SELF-PERCEIVED NEEDS AND NURSING INVOLVEMENT WITH THE ELDERLY LIVING AT HOME

by

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We accept this thesis as conforming to the required standard

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April, 1973
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ABSTRACT

This study surveyed the self perceptions of thirty individuals over sixty-five years of age, who lived in the Vancouver Quadra electoral district, in order to gather information about their needs.

The study was designed to answer three questions. Do the elderly living at home in a specific geographical area of Vancouver perceive themselves as having needs in the need areas defined by the literature, namely housing, health, independent living, employment, economic security and interpersonal relations? Do the elderly in the selected sample perceive their needs as being met? Do the elderly in the selected sample perceive nurses as involved in helping them meet their needs? A semi-structured interview schedule was used to obtain information relevant to the research problem.

The results of this study indicated that more than half the respondents, or 53 per cent, perceived needs in the need areas defined by the literature. The majority of perceived needs, or 76 per cent, were not met. None of the elderly whose needs were met perceived nurses as involved in helping them meet these needs. Moreover, the majority of the study sample, or 87 per cent, did not perceive nurses as potentially helpful in assisting them to meet their needs.

The study recommends that nurses extend their current role and become actively involved in assessing and meeting
the needs of the elderly living at home.
ACKNOWLEDGEMENTS

I would like to express my appreciation to the thirty elderly individuals who participated in this study. I also wish to thank Professors Alice Baumgart, Helen Shore and Dr. Gloria Gutman for their advice and guidance.
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CHAPTER I

INTRODUCTION TO THE STUDY

I. INTRODUCTION

In the twentieth century, rapid advances in medical science, together with generally improved social conditions, have resulted in a greatly increased life span and an unprecedented number of older citizens in society. In Canada, as in all the advanced countries, the number and proportion of people living to later ages is growing steadily.

The Final Report of the Special Committee of the Senate on Aging, presented in Canada in 1966, stated that the number of people over sixty-five years of age in the population was five times as many as in 1901. The rate of increase also rose with age. The population seventy-five years and over in age increased by six times the figure recorded in 1901. It was estimated that by 1991, this figure would increase two and one half times.

The Report emphasized that one of the most serious problems faced by society would be to help this elderly population maintain a satisfactory foothold in the community.

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2 Ibid., p. 4.
Studies carried out in other countries and reported by the Committee, demonstrated that the physical and mental health of the elderly was preserved best when they were maintained in their own homes. Moreover, the elderly interviewed by the Committee expressed a desire to manage their own affairs and live in their own homes as long as possible.

The Committee provided no simple answer to the question of whose responsibility it is to provide services and facilities for this growing population of aged in Canada. However, in the Committee's opinion, many old people turn to the public health nurse for advice on their problems. While recognizing that the nurse's primary responsibility is for health guidance, the Committee stated that problems of health are difficult to separate from problems of financial need, housing and loneliness. They recommended that a re-orientation of health agencies and nursing education should be attempted to provide the services needed by the aged in the community.

In recent years, nursing literature also has emphasized the obligation and responsibility of the nursing profession to assist in meeting the total needs of the aged

3  Ibid., p. 30.
4  Ibid., p. 5.
5  Ibid., p. 145.
6  Ibid., p. 116.
living in the community. However, the writer's experience while working with the elderly in the community during graduate study, indicated that these principles were not carried out in actual practice. In visiting several elderly people living at home, the writer repeatedly found that while medical needs frequently were met by the nurse in daily contact, needs relating to problems in living essentially were ignored. Furthermore, research which explored the extent to which nurses in Canada currently are involved in assessing and meeting the needs of the aged living at home appeared to be limited.

II. STATEMENT OF THE PROBLEM

The purpose of this exploratory study was to determine self-perceived need areas of a selected group of the elderly living at home in Vancouver and to determine whether the elderly perceived the nurse as a helping resource in meeting needs.

The study focused on answering three questions. (1) Do the elderly living at home in a specific geographical area of Vancouver, perceive themselves as having needs in the

need areas defined by the literature, namely housing, health, independent living, employment, economic security, and interpersonal relations? (2) Do the elderly in the selected sample perceive their needs as being met? (3) Do the elderly in the selected sample perceive nurses as involved in helping them meet their needs?

III. SIGNIFICANCE OF THE PROBLEM

Various authorities supported the view that nurses were in a key position to assess and assist in meeting the needs of the elderly living at home. Yet few studies indicated either the extent of nursing services made available to the elderly in their homes or whether the elderly perceived the nurse as a helping resource.

This exploratory study grew out of the writer's concern that so little was known about the needs of the elderly living at home in Canada or the extent to which nurses were involved in helping the elderly meet these needs.

The study focused on the self-perceptions of the elderly individual in relation to his needs. This method was in keeping with opinions expressed in separate studies.

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undertaken by Shanas and Rosow. Shanas stated that the subjective feelings of the individual were better indices frequently as to how he would function than the results of a physical examination. Rosow declared that two types of over-lapping, but not corresponding needs existed among the elderly, namely the needs which the elderly really have, and those which professionals think they have.

IV. ASSUMPTIONS OF THE STUDY

The study was based on the assumption that: (1) Specific needs of the aged group living at home do exist. This assumption was based on a review of literature that delineated the needs of the elderly. (2) The elderly are able accurately to perceive and report their needs and to define if nurses are involved in meeting these needs. This assumption was in keeping with the opinion of the Special Committee of the Senate on Aging in Canada, who concluded that the elderly are the best reporters of their own needs and of how these needs are met.


11 Final Report of the Special Committee of the Senate on Aging, op. cit., p. 159.
V. DEFINITIONS OF TERMS USED

For the purpose of this study the following terms were defined.

Aged, Elderly, Older, Old

These terms were used interchangeably. Sixty-five years was chosen as a delineation of the aging process. This definition was in keeping with the accepted age of retirement in Canada.

Nurses

This term was used to refer to any individual registered under the Provincial Registered Nurses' Act, whose involvement with the aged sample was on a professional basis. Relatives or friends of the aged who were nurses and assisted in meeting the needs of the aged in a private capacity were not considered nurses in the context of this study.

Living at Home

This term was used to refer to a private place of residence, maintained by the elderly themselves or by others, in which no form of institutional care was offered.

Self-perception

This term referred to the subjective awareness, impression and knowledge of the elderly individual.

VI. LIMITATIONS OF THE STUDY

There were recognized limitations to the study: (1) The sample was composed of thirty elderly individuals living
at home in the Vancouver Quadra electoral district. Therefore, findings applied only to the specific sample group and cannot be generalized. (2) The area from which the sample was drawn was composed of one-family residences. No apartment dwellers or residents of rooming or boarding houses were represented.
CHAPTER II

REVIEW OF THE LITERATURE

I. INTRODUCTION

Prior to World War II, few studies relating to the aged and the needs of this group had been carried out in industrial societies. In Britain, for example, the first complete survey of the social problems and needs of the aged was presented in 1947. The Report of the First National Conference on Aging in the United States of America was published in 1951. The Final Report of the Special Committee of the Senate on Aging published in 1966, was the first attempt in Canada to examine the problems of the aged on a national scale. Although the problems of aging have been present always in the world, Loether stated in 1967 that professional and public awareness of these problems was


3 Final Report of the Special Committee of the Senate on Aging (Ottawa: Queen's Printer and Controller of Stationary, 1966).
heightened only during the past two decades. This rapid
growth of interest was reflected in the extensive amount of
material related to aging, published during this period.
Apart from the numerous works of individual authors, many
reports and research studies by government and social
agencies were produced, as well as several handbooks on
aging, which systematized the social, psychological and
physiological knowledge of the field.  

Thus, the literature reviewed in this section will
be restricted to three broad areas, namely theory and
research relating to the importance of maintaining the
elderly in their homes; identification of specific needs
of the elderly living at home; and the nurse’s role in
relation to the elderly living at home.

II. THE ADVANTAGES OF MAINTAINING
THE ELDERLY AT HOME

Numerous reports and studies indicated that the
needs of the elderly are met most effectively when they
can be maintained in their own homes and within a familiar

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environment. For example, the Report of the White House Conference on Aging, published in 1961, stated that special emphasis should be given to the extension of services which would permit the elderly to be cared for at home. The Report emphasized the beneficial aspects of home care and stated that the priority objective of all social services should be to enable older persons to remain in, or return to, their own homes as soon as possible.

Moreover, the Final Report of the Special Committee of the Senate on Aging, presented in 1966, stated that more than 90 per cent of the elderly in Canada are not physically or mentally incapacitated to the extent that they require institutional care. The Committee stressed the necessity for preventive and supportive services to enable this great majority of elderly to remain at home. Research


8 Ibid., p. 174.

carried out by the Committee in European countries supported their view that home care, with adequate social and medical services, proved a better alternative for the elderly than institutional care. The Committee stated that living at home was an advantage to the individual himself as well as a financial saving to the society at large. The Committee claimed that experience demonstrated that the non-institutional approach significantly reduces, prevents, or postpones the pathological aspects of the aging process.

The results of a number of studies indicated that relocation per se may have detrimental effects on the elderly. In one such study of a group of relocated elderly persons, conducted by Aldrich and Mendkoff in 1963, the death rate for people over seventy after relocation, was three and one-half times the expected rate. A change in social environment rather than closeness to death seemed to be the relevant factor.

Markus, Blenkner, Bloom and Downs also found that relocation of the elderly resulted in increased morbidity and mortality rates, even when relocation was from one

10 Ibid., p. 30.
11 Ibid., p. 142
institution to another. One of the crucial findings in the studies was the high death rate within the first three months following relocation. The psychological response to relocation stress was more important in relation to mortality rates than physical condition.

Studies comparing institutionalized and non-institutionalized groups resulted in unfavorable findings in relation to institutionalization. At the Eighth International Conference of Gerontology, Markus, Blenker and Downs reported on a mortality study in an institution for the aged. When survival rates of matched institutionalized and non-institutionalized aged were compared, the authors found that the half-life of institutionalized males was 2.0 years and of females 2.8 years, whereas for control males half-life was 5.0 years and females 6.7 years. Similar differences held for all ages.

Another study by Comalli, Kaus and Wapner, in 1965, compared community-active older people with an institution-


alized-active group of the same ages and backgrounds to determine whether the cognitive functioning of the institutionalized group manifested greater regression than the non-institutionalized group. The study showed that the institutionalized group exhibited greater regression than its community-active counterpart in a manner analogous to the difference obtained when children were compared with adults or when schizophrenic patients were compared with normals. The investigators concluded that institutionalization may be conceived as a condition which induces and/or is symptomatic of a formal developmental regression in cognitive processes.

Several of the studies already mentioned, as well as numerous others, pointed out that older people themselves wish to remain independent and maintain their own way of life in their own homes. In a survey of the problems of five hundred persons over the age of sixty years, Kutner, et al., found that the elderly placed a high premium on independence and privacy, which frequently resulted in their isolation due to the deployment of society's resources to serve the most


16 Final Report of the Special Committee of the Senate on Aging, op. cit., p. 3; see also The Nation and Its Older People, op. cit., p. 172; Loether, op. cit., p. 32.
severely ill, dependent, or disturbed.

In a national survey of persons sixty-five years and over, Shanas found that 83.3 per cent of the respondents preferred to live in their own homes. Shanas stated that dependency and institutionalization were the greatest fears of the elderly.

A Special Committee on Aging in the United States of America, found that ordinarily older people prefer to live alone. The Committee found that two out of three persons sixty-five years and over maintained their own households and preferred this arrangement to continue.

Studies in Canada reported similar findings. A survey conducted in Toronto showed that many older people rejected the idea of institutional care because there was no guarantee of privacy. In a paper presented to the Canadian Conference on Aging, Zay stated that studies showed that the


elderly prefer to live in their own homes or where they had spent most of their lives.

III. NEEDS OF THE ELDERLY LIVING AT HOME

General Needs and Services

The Special Committee on Aging in Canada declared that older people are not a distinct homogeneous group and that their needs and interests are very similar to those of the society at large. The Committee emphasized the need of the elderly to maintain their independence as long as possible. Housing, finance, and health were seen as areas of major concern. Various services were suggested as essential to the well being of the elderly living at home. These services included medical, rehabilitation, home-nursing and homemaker services, assistance with household chores, meal preparation and friendly visitor services, counselling, information and referral services and recreational and social centres in which educational and cultural activities could be provided.

