionally, staff and resident demographic data are presented in the form of descriptive statistics.

Chapter Four

Presentation of Findings

This chapter is divided into three sections. The first section describes the two groups comprising the study sample. The second section presents the findings pertaining to the four study questions. The third section provides an analysis of the study findings.

Description of the Study Sample

The study subjects included 45 intermediate care level 1 residents and 45 nursing staff (Registered Nurses, Licensed Practical Nurses and Nurses' Aides) from two intermediate care facilities.

Residents

Age and Sex

The resident group consisted of 7 men (15.6%) and 38 women (84.4%). The residents' ages ranged from 65 years to 98 years with a mean age of 81.18 years (see Table I).

Marital Status

The marital status of the residents included 7 (15.6%) who were single, 1 (2.2%) who was married, 4 (8.9%) who were divorced and 33 (73.3%) who were widowed.

Table I

Resident's Age

Age (years)	f	Percent
65-69	3	6.7
70-74	6	13.3
75-79	13	28.9
80-84	8	17.8
85-89	8	17.8
90-94	5	11.1
95-99	2	4.4
Total	45	100

Previous Residence

Prior to residing in the intermediate care facility, 16 residents (35.6%) had lived alone in their own houses, 22 (48.9%) had lived alone in an apartment and 5 (11.1%) had lived in a house or apartment with a spouse or other family member. Only one resident (2.2%) had been hospitalized prior to residing in the intermediate care facility.

Length of Stay in the Intermediate Care Facility

Residents' length of stay in the facility ranged from 6 months to 11 years (see Table II). The residents' mean length

of stay was 2.8 years with a standard deviation of 2.4 years and a median of 2.0 years.

Table II

Length of Institutionalization

Year	f	Percent
0-1.5	16	35.6
1.5-3.0	17	37.8
3.0-4.5	4	8.9
4.5-6.0	4	8.9
6.0-7.5	2	4.4
7.5-9.0	0	0
9.0-10.5	1	2.2
10.5-12.0	1	2.2
Total	45	100

The resident group in this study sample predominantly consisted of female and widowed residents. The majority of residents had lived alone in their own apartments prior to living alone in the intermediate care facility. Most of the residents had lived in the facility for at least six months but less than three years.

Nurses

Of the nursing staff who participated in this study, 15 (33.3%) were Registered Nurses, 6 (13.3%) were Licensed Practical Nurses and 24 (53.3%) were Nurses' Aides. These study participants had an average of 17.78 years employment in nursing, ranging from 2.0 years to 45 years employment with a median of 17 years and a mode of 17.5 years. Participants' average length of employment in long term care settings was 11.62 years, ranging from 2 years to 30 years with a median of 11 years and a mode of 15 years. The participants' average length of employment in the study setting was 9.33 years, ranging from 1 year to 16 years with a median of 10 years and a mode of 14.5 years.

The staff in this study was comprised of nurses with one of the above three levels of nursing education. This study included 15 professional staff (Registered Nurses) and 30 non-professional staff (Nurses' Aides and Licensed Practical Nurses). The study's sample size exceeded the staffing ratios recommended in the Long Term Care Non-Profit Facility Staffing Guidelines (1979). The nurses in this study had worked in long term care settings for several years. These nurses' perceptions of what constitutes long term care nursing therefore, in all likelihood, are largely reflections of their relatively extensive work experience in these settings.

Findings

Data are presented on the importance that residents and staff attached to the residents' daily living activities, as well as on the choice both groups respectively associated with these activities. Staff perceptions were based upon how important the activity is perceived to be to the typical intermediate care level I resident and how much choice the resident has with respect to the activity. Data are also presented regarding similarities and differences in resident and staff perceptions of the aforementioned variables.

As discussed under "Data Analysis" in Chapter 3: Methodology, the data were first analyzed by using "majority opinion" criteria. This criteria was used to obtain a general indication of activities that residents and staff perceive to be important or unimportant, as well as activities associated with free choice or no choice. Of the 20 items in the study questionnaire, 16 items were rated as "very important" by a minimum of 50% of the residents. In particular, "personal privacy", "personal possessions" and "when to go out" (items 15, 16 and 19) were rated as very important by more than 70% of the residents. In contrast, the majority of staff viewed 11 items as being "very important" to residents. The following items, "when and where to see visitors", "having someone to confide in", "personal privacy", "personal possessions" and "who to live with" (items 5, 14, 15, 16, 17) were rated as "very important"

by more than 70% of the staff. There was concurrence among the staff's and residents' ratings of items 1, 9, 10, 12, 14, 15, 16, 17, and 19 (see Table III).

The daily living activities associated with "free choice", as selected by a minimum of 50% of the residents and staff, are depicted in Table IV. The concurrence in staff and resident majority opinion regarding level of choice was somewhat stronger than staff and resident concurrence on the importance rating. There was concurrence among the residents' and staff's responses of "free choice" regarding the following 10 items: #5, 7, 8, 9, 10, 11, 12, 14, 19, 20. The majority of the residents indicated "free choice" for four additional items (#3, 13, 15, and 18). The staff indicated "free choice" for one additional item (#6) (see Table IV).

The majority of residents indicated "no choice" for the items "when to take a bath" and "who to live with" (#4 and 17). There was concurrence in resident and staff responses of "no choice" for item 2, "what time to eat meals" (see Table V).

The study data were also analyzed to determine any statistically significant differences in resident and staff ratings, that is, differences regarding the perceived importance and choice each group associated with individual questionnaire items. Accordingly, a chi-square test was run at a significance level of .01 using a two (resident and staff) by nine (the three choice and three importance combinations) design.