21 Nicholas Zay, Living Arrangements for the Aged (Ottawa: Queen's Printer and Controller of Stationary, 1965).

22 Final Report of the Special Committee of the Senate on Aging, op. cit., p. 4.

23 Ibid., p. 48.

24 Ibid., p. 50.
The Report of the White House Conference on Aging identified similar services which should be organized and co-ordinated in order to meet the needs of the aged living at home. The Report stressed that special efforts should be made to obtain factual data from the elderly about their interests, needs, types of activities, and the type of services required to meet their needs.

A Report of the Committee on Labour and Public Welfare, published in the United States of America in 1961, stated that the needs of the elderly living at home were complex and deeply interrelated. This Committee identified the areas of need as medical, housing, employment, and economic. The Committee also saw continued intellectual stimulation as a need and emphasized the fact that the aged's physical health and mental well being are related to other factors such as income, activities, and the place accorded to them by society.

Independent Living and Interpersonal Relationships

Havighurst noted that the needs that are common to


26 Ibid., p. 172.


28 Ibid., p. 81.
younger age groups are also common to the older person. He defined these needs as emotional security, social recognition, a sense of worth or self-respect, and adequate food, clothing, shelter, and health.

Tibbitts and Donahue divided the needs of the aged into the broad areas of security, independence, privacy, social contact and self-worth. These authors distinguished between material and psychological security. They defined material security as guaranteed sufficient income and adequate housing whereas psychological security referred to the individual's knowledge of a continuity of life experience with respect to such needs as adequate health and satisfying personal relationships. Loss of independence was said to threaten the aged's sense of individuality. The need for privacy referred to the physical environment, which involves a quiet dwelling, a choice of residence and a satisfactory living space. Tibbitts and Donahue stated that the aged's need for social contact finds satisfaction by both personal and impersonal means. The former meant contact through meaningful relations while the latter meant contact with the larger society through the public media. Self-worth, the authors decided, is related to the perception a person has

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of himself, which in some respects, is a reflection of how others see him.

Authors writing later in the decade presented similar findings in relation to the needs of the elderly living at home. Loether defined the major problems of aging in the areas of inter-personal relations, health, housing, employment, retirement, exploitation of the aged and approaching death. Loether saw these problem areas as interrelated and as significant in creating needs among the elderly living at home.

Other studies supported this statement. For example, a study by Blau found that retirement led to an alteration in self-concept, a change in inter-personal relations and subsequent social isolation. An additional finding of this study was that older people who did not belong to community friendship groups were more likely to see themselves as old than those who did belong.

However, a study by Lowenthal and Haven contradicted, to some extent, these findings. Lowenthal and Haven found

31 Loether, op. cit., pp. 5-6


that maintenance of a stable confidante was more closely associated with good mental health, satisfying self-image, and high morale than was high social interaction with others or high role status or stability in either or both. This study found that the presence of a confidante was of crucial significance in assisting the older person to adjust to the stresses of aging.

Health

The reported findings of various studies defined health as a problem area creating needs among the elderly population. According to a National Health Survey carried out in the United States of America, four-fifths of the population sixty-five years and over were afflicted with one or more chronic diseases. The incidence of illness was shown to increase significantly with age. The accompanying limitation of activity associated with a chronic disease showed a corresponding increase with age. About 20 per cent of those reported as suffering with a chronic disease, who were under sixty-five years of age, experienced some limitation of activity; among those sixty-five years of age and over, 56 per cent experienced limitation of activity.

However, a national survey by Shanas of the self-

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\[35\]
Ibid., p. 20.
perceived health needs of persons sixty-five years of age and over, showed that state of health is a relative matter. Significantly, forty-six per cent of the respondents in the Shanas study saw themselves as being in good health although a physical examination probably would reveal that many were in poor health. A further cross-national study of persons sixty-five years and over in Britain, the United States of America, and Denmark, by Shanas, et al., supported the previous findings in regard to the significance of the elderly individual's subjective evaluation of their health on their attitudes toward life. In this study, findings showed a strong relationship between health assessment and feelings of loneliness and alienation on the part of old people. People who saw themselves as sick were more lonely and alienated than those who saw themselves as well. Shanas estimated that seven to eight per cent of the elderly are either bedridden or housebound. Of the ambulatory aged, she estimated that approximately thirty per cent have difficulty managing stairs, ten per cent have difficulty bathing, eight per cent have difficulty dressing, and twenty per cent have difficulty cutting their toenails. The amount of home care needs was shown to increase with age.

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36 Shanas, op. cit., p. 34.

Housing

Several studies indicated concern about the housing needs of the elderly. Data obtained by the California State Department of Social Welfare from a survey of 250,000 Old Age Security recipients showed that 61.3 per cent of respondents lived in houses, 23.3 per cent in apartments, 2.5 per cent in hotels, 4 per cent in rooming houses and 0.9 per cent in institutions. The California data were said to be comparable for the nation as a whole. The survey showed that for many older people there was considerable disparity between their housing preferences and the actual circumstances in which they lived. The housing problems of the aged derived basically from economic problems.

In a study of housing and community settings for the elderly, housing experts stated that certain design features should be included in all housing for the elderly to assist in meeting the unique needs of this group. These experts recommended that adequate systems of temperature and climate control be installed to supply the additional warmth required by the elderly in their homes; that adequate sources of artificial light be available to provide the greater light intensity

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required by the elderly; that structural alterations be
made to keep noise and sound levels within the acceptable
range and that amplifying systems be provided for door bells,
telephones and television sets when difficulty in hearing is
experienced by the elderly. These experts also recommended
that safety devices should be built into housing units of
older persons. They claimed that most of the accidents the
elderly have occur in their own homes and that minor adjust­
ments could eradicate many of these. They stated that sup­
port bars should be placed in strategic places and that extra
effort was necessary to protect the elderly living at home
from falls, fires and other hazards.

However, Rosow claimed that only a small minority of
the elderly had housing needs. Rosow stated that less than
15 per cent of elderly expressed dissatisfaction with their
housing and that designers exaggerated this problem, which
basically was the result of low income.

Employment

Meaningful employment was seen by a number of writers
as a need of the elderly which remains largely unmet. For
example, the Report of the White House Conference on Aging
stated that "there was general agreement that older workers
in the American economy are facing acute problems relating

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Irving Rosow, Social Integration of the Aged (New
to their employment security. The Report noted that employment is important to the older person, not only for self-support and independence but for healthful living and self-respect. While poor health, obsolescence of skill and age discrimination were given as reasons for older people leaving the labour force, studies showed that older workers often performed as well as, or better than, younger people.

A study by Morse and Weiss, in which a random sample of employed men were asked if they would continue to work if they inherited enough money to live comfortably without working, found that 80 per cent of the men, including people sixty-five years and over, said that they would continue to work. Reasons given for continuing to work ranged from enjoyment of the type of work to keeping occupied and justifying one's existence. Morse and Weiss concluded that men would work even without economic necessity and that work maintains the individual's sense of well-being.

In a study of personal adjustment, Thompson, Streib and Kosa found that among persons sixty years and over, the major determinants of level of morale were work status,

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41 The Nation and Its Older People, op. cit., p. 142.


socioeconomic status and health. Slightly more than half of this sample was composed of retired people. Significant differences were found in the morale levels of the retired and the unemployed. Among the retired persons 62 per cent scored low on morale whereas among the employed persons, 38 per cent scored low. Employment or meaningful activity in retirement also was delineated as a need of the elderly by Bernard Stotsky. Stotsky claimed that a positive relationship existed between good health and participation in some form of social activity. Stotsky saw common problems among the elderly at home as arising from such things as inadequate income, unemployment, widowhood, poor housing, living arrangements, boredom and excessive leisure and long term illness. The critical needs of the aged, Stotsky stated, were for financial independence, adequate housing, opportunities for work and productive use of leisure time, protective services and first class medical and nursing care to preserve health.


47 Ibid., p. 72.

48 Ibid., p. 2
IV. NURSE'S ROLE IN RELATION TO ELDERLY LIVING AT HOME

In 1964, a study by Schwartz, Henley and Zeitz, identified nursing and social service needs of the chronically ill elderly ambulatory patient living at home. More than half their study sample had problems of diet and indicated a need for health education and assistance with medication regimen. Other nursing areas of need were identified as assistance with activities of daily living, skin care, physiotherapy, housekeeping and marketing. Social service needs were identified in the areas related to living arrangements, use of free time, vocational adjustment, financial adjustment, adjustment to illness, and family relationship and morale.

Schwartz, et al., accepted the following definition of the role of the nurse, by Henderson, to guide the planning and implementation of their research study:

The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible.\textsuperscript{50}


\textsuperscript{50} Ibid., p. 178.
These researchers considered that nursing is one of the disciplines essential to planning and implementing comprehensive care of ambulatory patients. Their study showed that by using adequate tools, nurses were able to assess the needs of elderly people and to provide both themselves and other professional groups with a common core of observations that are essential if professional activity is to result in effective care of the elderly at home.

In describing the practice of community health nursing, Freeman defined anticipatory guidance, such as preparing a geriatric patient for problems associated with the aging process, as a specific function of the community health nurse, by virtue of her expertise in public health practice, as well as in nursing.

Other writers similarly have identified the elderly living at home as an at risk group in need of additional preventive and supportive nursing care. The Special Committee of the Senate on Aging recommended that local health agencies keep a record of all persons sixty-five years and over and that public health nurses or social workers visit these people periodically if visits are needed or desired. The Committee

51 Ibid., Preface VII.
52 Ruth B. Freeman, Community Health Nursing Practice (Toronto: W. B. Saunders Company, 1970), p. 34.
stated that procedures should reach out to old people rather than expecting the elderly to come to the agency. They saw counselling as a service which should be more available in health agencies, whether advice was needed on practical matters such as budgeting or more medically oriented subjects such as bereavement or physical illness.

The Committee emphasized the role of the public health nurse, and health agencies in general, in providing or coordinating services for the elderly living at home. In reference to the public health nurse, the Committee noted that the number of visits to the elderly had increased. However, the Committee stated that a great deal more could be done to meet the old person's social and medical needs. They stressed the fact that health is intimately related to matters of employment, housing and recreation and that these matters affect the elderly individual's feelings of usefulness, well being and mental health. The necessity for teamwork in caring for the older person at home also was emphasized by the Committee, who noted that education of the health professions, in the past, had not prepared their members for this role.

54 Ibid., p. 145.
55 Ibid., p. 116
56 Ibid., p. 99.
57 Ibid., p. 120.
While working in a clinic designed to help the aged with their medical problems, Latimer found that a significant portion of her time was spent in meeting the patient’s non-medical needs. She found that the most valued aspect of clinic conferences to the patient was the opportunity to talk freely to a sympathetic listener. Latimer stated that the elderly depend on the nurse, not so much for medical knowledge, but as a friend and adviser.

In an article discussing health programmes for the elderly at home, Archer drew attention to the responsibility of nurses working with this group to be more than just aware of the need to co-ordinate and integrate services. She emphasized the potential influence of the nurse’s role in effecting change. She noted that nurses, as a group, were the largest number of any practitioners working with the elderly and urged that nursing forsake its traditional gerontologic nursing care in order to build new and better ways to meet the expanding needs of the aged population. Archer stressed the complexity of the process involved in providing complete care for the aged. She also noted that the need for


60 Ibid., p. 738.
nurses to fill positions as co-ordinators and liason persons in the field of aging is currently far from met.

A paper submitted to the Eighth International Congress of Gerontology, by Schwenger and Sayers, discussed the role of the public health nurse in the integration of community services to the aged in Canada. Schwenger and Sayers stated that a survey of Ontario health departments indicated that less than one per cent of those sixty-five years of age and over received home visits from a public health nurse in 1965. A similar survey in Edinburgh, Scotland, reported by Schwenger and Sayers, showed that 38 per cent of old people needed the services of a health visitor but only 2.5 per cent received one.

In order to ascertain the importance of a public health nurse's services among the elderly in Ontario, Schwenger and Sayers carried out a survey on the health and living conditions of 600 old age pensioners who were seventy years and over. Results indicated that the public health nurse can and should play an increasing and central role in the integration of community services. The authors concluded that the public health nurse should act as an assessor of needs, health counsellor and primary co-ordinator of other

agencies and individuals providing home services to the aged. The authors also recommended that a register be kept by health departments of all old age pensioners and that visits be made by the public health nurse periodically to those who needed or desired same.

In discussing the professional role in community nursing, Brown made the statement that the existence of visiting nurse services, home-care programmes and similar services, led the laity to believe that the aged can be cared for at home. However, Brown continued, "it must be stated categorically . . . that these services reach only a very small proportion of persons needing them". Brown claimed that many of the neediest never heard of available services. She emphasized the urgency and the opportunity, at the present time, for health professions to develop a variety of models to provide comprehensive home-care services.

Commenting upon the operation of the San Francisco Home Health Service, Brown stated that prior to the appointment of a home health aide field supervisor, public health nurses were used to assess needs and supervise but the co-


63 Ibid.

64 Ibid., p. 510.
ordination of services proved totally inadequate. The significance of changes in community nursing practice, Brown claimed, can be evaluated only in the light of the predominant status of nursing. Brown stated that 60 per cent of all nurses are occupied primarily in carrying out task-oriented functions in hospitals while only 10 per cent of all nurses are employed in the potentially vast field of community nursing. Moreover, Brown claimed, most of these nurses in the community perform only routine and narrowly technical tasks.

Similar findings were reported by the National Commission for the Study of Nursing and Nursing Education in the United States of America. The Commission noted that two out of three nurses were engaged in hospital settings and that the remainder were spread thinly over all other areas of nursing practice.

In Canada, Mussallem quoted similar figures in relation to the deployment of nursing personnel. Less

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65 Ibid., p. 506.
66 Ibid., p. 484.
67 Ibid.
69 Helen K. Mussallem, "The Expanding Role: Where Do We Go From Here?" The Canadian Nurse, Vol. 67, No. 9, (September, 1971), p. 32.
than 7 per cent of nurses in Canada, Mussallem stated, are engaged in public health practice. Moreover, she claimed, only 5 per cent of the health dollar is used in preventive services.

V. SUMMARY

This chapter presented the review of the literature which was divided into three sections. The first section reviewed the literature that focused on the reasons for maintaining the elderly in their own homes. It was found that the physical and mental health of the elderly is preserved best when they are maintained at home. It was found that the elderly themselves prefer this way of life to institutionalization. The literature also suggested that this arrangement was economically advantageous to the society.

The second section reviewed the literature which identified the needs of the aged living at home. Because the authorities quoted had different orientations to their subject, varying emphasis was given to certain aspects of need. However, it was found that there was general concensus in relation to the broad areas in which needs were defined. These areas were found to include interpersonal relations, health, housing, economic security and independent living.

The third section reviewed the literature which examined the nurse's role in relation to the aged living at home. It was found that the literature in this area was
limited. Several authors recommended extension of the current nurse's role in order to meet the needs of the elderly living at home. The potential role of the nurse as an assessor of needs and a co-ordinator of services was stressed. However, there was little evidence in the literature to indicate significant advances in this direction. References to the deployment of nursing personnel in the community suggested one reason for the evident lack of involvement of the nursing profession with the aged living at home. The paucity of studies that examined the elderly person's perception of need and/or the extent to which nurses were involved in helping the elderly individual meet his needs seemed to justify a study in these areas.
CHAPTER III

THE RESEARCH DESIGN AND DEVELOPMENT OF THE STUDY

The descriptive survey method of research was used in the study, which was conducted in Vancouver, British Columbia. The interview method was used to obtain the information needed by the study. This method seemed to be the most appropriate to use in view of the sample population and the nature of the information required.

Thirty elderly people were interviewed in their usual place of residence. All people interviewed were over sixty-five years of age and lived in a private home, either their own or one belonging to a relative.

I. RESEARCH INTERVIEW SCHEDULE

A semi-structured interview schedule was used to obtain information pertinent to the research problem. Because the interview schedule designed by Schwartz, at al., seemed to cover the need areas defined by the literature, this tool, with minor modifications, was chosen for use in the present study. The modified interview schedule is

shown in Appendix A.

Initial questions were designed to determine demographic characteristics of the sample. This identifying information included age, sex, years of schooling, marital status, and birthplace of respondents. Anonymity of the subjects was preserved by use of study numbers in place of names.

The remaining questions were designed to gather data to answer the first question asked by the study relating to perceived need areas. These questions were grouped into six sections in the Schwartz, et al., interview schedule and labelled living arrangements, adjustment to illness, use of leisure time, vocational adjustment, finances, and interpersonal relationships and morale. These categories were considered to correspond with the need areas defined by the literature, namely housing, health, independent living, employment, economic security, and interpersonal relations. The literature-defined need areas were inserted beside the original section headings.

The summary sheet of the schedule was designed to tabulate data relating to perceived needs and to collect data to answer the second and third questions asked by the study. Data relating to perceived needs and intensity of perceived need in each of the above six categories were collected by the first question on the summary sheet. Data

\[2\] *Ibid.*
to answer the second and third questions asked by the study were gathered by the second question on the summary sheet. Certain questions in the body of the schedule allowed a consistency check of answers obtained by the summary sheet in relation to the third question asked by the study. Data gathered by questions 3-6 on the summary sheet related to the elderly individual's perception of the nurse as a potential resource for professional help. The inclusion of these questions was supported by the review of the literature, which suggested that nurses would be seen as hospital-based or involved only in routine and technical procedures. The summary sheet of the Schwartz, et al., interview schedule was revised to meet the specific requirements of this study in providing opportunity for subjective assessment of needs and need resolution by the elderly.

The interview schedule was pretested on five elderly individuals living in their own homes to establish whether the schedule elicited answers to the questions asked by the study. The elderly people used in the pretest lived outside the boundaries of the polling division used to select the sample population. All the pretest sample were referred by friends to the writer, who was unacquainted with the group prior to the pretest. Minor changes were made in the tool

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following pretest. Question 1b, relating to length of time lived in present residence, was added. Length of time in same residence seemed to be an indicator of the continuity of life experience, a factor associated with psychological security by Tibbitts and Donahue. This factor appeared to influence the availability of help from neighbours and the perception of need by the elderly.

II. SELECTION OF THE STUDY GROUP

The list of electors for urban polling division No. 153 of the Vancouver Quadra electoral district was obtained. This electoral division was considered to be representative of a suburban area with the standard health services available. No known survey of community needs in the area had been undertaken. The electoral list contained a total of forty-four individuals who were classified as retired or widowed, or were without a listed employment classification. Of these forty-four individuals, thirty people, or 68 per cent of those potentially qualified, were included in the final sample.

These people were included in the study group on the basis of the pre-determined criteria, namely willingness to participate, over sixty-five years of age, and resident in a

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private home in which no form of institutional care was offered. Reasons for failure to include the remaining fourteen individuals were as follows. Six people were too young to meet the age criterion. Three people were away on holidays. Four people were unwilling to participate. One person was unable to be contacted on three different occasions. This information is shown in Table 1. The study sample represented 82 per cent of the eligible population.

Table 1 Selection of Sample Population

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listed as retired, widowed, or employment unlisted on roll</td>
<td>44</td>
</tr>
<tr>
<td>Too young to meet age criterion</td>
<td>6</td>
</tr>
<tr>
<td>Away on holidays</td>
<td>3</td>
</tr>
<tr>
<td>Unable to make contact</td>
<td>1</td>
</tr>
<tr>
<td>Unwilling to participate</td>
<td>4</td>
</tr>
<tr>
<td>Actual sample population</td>
<td>30</td>
</tr>
</tbody>
</table>

Initial Contact with the Study Group

The potential available sample population was contacted personally at their homes by the writer. No prior contact by mail or telephone was attempted as previous studies using similar populations found that the elderly responded better and participated more when approached in person. All con-

tacts were made in daylight hours to avoid any refusals by the elderly to answer the door to a stranger at night.

After introducing herself by name and as a graduate student in the university nursing programme, the writer briefly described the study and requested the elderly individual's participation, provided the individual met the criteria for inclusion in the study.

The writer carried a letter signed by the Chairman of the thesis Committee identifying her as a bona fide student engaged in an academic pursuit. This letter is shown in Appendix B. However, no one in the proposed study group examined this letter or requested any form of corroboration of the writer's stated purpose.

III. THE INTERVIEWING PROCEDURE

The majority of those approached participated without reservation in the study. With two exceptions, all interviews were conducted at the time the initial contact with the elderly individual was made. A suitable time was arranged with the two people for whom this procedure was not convenient.

In sixteen cases, two people from the same household were included in the study sample. In these instances, interviews were conducted consecutively during the same visit. In one such household, both respondents were present during the total interview process.

Upon completion of the interview, the writer allowed time to answer any questions concerning the interview, the
research purpose or related material. The interview was terminated by an expression of appreciation for the elderly individual's participation.

Self-discipline was necessary at times to guard against the "helping" impulses described by Blenkner and Wasser and Schwartz, et al. These authors claimed that the traditional techniques developed by the helping professions for talking with people frequently are antagonistic to the goals of a structured research interview. At the same time, the writer found that controlled use of social visiting and communication techniques established rapport and seemed to motivate the elderly to participate. The writer attempted to achieve a balanced use of self in order to stimulate participation yet minimize anxiety and procure sound data.

The Responses of the Study Group

The majority of the elderly who participated in the study initially indicated that they wished to be helpful to the writer in completing thesis requirements. Following completion of the interview schedule, many of the sample population indicated strong interest in the schedule's content. There was general acknowledgement of the need for more information regarding the problems of the elderly, especially

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those living in less secure circumstances than the sample population. Recognition was given by many to a need for information about available services in the area.

The interview schedule maintained the focus of the interview on the research task. However, another element frequently was apparent in the interview and became more apparent on completion of the task. Almost all the respondents and two of the people who did not qualify for the study, seemed very anxious to detain the writer. The interview schedule took thirty minutes to complete. However, the writer frequently was in the respondent's home for at least one hour. Upon completion of the interview, most of the elderly people offered refreshments and indicated a desire to prolong contact, talking freely of their lives and current activities. The widowed respondents particularly seemed eager to discuss in detail the loss of their spouse and the resultant changes in their lives.

IV. SUMMARY

The descriptive method of research was used for this study. The interview method was used to obtain the necessary information for the study. An adapted interview schedule was used as the data gathering tool. The selection of the study group was described. Details of the interviewing procedure were outlined. Responses of the study group were discussed.
CHAPTER IV

ANALYSIS OF THE DATA

Responses to each section of the interview schedule were examined to provide information regarding the need characteristics of the study sample in the areas of housing, health, independent living, employment, economic security, and interpersonal relations. One or more need in each area was counted as one.

Descriptive analysis of the data was planned around answering the three questions asked by the study. Supplementary data were analyzed to determine whether the nurse was perceived as a possible resource person in the need areas and who the elderly perceived as their preferred source of professional help.

Data in relation to perceived needs and characteristics of sex, age, years of schooling, marital status and place of birth, were tabulated and tested by the chi square method for significant differences.

I. CHARACTERISTICS OF THE STUDY POPULATION

The sample population consisted of eleven males and nineteen females. Thus 37 per cent of the sample population were males and 63 per cent were females. The range in age
was from sixty-five to eighty-four as shown in Table 2.

Table 2 Age by Sex Distribution of Study Sample

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-69 years</td>
<td>3</td>
<td>8</td>
<td>11</td>
<td>37</td>
</tr>
<tr>
<td>70-74 years</td>
<td>4</td>
<td>8</td>
<td>12</td>
<td>40</td>
</tr>
<tr>
<td>75-79 years</td>
<td>4</td>
<td>2</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>80-84 years</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>19</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

Only one person in the sample population had less than eight years of schooling. Years of schooling ranged from less than eight to more than college graduation as shown in Table 3.

Table 3 Educational Characteristics of Study Sample

Expressed in Total Numbers and Percentages

<table>
<thead>
<tr>
<th>Years of Schooling</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 8</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>8 but less than 12</td>
<td>14</td>
<td>47</td>
</tr>
<tr>
<td>12 but less than college grad.</td>
<td>9</td>
<td>30</td>
</tr>
<tr>
<td>College graduation</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>
The majority of the sample population were born in Canada as illustrated by the following data:

<table>
<thead>
<tr>
<th>Birthplace</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada</td>
<td>21</td>
<td>70</td>
</tr>
<tr>
<td>Scotland</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>England</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>Norway</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

Four people were single in the sample population, sixteen were married, nine were widowed and one was divorced. This information is shown in Table 4.