Table III

Daily Living Activities Rated as Being Very Important By a Majority of Residents, Staff and Residents and Staff Combined

Item No.	Item	Items Rated as "Very Important" Residents	Staff	Residents and Staff
1	What is served at meals			x
2	What time to eat meals		x	
4	When to take a bath	x		
5	When and where to see visitors		x	
7	How to spend leisure time	x		
8	With whom to spend leisure time	x		
9	Who to have for friends			x
10	What clothes to wear			x
11	Pursuing hobbies or activities	x		
12	How to spend your money			x
13	Whether to offer suggestions	x		
14	Having someone to confide in			x
15	Personal privacy			x
16	Personal possessions			x
17	Who to live with			x
18	Color of walls, etc.	x		
19	When to go out			x
20	Whether to participate in group activities	x		

Table IV

Daily Living Activities Associated With Free Choice By a Majority of Residents, Staff and Residents and Staff Combined

Item No.	Item	Items Associated With "Free Choice" Residents	Staff	Residents and Staff
3	What time to get up and to go to bed	x		
5	When and where to see visitors and friends			x
6	What T.V. programs to watch		x	
7	How to spend leisure time			x
8	With whom to spend leisure time			x
9	Who to have for friends			x
10	What clothes to wear			x
11	Pursuing hobbies or activities			x
12	How to spend your money			x
13	Whether to offer suggestions	x		
14	Having someone to confide in			x
15	Personal privacy	x		
18	Color of walls, etc.	x		
19	When to go out			x
20	Whether to participate in group activities			x

Table V

Daily Living Activities Associated With No Choice By a Majority of Residents, Staff and Residents and Staff Combined

Item No.	Item	Items Associated With "No Choice" Residents	Staff	Residents and Staff
2	What time to eat meals			x
4	When to take a bath	x		
17	Who to live with	x		

The chi-square analyses revealed 14 of the 20 questionnaire items as having significant differences. Chi-square analyses were not significant for the following six items: when to take a bath, how to spend leisure time, with whom to spend leisure time, who to have for friends, how to spend (one's) money, what personal possessions to have.

The researcher also used the statistical method of approximate partitioning for complex contingency tables developed by Halperin, Nehrke, Hulicka and Morganti (1976). This method was used to determine significant differences between residents' and staff's response patterns regarding the questionnaire items, that is,items that had significant chi-square tests. Specifically, the above form of analysis allowed the researcher to examine each item with respect to resident-staff differences on both importance "collapsed" over the three choice categories, and on choice "collapsed" over the

three importance categories. The former form of collapsing allowed for specific, more exclusive examinations of the differences between residents' and staff's response patterns among the three importance categories. The latter form of collapsing allowed for specific examinations of the differences between residents' and staff's response patterns for the three choice categories. The researcher used a stringent probability level ($p < .01$) to compensate for the increased probability of significant results, that is, results that may occur because of the separate analysis of each questionnaire item (Morganti et al., 1980).

Approximate partitioning is intended for the analysis of items that have a significant chi-square test. Accordingly, the researcher used the technique to analyze response pattern differences (between residents and staff) regarding the 14 questionnaire items having significant chi-square tests. All of the fourteen items in which approximate partitioning was used had significant differences in residents' and staff's response patterns. These items indicate strong evidence of discrepancies between resident and staff perceptions of the importance and/or choice associated with the residents' daily living activities. Of these items, six items in particular (# 2, 5, 6, 13, 17, 20) indicated a relatively wide gap of perception between residents and staff.

With item 2, "what time to eat meals", the collapsing of choice over importance indicated significant differences between

staff and resident perceptions regarding importance: 53% of the staff and 29% of the residents perceived item 2 as "very important". In contrast, 49% of the residents as compared to 9% of the staff viewed the item as "not important". When importance was collapsed over choice, there were no significant differences in residents' and staff's perceived level of choice regarding item 2.

With item 5, "when and where to see visitors and friends", the collapsing of choice over importance indicated significant differences between resident and staff perceptions of importance. A larger number of staff (73%) than residents (33%) perceived the item to be "very important". In contrast, a larger number of the residents (44%) as compared to the staff (9%) perceived the item as "not important". When importance was collapsed over choice, the researcher found no significant differences between residents' and staff's perceived level of choice regarding item 5.

With item 6, "what T.V. programs to watch", the collapsing of choice over importance indicated that the majority of staff (67%) perceived the item as "somewhat important", whereas a large proportion of residents' responses were divided between "very important" (40%) and "not important" (42%). When importance was collapsed over choice, there were also significant differences found with regard to residents' and staff's perceived level of choice. A larger number of staff (57%) than residents (31%) associated the item with "free

choice". In contrast, a larger number of residents (38%) than staff (8%) associated the item with "no choice".

With item 13, "whether to offer suggestions about how things should be done", the collapsing of choice over importance indicated that there were significant differences regarding residents' and staff's perceived importance. The most notable difference was between the residents' and staff's ratings of "very important" and "somewhat important". More than half the number of staff (58%) responded in the "somewhat important" category whereas more than half the residents (53%) responded to the "very important" category. When importance was collapsed over choice, there were also significant differences found between the residents' and staff's perceived level of choice. A larger number of residents (71%) than staff (40%) associated the item with "free choice", whereas a larger number of staff (53%) than residents (22%) associated the item with "some choice".

Although item 17 "who to live with" had a significant chi-square analysis, there were no significant differences regarding perceived importance when choice was collapsed over importance. There were, however, significant differences in residents' and staff's perceived level of choice. The greatest differences were between staff's and residents' ratings of "free choice" and "no choice". Slightly more than half the staff (51%) associated the item with "some choice", whereas 73% of the residents associated the item with "no choice".

With item 20, "whether to participate in organized group activities (games, sports, educational meeting ecetera)", the collapsing of choice over importance indicated that slightly more than half the residents (58%) perceived the item as "very important". The majority of the remaining residents perceived the item as "not important". In contrast to the residents, almost half the staff (49%) viewed the item as "somewhat important" and the majority of the remaining staff perceived the item as "very important". When importance was collapsed over choice, there were no significant differences found between residents' and staff's perceived level of choice regarding the above item.

Summary

In this chapter, the researcher has presented the data obtained from 45 intermediate care 1 residents and 45 nursing staff (Registered Nurses, Licensed Practical Nurses and Nurses' Aides) from two intermediate care facilities. Most of the residents were female and widowed. The majority of the residents had lived in the facility at least six months but less than three years. The majority of nursing staff possessed a depth of experience in nursing, particularly in long term care settings.

Majority opinion ratings of item importance and item choice indicated similarities and differences between the residents' and staff's perceptions. The above ratings indicated that a

minimum of 50% of the residents rated 16 of the 20 questionnaire items (daily living activities) as being "very important". In contrast to the residents' ratings of the items, the staff perceived 11 of the questionnaire items as being "very important" to the residents.