<table>
<thead>
<tr>
<th>Status</th>
<th>Number</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Married</td>
<td>16</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Widowed</td>
<td>9</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Divorced</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>11</td>
<td>19</td>
</tr>
</tbody>
</table>

II. AREAS OF NEED PERCEIVED BY THE ELDERLY LIVING AT HOME

Data collected by means of the interview schedule showed that sixteen people, or 53 per cent of the study sample perceived needs in one or more areas defined by the literature. Fourteen people, or 47 per cent of the study sample did not perceive needs in the areas defined by the literature. The
majority of perceived needs in both the study by Schwartz, et al., and the present study, were identified in the areas of housing, health, independent living and interpersonal relations. In the present study, needs in the areas of employment and economic security, although present, were not prominent, as indicated in Table 5.

Table 5 Perceived Intensity of Needs of the Study Sample

<table>
<thead>
<tr>
<th>Area of Need</th>
<th>Slight</th>
<th>Moderate</th>
<th>Serious</th>
<th>Critical</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>8</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>Health</td>
<td>6</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>Independent living</td>
<td>6</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Employment</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Economic security</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Interpersonal relations</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
<td>11</td>
<td>3</td>
<td>0</td>
<td>42</td>
</tr>
</tbody>
</table>

From these data it was concluded that the majority of the elderly living at home, in a specific geographical area of Vancouver, perceived themselves as having needs in the need

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areas defined by the literature. The frequency distribution of needs among the sample population is shown in Table 6.

Table 6 Distribution of Perceived Needs of Study Sample

<table>
<thead>
<tr>
<th>Needs</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No needs</td>
<td>14</td>
<td>47</td>
</tr>
<tr>
<td>One area of need</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Two areas of need</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>Three areas of need</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>Four areas of need</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Five areas of need</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Data in relation to perceived needs and characteristics of sex, age, schooling, marital status and birthplace were tabulated. Due to small numbers in study sample, tables were condensed. The chi square binomial test was used to determine the significance of difference between respondents with perceived needs and respondents with no perceived needs in relation to the vital statistics mentioned above. No significant difference was found at the .05 level of significance.

**Housing**

In relation to needs in the area of housing 21 people, or 70 per cent of the study sample, did not perceive any needs. Nine people, or 30 per cent of the study sample, perceived a need for household help with cleaning or garden-
ing, as reported in Table 7.

Table 7 Housing Needs of Study Sample

<table>
<thead>
<tr>
<th>Area of Need</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No needs perceived</td>
<td>21</td>
<td>70</td>
</tr>
<tr>
<td>Assistance with house cleaning</td>
<td>5</td>
<td>16</td>
</tr>
<tr>
<td>Assistance with gardening</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Assistance with cleaning and gardening</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

The need for housekeeping assistance among the elderly living at home, was consistent with findings in other studies. Lack of need in relation to other aspects of housing was inconsistent with these other studies' findings. It was felt that this difference may result from the nature of the present study sample, which contained no apartment or boarding house dwellers. The majority of the study sample also owned the houses in which they lived and were a stable population. At the same time, these findings were not inconsistent with results of a study by Rosow who claimed that less than 5 per cent of the aged spontaneously

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mention housing as a problem.

The majority, or 90 per cent of the study sample, lived in their own homes. Three people, or 10 per cent of the sample, lived with relatives. Most people had lived in their present place of residence for several years, as indicated in Table 8.

Table 8 Length of Time Lived in Present Place of Residence by Study Sample

<table>
<thead>
<tr>
<th>Years at Present Residence</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 or less</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>5 - 9</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>20 - 29</td>
<td>9</td>
<td>30</td>
</tr>
<tr>
<td>30 - 39</td>
<td>12</td>
<td>40</td>
</tr>
<tr>
<td>40 - 49</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>60 - 69</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

These factors, concerning permanence of residence and ownership of place of residence, seemed to make unnecessary several questions on the interview schedule related to satisfaction with housing conditions. None of the respondents were dissatisfied with the condition of their physical housing.

However, ten people, or 33 per cent of the population,

had thought of moving in the last year. The reason given by seven of the respondents related to the large size of their present home. Three people living with relatives stated they would prefer a place of their own. None of these three people had taken any action in this regard. Three of the other seven people, had investigated apartment living. At the time of the interview these people were not considering moving.

In the area of household chores, twenty-six people, or 87 per cent of study sample, did, or assisted with, the housework. Eighteen of these people, or 69 per cent of those doing housework, had no difficulty with chores. Seven people, or 27 per cent, had minor difficulty. One person, or 4 per cent, had help two days per month. One other individual who had no difficulty with housekeeping, had help once a month.

Twenty-one people, or 70 per cent of the study sample, were satisfied with the way the house was kept. Nine people, or 30 per cent of the sample, were dissatisfied because they could no longer maintain house as neatly as they would like. No respondent needed any additional form of household equipment.

Health

In summarizing needs in the area of health, nineteen people, or 63 per cent of the study sample, did not spontaneously perceive needs in this area. However, when asked if help was needed in completing specific activities
or in obtaining certain services associated with health needs, the study sample indicated a need for assistance in every area except one, as shown in Table 9.

Table 9 Number and Percentage of Study Sample Perceiving Needs in Itemized Areas Related to Health

<table>
<thead>
<tr>
<th>Area of Possible Need</th>
<th>Number Perceiving Need in Area</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparing meals or diet</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Medications, dressings, injections</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Shopping, travelling</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Toilet, cosmetic care, dressing</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Housekeeping</td>
<td>11</td>
<td>37</td>
</tr>
<tr>
<td>Gardening</td>
<td>12</td>
<td>40</td>
</tr>
<tr>
<td>Upkeep of house, appliances</td>
<td>10</td>
<td>33</td>
</tr>
<tr>
<td>Occupational therapy, medical care or social services</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Someone with whom to talk over medical or personal problems</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>Obtaining information about available services in area</td>
<td>8</td>
<td>27</td>
</tr>
</tbody>
</table>

In other words, while respondents perceived that they needed help in certain health-related activities, this assistance was not always perceived as constituting a need in the area of health. Thus, the number of respondents who reported that they needed help to perform specific health-
related functions was greater than when these same respondents were asked if they perceived any needs in the area of health.

A possible explanation for findings of this nature was suggested by Rosow, who claimed that older people simply accept increasing disability as normal as long as they can get around and function adequately.

One person, or 3 per cent of the population, thought a nurse could currently provide help in the area of health. This individual saw the nurse as someone to talk to regarding problems. Twenty-nine people, or 97 per cent of the study sample, did not perceive the nurse as being able to help them apart from giving bedside care when necessary. These findings reflected claims by Brown and other nursing authorities in respect to the predominant status of community nursing in which nurses perform only routine and narrowly technical tasks.

There was no comparable increase in the number of respondents who perceived the nurse as helpful to them as a result of listing specific health-related activities in which the interviewees perceived a need for assistance. One person

---

4 Rosow, op. cit., p. 4.

continued to say a nurse could help. Five people, or 17 per cent of the population, were uncertain. Twenty-four people, or 80 per cent of the sample study, did not think a nurse could help them complete the activities or obtain needed services.

The study supported Shanas' findings about the relationship between perceived state of health and the way an individual functions. Twenty-eight people, or 93 per cent of the sample population, saw themselves as not having too much trouble with illnesses in their lifetime. Two people, or 7 per cent of the population saw themselves as having a lot of trouble with illnesses. These two people were among the three people with the highest number of needs, having five and four needs respectively.

When asked to compare their present state of health with others in their age group, these two people rated themselves in poor and fair health respectively. Twenty-one respondents, or 70 per cent of the sample study, rated their health as very good. Six people, or 20 per cent of the study sample, saw their health as good. Two people, or 7 per cent of the study sample, saw their health as fair. One person, or 3 per cent of the study sample rated his state of health as poor in comparison with his own age group. This infor-

The individual rating health as poor in comparison with his own age group, had the highest number of needs in the sample group. This individual also had more than one medical condition for which regular medical treatment was received. The two people with the next highest number of needs rated their health respectively as fair and very good. Neither of these people had conditions necessitating regular medical treatment. Twenty-one people, or 70 per cent of the sample study, had no condition necessitating regular medical treatment. This figure was not consistent with the findings of the study by the United States Department of Health, Education, and Welfare, reported in the review of the literature, which stated that 70 per cent of the aged suffered with

### Table 10 Respondents' Perception of Health in Comparison with Own Age Group

<table>
<thead>
<tr>
<th>Health Rating</th>
<th>Male</th>
<th>Female</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very good</td>
<td>8</td>
<td>13</td>
<td>21</td>
<td>70</td>
</tr>
<tr>
<td>Good</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>Fair</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Poor</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>19</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>
some form of chronic disease. These results may be explained by the findings of Shanas, who showed that perceived state of health is a relative matter not always consistent with the findings of a physical examination. The breakdown of medical conditions for which treatment was received in relation to perception of health is shown in Table 11.

Table 11 Health Perceptions of Study Sample in Relation to Number of Conditions Necessitating Medical Treatment

<table>
<thead>
<tr>
<th>Perceived Health</th>
<th>No Medical Condition</th>
<th>One Medical Condition</th>
<th>One or More Medical Conditions</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very good</td>
<td>18</td>
<td>2</td>
<td>1</td>
<td>21</td>
</tr>
<tr>
<td>Good</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Fair</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Poor</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>7</td>
<td>3</td>
<td>30</td>
</tr>
</tbody>
</table>

The conditions for which the study sample received regular medical treatment are indicated below:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis and diabetes</td>
<td>1</td>
</tr>
<tr>
<td>Arthritis and ulcerated leg</td>
<td>1</td>
</tr>
</tbody>
</table>


8 Shanas, op. cit., p. 34.
<table>
<thead>
<tr>
<th>Condition</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis</td>
<td>3</td>
</tr>
<tr>
<td>Hypertension</td>
<td>1</td>
</tr>
<tr>
<td>Hypertension, ulcer, C.V.A.</td>
<td>1</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1</td>
</tr>
<tr>
<td>Parkinson's Disease</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9</strong></td>
</tr>
</tbody>
</table>

Only one person saw his condition as a big problem. Seven people saw their conditions as some problem. One saw his condition as no problem because his diabetes was controlled and caused him no inconvenience.

All nine individuals considered their medical condition had changed their lives. Six people saw the change as of little importance. Two people saw the change as fairly important. One person saw the change as very important. No one had any difficulty following physician's orders or required more information concerning his condition.

Three people, or 10 per cent of the population, worried about their health. Two of these people perceived themselves as in poor and fair health respectively. These people had no medical condition requiring regular treatment. The third person rated himself in good health but worried about future functioning of a fractured elbow. Two of the three people felt they could discuss fears with their physician but would not bother him. Two of the three said they would discuss fears with a nurse. However, both people stated they did not think a nurse could help them.

Nine people, or 30 per cent of the study sample,
were housebound in the preceding five years. The reasons for their confinements are shown in Table 12.

Table 12 Reasons for House Confinement of Study Sample in Last Five Years

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute illness</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Acute incident in chronic illness</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Chronic disability</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Trauma</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9</strong></td>
<td><strong>30</strong></td>
</tr>
</tbody>
</table>

All nine people used help in this period. One person required primarily nursing help. Two people required primarily house-keeping help. Six people required both nursing and house-keeping help. Four people used someone in the household for help. Five people used household help together with someone from outside the household. In relation to outside help, four people required professional help. Five people required non-professional help.

Seven people, or 23 per cent of the study sample, were not sure they could get assistance at night if needed. For five of these people, this situation represented a change over the last few years. One person was not concerned about this need. Two people were frightened about the situation. Two people accepted the situation as unavoidable.

In relation to capacity, twenty-four people, or 80
per cent of the study sample, walked without assistance. Six people, or 20 per cent of the study sample, used a crutch or cane. No one used a wheelchair or walker or wore any kind of brace. The majority of people managed to travel without any problems. Twenty-one people, or 70 per cent of the study sample, never had any difficulty travelling. Seven people, or 23 per cent of the study sample, had occasional difficulty. Two people, or 7 per cent of the study sample, often had difficulty travelling. The degree of difficulty experienced by the study group is shown in Table 13.

Table 13 Degree of Task Difficulty Experienced by Sample Population

<table>
<thead>
<tr>
<th>Activity</th>
<th>Don't Know</th>
<th>Easily</th>
<th>With Difficulty</th>
<th>Not at All</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Climb a curb</td>
<td>0</td>
<td>28</td>
<td>2</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td>Climb stairs</td>
<td>0</td>
<td>26</td>
<td>4</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td>Go down stairs</td>
<td>0</td>
<td>23</td>
<td>6</td>
<td>1</td>
<td>30</td>
</tr>
<tr>
<td>Use a bus</td>
<td>1</td>
<td>25</td>
<td>3</td>
<td>1</td>
<td>30</td>
</tr>
<tr>
<td>Use a car</td>
<td>0</td>
<td>29</td>
<td>1</td>
<td>0</td>
<td>30</td>
</tr>
</tbody>
</table>

Five people, or 17 per cent of the study sample, had been visited by a nurse since retirement. All five perceived the nurse as helpful. However, all five primarily perceived the nurse's function as giving bedside care. No one currently had a nurse visiting.
Independent Living

In summarizing the perceived needs in relation to independent living, the majority of the study sample were satisfied with their way of life. Nine people, or 30 per cent of the study group, perceived needs in this area and would like to spend time differently. Seven of these people, or 24 per cent of the total population, would like more social contacts. One of these people, or 3 per cent of the study sample, would like to be more independent of relatives. One person, or 3 per cent of the study sample, would like to die. However, twenty-one people, or 70 per cent of the study sample, would not like to spend their time any differently and perceived no needs in this area.

The sample population participated in a wide variety of activities, as shown in Table 14. Every member of the study sample watched television. The same number said they sit and chat. Most people, 90 per cent of the study sample, read magazines or books. Almost everyone, 97 per cent of the study sample, went to the movies, concerts, or sports events. The majority of people, 83 per cent, regularly took walks. Twenty-four people, or 80 per cent of the population, went to church. The same number took regular vacations. Twenty people, or 67 per cent of the population, practised hobbies. The same number attended meetings, and played cards regularly. Twenty-one people, or 70 per cent of the study sample, sat quietly at times
and did nothing.

Table 14 Activities Done Often and Occasionally by Numbers and Percentage of Study Sample

<table>
<thead>
<tr>
<th>Activity</th>
<th>Done Often</th>
<th>Done Occasionally</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take walks</td>
<td>12</td>
<td>13</td>
<td>25</td>
<td>83</td>
</tr>
<tr>
<td>Listen to T.V. or radio</td>
<td>17</td>
<td>13</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Play cards</td>
<td>15</td>
<td>5</td>
<td>20</td>
<td>67</td>
</tr>
<tr>
<td>Go to church</td>
<td>4</td>
<td>20</td>
<td>24</td>
<td>80</td>
</tr>
<tr>
<td>Go to movies, sports or concerts</td>
<td>13</td>
<td>16</td>
<td>29</td>
<td>97</td>
</tr>
<tr>
<td>Practice hobbies</td>
<td>12</td>
<td>8</td>
<td>20</td>
<td>67</td>
</tr>
<tr>
<td>Go to meetings</td>
<td>12</td>
<td>8</td>
<td>20</td>
<td>67</td>
</tr>
<tr>
<td>Sit and chat</td>
<td>11</td>
<td>19</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Read magazines and books</td>
<td>16</td>
<td>11</td>
<td>27</td>
<td>90</td>
</tr>
<tr>
<td>Take vacations</td>
<td>4</td>
<td>20</td>
<td>24</td>
<td>80</td>
</tr>
<tr>
<td>Sit quietly by self and do nothing</td>
<td>5</td>
<td>16</td>
<td>21</td>
<td>70</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>13</td>
</tr>
</tbody>
</table>

If done at all, watching television, reading, playing cards, and going to the movies, were seen most characteristically as part of the daily routine. Going to church, taking vacations, sitting chatting or sitting quietly by oneself doing nothing, were the major sources of diversion done occasionally. These findings, in relation to the activities of the elderly, were similar to those found by Schwartz, et
However, the percentage of the study sample participating in activities was much higher than in the study by Schwartz, et al. The sample group's economic security, level of schooling, and prolonged membership in one community, may be factors affecting these findings. The study sample's high activity level also may be related to their actual and/or perceived state of good health. Stotsky claimed that a positive relationship existed between good health and participation in some form of social activity.

The proportion of respondents belonging to organizations also was higher than that reported by Schwartz, et al. Twenty individuals, or 67 per cent of the population, attended meetings of the following organizations:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Number attending meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Citizen's Association</td>
<td>8</td>
</tr>
<tr>
<td>Church</td>
<td>9</td>
</tr>
<tr>
<td>Volunteer groups</td>
<td>3</td>
</tr>
<tr>
<td>Masons</td>
<td>4</td>
</tr>
<tr>
<td>Adult Education Association</td>
<td>1</td>
</tr>
<tr>
<td>Bowling club</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>26</strong></td>
</tr>
</tbody>
</table>

Two of these people belonged to both a church organization

9 Schwartz, et al., op. cit., p. 92.


11 Schwartz, et al., op. cit., p. 96.
and the Senior Citizens' Association. One person belonged to the Senior Citizens' Association and a Volunteer group. Two people belonged to a Volunteer group and the Masons.

The study sample was heterogeneous in respect to choosing an activity which gave the highest degree of satisfaction to them. Sitting and chatting and visiting with friends and relatives was considered most frequently to give the most satisfaction. Since this activity was mentioned by the whole study sample as an activity engaged in at least occasionally, this finding is reassuring in respect to the elderly person's meaningful use of time. However, only one person mentioned watching television as his most satisfying activity. Yet, this activity most frequently was engaged in by the total population of the sample. With one exception, these findings were similar to results reported by Schwartz, et al. Whereas all the present study sample mentioned an activity that gave satisfaction, 13 per cent of the Schwartz, et al., study sample answered the question negatively. Information about satisfaction in relation to various activities is

12 Ibid., p. 98.
given in Table 15.

Table 15 Activities Giving Highest Degree of Satisfaction as Selected by Number and Percentage of Study Population.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number Choosing</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitting, chatting and visiting with relatives and friends</td>
<td>9</td>
<td>30</td>
</tr>
<tr>
<td>Senior Citizens' Association</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Volunteer groups</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Working around house</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Sporting activities</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Travelling</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Gardening</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Reading</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Bridge</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Craftwork</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Talking, playing with pets</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Watching television</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

Twenty-three, or 77 per cent of people who liked to spend time outside the house at a particular place, usually went there because they talked to acquaintances and friends. Most people, 70 per cent of the study sample, spent time at the library. Eighteen people, or 60 per cent of the study
sample, spent time at clubs. Thirteen people, or 43 per cent of the study sample, spent time with relatives and friends.

The majority of people preferred to sit and chat with neighbours and friends as opposed to household members. Four people, 13 per cent of the study sample, liked to sit and chat with household members. Twenty-one people, 70 per cent of the study sample, liked to chat to neighbours, acquaintances and friends. Five people, or 17 per cent of the study sample, preferred to chat mainly with friends.

The majority of people who liked to take vacations, travelled widely. Fifteen people, or 50 per cent of the population, liked to travel abroad. Nine people, or 30 per cent of the study sample, liked to travel around Canada.

People who liked to sit quietly by themselves and do nothing usually reminisced, an activity regarded as essential to the achievement of the developmental tasks of later maturity, postulated by Havighurst. Thirteen people, or 43 per cent of the study sample, sat and thought about the past. Nine people, or 30 per cent of the population, never sat quietly doing nothing. Five people, or 17 per cent of the study sample, sat and planned for the future. One person, or 3 per cent of the study sample, sat and wished for death. This individual was in the 80-84 years age group, lived with

---

relatives, and perceived needs in four areas. Two people, or 7 per cent of the study sample, sat and wished their life situations were different. Both these people lived with relatives and perceived needs in three or more areas.

Three people, or 10 per cent of the study sample, had thought about moving where they could get more care or companionship in the last year. Two of these people were in the 70-74 years age group and had thought about entering a nursing home. One person was in the 80-84 years age group and had thought of entering an old age institution. Two of the three lived with relatives. All three were the highest need respondents of the study sample. None of the three had done anything about arranging to move.

These same three people, or 10 per cent of the study sample, found time hung heavily on their hands. Twenty-seven people, or 90 per cent of the study sample, found time passed quickly. Only two people, or 7 per cent of the study sample, felt differently than they had in the past about doing things with people or alone. Both people were females in the 70-74 years age group who used to prefer to do things with other people, but now preferred to be alone. One of these two people was the highest need respondent, perceiving herself with needs in every area except one. The other person had needs in three areas.

**Employment**

Only one person, or 3 per cent of the study sample, indicated a need in the area of employment. This individual
had retired less than one year and stated that he missed the social involvement of his previous employment. Twenty-nine people, or 97 per cent of the study sample, perceived no needs in the area of employment. Research noted in the review of literature found that men would continue to work even without economic necessity and that work maintains the individual's sense of well-being. The present study sample, indicated little desire for re-employment. This result may be explained by the high activity level of the study sample which in turn may compensate for lack of employment.

Of the study sample, thirteen people, or 43 per cent were housewives, who had not worked for a salary since marriage, many years previously. The remaining seventeen people, 57 per cent of the study sample, were retired from employment. Eleven of these people, or 37 per cent of the study sample, retired more than five years ago. The remaining six people, 20 per cent of the sample, retired more recently as shown by the following data:

<table>
<thead>
<tr>
<th>Years retired</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year ago</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>1 - 2 years ago</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>2 - 5 years ago</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>More than 5 years ago</td>
<td>11</td>
<td>37</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>17</strong></td>
<td><strong>57</strong></td>
</tr>
</tbody>
</table>

The major reason given for retiring was employer's decision because of age. Eight people, or 47 per cent of the retired population, gave this reason. Four people stated that they "wanted to enjoy leisure". Two people claimed that "disability interfered". Three people respectively gave as reasons for retiring, "work too strenuous", "own decision, felt old enough to quit" and "illness in the family".

Little interest was shown by the study sample regarding working again if jobs were available. One person, 3 per cent of the population, was possibly interested in working full time. Interest in re-employment is illustrated in Table 16. Schwartz, et al., found similar disinterest in re-employment among a predominantly blue-collar retired sample. Neither of these two studies' findings were consistent with the Report of the White House Conference on Aging, which stated that older people face acute problems related to employment, which is needed for independence, healthful living and self-respect.

Table 16  Interest in Re-employment Among Retired

<table>
<thead>
<tr>
<th>Type of Employment</th>
<th>Number Enthusiastic</th>
<th>Number Interested</th>
<th>Number Disinterested</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full time employment</td>
<td>0</td>
<td>1</td>
<td>29</td>
<td>30</td>
</tr>
<tr>
<td>Part time employment</td>
<td>3</td>
<td>10</td>
<td>17</td>
<td>30</td>
</tr>
</tbody>
</table>

15 Schwartz, et al., op. cit., p. 72.

None of the study sample had looked for work in the preceding year. One occasionally worked if needed by ex-employer. The sample was weighted in the direction of professional and housewife job categories as evidenced by the following data:

<table>
<thead>
<tr>
<th>Previous work category</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional</td>
<td>12</td>
<td>40</td>
</tr>
<tr>
<td>Technical</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Unskilled</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Housewife</td>
<td>15</td>
<td>50</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>30</td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

The majority of people, 84 per cent, had been happy in their jobs, including all but one of the housewives. Four people, 13 per cent of the study sample, worked because the job had to be done. One person, 3 per cent of the study sample, was discontented with employment.

In reference to the longest job held in his working life, each respondent was asked what things he liked about his work. Twelve people, 40 per cent of the study sample, liked their job because it was interesting work. Four people, 13 per cent of the population, liked their job because they had friends at work. Two people, including the discontented housewife, liked nothing about their jobs. Twelve people, or 40 per cent of the study sample, predominantly housewives, regarded their work as a natural way of life and did not think about it.
Economic Security

There was little evidence of perceived needs in the area of economic security. The majority of the study sample saw themselves as financially comfortable. Two people, 7 per cent of the sample population, perceived a need in this area. However, their need was perceived more in relation to a possible future need than a present one. Many individuals had two sources of income and many previously had held high paying professional jobs. The majority were married with two incomes to sustain them and most lived in their own homes. These factors possibly explain differences in respect to income and finances between the study sample and other studies' findings in these areas.