There was concurrence in residents' and staff's responses of "very important" for nine items. The residents and staff also concurred on the level of choice associated with ten of the questionnaire items. The residents indicated "free choice" for four additional items and "no choice" for three items. The staff indicated "no choice" for one item.

The chi-square analyses revealed that 14 of the 20 questionnaire items indicated significant differences between the residents' and staff's perceptions.

Approximate partitioning indicated significant differences in residents' and staff's response patterns for the fourteen questionnaire items with significant chi-square analyses.

A discussion of the above findings is presented in the following chapter.

Chapter Five

Discussion of Findings

This study's research findings will be discussed in three sections. Section 1 will address the daily living activities that the residents perceived as being "very important", as well as the activities that the staff perceived as being "very important" to the residents. The researcher will also discuss the findings regarding the choice that residents and staff associated with residents' daily living activities.

In the second section, the researcher will address the significant differences in resident and staff perceptions regarding (i) the importance residents attach to specific daily living activities and (ii) the perceived level of choice residents associate with the activities.

The third section contains a discussion of this study's conceptual framework in terms of its utility toward identifying the residents' latitude of choice and freedom of choice, as well as in assessing the residents' needs for achievement and self-esteem. The discussion further includes an interpretation of this study's findings, with the conceptual framework as the basis for this interpretation. Within the context of the conceptual framework, the researcher will also make inferences from the study findings for the assessment of the residents' needs for achievement and self-esteem.

Although this study replicates a portion of Morganti et al.'s (1980) study, the present study findings will not be compared with those of Morganti et al's (1980) for the following three reasons. First, the present study included a majority of females whereas Morganti et al.'s (1980) study included solely males. Second, the present study is predominantly, if not entirely, comprised of civilians, whereas Morganti et al.'s (1980) study included only veterans. Third, the present study was conducted in two Canadian long term care facilities which tend to be institutional in nature and design, whereas Morganti et al.'s (1980) study was conducted in an American veterans' domiliciary. This domiliciary is more similar to a community dwelling rather than an institutional dwelling, in that residents of the former have access to the total community, and by and large are not restricted by institutional schedules (Morganti et al., 1980).

Findings Regarding Importance and Choice

The importance and choice that residents attach to the daily living activities (in the study questionnaire) provide an indication of the residents' latitude of choice. As mentioned earlier, latitude of choice includes not only choices that are available but also choices that are meaningful to the individual.

This study's data indicate that, of the daily living activities listed in the study questionnaire, the residents

perceived most of the activities as being "very important". In particular, majority opinion ratings of item importance indicated that residents percieved 16 items (80%) of the daily living activities listed in the questionnaire as being "very important". Although majority opinion ratings provide only a general indication of item importance, these ratings do signify that residents perceived items concerning the selection and timing of daily living activities, the selection of associates, and the selection of surroundings as being of particular significance to them.

In contrast, the majority opinion ratings indicate that the staff viewed 11 items (55%) of the questionnaire items as being "very important" to the residents. The residents may have rated a higher number of items as important because the residents are the "best judge" of their own perceptions, and therefore are in a better position than the staff to determine what is important to themselves as residents. The staff, on the other hand, is not wholly privy to such knowledge in making their selections. Further, the staff rated the study questionnaire items in relation to the "typical intermediate care 1 resident" rather than in relation to the specific residents who participated in this study. The discrepancy between the number of items rated as being "very important" (11 items as opposed to 16) by staff and by residents can be attributed to two factors. The staff may have chosen only 11 items because they represent either activities common to every person in their daily existence (for

example, who to have for friends), or the items represent daily living activities in which the staff have direct involvement with the residents.

The latter factor identified above may largely account for the staff's perceptions. Indeed, a study by Kahana and Koe (1969) indicated that whereas the institutionalized elderly resident had "well-differentiated self-conceptualizations" based on both past and present social roles, the staff's view of residents tended to be "depersonalized" and based upon the staff's perspective of their work roles. Similarly, the staff in this present study may have identified items as being "very important" to the residents based upon the staff's perspective of its own work roles. These are roles in which the staff's work routines require involvement in the residents' daily living activities, and therefore are roles in which the staff have direct involvement with the residents. Examples of such roles include assisting residents at meal times, assisting residents to dress and coordinating arrangements for residents who want "to go out" with family or friends.

A study conducted by Brown (1988) indicates that requirements for institutional efficiency often result in the majority of nursing staff (i.e. nursing assistants) predominantly focussing on tasks related to residents' daily living activities. In Brown's study (1988), she notes that "on a daily basis, a nursing assistant's tasks usually consist of continuously giving baths, changing soiled clothes, and feeding

those in their care" (p. 15). Given the demands of such a workload, as indicated by this study, it would not be surprising if a large number of nursing home staff (that is, Licensed Practical Nurses and/or Nurses' Aides and Registered Nurses) perceived such activities, with which they have varying degrees of involvement, as being most important to the residents.

Within the findings in this present study, there was concurrence in staff and resident responses of "very important" for nine items. This concurrence in ratings suggests some "general" evidence that staff perceptions are similar to resident perceptions with regard to particular living activities, activities with which staff (as mentioned previously) have either direct involvement or believe to be common to human existence. In fact, the staff and residents agree most strongly in their importance ratings of item 15, "how much personal privacy is available" and item 16, "what personal possessions to have".

In examining the resident and staff data regarding perceived level of choice, the researcher noted that there was concurrence in residents' and staff's majority opinion regarding the level of choice associated with ten (50%) of the questionnaire items. Morganti et al. (1980) obtained similar results in their study in which they administered the original 37 item Importance, Locus and Range of Activities Checklist. In their study, there was concurrence in V.A. domiciliary residents' and staff's majority opinion regarding 50% of the

questionnaire items. Among these items were those either the same or similar to the ten items associated with "free choice" by the present study's staff and residents. The conclusion drawn (by the researcher) from the present study findings coincides with the conclusion reached by Morganti et al.: residents' and staff's concurrence concerning the level of choice available to residents suggests that both groups are aware of the regulations and policies governing a long term care facility.

The majority opinion ratings indicated that the residents associated "no choice" with the following three items: "what time to eat meals", "when to take a bath" and "who to live with". These items may have been associated with "no choice" because they are subject to the facility's procedures and policies.

Significant Differences Between Residents' and Staff's Perceptions

As discussed earlier, chi-square analysis was used to determine any significant differences regarding the perceived importance and choice each group associates with individual questionnaire items. There were significant differences in resident and staff perceptions regarding 14 (70%) of the questionnaire items. Two factors may have contributed to these discrepancies in perceptions. First, this study focussed on specific elderly residents' perceptions, whereas the staff's

perceptions were based upon what its members considered to be "typical" of intermediate care 1 residents. Second, despite any efforts on the staff's part to be as objective as possible when choosing their responses, the staff's personal biases may have affected their choice of responses.

Approximate partitioning was also used to determine any significant differences in residents' and staffs' response patterns regarding the questionnaire items, that is, items that had significant chi-square tests. Although all of the 14 items indicated discrepancies in resident and staff response patterns to varying degrees, only items with a relatively large discrepancy will be discussed.

With the items "what time to eat meals" and "when and where to see visitors and friends" (items 2 and 5), a larger number of staff than residents perceived these items to be "very important". In contrast, a larger number of residents than staff perceived these items as "not important". Despite this discrepancy of importance attached to these items, there were no significant differences in residents' and staff's perceived level of choice regarding items 2 and 5. The residents' and staff's response patterns regarding importance strongly indicate discrepancies in residents' and staff's perceptions of importance. As discussed earlier, the staff may have perceived the above items as being very important to the residents based upon the staff's perspective of its work roles.

The residents, however, did not perceive the two activities as being particularly important or meaningful to them. Hence, even though the majority of the residents and staff associated item 2 with "no choice" and item 5 with "free choice", the range of choice available neither diminishes nor enhances the residents' latitude of choice because neither of the above activities are particularly important to the residents.

With the items "whether to offer suggestions about how things should be done" and "whether to participate in organized group activities (games, sports, educational meetings)" (items 13 and 20), the majority of staff perceived these items as "somewhat important", whereas the majority of residents' perceived the items as "very important". These results indicate significant discrepancies in residents' and staff's perceptions of importance regarding these items.

Despite the above discrepancies regarding perceived importance, the residents latitude of choice over these two activities is for the present intact because the residents associated "free choice" with these activities. Although residents' latitude of choice may remain intact, there is still the potential for their latitude of choice over these activities to diminish because of the staff's discrepant perceptions. Indeed, if the staff are not fully aware of the importance that the residents attach to these two activities, the staff may inadvertently lessen the residents' level of choice regarding

these activities, for the staff perceived these activities to be only "somewhat important" to the residents.

With the item "what T.V. programs to watch" (item 6), the majority of staff perceived the item as "somewhat important", whereas a large proportion of the residents' responses were divided between "very important" and "not important". Clearly, there were discrepancies between residents' and staff's perceptions regarding the importance of this item. There were also discrepancies in the level of choice that residents and staff associated with this item. Indeed, more than half the staff associated this item with "free choice", whereas one third of the residents associated the item with "no choice".

The above results suggest that residents may or may not have latitude of choice regarding the above item. For many of the residents, the above activity is perceived as being unimportant. Residents' perceived latitude of choice, therefore, may be unaffected by the lack of choice associated with this activity. However, for the residents who perceive this activity to be "very important" and associate it with "no choice", the residents' latitude of choice is lessened by the lack of choice over this activity.

With the item "who to live with" (item 17), there were no significant differences in residents' and staff's perceptions of importance regarding this item. The majority of residents and staff perceive this item as being "very important". There were significant discrepancies, however, regarding residents' and

staff's perceived level of choice: 51% of the staff associated the item with "free choice", whereas 73% of the residents associated the item with "no choice".

The discrepancy of perceptions regarding this particular activity is an example of how mixed staff-resident perceptions can be particularly detrimental to the residents' latitude of choice. The majority of residents perceived the activity as being very important, while associating it with no choice. The staff, who are in a position to influence the residents' latitude of choice to varying extents, believe that residents enjoy free choice with this activity, an activity of particular importance to the residents. When staff members operate under this erroneous assumption, their misperception unwittingly may result in staff procedure(s) that lessen the residents' latitude of choice regarding this activity.

The Conceptual Framework as a Basis for Analysis

The conceptual framework developed for this study incorporates latitude of choice, a concept which encompasses not only available choices but choices that are important or meaningful to an individual. An individual's latitude of choice regarding an activity(ies) provides a tangible measure of his/her perceived freedom of choice.

The researcher's analysis of the study's findings indicates that the importance and choice components of the conceptual framework were useful in determining the residents' perceived

freedom of choice. In this study, the items, "when to take a bath" and "who to live with" each represented an activity that residents perceived as being "very important" and that they associated with "some or no choice". These perceptions provided a tangible indication of the residents' freedom of choice most likely being lessened with regard to these activities.

The study findings regarding the above two items signify dissatisfaction among the residents because they are not afforded the opportunity to enjoy an activity that is important to them. Conversely, the residents' freedom of choice is most likely to be unaffected, regardless of the level of choice available, if the residents do not perceive the activity to be important. In the present study, the items, "what time to eat meals" and "when and where to see visitors and friends", each represented such an activity. The findings regarding these two items suggest residents' indifference to any opportunity for acting on any choices available.

Examining the residents'perceptions within the context of the study's conceptual framework gave the researcher a basis for assessing their needs for achievement and self-esteem. Although these two basic human needs were not examined in this study per se, the extent to which they were met by residents could be assessed based upon the residents' latitude of choice and freedom of choice.

The staff's perceptions of residents' latitude of choice broadened the perspective in which the researcher could examine

the residents' perceived latitude of choice and freedom of choice. It was useful, therefore, to examine the two concepts with regard to the staff's perceptions. This examination provided a means for determining the effects of a major force (i.e. the staff) on residents' latitude of choice and freedom of choice. The conceptual framework, specifically its importance and choice components, provide a basis for examining residents' and staff's perceptions regarding the residents' latitude of choice.