The monthly income of the study sample ranged from $100 - $349. Seventeen people, or 57 per cent of the study sample, had an income above $250 per month, more than a "healthful" budget for a couple, as defined by the Bureau of Labor Statistics in 1958. Information related to income


18 Schwartz, et al., op. cit., p. 70.
of the study is shown in Table 17.

Table 17 Monthly Income by Number and Percentage
Of the Study Sample

<table>
<thead>
<tr>
<th>Monthly Income</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>$100 - $149</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>150 - 199</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>200 - 249</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>250 - 299</td>
<td>10</td>
<td>33</td>
</tr>
<tr>
<td>300 - 349</td>
<td>7</td>
<td>24</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

Only two people, 7 per cent of the study sample, thought they had any difficulty managing on their incomes. When questioned "where do you feel the pinch most", the respondents mentioned the purchase of luxury items such as color television or expensive tickets to shows. When asked to rate themselves financially as "comfortable", "have enough to get by on" or "do not have enough to get by on", these two people stated they had enough to get by on.

The majority of the study sample, twenty people, or 67 per cent, thought they had enough to get by on. Ten people, 33 per cent of the population, placed themselves as comfortable. No one in the study sample thought they did not have enough to get by on.

When asked about their expectations regarding their financial situation, twenty people, or 67 per cent of the
study sample, expected their financial situation to stay the same over the next five years. Nine people, 30 per cent of the study sample, did not know what their situation would be in five years. One person, 3 per cent of the study sample, expected his financial situation to get worse.

Interpersonal Relations

In relation to needs and interpersonal relationships, eight people, or 27 per cent of the study sample, perceived a need in this area. Twenty-two people, or 73 per cent of the sample, did not perceive any needs in this area. Most of the sample either lived with family members or could rely on friends and relatives in times of need. The majority of the population had frequent contact with friends and relatives and were satisfied with their present life.

Almost three-quarters of the study sample lived with other people in the house. Twenty-two people, or 73 per cent of the population, had family members in the home. Eight men and eight women, 54 per cent of the population, lived with their spouses. The remaining six people, 19 per cent of the population, lived with their respective sons, daughters, or sisters. All twenty-two people could get help, if needed, from the individuals with whom they lived. Fifteen people, or 50 per cent of the study sample, could expect to be looked after by those with whom they lived. Seven people, or 23 per cent of the study sample, could expect the individuals with whom they lived to get aid if necessary to care for them.

Eight people, or 27 per cent of the study sample, lived
alone. However, none of these people were without close friends or relatives whom they saw frequently. All eight people could expect help from relatives and friends if needed. The majority of the study sample also could rely on neighbours for help when necessary in relation to shopping, preparation of meals, or getting some form of emergency assistance.

Every member of the study sample had friends or relatives whom they had seen at least once in the past six months. Nineteen people, or 64 per cent of the study sample, had seen their friends several times in this period. Ten people, or 33 per cent of the study sample, had seen their friends weekly. One person, or 3 per cent of the study sample, had seen his friend once in the last six months.

Every member of the study sample also had seen relatives, other than those with whom they lived, at least once in the last six months. Two people, or 7 per cent of the study sample, had seen their relatives once in the last six months. Twenty-four people, or 80 per cent of the sample, had seen relatives several times. Ten people, or 13 per cent of the study sample, had seen relatives weekly in the last six months. The social contacts of the study sample were significantly higher than those found by Schwartz, et al., whose sample had only sparse or occasional contact.  

19 Schwartz, et al., op. cit., p. 89.
These researchers believed that people who lack community ties lack a valuable bulwark against psychosocial problems.

During the last month, five people, or 17 per cent of the study sample, had felt lonely often. Two people, or 7 per cent of the study sample, had felt lonely, but not often. These people stated that loneliness was experienced as only a passing feeling. Twenty-three people, or 77 per cent of the study sample, had not felt lonely in the past month.

The majority of the sample did not see the previous five years as a period of great change and decision. Twenty-three people, or 77 per cent of the study sample, experienced no sense of unexpected or traumatic change. These people knew certain changes, such as retirement, had occurred. However, these respondents did not perceive such expected adjustments as denoting a period of change and decision. Seven people, or 23 per cent of the population, did feel that the last five years had been a period of change and big decisions. Six of these seven people perceived they had needs in three or more areas.

The most important changes or decisions these seven people made, involved some measure of loss and adjustment to

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20 Ibid.
loss, as indicated in Table 18.

Table 18 Changes and Decisions Made by Portion of the Study Sample in Last Five Years
(N=7)

<table>
<thead>
<tr>
<th>Changes and Decisions Made</th>
<th>Number Making Change</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjustment to living alone following death of spouse</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Acceptance of dependency in living with relatives</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Move from eastern Canada, loss of family home</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Business sold followed by retirement</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7</strong></td>
<td><strong>23</strong></td>
</tr>
</tbody>
</table>

When asked "are you satisfied with the above change or decisions", six people, or 20 per cent of the population in question, gave a "qualified yes" answer. One person, or 3 per cent of the population in question, was not satisfied with the change. The reasons for qualifying these answers, or giving a negative response, were as follows:

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficult to adjust to loss of a spouse and living alone</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Unable to exercise any choice, due to age and helplessness, reliant on relatives</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>No friends in British Columbia, unfamiliar with the area</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Work as a source of satisfaction that has not been replaced</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7</strong></td>
<td><strong>23</strong></td>
</tr>
</tbody>
</table>
When asked what changes they anticipated having to make in the next year, twenty people, or 67 per cent of the study sample, did not think they would have to make any important changes in the next year. Eight people, or 27 per cent of the study sample, did not know if any important changes would have to be made. Two people, or 6 per cent of the population, thought they would have to make important changes. The possible causes of future changes are given in the following data:

<table>
<thead>
<tr>
<th>Possible Causes Necessitating Change</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>May get ill</td>
<td>2</td>
</tr>
<tr>
<td>Increasing age, may need help</td>
<td>2</td>
</tr>
<tr>
<td>Home too big, getting difficult to look after</td>
<td>2</td>
</tr>
<tr>
<td>Desire to travel, may sell home</td>
<td>1</td>
</tr>
<tr>
<td>May become increasingly incapacitated and need full-time nursing home care</td>
<td>2</td>
</tr>
<tr>
<td>Probably will die</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>

Three of these ten people had discussed the matter of possible changes with other people. One person had discussed the subject with a relative. Two people discussed the subject with a friend. Seven people had not discussed the matter with anyone. Two people would like to discuss the matter further. Two people would not like to discuss the matter. Six people did not know if there was any point in discussing the subject.

When asked with whom they would discuss the subject, given the desire and choice, four of the ten people, or 14 per cent of the study sample, mentioned a friend. One person, 3 per cent of the sample, mentioned a relative. Two people, 7
per cent of the study sample, chose their physician. One person, or 3 per cent of the sample, did not know with whom they would choose to discuss the subject. It was significant in terms of the present study, that none of the elderly perceived the nurse in this confidante role.

When asked how satisfied they felt with life at present, twenty-two people, or 73 per cent of the study sample, were quite satisfied, the highest level of satisfaction allowed by the schedule. The percentage figure was higher than apparent in similar studies of the aged. These responses may be explained by the differences between the samples, in relation to economic security, housing security, activity level and social contacts. The nature of the satisfaction responses are demonstrated in Table 19.

Table 19 Responses of the Study Sample in Respect to Satisfaction with Present Life

<table>
<thead>
<tr>
<th>Level of Satisfaction</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quite satisfied</td>
<td>22</td>
<td>73</td>
</tr>
<tr>
<td>Fairly satisfied</td>
<td>5</td>
<td>17</td>
</tr>
<tr>
<td>Somewhat dissatisfied</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Usually dissatisfied</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

21 Schwartz, et al., op. cit., p. 99; see also Meiners, et al., op. cit., p. 42.
When asked if things had turned out more or less the way they had hoped, seventeen people, or 57 per cent of the study sample, replied in the affirmative. Nine people, or 30 per cent of the population, replied in the negative. Four people, or 13 per cent of the study sample, could not express an opinion. Of the thirteen people in the latter two categories, eleven people, or 37 per cent of the study sample, accepted and were resigned to the difference between their expectations and reality. One person, or 3 per cent of the population, was pleased with the way things had evolved. One person, or 3 per cent of the study sample was displeased.

III. MET AND UNMET NEEDS

Information in respect to met and unmet needs was provided by the summary sheet of the interview schedule. At the completion of each section, respondents who perceived needs in the specified area were asked if these needs were being met. Sixteen people, or 53 per cent of the study sample perceived forty-two examples of need. Thirty-two, or 76 per cent of the perceived needs were not being met. Ten need situations, or 24 per cent of perceived needs, were being met. The distribution of the met
and unmet needs of the study sample are shown in Table 20.

Table 20 Distribution by Need Areas of Met and Unmet Needs of the Study Sample

<table>
<thead>
<tr>
<th>Area of Need</th>
<th>Number of Need Situations Unresolved</th>
<th>Number of Need Situations Resolved</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>9</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>Health</td>
<td>7</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>Independent living</td>
<td>7</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Employment</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Economic security</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Interpersonal relations</td>
<td>7</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>32</td>
<td>10</td>
<td>42</td>
</tr>
</tbody>
</table>

All respondents, who indicated that perceived needs were not being met, accepted their need situation as unavoidable. These data showed that the majority of the elderly with needs in the selected sample do not perceive their needs as being met.

IV. NURSING INVOLVEMENT IN HELPING THE ELDERLY MEET NEEDS

Information collected by the summary sheet of the interview schedule answered the third question asked by the study. Additional information was gathered by the summary sheet in respect to which professional group was perceived by the study sample as potentially most helpful to them in
meeting needs.

Data showed that none of the study sample, who perceived needs as being met, saw the nurse as involved in helping them meet their needs. The previous section of Chapter Four indicated that the sixteen elderly who perceived need areas saw ten need situations, or 24 per cent of perceived needs, as being met. In relation to these resolved needs, the sample population perceived the majority of need situations to be resolved by their own actions. Seven need situations, or 70 per cent of resolved needs, were perceived by the elderly to be resolved through self-action. In 20 per cent of resolved need situations, the study sample perceived relatives to be involved in helping them meet their needs. In 10 per cent of the resolved need situations, social workers were perceived as helping the elderly meet their needs. The manner in which the study sample perceived their need situations to be resolved is shown in Table 21.

Table 21 Means by Which Study Sample Perceived Needs Met

<table>
<thead>
<tr>
<th>Area of Met Need</th>
<th>Resolved by Self</th>
<th>Resolved by Relative</th>
<th>Resolved by Social Worker</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Health</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Independent living</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Employment</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Economic security</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Interpersonal relations</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>7</td>
<td>2</td>
<td>1</td>
<td>10</td>
</tr>
</tbody>
</table>
The total study sample also was questioned about their perception of the nurse's role in relation to the needs of the elderly living at home. All respondents were asked whether they thought a nurse could help them or assist them to get help should needs occur in any of the areas discussed during the interview.

Twenty-six people, or 87 per cent of the study sample, did not think a nurse could help unless bedside care was necessary. Given these conditions, none of these respondents would contact a nurse prior to consultation with a physician. Four people, or 13 per cent of the study sample, were uncertain whether a nurse could help to meet potential needs. Two of these people thought a nurse may be able to advise them where to get necessary help. The other two people thought a nurse may be a helpful person with whom to discuss personal problems. However, these two people perceived the social worker to be more helpful in this role. As mentioned previously, these findings reflected readings in the review of literature related to the urgent need to expand the concept of community nursing and the current nurse's role.

The majority of the population, twenty-five people, or 83 per cent knew where to get in touch with a nursing service. However, all of these people, with one exception,

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Brown, op. cit., p. 484; see also Schwenger and Sayers, op. cit., p. 96.
stated they would not contact a nurse directly but initially would consult with a physician. Five people, 17 per cent of the study sample, did not know where to obtain a nurse's assistance.

When asked which professional group or person they would contact first regarding problems or needs in the areas discussed, the majority of respondents mentioned the physician as their preferred source of help. Twenty-two people, or 73 per cent of the study sample, stated they would discuss problems with their respective physicians. However, several of these respondents also indicated their reluctance to waste their physician's valuable time with personal problems. Three people, or 10 per cent of the study sample, said they would contact directly a service agency which dealt with their specific need. Five people, or 17 per cent of the study sample, stated they would seek the advice of a friend or relative as to whom they should contact.

Little more than half of the study sample knew the health and service agencies available to assist them in the area. Sixteen people, or 53 per cent, thought they knew most of the available services. Fourteen people, or 47 per cent of the study sample, did not think they had adequate knowledge of available services.

V. SUMMARY

The data obtained by the interview schedule were presented. A description of the study population in terms
of vital statistics was given. Data collected by each section of the interview schedule and the summary sheet were described.