In the present study, both the residents and staff perceived the items, "what clothes to wear", "when to go out (leave living quarters for a few hours)" and "whether to participate in organized group activities", as being important to the residents. Both groups also associated these activities with "free choice". Within the context of the conceptual framework, the inference can be made that, with regard to the above activities, the staff may have provided the residents with the opportunity to make choices. Further, the staff may have assisted the residents in developing coping behaviors to act on their choices. As noted in the "conceptual framework", when the nurse promotes suitable coping behaviors and allows latitude of choice, he/she is creating "opportunities for residents to make choices and to take actions that will enhance their sense of mastery" both over the environment and the events that effect him/her (Gerontological Nursing Association, 1987, p. 9). Briefly stated, by allowing the residents to act on choices that

are important to them, staff members ultimately are promoting residents' feelings of achievement.

The study findings regarding the above three items can be further interpreted within the context of the conceptual framework. When the residents are afforded the opportunity for choice on any given activity that is meaningful to them, residents are in fact realizing freedom of choice with this activity. When the residents experience freedom of choice, the inference can be made that the staff are respecting the residents' right to make choices regarding an activity that is meaningful to them. Further, as stated in the conceptual framework, if the elderly resident perceives freedom of choice over an activity of importance, his/her feelings of respect for self will be enhanced. The residents' realization of freedom of choice over a given activity they deem to be important is therefore also a realization of a higher level of self-esteem.

When residents believe they are not given the opportunity to exercise choices that are important to them, their feelings of achievement are likely to be undermined. In the present study, the residents and staff perceived the item "who to live with" as being important to residents, and the staff associated the activity with free choice whereas the residents associate it with no choice. With this item, the following inference can be made: the staff may not have recognized residents' perceived need for opportunities of making choices regarding particular activities. Further, the staff may not have perceived the

residents' desire to develop coping behaviors to act on their choices regarding particular activities. Given that the above situations prevail, the staff unwittingly may restrict the residents' feelings of achievement.

A restriction of residents' latitude of choice that excludes any particular activities of importance signifies the nonexistence of residents' perceived freedom of choice over these activities. The inference can be made then that a resident's self-esteem is not as complete as it could be, for the resident is not enjoying freedom of choice over all the activities he/she deems to be important.

This section's discussion regarding the study's conceptual framework indicates the direct applicability of the conceptual framework for determining both the residents' and staff's perceptions regarding the residents' latitude of choice. Although the conceptual framework's applicability regarding the assessment of the residents' needs for achievement and self-esteem was not directly determined in this study, the researcher's incorporation of the study results (within the context of the conceptual framework) suggests that the conceptual framework can be useful in assessing the above basic human needs of residents.

Summary

In this chapter, the researcher has analyzed and discussed the study findings. The residents' majority opinion ratings for

item importance signify that the residents perceived 16 items concerning: (a) the selection and timing of daily living activities (b) the selection of associates, and (c) selection of surrounding as being of particular significance to them. That is, the residents' perceived 80% of the study questionnaire items as being particularly significant to them.

In contrast to the residents' ratings of items, the staff perceived 11 of the questionnaire items as being "very important" to the residents. The staff may have chosen only these 11 items because they represent either activities common to every person in his/her daily existence (for example, who to have for friends), or the items represent residents' daily living activities in which the staff, due to their work roles, have direct involvement with the residents.

The residents' and staff's concurrence on the level of choice associated with ten of the study items lend support to Morganti et al.'s (1980) conclusion: residents' and staff's concurrence concerning the level of choice available to residents suggests that both groups are aware of the regulations and policies governing a long term care facility.

The two factors that may have contributed to this study's significant chi-square analyses include the following: the staff's perception was based upon what they perceived as the "typical" intermediate care level 1 resident, whereas the residents' perceptions were based on their own experiences in the facility.

The discrepant perceptions indicated by approximate partitioning suggest that (a) the residents' latitude of choice may be unaffected if an activity is unimportant to them, or (b) the residents' latitude of choice may be lessened if either the staff do not perceive the same degree of importance that the residents attach to a particular activity(ies), or the staff may not perceive that the residents associate "some" or "no choice" with a particular activity that is important to them.

The conceptual framework, specifically the importance and choice components of the framework, provide a useful measure for determining not only the residents' perceived freedom of choice, but also the residents' and staff's perceptions regarding the residents' latitude of choice. By determining the residents' perceptions of latitude of choice, the researcher has a basis for assessing the residents' need for achievement. Correspondingly, by determining the residents' freedom of choice, the researcher has a basis upon which to assess the residents' need for self-esteem.

Chapter Six

Summary, Conclusions, Implications and Recommendations

In this chapter, a summary of the study, conclusions based upon the study findings, implications for nursing practice and education, and recommendations for further research are presented.

Summary

The establishment of intermediate care facilities in British Columbia, as well as the establishment of similar facilities throughout the rest of Canada, was and still is a well-intentioned approach to meet the long term care needs of the elderly. The practices and procedures adopted by long term care facilities, however, tend to inhibit the personal autonomy of residents (Thomasma, 1985). Specifically, a facility's practices and procedures tend to inhibit residents' latitude of choice regarding daily living activities. Residents' latitude of choice may also be lessened when nurses implement well-intentioned helping interventions based on their own motivations and goals, rather than those of elderly residents.

Discrepant perceptions between residents and staff may pose a potential danger to the long term care environment, insofar as one group's perception (e.g. the staff's) may overshadow that of the other. Consequently, the staff's actions, no matter how well-intentioned, may or may not be based upon an awareness of

the following resident perceptions: (a) the importance residents attach to activities of daily living and (b) the importance residents attach to the right to make choices regarding specific activities.

At present, there is limited research addressing both resident and staff perceptions regarding the autonomy (freedom of choice) of residents, particularly in relation to their daily activities. Accordingly, this study's purpose was to determine the institutionalized elderly residents' and their caregivers' perceptions of residents' latitude of choice regarding activities of daily living. From determining these specific staff and resident perceptions, significant differences were isolated.