The data answered three questions asked by the study. Data showed that 53 per cent of the study sample perceived needs in one or more of the need areas defined by the literature, namely housing, health, independent living, employment, economic security, and interpersonal relations.

Data showed that the majority of perceived needs were not met. Forty-two instances of perceived need were identified by the study sample. Thirty-two, or 76 per cent, of these perceived needs were not met.

Data showed that none of the study population, who perceived needs as being met, saw nurses as involved in helping them meet these needs. Moreover, supplementary data showed that 87 per cent of the total study sample did not perceive nurses as being potentially able to help them meet needs in the defined areas of need. Twenty-two people, or 73 per cent of the study sample, nominated the physician as their preferred source of professional help. A little less than half the study sample, 47 per cent, did not think they had adequate knowledge regarding available services in the area.
CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

I. SUMMARY

The purpose of this study was to gather information about the perceptions of the elderly living at home in relation to their needs. The nature of the study was descriptive. The study was designed to answer three questions:

1. Do the elderly living at home in a specific geographical area of Vancouver perceive themselves as having needs in the need areas defined by the literature, namely housing, health, independent living, employment, economic security and interpersonal relations?

2. Do the elderly in the selected sample perceive their needs as being met?

3. Do the elderly in the selected sample perceive nurses as involved in helping them meet their needs?

A review of the literature related to aging was undertaken in three areas: The first section focused on reasons for maintaining the elderly in their own homes. The second section focused on specific needs of the elderly living at home. The third section focused on the nurse's role in relation to the elderly living at home. This review showed that the physical and mental health of the elderly is best
preserved when they are maintained in their homes. General broad areas of need were identified in relation to housing, health, independent living, employment, economic security and interpersonal relations. Systematic studies of the nurse's role in relation to the elderly living at home were limited. The potential role of the nurse as an assessor of needs and a co-ordinator of services was stressed.

A semi-structured interview schedule was used to obtain information pertinent to the research problem. The interview schedule was divided into sections which corresponded with six areas of need defined by the literature. A summary sheet allowed for definition by the respondents of perceived needs in these areas, the degree to which these needs were met and the extent to which nurses were involved in helping them meet these needs.

The study population was drawn from the list of electors for urban polling division No. 153 of the Vancouver Quadra electoral district. Thirty individuals were included in the study sample on the basis of the pre-determined criteria, namely willingness to participate, over sixty-five years of age and resident in a private home in which no form of institutional care was offered.

Descriptive analysis of the data gathered by the interview schedule was carried out. Tables were constructed and presented. The chi square test was used to determine the significance of differences between respondents who perceived needs and respondents with no perceived needs in relation to
sex, age, years of schooling, marital status and place of birth. No significant differences were found at the .05 level of significance. Analysis of data focused on answering the three questions asked by the study. It was found that the majority of the study sample, 53 per cent, perceived needs in one or more of the areas defined by the literature. Data showed that the majority of perceived needs, 76 per cent, were not met. The elderly who saw their needs as being met did not perceive nurses as involved in helping them meet these needs. The majority of the total study sample, 87 per cent, did not perceive nurses as potentially helpful in assisting them to meet needs in the defined need areas.

II. CONCLUSIONS

On the basis of these findings, certain conclusions were drawn.

1. The elderly may not be the best identifiers and reporters of their own needs and may require help in defining specific need areas.

   (a) An assumption of the study, based on the literature, was that the elderly are able accurately to perceive and report their needs. This assumption, to some extent, was found to be incorrect. In some cases, respondents indicated that they needed help in certain areas. However, these same respondents did not report a perceived need in these areas. A possible explanation for
this response may be that the study sample did not perceive "help" or "assistance" to constitute a "need". At the same time, the elderly may correlate growing old with having deficits, which are not perceived as needs. On the other hand, results may be an artifact of the technique used. Alternatively, cultural factors may encourage a reluctance among the elderly to state needs insofar as definition of a need may be interpreted as the difference between dependence and independence. This factor may be significant in respect to the study sample's perception of the nurse as helpful only in circumstances in which the respondent was placed in a dependent role.

Moreover, the majority of the study sample answered negatively questions related to a need for company or the need for someone with whom to discuss problems. Yet almost every respondent seemed eager to detain the interviewer and express his feelings in regard to present life style and problems. The disparity between the study sample's recognized needs and demonstrated behaviour led to the conclusion that the majority of respondents under-identified some areas of need. The behaviour of the study sample implied that most respondents had
an unperceived need for someone to fill the confidante role described in the literature.

2. Professionals are able accurately to define need areas in relation to the elderly living at home.

(a) Results suggested that professionals are more able to define relevant need areas than some authorities allow. For example, Rosow claimed the perception of experts, in relation to the needs of the elderly, was warped. However, the perceived needs of the study group corresponded with the need areas defined in the literature.

(b) At the same time, results indicated that uniform needs of the elderly were difficult to determine other than in broad areas. In comparison with similar populations, the study sample seemed able to cope with problem situations, such as retirement, for example, very effectively. These findings suggested that


prior to generalized programme planning, assessment of needs, in relation to specific groups of the elderly living at home, would be necessary. Results supported opinions expressed by Lane, who claimed that no other age group manifested individual differences as much as the elderly. Lane further stated that generalizations about the aged were difficult to make and seldom true. Findings of the present study implied that variables, such as adequate income, ownership of home and long standing residence in a stable community, may be more significant factors, in the varying degrees of need experienced by the elderly living at home, than has been established to date.

3. The existent system of health care is not appropriate to meeting the needs of the elderly living at home.

Although the majority of the study sample perceived needs, few actively sought access to services, a corollary of the present delivery system. Results suggested that the patterns of health care delivery should be adapted to enable health professionals to

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3 Harriet C. Lane, "Physiological Changes in Aging and Implications for Nursing Practice," The Older Person: Implications for Nursing Practice, Carolyn Bingham Davis, ed. (Georgetown: University School of Nursing, 1967), p. 6.
seek out the elderly living at home and facilitate the meeting of their needs.

4. Nurses should extend their role in relation to the elderly living at home.

If nurses are to assume the roles proposed in the literature, findings suggested they must become more actively involved with the elderly living at home. The study indicated an inter-related aspect of this problem, insofar as the perception of the elderly themselves, in respect to the nurse's ability to fulfill this proposed role, must be altered.

III. RECOMMENDATIONS

This study gathered information about the needs of the elderly living at home and the extent to which nurses were involved in meeting these needs. Sufficient evidence was available to suggest that: (1) the elderly living at home do not spontaneously perceive all their needs or seek help in meeting these needs; (2) the degree of need which the elderly living at home verbally acknowledge may be influenced by such factors as the cultural stigmatization or dependency connotation attached to words like "need"; (3) the degree of need experienced by the elderly living at home may depend

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more on such factors as ownership of home or established residence in a stable community than has been established to date; (4) health professionals should initiate and develop different approaches to the delivery of health care if the needs of the elderly living at home are to be met; and (5) nurses should become actively involved with the elderly living at home if the perception of the elderly, in relation to the nurse, is to be altered and the proposed role of the nurse, as a preferred source of professional help, is to be achieved.

On the basis of this evidence, the following recommendations were made.

1. More extensive research be undertaken to establish the relative significance of factors, such as community relationships and stability, in minimizing needs among the elderly living at home.

2. Methodological research be undertaken to establish whether obtained results were an artifact of the technique used in respect to the relative effects of using words such as "help" and "need".

3. The health care delivery system be adapted to enable professionals to seek out the elderly living at home and assist them in defining and meeting their needs.

4. The nursing profession promote community education programmes aimed at altering the perception and attitudes of the elderly in relation to the extended community role of the nurse and her ability to help them meet their needs.

5. The nursing profession explore means to achieve a
more collaborative relationship between family physicians and community nurses in order to provide effective supportive and preventive services for the elderly living at home.

6. Nursing education be structured to systematically examine the expanded role of the nurse in relation to the problems of the elderly in the community and to initiate and develop programmes to support this concept.
BIBLIOGRAPHY
Bibliography

A. BOOKS


**B. PERIODICALS**


Mussallem, Helen K. "The Expanding Role: Where Do We Go From Here?" The Canadian Nurse, CVII (September, 1971), 31-35.


C. GOVERNMENT REPORTS


APPENDIX A

INTERVIEW SCHEDULE
## Identifying Information

<table>
<thead>
<tr>
<th>Study No: _________</th>
<th>4. Marital Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sex</td>
<td>a. single</td>
</tr>
<tr>
<td>Male</td>
<td>b. married</td>
</tr>
<tr>
<td>Female</td>
<td>c. widowed</td>
</tr>
<tr>
<td>2. Age</td>
<td>d. divorced</td>
</tr>
<tr>
<td>65 - 69</td>
<td>e. separated</td>
</tr>
<tr>
<td>70 - 74</td>
<td></td>
</tr>
<tr>
<td>75 - 79</td>
<td></td>
</tr>
<tr>
<td>80 - 84</td>
<td></td>
</tr>
<tr>
<td>85 - 89</td>
<td></td>
</tr>
<tr>
<td>90 &amp; over</td>
<td></td>
</tr>
<tr>
<td>3. Years of Schooling</td>
<td></td>
</tr>
<tr>
<td>Less than 8</td>
<td></td>
</tr>
<tr>
<td>8 but less than 12</td>
<td></td>
</tr>
<tr>
<td>12 but less than college grad.</td>
<td></td>
</tr>
<tr>
<td>College graduation and over</td>
<td></td>
</tr>
</tbody>
</table>

### 1. Living Arrangements (housing)

1. (a) Are you now living in an apartment or a private home?

- Private house
  - Apartment
  - Furnished room
  - Boarding room
  - Home of relative
  - Other

2. How long have you lived here?

   ________ years

3. Do you find it generally satisfactory? (If any answer except yes, ask)

   What don't you like about it?

   Yes
   - Qualified yes
   - No
   - Qualified no

4. Marital Status

   a. single
   - b. married
   - c. widowed
   - d. divorced
   - e. separated

5. Birthplace

   a. Canada
   - b. Gr. Britain
   - c. Europe
   - d. Other

6. Living Arrangements (housing)

   1. (a) Are you now living in an apartment or a private home?

   Private house
   - Apartment
   - Furnished room
   - Boarding room
   - Home of relative
   - Other

   2. How long have you lived here?

   ________ years

   3. Do you find it generally satisfactory? (If any answer except yes, ask)

   What don't you like about it?

   Yes
   - Qualified yes
   - No
   - Qualified no

   3. How about such (other) things as:

   Heat
   - Privacy, quiet

97
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are your sleeping arrangements all right?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Ask everyone but dwellers in a private house) Do you feel your building is kept clean enough?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a telephone? (If no, ask)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>a. Do you ever feel you need one?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you live on the ground floor</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b. Does your building have an elevator you can use? (If no, ask c &amp; d)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. How many flights of stairs do you walk? One Two Three More than 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. How do you feel about this? (Circle closest to patient's reaction)</td>
<td>No problem Minor nuisance Difficult for reasons of health Difficult for other reasons</td>
<td></td>
</tr>
<tr>
<td>During the last year have you actually thought about moving? No Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. For what reasons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Have you done anything about it yet? No Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. What problems are you running into?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I'd like to ask some questions about your housekeeping.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>During the last month who did most of the housework?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yourself Spouse Other relative in household</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yourself sharing equally with someone else</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relative or friend outside of household Paid help Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If interviewee does most of housekeeping or shares the job, ask)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Is there any part of the housework that's difficult for you in any way? (If yes, say) Tell me about it.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Then you would say that, all in all, you do the work with</td>
<td>No difficulty Minor difficulty Some real difficulty Serious difficulty</td>
<td></td>
</tr>
</tbody>
</table>
11. What kind of household equipment do you need (is needed) that you don't have now? None ___ Kind ______

12. What kind of household help do you need (is needed) that you don't now have? None ___ Kind ______

13. During the last month were things around your household kept the way you would like them to be? (If any answer except yes, ask) Why is that? Yes ________ Qualified yes ________ No ________ Qualified no ________

Complete Questions No. 1, No. 2 on summary sheet in relation to met and unmet housing needs.

II. Adjustment to Illness (health)

1. During your lifetime do you think you have had a great deal of trouble because of being sick: ___ or Not much ___?

2. When you think about all the people you know in your own age group, how do you think your health compares with theirs?
   a. Very good ________
   b. Good ________
   c. Fair ________
   d. Poor ________

3. Do you have any condition for which you receive regular medical treatment? Check appropriate category of reply (check as many as apply) Yes ___ No ______
   a. Symptoms or limitations ________
   b. Disease entity (ies) ________
   Is this (repeat patient's wording)
   a. A big problem to you ________
   b. Some problem to you ________
   c. No problem to you ________
   Why?