This study was conducted in two intermediate care facilities located in a large city within the province of B.C. The data collection instruments in this study included selected questions from Hulicka et al.'s (1975) revised Importance, Locus and Range of Activities Checklist, as well as a demographic data sheet developed by the researcher. Forty-five intermediate care 1 residents and forty-five nurses (Registered Nurses, Licensed Practical Nurses and Nurses' Aides) completed the study questionnaire and the demographic data sheet.

The resident sample consisted of 7 men (15.6%) and 38 women (84.4%). The residents' ages ranged from 65 years to 98 years with a mean age of 81.18 years. The marital status of the residents included 7 (15.6%) who were single, 1 (2.2%) who was

married, 4 (8.9%) who were divorced and 33 (73.3%) who were widowed. Prior to residing in the intermediate care facility, 16 residents (35.6%) had lived alone in their own house, 22 (48.9%) had lived alone in an apartment and 5 (11.1%) had lived in a house or apartment with a spouse or other family member. Only one resident had been hospitalized prior to residing in the intermediate care facility. Residents' length of stay in the facility ranged from 6 months to 11 years. The residents' mean length of stay was 2.8 years with a standard deviation of 2.4 years and a median of 2.0 years.

Of the nursing staff who participated in this study, 15 (33.3%) were Registered Nurses, 6 (13.3%) were Licensed Practical Nurses and 24 (53.3%) were Nurses' Aides. Staff members' respective years of practice in nursing ranged from 2 years to 45 years employment in nursing, with a mean of 17.78 years, a median of 17 years and a mode of 17.5 years. These study participants' years of practice in long term care settings ranged from 2 years to 30 years with a mean of 11.62 years, a median of 11 years and a mode of 15 years. The participants' average length of employment in the study setting was 9.33 years, ranging from 1 year to 16 years with a median of 10 years and a mode of 14.5 years.

The researcher studied the residents' and staff's responses to the Importance, Locus and Range of Activities Checklist by using non-parametric techniques for statistical analysis. The researcher used these techniques to determine the existence and

location of differences in perceptions among the residents and staff. The researcher first used "majority opinion" criteria, whereby the study questionnaire item should have a minimum of 50% response by either residents or staff. If the item met this criteria, it was rated as being "very important" or "unimportant" and/or as having "free choice" or "no choice". Having determined the ratings, the researcher obtained a general indication of activities considered by residents and staff to "very important" or "unimportant" and activities associated with "free choice" or "no choice".

Analysis of the "majority opinion" criteria responses revealed differences among the residents and staff in their perceptions of the importance of daily living activities to the residents. The residents perceived 16 of the 20 study questionnaire items (daily living activities) as being "very important", whereas the staff perceived 11 questionnaire items as being "very important" to residents. There was concurrence in staff and resident responses of "very important" for nine items.

Although majority opinion ratings provide only a general indication of item importance, they do signify that residents perceived items concerning the selection and timing of daily living activities, the selection of associates, and the selection of surroundings as being of particular importance to them. The residents may have rated a higher number of items as being important (as compared to the staff) because the residents

are the best judge of their perceptions, and therefore are in a better position than the staff to determine what is important to themselves as residents.

The staff's "majority opinion" ratings of item importance suggest that they chose items that represent either activities common to every person in his/her daily existence (for example, who to have for friends), or daily living activities in which the staff have direct involvement with the residents (for example, assisting residents at meal times).

The concurrence in staff and resident responses suggests some "general" evidence that staff perceptions are similar to resident perceptions with regard to particular living activities, that is, activities in which the staff, as mentioned previously, either have direct involvement or believe to be common to human existence.

In examining the resident and staff "majority opinion" ratings of item choice, the researcher noted that there were discrepancies between the residents' and staff's perceptions regarding the level of choice associated with ten (50%) of the questionnaire items. Despite these discrepancies, there was concurrence in the residents' and staff's majority opinion regarding the level of choice with the remaining ten questionnaire items. The conclusion drawn (by the researcher) from these study findings coincides with the inclusion reached by Morganti et al. (1980): residents' and staff's concurrence concerning the level of choice available to residents suggests

that both groups are aware of the regulations and policies governing a long term care facility.

The study data were also analyzed to determine any statistically significant differences in resident and staff ratings, that is, differences regarding the perceived importance and choice each group associated with individual questionnaire items. The chi-square analyses revealed 14 of the 20 questionnaire items as having significant differences. Two factors may have contributed to the discrepant perceptions. First, this study focussed on specific elderly residents' perceptions, whereas the staff's perceptions were based upon what its members considered to be "typical" of intermediate care 1 residents. Second, despite any efforts on the staff's part to be as objective as possible when choosing their responses, the staff's personal biases may have affected their choice of responses.

Approximate partitioning was also used to determine any significant differences between residents' and staff's response patterns regarding the 14 questionnaire items having significant chi-square tests. The above form of analysis revealed significant differences between residents' and staff's response patterns regarding a) the importance of particular daily living activities to residents and b) the degree of choice residents associate with the activities.

The discrepant perceptions indicated by approximate partitioning suggest two possible outcomes: (1) the residents'

latitude of choice may be unaffected if an activity is unimportant to them, (2) the residents' latitude of choice may be lessened if the staff do not perceive the same degree of importance that the residents attach to a particular activity(ies), or the staff may not perceive that the residents' associate "some" or "no choice" with a particular activity that is important to them.

Conclusions

Based on the findings of this study, the following conclusions can be drawn.

Elderly residents selected for this study perceive the selection and timing of activities, the selection of associates and the selection of surroundings as being of particular significance to them.

The majority of residents and staff have considerable agreement regarding the level of choice available to residents over various daily living activities. This concurrence in perceptions suggests that the residents and staff are aware of the rules and regulations governing a long term care facility.

The majority of residents associated "no choice" with the items "what time to eat meals," "when to take a bath" and "who to live with", perhaps because these items are invariably scheduled or arranged according to the facility's established procedures and/or policies.

Significant differences exist in residents' and staff's perceptions when each group's importance ratings are combined with choice ratings. Isolation of the above importance and choice components for individual analyses indicate that the residents and staff had significantly different response patterns regarding a) the importance residents attach to daily living activities and b) the degree of choice residents associate with daily living activities.

The above findings indicated that residents' latitude of choice may not be realized to a greater extent if the staff do not attach a degree of importance to a particular activity(ies) similar to that attached by the residents. Residents' latitude of choice may not be recognized to a greater extent if staff do not perceive that residents associate "some" or "no choice" with an activity of particular importance to them.

Implications for Nursing Practice and Education

The findings of this study have implications for nursing in long term care facilities and nursing education. In such facilities, it behooves nurses to determine whether any differences exist between residents' and staff's perceptions, particularly those regarding the importance and choice residents associate with daily living activities. As the primary providers of care in long term care facilities, nurses have the opportunity to influence both the objective extent of a

resident's latitude of choice and his/her subjective sense of freedom of choice regarding daily living activities.

Nurses need to realize that their perceptions and residents' perceptions may differ significantly with regard to the importance and choice that residents associate with daily living activities. The daily living activities that staff perceive as being important to elderly residents often are activities which are common to every person in their daily existence, or they are activities in which the staff have direct involvement with the residents. Consequently, staff's perceptions frequently eclipse residents' perceptions regarding activities of importance to the residents. Staff's perceptions of the degree of choice available to residents also may be based mainly upon activities in which staff have direct involvement with residents.

If they are to overcome disparities in staff-resident perceptions, nurses first should strive to be cognizant of the long term care setting's impact on residents, particularly with regard to their latitude of choice and freedom of choice. Nurses also should assess residents' perceptions of importance and choice regarding activities in which the staff are not directly involved. By having their perceptions then validated by residents, nurses are better able to avoid implementing inappropriate nursing interventions that would otherwise result from the staff's misperceptions of residents' latitude of choice. Finally, in making individual assessments of residents'

latitude of choice, nurses should recognize elderly residents as a group whose members are heterogeneous with respect to each other; each resident has a "well differentiated self-conceptualization" based on past and present roles (Kahana and Coe, 1969).

Long term care facilities' nurse administrators should also strive to be cognizant of residents' perceptions of importance and choice regarding daily living activities. With an awareness of residents' perceptions, nurse administrators can initiate changes in their facilities' procedures and/or programs that extend residents' latitude of choice. Such awareness among nursing staff can be promoted by nurse administrators incorporating the concept of latitude of choice into the facility's philosophy of nursing care. This philosophy can be reinforced by administrators initiating inservices/workshops for their staff regarding not only the importance of providing a range of choice for elderly residents, but also the importance of effective communication between staff and residents. Among other practical considerations, a primary consideration for nurse administrators should be facilitating staff attendance to such workshops by scheduling them during work hours.

Ideally, all nurses involved in gerontological nursing should have more education regarding care of the elderly than is currently provided in most nursing curriculums. Indeed, Feeney, Williams and Doyle (1986) note that "although a large majority of the basic preparational courses (in nursing) have aspects of

gerontological nursing integrated into the curriculum, most programs do not offer specialized courses on the care of the elderly" (p. 35). Mion, Frengly and Adams (1986) and Strumpf (1987) concur with this view. With greater preparation in gerontological nursing, nurses can extend their abilities to meet the particular care needs of the elderly. It is especially critical for Registered Nurses employed in long term care facilities to have knowledge of gerontological nursing, because often they are the "caregiver" role model for non-professional staff (Licensed Practical Nurses, Nurses' Aides) in these facilities. For all nurses, both non-professionals and professionals, who provide care to elderly residents, it is particularly imperative to pursue continuing education or post-basic specialty courses in gerontological nursing. Examples of such course topics include the elderly and the nursing process, health and illness, communication, and confusion.

Latitude of choice and freedom of choice are central to the residents' feelings of accomplishment and self-esteem. The nurse is, in effect, assisting residents to act on their choices when he/she helps residents to develop and use suitable coping behaviors toward meeting his/her need for achievement. When the nurse promotes suitable coping behaviors and allows latitude of choice, he/she is creating "opportunities for residents to make choices and to take actions that will enhance their sense of mastery "both over the environment and the events that affect him/her (Gerontological Nursing Association, 1987, p. 9).

By helping the resident to extend his/her latitude of choice towards realizing freedom of choice over activities of importance to him/her, the nurse is assisting the resident in meeting not only the need for achievement but also the need for self-esteem. An elderly resident's perceived freedom of choice is largely contingent upon the respect he/she receives from others (for example, nurses), particularly in regard to the resident's opportunities for choices over activities of daily living.

Further, the elderly resident's perceived freedom of choice enhances his/her feelings of respect of self. When the nurse provides a resident with opportunities to augment his/her latitude of choice toward experiencing freedom of choice over activities of importance to him/her, the nurse is in fact staving off the otherwise inexorable decline of the resident's self-esteem as contributed from aging. Perceiving freedom of choice is critical to the elderly resident who is experiencing a gradual loss of self-esteem with "the realization of his diminishing control of the environment, lessened effectiveness and lessened impact" (Schwartz and Mersh, 1974, p. 12).

Recommendations for Further Research

Intermediate care residents and extended care residents should be included in a study similar to this present one in order to investigate any differences between extended care and intermediate care residents' latitude of choice. This present

study focussed exclusively on intermediate care 1 residents. These residents are (generally) independently mobile with or without mechanical aids but require some health supervision and assistance with activities of daily living. Additionally, such individuals need a protective housing environment as well as social/recreational program(s). Extended care residents, in contrast, require "availability of personal care on a continuing 24-hour basis with medical and professional nursing supervision and provision for meeting psychosocial needs" (Forbes, Jackson and Kraus, 1987, p. 19).

Given the differences between intermediate care 1 and extended care residents' functional abilities and their needs for personal care, it would be worthwhile for nurses to determine any corresponding differences in residents' perceived latitude of choice. Identification of any differences would assist nurses toward understanding extended care and intermediate care residents' latitude of choice in relation to their functional abilities.

Nurses should also conduct longitudinal studies toward investigating any change(s) in institutionalized elderly residents' latitude of choice over time. The nature of the change(s) and its/their determinant factors also should be studied. Results of such a study would assist nurses (indeed, all health care professionals) toward understanding the loss in behavioural choices that occur with residents' over time.

The potential relationship between latitude of choice and the need for achievement and between freedom of choice and the need for self-esteem should be identified and studied. If a positive correlation can be seen to exist between latitude of choice and the need for achievement and between freedom of choice and the need for self-esteem, nurses can learn to recognize latitude of choice and freedom of choice as being tangible indicators of two basic human needs.