4. What did the doctor tell you to do for your (repeat interviewee's response to question No. 3)
   a. Is there anything about this that you find difficult to follow? Anything you don't quite understand? No ________ Yes ________

5. Is there anything you want to know about your condition that you haven't been told? No ____ Yes ____

6. During the last month have you been worried about your health? (If yes ask a. and b.) No ____ Yes ____
   a. Can you tell me what worried you?
   b. Do you feel you can discuss this with your doctor?
      No ______ Qualified no ______ Yes ____ Qualified yes ____
      (Other than 'yes' ask c.)
c. Would you like to discuss it with some health professional such as a nurse? No ______
   Qualified no ______
   yes ______
   Qualified yes ______

7. If you had to spend some time in bed because of illness, is there one you could count on to give help? No _____
   Probably _____
   Yes _____
   Perhaps _____
   Don't know _____
   (If probably or perhaps, ask) Who is that?
   Someone in household ______
   Someone outside of household ______
   Professional help ______
   Other ______

8. Do you think your (repeat interviewee's response to No. 3) has changed your daily life? No _____
   Yes _____
   If 'yes' how important have these changes been?
   a. Of no importance ______
   b. Of little importance ______
   c. Fairly important ______
   d. Very important ______
   If 'a' ask: What makes you think that?

9. Are you supposed to have a special diet? Yes ____ No ____
   (If yes complete the next 2 questions)

10. Why are you on this diet?
    a. Don't know ______
    b. Doctor's order ______
    c. Needed to control disease ______
    d. Needed to control symptoms ______
    e. Other (specify) ______
    Verbatim

11. Are you having any special trouble keeping to your diet? Yes _____ No ______

12. In the last 5 years have you been housebound because of any sickness or injury? Yes _____ No _____
    a. What was the illness or injury? Acute illness
       Acute incidence in chronic illness
       More or less chronic disability
       Injury
    b. Did you have your meals in bed? Yes _____ No _____
    c. Did you need any help you did not get? Yes _____ No _____
    d. Did you use anyone for help? Yes _____ No _____
    (If no, ask) Why not? Didn't need
       No one available
       Didn't like to ask
       Other
    (If yes ask a. and b.)
a. Who? Someone in household  
Nonprofessional outside household  
Professional help  
Other  
b. What kind of help? Primarily nursing  
Primarily housekeeping  
Both  
Other  

13. Is there someone on whom you can call if you need help at night?  
Possibly _____  Yes _____  No _____  
Does this represent a change in the last few years?  
Yes _____  No _____  

14. How do you feel about having (or not having) someone to call on?  

15. Walking Status (check as many as apply)  
Check one  
a. Walk alone without a crutch or cane  
b. Need the help of crutches or cane  
c. Need the help of a wheelchair or walker  
d. Need another person to help you walk  
e. Need another person to help you move in a wheelchair  
f. Do you wear any kind of brace or splint  

16. Ambulation and Travel  
Do you have any special difficulty travelling?  
Often _____  Occasionally _____  Never _____  
If other than 'never' what kind?  
Verbatim  

17. Can you  
Don't know  Easily  With difficulty  Not at all  
a. Climb a curb _____  _____  _____  _____  
b. Climb stairs _____  _____  _____  _____  
c. Go down stairs _____  _____  _____  _____  
d. Use a bus _____  _____  _____  _____  
e. Use a car _____  _____  _____  _____  

18. Since you retired, have you ever had a nurse visiting you professionally at home?  
Yes _____  No _____  Uncertain _____  
If yes, was she able to help?  
Yes _____  No _____  Uncertain _____  
If yes, what did she do or say that helped?  
Verbatim  

Is a nurse coming in now?  
Yes _____  No _____  
What for?  

19. Do you think there are any ways a nurse could help you now?  
Yes _____  No _____  Uncertain _____  
If yes, or uncertain, in what ways?
20. Do you think you need help with (offer all of the following not mentioned by interviewee). Circle appropriate item.
   a. preparing meals or diet
   b. medications dressings, injections
   c. shopping, travelling
   d. toilet, cosmetic care or dressing
   e. housekeeping
   f. gardening
   g. upkeep of house, repair household appliances
   h. obtaining physiotherapy, occupational therapy or medical care or social services
   i. personal or medical problems - do you need some one to talk things over with?
   j. obtaining information about available services in this area

21. Do you think a nurse could help you with (repeat item mentioned by interviewee as unmet need) or assist you to obtain this help? Yes No Uncertain

Complete questions No. 1, No. 2, in relation to met and unmet health needs.

III. Use of Leisure Time (independent living)

1. Now I am interested in knowing how you spend your spare time. Tell me a little about what you generally do.

2. Do you also (offer all of the following not yet mentioned by patient). Probes: About how often do you do this? Do you spend a lot of your time on this or just a little now and then? Do you usually do this with others or by yourself? Do you enjoy this? Why or why not?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Often</th>
<th>Occasionally</th>
<th>Never</th>
<th>Alone</th>
<th>with others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take walks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listen to TV, radio</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Play cards</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Go to church</td>
<td></td>
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<tr>
<td>Go to movies, concerts, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practice hobbies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Go to meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sit by yourself and do nothing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Read magazines, newspapers, books</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take Vacations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

What organizations?
With people in household?
Neighbours?
Friends
What do you usually think about?
How often?
Which ones?
What do you do?
Describe:
3. Is there some particular place outside of your home where you like to spend time? (If yes, ask a and b) None
   a. What sort of place? Club  Library  Park  bensch
      Restaurant  Bar  Home of friend or relative
      Stores  House stoop  Others
   b. Do you usually talk to friends or acquaintances there?
      No acquaintances there ____
      Acquaintances there ____

4. Of all the activities you've mentioned (recall them one by one) what gives you the most satisfaction? ________
   In what way?

5. Sometimes people consider living some place else where they can get more care or companionship. During the past year have you ever thought of such a thing? No ____  Yes ____
   (If yes, ask a, b, and c)
   a. What sort of place have you thought about?
      Home of relative or friend
      Move to a different climate
      Dwelling near a relative or friend
      Old age institution
      Nursing home
      Hospital
      Other
   b. Have you done anything about this? No ____  Yes ____
   c. Is this something you're interested in getting more information about? No ____  Yes ____

6. In general do you find that time hangs heavily or seems to pass quickly? ____

7. Now thinking back over your life, would you say that in the past you usually preferred to do things with others ____ or to keep to yourself? ____
   Do you still feel that way today? Yes ____  No ____

8. Would you like to spend your time differently in any way? (If yes, ask how?) Yes ____  No ____

Complete questions No. 1, No. 2 on summary sheet in relation to met and unmet needs of independent living.

IV. Vocational Adjustment (employment)

1. When did you last work full time?
   Less than one year ago
   One to two years ago
   More than five years ago
   Housewife

2. Why did you retire (cut down on your work)?
   Work too strenuous
   Work distasteful
Symptom or disability interfered
Employer's decision because of age
Wanted to enjoy leisure
Social pressure
Unable to find work
Other

3. a. If a full time job were available to you, how would you feel about working these days? What makes you feel this way?
   Enthusiastic
   Possibly interested
   Disinterested
   (If possibly interested, ask b)

   b. How about a part-time job?
      Enthusiastic
      Possibly interested
      Disinterested

4. Have you looked for a (another) job within the past year?
   No   Yes
   (If yes) What difficulties did you run into?

5. a. What was the longest job you held? Professional, technical, Sales, Nondomestic service, Unskilled, Domestic service, Housewife
   b. For how many years?
   c. How did you feel about that job?

6. What were some of the things you liked about that job?
   Way of making a living or supplement income
   Good pay
   Filled time
   Interesting work
   Made me feel important
   Had friends on the job
   Benefits (besides pay)
   Made me feel fit
   Freedom from supervision
   Nothing
   Hadn't thought about it
   Other
   Which of these reasons is most important to you?

Complete questions No. 1, No. 2 on summary sheet in relation to met and unmet employment needs.

V. Finances (economic security)

1. By the way, what is your monthly income approximately?
   $100 - 149
   159 - 249
   250 - 299
   300 - 349
   350 - 399
   400 - 500
   Not ascertainable
2. Do you have any difficulty managing your income? No ___ Yes ___
   (If yes - where do you feel the pinch most?)

3. Where would you put yourself? Am comfortable
   Have enough to get by on
   Do not have enough to get by on

4. Is there anything you really need these days that you
   have delayed buying because you can't afford it? No ___ Yes ___
   (If yes ask) What is that?

5. Do you expect this situation to stay the same, get better
   or worse in the next five years? (If better or worse, ask)
   Why do you think so?
   Same _____ Better _______ Worse ______

   Complete questions No. 1, No. 2 On summary sheet in relation
   to met and unmet economic needs.

VI. Interpersonal Relations and Morale

1. Who lives with you now? If no one, ask question 2.

Person  Relationship  Sex  Age  If you needed help  In what way
because of sickness
or other reason, could
this person help

2. Do you have other close friends or relatives whom you see?
   Yes ___ No _____ (If none ask question No. 3). About
   how old is she (he)? Where does she (he) live? Have you
   seen or heard from her (him) in the last 6 months? About
   how often?

   Relationship  Approx.  Place of  Seen or Hear from
   to interviewee age  residence  not at once several weekly daily
   all times

   1
   2
   3
   4
   5
   6
   7
   8
   9
   10

   2
3. During this last month have you felt at any time that you minded being alone? (If yes, ask): Do you often feel this way, or was this just a passing feeling?  
  ___Yes, often ___Yes, not often  

4. Have the past five years been a time of changes and big decisions in your life? (If yes, ask a. and b.)  
  Yes _____ No  
  a. What was the most important change (or decision) you had to make?  
  b. Are you satisfied with this change (or decision)? If any answer except yes, ask) Tell me why not?  
      ____Yes ______ Qualified yes  
      ____No ______ Qualified no  

5. Looking ahead, do you think you will have to make any important changes in your life in the next year or so? (If yes, ask a and b).  
   ___Yes ___No  ___Don't know  
   a. What is that?  
   b. Have you discussed this with anyone? (If yes, ask) Who is that?  
      ____Yes ___No  ____Relative ____Friend  
      ____Doctor ____Nurse ____Social worker  
      ____Other  
   c. Would you like to discuss this (further) with someone?  
      ___No ___Yes  ___Don't know  
   d. With whom would you choose to discuss it?  
      ____Relative ____Friend ____Doctor ____Nurse  
      ____Social worker ____Other  ___Don't know  

6. All in all, how satisfied do you feel about your way of life these days?  
   Then you'd say you feel (offer statement closest to patient's own feeling)  
      _______ Quite satisfied  
      _______ Fairly satisfied  
      _______ Sometimes dissatisfied  
      _______ Usually dissatisfied  

7. Have things turned out for you more or less the way you'd hoped?  
   ___Yes  ___No  ___Don't know  
   If 'no' does the difference make you feel  
      _______ Pleased  
      _______ Displeased  
      _______ Resigned  

Complete questions No. 1, No. 2 on summary sheet in relation to met and unmet personal needs.
SUMMARY SHEET

1. a. Now in respect to (repeat category just completed) do you think you have any unmet needs in this area?

b. How serious are these needs?

Area of Unmet Need

<table>
<thead>
<tr>
<th>Area of Met Need</th>
<th>Need Situation Accepted, Resolved</th>
<th>In meeting Need</th>
<th>Health S.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs</td>
<td>Un resolved by Own Needs Action</td>
<td>Direct Indir.</td>
<td>Friend Rel. Pro</td>
</tr>
</tbody>
</table>

2. Are you doing anything about meeting these needs? Would you tell me how you met these needs? Did you meet the needs by your own actions or with the help of someone else? Would you tell me who helped you? Was a nurse involved any way at all in helping you to meet this need?

Means by Which Need Situation Resolved

3. When you think about all the things we've talked about today (repeat all categories) do you think a nurse could help you or assist you to get help to meet any needs in these areas? Yes No Uncertain

If 'yes' or 'uncertain' ask in what ways?

4. Who would be your preferred source of professional help?

5. Would you know how to get in touch with a nurse if you wanted one to help you? Yes No

6. Do you think that health and other service agencies are available in this area to help people? Yes No
APPENDIX B

LETTER OF INTRODUCTION