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Appendix A

Importance, Locus and Range of Activities Checklist (Resident form)

Importance, Locus and Range of Activities Checklist

Please start by reading the statement under activities. The first statement is "What is served at mealtime". If it matters a lot to you what is served at mealtime, put a check mark ( ) under the "very important" column; if it matters some, but not a great deal, put a check mark under the "somewhat important" column; if it doesn't matter at all, put a check mark in the "not important" column. Then if you feel you have free choice about what is served at mealtime, put a check mark under the "free choice" column; if you have some, but not free choice, put the check mark under the "some choice" column; if you have no choice, put the check mark under the "no choice" column. Please do the same for all the other activities listed.

ACTIVITIES	HOW IMPORTANT IS THIS TO YOU?			HOW MUCH CHOICE DO YOU HAVE?		
	VERY IMPORTANT	SOME-WHAT IMPORTANT	NOT IMPORTANT	FREE CHOICE	SOME CHOICE	NO CHOICE
WHAT IS SERVED AT MEALTIME						
WHAT TIME TO EAT MEALS						
WHAT TIME TO GET UP AND TO GO TO BED						
WHEN TO TAKE A BATH						
WHEN AND WHERE TO SEE VISITORS AND FRIENDS						
WHAT TV PROGRAMS TO WATCH						
HOW TO SPEND LEISURE TIME						
WITH WHOM TO SPEND LEISURE TIME						
WHO TO HAVE FOR FRIENDS						
WHAT CLOTHS TO WEAR						

ACTIVITIES	HOW IMPORTANT IS THIS TO YOU?			HOW MUCH CHOICE DO YOU HAVE?		
	VERY IMPORTANT	SOME-WHAT IMPORTANT	NOT IMPORTANT	FREE CHOICE	SOME CHOICE	NO CHOICE
PURSUING HOBBIES OR ACTIVITIES						
HOW TO SPEND YOUR MONEY						
WHETHER TO OFFER SUGGESTIONS ABOUT HOW THINGS SHOULD BE DONE						
HAVING SOMEONE TO CONFIDE IN						
HOW MUCH PERSONAL PRIVACY IS AVAILABLE						
WHAT PERSONAL POSSESSIONS TO HAVE						
WHO TO LIVE WITH						
COLOR OR WALLS, PICTURES, ETC., IN LIVING QUARTERS						
WHEN TO GO OUT (LEAVE LIVING QUARTERS FOR A FEW HOURS)						
WHETHER TO PARTICIPATE IN ORGANIZED GROUP ACTIVITIES (GAMES, SPORTS, EDUCATIONAL MEETINGS, ETC.)						

Appendix B

Importance, Locus and Range of Activities Checklist (Staff form)

Importance, Locus and Range of Activities Checklist

For each of the activities listed in the left column, will you please consider how important the activity is to residents, and how much choice the resident has with respect to the activity. For example, the first item is "What is served at mealtime." If you think what is served at mealtime matters very much to residents, please check ( ) the "very important" column; if you believe it to be only somewhat important, check the "somewhat important" column, or if unimportant to the resident, check the "not important" column. Likewise, if residents have free choice regarding what is served at mealtime, check the "free choice" column; if they have some choice, check the "some choice" column, and if they have no choice, check the "no choice" column. Please do exactly the same for each of the other activities listed in the questionnaire.

ACTIVITIES	HOW IMPORTANT IS THIS TO YOU?			HOW MUCH CHOICE DO YOU HAVE?		
	VERY IMPORTANT	SOME-WHAT IMPORTANT	NOT IMPORTANT	FREE CHOICE	SOME CHOICE	NO CHOICE
WHAT IS SERVED AT MEALTIME						
WHAT TIME TO EAT MEALS						
WHAT TIME TO GET UP AND TO GO TO BED						
WHEN TO TAKE A BATH						
WHEN AND WHERE TO SEE VISITORS AND FRIENDS						
WHAT TV PROGRAMS TO WATCH						
HOW TO SPEND LEISURE TIME						
WITH WHOM TO SPEND LEISURE TIME						
WHO TO HAVE FOR FRIENDS						
WHAT CLOTHS TO WEAR						

ACTIVITIES	HOW IMPORTANT IS THIS TO YOU?			HOW MUCH CHOICE DO YOU HAVE?		
	VERY IMPORTANT	SOME-WHAT IMPORTANT	NOT IMPORTANT	FREE CHOICE	SOME CHOICE	NO CHOICE
PURSUING HOBBIES OR ACTIVITIES						
HOW TO SPEND YOUR MONEY						
WHETHER TO OFFER SUGGESTIONS ABOUT HOW THINGS SHOULD BE DONE						
HAVING SOMEONE TO CONFIDE IN						
HOW MUCH PERSONAL PRIVACY IS AVAILABLE						
WHAT PERSONAL POSSESSIONS TO HAVE						
WHO TO LIVE WITH						
COLOR OR WALLS, PICTURES, ETC., IN LIVING QUARTERS						
WHEN TO GO OUT (LEAVE LIVING QUARTERS FOR A FEW HOURS)						
WHETHER TO PARTICIPATE IN ORGANIZED GROUP ACTIVITIES (GAMES, SPORTS, EDUCATIONAL MEETINGS, ETC.)						

Appendix C

Demographic Data Sheet
(Residents)

Demographic Data Sheet

Please complete the following:

1. Age _____

2. Sex _____

3. Marital Status _____

4. Where did you live prior to residing here?

_____

5. What was your previous occupation? _____

6. Approximately what length of time have you lived here?

_____

Appendix D

Demographic Data Sheet
(Staff)

Demographic Data Sheet

Please complete the following questions:

1. Are you a a) Licensed Practical Nurse b) Nurse's Aide c) Registered Nurse d) other? _____

2. How long have you worked in nursing? _____

3. How long have you worked in long term care settings such as extended care units, intermediate care facilities, etc.? _____

4. How long have you worked in this particular facility? _____

Appendix E

Resident Information Letter

Appendix F

Staff Information Letter

Appendix G

Permission to Use the Research Tool